

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Nursing Workforce Acceleration Programme

Tool Kit

July 2019

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1. Introduction and overview of a nursing workforce acceleration programme

This toolkit has been developed to assist organisations wanting to implement a specialty specific nursing development programme targeted at mid-career nurses.

The content of this toolkit has been developed by nursing leadership in Canterbury District Health Board as a result of the successful implementation of the Gerontology Acceleration Programme (GAP). This programme was specific to nurses working in aged care but senior nursing leaders recognised that this concept could fit other specialties of nursing and that the organisation and governance of such a programme would be similar irrespective of specialty. The resources in this toolkit have been developed through the experience of implementing GAP and are for you to use and adapt to the needs of your programme. We do ask that you acknowledge the source of the documents in your work.

If the aim of strengthening the nursing workforce and quality of care is to be realised with pace and scale, an integrated approach is required with the Ministry of Health working in collaboration with District Health Boards (DHBs) and the community partners on plans to improve nursing leadership, co-ordination and integration of care, mentorship, and education opportunities in nursing.

The nursing workforce accelerated programme focuses on enhancing the career development for Registered Nurses working within a specialty across the health care continuum by providing a range of professional development opportunities. Participants access a variety of clinical settings to gain an in-depth inter-service understanding, while expanding their networks (Aged Residential Care Workshop Report April, 2012).

The programme has four components:

- 1 Clinical experience through **rotations in two pre-selected specialty focussed clinical areas**. Feedback has supported two, twelve week rotations.
- 2 Generic programme expectations such as goal setting and reflection with **mentor support**.
- 3 **Postgraduate nursing education** relevant to the specialty area (qualification to be eligible for Health Workforce Directorate (formerly HWNZ) funding from DHB PG nursing contract).
- 4 **Professional Development Recognition Programme (PDRP)** participation with the expectation RNs would complete their PDRP to proficient level.

An example of how this may look is described in the table below. For GAP, the programme was designed to allow nurses to do the required advanced health assessment paper once they were back in their home clinical area. The timing of Christmas was also factored in as nurses were on different salary agreements and it was considered important for nurses to be back in their home environment for roster/pay requirements over the public holiday period. The timing of the programme needs to meet the needs of the participating organisations, clinical areas and participating nurses.

	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Clinical Rotation 1													
Clinical Rotation 2													
Mentorship													
PG study													
PDRP submission													

2. Governance Structure and Implementation group

Key to the success of the programme is developing a collaborative approach between nursing leadership and governance, the South Island Nurse Executive NZ, the clinical service areas and education providers. This will ensure that participating organisations will provide support and create a learning opportunity both for the nurse joining the programme from their organisation and for nurses visiting the organisation on rotation. Seeking support from the Chief Nurse, Health Workforce New Zealand and the Regional Training Hubs should also be considered.

The Governance Group should comprise of members from:

Director of Nursing, for the specialty service

Nursing Director or Service Manager, relevant clinical service areas

Nurse Manager, Professional Practice Development

Nurse Manager, Nursing Workforce Development

Postgraduate Nursing Education Coordinator

DHB Planning & Funding

Specialty focussed senior nurse (e.g. CNS/ NE) Mentor representative

Senior nursing representatives from community partners relevant to specialty

Education provider representative, Senior Lecturer in specialty

Once the programme is established, the role and shape of the governance group can be reviewed, however effort should be placed into ongoing review of the programme and ensuring this is continuing to meet specified aims and outcomes.

3. Aims of the programme

Programme Aims

- As a collaborative venture between specialty sector employers and clinical specialty areas, strong, positive functional relationships will be fostered.
- Retention of talented RNs will strengthen skill mix and flexibility within the nursing workforce, as well as positively impacting on clinical teaching, quality improvement and nursing leadership development in the sector
- Succession planning opportunities for employers and improved clinical governance within a specialty.
Recruitment to specialty will be strengthened with a career advancement programme in place

Expected attributes of the RN completing the programme:

The participants will:

- Attain proficient level RN on the PDRP to complete the programme.
- Act as a role model and a resource person and actively contribute to clinical learning for other nurses and members of the health care team.
- Engage in collaborative practice to achieve positive patient outcomes inclusive of transitional care.
- Demonstrate leadership in the health delivery team and participate in quality improvement and change to improve nursing practice.
- Demonstrate in-depth understanding of the complex factors that contribute to health outcomes and applies this knowledge to plan care.
- Participate in changes in care settings and integrate the principles of Te Tiriti o Waitangi and cultural safety.

4. Criteria for selecting participants

Nurses are encouraged to apply for the programme after they have had a discussion with their line manager. Identifying future nursing leaders within the clinical areas is important and so it may be appropriate in some instances for managers and/or senior nurses in an area to discuss the programme with people who may have leadership or growth potential.

Promoting awareness of the programme can include flyers in relevant clinical areas, discussion at relevant nursing meetings, brochures and communication in the organisations communication updates. If there are communication channels available to advertise to partnering organisations these should also be considered. For GAP, one of the key ways to get information out to ARC facilities is via Eldernet, an independently operated website which contains a repository of information about ARC and also has email ability to send through messages to all ARC facilities within a specific region.

An example of the brochure used to promote GAP is attached as Appendix 1.

Criteria:

- RNs working 0.8 to 1.0 FTE (FTE amongst participant group needs to be the same to ensure clinical rotations will cover roster requirements)
- Nurses currently employed in clinical area participating in programme
- Permanent employee and New Zealand citizen or resident (Health Workforce Directorate funding requirement)
- More than 12 months experience in nursing specialty
- Organisational/Nurse Leader/ Line Manager endorsement.

Relevant letters to participants, offering and confirming a place in the programme and decline letters are attached as Appendix 2.

5. Criteria for selecting participating clinical areas

Once a nurse has submitted an application the clinical area must be considered in light of the below criteria so it can be ensured the participant and organisation are well supported during the programme.

- Commitment to programme and support from senior/ regional management
- Be able to support a nurse working 0.8-1.0 FTE from another organisation
- Established mentoring culture (receiving student nurses or involved in NetP)
- Ability to nominate a preceptor and support orientation for the nurse on rotation (more than 1 RN on duty)
- Commitment to providing learning environment and provide exposure to aspects of clinical care for the nurse visiting on rotation and with minimal night duty requirement

- Clinical area selection should provide varied and extensive rotation opportunities within a specialty
- Ability to support postgraduate nursing education and study leave requirement
- Has an educator or clinical support role and a quality improvement programme in place.

In some cases it may be appropriate to seek expressions of interest from partnering organisations prior to opening applications. A survey of this can be found in Appendix 3.

6. MOU between partnering organisations and the DHB

It may be helpful to have a memorandum of understanding between both participating organisations. It provides a framework for collaboration and some guidance on how to manage issues as they arise.

7. Mentors and Preceptors

Each nurse participating in the programme will have a preceptor/ clinical rotation and a mentor for the full programme. For each rotation the nurse will complete a learning plan and develop goals with the support of their preceptor, with a process of evaluation of the learning plan at the end of each rotation.

The role of the preceptor is to:

- Provide clinical oversight and assist the RN work through orientation for that area.
- Review and sign off clinical skills/competencies in week one and thereafter.

The Preceptor role is rotation specific.

The role of the mentor (senior nurse in specialty) is to:

- Assist with individual goal setting, review and programme support. This will include monthly meetings with the RN to discuss their progress towards advancing nursing practice.
- Allocate time to meet the RN and assist with goal setting, critical thinking, leadership and professional growth.
- If appropriate review the goals at each rotation.
- Provide professional support throughout the full year long programme, academic support is provided by the participating tertiary education organisation

Support for preceptors and mentors includes:

- A mentor package to be provided to mentors at the programme commencement (see Appendix 4)
- encouraging them to participate in preceptor/mentoring, coaching training
- have an experienced mentor/preceptor lead a mentor support group
- work with a nurse educator³ from the participating tertiary education organisation

8. Employment issues

Nurses are bound to their employment contract during the programme and are considered a visiting health professional while on rotation. The base manager (from their employing organisation) is responsible for the HR aspects of the nurse on rotation. The host manager has a responsibility to inform the base manager of any issues/ leave requirements of the nurse while they are on rotation. Nurses wear their base employer uniform while on rotation.

Visiting Health Professional (VHP) Agreement

It is suggested that a VHP be used. You may wish to access the VHP agreement used by your participating District Health Board. For GAP the VHP was developed by the Canterbury DHB Legal Team and sets out clearly the expectations. It was modified so that it could be used between community providers as well as between CDHB and the community providers.

9. Participant Orientation to work place including supernumerary time

A nurse on rotation to a clinical area is considered a new employee and is to complete the orientation programme, if the rotation is with a provider who is not their employer, with security and IT access assigned for the required rotation period.

