Ways of Working in Nursing

Resource Package

NSW Health
Preface

The healthcare environment in which we work is constantly changing and evolving. Healthcare professionals in hospitals today provide care for an increasing number of acutely ill patients often with a number of chronic conditions and associated co-morbidities. Consequently, acute care hospitals are busy places accommodating sicker patients requiring more intensive treatment and nursing care. Advances in care have also led to a reduced length of stay and a higher patient turnover as well as an increase in the complexity of specialist and general medical and surgical nursing care.

At the same time we are experiencing changes in our nursing workforce. Different levels of nurses, an aging workforce and an increasing number of novice practitioners compel nurses to constantly assess and reassess the way that work is managed within their wards/units. Nurses today need to support and grow the workforce of the future by ensuring that not only the “science” but also the “art” of nursing is supported through the way that work is organised. The initial education we all receive provides a solid foundation on which we build further skills and knowledge through practical application. This growth in practice is supported by colleagues willing to share their knowledge and skills.

The NSW Department of Health Nursing and Midwifery Office commenced the Ways of Working (WOW) Project in 2010 to explore the ways that nurses organise their clinical work and to develop a suitable framework and guidelines to support a collaborative nursing model (CNM).

The Project Officer visited many sites and spoke to key stakeholders regarding the way that work is organised on wards and units across NSW. Many ways of working were observed and discussed but it was identified that a more collaborative approach would provide support for the development of the workforce into the future and enhance patient care by:

- More efficient use of nursing resources
- Improved communication between staff
- Improved support for staff new to an area of practice
- Improved capacity to effectively utilise different skills within the nursing team.

One of the strategies to assist nurses in working more collaboratively is the WOW Resource. Nurses throughout the system are encouraged to actively consider their Ways of Working on a regular basis and to be prepared to change these to better meet the needs of patients and also support a positive work environment. This Resource recognises that Ways of Working can vary across and within health services and does not seek to suggest a particular model but provides guidance for wards/units in reviewing their Way of Working and principles that can guide the ward/unit in developing a collaborative nursing model.

Adjunct Professor Debra Thoms
Chief Nursing and Midwifery Officer
NSW
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SECTION 1

WOW Resource Package Overview

Purpose

The WOW Resource has been developed to assist nurses\(^1\) in their efforts to introduce a collaborative nursing model (CNM) into their ward/unit. It is envisaged that the NUM will be coordinating the project and the WOW Resource has been designed accordingly.

Objectives

The WOW Resource will:
1. Introduce the evidence for considering a CNM in your ward/unit
2. Provide guidelines for implementing a CNM in your ward/unit
3. Provide an audiovisual representation of nurses working collaboratively
4. Provide tools that can be used to support and evaluate a CNM.

Throughout the WOW Resource the reader is directed to:

- Helpful tools
- Internet sites
- The WOW Film – Making it Real

Note: An internet connection is required to review these element links of the package. Should you have any difficulty with the links through this pdf resource, please access the elements via the website at: http://www.health.nsw.gov.au/nursing/projects/WOW.asp

To allow the reader to evaluate progress in implementing a CNM he/she is provided with:

- Reflection spaces
- Regular checkpoints

Note: This package is designed as an electronic resource and if printing is necessary it will take considerable time and paper to print out in its entirety. The WOW Resource is freely available through the Department of Health website link at: http://www.health.nsw.gov.au/nursing/projects/WOW.asp

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\(^1\) Nurse will be used throughout this document.

If you are considering introducing a collaborative midwifery model refer to midwifery models of care resources: http://www.health.nsw.gov.au/nursing/midwifery.asp#para_5.
Background

There are a plethora of studies conducted on the topic of the ways that nurses organise their clinical care and it is beyond the scope of this package to provide a comprehensive literature review.

Follow this link to a short summary of the different ways of working nurses use including:

- Patient allocation
- Task/functional
- Team/modular
- Primary nursing and case management

Apart from the ways that nurses organise their clinical care, there is considerable literature available regarding components of a collaborative nursing model (CNM). A comprehensive list of references and appropriate web-based documents is provided at the end of the WOW Resource and some will be discussed under the appropriate sections of the package.

What is a Collaborative Nursing Model?

A collaborative nursing model is:

A model of care delivery based on collaboration where an appropriately skilled nurse takes responsibility for leading a team. The team can accommodate different levels of nurses working together with a shared goal, to meet the comprehensive holistic care needs of a group of patients.

