ENABLING COMMUNITY PARTNERSHIPS FOR LEARNING AND MENTORING IN AGED CARE

Dr Maree Bernoth, Dr Ann Lawless, Mrs Lyn Croxon, Dr Judith Anderson
Enabling Community: Partnerships for Learning and Mentoring in Aged Care.

Title: Enabling Community: Partnerships for Learning and Mentoring in Aged Care. A project focusing on attracting, retaining and developing Registered Nurses in rural aged care.

Report to: NSW West Interdisciplinary Clinical Training Network (ICTN)

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Precursor Project(s):

Acknowledgements

Indigenous Acknowledgement: The project was undertaken on Wiradjuri land. The Project team acknowledges the Elders, past, present and future and we pay our respects to them and to their culture.

‘Yindyamarra Winhanganha’ is a Wiradjuri phrase meaning, ‘the wisdom of respectfully knowing how to live well in a world worth living in’. It is a sentiment at the heart of Charles Sturt University’s approach to education and reflects the University’s ethos ‘for the public good’ Read more at http://www.csu.edu.au/?erCBz8O73qRosysX.99

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Jane Beach

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Abbreviations:
- AI: Appreciative Inquiry
- ANMAC: Australian Nursing and Midwifery Accreditation Council
- CSU: Charles Sturt University
- PAR: Participatory Action Research
- RN: Registered Nurse
- SES: Subject Experience Survey

Glossary
Executive Summary

This report describes, discusses and evaluates a pilot for an undergraduate workplace learning program with multiple stakeholders working together collaboratively.

Originally titled “Expanding non-traditional, quality clinical placements in an aged care setting in Western NSW” this project evolved and has been re-titled so as to better represent the outcomes that evolved from the project. We re-titled it “Enabling Community: Partnerships for Learning and Mentoring in Aged Care. A project focusing on attracting, retaining and developing Registered Nurses in rural aged care”. The original aims continued to drive the project but, as collaborations were established and the enthusiasm of the partners became evident, new possibilities open up and the project grew beyond expectations. Further, the collaborations that have been established will continue into the future and continue to build possibilities for developing the role of the registered Nurse in rural and regional aged care.

The project can be described as an umbrella to sub-projects, some of which were originally planned and some emerged during the life of the project. These are: partnership formation, engaging undergraduate students, developing preceptors and mentors, reflectivity, enabling patient-centred health care, design of a postgraduate RN placement, creating a welcoming culture which enables staff development and developing Dubbo as a learning community.

The project activities were diverse and their emphasis was on value-rich and process-rich work in partnership and capacity building as well as achieving discernible outcomes – for example, on-site tutorials were delivered, preceptor training was delivered and alliances and partnerships fostered and developed.

Obstacles, risks and risk-management strategies have been identified. The project activities and reflection on the congruent theory informing them have been identified and these point to future research possibilities.

The report discusses the scoping of the project and the ethical considerations. The brevity of the project posed challenges to the evaluation and this led to the use of process-evaluation, the outcomes of which are presented throughout the report.

The authors of the report make nine recommendations:

1. The further development of models of learning aged care
2. The development of a model of recruitment and retention of health professionals
3. The development of whole communities which welcome workplace learning
4. Expansion of the project with support from research grants
5. Linking the project to the recommendations of the recent NSW Upper House Inquiry into the role of registered nurses in aged care
6. That the pilot project be developed as a model for integrated and cross-sectorial collaboration
7. That the tertiary sector works more closely with residential aged care facilities
8. That staff in aged care facilities be valued and seen as integral partners in research projects
9. Establish a research centre that specifically focuses on issues pertaining to care of older people in regional and rural areas

We thank NSW West ICTN for the opportunity to work collaboratively on a short term project which has a long-term vision of capacity building in rural communities that care for their aged.
Background

This report describes, discusses and evaluates a pilot for a workplace learning program with multiple stakeholders working together collaboratively. The initial aim was to explore alternative clinical placements for undergraduate nursing students in regional New South Wales but the project grew and evolved as possibilities presented themselves through the enthusiasm and collaboration of the service providers and aged care facilities in the Dubbo area.

It is now well known that the Australian population is ageing (Australian Bureau of Statistics, 2013; Australian Institute of Health & Welfare, 2012). This trend is similar to trends in other developed countries (United Nations Department of Economic & Social Affairs: Population Division, 2001). With this ageing population, there has been an increase in chronic and complex diseases, leading to a range of challenges for healthcare providers (Johnson & Chang, 2014).

Annear, Lea and Robinson (2014) found that student nurses generally have negative opinions about aged care. Abbey et al. (2006) likewise note the negative opinions of students about aged care, and link these negative opinions to career plans to avoid the industry. Other research, however, indicates that a positive work-integrated learning experience is an important indicator in facilitating student recruitment into aged care upon graduation (Robinson, Andrews-Hall, & Fassett, 2007). Findings of this study also suggest that positive work-integrated learning experiences require friendly, supportive staff with a continuity of employment. This project was focused on exploring opportunities to provide undergraduate nurses clinical experience in aged care, excite them about possibilities and attract them to working in rural and regional aged care facilities.

The notion of mentoring is of particular importance. Mentoring provides an important means of supporting students who are undertaking work-integrated learning experiences, providing them with opportunities to form relationships, ask questions, and reflect with someone with whom they feel comfortable, and build and develop their skills. The mentoring of students optimises the learning experience for students in a positive way (Gibb, Anderson, & Forsyth, 2004; Lea et al., 2015; Trede, 2012). A mentoring program was part of this project so that aged care staff had their knowledge and experiences valued, and were empowered to support the undergraduate students.

