

RMIT Classification: Trusted

Monitoring Clinical Progress and Identifying Red Flags



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Wednesday 28 Feb 2024 - Online
Thursday 29 Feb 2024 – RMIT City
Wednesday 13 March - Online



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Context - Basic University Preparation Pre -Clinical

Slight variations between 3 universities

Essentially

- Intro to MCH & KAS fwk
- Physical assessment
- Child Development and Growth
- Maternal wellbeing
- MCH screening Tools eg Hip assessment, PEDS

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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.



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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?

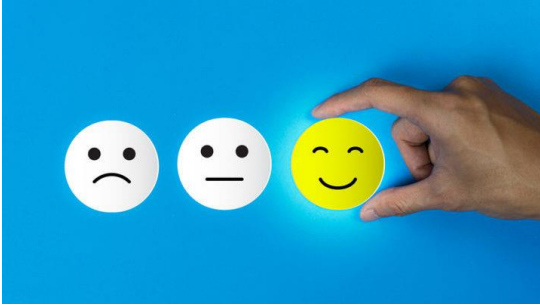
Post a note in the chat



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As MCH Nurses

-What factors affect your working and teaching?



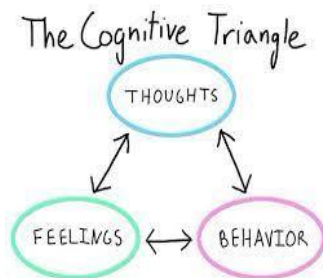
- Experience
 - Attitude
 - Beliefs
- What else do you think?
Post a note in the chat

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Factors Influencing Learning

- Relaxed
- Comfortable
- Respected
- Confident
- Supported



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

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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.
 - 1st semester clinical – 6 mos (1 year)
 - 2nd semester clinical – 6 mos (1year)
- 300 hours min clinical
- Consider 25% - 50% - 75% completed



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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

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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?



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Clinical Tool - Key and Stages Consultations

Student logs

- Observation
- First attempt

Preceptor & Student agree

- Competency
- Have 300 hours of clinical – so don't sign very early.

Reflective Comments completed by Student

- What did I do well?
- What could be further developed / improved on?



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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



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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



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Clinical Tool – MCH Screening and Other Tools



- DDH
 - Maternal Wellbeing
 - MARAM
 - EPDS
 - PEDS
 - Brigance
 - Strabismus
 - Sleep Intervention
 - Mouth Check
 - MIST
- **Beginning**
 - **Developing**
 - **Consolidating**
 - **Achieved**

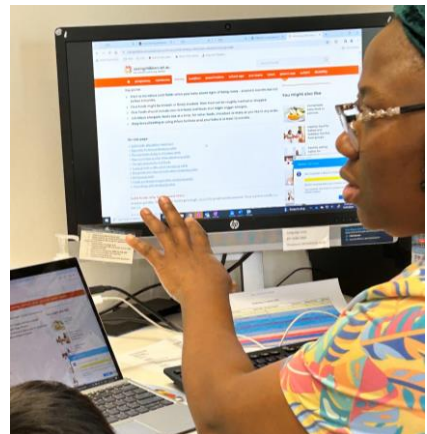
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Documentation

- 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.



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Summary – Monitoring Progress

- Similar to infants and young children, MCH students should progressing develop skill in a range of domains.
- 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.



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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.

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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.

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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 discuss and clarify 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**

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Learning Support Process

- Discussion / Counselling
- Learning Activity
- Learning Support Plan
- Clinic Visit
- Observation of Student Consultations
- Extension of Clinical Time



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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.

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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.

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Learning Support Plan

VAMCH Standard	Area of Concern	Objective	Strategies	Evaluation	Completion Date

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Learning



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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

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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.

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Contact Details



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Step by Step

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