The aim of a CNM is to utilise and develop the skills of the nurses to the fullest extent by providing a supportive learning environment. Clear guidelines and communication and reporting structures are required to enable the team to function efficiently.
Table 1

A Collaborative Nursing Model

- Allows nurses at different levels of training and expertise to perform their work more effectively
- Ensures improved supervision and support of nurses transitioning to practice and non permanent members of the nursing team by more senior staff
- Takes advantage of each member’s skills and level of experience – leading to professional development and enhancement of knowledge and skills of junior staff
- Reduces staff isolation and allows for a supportive working environment
- Can improve patient outcomes and satisfaction with care provision
- Allows individual team members to become familiar with all team members’ skills and capacities
- Assists continuity of patient care and support for part time nurses by assigning full-time and part-time nurses to the same team
- Reduces the risk of missed care (any aspect of required patient care that is omitted or significantly delayed)
- Allows for team members to share the burden of ‘difficult’ patients and a heavy workload leading to reduced nurse stress levels and manual handling injuries
- Can improve job satisfaction and lead to increased morale
- Leads to reduced complaints from other healthcare workers and visitors about their inability to seek up-to-date information about the condition of patients. There are more nurses involved in the one patient’s care and less ‘I don’t know. I am not looking after them’ responses for assistance
- Ensures that relief for escort duties and meal breaks is provided by from someone who ‘knows’ the patients
- Should make it easier to have medications and intravenous therapy checked if team members are working together in the same relative location negating the need to search the ward for assistance.

A CNM is based on the principles of teams and teamwork. Teams are increasingly becoming the format for the way of working for all healthcare professionals as the nature of the clinical work is being dramatically transformed.

Simply a team is: ‘...a group of people who are mutually dependent on one another to achieve a common goal’.

The most common team we hear about in healthcare is the multidisciplinary team. A multidisciplinary team comprises all the healthcare workers involved in a particular patient or a group of patients’ care and might include a number of doctors, allied health and nursing staff. On a shift to shift basis there are a number of nurses providing direct patient care and the emphasis of the WOW Resource is on this nursing team.

The team can comprise whatever groups or levels of nurses deemed appropriate by the ward/unit staff. It will depend on the number of beds on the ward/unit and the level of staffing and skill mix. A team should consist of a staff member who takes on the team leader role. This would commonly be a registered nurse (RN). The NUM will remain in an overarching coordination role for the combined nursing teams and the team leaders and NUM will meet regularly throughout the shift to provide updates on patient progress and nursing care requirements.

Some teams will be big and some will be small and as highlighted there is no limit to how the team is configured as long as the configuration meets the needs of the ward/unit. There will be more information regarding the makeup of the teams and how a CNM can be implemented throughout the WOW Resource.
Teamwork is different things to different people but the best analogy is to consider the teams in which you are involved outside of your nursing work. Most people will be involved with a sporting team or a social team such as a school P&C. For example a basketball team is made up of a number of players each having different roles, with the common goal to win the game or play the game to their best possible ability. It is an assumption that the members of the team function well together and teamwork is an important component of successful team functioning.

For the purpose of classifying the characteristics, goals and actions of a CNM – A Model for Building Teamwork (Biech, 2007) has been adapted to examine the attributes of successful teamwork and the fundamental actions to be taken to support nurses using collaborative nursing models. The first four characteristics must be in place from the beginning. The subsequent characteristics are not in any order but are necessary for building effective teams. See Table 2 for a summary and application of A Model for Building Teamwork to a CNM.

### Table 2

<table>
<thead>
<tr>
<th>A Model for Building Teamwork (adapted from Biech, 2007)</th>
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<tbody>
<tr>
<td><strong>1. A clear vision</strong></td>
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<tr>
<td>- The ward/unit nurses must have a clear vision for the future and shared values displayed and revisited frequently</td>
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<td>- Individual team goals must be agreed at the start of the shift to ensure that everyone is ‘pulling in the one direction’.</td>
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<tr>
<td><strong>2. Roles determined</strong></td>
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<td>- Team member’s roles are clearly defined and all team members know what their jobs are. The team will include different levels of nursing and the team leader role.</td>
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<td><strong>3. Open and clear communication</strong></td>
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<tr>
<td>- The importance of open and clear communication cannot be stressed enough</td>
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<td>- Communication skills which are most important to a CNM are listening and providing constructive feedback</td>
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<tr>
<td>- Communication strategies must also be in place to keep the team informed, focused and moving forward. This includes handover processes, convening team meetings (huddles) throughout the shift, effective report writing and up-to-date care plans.</td>
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<td><strong>4. Effective decision making</strong></td>
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<td>- Methods for effective decision making should be discussed and established</td>
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<td>- All nurses must be familiar with the Framework for Effective Nursing Practice Decisions (ANMC, 2007).</td>
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<td><strong>5. Balanced participation</strong></td>
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<td>- Ensure that everyone on the team is fully involved. ‘Without participation you don’t have a team, you have a group of bodies’.</td>
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<td><strong>6. Valued diversity</strong></td>
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<td>- All team members no matter what level or experiences are valued for the contributions that they bring to the team.</td>
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<td><strong>7. Managed conflict</strong></td>
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<tr>
<td>- When people work together there is sure to be conflict. A process for managing conflict ensures that problems are not ‘swept under the rug’.</td>
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<tr>
<td><strong>8. Positive atmosphere</strong></td>
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<td>- To be truly successful a team must have a climate of trust and openness. Everyone has to feel comfortable working with different nurses. Building trust on a team will be a challenge because it does not happen overnight and everyone perceives trustworthiness in different ways.</td>
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<tr>
<td><strong>9. Cooperative relationships</strong></td>
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<td>- Occurs when there is a sense of belonging and a willingness to make things work for the good of the whole team.</td>
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<tr>
<td><strong>10. Participative leadership</strong></td>
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<tr>
<td>- Where team leaders share the responsibility and the glory, are supportive and fair, create a climate of trust and openness and are good coaches and teachers.</td>
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What does Working in a CNM Look Like?