The programme allows five days supernumerary at the beginning of each rotation. Funding for GAP currently is sourced by the Nursing Workforce Development budget, however prior to this funding was sourced through the governance group with support of the DHB planning and funding division (see Appendix 5, business case). This supernumerary period allows for orientation and for the visiting RN to familiarise to the rotation environment allowing replacement on the roster once this supernumerary time is complete. It needs to be acknowledged that these are experienced nurses from within the specialty who do not require the same degree of support and preceptoring as a student nurse, new graduate or a nurse new to the specialty. The expectation on the programme is that, after the initial period of orientation, the nurse is expected to function as part of the nursing team in their clinical rotation area.

Participant handbook

A participant hand book has been developed by a sub group of nurse educators for use by participants during their clinical rotations and to assist with orientation and setting learning goals for the rotation. This also contains useful information for RNs considering participating in the programme and is attached as Appendix 6.

10. Rosters and Leave

Rosters

Ideally the RNs moving across clinical rotations will have the same FTE, for example a nurse working 0.8 FTE to swap with a nurse working 0.8 FTE. Any variation to this will need to be negotiated with both clinical nurse managers.

The roster needs to support the learning needs of participants. It is expected that the nurses will work morning and afternoon shifts across a week (7 days). It is preferable that they do not work night duty if they are to be the only registered nurse on duty and particularly early in the rotation feel out of their depth and unsupported. Night duty also provides fewer learning opportunities. Occasional night duty is acceptable but should only be after consultation with the RN participating in the programme and if there is clear after-hours support available.

If a permanent night duty nurse is accepted on to the programme, then agreement needs to be made with the hosting facility that they will cover the night duty and not the participating RN.

Nurses working on permanent pool should be enabled to apply for the programme if they wish. If a nurse on pool is accepted onto the programme then effort should be made for rotations to take place in suitable areas where there may be long-term vacancies such as for parental or sick leave.

The nurses will stay on their base employment agreement when rotating across facilities. RNs are required to communicate with their host manager in a timely manner if there are roster requirements.

For community partner nurses not aligned to the DHB MECA working public holidays, please check with their home manager prior to rostering them to work these shifts.

Different rostering patterns such as those incurring shift allowances may have a small impact on unit budgets. The participating RNs timesheet should be forwarded weekly by the host manager to the base manager.

Leave:

Annual Leave

To maximise learning opportunities, applicants to the programme should be informed of the expectation that they will take minimal annual leave during the rotations. If annual leave is requested during the rotation, the RN will first need to communicate with the Host Manager in accordance with that area's usual protocols to establish whether this can be accommodated. If so, the Host Manager should contact the Base Manager to advise of the request and gain their approval or otherwise. If approved by the Host Manager, the RN should still complete an employer specific Leave Reporting Form as per usual process, and forward this to the Base Manager for approval and processing.

Sick/unplanned leave

In the case of any sick leave or otherwise unplanned leave, the RN will communicate directly with the appropriate Manager of the 'host' area, in accordance with the protocols of that area. The RN will be expected to contact their Base Manager as well, as soon as possible, to ensure their roster is updated. The 'Host Manager' should also follow up with the Base Manager to confirm they are aware of the changes so the pay system is amended accordingly.

Pay

If the participating RN has any issues with pay they should contact the Base Manager directly in the first instance.

Performance

Should any performance issues arise during the rotation they need to be addressed immediately.

In the event of a single clinical incident, follow the local organisational process. The host manager or the participating RN may wish to contact the Mentor to conduct a debrief and provide professional support. The participating RN may elect to share the incident with the base manager.

Issues should be escalated to the base manager should there be any recurring issues or performance concerns and the GAP coordinator notified. The Nursing Director / DON may need to be informed according to local policy.

11. Communication

For the programme to be successful it is vital that Charge Nurse Managers are supportive of the programme. Engagement with them at the very early stages of the process is vital to its success. It may be helpful to have a briefing session with the Charge Nurse Managers from all areas involved at the beginning. This will enable them to understand the programme and provide operational feedback on the process as well as support them networking to resolve any issues as they arise with the participating RNs.

Meet and Greet session

To begin the programme a meet and greet morning or afternoon tea is useful to introduce programme participants to mentors, preceptors and nurse managers that they will be working with while on rotation. This is also an opportunity to discuss issues that may arise throughout the programme and to outline expectations especially around the communication required between the participant, the host manager and base manager. It is important to stress to managers the importance of including their participant in ward social activities as they will be returning to base once the rotations are completed.

It may also be useful to invite the relevant communication team and photographer so that the introduction of this initiative can be widely advertised. As well as in-house communication, consideration should be given to inviting external communication teams such as 'Nursing Review' to the Meet and Greet.

12. Health Workforce Directorate (formerly HWNZ) postgraduate nursing education

Nurses intending to undertake the nursing accelerated programme are able to commence their study prior to the programme commencing.

Funding

Funding for the academic component of the programme is prioritised by Directors of Nursing from the DHB Health Workforce Directorate PG nursing education contract. Each nurse on the programme is required to meet the Health Workforce Directorate eligibility criteria for this funding. This funding covers the fees, study release time and clinical supervision if required for the intended paper. It would be expected that a local education provider is included in the programme however if this is not possible to meet the need of the specialty as determined by the governance group then travel funding for nurses to attend a distant education provider may be supported through Health Workforce Directorate funding. Study leave will be reimbursed from the Health Workforce Directorate PG contract and will be paid to the employer.

Nurses may elect to undertake a different qualification to the programme recommendation and approval of this whilst the nurse is on the acceleration programme, would be at the discretion of the governance group.

Support

The tertiary education organisation provides multiple support opportunities. Prior to the study commencing it is recommended that participants undertake a postgraduate study skills course if they have not undertaken tertiary study for a period of time and this type of course is available.

During the postgraduate study each institution has a suite of support services that participants can access. Participating RNs should access academic support from the tertiary providers. It is not the role of the mentor to provide this level of support.

13. Professional Development and Recognition Programme (PDRP)

There is a programme expectation that each participating RN will complete a PDRP portfolio at proficient level within the twelve month programme. Support for this will be offered during the programme from the programme coordinator, Nurse Coordinator- PDRP and individual programme mentors. It is expected that goal setting during rotation and academic study will feed into this portfolio preparation. Completion of the portfolio is expected by the end of the third clinical rotation (base area). Submission of the portfolio 2-3 months prior to the completion of the programme is to be encouraged.

14. Programme Evaluation

At the end of each programme surveys are circulated to participating RNs, their mentors, and relevant managers involved with the programme. Feedback from these surveys is to be used to develop the programme further for subsequent intakes.

Pre and post surveys are also circulated to participants prior to the programme commencing and on programme completion to illustrate their learning and growth over the year. All evaluation surveys can be found in Appendix 7.

15. Kings Fund Evaluation

In 2015 an evaluation was funded by the Office of the Chief Nurse, MOH, who promoted the findings as; an exemplar of a programme that supports the older persons nursing workforce, as one of their key priority areas.

Evaluation focused on three key areas

1. Personal/professional impacts of GAP on participant clinical practice, collegial networks and career intentions
2. Wider nursing-workforce (participant organisation)
3. Service delivery and relationships across organisations

This evaluation clearly identified improvement in collaborative relationships, the development of well-qualified nurse-leaders and nurses who shared a greater understanding of the gerontological care continuum.

Quality improvement was reflected through shared identification and transfer of new initiatives, of which the provision of a model that invests in nursing-leadership was one of many.

The evaluation identified that readiness and clarity of the programme requirements needed improving. It recommended that the experiences of prior participants were used for the continued development of GAP and that the programme had the ability to be replicated nationally.

The evaluation recommend the development of a new nurse coordinator position to support this programme. This recommendations was implanted but was developed to provide an overarching support role for ARC facilities across Canterbury.

16. Timeline

Suggested milestones for a programme beginning mid-year:

When	Key Milestones
Prior to September	Establish governance group including key stakeholders
	Determine framework Prepare documents such as draft MOU if this is required, criteria for participating organisations, mentors & preceptors & participants
	Develop business case if required for funding
	Engage with clinical nurse managers and seek interest from partner facilities/organisations
September	Have organised marketing material
September/October	Advertise programme, if possible at the same time as career fairs.
February	Open applications for the programme

March	Review applicant's organisations. Select participants, and notify them
May/June	Participants undertake study skills course if required and available. Meet & Greet with Clinical Nurse Managers, preceptors, mentors and participants.
June	Start clinical rotations
July (semester 2)	First academic paper commences
February (semester 1)	Second academic paper commences
June	Both academic papers completed
July	Celebration event
By July	PDRP portfolio completed

17. Contacts for further information

Rebecca Heyward

Nurse Coordinator- Nursing Workforce Development ARC

arcnursing@cdhb.health.nz

Mobile: 021 195 9946

Richard Scrase

CDHB Nursing Director, Older People – Population Health

Richard.scrase@cdhb.health.nz

18. Glossary of Terms

ARC	Aged Residential Care
DHB	District Health Board
GAP	Gerontology Acceleration Programme
HWNZ	Health Workforce New Zealand
PDRP	Professional Development Recognition Programme
PG	Postgraduate
RN	Registered Nurse

Appendix 1: GAP Brochure

Zoom in (Click-Plus)
Eligibility Criteria:

- RNs working 0.5 FTE to Full Time
- Permanent employee
- New Zealand citizen or resident
- More than 12 months experience in nursing Older Adults
- Organisational/Nurse Leader endorsement



How do I apply?

