

Enhancing Practice 2022 Conference

*20:20 Vision – Transforming Our Future
Through Person-Centred Practices*

WEDNESDAY 6 – FRIDAY 8 APRIL 2022
SAGE HOTEL WOLLONGONG, NSW AUSTRALIA

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to develop practice



A Person-centred Approach to New Graduate Clinical Supervision During COVID-19

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Aim of the presentation

- Background
- Methods
- Findings to date
- Where to next?



Background Person-centredness



**Person-
centred
Care**



**Person-
centred
Practice**



**Person-
centred
Cultures**

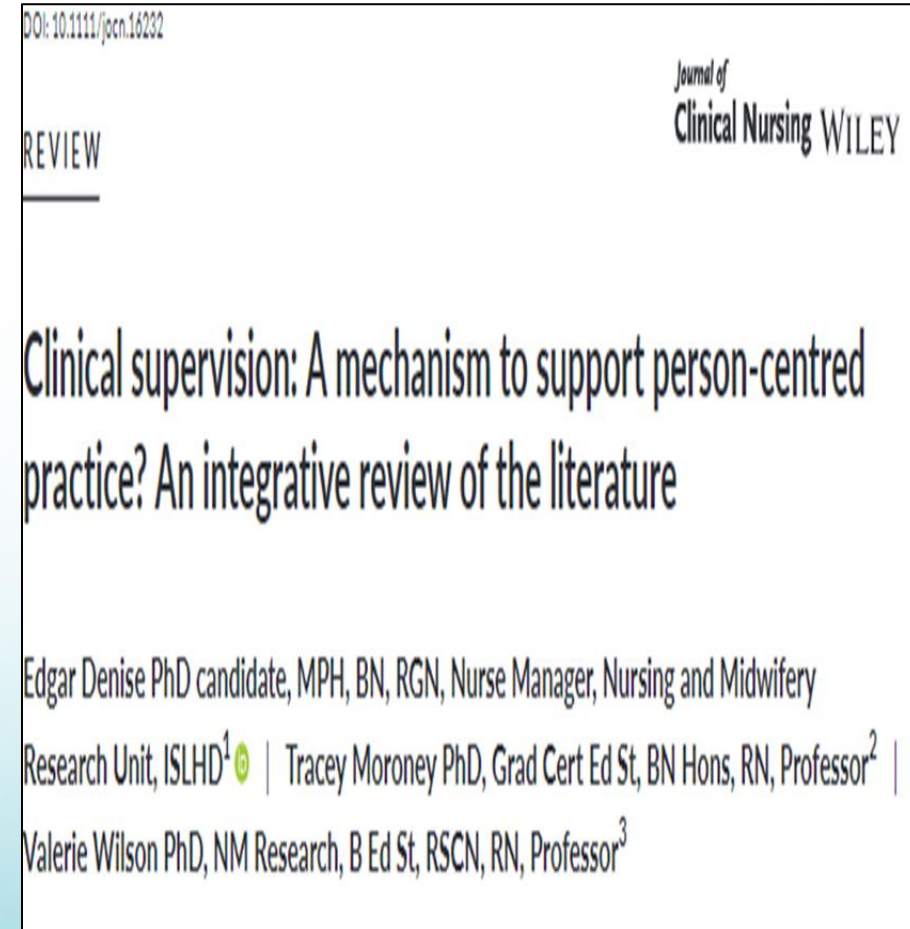


Reflection and Clinical Supervision

- Clinical supervision (CS) is *“the regular protected time for facilitated, in-depth reflection on complex issues influencing clinical practice”* (Bond and Holland, 2010)
- Reflection is a key skill expected of nurses globally, as evidenced in their Standards of Practice.
- CS – normative, formative and supportive (Proctor, 2010)
- LHD provides CS to New Graduates and staff who request it
- Support for CS to be a space to discuss PCC