Research undertaken by Mezey, Mitty and Burger (2008), advocate for the establishment of ‘teaching nursing homes’. This concept includes the building of a supportive relationship at the organisational level, between the facility and education providers, with this relationship ensuring that the clinical or workplace environment is more supportive for students. Teaching nursing homes also involve residents in the teaching and learning experiences of the students – the residents have a lived appreciation of ageing and the challenges and joys of doing so. Their experiences and stories are invaluable in engaging the students in aged care work. This project provided the opportunity to explore this concept and the responses were positive but more research is needed to fully achieve this goal.

Brief Overview of the Project

Originally titled “Expanding non-traditional, quality clinical placements in an aged care setting in Western NSW” this project evolved and has been re-titled so as to reflect the learning outcomes from the project. As a result of developing opportunities afforded by the partnerships that grew with this project, the aims, title, tone and meaning of the project evolved, whilst retaining its primary aims. We re-titled it “Enabling Community: Partnerships for Learning and Mentoring in Aged Care. A project focusing on attracting, retaining and developing Registered Nurses in rural aged care”.

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The “Enabling Community” project had as its primary concern fulfilling the original aims but also taking up the opportunities for the enabling of community and of partnerships for learning and mentoring in aged care in Dubbo. It was designed as a pilot project and a “set-up” project for future enabling approaches, and this was retained but expanded to encompass developing community and partnerships in aged care in Dubbo and regional inland NSW.

The “Enabling Community” project was value-inspired and process-rich. The project was informed by values shared and developed within the team, and by two major praxis perspectives – Participatory Action Research and Appreciative Inquiry. These are discussed later in the report.

The project can be described as an umbrella to sub-projects, some of which were originally planned and some emerged during the life of the project. These are: partnership formation, engaging undergraduate students, developing preceptors and mentors, reflectivity, enabling patient-centred health care, design of a postgraduate RN placement, creating a welcoming culture which enables staff development, and developing Dubbo as a learning community.

Aims and Objectives
The original aims were to establish a centre for work-integrated learning at Holy Spirit Residential Aged Care setting in Dubbo NSW, as research shows that placement success depends on having a specific place where activities are governed (Anderson-Wurf & Mills, 2014a). The aim was to facilitate the establishment of an education program delivered on site relevant to nursing students and to staff of the residential service, and to do this by to developing a culture of acceptance of students, promoting education for aged care staff, developing mentoring skills for the aged care workers and in turn enhancing the attractiveness of the field of aged care as an employment option to health care related students. The mentoring idea was focused, originally, on mentoring the undergraduate nurse students.

Another original aim was to demonstrate to nursing students that aged care is stimulating, complex and has many possibilities, thus enhancing the attractiveness of the field to students. Participation by these students was structured into their subject, NRS221 Life Stage Considerations: The Older Person, however their participation in the focus group component of the research will be voluntary and matched with informed consent (see ethics section). This aim is informed by research that shows that a positive experience of workplace learning facilitates student recruitment into aged care upon graduation (Robinson, Andrews-Hall & Fassett, 2007).

We aimed to offer nursing students experiences and interactions with residential aged care on a continuum, with tutorials, clinical practice and incidental visits to the facility occurring on a regular and ongoing basis. In summary our original aims were:

i. To pilot an undergraduate nursing aged care program in which tutorials are delivered in a rural health setting.

ii. To develop and implement a preceptor program for staff of Catholic Healthcare at Holy Spirit, St. Mary’s and Lourdes in Dubbo NSW.

iii. To develop Dubbo as a centre for opportunities for student learning in aged care, for staff development in aged care and for retention in rural aged care health settings of Registered Nurses.

iv. To develop long-term partnerships and opportunities for clinical placements for undergraduate students.
We aimed to involve an evaluation of the effects of the educational program on the attitudes of staff and students engaged with the workplace learning and mentoring program through the conduct of focus group discussions involving key stakeholders, including staff of Holy Spirit Aged Care Facility, CSU staff and students. The focus group discussions were to reveal the experiences of staff, students and academics, and the question to be answered was: “does the introduction of an education program around the mentoring of students on workplace learning result in positive attitudes for both students and staff?”

While establishing and developing the project, opportunities arose which allowed the team to establish new aims. This opportunistic approach is compatible with the methodology for the project, Participatory Action Research, which gives space to real-world situations (and privileges it) and flexible agile adaptation to the settings and contexts in which a project is conducted. The objectives that arose during the life of the project included the chance to extend our understanding of communities of learning and mentoring. Our new aims were:

a. To develop a proposal for a postgraduate RN placement aged care program at Dubbo and Forbes, sponsored by the partners
b. To develop a mentor program for staff at Catholic Healthcare at Holy Spirit, St Mary’s and Lourdes including pathways to subsidised postgraduate study for nursing staff; to create a welcoming culture for clinical staff in Catholic Healthcare which will link them with educational opportunities at CSU
c. To enable and foster patient-centred health care practices in rural health settings and integrate these nursing practices into the undergraduate and postgraduate placements
d. To foster reflectivity of key staff on features and aims of the project, thus encouraging the reflectivity essential to the professional practice of nurses, educators and project managers.