Discuss the GAP programme with your manager. If your manager supports you, please apply online via the link at www.cdhb.health.nz/GAP or www.cdhb.health.nz/arcsupport

Contact Us

For more information about GAP please contact:
Nurse Coordinate
Nursing Workforce Development - Aged Residential Care
 Level 5, Mahana
 276 Armitage Street
 Christchurch, 8011
 Phone: 021 105 9946
arcnursing@cdhb.health.nz

Visit us on the web:
www.cdhb.health.nz/arcsupport

Canterbury
 District Health Board
 Te Pahi Hauora o Waitaha

March 2019



Gerontology Acceleration Programme

Nursing Workforce Development Support

- Postgraduate Education
- Mentorship/Support
- Clinical Experience
- Networking Opportunities
- Enhanced Practice

Gerontology Acceleration Programme

The Gerontology Acceleration Programme (GAP) provides the opportunity for highly motivated and enthusiastic Registered Nurses (RNs) to undertake a skills and experience-based professional development programme.

GAP is designed to support personal, professional and academic development of RNs working across older persons health care settings. The programme will enhance gerontological knowledge and skills whilst providing the opportunity to develop leadership and management potential.

The programme duration is 12 months and commences mid-year.

Programme Components

1. Two clinical rotations
2. Postgraduate education
3. Good setting
4. Mentor support
5. PDRP portfolio development



Clinical Rotations

- You will undertake two clinical rotations of 12-week each in clinical settings which may include: Aged Residential Care, Older Persons Mental Health, Acute Medical or Older Persons Health and Rehabilitation Services.
- You will be assigned an experienced preceptor to support you within the workplace.



Postgraduate Education

Postgraduate education is an important component of GAP and is integral to developing knowledge and skill within the gerontology setting. The following is a suggested educational pathway:

Postgraduate Certificate in Health Sciences, Endorsed in Nursing (Gerontology) – 60pts

Course fees and any study leave required will be funded by Health Workforce New Zealand for GAP participants. Other postgraduate study options may be negotiated on an individual basis.



Mentorship

All participants will be provided mentorship for the length of the programme. These mentors will provide clinical supervision and support to you while providing the opportunity for you to critically reflect on your own practice and support you with your professional goals.

PDRP

Te Kāhui Kōkiri Mārangā Professional Development Recognition Programme

It is an expectation of the programme that by the end of GAP you will have completed your PDRP to Registered Nurse Proficient Level. If your organisation does not have a PDRP programme, support will be provided to you around this.

Employment

Although you will rotate across facilities, your employer will not change. There will be no change to your conditions of employment.



Older Persons Health and Rehabilitation
Burwood Hospital
Canterbury District Health Board
Private Bag 4708
CHRISTCHURCH 8140

Telephone: (03) 3836836

16 May 2019

Name
Address

Dear XXXX

CDHB Gerontology Acceleration Programme (GAP) 2017-2018

Thank you for your application for a place on the Gerontology Acceleration Programme (GAP). It is with pleasure that I write to formally offer you a position on the programme.

Dates and Conditions of Employment during GAP

The GAP Programme commences on Monday 30th May 2019 with a meet and greet function and will be completed in June 2020. Your permanent employment status with your current organisation, and all other conditions of your employment will continue throughout the programme. At the completion of the programme you will continue in your normal place of work.

Your Clinical Rotation Dates

	Start Date	Finish Date	Placement	Nurse Manager
Rotation One	Monday 10 th June 2019	Sunday 1 st September 2019	XXXX	XXXX
Rotation Two	Monday 2 nd September 2019	Sunday 24 th November 2019	XXXX	XXXX

Pre Rotation

Please contact the Nurse Manager at your placement for rotation prior to the start date to confirm your roster. During the first week of each rotation, you will be supernumerary to assist your learning. You will be assigned a preceptor as part of orientation.

Final Rotation: On Monday 25th November 2019, you will return to your base employment setting. At your usual place of work, you will focus on consolidating the learning experiences gained in the two clinical rotations, while completing the second educational component of the programme.

Goal Attainment Reviews at the end of each rotation

You will be assigned a mentor for the duration of the programme. At the completion of each rotation, you will meet with your mentor to review attainment of goals identified for the placement. We will arrange to meet with you shortly to discuss this and the rotations.

Hours of Work & Remuneration

You are employed to work 40 hours per week. Throughout the programme, your employment continues with the <XXXX>, your existing employment conditions and base salary rate will remain the same. You will be required to agree to abide by the obligations of a Visiting Healthcare Professional of the 'host' organisation during the two clinical rotations, if these are outside your employer organisation.

Mentor Support and Goal Attainment Reviews

Your mentor for the duration of the programme will be <XXXX>. Your mentor will meet with you soon to discuss goal setting, clinical accountability and communication while on rotations. You will receive a copy of the GAP Clinical Handbook. You will meet with your mentor to review attainment of goals identified for the placement at the completion of each rotation.

Study Leave

You have been approved HWNZ funding to study for a Postgraduate Certificate in Health Science (Endorsed in Gerontology Nursing). Please ensure that you have completed enrolment for the NURX 405 (Health Assessment) and NURX 426 (Gerontology) papers at the University of Otago. The link to enrol if you have not already done so can be found here:

<https://www.otago.ac.nz/courses/qualifications/pgcerthealsc.html>

Your course requires study/release days and we will reimburse your own organisation for these study days.

PDRP

It is an expectation of GAP that you submit a portfolio evidencing a Proficient level of practice at completion of the programme. There will be more information about this at the Meet and Greet afternoon tea session.

We would like to invite you to attend our **Meet and Greet Morning Tea**

Meet and Greet Morning Tea
Thursday 30th May,
10.00 – 11.00am
Room 314, Level 3, Manawa
276 Antigua Street

There will be an opportunity to meet other GAP nurses, preceptors, mentors and the Nurse Managers from the work areas of rotation. This will also include an information session for GAP nurses. At this meeting we will ask you to sign a Visiting Health Professional form to allow you to work in a facility that you are not employed and will also ask you to confirm indemnity cover for nursing practice; e.g. membership of NZNO.

Please RSVP to Rebecca Heyward (as below).

If you have any questions about GAP, please contact Rebecca Heyward, ARC Nursing Coordinator (email) arcnursing@cdhb.health.nz or phone 021 195 9946.

Once again, congratulations, and we welcome you to the programme.

Yours sincerely,



Rebecca Heyward
Nurse Coordinator; Nursing Workforce Development, Aged Residential care
CDHB

Cc Becky Hickmott, Manager, Nursing Workforce Development
Cc <Participants Nurse Manager details>

30 April 2019

Name
Address

Dear XXXX

CDHB Gerontology Acceleration Programme (GAP) 2019-2020

Thank you for your recent application for the Gerontology Acceleration Programme (GAP) and Health Workforce NZ (HWNZ) funding.

Unfortunately, as we have received more applications than we can fund, your application has been declined for this year.

Although we could not help you this time, I do hope that you will continue to show an interest in furthering your studies and would encourage you to re-apply for the programme next year.

Yours sincerely,



Rebecca Heyward
Nurse Coordinator, Nursing Workforce Development
CDHB

cc Becky Hickmott, Manager, Nursing Workforce Development
cc <Applicant Manager details>

16 May 2019

Manager details

Dear XXXX,

Gerontology Acceleration Programme (GAP) 2019-2020

Thank you for your support of this programme.

1 Arrangements for your employee from 10 June to 25 November 2019.

XXXX from your ward has been offered a place on the GAP programme which starts at the beginning of June. Funding is included for postgraduate study in 2017. Angel's clinical rotations will start at XXXX, followed by XXXX in Rotation 2, from which she will return to your ward to complete her programme.

XXXX will be assigned a mentor to assist her with goal attainment during the GAP programme. I will notify both you and XXXX as soon as I am able to confirm these roles.

You will continue to employ XXXX under her current employment contract when she is on rotation. As her manager, you will be responsible for managing and co-ordinating her salary and associated pay activities while she is undertaking these rotations.

2 Arrangements for CDHB employees rotating to your organisation

While XXXX is on rotation, the following GAP nurses will be visiting your facility. They will continue to be paid by their work area while they are with you.

