

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Nursing Education Development Application Guide

Welcome to the Nursing Education Development application process. This guideline has been developed to give you step by step instructions to complete an application. The guide includes explanations of what is required for all parts of the application. Along with this guide please utilise the other tools provided within the Education Forum on healthLearn. The Nursing Education Development process is to be utilised for education that fits the following criteria:

- Education of more than 4 hours duration inclusive of
 - Self-Directed Learning Package (SDLP)
 - E-learning modules
 - Face to face teaching

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BACKGROUND

A review of education delivered within the CDHB showed that there was a significant duplication of topics and resources. The development of teaching resources and study days represent a significant proportion of nurse educators' time. Furthermore a learning needs analysis in 2012 showed some evidence that learning and development was not translated into improved clinical outcomes. There is no doubt we need to evaluate knowledge and skills gained, however we also need to evaluate behaviour change. It is essential that nursing education within the CDHB is professional, based on best education principles and ensures transfer of learning to behaviour. The quality of the learning experience can be directly attributed to the process used in creating the event.

From June 2014 all Nurse Education (inclusive of study days, self directed learning packages online learning) comprising four hours or more must be approved by the CDHB Nurse Education Development Committee.

NB: If your activity is outside the normal scope of practice of an RN you will need to contact the credentialing committee for the process to follow.

To the Applicant

At the commencement of the process it is important to contact the Professional Development Unit to be allocated one or two Education Advisors. It is the role of the education advisors to guide and support you through the application process and develop your programme of study. The application process is in two stages. Typically Section one requires approval from the committee before commencing Section Two. This is to ensure applicants don't undertake unnecessary work. However in some situations discussion with the Education Advisor may result in both sections being submitted for approval together.

Your application will be allocated a reference number which is used to identify your documents through to completion. Programmes must not be advertised unless they have been approved by the Nursing Education and Development committee.

Please remember to fill out the form correctly and give as much information as possible, along with making sure that the **relevant managers have signed** with their endorsement.

Who will review the application?

All applications will be reviewed by the Nursing Education Development Committee which consists of representatives of, but not limited to:

- Nurse Manager Professional Development Unit
- Nursing Development team
- eLearning project Manager
- Nurse Manger from Clinical area
- Clinical Nurse Educator
- Nurse Educator from the West coast (if applicable)
- Director of Nursing

How will the application form be assessed?

Each member of the team will independently assess each application form and apply scores for various sections (as outlined at the end of the application form). The Nursing Education Development Committee will then meet and discuss the collective scores given and their comments for each programme. At the end of this meeting programmes will be chosen to move forward to development. If an application is not successful you will be supplied with a brief outline of the reasons for their decision. Unsuccessful applications may be resubmitted for the next or future round(s) of the selection process.

Selection Process Time Frames

Applications will be assessed collectively every 2 months by the committee. Both successful and unsuccessful applications will be informed of the decision within 5 days of the meeting by email.

Urgent applications will be assessed on a case by case basis.

Definitions to know before answering the questions

Sponsor – the person/group who have commissioned the programme and who will ensure there is time and resource (including full or partial funding) for its completion.

Subject Matter Expert [SME] – the person who will provide the content/clinical expertise to make sure the programme content is accurate and up to date. Someone who is responsible for regularly reviewing the content and updating as required.

