Rural Collaborative Practice Model

"working together to deliver sustainable, safe emergency services to rural Victoria"

Questions and Answers

1. What are the skills nurses will gain through the training?

Nurses will gain the skills needed to manage more a broader range of patients that present to their emergency areas with competence and confidence. They will also strengthen their assessment skills, which will enhance their communication with their nursing and medical colleagues, ambulance and other health services.

The nursing training program that the participant nurses will undertake is a modified version of the Queensland Health's Rural and Isolated Practice Registered Nurse Training Program.

The Program covers:

- Context of practice/legislative requirements
- Pharmacokinetics/ pharmacodynamics
- Assessment and practice
- Client education, clinical communication and collaboration

Specific skills will include suturing, backslabs and advanced life support.

2. How will doctors be involved and how long will this take?

The Pilot and training is based on the principles of collaboration. Collaborative practice requires mutual respect and acknowledgement of each profession's role, scope of practice and unique contribution to health outcomes.

Doctors are an important source of expertise and can provide clinical supervision and training for nurses as they develop skills such as suturing and laryngeal mask insertion.

Specific requirements of doctors in the nursing training entail assessing nurses' competence as they demonstrate:

- Adult assessment
- Paediatric assessment
- Telephone assessment and communication

The clinical competency assessment tools are provided and will take between 15 to 25 minutes for each assessment task.

Doctors, along with nurses, managers and other local stakeholders, will be vital in identifying areas for improvement in their emergency service and developing strategies to address these. Strategies may include developing policies relating to call the doctor for advise and to attend patient after hours. It is important that doctors are actively engaged in these improvement process and decisions.

3. How will nurses and doctors be supported to participate in the pilot and training?

The Department of Human Services and the Victorian Health Services Management Innovation Council jointly fund the Pilot.

Doctors and nurses participating in the Pilot will be supported to attend workshops, forums and action learning sets through the Pilot. This might include support for accommodation, travel and time.

The Department will provide facilitation support and source expert advice on matters of concern to participants such as medico-legal issues related to emergency care. The department will provide research and evaluation expertise.

This Pilot aims to create a supportive and collaborative work environment where doctors and nurses feel empowered to negotiate their work arrangements and drive quality improvements in their health services.

4. What will nurses get out of this Pilot?

This Pilot will support nurses to develop their skills and confidence to manage the full range of emergency presentations.

It acknowledges the important place nurses have in building collaborative and sustainable rural emergency services. It also presents an opportunity to promote rural nursing as challenging, satisfying and at the forefront of advancing the nursing profession.

Nurses will be actively engaged in practice, process and system improvements at the local and state levels.

Upon successfully completing the training program the participating nurses will achieve the equivalent of a graduate certificate that is currently recognised at the James Cook University, the University of New Castle and the University of Southern Queensland.

This project aims to build clinical teams that support nurses in work that is challenging and satisfying.

5. What will doctors get out of this Pilot?

It is anticipated that the improved skills and processes that flow from this Pilot will reduce the number of calls to doctors regarding less urgent patient presentations.

Doctors will gain confidence in nurses' capacity to manage more presentations without calling the doctor. Doctors will also benefit from more skilled nursing support to manage trauma and highly urgent medical emergencies.

This Pilot aims to improve collaboration and communication between doctors and nurses, especially over the telephone.

Clinicians will be provided with evidence-based clinical guidelines that can be utilised by GP registrars and less experienced medical officers.

The Pilot will build clinical teams that support doctors and ensure their work is challenging and satisfying.

Doctors will be actively engaged in practice, process and system improvements at the local and state levels.

6. What will the community get out of this Pilot?

The key aim of this Pilot is to improve access to safe and sustainable emergency care for rural communities through:

- The provision of emergency care through collaborative working arrangements between doctors and nurses so that patients get access to high quality and safe emergency care;
- Strengthening the existing clinical capacity of nurses and doctors so that the community can be sure they will get a consistently high quality care, regardless of who is on duty; and
- Making the rural emergency service more resilient to local workforce changes.

7. Is this training program accredited and how does it fit with the higher education qualification framework?

James Cook University, the University of New Castle and the University of Southern Queensland recognize the nursing training program at the graduate certificate level for nurses wishing to pursue a graduate diploma or masters degree.