Facility	Manager details	Rotation 1 Mon 11 th Jun <i>Supernumerary first 5 days</i>	Rotation 2 Mon 3 rd Sept <i>Supernumerary first 5 days</i>	Rotation 3 Mon 25 th Nov <i>Home based rotation</i>
Rotation One details				
Rotation Two details				
Base area details				

Orientation:

As part of orientation, GAP nurses need to be assigned a Preceptor.

To assist learning, the first week will be supernumerary. Funding for this supernumerary period will be transferred through to your facility at the start of each of the two rotations.

The GAP nurse will contact you prior to starting their rotation in your ward to confirm their roster. Please note that XXXX will be studying the University of Otago Gerontology paper (NURX426) while on rotation. When she returns to your ward she will continue with the Health Assessment Paper (NURX405) to complete her 'Post-Graduate Certificate in Gerontology'.

3 Payment Process for HWNZ Funded Postgraduate Nursing Education, Semester 2 2019

Funding for Postgraduate Nursing education covers the following:

1. Course Registration Fees

These will be paid directly to the University of Otago by the Canterbury DHB.

2. Study Release Leave

Study release days for Angel will be reimbursed to your facility at the end of Semester. You will be contacted nearer the time regarding accessing this reimbursement.

If your employee withdraws from the programme, there is a requirement that we are notified in writing. Please ensure your staff member is aware of this.

If issues arise that we can or should assist with, please do not hesitate to contact one of us. We feel that the success of this programme will rely on good communication between us all.

4 Summary

We would like to invite you to attend a "Meet & Greet" afternoon tea for the GAP participants, Mentors, Preceptors and Charge Nurse Managers on the **30th May at 10.00am in room 314 on level 3 at Manawa.** Please RSVP to Rebecca Heyward as below.

For further information regarding GAP rostering please refer to the following documents



Notes for GAP CNMs
2018- Rostering.doc

Yours sincerely,

A handwritten signature in black ink that reads "Rebecca Heyward".

Rebecca Heyward
Nurse Coordinator, Nursing Workforce Development
CDHB

GAP 2014: Seeking Expressions of Interest

Exit this survey

Gerontology Acceleration Programme (GAP) - 2014-15

The Gerontology Acceleration Programme (GAP) is a professional development programme for RNs caring for older people in different settings across our health system. The programme is designed around clinical rotation opportunities, postgraduate education and clinical mentoring.

The programme is designed to support an integrated "whole of system" understanding, and provide opportunities to develop knowledge and skills, while reducing professional isolation.

It is expected that RNs will develop their clinical, communication and leadership skills in working with older people, their families, and multidisciplinary teams involved with their care, restoration and/or rehabilitation.

This survey seeks your expression of interest in your organisation participating in the 2014 GAP programme.

1. Please state organisation and preferred contact details

Facility Name:

Organisation:

Address 1:

Address 2:

Contact name:

Designation:

Email Address:

Phone Number:

2. Our organisation is interested in considering the GAP programme for our nursing staff in 2014

- Yes
- No
- Other

Other (please specify)

3. Our organisation would be able to:

	Yes	No
Confirm support from senior management/ regional management for participation in the GAP programme	<input type="radio"/>	<input type="radio"/>
Support a nurse working 1 FTE from our workplace to rotate through another organisation for two consecutive 12 week periods	<input type="radio"/>	<input type="radio"/>
Nominate a preceptor within our nursing team, and offer a preceptorship programme to the GAP nurses we receive on rotation	<input type="radio"/>	<input type="radio"/>
Offer a placement on the daytime roster to the GAP nurses we receive on rotation	<input type="radio"/>	<input type="radio"/>
Offer learning opportunities and exposure to aspects of clinical care that reflect the philosophy of our organisation	<input type="radio"/>	<input type="radio"/>
Support a nurse from our workplace to participate in portfolio preparation for their professional development	<input type="radio"/>	<input type="radio"/>

Comments

4. Our organisation has

- Links with CDHB Gerontology Nurse Specialist team
- An educator role within the organisation
- A quality programme within the facility
- A Senior Nurse who may act as a mentor for the GAP programme

Other (please specify)

5. Our organisation would be able to support two twelve week clinical rotations. We understand this would require a GAP nurse from another workplace to 'rotate' to our organisation to replace the nurse from our organisation, and that this nurse would work alongside other RN's within our team.

- Yes
- No
- Other

Other (please specify)

6. Please indicate the Clinical Rotations settings that would enhance the learning experience for a nurse from your organisation.

- Aged residential care
- Medical ward
- AT&R
- Psychogeriatric services
- Community Services

Other (please specify)

7. One week supernumerary (funded) at the beginning of each rotation for orientation would be:

- Too short
- Just right
- Too long

Other (please specify)

8. Two different clinical rotations away from the 'home base' would be sufficient to enable professional development in gerontology nursing

- Agree
- Disagree
- Not sure

Other (please specify)

9. Our organisation already offers places of learning for nurses in

- CPIT undergraduate programme (BN)
- CAP programme
- NetP

Other (please specify)

10. Our organisation has a supportive policy for nurses wanting to undertake postgraduate education

- Yes
- No
- Other

Other (please specify)

11. Our organisation is able to arrange for relievers when RNs are on study leave

- Agree
- Disagree
- Some of the time

If this is difficult, specify what would help

12. Thank you for taking the time to complete this survey. Please add any further comments here

Done

Powered by **SurveyMonkey**
Check out our [sample surveys](#) and create your own now!



GERONTOLOGY ACCELERATION PROGRAMME (GAP)

2019 Mentor Resource

Welcome to the mentor role for the Gerontology Acceleration Programme (GAP), it's fantastic to have you on board and thank you for being willing to offer your time and expertise in this way. This resource is provided to explain some of the key concepts and components of the Gerontology Acceleration Programme, and to outline the Mentor-GAP Registered Nurse (GAP RN) relationships and some key principles within this.

Programme Overview

The programme aims are as follows:

- Promote gerontology nursing as a specialty by providing skill acquisition and nursing knowledge in this area
- Positively impact on clinical teaching, quality improvement and nursing leadership development in the sector
- Provide an opportunity for collaboration across the system to foster a better understanding and positive relationships across different areas of the sector, both for the nurses undertaking the programme and their wider health networks.
- To retain talented Gerontology RNs, strengthening skill mix and flexibility within this workforce.

The programme has three components:

- 5 Clinical experience through the rotations in two pre-selected clinical areas
- 6 Generic programme expectations with mentor support, and
- 7 Postgraduate education in gerontology nursing

In addition to this, it is expected that GAP RNs will progress to attaining proficient level RN on the PDRP at the completion of the 12 month programme. If participants already have their proficient PDRP this should be maintained or participants may choose to work towards their expert PDRP.

The programme usually starts mid-year and runs for 12 months. The first 6 months consist of two 12-week rotations, and the last 6 months marks the return to the GAP RN's base area of employment. Parallel to these placements, GAP RNs undertake postgraduate education (usually NURS 426- Gerontology, and NURS 405- Advanced Clinical Assessment) through the University of Otago.

The Mentor Role and Responsibilities

The keys responsibilities for mentors within this process are:

- Assist the GAP RN with individual goal setting, review of goals and programme support. This will usually include monthly meetings with the GAP RN to discuss their progress towards advancing gerontology nursing practice.
- Allocate time to meet the GAP RN and assist with goal setting, critical thinking, leadership and professional growth.
- If appropriate, review the goals at each rotation.
- Provide professional support throughout all rotations being aware of professional boundaries and confidentiality.
- If required, mentors may be asked to assist with debriefs or other professional support in the event of clinical incidents.

To be assigned as a mentor, you will:

- Be a senior nurse with expert skill and experience within gerontology.
- Have completed postgraduate study
- Have the willingness and ability to support others in their clinical learning
- Be able to encourage reflection and critical thinking

One of the significant components of your role will be communication with the GAP RN. The nature of this communication will be largely informed by the GAP RN and their individual needs. During this communication you will assist the GAP RN with their critical thinking, and assist them with their learning from any successes they've experienced or difficult situations they've been part of.

Goal setting

Goal setting is an important component of the programme. GAP RNs are expected to set goals which are realistic and support their extending practice in gerontology. These goals may be focused on skills they wish to develop, or on knowledge they wish to strengthen. As part of the mentor role, it is expected for you to support the GAP RN through this process, providing regular opportunity for the review of these goals and setting of new goals if appropriate to do so.

A tool to assist in goal setting is the use of the SMART mnemonic:

S	Specific	What is it to be achieved? (Who, what, when, where, why)
M	Measureable	How will you know this has been accomplished? What opportunity will there be to evaluate this?
A	Achievable / Action Orientated	How will this be achieved?
R	Relevant / Realistic	How does it tie into your current or future responsibilities? Is it a realistic goal for the timeframe or opportunity available?
T	Time-based	When will the goal be accomplished by?

