GREAT THINGS CAN HAPPEN WHEN FIVE ORGANISATIONS COALESCE – THE EXPLORATION OF A INTERPROFESSIONAL DOUBLE DEGREE PARAMEDIC/NURSING GRADUATE TRANSITION PROGRAM

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THE GRAMPIANS REGION
**REGIONAL HEALTH WORKFORCE**

- Nurses & Midwives: 4,000
- Medical practitioners: 510
- Allied and Oral health professionals: 756
- The majority work in the public health system
- 40% of our workforce are 50 years or older
- The average age of a paramedic in the region is 28
- By 2020 ~60% of AV workforce will be female
- Medical students: 150
- Regional University has post graduate paramedicine on scope
- National University has a double degree in RN/Paramed with 60 graduates about to complete in December this year
IDENTIFYING REGIONAL WORKFORCE NEEDS

- Recruitment and retention of speciality health care workers
- Advanced Medical Technology
- Increased consumer expectations
- Women returning to the workforce part time

- Redefined work life balance
- Increased options for school leavers
- Distance to travel to work
Learning from past experiences

- Australia's first graduate programme for graduates of double degrees in nursing and paramedicine occurred in 2011 as a joint venture between Northern Health and Ambulance Victoria.
- The interprofessional graduate programme (IPG) was 18 months in duration and participants rotated between graduate paramedic experience with Ambulance Victoria and graduate nursing experience in emergency nursing at Northern Health.
- The success of the pilot IPG showed that although alternative graduate programmes that span two health disciplines are feasible and possible, rigid industrial relations structures and traditional views are still major barriers to their progress.
- There are, however, a number of studies highlighting the benefits of inter-professional education and integration of knowledge from different health disciplines (Underdahl, 2013).
- To date, published literature related to nursing and paramedic roles has focused on movement of nurses to paramedicine (Hickey, 2010; Williams, 2012), use of paramedics to staff emergency departments (Oglesby, 2007), and use of nurses in pre-hospital care (Machen et al, 2007).
Five work as One
Governance and communication

• Steering Ctee – Senior members from AV, DHHS, ANMF, AE, BHS Project Lead and Project Officer
• Local working grp - BHS, AV, AE, ANMF with the agreed expectations of:
  – have conversations and make decisions for the successful implementation
  – identify and address gaps, risks, challenges and obstacles enabling the pilot to succeed
  – discuss fundamental principles regarding rostering dates, rotations, clinical progress reports, study content and requirements for satisfactory participant completion.
  – review and consider matters relating to the employment of participants with in the IPGP including identifying and ensuring compliance with the industrial instruments which apply to participants.
  – develop the Memorandum of Understanding (MOU) between BHS, AV, AEAV and ANMF Vic Branch which outlines the role of the IPGP participant and the industrial instruments applying to participants together with and other specified terms
  – design and deliver the model
  – provide advice and support the robust evaluation of the IPGP.
  – Contribute knowledge and experience to the future development, implementation and evaluation of the IPGP
  – Ensure open and honest and transparent communication.
  – Develop a communication plan that reduces risk and ensures all stakeholders are well informed of the IPGP including the role and scope of practice of participants of the IPGP.
  – Template all aspects to allow for replication

“Make this happen for the State of Victoria” Manager Health Workforce, DHHS
Workplace and Professional differences

- Two different organisations
- each with different roster patterns, remuneration, and superannuation arrangements
- one registered profession one is unregistered but moving towards this in 2018
- full-time or casual employment are the only employment options in paramedicine were as in nursing there are opportunities to work full-time, part. time or casual across public and private sectors.
- each grp have different codes of conduct and practice standards, and regulatory requirements
- Nursing participates in PMCV computer match for selection, AV outsources the organisation of recruitment and have monthly intakes
Clarity of scope

- how each profession was governed under the Drugs, Poisons and Scheduled Substances Act and Regulations
Creation of encounters

- Within 500 metres three organisations
- Limitations of service due to health workforce shortages
- Mal-distribution of health workforce
- Identified bottlenecks, inefficiencies and insufficient capacity in the training system
- More of the same may not be sustainable
Willingness

- **This project commenced in Feb 2017 to date we have**
  - Crossed referenced a skills matrix
  - Near completed a Memorandum of Understanding (MOU)
  - Agreed on an employment model that will have graduates rotate through each service
  - Drawn up employment contracts that recognise service in both occupations combining continuity of service award entitlements
  - Updated the AV handbook
  - Developed advertising material
  - Amalgamated the interview process and recruitment so it only occurs once
  - Joined the clinical progress report and clinical appraisal tools so that clinical instructors or educators can share the view of the document
  - Finalised the development of program evaluation
  - Commenced a research project which will in part explore the role and work expectations of role of 1st and 4th year dble degree students and graduates from 2011-2016
  - Templates and appropriate information sheets are also drafted for all elements of the program to support and maintain ease of replication in other Health Services who would like to choose this option to collaborate with AV in the future.
The Program

• The clinical components will be nine (9) months in each organisation rotating at 12 week intervals
• The aim of the program is:
  – To provide support and guidance to the beginning practitioner
  – To develop confidence, skills and clinical competence related to the roles of a Registered Nurse and Ambulance Paramedic
  – To provide learning experiences that consolidate professional and personal development
• Annual leave will be allocated throughout the program
• Industrial aspects such as leave requirements and movement from one organisation to the other will not disadvantage the participant
• Flexible employment at completion of the program will be instigated.
• Applications opened on the 15/06 and closed 10/09 we received 26 applications
• Interviews will be conducted on the 27/09
• There will be 8 positions commencing in 2017/2018
The Program

• Double degree graduates will be contracted separately by AV and BHS and will be provided terms and conditions of employment in accordance with the respective Enterprise Agreement.

• While on rotation to Ambulance Victoria, participants will be deemed to be on Approved Leave without Pay from BHS and vice versa.

• Registered nurses employed at BHS will be employed on an 18 month contract of employment and during this time will be employed 0.84 to 1.0 EFT.

• Paramedics employed at AV will be employed on an 18 month contract of employment and during this time will be employed 1.0 FTE, employment ongoing.

• At the completion of the IPGP, participants will be encouraged to continue with employment at AV and apply for ongoing employment at BHS. Flexible employment will be facilitated.
The Program

Theoretical Component

• 36 hours study block at BHS
• 48 hours of professional forums throughout the program
• At AV initial 3 week study block, including Occupational Violence, Driving Standards and Manual Handling training, and Defibrillation.
• 40 hours continuing professional development throughout the program

Clinical Component

• Rotations at BHS in ED, ICU / CCU, Acute Surgical Ward
• Allocation to one/two Ambulance Branches
• 1 to 1 AV instruction and mentoring
• Monthly progress reporting
• Formal assessment throughout the program
• Attendance and participation at professional forum days
• Clinical performance and development reviews in each rotation
• Mandatory skills checks including CPR/ALS and safe transfer and handling of people
What has contributed to our success?

Our work in this project has been focused on the goal to continually improve the quality, safety and health outcomes of health care recipients and create workforce opportunities through innovation.

- **Graduate Focused** – The creation of a transition program that focuses on the graduate supported by staff and an environment that is flexible, creative, non-judgmental and engaging in a high challenge high support environment
- **Team work** – We are committed to ensuring that every transition year experience is of the highest quality, pre and post testing, independent evaluation and published results adds a degree of integrity
- **Integrity** – We are committed to ensuring that every transition year experience is of the highest quality
- **Motivation** – We understand that authenticity in experiential learning and how it can contribute to behavioural change and enhanced practice
- **Sector Engagement**