Monitoring Clinical Progress and Identifying Red Flags

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Context - Basic University Preparation Pre -Clinical

Slight variations between 3 universities

Essentially

- Intro to MCH & KAS framework

- Physical assessment

- Child Development and Growth

- Maternal wellbeing

- MCH screening Tools e.g. Hip assessment, PEDS

Clinical Experience

- Clinical experience is an opportunity to apply theory learning to MCH clinical practice.

- Placement extends nursing and midwifery knowledge and begins learning in a new field of clinical practice.

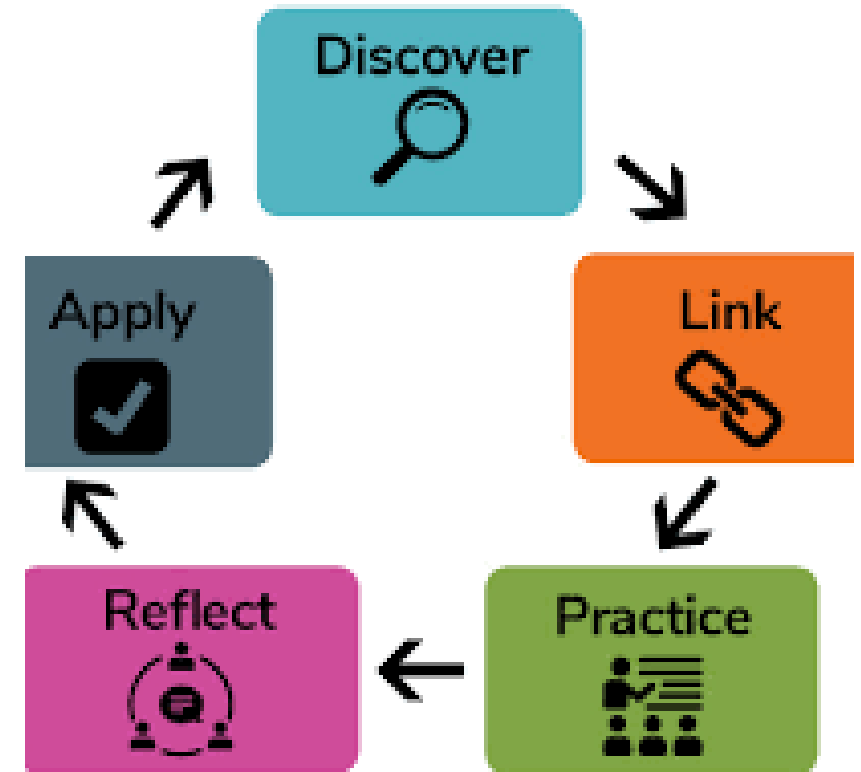# Learning and Postgraduate MCH Students

We all learn differently

- Different learning styles
- Different rates of learning / growth

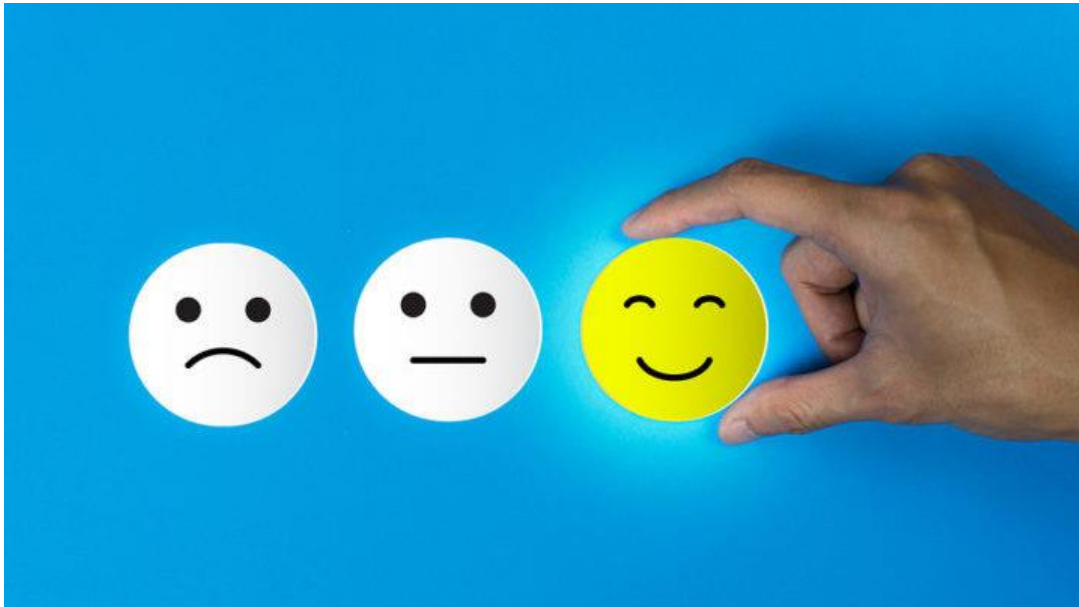**What is a positive learning environment in a MCH centre?**

- Respectful
- Inclusive
- Supported
- What else do you think?