Responsibilities

The responsibilities of other key roles within GAP are as follows:

Roles	Responsibilities
GAP Registered Nurse (RN)	GAP RNs will be expected to define their own learning goals and opportunities during each clinical rotation. At the end of each rotation, goal attainment will be reviewed with mentors with input from the Manager of the clinical area, preceptor and others that have worked with them.

	<p>It is expected that GAP RNs will take responsibility for acquiring information by working with the provided resources.</p> <p>In the case of any sick leave or otherwise unplanned leave, this is to be GAP RNs are to communicate this directly with the Host Manager in accordance with the protocols of that area. External rotations: The Host Manager will email the Base Manager to ensure that the roster can be amended accordingly.</p> <p>If annual leave is requested during the rotation, this is to be communicated by GAP RNs to the Host Manager in accordance with that area's usual protocols to establish whether this can be accommodated. External rotations: The Host Manager will liaise with the Base Manager to seek their approval or otherwise. If approved by the Host Manager a Leave Form as per usual process in the base area will need to be completed.</p> <p>If there are particular rostering requirements for GAP RNs due to their Employment Agreements with their organisation, this must be communicated by GAP RNs directly with the Host Manager at the earliest possible time. The Host Manager will email the Base Manager to confirm the requirements and plan the roster accordingly.</p> <p>Feedback is expected from GAP RNs at the end of rotations. This is to ensure that we are able to evaluate and improve the GAP experience for the next GAP RN group.</p>
Preceptor	<p>The Preceptor role is rotation specific.</p> <p>Provides clinical oversight and assists the GAP RN to work through orientation for that area.</p> <p>Assists with socialisation and skill development specific to that rotation.</p> <p>Provides feedback to the GAP RN as appropriate and may provide feedback to the mentor should this be appropriate and with permission from the GAP RN</p> <p>Review and sign off clinical skills/competencies in week 1 and thereafter.</p>
Host Manager: (line manager in charge during the GAP rotation)	<p>Allocate a preceptor to support and orientate GAP RN during supernumerary period.</p> <p>Fortnightly meetings with GAP RN to review transition and progress with ward based competencies and placement goals and objectives.</p> <p>External rotations: Email the Base Manager if leave taken by GAP RN to ensure that the roster can be amended accordingly.</p> <p>In the event of a single clinical incident, follow the local organisational process. The host manager or the GAP RN may wish to contact the Mentor to conduct a debrief and provide professional support.</p> <p>The GAP RN may elect to share the incident with the base manager.</p>

	Escalate issues to the base manager should there be any recurring issues or performance concerns. In addition the GAP coordinator and Nursing Director / DON may need to be informed according to local policy.
Base Manager : (main employer)	The Base Manager is the employer of the GAP RN. If GAP RN rotates to another organisation, the Base Manager continues to be responsible for ensuring GAP RN's salary is paid.
GAP Coordinator	The GAP Coordinator is Rebecca Heyward, Nurse Coordinator – Nursing Workforce Development (ARC), CDHB Rebecca.heyward@cdhb.health.nz
GAP Convenor	The GAP Convenor is Richard Scrase, Nursing Director, Older People - Population Health, CDHB richard.scrase@cdhb.health.nz

GAP Components

First and second placements

The GAP RN will undertake three placement rotations. Placements One and Two are each 12 weeks each and will be in different clinical environments. Parallel to these placements, GAP RNs will undertake postgraduate study- more commonly the gerontology paper through the University of Otago.

It is recommended that you meet with GAP RNs as soon as possible into their first and second placement to establish future ways of communicating. This first meeting should include:

- Introductions (meet and greet)
- Contact information and availability
- Early goal setting
- Establish times for meeting as well as who will initiate these
- Finding out the GAP RNs initial observations and experiences.

It is envisaged that GAP RNs will initiate when it is appropriate to meet up with their mentor. At times however, mentors may be required to arrange meetings, particularly if a significant length of time has passed between catch up times. At a minimum, 4-6 weekly meetings are expected while GAP RNs are in their first and second placements. This is to allow for a review of any goals that have been set, as well as to encourage critical thought and analysis of their areas and events or situations they have been involved in.

Third placement

Following the GAP RNs first two placements, the GAP RN returns to their base area for the final 6 months of the programme. During this time, it is expected for mentors to still meet 6-8 weekly with the GAP RN to assist with the following:

- Identification of skills consolidation on return to base area, including reflection on how to integrate new skills and learning into their clinical environment
- Opportunities for continued skill and knowledge development
- Opportunities for the growth and development of colleagues through knowledge sharing and role modelling. This may be through teaching sessions or presentations for staff around clinical learning and experiences or through other means

- Identifying opportunities for quality improvement initiatives in their clinical area based on updated skills and knowledge
- Reflection and application on theory to practice
- Support with postgraduate and PDRP requirements as appropriate

It may be that you have a GAP RN in your clinical area in their third rotation who is being supported by another mentor. It is important to be aware of supporting this RN in their learning while still being respectful of the already existing mentor/GAP RN relationship. It should be encouraged that discussions pertaining to programme requirements and the setting and evaluation of goals should be held with the GAP RNs mentor.

Postgraduate study

One of the key components of the programme is the completion of postgraduate study that has been approved for each GAP RN. Usually this is a Postgraduate Certificate in Health Sciences endorsed in Nursing (Gerontology) through the University of Otago, however this may vary dependent on any postgraduate study participants may have already completed, or their own clinical interest. Variations must be discussed with the GAP coordinator and the Nurse Coordinator for Postgraduate Nursing Education. It is an expectation that if the applicant has not experienced postgraduate study then they will have completed a course providing academic assistance.

Common papers which applicants complete are:

Semester 2: NURX426 Gerontology Nursing

Exploration of gerontology nursing including innovation and nursing development, managing complex health conditions, ageing related values, ethics and cultural safety.

Semester 1: NURX 405 Advanced Health Assessment

Advanced health assessment knowledge and skills including physical, psychosocial and pathophysiology.

In the mentor role, you may be asked to offer assistance with aspects of the GAP RNs postgraduate study requirements. As a mentor, you may be able to offer some unique perspectives or insights, or in discussion with the GAP RN open up different opportunities for deeper critical analysis of ideas or thoughts. While these types of discussions are encouraged, it is important that the GAP RN submit their own work for the assessments. If any assistance is requested around aspects of study such as writing assistance, or clarification of marking criteria, these requests should be directed to the relevant tertiary institution department in the first instance.

Mentor support

As part of your role as a mentor you will offer guidance and direction to the GAP RN, as well as offering a unique perspective on any situations they may be involved in. For some, offering this type of assistance can be unfamiliar. For others, this may be a familiar role. For everyone, it is encouraged for you to refresh your knowledge and learning around mentorship. The healthLearn course 'Introduction to Clinical Learning and Teaching' available on www.healthlearn.ac.nz has some valuable resources on mentorship and we encourage all mentors to complete this as early as possible into the mentorship role.

In addition to the completion of this resource there will also be opportunity to attend mentor sessions throughout the year which you are encouraged to attend. Some of these sessions will be facilitated for your own learning and development. These sessions offer opportunities to discuss and reflect on different ways of mentorship and therefore all discussion should be treated as confidential.

Lines of communication

While on their clinical rotations, it is important that the GAP RNs adhere to the policies and procedures pertaining to their placement area.

All operational concerns pertaining to their placement area should be discussed with the placement manager. Any ongoing or significant issues should also be discussed with the GAP Coordinator who will provide ongoing advice and assistance.

It is expected that the nature of conversation between yourself and the GAP RN remain confidential. Should however a situation arise which does warrant concern, or requires follow up please contact the GAP Coordinator who will assist with ongoing management. Please encourage the GAP RN to contact workplace support, EAP or their organisational support should this be appropriate.

If you are assigned a mentee and a potential conflict of interest exists, or you feel there could be an issue, please inform the GAP coordinator as soon as possible.

BUSINESS CASE

Gerontology Acceleration Programme (GAP)

A Gerontology Nursing Workforce Development Initiative

1. Provider Name: Canterbury DHB

2. Service Name: Gerontology Nursing Workforce Development Initiative

3. Proposed Service

Gerontology nursing workforce development is an essential part of CDHB's workforce planning. The attached Gerontology Acceleration Programme (GAP) comprises:

- Mentorship
- Clinical rotations
- Postgraduate study in Gerontology Nursing

This is a joint venture between secondary care Older Person's Health and two organisations in the ARC sector. The Governance Group is convened by Kate Gibb, Nursing Director, Older Person's Population Health, CDHB.

A successful programme can be delivered within the budget set out on page 3. Funding has already been secured from employers, CDHB secondary care and Health Workforce New Zealand. A small amount of **additional funding** is required to support the supernumerary orientation days at the commencement of the clinical rotations.