Ruth Hansten (2009) suggests that when ‘a bundle of best bedside practices’ are integrated into practice they become a shared standard resulting in optimum clinical outcomes. The ten steps are applicable to the way an ideal shift might look when nurses are working in a CNM. The steps are underpinned by most of the key components of The Model of Teamwork which include; goal setting, communication, delegation, support and coaching. The steps have been modified for our NSW healthcare context and are summarised in Table 3.

Table 3

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Implementing a CNM – Getting Started

Reflection

On some wards/units a change to a CNM will be a big adjustment for the staff. The majority of nurses are used to working in a patient allocation model. They value the contribution working in a patient allocation model makes to the level of expert care they provide, although it has been identified that most newly graduated nurses and nurses new to the ward/unit or specialty appreciate a more team approach to care. Consider your team’s readiness for change and the ways that you might approach this project.

Getting started is the most time consuming phase of the project and involves lots of discussion and planning. Encourage all of the nurses to be involved in the CNM Project by using principles of Practice Development methodology. Practice Development is gaining momentum in NSW as clinicians come to appreciate the value of using a systematic approach to delivering person-centred care that encompasses the needs of patients, families and staff.

Person-centred care incorporates the Practice Development principles of inclusiveness, respect for each other, valuing individual contributions and connecting. If you require further information on Practice Development please follow this link.

**Link to PD explanation on NaMO website**

As highlighted in The Model for Teamwork, the first place to start is to have a clear vision for the ward/unit. Everyone needs to have the opportunity to contribute to the shared vision. It is quite likely that common themes will arise that indicate support and teamwork are values the nurses would like to experience on the ward/unit. The vision for the ward/unit must be displayed where all staff, visitors and patients can see it. It should also be reviewed and discussed regularly to ensure that it still represents the collective values of the current staff.

If your ward/unit is participating in the Essentials of Care (EOC) Project you should already have a clear vision but you might like to revisit it before you consider discussing a CNM. If you need more information regarding values clarification please discuss with an EOC facilitator or click on the link below.

**Link to values clarification discussion and exercise on the NaMO PD site**

You will require the engagement of all nurses on your ward/unit in understanding that a CNM is the most effective way for them to practice. The best way to commence useful discussions is to provide them with the evidence for change. Perhaps your nurses already work in a collaborative way and would benefit from discussions on some of the improvements they could make to that CNM. To assist you in this process a WOW PowerPoint presentation containing evidence and information supporting a CNM is provided. The PowerPoint presentation is available at the following link.

**Link to Powerpoint presentation**

Just because a group of people come together as a team, it does not mean that they function effectively. Teams develop over time and the project to support a CNM will also take time to enact.

This would be an appropriate time to encourage staff to view the WOW film – *Making it Real*.

*Making it Real* has been produced to show a nursing team role modeling *the bundle of best bedside practices* and how the shift might look when working in a CNM.
As part of the discussions about the WOW on the ward/unit it might be useful to conduct an exercise to address any Claims Concerns and Issues the staff might have about modifying or changing their current WOW to a CNM. Information on how to conduct a Claims Concerns and Issues exercise is found at the following link.

**Link to conducting a claims, concerns and issues exercise**

## Evaluating Your Efforts

When introducing change it is always helpful to know what difference you have made. You need to know where you have been and where you are now. Therefore, evaluation must be established at baseline before the implementation of the new WOW and followed at regular intervals dependant on the strategies used. Another reason to evaluate your efforts is to ensure that the project is on track and moving toward meeting the project objectives and that CNM changes are identified and adjusted accordingly on an ongoing basis:

Evaluation of a CNM at a ward/unit level could:
- Identify the effectiveness of a CNM on patient and/or quality outcomes
- Identify the effectiveness of the nurses working within the team in regard to teamwork and collaboration
- Identify nursing and key stakeholder satisfaction with the model by capturing and comparing:
  - Ward unit workforce data
  - Nursing satisfaction
  - Key stakeholder satisfaction.
- Capture the improvements as a result of implementation of CN models
- Identify if the CNM is sustained, becoming part of the culture and the way things are done on a day-to-day basis.

