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Te Kuratini o Waikato

A COVID-19 Rapid Response:
Evaluating an interRAI telehealth placement for final year nursing students

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Contents

Executive summary:

This research study evaluates a novel 'telehealth' clinical placement undertaken by final-year Wintec Bachelor of Nursing students in 2020. These students, after training from the appropriate organisations, contacted and undertook health and wellbeing assessments for 'at-risk' older people across the Waikato Region during the national COVID-19 lockdown. This represented the first example of telehealth approved by the Nursing Council of New Zealand as a student clinical experience.

Even prior to the pandemic, demand for the interRAI assessments used to assess need in the aged care and disability sectors across New Zealand had seen 'annual' assessments being conducted at intervals of up to three years. This included in the Waikato Region, where up to 2,000 frail community-dwelling elderly had not been assessed in three years or more. The COVID-19 pandemic and the level four lockdown beginning in March 2020 made it increasingly urgent that these vulnerable community members had an updated assessment and wellness check.

The initiative, a collaboration between Wintec, Massey University, and the Waikato District Health Board Older Persons Health Service, involved nineteen (19) final year, 5th-semester students in the Wintec Bachelor of Nursing programme. Students had their initial assessments supervised by an interRAI-NZ Registered Nurse (RN) educator to confirm they were competent before undertaking telephone assessments and were supervised and mentored by Wintec academic staff members who themselves had completed interRAI training. Older persons undergoing assessment received followup welfare checks, had their whanau/family or GP contacted, or were referred to appropriate services as necessary.

This evaluation of the initiative involved tutors and students completing a reflective questionnaire before the placement and being engaged afterward in interviews or focus group discussions. . In addition to interviews, students kept a reflective diary during the clinical experience and completed a post-placement questionnaire. Diaries and interviews were analysed using a constant comparative analysis approach consistent with grounded theory, and quantitative post-placement survey data analysed using descriptive statistics.

Results reveal several key themes highlighting the importance and lessons from this initiative, including tackling COVID-19; implementation requirements; nursing competencies; provider relationships, and community insights. More broadly, they demonstrate the viability and importance of telehealth placements in nursing programmes and provide learnings for those seeking to replicate such placements, especially in the context of constrained health systems and growing health challenges.

The initiative led to increased student interest in aged care, as well as growing confidence in engaging therapeutically and undertaking clinical assessment of older people. Qualifying as interRAI assessors and gaining experience in the field enhanced graduate work readiness. Telehealth placements and qualification as an interRAI assessor are recommended as future additions to New Zealand nursing education programs.

The COVID-19 pandemic and the level four lockdown made it increasingly urgent that these vulnerable community members have an updated assessment and wellness check.

Background

The emergence of COVID-19, and the Level 4 national lockdown New Zealand entered on 25 March 2020, made clear the challenges facing many frail older people living at home. In 2002 New Zealand adopted the policy directive Ageing in Place, which aims to support older citizens' wellbeing in their choice of home and to remain living at home as opposed to residential care settings (Davey, 2006). Such policies are sound, and the preferred option for many older people, but did mean that a large group of people, some of the most frail and vulnerable, entered the lockdown period particularly at risk. Lockdown limited access to the supports normally delivered through local health and care providers, family/whānau, and local communities. This placed a group of people, already at risk from the novel coronavirus itself, at greater risk of injury, exacerbated health problems, and social isolation and loneliness.

Care for these people, which may include personal care (e.g., getting out of bed, showering, dressing, medication management) or household support (e.g., cleaning, meal preparation), is provided for most people through District Health Boards (DHBs). Older people finding themselves less able to cope on their own are referred or refer themselves to a DHB Needs Assessment Service Coordination (NASC) agency to be assessed for support services (Ministry of Health, 2018). Assessment is via interRAI, a suite of clinical assessment instruments that were developed by an international consortium of experts and are mandatory in New Zealand (interRAI New Zealand, n.d.). InterRAI assessments are comprehensive and validated assessments, which focus on a person's function and can form the basis of a care plan. Amongst the assessments used in New Zealand are the Contact Assessment (a triage or tracking assessment for those with less complex conditions) and the Home Care Assessment (a more comprehensive assessment for older people in the home).

Due to demand, the Needs Assessment Service Coordinators responsible for undertaking these assessments in each DHB had often only been able to undertake repeat assessments at long intervals, of up to three years. Importantly, those undertaking assessments must be registered nurses and require training and approval from interRAI RN educators, a team based with Technical Advisory Services (TAS). This team trains and ensures assessors reach and maintain required competency levels (interRAI New Zealand, n.d.). Delays in assessment have been more of an issue in some DHBs than others, but no DHBs were up to date with assessments when New Zealand entered into Level 4 lockdown (Heyward et al., 2020; see Appendix 1). COVID-19 and the national lockdown also made it clear that older New Zealanders receiving home care required greater focus and attention and more assessments needed to be undertaken.

Nursing is a practice-based profession and to qualify for registration students are required to complete 1,100 hours of clinical experience (Nursing Council of New Zealand, 2015a). In the interests of safety, however, Ministry of Health policy during the national lockdown was that students were only deemed essential workers and were able to leave home for work if they were carrying out essential tasks or services (see Appendix 3). As few students would meet this requirement, nursing education programmes and their clinical practice partners were "under extraordinary pressure to minimise the inevitable disruption to student learning during the pandemic" (New Zealand Nursing Council, 2020).

From the early stages of the pandemic, key stakeholders worked closely together to enable nursing students to continue their programmes of study, graduate, and register with a minimum of disruption. Attention was given to involving nursing students in delivering telehealth to older New Zealanders. Telehealth, as defined by the New Zealand Telehealth Resource Centre (2021), is "the use of information or communication technology to deliver health or medical care from a distance". It has been increasingly used as a delivery mode in New Zealand since it was introduced some decades ago but for obvious reasons saw a marked uptick during the COVID-19 lockdown (New Zealand Doctor, 2021). Telehealth delivery, while not previously approved by the New Zealand Nursing Council as constituting clinical experience, could allow students to meet clinical experience requirements at home while providing necessary support for older people in need of assessment.

The Initiative

As New Zealand entered a snap lockdown, and the health and social support service status of many of the frail older people living in the community was unknown, staff at Waikato District Health Board (DHB) and Massey University School of Nursing conceived a novel telehealth placement proposal: "The management of community-dwelling frail older people with complex conditions during the COVID-19 pandemic." Intended for third year (i.e., final year) undergraduate nursing students, the initiative was outlined in detail in a proposal to the New Zealand Nursing Council dated 27 March 2021 – just days after New Zealand had moved to Alert Level 4, a state of emergency had been declared, and the entire nation was plunged into state-mandated isolation (New Zealand Government, 2021).