Literature Review: Person-centredness and clinical supervision

- Lack of nursing studies linking the two concepts
- CS part of a person-centred education package
- Different disciplines/specialities align to different person-centred theorists (e.g. Rogers, Kitwood)
- Clinical supervisors with person-centred attributes make a difference
- Putting all the studies together you could see the potential for CS to support Person-centred Practice and cultures

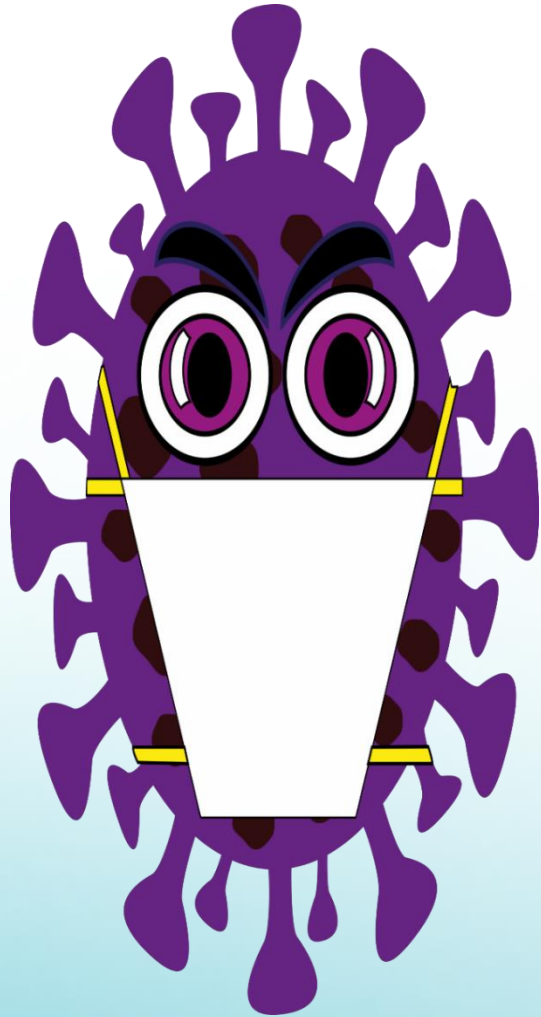


RESEARCH QUESTION



*Can clinical supervision underpinned by the
Person-centred Practice Framework
enhance person-centredness in New
Graduates during COVID-19?*