You will need to consider the evaluation strategies you will use. The following are some ideas that you might consider.

### Impact on nursing staff

Evaluation of the impact of the CNM on nursing staff can be approached in two ways: the way that the nurse collaborates and functions within the nursing team and secondly, the satisfaction of the nurse with the CNM.

#### Nurse functioning within the team

The *Nursing Teamwork Survey* (NTS) was developed and validated for use in the United States (Kalisch, Lee & Salas, 2010). The NTS measures the level of nursing teamwork in acute care settings. Permission has been sought from the authors to use this tool with minor demographic changes required for the Australian context. Follow the links below:

**Links to**
- A copy of the short survey
- A copy of the long survey
- Instructions for using the NTS
- An excel spreadsheet which can be used to enter and analyse the survey responses

#### Nurse satisfaction

Nurse satisfaction with the model of care is pivotal to the success of the CNM. The *Nursing Workplace Satisfaction Questionnaire* (NWSQ) was developed specifically to evaluate job satisfaction with a new model of team nursing within a large Sydney Teaching Hospital (Fairbrother, Jones & Rivas, 2009). The tool is available to use for the project with permission from the authors. Follow the link below to find the tools required to conduct this questionnaire.

**Links to**
- A copy of the questionnaire
- Instructions for using the NWSQ
- An excel spreadsheet which can be used to enter and analyse the questionnaire responses

If your ward/unit is involved in EOC the nurses may have already completed the NWSQ or the Person Centred Nursing Index (PCNI) and there will be no need to re-evaluate. Some facilities have their own version of a staff satisfaction survey but they may not be appropriate because most do not contain questions about the organisation of care and collaboration and teamwork which are essential components of a CNM.
Workforce data

Recruitment and retention are often used to identify a work place or situation which has a positive or negative work culture. Nurses are more likely to be attracted to a place or remain on staff in a ward/unit where there is a positive work environment and supportive team (Duddle & Boughton, 2007; Aiken, Clarke, Sloane, Lake & Cheney, 2008; Kalisch, Weaver & Salas, 2009). A comparative study of team nursing vs. allocation nursing was conducted in a large Sydney Teaching Hospital. The intervention (team nursing) group had a reduction in vacancy rate below that of the control group (allocation) following the study by Fairbrother (2010).

Impact on Patient Care

Teamwork is essential for patient safety and the provision of quality care (NHS, 2007). Therefore, evaluation could include nurse sensitive safety and quality outcomes. The problem is that these outcomes are often difficult to define as most patient outcomes are not wholly sensitive to the nursing care provided. There has been considerable work conducted in the USA which indicates a relationship between nursing care and some specific indicators including falls and pressure ulcers (Montalvo, 2007). Fowler, Hardy & Howarth (2006) attempted to measure the effect of a collaborative nursing model on clinical outcomes. There was an increase in incident/accident reports which may be due to an increased reporting rather than an actual increase.

Heinemann, et al (1996) measured the effect of a project titled ‘Partners in patient care’ on quality indicators. Indicators included falls, medication errors and intravenous device infection rates and found that there was no significant difference between the pilot wards which instituted a team based model compared to the control ward.

Data can be sourced from existing systems including the Incident Information Management System (IIMS), complaints and compliments and nurse sensitive indicators and audits deemed appropriate for the ward/unit. Ward/unit staff could audit the nursing care activities which have meaning for them in their particular context eg falls in aged care or line infection in an ICU.

NB: You may have already done this as part of EOC.

Although the evidence is not conclusive it would be worthwhile investigating whether there is a change in patient outcomes after introducing a CNM on your ward/unit.

In addition to the ward/unit nurses, it is always a good idea to share the evaluation with key stakeholders including management. This will assist by substantiating the time and effort put into conducting the CNM project, demonstrating the impact of your endeavours and hopefully to celebrate you and your nurses’ success.

<table>
<thead>
<tr>
<th>Project Checkpoint One</th>
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<tbody>
<tr>
<td>Is Practice Development methodology being used?</td>
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<tr>
<td>Are regular meetings scheduled?</td>
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<tr>
<td>Has a values clarification exercise been conducted?</td>
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<tr>
<td>Do the ward/unit nurses have a clear vision guiding their work?</td>
</tr>
<tr>
<td>Has the WOW PowerPoint Presentation been shown and discussed with all staff?</td>
</tr>
<tr>
<td>Has a Claims, Concerns and Issues exercise been conducted?</td>
</tr>
<tr>
<td>Have all staff seen the WOW Presentation – Making it Real?</td>
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<tr>
<td>Has pre-evaluation been conducted?</td>
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</tbody>
</table>

If the above are in place, you should be able to progress to Implementing a CNM – Planning.
Again the planning and implementation phase must be a collaborative effort; all ward/unit nurses should have a clear understanding of the project. Do not jump in and expect everyone to work in a CNM. Discussions will need to occur around how and when. If a Claims Concerns and Issues exercise has been conducted, revisit the questions which were formulated and start by addressing them.