Project Activities: “What we did and achieved”

CSU academic staff saw the opportunity for funding for collaborative work in Dubbo and were encouraged by Jane Beach of NSW West ICTN to pursue the project.

An Advisory Committee was formed with representatives from Catholic Healthcare (at three sites), Interdisciplinary Clinical Training Network, Western Area Local Health District, TAFE and Charles Sturt University (three campuses).

A sustainable partnership was formed between CSU School of Nursing, Midwifery and Indigenous Health and Catholic Healthcare in Dubbo to support undergraduate students which fulfilled our original goals of developing a learning community and a partnership that would allow us to pilot a centre for work-integrated learning at Dubbo. This fulfilled our concern to find a specific site for learning, as recommended in the literature (Anderson-Wurf & Mills, 2014a). The report from the lecturer stated the students found it was helpful to be able to apply the theory they were learning to real life people and real life situations. It made learning meaningful and the learning objectives became more relevant.

The new partners acted in concert, and piloted a program of activities to support undergraduate learning on site, by engaging students with preceptors, mentors, residents, clinical experience with real patients in real-world settings in rural health and on-site tutorials. We fostered a culture within the site of acceptance of students, enabled by the strong support of staff and residents of Catholic Healthcare in Dubbo. We launched a pilot which may in the future be well positioned to foster and
retain RN’s in rural aged care facilities. The pilot project enabled us to consider more deeply how to make aged care attractive to nurse undergraduates as a future career. We have data from reflections by the on-site CSU lecturer and from undergraduate students and in December 2015 will have further insight from focus group sessions.

We launched a program of activity which engaged staff of Catholic Healthcare as preceptors and, mentoring of undergraduate students but also, in a discovery during the project, with their own mentoring and professional development at Holy Spirit, St Mary’s and Lourdes sites. A response from several participants was - excellent training and well presented.

Catholic Healthcare considered and will propose to establish, as a result of the partnership, a new graduate RN placement at Dubbo and Forbes. This sub-project mobilised the strengths of each partner and contributes, if successfully launched, to the possibility of retention in rural settings of RN’s.

We practiced and fostered reflective practice (1) within the team (2) among students on their interactions with residents (3) in preceptor sessions between staff and students on site and (4) between students and their CSU on-site Lecturer. This contributed to the rich and meaningful collaboration between partners and to the valuing of reflective practice.

We created a set of interrogative questions for future research among the partners, revealing the possibilities for academic research, and research relevant and meaningful to clinical care provision of the partner, Catholic Healthcare.

We validated and valued the knowledge and experience of staff of Holy Spirit, including them in the teaching team. This is congruent with Appreciative Inquiry and authentic partnerships.

The project attracted media attention in the local newspaper and in an Australian nursing journal. (See appendix G).

The media attention prompted other aged care providers to contact the researchers to inquire about being part of the current project or the possibility of a similar project in their area.

**Potential Obstacles and Risks:**

Obstacles and risks to the project have been identified as:

1. Institutional centralised placements (assigning students to a placement without student preference accommodated). This risk was managed by customising some of its features to meet their needs and to accommodate contingencies (e.g. travel in regional areas, illness).

2. Coordination of undergraduate placement program with tutorials in a clinical setting risked losing the locus of control available in simulated on-campus sites. This risk was managed by using a skilled and experienced lecturer to provide on-site support in the aged care facilities.

3. Rich local knowledge was essential to the set up and running of this project. This risk of failing to access and respect local knowledge was minimised by the local knowledge of CSU staff at Dubbo, their immersion in local health settings, and the enthusiasm of Catholic Healthcare staff in Dubbo to engage with this localised project design and conduct.

4. The brevity of the project created limitations on the possibilities for research and for development of the objectives during the life of the project. The risk was managed by reflecting on project goals and making recommendations for future efforts, and discussions among the Advisory Committee members about future collaborations to realise the goals of the various sub-projects described elsewhere.
5. Authentic engagement with residents as authentic co-educators of nursing students. It will be easy to displace attention to the integration of resident’s skill and knowledge, and life experience, from the pedagogical core of the project, as has been noted in literature on authentic partnerships.

**Project Timeline** – see Appendix A

**Future Challenges**
The CSU staff will need to identify subjects where tutorials fit into clinical on-site settings, and liaise with Catholic Healthcare at Holy Spirit and Lourdes so that time and resources are aligned by the partners. We will need to manage the program in ways which are respectful of residents and partners.

It will be challenging to find substantive in-kind support from CSU and successful external funding sources.

The CSU use of a centralised placement model makes it difficult to ensure customised placements. Standardisation of student experiences will jeopardise the localised character of the opportunities afforded by this partnership in Dubbo.

**Methodology: a future aspiration!**

**Preamble**
This project had a number of features with implications for research activity during the project and potentially after. Given the brevity of the project (8-10 weeks) most of these can be developed after submission of this final report to ICTN. The research opportunities suggested by this project are: partnership formation, engaging undergraduate students, developing preceptors and mentors, reflectivity, enabling patient-centred health care, design of a postgraduate RN placement creating a welcoming culture which enables staff development, and developing Dubbo as a learning community.