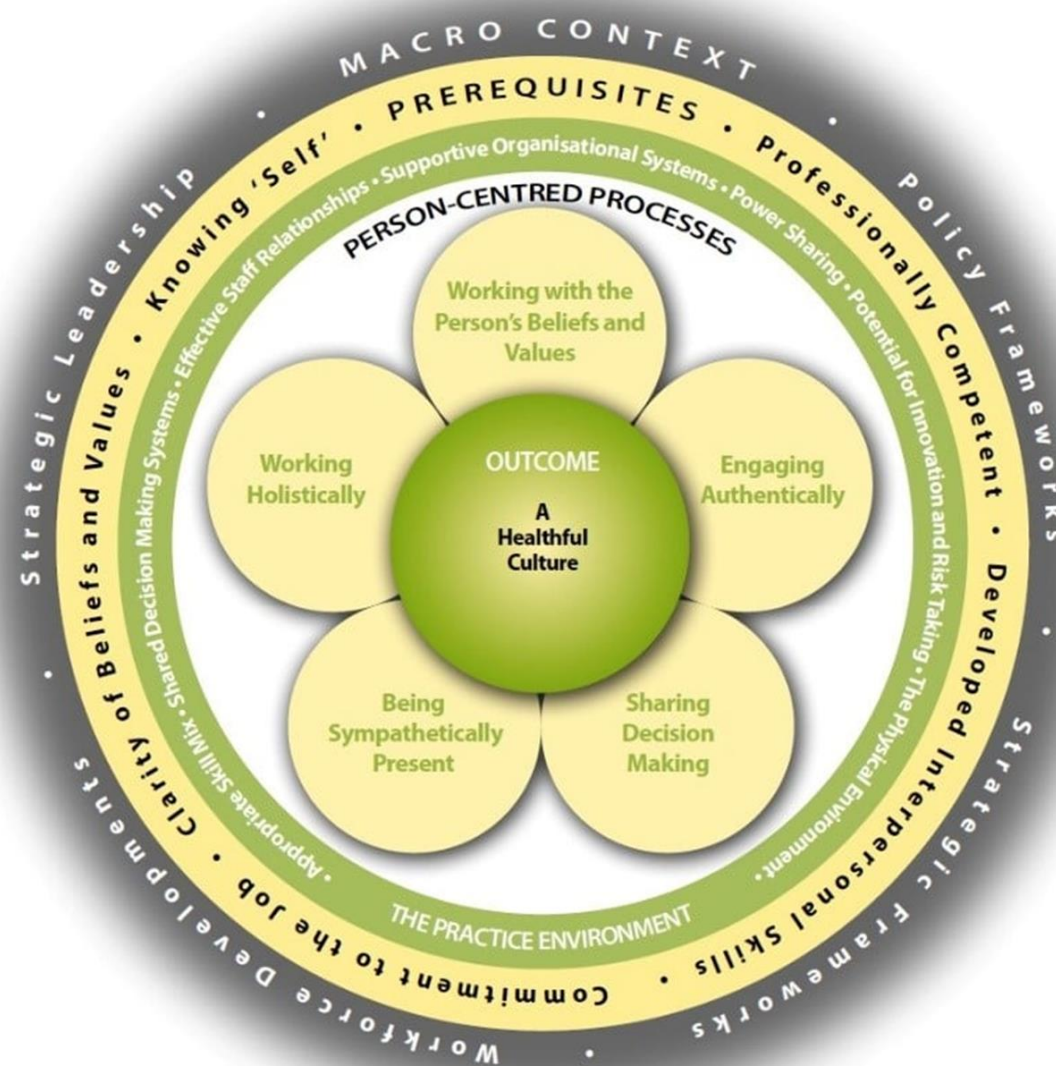
The context of the study



- n=113 N and M New Graduates commenced in 2020
- Covid lockdown, ward restrictions and staff deployment
- Research in clinical practice ceased during COVID
- Resources – IT, CS deployed
- n=29 ISLHD and UOW staff (training followed by concurrent supervision – 1 hour per month)
- Support for CS for New Graduates - 1 hour per month online

The Training

How does the
Framework
inform the
supervisory role within
CS?
(1.5 hours)



How can we use the
framework to bring
awareness of person-
centred
practices/cultures to
New Graduates?
(1.5 hours)