Discussions will be held with the Victorian based universities and the Royal College of Nursing Australia to negotiate recognition of the training towards continuing professional develop credits and post graduate qualifications.

8. When will we see changes?

The Pilot is based on action research, which supports the engagement of participants in identifying and responding to areas of improvement immediately.

Improvement strategies can be implemented immediately therefore come changes will be evident very quickly and may include, for example, the development and instigation of policies regarding calling the doctor back and nurse initiated medicines.

The impact of the nursing training will be measured as part of a formal evaluation strategy when the program is completed in August – September 2008.

9. What is the difference between the nurses that are trained under this program and nurse practitioners in Victoria?

The nurses that are trained under the modified Rural and Isolated Practice Registered Nursing (RIPRN) training program are recognised as advanced level practitioners in Queensland and would sit between the Division 1 registered nurse and Nurse Practitioner.

Nurse Practitioners can utilise the Primary Clinical Care Manual (PCCM) but can also access other clinical guidelines to manage patients that do not fit within the PCCM.

Nurse Practitioners are qualified to make more autonomous diagnostic and treatment decisions.
Nurse Practitioners can given instruction and delegate to other registered nurses regarding administration of medicines and diagnostic tests. The nurses trained under the modified RIPRN cannot.

10. Will the law restrict improvements needed in emergency care?

There is nothing legally stopping doctors and nurses from working in a Collaborative Practice Model – this means that:

- They can negotiate the work they each do at the local level – the law is enabling
- There are provisions in law that support new ways of working if these new ways are safe
- Work practices need to be supported by solid clinical governance

- Most barriers can be fixed without legal or government policy changes

The training will give participating nurses the competence to practice using the PCCM which includes administration and supply of a limited range of medicines for certain conditions. However, the Victorian Drugs, Poisons and Controlled Substances Act prohibit nurses who are not Nurse Practitioners from supplying medicines. In order for this to change, a thorough investigation would need to be undertaken by the Department in consultation with the community and sector. Solid evidence would be required that a change to the law would on balance benefit the community.

11. Is this about role substitution?

This Pilot is about building the clinical team's capacity to respond to the special needs of rural communities more confidently – it is not about creating new roles or substituting existing roles.

It supports local experts to develop solutions; not having a one-size-fits-all method imposed on them by the Department or any other centralised body.

This Pilot acknowledges the importance of leaving responsibility for the clinical decisions with the people that have the skills and clinical expertise at the local level – not centralising it.

The Department is seeking expert advice, facilitating the processes, providing advice when asked and resources as appropriate.

12. How is the course structured and what are the assessment requirements?

The course is made up of 4 modules

Module	Weighting
Context of practice/legislative requirements	10%
Pharmacokinetics/ pharmacodynamics	30%
Assessment and practice	50%
Client education, clinical communication and collaboration	10%

Student workload

Activity	Hours
Directed learning workbook including case studies	120 Hours
Audio and audio graphics conferencing or Queensland Health Electronic Publishing Service (QHEPS) or CD	30 hours
Case study presentations/preparation	10 hours
Private study	60 hours
Collaborative practice with medical practitioners	30 hours
Clinical skills assessments	50 hours
	300 hours

Assessment schedule

- A pass (60%) must be achieved on each component unless otherwise stated. Students who fail to achieve a pass in any part of the course assessment will be allowed to resubmit once for reassessment after appropriate remedial intervention. Unless otherwise specified only two attempts (or one re-submission) will be allowed in each component.

- Out of the total of 5 case studies re-submission is allowed twice. Where a third care study does not achieve a pass (60%) the student will be required o appeal to the Director Workforce Directorate as to why they should be allowed to have a third re-submission.

- Workbook (Module 1 & 2)

- Case studies
- Telephone presentations
- Core clinical skills assessments
- Examination (1 hour)
- Chart verification
- Immunisation

13. What is the mode of delivery of the nursing training?

The course will be offered by flexible delivery. This flexible delivery will include workshops and the following distance education strategies: workbook, hard copy resources, computer mediated teaching, computer assisted learning (audiographic / audio conferencing, interactive CD ROM, Read Only Power point presentation and PowerPoint presentations for local facilitation), teleconference in lieu of workshops, case study presentations, onsite case presentations.

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