In particular the research opportunities are in the following areas:

1. The formation of partnerships between participants in regional communities, fostering future possibilities between current and future partners; and whether this relational focus is transferable to other regional areas and urban contexts.
2. The involvement of undergraduate nursing students in tutorials delivered on site at residential care facilities in Dubbo. This is a unique pedagogical feature of this pilot – the delivery of tutorials on site, maximising learning opportunities in patient-centred care and affordances of the site and the partners.
3. The training/education of staff of aged care facilities: to preceptors and mentors on site at residential care facilities in Dubbo.
4. The experience and reflectivity of key staff on these features. Reflection by nurses and by educators is a key and valuable professional practice (Holly 1997).
5. To develop Dubbo as a centre for opportunities for student learning, for staff development and for retention in rural health settings of RN’s.
7. The development of a pilot program which will recruit a new graduate RN to undertake a 12 month placement in Dubbo and Forbes through four rotations of three months each in Catholic healthcare facilities (three in Dubbo, and one in Forbes where accommodation will be provided). This postgraduate opportunity will be a supernumerary position within Catholic Healthcare. The goal of this sub-project matches the NSW Upper House Inquiry 2015 recommendations 13 and 14 that RN’s be recruited and retained in aged care facilities¹.

8. Creating a welcoming culture which will provide clinical staff in Catholic Healthcare with (1) knowledge of educational opportunities available to them at CSU (2) intensive support to staff who enrol in the CSU Master of Nursing, Master of Gerontology, or Graduate Certificate of Gerontology and (3) an invitation to apply for Commonwealth Supported places (which provide a considerable discount on HECS fees). The goal of this sub-project matches the Upper House Inquiry 2015 recommendation that RN’s be recruited and retained in aged care facilities.

Each feature creates further specific research questions which arose during the life of the project.

¹ General Purpose Standing Committee No. 3 2015 Registered nurses in New South Wales nursing homes. Legislative Council, Sydney NSW. Recommendation 13: That the NSW Government report on existing programs and incentives and investigate additional programs and incentives to support registered nurses to train and work in regional, rural and remote areas. Recommendation 14: That the NSW Government, through the Council of Australian Governments, seek Commonwealth support to provide funding assistance for the training and engagement of registered nurses, particularly at rural and regional universities, and graduate placement opportunities in rural, regional and remote areas.
### Features and Research Questions

<table>
<thead>
<tr>
<th>Feature of the Pilot Project</th>
<th>Research questions arising from this feature</th>
</tr>
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<tbody>
<tr>
<td>The formation of partnerships between participants in regional communities, fostering future possibilities between those and future partners; and whether these are transferable to other regional areas and urban contexts.</td>
<td>Did the pilot project develop and sustain unique partnerships that enable, foster and strengthen communities of learning? Did the partners mobilise (and demonstrate) the strengths of each partner? Is there a likelihood of continuing future partnerships? Is there potential for transferability to other rural and urban settings?</td>
</tr>
<tr>
<td>The involvement of undergraduate nursing students in tutorials delivered on site at residential care facilities in Dubbo.</td>
<td>Was this achieved and what did the partners learn from the pilot? What were the perspectives of undergraduate students of their experiences? Was the contribution of residents of value to students? How can we foster residents as authentic partners and as co-educators of students?</td>
</tr>
<tr>
<td>The training/education of preceptors and mentors on site at residential care facilities in Dubbo.</td>
<td>Did the partners create or develop pathways to subsidised postgraduate study for nursing staff at the residential facilities in Dubbo? What were the perspectives of preceptors and those that trained them?</td>
</tr>
<tr>
<td>The experience and reflectivity of key staff on these features. Reflection by nurses and by educators is a key professional practice (Holly, M 1997).</td>
<td>What were the contributions of reflexive practice, a key professional practice for nurses, to the project? Were staff prompted to deeper reflectivity by student questioning about clinical practices at the facilities?</td>
</tr>
<tr>
<td>To develop Dubbo as a centre for opportunities for student learning, for staff development and for retention in rural health settings of RN’s. Creating a welcoming and inclusive culture on site.</td>
<td>What opportunities were created at Dubbo and are they realisable there in the near future? What conditions would enable or foster further collaboration and partnerships in Dubbo, serving regional communities? Are the lessons learned in this regional site transferable to other rural health settings and to urban contexts? What was the usefulness of the preceptor program in Dubbo?</td>
</tr>
<tr>
<td>Enabling patient-centred health care in actual placement practices</td>
<td>What features of patient-centred health care were demonstrated during the pilot?</td>
</tr>
<tr>
<td>Postgraduate RN placement</td>
<td>What needs to be done now to put this proposal into action mode?</td>
</tr>
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</table>

**Perspectives of stakeholders** are valuable as they may indicate general trends, atypical and insights into the project, reveal professional practices of reflectivity and contribute to deeper understandings of the evaluation of the project. The stakeholders are the project in some ways and are integral to the life and the reporting of the project.
Method

Reflections on this multi-faceted project are embedded throughout this report and involved:

A. Considering student perceptions of the pilot tutorial-on-site activities;
B. Considering preceptors perceptions of the value of preceptor training;
C. Reflections of the activities by CSU staff: Alison Henry, on-site Clinical Supervisor; members of Advisory Committee (as recorded in Minutes).