The interRAI telehealth proposal was authored by Sue Hayward (Chief Nursing and Midwifery Officer, Waikato DHB); Professor Matthew Parsons (Clinical Chair in Gerontology, Waikato DHB); Cheryl Atherfold (Deputy Chief Nurse - Practice and Education, Waikato DHB); Chris Baker (Nurse Co-ordinator Practice Development - Cultural Support (He Ahuru Mowai), Waikato DHB); Professor Nicolette Sheridan (Head of School – Nursing, Massey University) and Dr Claire Minton (Programme Director – Bachelor of Nursing, Massey University). A full copy of the proposal is included in Appendix 1.

The proposal to the Nursing Council outlined an approach for supporting some of the estimated 60,000 older people receiving home care nationally. Nursing students, trained by interRAI-NZ educators, would work remotely from their own homes, using their own PCs, to undertake interRAI Contact Assessment reviews via telephone. The interRAI assessment is intended to be used for home and community people with non-complex needs and primarily serves to provide triage or screening for potential future action. The assessment is designed to be conducted either face-to-face or via telephone[1] and takes 40-60 minutes to complete. Assessment results aggregate into a combined score on an urgency scale, and any clients who score 4 or more on the scale must be followed up with a Home Care assessment (interRAI New Zealand, 2020). In this initiative, the interRAI Contact Assessment could be supplemented with additional local content/questions determined by the local DHB.

An important precondition for the initiative was that interRAI (a dedicated organisation with a global presence) approved students undertaking assessments. Under usual circumstances, assessments are undertaken only by health professionals. In New Zealand, assessors must hold a current New Zealand Annual Practicing Certificate (APC) or their health discipline equivalent.[2] Given additional demand during the COVID-19 pandemic, interRAI International agreed that assessors would not have to meet this criterion and could have a range of prior learning experiences. interRAI New Zealand granted permission for student nurses to undertake the assessment "under the direction and delegation of a Registered Nurse or Nurse Practitioner." Training and security would be provided by interRAI RN educators.

Nursing students, trained by interRAI-NZ educators, would work remotely from their own homes, using their own PCs, to undertake interRAI Contact Assessment reviews via telephone.

[1] International studies have confirmed the validity and reliability of the assessment including over the telephone and using it via telephone is common practice in some DHBs (interRAI New Zealand, 2020).

[2] The exception being Enrolled Nurses who may assess 'under the direction and delegation of a registered Nurse or Nurse Practitioner'.

The planned programme was discussed by national nursing leaders including the Ministry of Health Chief Nurse, the Nursing Council of New Zealand, Nursing Education in the Tertiary Sector (NETS) Aotearoa New Zealand, the Council of Deans of Nursing and Midwifery (CDNM), and representatives of the DHB Directors of Nursing on 24 March 2020. Relevant organisations arranged the necessary technology and support systems to allow the initiative to occur. After careful consideration by the Nursing Council (see Appendix 2), approval was granted to enable this experience to constitute a clinical placement learning experience supervised by their school's nursing academic staff. This was confirmed in a letter addressed to Professor Matthew Parsons by Catherine Byrne (CE/Registrar) dated 16 April 2020 (Appendix 4), which noted that:

> *The Council looks forward with interest to being informed of the outcomes and the evaluation being developed... The information could contribute to future discussions in relation to the place of telehealth in clinical experience.*

Evaluation was recognised as an essential aspect of the initiative, as this represented the first-time telehealth delivery had been approved as a nursing clinical placement in New Zealand. A letter from Sue Hayward (Chief Nurse - Waikato DHB) dated 23 April 2020 (Appendix 5) updated DHB Directors of Nursing across New Zealand regarding the project. Wintec's formal participation in the programme was requested by Cheryl Atherfold (Deputy Chief Nurse – Waikato DHB) in a letter dated 28 April 2020 (Appendix 6).

The initiative involved voluntary student participation, with nursing schools identifying and providing supervising academic staff. Participating students required access to a personal computer and phone/voice over internet protocol functionality. Importantly, students did not leave their own homes and thus did not require formal 'essential healthcare worker' classification and the associated lockdown exemptions under Alert Level 4. Ministry of Health policy (Appendix 3) on essential worker designation for students undertaking placements was that "Students undertaking a placement as part of completing their academic programme are considered to be essential workers if, and only if, they are carrying out an essential role or tasks in an essential service" [emphasis in original] and that "Simply participating in routine, ongoing training – even if based in a designated essential service – does not in itself make a student an essential worker. That is, they must also be carrying out an essential role or tasks as a part of their placement" (Ministry of Health, 2020, p. 1). Under this policy, most nursing students on placement were not designated essential workers and their placements were discontinued until Level 4 restrictions could be lifted.

Participating nursing schools nominated a coordinator (in Wintec's case, a full-time academic staff member and four other clinical nurse educators, all registered nurses). Staff and students involved were required to obtain the requisite software (Momentum) and provided the necessary permissions/logons. They were then provided training in Contact Assessment by interRAI RN educators (self-directed learning supplemented with 3 hours of training via Zoom). The training covered how to access the software system, how to manage client records, the assessment tool/codes, how to read and interpret assessment information, and how assessments are used to support clinical decision making (interRAI New Zealand, 2021). Following successful training, trainees had their first 4 assessments reviewed by the interRAI RN educator before being judged competent to assess. It is important to note that in Wintec's case each of the clinical nurse educators involved in the project also undertook this training and became approved assessors.

Students were grouped in cohorts and allocated a clinical nurse educator to provide appropriate support and supervision. Supervisors were provided access to all client assessments completed by students they were supervising. Following approval from an interRAI RN educator to assess community-dwelling clients, students were allocated (initially 10) community clients to locate (via NHI) in the software system, contact via the phone number recorded, and invite them to undertake the assessment. Wintec students were allocated clients within the Waikato DHB catchment area. Clinical nurse educators stayed in close contact with students in their cohorts via

Zoom, discussing and reviewing cases. In the Wintec context, each supervising clinical nurse educator was involved with 4-5 students. Students were instructed to contact them, interRAI or DHB contacts to discuss any challenges or issues while undertaking assessments, which could be suspended (with clients' permission) while the student sought advice from their assigned clinical nurse educator.