Supernumerary Orientation Days (Protected learning time)

1 st Clinical Rotation: 27 May – 31 May 2013 (FY 12/13)	Five days per RN @ \$xx per day
2 nd Clinical Rotation: 19 – 23 August 2013 (FY 12/13)	Five days per RN @ \$2xx per day

Proposed Component of Service

Start Date	End Date	Duration (months)	PU & Description	Volume	Price per RN	Contract Total
1/05/2013	30/06/2014	14 months	Supernumerary Time FY 12/13	6 RNs		
			Supernumerary Time FY 13/14	6 RNs		
			<i>Total over two fiscal years = \$xx</i>			

4. Recommendations

That the Leadership Team approves:

1. Funding of \$xxxxx for Period 11, FY 2012/13
2. Funding of \$xxxxx for Period 2, FY 2013/14.

Note – No contract required. Funding managed by the Nursing Development Unit, overseen by Executive DON.

5. Purpose of the Brief

The purpose of the clinical rotations is to engage participants in “whole of systems” thinking, and expose them to new leadership styles / innovations.

Each RN participant undertakes two rotations from these options:

- ARC Facilities (BUPA and The Ultimate Care Group); Assessment Treatment & Rehabilitation (two options); Medical Ward; Dementia care (PSE).

The rotations are of twelve weeks duration. Protected time in the first week will maximise the clinical learning experience.

6. Context

Effectiveness

This programme design is based on CDHB’s successful Specialty Nurse Acceleration Programme (SNAP) which has proved effective in accelerating career growth for talented RNs in acute care.

Value for Money

Health Workforce NZ funding has been ringfenced for the postgraduate educational component.

This small additional investment will enable rapid orientation to the two clinical rotations.

Whānau Ora,

Services seek to meet the physical, social, emotional and spiritual needs of Older Adults and their family and other carers. Maintaining health and wellbeing is emphasised.

Acceptability

A survey of the ARC sector positively endorsed the Proposal. (See below). Two ARC facilities expressed interest in participating in 2012.

Nurse leaders of the two ARC providers, Medical Wards and Older Persons Health have enthusiastically developed this initiative. It is supported by the local Aged Care Association and the Aged Care Workstream

Ability to Implement.

The University of Otago has run the Gerontology Nursing course since 2005. Annually, University of Otago staff evaluate the content/process with the participants, and modify the programme accordingly. CDHB is represented on the Advisory Group.

Participating clinical areas will be overseen by the Governance Group. Several of the secondary care clinical areas have already participated in the successful SNAP rotations. Mentorship will be provided by Clinical Nurse Specialists.

7. Implementation

The CEO Update of 18/01/13 announced that applications for the GAP programme are invited.

The Governance Group has a full Implementation Plan. See Attachment 2, page 8.

Six RNs commence GAP on 27 May 2013.

First supernumerary week: Six RNs for five days @ \$xx per day = \$X

Second supernumerary week: Six RNs for five days @ \$xx per day = \$x

8. Collaboration

Communications

In July 2012, the ARC providers were surveyed. 41 responses were received. 100% of respondents feel that this programme would update knowledge and understanding of aged care nursing, and that this would lead to expanded networks of colleagues and valuable contacts. It is also felt that the programme would positively impact clinical teaching (76%), and quality improvement activities within organisations (76%), and that it would likely have a positive impact on organisations' recruitment and retention of RNs.

Following this endorsement the Governance Group was established. This includes Medical Nursing Director, OPHSS, BUPA, and The Ultimate Care group representation.

A GAP pamphlet has been sent to target areas inviting applications. Interest is promising.

Item	Risk	Mitigation
	"Headhunting" of upskilled and talented ARC nurses away from that sector (there is a pay differential between ARC and DHB sectors).	Success in the programme itself should invigorate RNs. ARC providers have developed a HR strategy to retain their employees. Knowledge gained will benefit older adults across the sector
	Proposal, page 4 details other minor risks	Strategies - See page 4

9. Cost and Budget

Complete here \$xxxx

Explanation for Variance

This is an inaugural programme for the ARC sector. This funding should assure a quality clinical experience.

10. Current Performance and Opportunities

Enhancing gerontology nursing capability is a priority. Recent Nursing Council data highlights that in our region, over half of the RNs working in ARC are aged 50 years or more, and 26% of the ARC workforce is aged 60 years or more. This is window of opportunity to be proactive about developing workforce capacity

Table 1: Age groups of active registered nurses working in nursing- CDHB region, 2011/12

Age Group Bands	Number in CDHB region	% of RNs	Rest home / Aged Residential Care	% of RNs in ARC
20-24	98	1.8%	2	0.4%
25-29	371	6.7%	83	16.2%
30-34	355	6.4%	30	5.9%
35-39	475	8.6%	35	6.8%
40-44	697	12.5%	34	6.6%
45-49	817	14.7%	44	8.6%
50-54	1054	19.0%	69	13.5%
55-59	827	14.9%	82	16.0%
60+	861	15.5%	133	26.0%
Total	5,555		512	100.0%

Notes to Table

1. Source: MoH, 2012 (Nursing Council of New Zealand survey data).
2. 2011/12: defined as April 2011 – March 2012

Table 1 data demonstrates the aging profile of RNs working in the ARC sector. A new trend shows **16%** are in the “25-29 Age Band”; mainly overseas trained.

Nurses provide leadership in the ARC sector. The GAP seeks to integrate teaching and learning and to develop leadership and workforce capability. This workforce is critical as the Older Adult population grows in Canterbury.

11. Reporting

Explanation for Identified Reporting

Reporting to GAP Governance Group and the DON group, with progress updates to the Aged Care Workstream.

12. Funding Model and Specifications

Arrangements for Clinical Rotations

During Supernumerary Time, the RN follows a Clinical Curriculum to enable rapid orientation to the new area, so that the RN adapts as a functional team member as soon as possible.

The process is overseen by the Clinical Nurse Manager. Documentation verifying attainment of objectives is completed and forms part of the RN’s Professional Portfolio and employment record.

Funding for the five days supernumerary time will be managed by the Nursing Development Unit cc 994.

13. Strategic Alignment

The Gerontology Acceleration Programme (GAP) aligns to CDHB DAP 2012/13, Section 3.4 Older persons’ health services:

To restore capacity post-quake, reduce demand on acute hospital services and enable a more strategic approach to meeting future demand for ARC.

Monitor ARC workforce requirements and through OPHSS Clinical Nurse Specialist Team and Gerontology Nurse Specialists proactively support skill development and provide nursing and education support to improve clinical capability and patient safety.

The Clinical Curriculum exposes the nurses to a range of new skills eg InterRAI tools, CREST, Restorative models, Advance Care Planning.

Strategic Goal	Service Link	Service Design Principle
1 – People take more responsibility for their health YES.	There is a focus on self care and restorative care in the curriculum	<i>New services reflect this and a change of approach within existing services.</i>
2 – People are supported to stay well in their community YES.	Knowledge gained across the care continuum should lead to improved discharge planning and proactive care in ARC, reducing inappropriate use of secondary care services	<i>Primary and secondary services are delivered in community-based settings and provide a point of continuity in ongoing care.</i>
3 – People receive timely and appropriate complex care . YES.	Development of the gerontology nursing workforce is essential. Whole of system integration should be improved.	<i>Free up secondary care services and specialist resources to deliver episodic events and complex cases alongside support and advice to primary and community services.</i>

14. Evaluation

The Evaluation Design will include retention data and feedback from

- Nurse Managers / Organisation
- Nurse Educators
- Participating RNs

Evaluation design will include data about

- Benefits to patients/ residents and their families
- Quality improvements made (ward /service/ system level)
- Leadership development as evidenced by successful innovations
- Attainment of PDRP Proficient level (see Attachment 1, page 6)

Attainment of postgraduate qualification



GERONTOLOGY ACCELERATION PROGRAMME (GAP)

2019/2020 Programme Handbook

NAME: XXXX
BASE UNIT/ FACILITY XXXX
NAME OF MENTOR: XXXX

ROTATION PLAN:

INTRODUCTION TO GAP		30 th May 2019
CDHB ORIENTATION REQUIRED		Yes
CDHB ORIENTATION DATES		June 17 th and 18 th
Ward/Area/Facility	Start date	Finish Date
Rotation One	10 th June 2019	1 st September 2019
Rotation Two	2 nd September 2019	24 th November 2019
Return to base unit/area	25 th November 2019	
Commence Gerontology Paper	July 2019	November 2019
Commence Advanced Health Assessment	February 2020	June 2020
Proficient PDRP due	February 2020	
Celebration Ceremony	July 2020	
Participant sessions	August 5 th , October 7 th 2019, February 3 rd , May 4 th 2020, 3-4 pm Manawa, Room 505B	

Welcome to the Gerontology Acceleration Programme (GAP)!