Methodology and Methods

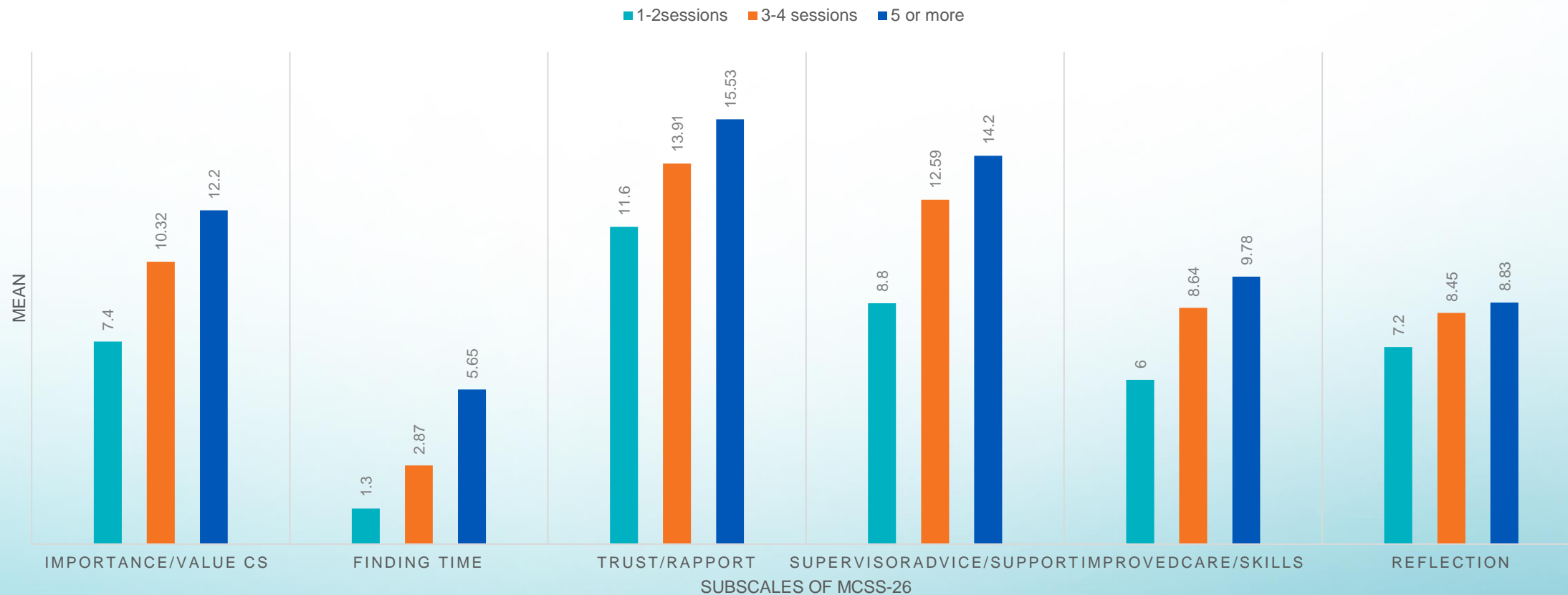
Mixed methods study - convergent design

Quantitative	Time collected	Qualitative	Time collected
PCPI (ISLHD facilitators and New Graduates)	Pre and post n=75/74 NGs n= 18/12 Supervisors	Focus groups NG (n=7) Facilitators (n=4)	Post
4 additional tools ITQ, WWBI, WPE, JS (Facilitators and New Graduates)	Pre and post n=75/74 NG n=27/20 Supervisors	Interviews New Graduates (n=3) Supervisors of facilitators (n=4)	Post
MCSS-26 New Graduates only	Post n=74	NG Clinical supervision summaries (n=180)	Monthly
		Facilitators supervision summaries (n=24)	Monthly