As a guide for calling clients, students were provided a standardised series of questions to include in the assessment (the interRAI Contact Assessment and Waikato DHB's own 'hauora, health, wellbeing, welfare check'). The assessment essentially updated any interRAI assessments clients had previously undertaken, with students updating any of their previous records when told things had changed for them or their circumstances. Where issues or problems were identified, students were required, in consultation with their allocated clinical nurse educator or interRAI educator, to refer clients to appropriate services. This was usually through the local DHB's Needs Assessment and Service Coordination (NASC) organisation, which assesses need and coordinates the disability support services funded by the DHB (Ministry of Health, 2011). Students liaised with other agencies/providers and family and whānau as required, particularly where the assessment suggested clients required support. Students were instructed to attempt phone contact three times before escalating the case for the individual to be followed up.

Students liaised with other agencies/ providers and family and whānau as required, particularly where the assessment suggested clients require support.

The initiative was structured as a clinical practicum (details of the Wintec module students were involved in are detailed below as Appendix 16)[3]. Students thus had various placement paperwork requirements. They were required to maintain a running record that logged all activities undertaken during the clinical experience and captured their reflections on this. There were also various supervisory requirements. These included Zoom conversations between clinical tutors and student cohorts, including pre-training conversations addressing the placement and the development of NZNC competencies. Student cohorts met with clinical nurse educators via Zoom several times per week for tutorials/discussion regarding the placement and met individually with these supervising clinical staff at least once per week to discuss how they were meeting the placement requirements and demonstrating competencies. The time students spent involved in this experience counted towards the 240+ clinical placement hours required to complete the module in which they were enrolled. Completing the module also required students submit two written reflective assessments related to their clinical experience. This included a reflective essay related to culture and a broader final reflection on how they had demonstrated NZNC competencies during the placement. These reflections could relate to this initiative or any other placement setting the students were involved in.

[3] Indicative details of the initiative structure as undertaken at Massey University may also be of interest. A 'Students Guide to interRAI placement' and 'CTA Guide to interRAI and Working with Year 3 Nursing Students' are provided below as Appendix 17 and 18.

Methodology

As noted above, in approving this initiative, the New Zealand Nursing Council expressed a desire for a detailed evaluation of the project, noting that this "information could contribute to future discussions in relation to the place of telehealth in clinical experience" (see Appendix 4). Wintec joined the initiative in April 2020 and at this time the Centre for Health and Social Practice undertook to undertake a formal evaluation. From the outset, it was recognized that it was important to have a separation between delivery and evaluation of the programme, which was therefore delivered by the undergraduate nursing team and evaluated from the office of the Centre Director with input from the postgraduate nursing team. The evaluation sought information about the experience of both involved students and tutors participating in the initiative.

An application for the necessary ethical approval for data collection was made to the Wintec Human Ethics in Research Group (HERG) on 28 April 2020 (Appendix 7), and approval was obtained from the Chairperson of the Committee in a signed letter, reference number WTLR19020520, dated 13 May (Appendix 8). Institutional approval was also required at Wintec for research involving staff or students, and this was sought and obtained on 29 April 2020 (Appendix 9).

The research sought evaluative educational and logistic evidence to inform collaborating partners, namely Waikato District Health Board (DHB), interRAI-NZ, and the New Zealand Nursing Council about the experience and lessons resulting from this New Zealand-first telehealth nursing student placement. It had three main aims:

- To assess and evaluate nursing student experiences of a novel telehealth placement during COVID-19 lockdown conditions;
- To assess and evaluate nursing faculty experiences supervising students in such an initiative; and
- Identify the key lessons learned to inform future telehealth clinical placement design for nursing students.

While the initial intention was to include consumer perspectives in this evaluation, this was not possible as New Zealand DHBs paused research activity with a halt on health service ethics committee approval activity during the national level four COVID lockdown.

Given the intention was to discover in-depth learnings around a single event, a case study method was adopted (Stake, 2005). This approach allows researchers to develop an in-depth understanding of a unique, previously unexplored phenomenon as well as the wider organizational and structural context (Gomm, Hammersley, & Foster, 2009; Yin, 2013). Data collection followed a multi-staged, mixed-method design (Fetters, Curry & Creswell, 2013), whereby multiple stages of qualitative and quantitative data collection were carried out, as illustrated in Figure 1.

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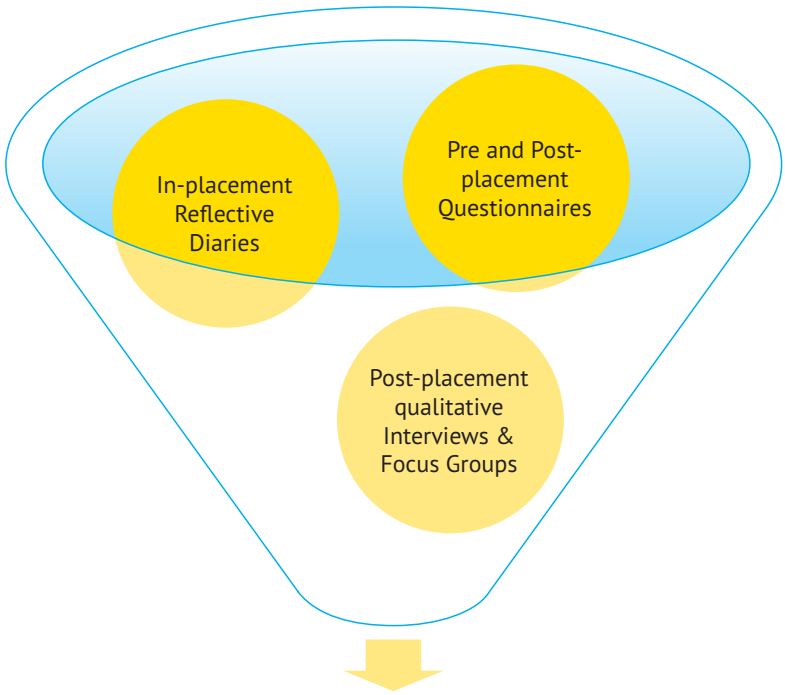


Figure 1: Data Sources Evaluating Telehealth Placement Experience

To ensure the evaluation was as comprehensive as possible, data were collected from both students and staff.

To ensure the evaluation was as comprehensive as possible, data were collected from both students and staff. The following describes the various data collection activities:

1. Pre-placement qualitative data were collected from staff and students via open-ended surveys comprising 6 questions (Appendix 12). Questions were worded slightly differently for staff and for students to recognise their different positionality, though were essentially the same, relating to anticipated outcomes (for example, one question asked students "How do you see this project developing your practice in various areas?" and staff "How do you see this project developing students practice in various areas?"). The anonymous surveys were undertaken using Qualtrics™ software (Provo UT, USA) and were completed by 17 of the 19 involved students and all five academic staff involved in delivering the programme.