Methods – overview and comments

<table>
<thead>
<tr>
<th>Method details</th>
<th>Ethics Approval comments</th>
<th>Data treatment and analysis</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>Research into student perceptions of the pilot tutorial-placement activities;</td>
<td>Anecdotal data is available. Note that in future data should be gathered from student evaluations.</td>
<td>Not needed for this as student evaluation of teaching (Student Experience Survey or SES) is a standard instrument used at CSU. This data will not be used in any future academic publications but can be noted in this report.</td>
<td>Thematic clustering of the anecdotal evidence has been applied in production of this report. SES is a dataset gathered by CSU to evaluate student experiences of learning.</td>
</tr>
<tr>
<td>Research into preceptor’s perceptions of the value of preceptor training will be conducted in December 2015 or early 2016 and therefore will not be presented in this report.</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflections on the activities by CSU staff: Alison Henry reflected on supervision of student tutorials-on-site</td>
<td>No</td>
<td>Thematic clustering of the anecdotal evidence has been applied in production of this report.</td>
<td></td>
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</tbody>
</table>
**Scoping**

Scoping is significant in this project as it helps clarify the boundaries and conditions of the work. The scope of this project is defined by the profile of the partners and students involved in the project; the brevity of the length of the project; and the sites selected. The preceptors and mentors were staff of the residential care partners in the project. All were health professionals specialising in aged care and live in rural communities in or near Dubbo. Other partners in the pilot project, including members of the Advisory Committee, who influenced its design and conduct, included CSU staff, TAFE staff and staff of the funding body. The Dubbo Community in western NSW is the place setting for the project.

Scoping of the project includes the brevity of the project. It commenced in early September 2015 and the final report was submitted on 30\(^{th}\) November 2015.

Scoping is also defined by the site or places. This project drew upon partners across inland NSW, from Dubbo to Bathurst and Wagga Wagga, but was focused in Dubbo aged care facilities. This makes the project sensitive to the needs and aspirations of rural regional communities of inland NSW, with potential for ready transferability to rural regions, and possible transferability to urban areas with rich social capital.

**Ethics**

Ethics approval was sought from the Charles Sturt University Ethics Human Research Committee for the focus groups planned for December 2015, using qualitative research methods, and fully granted on November 24\(^{th}\) 2015. See: Appendices B and C. The two focus groups will be conducted among (1) staff of Holy Spirit and (2) students who undertook an on-site visit as part of their studies in 2015.

Ethics considerations are central to the professional practice of nurses, educators and researchers, and to all members of the Advisory Team. For example, the ANMAC Code of Ethics is a fundamental statement of ethics in nursing practice in Australia (see Appendix D). Consideration of ethical issues is important to Participatory Action Research model and to Appreciative Inquiry. The value-rich character of the project, one concerned about ethical considerations and being reflective, informed our focus on benefiting rural communities in western NSW; of serving the development of future and current health professionals; and fostering viable and sustainable partnerships that serve people-centred aspirations.

Ethics can also be framed within the lens of institutional oversight. Ethics approval was sought from the CSU Human Research Ethics Committee for the focus groups planned for December 2015, and fully granted on November 24\(^{th}\) 2015. See: Appendix C.

Institutional ethics approval covers ethical review at two sites – Dubbo Campus of Charles Sturt University and Holy Spirit Aged Care Facility. The application for ethics approval involves a thorough rationale for all aspects of conduct of the research, from its design through to its monitoring and conduct. Recruitment of participants will take place by inviting the students to volunteer and the invitation will be given by a group email; the focus group(s) will be conducted by an academic from another campus and not involved in teaching the students. No incentives for participation will be offered or given. Informed consent of research participants in the focus groups will be gained by giving them information sheets (this ensures informed consent) and their written
consent to involvement in the focus group(s) is essential. They will be free to withdraw at any time but the consent form also makes it clear that once they have left the focus group, removing their data input from the data set will not be possible. Results of the focus group interview(s) will be used to provide reports, and to give feedback to the partners with a view to improvement of the project. The data will also be used in publications (such as journal articles and conference presentations) arising from the project. Access to raw data will be restricted to CSU staff involved in data analysis, and raw data and de-identified data and records of it will be kept in secure facilities at CSU for five years, after which time it will be destroyed. Ownership of data lies with Charles Sturt University.

Outcomes of the project
The outcomes of the project were numerous, and most have been discussed in the previous section “Project Activities: what we did and what we achieved”.

Other outcomes of the project can be described as:
- Articulating Theory, Values and Concepts inspiring the project
- Fostering partnerships both in practice and in ways congruent with theory

Articulating Theory, Values and Concepts inspiring the project
We saw during this project the potential for theory building and for integrating theory with nursing practice (praxis). We foreshadow that there is potential for theory building during the collaboration which could be disseminated through reports and academic journal articles in the future. This form of knowledge-creation is valued in academic work but can also be relevant to practitioners who work from value-inspired positions in service delivery, and is important in nurse education.

The theory and values that have inspired us include:
- Participatory Action Research model (PAR) - Kemmis and McTaggart, 1982; Lopez and Dupuis, 2014.
- Authentic partnerships - Dupuis, Gilles, Carson et al, 2011.

We believe future research could build theory, articulate common values and inspirations, and draw from concepts and theories such as:
- Strengthening community (e.g. Laverack 2005; Laverack & Labonte, 2000)
- “Gift economy” – The Gift, where reciprocity, mutual advantage and inclusivity is valued in an alternative economy to the mainstream economy (Mauss, 1922)
- Ottawa Charter and its antecedents (WHO) – especially the use of the Charter principles to rationalise and justify strengthening community actions and creating supportive environments. See infographic, Appendix H.
- Social Capital (Bourdieu, 1986)
- Community-Based Research Partnerships (Minkler 2004; Wallerstein & Duran, 2006; Minkler, 2005)
Fostering Partnerships in theory and practice

The development, formation and consolidation of partnerships are a key feature of this pilot project. Its significance is that through these partnerships we can realise better care for residents through the recruitment and retention of RNs in residential aged care facilities. This is congruent with the recommendations of the Upper House Inquiry into the role of the RN in aged care.