The big question is:

**What has to be done to Start a CNM on the Ward/Unit?**

This will help identify where the deficiencies lie and what will need to be developed and what education supports might be required. The next section of the WOW Resource will provide assistance on aspects of a CNM which might require development.

**The Implementation Plan**

Develop a clear implementation plan and identify an implementation timeframe. Health is an unpredictable environment and there will be interruptions and hurdles along the way. In times of increased workload project work is often given reduced priority. If you find that there are more critical priorities, just return to your plan and pick up where you left off when things settle.

**Team Member Roles**

For a CNM to work effectively everyone needs to be aware of each other’s roles in the team. This is emphasised in A model for building teamwork:

‘Defining the team roles lets all team members know what their jobs are and recognises individual talent tapping into the expertise each member brings to the team.’

It also recognises that regardless of how long we have been in practice we can all be at different stages in our professional development. The aim is to use the full capacity of skills and knowledge available in the team.

The team will be constructed of different categories of nurses including:
- NUM
- Registered nurses including:
  - newly registered nurses
  - agency and casual
- Enrolled nurses including agency and casual
- Assistants in nursing.

Nursing students should be included in the team providing the opportunity to experience a CNM.

No matter where a nurse is working he/she must work within their scope of practice at all times:

* A profession’s scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision making capacity which individuals within the profession are educated, competent and authorised to perform.

Delegation and Supervision for Nurses and Midwives (2007)

**The NUM**

It is quite likely that the NUM is overseeing or coordinating the CNM Project. Whether or not the NUM is the project coordinator, the NUM will need to have a clear understanding of the project and be fully involved in its implementation.
Think about how you can achieve this big task. Try not to tackle it all on your own. Get support of some likeminded colleagues who are also implementing a CNM Project on their ward/unit and also seek out some champions within your ward/unit nursing team.

Consider the skills you may have gained through ‘take the lead’ and how they can be utilised in this project.

It might be possible to allocate some protected time for the CNE or a CNS to coordinate the project. Most of all, remember that the Practice Development principles of inclusiveness, respect for each other, valuing individual contributions and connecting will lead to greater acceptance of the new CNM.

**Rostering for appropriate teams**

One of the NUM’s major contributions will be rostering for appropriate teams. The clinical area should be divided geographically into distinct areas to reduce the amount of unnecessary travel for the team members. Also take into consideration the patient mix within these areas. If the ward/unit has more acutely unwell patients within one area then the team for that area might be bigger or they might need to be allocated less patients. The patient load for a team can be flexible dependent on the skill mix and the acuteness of the patients.

When preparing the rosters it will be important to divide the roster into levels of expertise. One good way to determine the level of expertise is to use the framework proposed by Patricia Benner (1984) – ‘Novice to Expert’. This framework is used widely and is acknowledged as an effective way to classify nurse skill acquisition. Click on the following link to a comprehensive overview of Benner’s stages of clinical competence.

Experience as it is used in this resource, does not necessarily refer to the length of time in a position, rather it refers to a very active process of refining and changing preconceived theories, notions and ideas when confronted with actual situations (Benner, 1984). Some nurses will progress to an expert in a relatively short period of time while others may spend ten years on a ward without being classified as expert.

In addition, you do not need to be an RN to be seen as an experienced nurse.

A proficient/expert nurse must be allocated to each team to fulfill the team leader role. It is important to be flexible in the way the team is composed to allow for patient acuity, changes to skill mix and to cover untoward situations such as sick leave replacement. Perhaps there will be situations where there is no proficient/expert RN to lead a team. It might be necessary to alter team assignments and perhaps one proficient/expert RN could be allocated to leading the ward/unit team in its entirety. This might be the option of choice for some smaller wards/units where the staffing allocation is less. Sample schemata for the shift staffing have been developed and can be found at the link below.

**Communication**

The NUM will need to organise an appropriate allocation board which can be hung clearly at the nurses’ station so that the nurses and other health professionals and visitors are aware of the team looking after the patient and the designated team leader.

Another necessary housekeeping duty will be to organise a communication system for the staff. A comprehensive and up-to-date care plan will help guide the team in the goals and activities to be performed for the shift. Regular team huddles are also a way for the team to communicate their progress in the shift plan.

**Managing conflict**

It is not unusual to have conflict in the workplace and appropriate systems are required to manage it. When nurses work in a patient allocation model they often do not have to work together closely with other nurses. In a CNM team members need to have the skills to approach other members who are ‘not pulling their weight’. In the event that conflict occurs in teams there should be a standard mechanism for dealing with it. The actions to be taken
when a team member’s behavior diverges from the group values should have been discussed in the values clarification exercise.