2. Qualitative data was also gathered via post-placement focus groups and interviews, undertaken separately with students and staff (Appendix 15-16). These discussions, led by a member of the research team in the month following the completion of the initiative, invited students to share their experiences and perspectives via a range of open-ended, evaluative prompts. Participants chose whether they would like to be involved and whether they would prefer an individual or group format. Discussions were audio-recorded and transcribed verbatim, with identifying information removed. In total, 6 of the 19 involved students took part, with one focus group held with four students and individual interviews with a further two students. Four of the five academic staff completed individual interviews.

3. Post-placement quantitative data was collected from students via a survey conducted using Qualtrics™ software (Provo UT, USA) in June 2020. The survey instrument used was the Satisfaction with Telehealth Experience Scale (STES), which was developed by the researchers for this project with an overall design modelled on the Satisfaction with Simulation Experience Scale (SSES, see Levitt-Jones et al., 2011) with some questions adapted and customized for the Aotearoa New Zealand context (Appendix 14). The scale comprised 33 questions in seven sections: professional responsibility, management of nursing care, interpersonal relationships, interprofessional healthcare and quality improvement, preparation for the telehealth experience, implementation of the telehealth experience, and clinical learning. All questions used a Likert Scale – strongly disagree, disagree, unsure, agree, or strongly agree.

4. Further qualitative insight into the experience was collected via the reflective diaries completed by students as part of the assessment for the clinical module for which the telehealth initiative provided a requisite placement (see Appendix 16 for module details). Students gave permission for the researchers to obtain copies of these reflections (with personal identifiers removed). Such reflective writing is common in undergraduate nursing education (Mallik, 1998) and is recognized by the New Zealand Nursing Council (2015b) as a key tool for making sense of professional practice experiences – what has been done well and what could be improved on. The diaries thus offered an excellent data source for this evaluation.

The qualitative sources (open-ended surveys, interviews, focus groups, and reflective diaries) were analysed collaboratively by the research team drawing on data analysis principles associated with grounded theory (Glaser & Strauss, 1967). More specifically, a constant comparative approach was utilized, whereby categories, relationships, and patterns were collaboratively discerned, inductively compared, and integrated by the research team. Results from the post-placement survey are presented descriptively using tables and graphs.

Findings

Thematic analysis of the qualitative data collected from staff and students prior to and following the experience showed consistent themes. These were, tackling Covid-19; implementation requirements; nursing competencies; provider relations; and community insights.

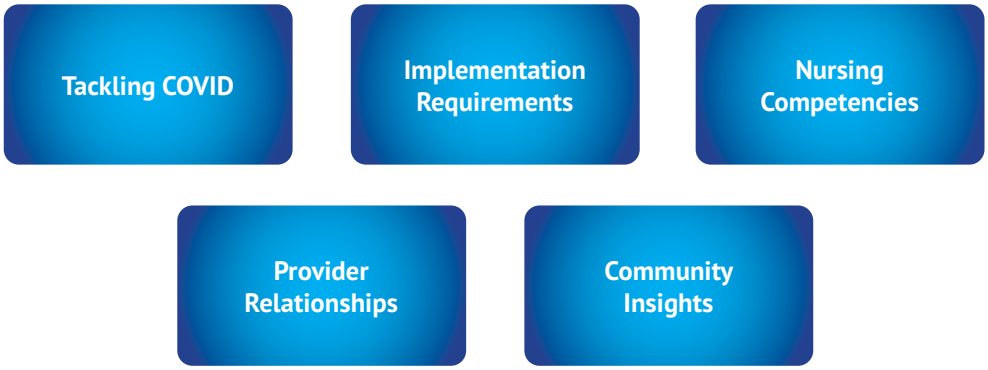


Figure 2: Consistent themes drawn from student and faculty qualitative data

Each theme highlights the importance of and lessons to be taken from this novel experience and each is discussed in detail below. Given the range of available sources, the following codes have been used to identify sources through this discussion. 1) Staff pre-placement survey = pre-placement qualitative staff survey (total 5 surveys 1-5). 2) Student pre-placement survey = pre-placement qualitative student survey (total 17 surveys 1-17). 3) Student diary = student diary log of tasks completed during initiative (total 18 diaries 1-18). 4) Staff post-placement = post-placement staff interview (total 4 interviews 1-4). 5) Student post-placement = post-placement student interview (total 2 interviews 1-2) or focus group (1 focus group).

The initiative was therefore planned and executed rapidly, with initial details scarce.

Tackling COVID

While the risks posed by the emerging Covid-19 global pandemic were increasingly recognized in early 2020, the rapid move to full community quarantine – 'lockdown' – surprised many. When the national intense stay-at-home order ('lockdown') began, preparations were not necessarily well advanced, and this only exacerbated concerns around the significant number of community-dwelling older people who had not had a needs assessment for a considerable period. The initiative was therefore planned and executed rapidly, with initial details scarce:

> *...we had a zoom meeting where [our tutor] said, "Here's an opportunity, the DHB have said that we're allowed to get students in to do the inter-I assessments, and if you want to do it, sign up; you've got until the end of the week to sign up," and that's all we were told at that stage. We weren't told anything else. And I don't think it was anyone's fault, per se, because no one really knew what was involved. I don't know where the information was coming from, from the DHB to Wintec to us. So I signed up because I wanted to get my hours done and I didn't want to have to push out my degree any further, finish later, finish next year, but I do feel like I signed up blind a little bit and I do think others feel the same as well.*
> [Student post (focus group) 1]

With interRAI assessments or telehealth not having been involved in nursing placements previously, students and staff had little previous experience.

> *It was new for everybody.*
> [Staff post (interview) 2]

The necessity of responding rapidly amid a fast-moving pandemic situation meant preparation time was limited. Students and staff faced pressure coming up to speed with a new method of health delivery.

> *I thought in terms of the preparation, I don't know if it was just because of the situation around Covid as well, we were kind of chucked into it. It was a lot to learn in a really short amount of time, but it could just because one week we're on placement, the next week we were all on lockdown. So I'm not sure if that would have been different if we were to do placement when we weren't going into a pandemic kind of thing.*
> [Student post (focus group 1]

Completing the mandatory formal training for completing interRAI assessments is challenging, and especially so in a time-constrained lockdown environment. This training had previously been provided only to registered health professionals, so that eighteen of the nineteen originally involved students completed training and became approved assessors is a testament to the knowledge and determination of third-year nursing students. Given the pressures involved two students were forced to withdraw. These students were provided support.

