

**SERVICE SPECIFICATION FOR A CLINICAL LEADERSHIP PROGRAMME
that leads to a
CLINICAL MASTERS IN NURSING**

1 PREAMBLE

Te Tahuu: Improving Mental Health 2005-2015, Tauawhitia te Wero: National Mental Health and Addiction Workforce Development Plan 2006-2009, Te Puawaiwhero: The Second Maori Mental Health and Addiction National Strategic Framework 2008-2015, Te Kokiri: Mental Health and Addictions Plan 2006-2015, Te Rau Hinengaro: The New Zealand Mental Health Survey 2006, Let's get real: Real Skills for people working in mental health and addiction including the Educational Reflection Review and Action Tool, and the National Guidelines for the Professional Supervision of Mental Health and Addiction Nurses (2009) are relevant to this service specification.

This specification outlines the requirements for post-registration nursing programmes in mental health and addiction that builds a pathway toward a clinical master of nursing. The programmes will target registered nurses/trainees working in mental health and addiction who are emerging clinical leaders or hold clinical leadership positions.

A 'trainee' is defined as a nurse enrolled in a relevant mental health programme, who is an employee of a publicly funded mental health and addiction service, who meets the trainee eligibility criteria defined in this specification.

A 'programme of study' is defined as a course, paper, or combination of both, which forms part of a recognized education pathway towards a postgraduate certificate/ postgraduate diploma, or clinical masters in nursing.

'Clinical leadership in practice' is defined as the integration of clinical expertise, education, research and leadership in nursing practice. Te Pou expects all these major components to be demonstrated within the programmes.

2 DESCRIPTION OF SERVICE

Funded programmes of study will support trainees to develop their theoretical knowledge, clinical skills within the specialty field of mental health and addiction nursing.

The programme/paper/course must:

- a. be vocational,
- b. be substantially clinical,
- c. be a minimum of 9 months in duration,
- d. build towards an award of a post-graduate certificate, diploma or masters in nursing,
- e. offer both theory and significant clinical experience to enable trainees to develop their knowledge, skills, leadership and practice in the specialty area of mental health and addiction nursing,
- f. have a detailed documented curriculum that outlines the purpose, outcomes, content and process, assessment criteria, and assessment methods,
- g. provide learning: clinical, cultural, and leadership development which are underpinned by a programme of professional development specific to the discipline of mental health and addiction nursing,
- h. provide release for trainees from their clinical setting in addition to normally rostered days off to attend formal teaching sessions, and
- i. ensure that trainees receive professional supervision related to their programme of study.

2.1 Learning Environment

The learning environment will ensure that trainees are able to build on their theoretical knowledge and apply that knowledge in the specialty field of mental health and addiction nursing.

The programme will:

- a. be based on recognised nursing standards appropriate for the specialty field of mental health and addiction nursing,
- b. use a competency framework,
- c. be based on established nursing theory and model, and
- d. build a pathway toward a clinical masters in nursing.

2.2 Clinical Placements

Trainees will normally be full-time employees or working at least .6FTE; within publicly funded mental health and addiction services with a minimum of two years clinical experience. Providers of the clinical placements must comply with the Health and Disability Services Standards (NZS 8134.0:2008; 8134.01:08; 8134.02:2008 and NZS 8134.3:2008).

Clinical practice will provide trainees with:

- a. the opportunity to develop clinical leadership in practice skills,
- b. the opportunity to provide nursing care for service users with a range of clinical presentations and settings, and
- c. the opportunity to attend professional supervision.

2.3 Formal Teaching Programme

The formal teaching component of the programme will:

- a. be designed to integrate with, and be relevant to, the trainee's clinical practice and work environment,
- b. be delivered by appropriately skilled and experienced teaching staff,
- c. not exceed sixty (60) points,
- d. not exceed 10 months,
- e. meet accepted standards of practice for mental health nursing,
- f. fit with the Nursing Council of New Zealand Framework for Post Registration Nursing Practice Education (2001)
- g. align with the *Lets Get Real* framework,
- h. provide online resources to support learning,
- i. provide trainees with access to cultural resources and support,
- j. provide trainees with additional academic support as necessary, and
- k. provide access to library resources and contemporary nursing and mental health literature.

2.4 Programmes of study may include:

- a. clinical specialties such as acute mental health nursing,
- b. addictions and coexisting disorders,
- c. age related clinical specialties,
- d. psychological interventions,
- e. pharmacology and pharmacotherapy,
- f. professional leadership, and
- g. other areas which contribute to a clinical masters pathway in mental health and addictions nursing.

2.5 Supervision

2.5.1 Professional Supervision

Professional supervision will focus on supporting and empowering the supervisee to develop their professional leadership role and reflect on clinical practice.