  Post a note in the chat ……….
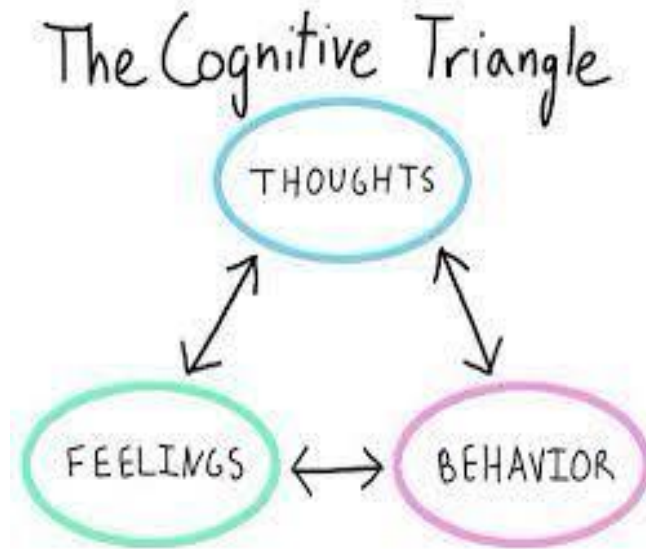
As MCH Nurses
-What factors affect your working and teaching?

- Experience
- Attitude
- Beliefs

- What else do you think?

Post a note in the chat ………..

Factors Influencing Learning

- Relaxed
- Comfortable
- Respected
- Confident
- Supported

The Cognitive Triangle

THOUGHTS

FEELINGS ←→ BEHAVIOR

- Tense
- Uncomfortable
- Put down or not valued
- Overwhelmed or intimidated
- Vulnerable or undermined

Monitoring Clinical Progress - Context

- Check where the student is in their level of progress through clinical placement.

- MCH is a one-year full time course, but many students complete it part-time.

- 300 hours min clinical

- Consider 25% - 50% - 75% completed

MCH Competencies

- **VAMCHN competencies** (2010) are the basis of clinical assessments:
  - Mid Placement 1
  - Final Placement 1
  - Mid Placement 2
  - Final Placement 2

- **Assessment of Competencies is assessed in terms of Bondy scale**.
  - Dependent
  - Supervised
  - Assisted
  - Proficient
  - Independent

Professional Standards & Procedures

Quality of Performance

Assistance Required

Monitoring Progress - Clinical Tool

Learning Objectives

- Discuss student's current learning objective/s

- Progress with achieving this ?

- Previous learning objectives ?

- Are the objectives SMART & realistic?

Clinical Tool - Key and Stages Consultations

Student logs

- Observation

- First attempt

Preceptor & Student agree

- Competency

- Have 300 hours of clinical

Reflective Comments completed by Student

Communication – Part of all Activities

- Respectful
- Professional
- Language pitched appropriately
- Uses a good mix of open & closed questions
- Listens actively
- Uses clarification, reflection etc
- Uses minimal prompts to elicit further details.
- Non-verbal communication congruent

Clinical Tool – Full Physical Assessment

- Systematic top to toe assessment
- Examine all systems
- Identify normal findings
- Identify variations from normal
- Timely
- Documentation
- Skill developing over time

# Clinical Tool – MCH Screening and Other Tools

- DDH
- Maternal Wellbeing
- MARAM
- EPDS
- PEDS
- Brigance
- Strabismus
- Sleep Intervention
- Mouth Check
- MIST

- **Beginning**

- **Developing**

- **Consolidating**

- **Achieved**

Documentation

- Students start as beginners unfamiliar with CDIS

Does the student:

- Read existing notes before consultations?

- Have a reasonable typing speed?

- Follow guidance?

- Use heading structure as per Documentation Guidelines?

- Include key points and is succinct and timely?