n=113 NGs and n=29 supervisors

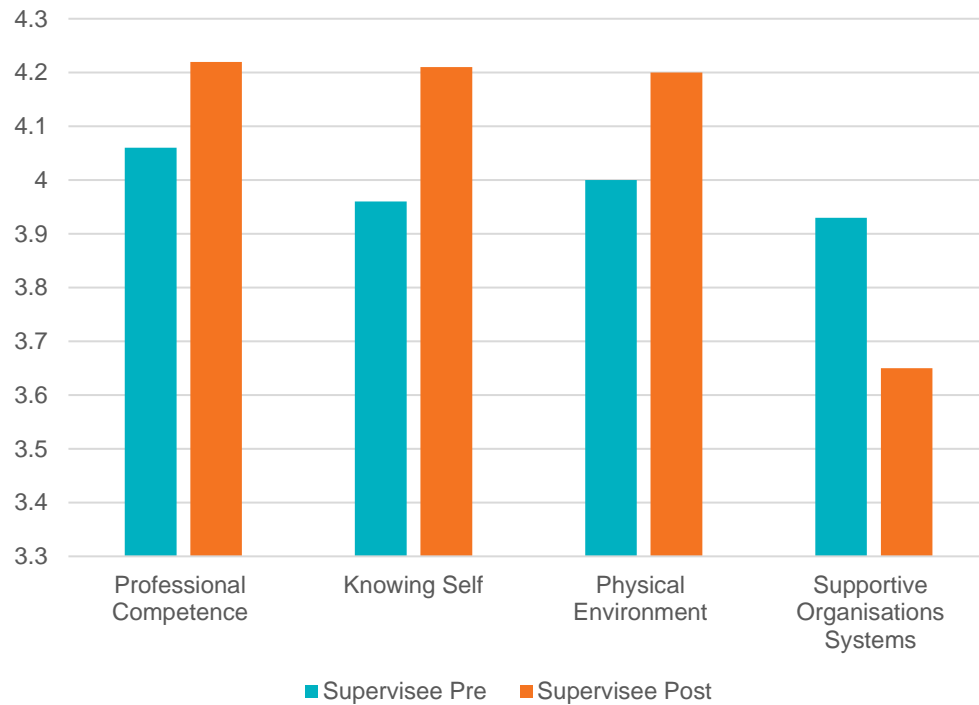
Findings New Graduates

MCSS-26 (N=74 NEW GRADUATES)

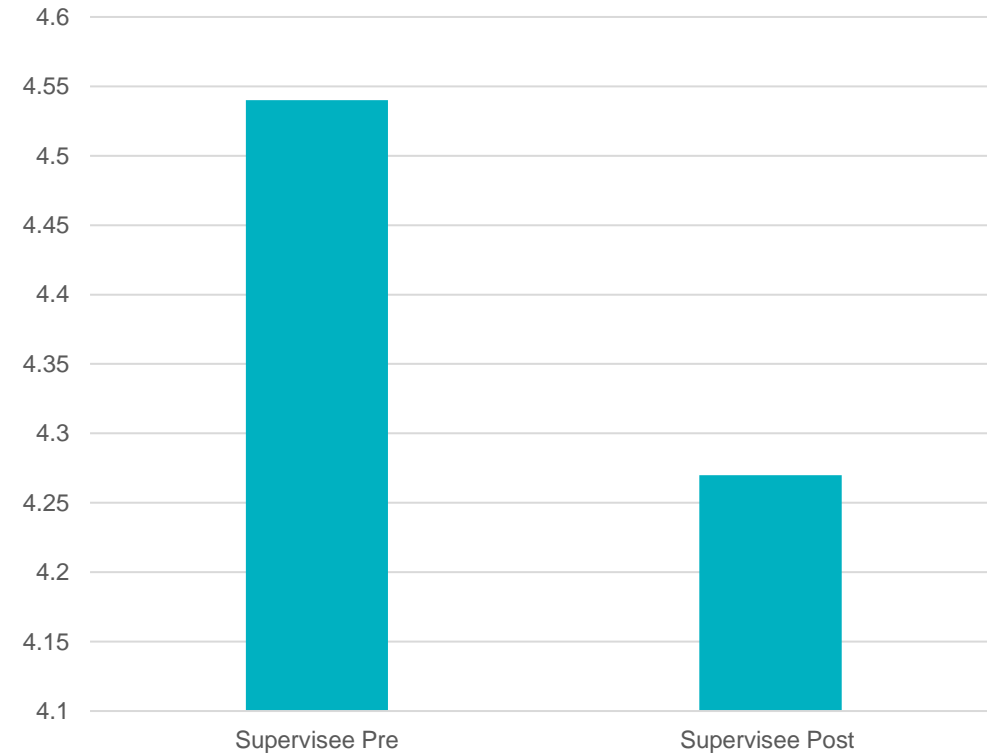


Findings New Graduates

Statistically Significant Constructs PCPI- New Graduates (n=75/74)



Workplace Wellbeing (n=74)



Findings New Graduates

- Themes within NGs supervision (n=180) (Emerging themes)