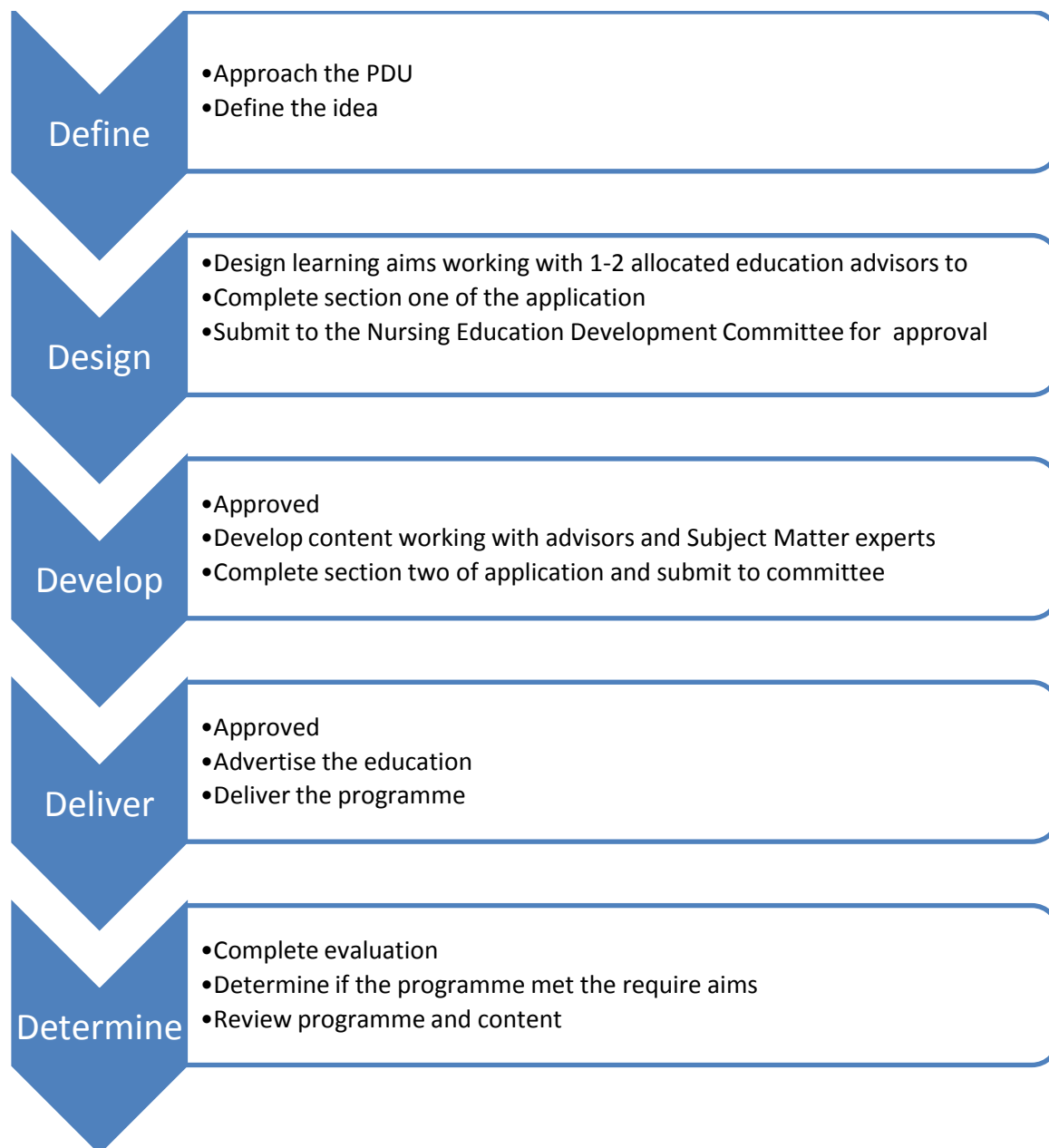
Content Approval Person – the person who is responsible for ‘signing-off’ the content as correct and appropriate on behalf of the WC/CDHB.

Compulsory – the programme is a requirement for this group of employees based on specific external standards or audit requirements (for example, compulsory fire training for all staff).

Professional Accreditation – evidence of completion of the programme will be used to meet the professional requirements of this group of employees (for example, compulsory professional development hours)

Credit – evidence of completion of the programme which may be provided for an individual training record

Flow chart for application and approval



PRIORITISING ELEMENTS

Course development will be prioritised based on the application form with and the following elements. This forms only part of the decision making around the suitability of your programme for development. If you do not score high this does not mean the programme will not be developed. The prioritising tool is specifically used for e learning applications.

- Alignment to the WC/CDHB priorities and strategic direction
- The ability to share the content with the wider WC/Canterbury Health System and other DHBS
- Compliance requirements –
 - Legislation
 - Professional Regulation Body
 - MOH requirement
 - Organisation Policy Requirement
- Number of users
- Level of risk if programme doesn't happen or is not successful
- Potential benefits to patients/ relevance to day to day practice

General			
Rationale for e course request:	Score	MoH Requirement	Score
Prof Development Existing training	1	Not applicable	0
Prof Development New need	2	Recommended	3
Mandatory/Compulsory Existing training	3	Programme at risk of withdrawal if not addressed	6
Mandatory/Compulsory New requirement	4		
Cost benefits		Professional accreditation	
New direct costs (Business case needed)	0	Not a requirement	0
Cost neutral	1	Required	2
Cost savings	3	High recommendation (2-3 years)	4
Cost savings three years +	5	Programme at risk of withdrawal if not addressed	6
End users:		Certification	
0-100	1	Not applicable	0
101-500	2	Standard met	1
501-1000	4	Partially achieved - low	2
1001-2000	6	Partially achieved - med	3
2000+	8	Partially achieved - high	4
Priorities			
People are healthier and take greater responsibility for their own health.		People stay well in their own homes and communities.	
Does not contribute to this goal	0	Does not contribute to this goal	0
Indirectly contributes to this goal	3	Indirectly contributes to this goal	3
Directly contributes to people taking greater responsibility for their health	5	Directly contributes to people taking greater responsibility for their health	5
People receive timely and appropriate complex care.			