Check to see if your organisation has a policy for managing conflict. You might need to draw staff’s attention to this policy and why it is important in a CNM. One of the key things to remember is that teams require time to develop. Do not expect smooth sailing especially when a CNM is first introduced. Follow the link below to a sample conflict resolution flow chart which you might consider using if you do not have one.

Link to view a conflict resolution flowchart
Team Roles

Role of the RN

Competencies for entry RN practice in Australia have been developed. It has been identified through the WOW Project that not all nursing team members are familiar with these competencies and it would be beneficial for all staff to review them in the CNM Project planning stage.

Link to
The National Competency Standards for the Registered Nurse can be found on the following web page:

The RN competencies are grouped under four major domains as set out in the table below. RNs are required to meet these in order to register. First year RNs will take time to consolidate these competencies and the specialty skills required as a new member of staff on the ward/unit. The first year RN is supported by the CNM to attain these skills in a supportive learning environment.

Table 4

<table>
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<tr>
<th>The National Competency Standards for the RN – Domains</th>
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<tbody>
<tr>
<td><strong>Professional practice</strong></td>
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<tr>
<td>- Practices in accordance with legislation affecting nursing practice and health care.</td>
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<tr>
<td>- Practices within a professional and ethical nursing framework.</td>
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<tr>
<td><strong>Critical thinking and analysis</strong></td>
</tr>
<tr>
<td>- Practices within an evidence-based framework.</td>
</tr>
<tr>
<td>- Participates in ongoing professional development of self and others.</td>
</tr>
<tr>
<td><strong>Provision and coordination of care</strong></td>
</tr>
<tr>
<td>- Conducts a comprehensive and systematic nursing assessment.</td>
</tr>
<tr>
<td>- Plans nursing care in consultation with individuals/groups, significant others and the interdisciplinary health care team.</td>
</tr>
<tr>
<td>- Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health outcomes.</td>
</tr>
<tr>
<td>- Evaluates progress towards expected individual/group health outcomes in consultation with individuals/groups, significant others and interdisciplinary health care teams.</td>
</tr>
<tr>
<td><strong>Collaboration and therapeutic practice</strong></td>
</tr>
<tr>
<td>- Establishes, maintains and appropriately concludes therapeutic relationships.</td>
</tr>
<tr>
<td>- Collaborates with the interdisciplinary health care team to provide comprehensive nursing care.</td>
</tr>
</tbody>
</table>
There are at least five standards listed in the competency document that have important significance to a CNM. These standards have been extracted and highlighted in Table 5.

Table 5

<table>
<thead>
<tr>
<th>Standards</th>
<th>CNM skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.7 Recognises the differences in accountability and responsibility between RNs, ENs and unlicensed care workers.</td>
<td>Delegation</td>
</tr>
<tr>
<td>4.3 Contributes to the professional development of others.</td>
<td>Clinical teaching and coaching Supervision</td>
</tr>
<tr>
<td>7.5 Delegates aspects of care to others according to their competence and scope of practice.</td>
<td>Clinical teaching and coaching: Supervision Delegation</td>
</tr>
<tr>
<td>7.6 Provides effective and timely direction and supervision to ensure that delegated care is provided safely and accurately.</td>
<td>Delegation</td>
</tr>
<tr>
<td>10.3 Facilitates coordination of care to achieve agreed health outcomes.</td>
<td>Leadership and collaboration</td>
</tr>
</tbody>
</table>

Delegation, clinical teaching and coaching, supervision, leadership and collaboration are areas which might need development in the RNs who work on the ward/unit. The skills will be required to work effectively as a team member and as a team leader. To support RNs in achieving skills in these areas you might direct your nurses to educational opportunities through the LHD or other education providers, eg The College of Nursing. NaMO is also examining other resources to assist nurses in the acquisition of these skills.

All roles within the team should have a position description developed incorporating the specific responsibilities and competencies required for the role.

Role of the team leader

All teams have a designated team leader. Put simply: *The team leader coordinates a small group of nurses to provide care for a group of patients for the shift.*

All efforts should be made to roster a proficient/expert RN in the team leader role. Some teams might be made up of more than one RN and negotiation needs to occur for the opportunity to take on the lead role for the shift or to accept delegations as a member of the team. There are specific skills and knowledge required by the team leader and these are listed in Table 6.
Table 6

The Team Leader

- Is familiar with the ward/unit routines
- Is knowledgeable and skilled in care provision for the specific patient group
- Is familiar with the condition and needs of all patients assigned for the team and assists in planning the individualised care for each patient
- Possesses critical decision-making skills
- Is a coach and clinical teacher, skilled in giving feedback
- Encourages a cooperative environment
- Delegates and assigns care according to scope of practice of team members
- Processes good communication skills and maintains clear communication among all team members including convening regular team huddles to communicate progress toward meeting the shift goals
- Is able to use his/her initiative.