> *As discussed yesterday on the phone I have been having an incredible amount of trouble with the interRAI programme. This programme has caused more stress on myself and my family than anything else in the entire nursing degree. I have tried my best to stick it out and try to keep working at it but I feel because of the stress, I need to opt-out without completing my ten assessments. I am aware these assessments are legal documents and I do not feel confident I can make the right decisions for these vulnerable clients lives.*
> [Student diary 8]

> *I find it very hard and stressed about InerRAI. I just finished training and attended the exam three times. But I didn't pass the exam. I am not confident enough to do the rest of the InterRAI.*
> [Student diary 19]

"It was a lot to learn in a really short amount of time, but it could just be because one week we're on placement, the next week we were all on lockdown..."

Faculty recognised the challenges that the necessarily short (and 'virtual') preparation and training period placed on students. One pointed out how a longer familiarisation period would have been preferable.

> *I do think it needs a longer run in, because we were under a lot of pressure to get it all done in a very short period of time. But no one knew what was going to happen. No one knew how we long we were going to be locked down. I mean we could go back to something like Melbourne, couldn't we?*
> [Staff post (interview) 1]

Lock-down conditions and Ministry of Health policy (see Appendix 3) meant that assessments necessarily had to be undertaken via telephone from students' homes, and all support and supervision was also undertaken virtually. This was a further challenge for some students, particularly those juggling home caregiving responsibilities.

> *Home environment was okay because I kind of made sure that I had a quiet area to be actually able to do the phone calls, which can actually be tough. I couldn't do it obviously when children were with me. I waited until they were at their dad's house, so you have to be mindful of the area that you're in. You obviously don't want people coming up to you talking to you in the background while you're trying to do an assessment.*
> [Student post (interview) 1]

> *I also have 3-year-old daughter to look after so I find it hard to manage everything. I cannot concentrate properly to finish things at this stage...*
> [Student diary 8]

Despite these various challenges they faced, both students and teaching staff recognised the value of such an initiative for providing needed assessment and support within the context of a national lockdown.

[Asked how project may develop practice]
I think it's a great way to provide our services as students in difficult times. I was feeling useless being at home and not being able to cooperate during this pandemic."
[Student pre-placement survey 8]

Covid-19 and the lockdown placed unique challenges on the community-dwelling client base which they would not have faced otherwise. Clients faced disruption, loneliness and anxiety.

[Name] gets anxiety around general situations and health status; she feels she is younger but living in an older body and misses' activities she used to do before Covid-19. She has feelings of sadness because she is unable to get out with her friends and feels hopeless a lot of the time as she is still waiting for her shoulder surgery.
[Student diary 13]

Ultimately though the telehealth initiative allowed students to engage with clients and provide much-needed support at an unprecedented time.

But just a lot of encouragement to stay active, have a positive outlook, "Go outside, get some fresh air," that kind of thing. Just encouragement, being a voice of hope I suppose. Like, "It's not always going to be like this. Lockdown is going to end."
[Student post (focus group 1]

Clients faced disruption, loneliness and anxiety. Telehealth is better delivered as part of a long-term strategy than as a temporary fix.

Implementation requirements

While the unique situation of the global pandemic meant a rapid and unplanned response was required, telehealth is better delivered as part of a long-term strategy than as a temporary fix. Technical implementation requirements were considerable. One mentioned by several participants related to the compatibility of interRAI software platforms with students' own hardware, especially for students using Apple iOS rather than Microsoft Windows systems.

I think for one, they didn't really work with Apples, like with MacBooks.

It was hard with a MacBook, it was really hard, because there's all these loopholes you have to jump through to download something online to your computer and then for the software to work.

Yeah, so I ended up using my sister's Windows because it was just so much easier.

Yeah, I had two computers going at once.
[Student post (focus group 1]

Yeah, you could do it through a MacBook, like, I was able to do it through my MacBook, but it was quite time-consuming and quite challenging to figure out how to. I emailed back someone at the DHB, then I emailed IT people in Taranaki and then I had to email someone else until I got the right instructions to download it properly.
[Student post (focus group 1]

Students spent significant time setting up the necessary software systems on their machines and gaining the required logons and permissions, as recorded in the student diaries.

16/04/2020 Sent user access form and welcome letter

Training activities

Many passwords and logins

4 hours

25/04/2020 Installing software certificate

Full day
[Student diary 8]

Once the software was installed and working, students and staff had to complete the training that is required to become approved interRAI assessors. Such training had to be organised and take place virtually and at pace.

I already had moved on to another step but that's probably the only thing that didn't work so well, was just the timeframe of the training. It was all scattered. We weren't all trained in one go.
[Student post (interview) 1]

The interRAI itself is not very intuitive so you just have to learn how to do it, basically; it doesn't come naturally and so that took ages. You could do the exam three times and one of the students said she'd failed it three times and after three times you can't do it again. So what happens is I did exam twice and then I just rang them up and they helped me through it the third time. But other people found the exam really easy, so it was different.
[Staff post (interview) 1]

Not having people to bounce off when you're doing the training was quite difficult. In a cyber spacey thing, it's not the same.
[Staff post (interview) 3]

Training had to be organised and take place virtually and at pace.

The interRAI educators made considerable efforts to help with technical aspects associated with the software and in providing the required training. This was appreciated by staff and students.

I felt pretty prepared. I had the zoom session and I had someone brief me the day before to make sure that I was set up properly. But I heard a lot of people didn't have that but for me it was quite good. I did have quite a few problems setting up and trying to download on my computer, so I rang up a couple of times to get that to work.
[Student post (interview) 2]

But the people were really helpful. It was really difficult when you had other people that couldn't understand what was going on and what was happening. They had to go and spend extra time with them and share screens. Getting the software downloaded onto your own laptop was really hard because it had to be compatible and sometimes it wasn't, so you had to ring someone and get all that done.
[Staff post (interview) 3]

The pressure of installing and operating the software and completing the required training proved insurmountable for some students.

I have thoroughly enjoyed talking to the clients over the phone, I absolutely love that side of it. It has been the computer system, coding and algorithms which I hadn't been able to master within the training period provided.
[Student diary 8]

Members of the student cohort provided leadership and peer-support in technology for each other, as indicated by several students.