Does not contribute to timely and appropriate care	0	Indirectly contributes to timely and appropriate care	3
Directly influences timely and appropriate care	5		
Risks			
What are the barriers to successful implementation of the programme?		What is the risk to realising the cost benefits from the programme ?	
Major	0	Business benefits will not be realised	0
Moderate	2	Substantial post implementation work required	3
Minimal	5	Some effort post implementation required	5
MOH Targets			
Shorter stays in ED		Better help for smokers to quit.	
Does not contribute	0	Does not contribute	0
Indirectly contributes	2	Indirectly contributes	2
Directly contributes	5	Directly contributes	5
Improved access to elective surgery		Better diabetes and cardio-vascular services	
Does not contribute	0	Does not contribute	0
Indirectly contributes	2	Indirectly contributes	2
Directly contributes	5	Directly contributes	5
Shorter waits for cancer treatment.		Increased immunisation.	
Does not contribute	0	Does not contribute	0
Indirectly contributes	2	Indirectly contributes	2
Directly contributes	5	Directly contributes	5

SUPPORT

Every application will have two educational advisors (from either the PDU or Learning and Development) assigned to the applicant. The educational advisors are to work together with you to ensure the application meets the education principles. The education advisors will

- Actively and positively promote the application process.
- Co-ordinate the application process in conjunction with applicant.
- Support and guide the applicant through the process
- Review applications before the committee meeting and to discuss/clarify the application with the applicant prior to meeting.
- Suggest changes to applicant and ensure applicant forwards new application to the nursing administrator so that it can be forward to committee members at least 1 (one) week before the meeting. This allows everyone to review the applications. This also ensures the meetings run efficiently.
- Present the application to the committee and to seek feedback from committee members.
- Feedback to the applicant post meeting with suggested changes
- Advise on the next step of application process, assisting/guiding as require. This may require meetings with applicant.

- Liaise with other educational advisors as required for further clarification, specialist knowledge and support.
- Act as coach/mentor for other educational advisors as required.
- Be familiar with the process and policy, liaise with more experienced educational advisors to gain confidence with process.
- Keep the nursing administrator and applicant advised of process developments.

If issues arise with applicant, to discuss issue with committee chair

OUR VISION

The CDHB deliver quality nursing education by ensuring that all education provided within the CDHB meets the principles of good workplace learning and the NZNO guiding principles. New Zealand Nurses Organisations seven guiding principles is that Nursing Education is;

1. Acceptable
2. Affordable
3. Accessible
4. Relevant
5. Supported
6. Evaluated and
7. Appropriate

NURSING EDUCATION DEVELOPMENT COMMITTEE

A CDHB Nursing Education Development Committee was established to assist the development of education resources within the CDHB. The committee strives to ensure that education within the CDHB is aligned to the principles of principles of good workplace learning and that it:

- Is aligned to the overall direction of the CD/WCDHB and the Canterbury / West Coast Health System
- Enables the application of learning into workplace practice
- Is a tool of partnership across teams, groups, professions and organisations and is able to be shared across the wider health system
- Objectives and content are developed in partnership with subject matter and educational design expertise
- Matches the development method to the content
- Reduces duplication in programmes and development time
- Ensures that any assessment process is fair, reliable and valid
- Has clear aims, outcomes and objectives
- Is aligned to **adult learning principles**
- Is regularly evaluated against its objectives and outcomes utilising the first three levels of **Kirkpatrick model of evaluation**
- Is evaluated and redeveloped as required
- Is accessible to all employees

- Is supported by a learning culture
- Is recognised as a tool for organisational success.

YOUR APPLICATION

Clinical Sponsor: It is a requirement of the application process that your application is endorsed by a Clinical Sponsor. This person needs to have a strategic overview within the organisation in order to be able to support and if necessary assist you in driving your application. They also need to be familiar with the content area of the programme. Suggested Clinical sponsors would be: Nursing Managers, Nursing Directors, or the Director of Nursing

Title: please use one or two words to describe what the subject of your learning is. This is a short title for the programme. Please avoid the use of the terms study day or workshop in the title and do not describe the intended audience as this information is recorded elsewhere.