As already highlighted, some of the attributes listed above might not be skills that all RNs in the ward/unit currently possess. RNs will need support to develop these important attributes to enable them to function to their full scope and practice as an RN.

Role of the EN

The enrolled nurse is an associate to the registered nurse who demonstrates competence in the provision of patient-centred care as specified by the registering authority’s license to practice, educational preparation and context of care. (EN Competency Standards, 2002)

Some background

ENs comprise about 14% of the public sector nursing workforce in NSW. With changes to workforce patterns and models of care delivery there has been a renewed interest in the EN position and ENs have been introduced into a number of acute health care facilities. Recent changes to National Law have resulted in no endorsement for medicine administration by ENs as all ENs practicing in Australia will as part of their education program; have undertaken the relevant units of study enabling them to administer medications safely (Nursing & Midwifery Board Australia, 2010).

In July 2009 there was a major change to the education model for ENs in NSW with a move to a pre-service course. Previously, ENs were educated in an apprentice model; whereby they were employed by their Area Health Service for 12 months and attended lectures at Technical and Further Education (TAFE) for 15 weeks. In the new model EN education continues to be provided by TAFE NSW and clinical experience is gained from clinical placements in a variety of health facilities as well as in clinical simulation laboratories. These changes bring NSW in line with other Australian States and Territories and provide a more supportive learning environment for the students as they are no longer relied on as part of the nursing workforce.
In general, the role and functions of the enrolled nurse are not clearly recognised by managers, RNs and ENs themselves. This has led to the inconsistent application of the role and functions of the ENs across the public health sector. There are wards/units where ENs do not work to their full scope of practice ie they are performing less functions than the EN is legislated or trained to do and in some instances ENs are working in advanced roles without the necessary education and governance to support them.

Changing skill mix and workforce issues require the effective utilisation of ENs as part of a CNM. Discussions must be conducted regarding the roles and functions of the EN within the team before the CNM Project begins. Ambiguity in roles could lead to conflict between the team members and this should be avoided if clear roles are established.

Role of the AIN

NSW Health released a policy directive in 2010 which supports the introduction of AINs into acute care units/wards. The purpose of this policy is to facilitate uniform practices for employing, expanding and developing the AIN role. The policy outlines the education, qualification or equivalency, scope of practice and skills recognition processes to be applied to those in this employment category. The policy also refers employers to assessment processes for identifying the appropriate clinical environments for AIN allocation in acute care.

Link to
The National Competency Standards for the Enrolled Nurse can be found on the following web page:

Link to
Australian Nursing Federation Competency Standards for the Advanced Enrolled Nurse are found at:

Project Checkpoint Two

| Is Practice Development methodology being used? | ✓ |
| Are regular meetings scheduled? | ✓ |
| Have the team roles been defined and are staff aware of them? | ✓ |
| Is the allocation board ready? | ✓ |
| Is there a team communication system? | ✓ |
| Has conflict resolution been discussed with staff? | ✓ |
| Are education supports in place? | ✓ |
| Is the implementation plan in place? | ✓ |
| Has a start date been established? – Go for it. | ✓ |
Once the CNM has been implemented on the ward/unit it is time to evaluate what difference it has made, what further changes need to occur and how you can go about sustaining the CNM as everyday practice.

**Re-evaluating your efforts**

As highlighted earlier in the WOW Resource, it is very important to re-evaluate your efforts to determine whether the CNM project has resulted in positive outcomes for the nurses and the patients. A CNM will not ‘fix’ everything and there might be areas which require further discussion and action which will not be directly related to the CNM.

Reevaluation should occur around six months to give the nurses time to settle into the new CNM. The same strategies should be used as for the initial evaluation so that the results can be compared. After adding the new data for the Nursing Teamwork Survey and Nursing Workforce Satisfaction Survey you will be able to open Sheet 3 where you will find the data has been converted to graphs. The graphs will compare the outcomes from the first and second surveys.

You might like to compare your outcomes across the different wards/units in the hospital. Or perhaps more importantly showcase your achievements and share your lessons learnt.

**Sustaining the work**

There are lots of changes in health and there are lots of projects that commence and when the initial enthusiasm dies down so does the action and everyone goes back to the way it was. For a CNM, like any other initiative to be sustained, it needs to become part of the culture or the norm – the way things are done around here. This is perhaps the hardest part of the project.