The partnerships were informed by praxis (intersection or interplay of theory and practice) taken from Participatory Action Research (PAR). Participatory Action Research is a research methodology which is well established in Australia with leading academics such as Kemmis promoting its worth and value. The value of the PAR methodology is the integration of building community partnerships during and as a result of the research and its ready application in health settings.

Partnership development was also informed by Appreciative Inquiry. Appreciative Inquiry is an approach which has a “focus on strengths and successes, using these as building blocks to further learning and growth” (Cockell & McArthur-Blair, 2012, p. 199). The Appreciative Inquiry approach can be applied to learning (Billings & Kowalski, 2008; Cockell & McArthur-Blair, 2012), to management and to community building, making it eminently suitable as a theory and practice which interweaves the multiple purposes of this project.

Recommendations

We recommend that:

1. We further develop a model for learning aged care for undergraduate students in rural areas
2. We continue to develop a model of recruitment and retention of health professionals, especially RN’s, in rural health and rural aged care
3. The development of whole communities where nursing students are welcomed, embraced and provided with clinical learning experiences in a variety of settings
4. Expand the project and support it with research grants to answer the research questions articulated in the project
5. The NSW Government appreciate that this project and its successors are means of meeting Recommendation 13 and 14 of the Upper House Inquiry into the role of the RN in aged care.
6. That this project be a model for integration of aged care services and facilities, the university sector and other educational providers such as TAFE, exploring cross-sectorial integration and cooperation
7. The tertiary sector work more closely with residential aged care facilities to develop authentic partnerships with a focus on results and outcomes beneficial to residents and their families, staff and students.
8. Staff working in residential aged care are valued for their skills and knowledge and seen as integral to any future research projects
9. A Research Centre be established which investigates and links health professions providing clinical care for older rural people.

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2 Recommendation 13: That the NSW Government report on existing programs and incentives and investigate additional programs and incentives to support registered nurses to train and work in regional, rural and remote areas.

Recommendation 14: That the NSW Government, through the Council of Australian Governments, seek Commonwealth support to provide funding assistance for the training and engagement of registered nurses, particularly at rural and regional universities, and graduate placement opportunities in rural, regional and remote areas.
Concluding Statement
Given the brevity of the project, much has been achieved. Through authentic partnerships, we have facilitated a different way of teaching aged care that values the older person and the aged care workers and subsequently, making aged care work more attractive to undergraduate nursing students. A strong collaboration has been established with service providers, facilities and education institutions in the Dubbo area. There is a commitment from all stakeholders for on-going collaborations to attract and retain Registered Nurses in rural and regional areas to provide quality aged care. Rather than be a completion, this project is a beginning of strong partnerships to explore possibilities to enhance our rural and regional communities and provide appropriate support for the people who live in them.

Acknowledgements
We have appreciated the opportunity to work together and to work with the Advisory Committee to achieve substantial outcomes in a short period of time. We thank Dr Ann Lawless for joining the project at short notice and Jane Beach of ICTN for her support and advice. The success of the program has been dependent on authentic partnerships and the research team expresses our appreciation of the readiness of the aged care services and facilities in embracing the concept.
References


General Purpose Standing Committee No. 3 2015 Registered nurses in New South Wales nursing homes. Legislative Council, Sydney NSW.


Appendices

Appendix A: Project Timeline and Monitoring of the Project

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>22nd September, 2015</td>
<td>Early pilot design and development arose when CSU staff from Wagga Wagga and Dubbo, meet with local aged care providers in Dubbo.</td>
</tr>
<tr>
<td>28th of September, 2015</td>
<td>First on-site tutorial at Holy Spirit</td>
</tr>
<tr>
<td>5th of October, 2015</td>
<td>Second on-site tutorial at Holy Spirit</td>
</tr>
<tr>
<td>7th October, 2015</td>
<td>Convened Advisory Committee</td>
</tr>
<tr>
<td>16th October</td>
<td>Mentoring Program for staff at Holy Spirit, St Mary’s and Lourdes Hospital.</td>
</tr>
<tr>
<td>On-going throughout the project</td>
<td>Monitoring took place in teleconferences between staff of CSU and Catholic Healthcare</td>
</tr>
<tr>
<td>On-going throughout the project</td>
<td>Teleconferences involving the three CSU academics</td>
</tr>
<tr>
<td>4th November, 2015</td>
<td>Second Advisory Committee Meeting</td>
</tr>
<tr>
<td>10th November, 2015</td>
<td>RA appointed: part-time to assist with production of report, developing the emergent theory through scoping relevant literature and archiving of the project.</td>
</tr>
<tr>
<td>December, 2015</td>
<td>Holy Spirit Staff focus groups</td>
</tr>
</tbody>
</table>
Appendix B: Consent Form

Research Team:

Dr Maree Bernoth  
Senior Lecturer  
School of Nursing, Midwifery and Indigenous Health  
Charles Sturt University  
WAGGA NSW 2678  
Phone: +61 2 6933 2492  
Email: mbernoth@csu.edu.au