This programme focuses on enhancing the career development for Registered Nurses working with Older People across the health care continuum by providing a different range of professional opportunities. You will access a variety of clinical settings to gain an in-depth inter-service understanding, while expanding your networks.

This intensive career opportunity should accelerate your professional development as you acquire necessary knowledge and skills for progression towards advanced gerontology nursing roles.

The programme has three components:

- 8 Clinical experience through the rotations in two pre-selected clinical areas
- 9 Generic programme expectations with mentor support, and
- 10 Postgraduate education in gerontology nursing

In addition to this, it is expected that GAP RNs will progress to attaining proficient level RN on the PDRP at the completion of the 12 month programme. If participants already have their proficient PDRP this should be maintained or participants may choose to work towards their expert PDRP.

Programme Aims

- Promote gerontology nursing as a specialty by providing skill acquisition and nursing knowledge in this area
- Positively impact on clinical teaching, quality improvement and nursing leadership development in the sector
- Provide an opportunity for collaboration across the system to foster a better understanding and positive relationships across different areas of the sector, both for the nurses undertaking the programme and their wider health networks.
- To retain talented Gerontology RNs, strengthening skill mix and flexibility within this workforce.

Expected attributes of the RN completing the programme:

- Acts as a **role model** and a **resource person** for other nurses and members of the health care team when nursing older people
- Actively contributes to **clinical learning** for colleagues/caregivers and education for families/whanau.
- Engages in collaborative practice to achieve positive outcomes for older people inclusive of transitional care.
- Demonstrates **leadership** in the aged care health team in different care contexts
- Participates in **quality improvement** and **change** to improve gerontological nursing practice.
- Demonstrates in-depth understanding of the **complex** factors that contribute to health outcomes in the older person and applies this knowledge to **plan care** which meets their particular needs.
- Demonstrates **inclusiveness** when managing the care of older people and their families/whanau

- **Advocates and protects the rights** of older people.
- Demonstrates **autonomous** and **collaborative** evidence-based aged care nursing practice
- Participates in changes in gerontology settings that recognise and integrate the principles of **Te Tiriti o Waitangi** and **cultural safety**.

During GAP, experienced staff will guide you through the programme by providing clinical mentorship, facilitating your professional growth. This Handbook has been compiled to guide you through GAP and for you to use as both a resource and evidence of practice.

Roles	Responsibilities
GAP Registered Nurse (RN)	<p>You will be expected to define your own learning goals and opportunities during each clinical rotation. At the end of each rotation, goal attainment will be reviewed with your mentor with input from the Manager of the clinical area, preceptor and others that have worked with you.</p> <p>It is expected that you will take responsibility for acquiring information by working with the provided resources.</p> <p>In the case of any sick leave or otherwise unplanned leave, communicate directly with the Host manager in accordance with the protocols of that area. External rotations: The Host Manager will email the Base Manager to ensure that the roster can be amended accordingly.</p> <p>If annual leave is requested during the rotation, communicate with the Host Manager in accordance with that area's usual protocols to establish whether this can be accommodated. External rotations: The Host Manager will liaise with the Base Manager to seek their approval or otherwise. If approved by the Host Manager you will need to complete a Leave Form as per usual process in your base area.</p> <p>If you have particular rostering requirements due to your Employment Agreement with your organisation, you must communicate this directly with your Host Manager at the earliest possible time. The Host Manager will email the Base Manager to confirm the requirements and plan the roster accordingly.</p> <p>You are expected to give feedback at the end of rotations via an anonymous survey. This is to ensure that we are able to evaluate and improve the GAP experience for the next participant group.</p>

<p>Preceptor</p>	<p>The Preceptor role is rotation specific.</p> <p>Provides clinical oversight and assists the GAP RN to work through orientation for that area.</p> <p>Assists with socialisation and skill development specific to that rotation.</p> <p>Provides feedback to the GAP RN as appropriate and may provide feedback to the mentor should this be appropriate and with permission from the GAP RN</p> <p>Review and sign off clinical skills/competencies in week 1 and thereafter.</p>
<p>Programme Mentor: <i>A senior nurse</i></p>	<p>Assist with individual goal setting, review and programme support. This will include 4-6 weekly meetings with the GAP RN to discuss their progress towards advancing gerontology nursing practice.</p> <p>Allocate time to meet the GAP RN and assist with goal setting, critical thinking, leadership and professional growth.</p> <p>If appropriate review the goals at each rotation.</p> <p>Provide professional support throughout all rotations</p>
<p>Host Manager: (line manager in charge during the GAP rotation)</p>	<p>Allocate a preceptor to support and orientate GAP RN during supernumerary period.</p> <p>Fortnightly meetings with GAP RN to review transition and progress with ward based competencies and placement goals and objectives.</p> <p>External rotations: Email the Base Manager if leave taken by GAP RN to ensure that the roster can be amended accordingly.</p> <p>In the event of a single clinical incident, follow the local organisational process. The host manager or the GAP RN may wish to contact the Mentor to conduct a debrief and provide professional support.</p> <p>The GAP RN may elect to share the incident with the base manager.</p> <p>Escalate issues to the base manager should there be any recurring issues or performance concerns. In addition the GAP Coordinator and DON may need to be informed according to local policy.</p>
<p>Base Manager : (main employer)</p>	<p>The Base Manager is the employer of the GAP RN.</p> <p>If GAP RN rotates to another organisation, the Base Manager continues to be responsible for ensuring GAP RN's salary is paid.</p>

GAP Coordinator	The GAP Coordinator is Rebecca Heyward, Nurse Coordinator – Nursing Workforce Development (ARC), CDHB rebecca.heyward@cdhb.health.co.nz
GAP Convenor	The GAP Convenor is Richard Scrase, Nursing Director, Older People – Population Health, CDHB richard.scrase@cdhb.health.nz

Orientation to Programme:

Roles and Responsibilities

An introductory morning tea will be held on Thursday, 30th May. Expectations will be clarified, resources identified and any questions answered.

Throughout the programme, there will also be opportunity to attend GAP participant sessions which you are encouraged to attend. These sessions offer opportunities to discuss and reflect on your experiences to date and therefore all discussion should be treated as confidential.

Clinical rotations:

Area based orientation: In each clinical rotation, you will orientate to that area, according to the specific Orientation Package for that location. The Orientation Package targets specific requirements of gerontology nursing within that environment and a day to day “survival guide”.

Placements One and Two

These placements are both 12 weeks each and will be in different clinical environments. You will have five days supernumerary time allocated to you at the start of each rotation. You will also be assigned an area-based preceptor. It is recommended that as soon as possible into your first and second placements you also meet with your mentor. This first meeting should include:

- Introductions
- Contact information and availability
- Early goal setting
- Establishing times for meeting as well as who will initiate these (usually 4-6 weekly)

Dependent on your clinical placements, there will be different learning opportunities available to you which you are encouraged to undertake. You will have the opportunity to update relevant core competencies related to each placement area such as CPR, Emergency procedures, and IV/CVAD. You are also expected to set goals for your rotations and review these regularly with your mentor/preceptor. Following each rotation, these goals will be evaluated. In addition to this, it is also expected you will write a reflection outlining key points of learning from each rotation or any study you have undertaken, and how you intend on applying this in your future practice.

Placement Three

This placement commences on your return to your area after your two prior rotations, and continues through to the end of the programme. During this time, it is expected for you to catch up with your mentor 6-8 weekly. The purpose of this third rotation is for you to:

- Consolidate your skills on return to base area, including reflection on how to integrate new skills and learning into your clinical environment
- Opportunities for continued skill and knowledge development
- Opportunities for the growth and development of colleagues through knowledge sharing and role modelling. This may be through teaching sessions or presentations for staff around clinical learning and experiences or through other means
- Identifying opportunities for quality improvement initiatives in your clinical area based on updated skills and knowledge
- Reflection and application on theory to practice
- Continued development of PDRP and postgraduate study as required

It may be that you have a senior nurse in your clinical area in your third rotation who is, or already has been, a mentor to other GAP participants. It is important however to maintain regular contact with your assigned mentor to discuss programme requirements and the setting and evaluation of goals.

Postgraduate Studies: Centre for Postgraduate Nursing Studies, University of Otago.

You are required to complete the postgraduate qualification that has been approved for you. It is expected that if this is your first experience of Post Graduate study, you will have attended an appropriate course to prepare you for this prior to commencing GAP, which are available both through CPIT and University of Otago.

Should you need any academic support your Post Graduate Lecturer is the first point of call. The University of Otago has learning support which can be made available to assist you with your studies. Should you require further assistance or support you are welcome to contact:

Jacinda King, Nurse Coordinator – PG Nursing Education.

Jacinda.King@cdhb.health.nz

Completion Criteria:

To successfully complete the Gerontology Acceleration Programme you will have:

- An Annual Practicing Certificate
- Completed two rotations in different clinical areas
- Attended and successfully completed your postgraduate studies
- Achieved PDRP Registered Nurse Proficient Level

Lines of communication:

While on your clinical rotations, it is important that you adhere to the policies and procedures pertaining to that placement area.