*Not only have the process and outcome changed, but the thinking and attitudes behind them are fundamentally altered and the systems surrounding them are transformed as well. In other words the change has become an integrated or mainstream way of working rather than something ‘added on’.*

*As a result, when you look at the process or outcome one year from now or longer, you can see that at a minimum it has not reverted to the old way or old level of performance. Further, it has been able to withstand challenge and variation; it has evolved alongside other changes and perhaps has continued to improve over time. Sustainability means holding the gains and evolving as required – definitely not going back.*

NHS Institute for Innovation and Improvement (2005)

The Clinical Excellence Commission (CEC) suggests that there are a number of key activities which can assist in ensuring the sustainability of a project. As you read the list you will realise that a lot of these activities have already been instigated within the project if a Practice Development approach is being used.
Table 7

Activities to promote sustainability include:

- Adequate resources
- Building and sharing a clear vision
- Strong executive commitment and day-to-day leadership
- Embedding the change via policy, standard practice etc
- Identification and training of key messengers who communicate to others
- Formally assigning people to clear roles
- Providing adequate training and support
- Using data to highlight benefits of change
- Rewarding good practice
- Developing the organisation’s capacity
- Creating a learning organisation
- Anchoring change, so it becomes standard and accepted practice

(Clinical Excellence Commission, 2008)

Project Checkpoint Three

<table>
<thead>
<tr>
<th>Question</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is Practice Development methodology being used?</td>
<td>✓</td>
</tr>
<tr>
<td>Are regular meetings scheduled?</td>
<td>✓</td>
</tr>
<tr>
<td>Has re-evaluation occurred?</td>
<td>✓</td>
</tr>
<tr>
<td>Have changes to the CNM been made as required?</td>
<td>✓</td>
</tr>
<tr>
<td>Are sustaining strategies in place?</td>
<td>✓</td>
</tr>
<tr>
<td>Have you shared the lessons learnt from the project with others?</td>
<td>✓</td>
</tr>
</tbody>
</table>

If it all goes to plan, the CNM should be established on your ward/unit.

Take the time to reflect on the project and identify your key learnings.

What went well and what things would you do differently next time you introduce a change?

Then it is time to celebrate your achievements with all ward/unit nurses – well done!!!
Accountability: means that nurses must be prepared to answer to others, such as health care consumers, their nursing regulatory authority, employers and the public for their decisions, actions, behaviours and the responsibilities that are inherent in their roles. Accountability cannot be delegated. The registered nurse who delegates an activity to another person is accountable, not only for their delegation decision, but also for monitoring the standard of performance of the activity by the other person, and for evaluating the outcomes of the delegation. Enrolled nurses are accountable for making decisions about their own practice and about what is within their own capacity and scope of practice. See NMBA Decision-making Framework for further information.

Allocation or assignment: involves asking another person to care for one or more consumers on the assumption that the required activities of consumer care are normally within that person’s responsibility and scope of practice. Many of the same factors regarding competence assessment and supervision that are relevant to delegation also need to be considered in relation to allocation/assignment.

Coaching: focuses on the skills and competencies required for optimum performance to meet expectations. Coaching approaches are predominantly facilitating in style using challenging questions to enable the coachee to ‘grow’ from the experience.

Collaboration: is a process where two or more people work together to realise shared goals. Collaborative problem solving relies on sharing knowledge, learning, and building consensus.

Competency: is the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area.

Delegation: A delegation relationship exists when one nurse delegates aspects of patient care, which they are competent to perform and which they would normally perform themselves, to a less experienced nurse.

The delegator retains accountability for the decision to delegate and for monitoring outcomes. Delegation may be either the transfer of authority to a competent person to perform a specific activity in a specific context or conferring of authority to perform a specific activity in a specific context on a competent person who does not have autonomous authority to perform the activity.

Delegation is a two-way, multi-level activity, requiring a rational decision-making and risk assessment process, and the end point of delegation may come only after teaching and competence assessment. To maintain a high standard of care when delegating activities, the professional’s responsibilities include: teaching, competence assessment, providing guidance, assistance, support and clinically-focused supervision ensuring that the person to whom the delegation is being made understands their accountability and is willing to accept the delegation evaluation of outcomes reflection on practice. See Decision Making Framework.

Experience: as it is used in this resource, does not necessarily refer to the length of time in a position, rather it refers to a very active process of refining and changing preconceived theories, notions and ideas when confronted with actual situations (Benner, 1984). Some nurses will progress to an expert in a relatively short period of time while others may spend ten years on a ward without being classified as expert. In addition, you do not need to be an RN to be seen as an experienced nurse.

Responsibility: in nursing is the state of being answerable for one’s performance according to the terms of reference of the Code of Professional Conduct.

Supervision: in the CNM context is direct. Direct supervision is when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised.
Further Help

The following references which are available through CIAP or assessable on the internet might be helpful in providing some more information around CNMs. There are some hospitals/wards/units in NSW where a CNM is working well and you might like to seek out one of these areas for support.

Teamwork


Delegation and Decision Making


General


Team Roles


WOW


Zinsmeister, LB. & Schafer, D. (2009) The exploration of the lived experience of the graduate nurse making the transition to registered nurse during the first year of practice. Journal for Nurses in Staff Development. 25(1) 28-34.

**Evaluation and Project Management**


NHS Institute for Innovation and Improvement, (2005) Sustainability model and guide. Available at: www.institute.nhs.uk/sustainability


Practice Development