Dr Judith Anderson  
Courses Director  
School of Nursing, Midwifery and Indigenous Health  
Charles Sturt University  
BATHURST NSW 2795  
Phone: +61 2 6338 4640  
Email: juanderson@csu.edu.au

Lyn Croxon  
Program Leader  
School of Nursing, Midwifery and Indigenous Health  
Charles Sturt University  
DUBBO NSW 2830  
Phone: + 61 2 6885 7320  
Email: lcroxon@csu.edu.au

Expanding non-traditional, quality clinical placements in an aged care setting in Western NSW

Charles Sturt University Ethics Human Research Committee (EC00116)

RESEARCH PROJECT FOCUS GROUP PARTICIPANT CONSENT FORM

• I understand that I am free to withdraw my participation in the research project at any time, and that if I do I will not be subjected to any penalty or discriminatory treatment. Whatever my decision, it will not affect my relationship with Charles Sturt University. Although I can withdraw from the focus group at any time, due to the nature of focus groups where one comment frequently leads to another, any comments that I may have provided prior to leaving will not be able to be removed.

• The purpose of the research project has been explained to me and I have read and understood the Information Sheet given to me. I have also been given the opportunity to ask questions about the research and have received satisfactory answers.

• I agree to the investigator recording this focus group as part of this research project.

• I understand that any information or personal details gathered in the course of this research project about me are confidential and that neither my name nor any other identifying information will be used or published. The findings may be published or presented at conferences with identifying information removed.

• I understand that if I have any concerns about this research I can contact:
Executive Officer

Faculty of Science Minimal Risk Human Ethics Committee

Charles Sturt University

8 Tony McGrane Place

Locked Bag 49

Dubbo NSW 2830

Australia

Email: scienceFHEC@csu.edu.au

Email: istuart@csu.edu.au

Phone: +61 2 6885 7327

Print Name:   Signature:

Date:
Appendix C: Participant Information Sheet

PARTICIPATION INFORMATION FOR CSU RESEARCH PROJECT
- Focus Groups -

Western NSW (Dubbo) AGED CARE CLINICAL PLACEMENT PROJECT 2015
CSU Ethics Approval Number 400/2015/43

Research Team
Dr Maree Bernoth, Senior Lecturer; Lynette Croxon, BN Program Leader; Dr Judith Anderson, Courses Director; all from School of Nursing, Midwifery and Indigenous Health (SNMIH), Charles Sturt University (CSU). This study is conducted by CSU.

Description
The purpose of this study is to investigate how student experiences in aged care can be improved. You are invited to participate as a student or staff member at CSU or Holy Spirit Aged Care Facility.

Participation
Your participation in this project is entirely voluntary. If you do agree to participate, you can withdraw from the project at any time without comment or penalty from CSU, Holy Spirit Aged Care Facility or any other organisation or body. You are invited to participate in a focus group to inform the education and clinical placements in aged care at CSU. The focus groups will be organised at a CSU campus and Holy Spirit Aged Care Facility and take approximately 40-90 minutes.

Expected Benefits
It is anticipated that the results of these focus groups will be used to improve the quality of education and clinical placements for undergraduate nursing students and better prepare them for aged care clinical placements and to work in aged care after graduation. This should lead to improved quality of care for older people.

Risks
If you decide to participate in a focus group, other members of that group may be able to identify you, so please do not divulge anything you wish to keep confidential in this setting. Due to the nature of focus group data where one comment often leads to another, it will not be possible to remove any data collected in a focus group prior to you leaving if you decide to withdraw, which you can do at any time.
Privacy And Confidentiality

All comments and responses will be treated confidentially. The feedback from staff and students who participate in this study may be presented as a report to the Interdisciplinary Clinical Training Networks (ICTN) who are funding this research. Results will also be used for publication and presentations. Your name will not be linked with your responses and you will not be able to be identified in the reported data. Please note that non-identifiable data collected in this project may be used as comparative data in future projects.

Consent To Participate

An information sheet and consent form will be provided to you if you decide to participate in the focus group.

Questions/Further Information About The Project

If you have any questions or require any further information please contact one of the research team members below.

Dr Maree Bernoth
SNMIH, CSU
Phone: +61 2 6933 2492
Email: mabernoth@csu.edu.au

Lyn Croxon
SNMIH, CSU
Phone: +61 2 6885 7320
Email: lcroxon@csu.edu.au

Dr Judith Anderson
SNMIH, CSU
Phone: +61 2 6338 4640
Email: juanderson@csu.edu.au

Concerns/Complaints Regarding The Conduct Of The Project

CSU is committed to research integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the project you may contact:

Ingrid Stuart
Executive Officer
Faculty of Science Minimal Risk Human Ethics Committee, CSU
Locked Bag 49
Charles Sturt University
Dubbo, NSW, 2830

Tel: +61 2 6885 7327
Email: scienceFHEC@csu.edu.au.

Thank you for helping with this research project. Please keep this sheet for your information.

Aged Care Placement Participant Information Sheet V1 2015
Dear Maree,

The Faculty of Science Ethics in Human Research Committee has reviewed your proposal “Expanding non-traditional, quality clinical placements in an aged care setting in Western NSW” and has approved your proposal for a twelve month period from 24 November 2015.

The protocol number issued with respect to this project is 400/2015/43. Please be sure to quote this number when responding to any request made by the Committee.