- Progress along the continuum of not knowing to gaining skill and competence.
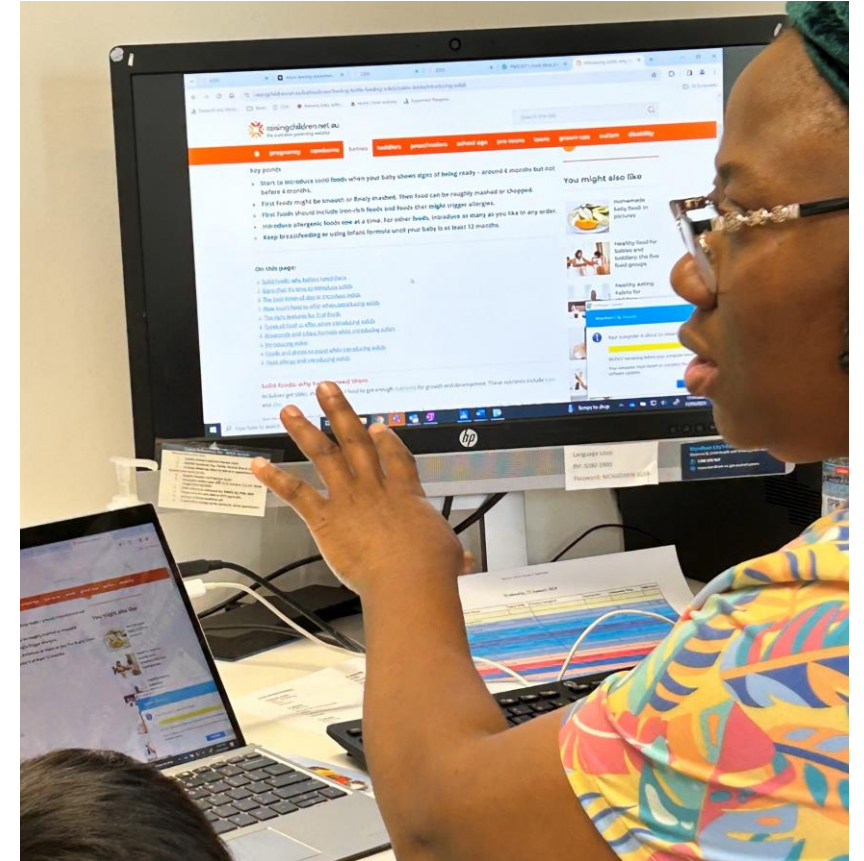
Summary – Monitoring Progress

- Is the student moving forward with skills?

- Is the student having enough opportunity and support to progress forward.

- Balance between opportunity to practice and being overwhelmed trying to do multiple new things.

Red Flags

- 'Dependent' rating on Bondy Scale - Unsafe. Needs continuous verbal and physical cues

- Slow progress relative to opportunity.

- Progress is slow when 40% of clinical hours are completed.

- Communication is poor, and not improving after mentoring.

- Difficulty engaging with parents or children.

- Knowledge of physical assessment, child development or nutrition remain poor after completing 40% clinical.

- MCH screening skills don't progressively develop after education and practice eg Psychosocial screening, PEDS, MIST, Brigance.

- Performance of most activities requires a prolonged time period.

Red Flags - Action

- Discuss behaviour , knowledge or skill with MCH student.
- Specifically identify required behaviour / knowledge or skill.
- Encourage student to follow this up with study and practice.
- If not resolved promptly, discuss with University Coordinator.
- University can assist student with learning support.
- If appropriate this may include a learning Support Plan.

Common University Student Support Process

For Students not Meeting Learning Expectations

1. **The Preceptor or MCH Coordinator to advise the student's university coordinator of concerns about a student's learning.** *An early stage allows support strategies to have time to take effect.*

2. **The university coordinator to respond promptly to <u>discuss and clarify</u> the Preceptor or Coordinator's concern.**

3. **The university and council staff will explore the specific concern and develop a management plan according to the needs of the situation.**

4. **Learning Support Process**

Learning Support Process

- Discussion / Counselling

- Learning Activity

- Learning Support Plan

- Clinic Visit

- Observation of Student Consultations

- Extension of Clinical Time

Learning Support Plan

- This is a structured, individualized learning plan

- Addresses specific learning concerns a preceptor has for a student during clinical placement.

- A LSP is based on clinical observations and developed to support the student in achieving competency in the key areas identified.

- Prepared collaboratively - by the university coordinator, the preceptor / MCH team leader and student .

- Promotes collaboration & transparency, and included in e student's clinical tool.

Learning Support Plan

- Includes distinct objectives, strategies and evaluation outcomes to meet each area of concern -based on VAMCHN Standards of Practice.

- May require additional clinical placement days and private study to achieve competency.

- Satisfactory completion of the LSP will support the development of clinical competence.

- Limited period (e.g. up to 2 weeks)

- Review progress frequently during this timeframe (Student and Preceptor or University coordinator).

- Competency is reviewed at the end of the set period against the identified evaluation strategy.

- If concerns about the student's competency persists, these are to be communicated to the university coordinator at the earliest instance.

Learning Support Plan

VAMCH Standard	Area of Concern	Objective	Strategies	Evaluation	Completion Date

Learning

https://kajabi-storefronts-**pro**duction.kajabi-cdn.com/kajabi-storefronts-production/blogs/34246/images/juLiTgGrRnCsca2tltEU_Progress.jpg

Monitoring clinical progress & Identifying Red Flags.

- This is an important part of supporting students in their learning.

- Assessment of progress can be monitored using the Bondy Scale

- It can also be monitored by checking progress with Clinical Tool eg
  - Learning Objectives
  - KAS Assessments & reflection
  - Communication
  - Physical Assessment skills
  - Use of MCH Screening tools
  - Documentation

Red Flags and Learning Support Process

Red Flags have been discussed.

- Essentially, they indicate excessively slow progress or inappropriate behaviour.

- The universities have developed a Common Learning Support Process.

- In the first instance, speak with your student.

- However, if that is not helpful or not feasible -
  - Please contact the University Coordinator to discuss your concerns or questions.

- We have worked with over 1000 students, and our goal is to support both you and the students.

Contact Details

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Step by Step