The environment



CARE and CARING



Being a NG

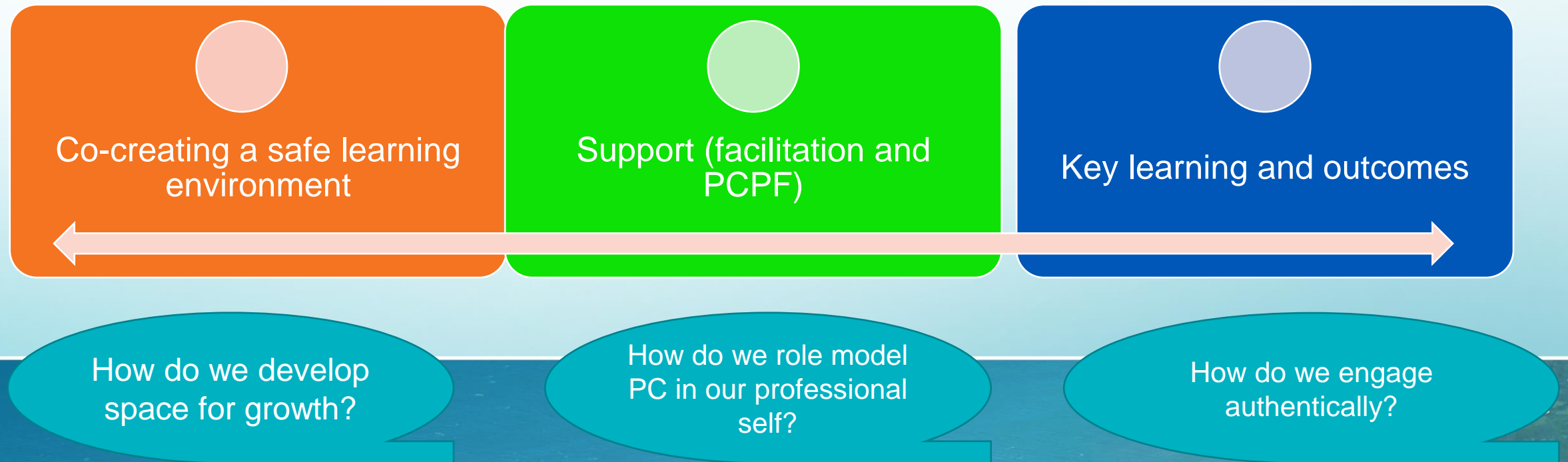
Felt supported by my colleagues "they had my back"
Feeling excluded from team- fear of speaking up

A NG shared a positive experience of caring for a critically ill patient. Medication error left the NG ashamed

Anxiety around change
NG was very teary today
The sink or swim focussed me to find my voice

Findings Supervisors

- Survey instruments – No statistical significance in any of the tools pre to post intervention
- Themes within their own supervision (Emerging themes)



Focus group - Supervisor

“I think that when you reflect, particularly using the framework, it was not just about themselves and the person they were looking after, but it’s the people you're working with, the system within which you're working. All of the things - they're all connected, they'll all impact on one another, so that they can view it more globally, then they're able to perhaps not get as frustrated and anxious with how work is going, and maybe look more for a solution rather than just thinking, I can't do anything about it”

Lesson learned

- Clinical research is messy and unpredictable
- Expectations were too high for IT as a platform for supervision
- Despite approval for research and verbal support the reality is quite different – NUMs can either make or break the program
- NG not familiar with group clinical supervision concept
- Joint supervision (ISLHD and UOW) ended in improved networks
- Supervisors used the PCPF beyond supervision
- Language such as ‘mandatory’ and ‘supervision’ are not seen as person-centred

Where to next

- Theme focus groups (NG and Facilitators)
- Consider all data (FG/Interviews, Session Summaries and Surveys) and their interpretation (agreement, discordance, complimentary)
- Make recommendations for the future model of CS within our LHD and beyond (publications and presentations)

Thank you and any Questions ?

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