SECTION ONE: About your programme

This part of the application process is designed to clearly identify a need for the education to be developed along with defined aims for the programme. Approval for this section of the application ensures the following:

- All education is developed in response to an identified need
- Resource allocation for the development of strategic education can be prioritised according to need
- Duplication is avoided by eliminating overlap and maximising utilisation of existing resources
- Developers can be linked into working parties around the same theme
- Expertise can be allocated to support the development process.

About your programme /aim

What difference will we notice in the workplace? The aim should be a brief, broad statement identifying the intention of the programme. An aim is designed for the teacher to explain what it is that the programme will do and how it is delivered. Describe what the participants will be able to do, know at the end of the programme. For example if the programme is successful what does this look like.

Proposed Target Audience

Provide a 'picture' of the intended participant who would benefit from this programme. You will need to consider:

- The discipline and level of the participant i.e. Competent RN,
- Any pre-requisites you may require i.e. they have to have completed a specified study day/SDLP of relevance

Maximum Numbers / Minimum Numbers

These numbers should indicate the maximum and minimum numbers of participants for which the educational activity could be run. For these numbers you will need to consider: the efficacy of running study days for very small numbers of participants is this a critical activity? If participants are coming from specific areas how many could be 'off the floor' at one time etc. Consider the maximum numbers of participants that would be feasible to meet the objectives of scenario or practise based sessions. State how many times per year you anticipate running this activity. For self directed learning packages you will need to indicate the clinical need and when you would see participants completing the programme (this may be in conjunction with another educational activity).

What (if any) risks are there to the CDHB if the programme is not available and/or participation not recorded?

Is the education compulsory for our DHB? Do we need to record attendance for accreditation or for audits? Is the education a mandatory requirement of the Ministry of Health or New Zealand Nursing Council? If so it needs to be listed here. Please include the policy statement or legislation outlining the programme requirement.

Who else in health could potentially use this programme?

Please consider consulting your clinical colleagues to identify if the programme can be utilised or is applicable for their workforce. There are many advantages to multidisciplinary education and learning. In addition are there any other DHB or NGO who may want to attend the day, complete the online learning or utilise this SDLP?

Is the programme /SDLP provided in any other DHB? Can we adapt it for the CDHB?

If the programme is a MOH or NZNC requirement it may have been developed by another DHB. Who have you consulted so that we are not reinventing the wheel? Most DHB's are happy to share resources if asked.

What is the risk to successful implementation of the programme and how will you manage this?

What will stop this programme being successful for example; the computer skills of the audience, the availability of computers to complete the programme, the availability of the subject matter experts to assist with development? How will you manage this risk?

Please list who you have consulted with and data accessed to assess learning needs

These are the people you have consulted with in identifying and confirming the need for this programme. This may include senior nurses, medical staff, other health disciplines (physios etc) and patients. It may also include support services e.g. Maori Health, Infection Control, Pharmacy etc. NB: it may be more appropriate to use the position title rather than identifying the individual by name. Education developed at CDHB should be aligned with strategic and service plans. Where your proposed education shows clear support for these you should include references to the District Annual & District Strategic Plans. Along with identifying any organisational plans that will be addressed by this activity you may also want to include your Division/clusters business plans to support your application. Have you completed a training / learning needs analysis to identify the aim of the programme?

Additional comments

In this section include any additional information in support of your application. There may be clinical, professional or management issues that would be useful to include along with other relevant data.

Online Learning or Blended Option

Given the limited resource we have to develop online learning there are additional questions and considerations if you wish deliver your programme online. This application will need to be submitted to the Ecap committee for online learning development support.

Who in your team who will be responsible for keeping the content up to date, responding to questions etc?

As with any programme the content is only any good if it is current. Who in your team is responsible for ensuring that the content is current?

How is the programme currently delivered? What sort of programme material already exists?

Is the programme currently in a SDLP, elearning from another site or presented as a study day, or is this a new programme? If the programme material exists already i.e. in a ppt format or SDLP then this can save some time in the development of the online learning. However there remain some significant differences in how people learn in a face to face session compared to online.

If the programme is moving from purely face to face to online delivery, what is the benefit in doing this?

Why do you want the programme to go online, outline the benefits, i.e. costs, ability to reach a larger group or population etc?

How much time do you have available to contribute to the development of the programme?

