

Nursing and Midwifery Services



EBGpYbDM

Entry details

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Number of people in entry team	8

Team Members

- Elizabeth Grist Exec Director CSN&M
- Sue Buckman SNM N&MS
- Jon Clarke NM recruitment N&MS
- Felicity Williams SNM Professional Development
- Jane Bleasel, Head of School and Dean of Medicine UoN
- Jessica Bergman Lecturer in Medical Education, Year 2 Course Coordinator (BMedSc/MD), Joint Medical Program, UON
- Jane Chamberlain Director Health, Wellbeing and Community Services (Acting), West Region, TAFE NSW
- Anne MacLeod Course Coordinator Diploma of Nursing Upgrade, TAFE

Is footage available of this project? No

Project Name

"Learn as you Earn"

Partner Organisation

University of Newcastle
TAFE NSW

Abstract

Partnering with TAFE and Universities to provide undergraduate medical students a work integrated learning model and develop skills for their future career. This program doesn't replace RNs and ENs but compliments them by providing AIN (medical students) with an accredited TAFE certificate. The model will promote and support interdisciplinary understanding and collaboration, growing and supporting a skilled workforce.

Responses to advertisements by medical students, for surge staff during COVID, together with evidence from overseas describing benefits from medical students working in health, provided an opportunity to expand and adapt an existing program.

TAFE mapped the undergraduate medical program and identified capabilities that they could undertake as a paid employee. The AIN role was both relevant and achievable using RPL with further training provided by TAFE and HNELHD.

Subsequent benefits in attracting medical students as part of the healthcare team enables development and application of communication skills and experiencing teamwork in the provision of care to patients.

This program enhances real world experiences for participants prior to qualifying. In the long term, the future medical officers' understanding of the health workforce and patient care is informed by this experience. The health service benefits from supporting their growth in the AIN role.

Innovation and originality - *Maximum Score = 5*

During engagement and upon review of the program it was confirmed by our university partner that this innovation is the first of its kind in Australia. Although surprising, this program has identified an innovative approach to recognition of shared skills and knowledge and the benefits of investment in people to build workforce capability and capacity for the culture of health. The program targets 2nd year undergraduate medical students and provides a pathway for RPL as a Certificate III in Health Services Assistants (AIN Acute). This pathway includes attendance at three TAFE led workshops and 80 hours of work integrated learning at HNELHD. Following completion, participants work in HNELHD as an AIN.

The UK experience where Medical students were employed as care assistants found "Early exposure working as HCAs appears to help medical students to relate to patients as individual people, augmenting the findings presented by Littlewood and colleagues regarding the benefits of early patient contact" (Davison, E & Linqvist, S 2019 p386).

Whilst in some instances the context of HNELHD is different to the UK, the health systems have broad similarities. One of the differences between the UK and the HENLHD program is the articulation into an AIN qualification. This provides the employing facility with flexibility to expand the medical student's scope of practice, whilst aligning with service needs and the AIN policy framework.

Sustainable - *Maximum Score = 5*

Over 39 medical students within the Newcastle area applied to undertake the program. These people were invited to workshops facilitated by the RTO held across two weekends. What followed was a flexible approach to provision of 80 hours work integrated learning, which accommodated university and program commitments.

The success of and interest in the program has led to planning of an annual cohort. These will commence every December (following Year 1). The timing allows workshops and WIL to be completed prior to year 2 and trains staff for the Christmas period.

The program demonstrates how applying flexibility and adapting to other priorities and needs in a partnership can contribute to a successful pilot. It also recognised a previously unknown potential pool of staff.

Scalable - *Maximum Score = 5*

The pilot program targeted medical students who were undergraduates at UoN and could attend TAFE workshops in Newcastle. The success of the pilot, and the interest in it, has meant that it will expand to include UNE from December 2023. This collaboration will also include TAFE New England and Rural facilities within HNELHD.

As further endorsement, TAFE NSW has formalised the program, which means that it is scalable to all LHDs across NSW and their respective University Partners

Better patient outcomes - *Maximum Score = 5*

Whilst the program is in its infancy there is documented evidence for the benefit to patients from programs where health professional students become part of the workforce whilst completing their qualification. A UK study (Nolan, and Owen, 2021) found that the socialisation of the students within the healthcare team contributed positively to direct patient care. Another benefit to patients from having medical students work as AINs is the flexible scope of practice which enables some skills learnt and assessed as part of the undergraduate course to be applied within the clinical environment, to the extent of the policy. These assessment skills, taking of vital signs and documentation, benefit patients as the medical students are able to provide required care to them whilst working as an AIN and hone their assessment skills. These factors are supported by the level of interest from the medical students in participating in this program, as they aim to work in health throughout their studies as well as at the completion of their studies.

Productivity and value for money - *Maximum Score = 5*

The program provides value for money as it enables medical students to work as part of the healthcare team during their undergraduate program. This gives their employer the benefit of their growing knowledge and skills. In addition it enables the concepts of teamwork, and multidisciplinary healthcare to be learnt through work integrated learning while earning. These concepts are a foundation from which collaboration and respect across disciplines is built.

Collaboration - *Maximum Score = 1*

- Collaboration: working with, Education providers, facilities and N&MS on the development and implementation of the program

Openness - *Maximum Score = 1*

- Openness: provides opportunities for innovation between education providers and facilities

Respect - *Maximum Score = 1*

- Respect: Builds strong working relationships across disciplines

Empowerment - *Maximum Score = 1*

- Empowerment: builds on existing skills to enable students to be more involved in health care while studying

Teamwork and Partnerships - *Maximum Score = 1*

Partnership and teamwork: the program is an example of how partnerships between health, and education providers (TAFE and University) can be developed when each partner values the others perspective and is flexible and adaptive in their planned approach

Strategic relevance to Future

Health Please tick each appropriate priority your project is linked to; please note you can select more than one:

- ✓ Our staff are engaged and well supported
- ✓ The health system is managed sustainably

Facility / Dept / Service Manager Name Elizabeth Grist

Facility / Dept / Service Manager Executive Director Clinical Services Nursing and Midwifery.
Position Title

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Reference List *if applicable*

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Team Photo (required)



Log in to hnehealth.awardsplatform.com to see complete entry attachments.

Reference List

Davison, E. & Lindqvist, S. (2020). Medical students working as health care assistants. *The Clinical Teacher*, 17 (4), 382-388. doi: 10.1111/tct.13108.

Nolan, H., Owen, K. Qualitative exploration of medical student experiences during the Covid-19 pandemic: implications for medical education. *BMC Med Educ* **21**, 285 (2021).
<https://doi.org/10.1186/s12909-021-02726-4>