With the digital stuff, I have a Mac computer, so it was a bit more tough to be able to follow the instructions to be able to get access. That was a bit more difficult, and it was difficult to even try and help someone who also had a Mac because I'm normally the one that they'll come to for technology support and I obviously didn't know, I had to wait a couple of days to be able to get the certificate to be able to access it and stuff. That was a bit more of a delay to be able to do it at home.
[Student post (interview) 1]

April- May 2020

5 Hours Student support; assisting students with MacBook certificate installation,

As I had completed my InterRai education early, and several assessment, students called or emailed to ask how.
[Student diary 1]

Even once in operation, the software system used was not flawless. Client information was not always up to date.

... numbers change, the software that we use, I think it was Momentum Central, not all of the details updated. A lot of the numbers were outdated.
[Student post (interview) 1]

Assessment Five [_] Contacted 06/05/2020

Rang landline and mobile numbers each twice. Landline was "inactive"

Mobile went straight to voicemail

Emailed [tutor] who recommended ringing mobile again after some time and then ringing Next of Kin if I was still unable to contact the client

Rang Next of Kin [...] who informed me the client had passed away last year

Emailed [tutor] and informed her

Rang [DHB representative] and informed her

Completed continuation note in client's file to indicate why I had accessed her file

Wrote 'deceased' on outcomes section of the spreadsheet given to me by [tutor] as per [DHB representative]'s recommendation

Time spent: 1 hour

Client Notes: Client had passed away a year ago.
[Student diary 2]

As part of the initiative the staff involved in supervising students in this case study undertook to themselves complete the required interRAI training and to become qualified RN interRAI educators. This was a considerable commitment for staff but was recognised as having been essential for providing necessary supports to involved students. By contrast, the supervising faculty involved in the initiative at another institution we not able to complete the training.

But it was quite a performance getting through the training, doing the assessments and doing the exam in a very short period of time. Some of the students would absolutely awesome, they found it a piece of cake, and others really struggled, so it was a real mixture. Same with the tutors. Some of the tutors took it really quickly and enjoyed it, and others hated it, so there was a real mixture.
[Staff post (interview) 1]

A couple of their [anonymized higher education providers] tutors were doing it and they pulled out. They didn't have the computer skills to do it basically. I don't think any of the [anonymized provider] tutors did it in the end. Whereas all ours did train... It was a lot to ask but if they hadn't done the training I don't how they could have helped the students really, because the students had issues with coding and all the rest of it, so it was really good that we did the training up front.
[Staff post (interview) 1]

Nursing competencies

A key aim of the clinical practicum modules and clinical experience hours nursing students are required to complete is for students to build requisite nursing competencies – abilities acquired through learning and experience. In the pre-placement surveys undertaken before commencing the initiative, both students and staff were asked to consider which of the nursing competencies outlined by the New Zealand Nursing Council (2015a) they envisaged students would develop by delivering telehealth assessments to older persons. Students indicated a wide range, demonstrating an impressive understanding of the competencies.

There are several competencies that are incorporated to providing an accurate assessment including competency 1.1, acting professional while completing the assessment, letting them know that we are nursing students and asking for permission to continue the assessment additionally, 1.4 supporting the client to create a safe and independent environment and due to the requirement of documentation to be sent through competency 2.3 providing accurate documentation is essential to ensure the correct coding is completed.
[Student pre-placement survey 3]

Listening skills, communication skills, therapeutic skills, competency 2.1, 2.2, 2.9, 3.1, 4.1
[Student pre-placement survey 6]

Asked to consider how the project might develop their nursing practice, students anticipated it would provide new and valuable experiences that they had not previously encountered.

...this project allows us to see and experience a different and essential type of nursing that many of us didn't even know existed.
[Student pre-placement survey 17]

Data collected following the experience confirmed that students viewed this as a unique and specialised type of nursing.

I would say it's a really good experience because even though for us it was classified under our primary healthcare, you get mental health, you get primary health, you get people that have had hip replacements, knee replacements, people that have arthritis. You get everything in it, not just one. And I found having done my mental health placement after, doing the Telehealth and being able to go through those assessments, I was much more confident when I did my mental health with that more therapeutic kind of nursing rather than medical nursing, and it helped me a lot in my confidence and what I could ask.
[Student post (focus group 1]

I think it was a good experience because you really build the communication skills. It's easy to talk to someone face to face but you won't always be doing that. You've got to call doctors and you will have follow up calls so I think it's good experience for the future in being able to talk to people over the phone because not many of us do that normally, we just text. So, able to talk to people over the phone when they're not seeing you and you're not doing open body language and you're not doing gestures and stuff so it's a bit different.
[Student post (interview) 2]

Students viewed the experience as a unique and specialised type of nursing.

"...this project allows us to see and experience a different and essential type of nursing that many of us didn't even know existed."

While students were provided considerable support from supervising faculty, DHB staff, and interRAI educators, the experience offered an opportunity to practice and engage with clients with a degree of autonomy they may not have had previously. This should be prefaced with an acknowledgement that students had been fully trained and were delivering assessments as opposed to direct clinical interventions.

As a student, you're very bound to what your preceptor does and what your preceptor says you have to do, and a lot of the time we stand around waiting because we know that we have to do that and that but we can't do it until our preceptor comes and signs us off or watches us, or whatever, so it was so nice just to be able to ring them when it suited them, and when it suited me as well and just be a little bit more autonomous.
[Student post (focus group 1]

It felt like overall I was able to make a difference in people's lives, which I don't think I could have done in a clinical setting with a preceptor. I was able to be more independent and just actually be a nurse, I suppose.
[Student post (focus group 1]

Some students reported finding this intimidating during the first assessments they undertook, but also that they found it less so over time.

I think it really does put you to the test on how you're going to think clinically. You are driving that boat, you're the one that's got that first initial conversation with that patient so at first it's definitely scary when you're doing your first lot of assessments.
[Student post (interview) 1]

It was something that was like, oh my goodness, I'm making these clinical judgements with no one there helping me at the time, just someone looking over afterwards, which I found a little bit daunting at first, but once I was doing it with that practice it became easier.
[Student post (focus group 1]

"I was able to be more independent and just actually be a nurse, I suppose."

Teaching staff acknowledged the practice skills that students developed, and how being involved helped students develop as a nurse.

For the students that really enjoyed it, and a number of them really enjoyed, it I think they got a lot out of it. Like they were practitioners in their own right, really. They were ringing people up and they were deciding whether this needs to go any further so they had to learn to do sort of critical assessments and critically think.
[Staff post (interview) 1]

I suppose that direction of delegation – I suppose in a way they did delegate because they said whether people needed follow up, so in that respect they probably delegated. Planning care? I think that happened. Assessment definitely happened. Work in partnership definitely happened, and certainly therapeutic communication. All that. Yeah, I think we just about covered them all. I know that we gave feedback on the Inter RAI itself at the end. Everyone did, so that's quality improvements even. And the multidisciplinary approach, we definitely use that because they used different people. I think they were just about all covered.
[Staff post (interview) 1]

Provider relationships

Interacting with various players was fundamental to this experience. Providing effective assessment and referral for community-dwelling older clients required engaging with clients and their families/whānau, as well as with health providers. It was clear that there were many 'players'.