All operational concerns pertaining to your placement area should be discussed with the placement manager. Any ongoing or significant issues should also be discussed with the GAP Coordinator who will provide ongoing advice and assistance.

It is expected that the nature of conversation between yourself and your mentor remain confidential. Should however a situation arise which does warrant concern, or requires follow up please contact the GAP Coordinator who will assist with ongoing management. Your mentor has been advised to do the same thing if required. Please do not hesitate to contact workplace support, EAP or other organisational support should this be appropriate.

If you are assigned a mentor and a potential conflict of interest exists, or you feel there could be an issue, please inform the GAP coordinator as soon as possible.

First Rotation

PREPARATION:

In preparation for this clinical placement discuss with your current manager your and their expectations of this programme.

Discuss the value you see in the programme.

Identify any key pre-reading you need to do prior to commencing first rotation

Week 1 Supernumerary Period

Date completed & signed by preceptor

Preceptor Name:

Evaluate your existing knowledge & skills with preceptor to identify goals and skill acquisition that you would like to focus on this rotation.

Unit Orientation with Preceptor – as per Unit Orientation Book as available

Review unit routines / patient care delivery

Review clinical structure with preceptor

List relevant skills/competencies required for clinical area following discussion with Preceptor and Clinical Area Manager

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-
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Date achieved & signed by Preceptor

Week 1 Setting your own goals (see list at end of booklet)	
Identify own goals for attainment in this rotation <ul style="list-style-type: none"> • • • • • 	List how you will achieve these goals
Week 4 and 8: Arrange appointment with Mentor/Preceptor to review goal attainment.	
Week 4: Sign / Date:	Week 8: Sign / Date:
By Week 12	Date
Update PDRP Portfolio	
Arrange appointment with Mentor for Review of Goals	
Complete "Review of Goal Attainment" in conjunction with manager by end of Week 12	
End of Placement Reflection	
Sign:	Date:

Second Rotation

PREPARATION:

In preparation for this clinical placement discuss with your mentor your expectations of this rotation. Identify any key pre-reading you need to do prior to commencing your second rotation

Week 1 Supernumerary Period	Date completed & signed by preceptor
<p>Preceptor Name:</p> <p>_____</p> <p>Evaluate your existing knowledge & skills with preceptor to identify goals and skill acquisition that you would like to focus on this rotation.</p>	
Unit Orientation with Preceptor – as per Unit Orientation Book as available	
Review unit routines / patient care delivery	
Review clinical structure with Preceptor	
<p>List relevant skills/competencies required for clinical area following discussion with Preceptor and Clinical Area Manager</p> <ul style="list-style-type: none"> • • • • 	<p>Date achieved & signed by Preceptor</p>

Week 1 Setting your own goals (see list at end of booklet)	
Identify own goals for attainment in this rotation <ul style="list-style-type: none"> • • • • • 	List how you will achieve these goals
Week 4 and 8: Arrange appointment with Mentor/Preceptor to review goal attainment.	
Week 4: Sign / Date:	Week 8: Sign / Date:
By Week 12	Date
Update PDRP Portfolio	
Arrange appointment with Mentor for Review of Goals	
Complete "Review of Goal Attainment" in conjunction with manager by end of Week 12	
End of Placement Reflection	
Sign:	Date:

Final Rotation in home unit/area

PREPARATION:

In preparation for this clinical placement discuss with your manager, your experience of the programme, goals achieved to date and key learnings/areas you wish to focus upon/apply for the remaining time in the GAP programme.

Week 1 Setting your own goals (see list at end of booklet)

Identify own goals for attainment <ul style="list-style-type: none"> • • • • • 	List how you will achieve these goals
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Week 6, 12 and 18: Arrange appointment with Mentor to review goal attainment.

Week 6: Sign / Date:	Week 12: Sign / Date:	Week 18: Sign / Date:
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Final week	Date
Complete final "Review of Goal Attainment" - end of programme with Mentor	
Complete programme evaluation	

End of Programme checklist:

	Signed/Dated	Participant	Mentor
Annual Practicing Certificate			
PDRP Registered Nurse Proficient Level			
Two Clinical Rotations			
Successful completion of postgraduate study			

Goal Setting to Develop your Skills and Knowledge

These are some ideas of goals/activities which you could consider when developing your learning goals for your clinical rotations:

- Interview a patient and family about their transitional care experience.
- Work alongside a pharmacist doing a MMS review.
- Work alongside a SLT or dysphagia screen accredited RN to observe a dysphagia screen.
- Work alongside a clinical assessor on a home visit for an inter-Rai assessment.
- Lead an IDT meeting.
- Identify an area for review of clinical practice, undertake a literature review to identify best practice and present findings to colleagues (links to gerontology paper)
- Work alongside the continence nurse specialist and complete a continence assessment
 - Define the main types of incontinence, the signs & symptoms and discuss the treatment and management of each type
 - Discuss the types of continence products and the factors which would influence your selection
- Discuss the applications and goals of the bladder scan. Demonstrate the use of the bladder scanner and discuss factors affecting accuracy of the readings.
- Demonstrate safe catheterisation following the protocol of your work area.
- Define constipation and faecal impaction, discuss their signs, symptoms and management.
- Discuss with mentor an ethical decision you faced, considering issues of advocacy and upholding the rights of older adults.
- Work alongside the Transfer of Care nurse to manage a complex discharge.
- Use advanced conflict resolution skills to manage conflict in the team/ a family.
- Use a screening tool to assess nutritional status.
- Discuss nutritional support in the older patient group including the indications and nursing management issues for:
 - Oral supplementation
 - NG supplementation
 - Gastrostomy (PEG).
- Discuss health/care implications for patients with:
 - Morbid obesity
 - Cachexia.
- Work alongside the wound care nurse specialist to assess and develop wound management plan for a complex client.
- Discuss the main effects that ageing has on skin integrity and best practice measures employed to protect older peoples' skin.
- Using the Wound Assessment tool in your clinical setting, provide an exemplar of a patient who presents with venous ulcer. Discuss assessment, Rx options, medications and products used; and ongoing assessment including tests, documentation, nutrition and infection control.
- Use health pathways tool(s) to identify the appropriate patient management.
- Participate in Advance Care Planning.
- Participate in completing a Comprehensive Clinical Assessment (InterRAI) in the ARC setting.
- Discuss the InterRAI Clinical Assessment Protocols.
- Demonstrate knowledge of patient advocacy and nursing responsibility of the following:
 - Informed consent
 - Informed consent when cognitively impaired
 - The right to decline medical treatment
 - Next of kin.
 - patient education
 - power of attorney
- patients advocacy service

- communication with police
- cultural safety
- Acts:
 - Mental Health Act (compulsory assessment and treatment) 1992
 - Crimes Act 1961 and amendments
 - Medicines Act 1981
 - Misuse of Drugs Act 1975 (and amendments)
 - Health and Disability Commissioner Act 1994
 - The New Zealand Public Health and Disability Act (2000)
 - Health Practitioners Competence Assurance Act 2003
 - Triple PR Act (1988)
- Discuss appropriate referral with respect to the following:
 - notification of coroner situations/cases
 - referral to social worker
 - involvement of ACC
 - notification to Psychiatric Emergency Services (PES) and referral
 - involvement of Maori/Pacific liaison
 - involvement of Chaplaincy service
- Define ageism and give five examples of this in the community and the workplace. Discuss strategies for combating ageism.
- Explain the heterogeneity of old age
- Name 10 key medications used with older people and describe actions, contraindications and side effects.
- Define and discuss implications of Polypharmacy for nurses.
- Over the counter (OTC) medications – possible interactions with prescribed drugs: list five common OTCs
- Discuss self-medication policy in your practice area and issues surrounding this
- Discuss effects of alcohol abuse on older adults and management issues.
- Discuss pain assessment and management in a patient with cognitive changes and/or aphasia, e.g. delirium, stroke, dementia
- Demonstrate understanding of the causes and presentation of acute confusion/delirium in the gerontology setting including:
 - pathophysiology factors
 - environmental factors
 - alcohol withdrawal
 - pharmacological factors
- Outline options for person-centred care for people with delirium or dementia:
 - environmental adjustments
 - specific management of the causes
 - non-pharmacological and pharmacological interventions
 - assessment tools
 - effective communication with patients and families
 - documentation
- Work alongside a member of the delirium team and review the delirium assessment tools and management guidelines in the area as well as referral processes
- Describe methods of communicating within professional networks
- Discuss ways to enhance inter-professional teamwork
- Describe the feedback mechanisms used to evaluate your care/service.

Appendix 7: Evaluation Tools: Pre-survey, Participant, Nurse Manager, and Mentor