All trainees will:

- a. have a signed supervision contract which will include a provision for issue resolution,
- b. provide evidence that their employer will support access to professional supervision, and
- c. receive either 20 hours professional supervision over the period of a 60 point course of study or a pro rata equivalent number of hours of professional supervision in programmes of study of less than 60 points.

Supervisors will be registered nurses experienced in mental health and addiction nursing, and trained in supervision. They must have an understanding of the Nursing Council of New Zealand's *Competencies for Registered Nurses* (2007), the seven "Real Skills" of *Let's Get Real* and the related performance indicators, and the National Guidelines for the Professional Supervision of Mental Health and Addiction Nurses (2009).

2.6 **Programme Coordination**

Programme coordination tasks include:

- a. selection of trainees,
- b. record keeping, (attendance, assessment),
- c. academic counselling for trainees covering recognition of prior learning and course requirements,
- d. providing advice to trainees on academic pathways that will support trainees' career goals,
- e. coordination of teaching, e.g. study days, teaching timetable,
- f. programme and course evaluation and quality improvement processes,
- g. regular reports as agreed with Te Pou, and
- h. convening and regularly meeting with an advisory group, which shall include representation from service users, Maori, Pacific Island, trainees, industry, and education.

3 **EXPECTED OUTCOMES**

To complete the programme successfully, the trainee will:

- a. meet the theoretical and clinical competence outcomes of the programme, and
- b. successfully complete the programme/paper(s) or course.

4 **ELIGIBILITY**

4.1 **Trainee Eligibility**

Trainees are required to:

- a. meet the education provider's criteria for eligibility to study at Level 8 of the NZQA framework,
- b. meet the requirements of the Health Practitioners Competence Assurance Act 2003,
- c. be a New Zealand resident,
- d. have a current Nursing Council of New Zealand Practising Certificate,
- e. be employed at least 0.6FTE in a publicly funded mental health and addiction service, and
- f. complete the course in one year, or over two academic years, at the discretion of the training institution.

4.2 **Provider Eligibility**

Providers are required to:

- a. be accredited as a provider of postgraduate nursing education, and
- b. provide a clinical masters programme recognized by CUAP or NZQA, and the Nursing Council of New Zealand.

5 **LOCATION AND SETTING**

The clinical component of the programme will be offered predominantly within the trainee's employment environment. Clinical placements outside the trainee's employment setting may also be offered to allow for learning not available in the usual area of employment e.g. NGO setting. The theoretical component will be delivered predominantly in an educational setting.

6 **ASSOCIATED LINKAGES**

Providers will have established relationships with:

- a. the Nursing Council of New Zealand,
- b. other relevant mental health and addiction nursing programmes,
- c. other relevant mental health and addiction training programmes,
- d. current employers of nurses on the training programme,
- e. relevant professional organisations, and
- f. regional mental health and addiction networks

7 **QUALITY STANDARDS: PROGRAMME SPECIFIC**

7.1 **Quality Standards**

In addition to all other quality requirements in the contract, each training provider will demonstrate their commitment to quality improvement by:

- a. maintaining a quality improvement plan to monitor, evaluate and improve the quality of the training programme, and

- b. having an appropriate complaints process available to trainees and other personnel involved in the programme

7.2 Trainee Outcomes

- a. A preliminary evaluation of the trainee's level of clinical competence will be completed. From this a plan for the regular evaluation of the trainees' performance and progress will be developed in agreement with the trainee. This plan and commentary will be available to the trainee and the funder.
The evaluation plan will allow for guided self-assessment, clinical supervisor assessment, programme co-ordination, cultural supervision (where appropriate) and peer audit.
- b. A trainee outcome will be to recognise and understand Tikanga Maori and cultural responsive input in to mental health and addiction services.
- c. To complete the programme successfully the trainee will meet the theoretical and clinical competence outcomes of their programme.

7.3 Programme Evaluation

Providers will have a quality assurance plan to monitor the effectiveness of the programme/paper/course both during and on completion of the programme/paper/course. This plan will incorporate regular feedback from trainees and will:

- a. ensure that those supervisors who accept a clinical supervision role are clear about the requirements of the role,
- b. regularly evaluate the effectiveness and feasibility of the clinical supervision process,
- c. monitor the applicability of the theoretical programme and its effectiveness,
- d. monitor assessment practices to ensure that trainees receive formal and informal feedback on their progress, and that their assessment is fair, consistent and valid,
- e. ensure that all protocols and processes associated with assessment/monitoring and programme related complaints are made explicit to all parties,
- f. ensure there are processes in place to identify trainees who require additional support and appropriate action is taken, and
- g. include input from Maori, Pacific Island and other appropriate cultural advisors on the ability of the programme to meet the cultural needs of trainees and consumers.

8 REPORTING REQUIREMENTS

All other reporting requirements are set out in Schedule D of the contract.