You've got different providers there. You've got the main tertiary DHB providing Disability Support Link but you've also got the GPs so that's the PHOs coming in, and then you've got the families, and not having any awareness or any documentation that it happened, apart from it's actually online somewhere ...
[Staff post (interview) 2]

Prior to the placement staff and students recognised that navigating these various external relationships would be critical.

[Asked which skills and competencies staff may need to develop to supervise students]
Understanding of the services available from the local DHB"
[Staff pre-placement survey 4]

[Asked what extra support may be required from tutors]
Referral assistance, if a client may need services or assessment undertaken, what next?
[Student pre-placement survey 6]

[Asked any concerns they had around students not being able to address all clients' issues]
Students need to be confidant [sic] concerns will be raised and addressed with appropriate service...
[Staff pre-placement survey 5]

Students indicated that developing an understanding of the services available, and when and how to refer clients, was a learning curve.

... you have to just trust in what they're saying but also you don't know how to help them at first. You really have to put on your clinical judgement thinking and think like oh, this person will need certain things. But you didn't know who to go to type of thing.
[Student post (interview) 1]

And as a student you don't always know what resources are available and you don't know that there's pain nurses and wound nurses, and you don't know how to implement or refer that kind of stuff.
[Student post (focus group) 1]

I only had the help of the DHB and once I had sent my assessments off, I had people coming back to me saying they don't need this, this is what they need but I didn't know because we weren't trained about in this situation what would you have, what could you do for them? We didn't have that scenario kind of thing, like what would you refer to them, what can you refer to them and we didn't have a person to refer or anything. It was kind of like blindfolded help.
[Student post (interview) 1]

Staff recognised that students may not have systemic knowledge and worked hard to ensure the required information was available.

...as a collective we decided that actually we need to have a form with everybody that they can contact should they need to in terms of the district nurses, the public health nurses, St Johns. That they had a robust list of who they could contact. Which once you've got is fine. And, if you've worked in the area and that's what you've done, it's easy because you know. But if you don't ...
[Staff post (interview) 3]

Student diaries provide a record of the extensive engagement students undertook with various providers on clients' behalf. A wide range of sometimes multifaceted interactions/referrals were required.

Client believes these vaccinations have been successful in preventing occurrences of pneumonia and bronchitis which she has had issues with historically. Student nurse phoned client's GP service to query whether a home visit for the purpose of influenza vaccination would be possible.
[Student diary 11]

Main concern is that he is taking insulin without taking BGL as he "can't be bothered". Concern for overdosing causing lethargy. Called GP, discussed with tutor, awaiting RN to call from GP. Tutor referred to DSL. DSL now to take charge and liase with GP.
[Student diary 12]

Called Client, Client expressed she had a fall was unable to state when. Called clinical tutor, it was advised to call son and find GP practice, Son was unable to provide answers, was contacted by clients Daughter she expressed her concerns and gave GP information, GP was contacted to gain information of clients current status, Client referred to DSL for in home check-up.
[Student diary 15]

Some assessments revealed clients who were at obvious levels of risk with clinically significant healthcare needs. Students liaised with various providers to escalate these cases, not without challenges.

Called client, client was experiencing excruciating pain and felt a sharp sensation when breathing advised client to go to Hospital client declined. Further encouraged client to see GP for pain management client declined, informed clinical tutor, rang back client, client stated she only wants a prescription for pain medication and pain when breathing had gone. contacted GP via phone left messages and email- clinical tutor also emailed. Tutor advised me that clients GP practice was unwilling to provide information due to privacy reasons. Client was referred to DSL for considerable decline in ADLs and pain. [Student diary 15]

There was one in particular who was waiting for a knee replacement I think, and she'd had some falls and her family didn't live in the region and all that kind of … I was quite worried and I talked to my tutor, and everything, and then my tutor got me to ring, I had to ring the doctors, had to ring, had to talk to the doctor, I had to talk to the nurse, I had to talk to the family. It took me two days to complete this assessment after talking to the client. I had to ring someone else; I think I had to ring someone at Waikato District Health Board and got nowhere because they didn't know if she was ACC or if she was under the DSL or what was going on. So that was challenging, ringing up as a student nurse, "Can I speak to the doctor?" I don't want to speak to the doctor, but …

I had to speak to the GP as well and I was like, how do I introduce myself? I'm a student nurse, but I just …

Yeah, so that was a bit traumatising.
[Student post (focus group) 1]

I referred to my tutor who referred to the DHB because my patient had chest pain and he was telling me it was new. But then when I rang him back and I was like are you going to see your GP and he said, "Oh, no, I've had chest pain for years" and I was like, okay. He said, "Oh I'll go next week" and I was like, thank you. Then I reported that back to my tutor who reported that back to the DHB and GP.
[Student post (interview) 2]

Some cases were complicated by clients' reluctance to seek care outside the home during the pandemic.

Some assessments revealed clients who were at obvious levels of risk with clinically significant healthcare needs. Students liaised with various providers to escalate these cases, not without challenges.

Rang client twice (AM + PM) on 1/5 – no answer, rang NOK – said that client has most likely got phone engaged. Rang again on 4/5/2020 – client stated they had a fall 2/7 ago, 9/10 pain, was feeling very unwell. I encouraged her that she needs an ambulance and requires hospital. Client did not want hospital due to current pandemic. Notified [tutor] + discussed possible options. Rang client back, she still was not keen on hospital but would see her GP if she could get there. Rang GP and left voicemail, received message back from GP to say they were sorting it. [tutor] notified DHB.
[Student diary 5]

Supervising tutors remarked positively on the level of engagement students developed with local referral networks, and the level and extent to which they went to to link clients with services.

But the students I had went above and beyond. They would phone the GPs for the people. They would phone WINZ and different things like that and advocate which might have been outside of their scope because we were just meant to do this stuff but actually I think you have a code of ethics that says I need to do this for this person because they can't.
[Staff post (interview) 3]

"The students I had went above and beyond. They would phone the GPs for the people. They would phone WINZ and different things like that and advocate which might have been outside of their scope... but actually I think you have a code of ethics that says I need to do this for this person because they can't."

Community insights

The placement provided students with insights they might hitherto have lacked regarding this client group, and various unique challenges and considerations relating to their care. Some of these were anticipated by students in the pre-placement survey.