As with any education development it takes time and elearning is no different. If you have some authoring expertise this can save time. This requires significant discussion and input from the subject matter experts and the programme author. This commitment is at the very **minimum three hours** per week for **eight weeks**. The exact time and work commitment required to write and design an online learning programme will depend on the size and complexity of the programme and will be discussed with individual teams if your project is selected for development.

SECTION TWO: Design, Delivery and Budget

What resources are required to develop and deliver this educational activity?

List as accurately as you can the resources required to develop and offer this educational activity.

This could include:

- Staff time to create presentations, handouts etc.
- Any audio visual equipment required
- Teaching material requirements

List the resources needed for the delivery of the programme. This could include but not be limited to:

- Nurse educators
- Data show
- White board
- Guest speakers and cost if applicable
- Stationery, cost of printed resources.

Length of programme /SDLP

State the professional development hours allocated for the whole of the educational activity, including the pre reading if applicable. Please refer to the education forum for information on how to allocate reading and test times.

Pre-reading or pre requisites for participants

Identify any requirements to be completed prior to attendance at this educational activity. This could be pre-reading or attendance at another introductory programme. If you need the participants to recall the A&P of the topic then this could be pre-reading. Do you need the participants to complete a learning agreement outlining expectations between themselves and their manager?

Content List

This is an outline of the topics or sessions that will be covered. Whilst it is tempting to load up the day please bear in mind that the studies show that learners may only remember four items from an eight hours day. If a SDLP this could be your index list.

Learning Outcomes

This is a bulleted list of all of the identified learning outcomes of the programme. A user guide to writing learning outcomes is available in the education forum . Please refer to this document as it provides details of the structure and format required. Ensure the learning outcomes are SMART that is specific, measurable, attainable, relevant, and time bound.

For example:

By the completion of the programme students will be able to:

- Discuss barriers to effective communication at triage
- Describe the process of triage assessment and identify the clinically important factors influencing the allocation of a triage code using the ATS (from the triage study day application).

Lesson plan and resource list

Include lesson plans for all of the scheduled sessions and resources utilised. You may want to include one lesson plan that covers the whole session. Lesson plan templates are available on the web.

Continuum of Care

Please explain how the proposed educational activity considers the primary, secondary and tertiary aspects of patient care. As our patients move through the health system for their care it is important that staff from these areas will be able to attend/participate in education and therefore the learning needs to be relevant. You will need to describe how your programme acknowledges primary, secondary and tertiary aspects of care and includes the elderly and paediatric patient population if applicable.

Method of evaluation: How will you assess their learning (knowledge / skills)?

Describe how you will assess the participants learning from the educational activity. This may include:

- Pre & Post tests
- Scenario participation
- Random audits from the clinical area
- Competency assessments in the field.

Think about Kirkpatrick's four levels of evaluation; see the education forum for more information on this.

If a SDLP identify who you envisage marking/assessing the learning. This may involve input from your clinical sponsor, colleagues or other senior nurse groups. Workloads will need to be considered in this process.

How will you determine that the learning is applied to clinical practice (attitudes)?

Describe the method of evaluation of the day by the participant. Identify what tool you will use for the above evaluation. Include facilitation and reflection on the session. Your education advisor will be able to assist you with this. Describe how you will measure if learning from the educational activity has been transferred into clinical practice. What activities will the learners undertake back in the workplace to embed the learning?

Teaching Methods of Delivery

Describe the methods of teaching delivery for the programme. This could include didactic lectures, role-playing, discussion groups etc. A user guide for these descriptions and deciding on teaching method is available in the education forum.

What sort of print resources do you think you would like/how will these be produced.

On the day list the requirements for handouts or will the participants be asked to access and print them off if they would like a copy. Will you email around any pre- reading or will these be sent out?

If a SDLP have you followed the SDLP style guide in the development?

To ensure a standardised look and ensure that all aspects of the learning have been covered there is a guide by which to complete a work book. Please contact your educator or the PDU for a copy.

Checklist before submitting your application form

- Are all sections complete?
- Is the activity outside the normal scope of nursing practice (refer to the credentialing committee)
- Have all stakeholders been included
- Are the learning outcomes SMART
- Is the continuum of care covered as more than acute staff may complete the programme of study.
- Is the content relevant and realistic as some A&P can be included as pre reading. Is the level of learning undergraduate as this should be revision or pre reading.
- Do the teaching methods cover the different styles of learners, i.e. doing, thinking, listening, and watching.

ACKNOWLEDGEMENTS

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