Please note the following conditions of approval:

• All consent forms and information sheets are to be displayed on CSU letterhead.
• You must notify the Committee immediately in writing should your research differ in any way from that proposed;
• You must notify the Committee immediately if any serious or unexpected adverse event or outcomes occur associated with your research, that might affect the participants and therefore ethical acceptability of the project;
• Amendments to the research design must be reviewed and approved by the Faculty Human Ethics Committee or if no longer minimal risk research referred to the University Human Research Ethics Committee before commencement.
• You are required to submit a final report by 24 November 2016;
• If an extension of the approval period is required, a request form must be submitted to the Faculty Human Ethics Committee prior to the above date;
• Reporting Forms are available at the website Human Research Ethics Committee website; http://www.csu.edu.au/research/ethics_safety/human/ehrc_managing;
You are reminded that an approval letter from the Science FHEC constitutes **ethical approval only**. If your research involves the use of radiation, biological materials or chemicals then a separate approval is required from the appropriate University Committee. The Committee wishes you well in your research and please do not hesitate to contact Ingrid Stuart on telephone 6885 7327 or email scienceFHEC@csu.edu.au if you have any enquiries.

Yours sincerely,

Dr. Patricia Logan

*Chair Faculty of Science Low Risk Human Ethics Committee*
*Senior Lecturer - Health Sciences*
Appendix D: Competencies, Codes and Ethics of Nursing Practice in Australia (accessed 18/11/15)

ANMAC Competencies for Registered Nurses:

ANMAC Code of Professional Conduct

ANMAC Code of Ethics
Appendix E: Catholic Healthcare document:
Summary of Regional First Year Graduate Program Proposal

Introduction:

Catholic Healthcare (CHL) Residential Aged Care is proposing to pilot a First Year Graduation (FYG) Registered Nurse (RN) program based in mid-western NSW. It is anticipated the Charles Sturt University would assist in the placement of FYG RNs into the program and support the program with modules of training. It is hoped that a program like this may expand over time and improve recruitment of RNs to Catholic Healthcare services in the region and support succession planning.

Objectives:

- Improve recruitment and development of FYG RNs in the mid-western NSW
- Create an attractive program for FYG RNs
- Research to inform aged care workforce strategies in the region in the future

Operational Details:

CHL would offer one FYG placement to a FYG RN as part of a one year pilot program. The program would include 4 x 3 month rotations. The rotations would be as follows:

1. Holy Spirit Dubbo Residential Aged Care
2. Jemalong Residential Village Forbes - Secondment (accommodation provided)
3. Lourdes Hospital, Dubbo
4. St Mary’s Villa, Dubbo, Residential Aged Care

The position would be supernumerary. The position would be based in Dubbo with a 3 months secondment to Forbes. The rotations would provide the RN exposure to:

- Residential Aged Care Nursing
- Dementia Specific Care
- Rehabilitation
- Palliative Care

Education and Training Support:

Charles Sturt University would contribute additional post graduate nursing education and support to the FYG RN and this support would be tailored to the needs of the program in conjunction with Catholic Healthcare. The FYG RN will have access to the Master of Nursing with specializations in a variety of areas including, Chronic and Complex Nursing, Palliative care and Leadership and Management.

Financial Summary:

The position will be a fulltime paid position as per the Catholic Healthcare Enterprise Agreement. The FYG RN will be given a one year employment contract.
Appendix F: Postgraduate Courses at CSU relevant to this project

1. Master of Nursing (with specialisations)
   http://www.csu.edu.au/courses/master-of-nursing

2. Master of Gerontology and
   Graduate Certificate in Aged Care
   http://www.csu.edu.au/courses/master-of-gerontology
Appendix G: Media Coverage

1. Article in Daily Liberal newspaper, Dubbo area newspaper.
   Whitely, C, September 27th 2015, CSU looks for ways to attract aged care nurses. Daily Liberal, Dubbo. Viewed 20/11/15:


Appendix H: The Ottawa Charter Principles

## Appendix I: Evaluation of the Preceptor Program

### Course Name: What is Preceptoring

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<td>47</td>
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<td>Variety of education material used (e.g., print, video, interactive, slides and experiments)</td>
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### Session Educator

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<tr>
<td>Educator encouraged participation and was responsive to needs and questions</td>
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<td>38</td>
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<tr>
<td>Educator presentation of the content was clear and informative</td>
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### Pre & Post Understandings

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*12 PARTICIPANTS
8 Holy Spirit
1 St Mary's Villa
3 Lourdes Hospital*

(Trial) Adapted from Nursing and Midwifery Directorate. To be reviewed 30th November 2015.
WNSWLHD Preceptorship Program Evaluation Survey
As part of our focus on continuous improvement we would appreciate a few moments of your time to complete this evaluation survey.

| Course Name: |  |
| Date: |  |

Please tick the most appropriate box.

Your comments and feedback are valued and will help shape future sessions.

### Session Context

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### Session Resources

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<td>Well presented</td>
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<td>Easy to understand</td>
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### Session Education

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<td>The Educator encouraged participation and was responsive to need and questions</td>
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### Pre & Post Understandings

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<th>Disagree</th>
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Feed-back and Comments

- Excellent training & well presented x 3
- Rob's teaching style very engaging.
- Evaluation form a little too 'busy'!

(Trial) Adapted from Nursing and Midwifery Directorate. To be reviewed 30th November 2016