[Asked advantages envisaged for project]
Better understanding of how older people cope in their homes
[Student pre-placement survey 1]

[Asked advantages envisaged for project]
Having increased knowledge in what elderly people struggle with or require to stay well
[Student pre-placement survey 11]

[Asked advantages for students envisaged for project]
...gaining insight into the lives/reality of older people living in the community
[Staff pre-placement survey 2]

Students gained insights into this client group that they might not have gained otherwise. Some of their interactions helped them in understanding clients as a whole person.

I think it definitely helped to understand the clients in their context and understand them as a person and their home as a person rather than as a patient in a bed in a cubicle.
[Student post (focus group) 1]

But a lot of them live on their own and I didn't quite connect that in because most of the older people I know they live in a community or a couple of people live in their house. Just opened my mind to thinking about living and who people are around and surrounded by.
[Student post (interview) 2]

Students reported that the mere opportunity of conversing was beneficial and appreciated by clients, even those who were facing relatively few challenges in the home.

It was good when they were like, "Oh, I love chatting with you" and "I don't talk to many people and this was good to talk to someone." Just being able to talk to people about their day when they've been so isolated from everyone.... probably eight out of the 10 were just wanting to chat.... they just wanted to talk about life and what was happening.
[Student post (interview) 2]

Because by the end of the conversation you could tell that that person is actually genuinely happy to have talked to you, and you felt like you've made someone's day just by taking time to talk to them, and a lot of things they were talking about didn't have anything to do with the assessment, they were just telling you about their family, their neighbours, how they're doing, their grandchildren or their life.
[Student post (focus group) 1]

I think one in particular – it's the same thing, just speaking to them, but there was one lady who her husband had passed away not long before lockdown and then her dog passed away just after lockdown, and this dog she'd had for 20 years as well and she'd just moved into a villa, not really supported living, but in a community, and because it was all just before lockdown all this stuff had happened to her and then she wasn't allowed to see anyone. So I think just having maybe even just a different voice, like someone different to talk to over the phone was just a nice relief for her it seemed, which was nice.
[Student post (focus group) 1]

Clients felt able to engage with students and proffered honest answers to the assessment questions.

It was more just hearing the way that they would speak. They were explaining that they weren't feeling okay, they weren't happy, they were lonely, they were feeling depressed. They were quite open to say that they were depressed. Some obviously weren't but just asking the question I think it was like in the last three days have you ever felt sad, depressed or hopeless and they would actually be honest with that question.
[Student post (interview) 1]

Her husband is in a nearby rest home facility and she calls him every day. Client went to visit her husband twice over the lockdown period where staff brought him to the glass door. They were able to blow each other kisses and wave which the client felt gave her and her husband peace of mind that they were both doing ok.
[Student diary 11]

Students recognised the overall value of the placement as a learning experience.

Hours listed above do not reflect the true amount of time I have put into this. It was a great learning experience and I am happy I took part in it.
[Student diary 15]

"Hours listed above do not reflect the true amount of time I have put into this. It was a great learning experience and I am happy I took part in it."

Summary of qualitative themes

Table 1: Themes as drawn from student qualitative data

THEMES	FUTURE CONSIDERATIONS
Theme 1: Tackling COVID	
• Rapid response/urgent social service - Isolated elders - Health and social services lost due to lock down • Switch to working from home with issues such as: - Office set up - Privacy for working space - Adequate home broadband - Suitable hardware and software - Responsibilities of young children and family	• Resilience training for working in contexts of - Stress - Pressure - Confusion - Anxiety • Curriculum content to develop nursing competencies in - Rapid response - Emergency assessment
Theme 2: Implementation Requirements	
• Practice - interRAI training - Accountable practice & reporting - Reflective diarising • IT literacy and set up - Software, digital tools, decision tools, referral tools, digital data sets - Compatibility issues, security requirements, learning software	• Routine interRAI training in nursing curriculum • Increased curricula content in digital literacy and telehealth delivery • Continued use of reflective diarising to document learning and priorities for further development
Theme 3: Nursing Competencies	
• Abundance of new learning • Working with clients with complex, high-need needs - Poor cognition, low mobility, social isolation, and experiencing reduced support during lockdown • Working remotely with supervised autonomy - Importance of first interaction, establishing rapport, gaining consent, undertaking assessment, digital documentation, and referral & follow up • Therapeutic communication - Using tools, not just questions, developing conversation, and therapeutic talk • Developing independence and confidence - Client assessment, client education, critical thinking, delivering culturally safe practice, problem solving, decision making, and reflection	• Inclusion of authentic telehealth clinical experience within existing nursing curriculum • Inclusion of authentic clinical experience in providing supportive care to remotely located, frail elderly and socioeconomically disadvantaged elders

THEMES	FUTURE CONSIDERATIONS
Theme 4: Provider Relationships	
• Interprofessional, multi-party engagement - Primary healthcare support, DN support, pharmacy, family/whānau support, social support providers, transportation • First time connections – cold calls to support networks • Understanding extent of support networks	• Maintain pre-prepared support directories - Introduction scripts - Referral flow charts - Phone lists - PHO/GP information • SOP's obtaining consent
Theme 5: Community Insights	
• Life of older people in the community • Frail elderly support needs – labyrinth of networks - Care coordination across support networks • Complexity of issues - Chronic pain - Palliation - Co-morbidly - Social issues - Mental health issues - Polypharmacy • Nursing practice in community-based older persons health	• Importance of curriculum content and authentic clinical experience for developing a knowledge base in: - Older persons health - Chronic disease - Rural health - Mental health

Table 2: Themes as drawn from staff qualitative data

THEMES	FUTURE CONSIDERATIONS
Theme 1: Tackling COVID	
• Urgency/short notice of rapid response requirements • Home-based work contexts - Space to work, background noise, working with children at home • IT requirements - Software, compatibility, cyber security, Wifi strength, rural connectivity	• Emergency & pandemic response content in curricula • Telehealth content in curricula • Clinical experience in emergency response scenarios
Theme 2: Implementation Requirements	
• IT set-up • interRAI competent assessor training • Documentation • Tutor team briefing & debriefing requirements • Student team briefing & debriefing requirements	• Routine interRAI competent assessor training for tutors teaching aged care modules • Prior preparation of student support resources - Flow charts - Phone lists - Introduction scripts - PHO/GP information - SOP's obtaining consent
Theme 3: Nursing Competencies	
• Positive overall perception of experience • Abundant learning opportunities - Critical thinking - Client assessment - Delegation - Care planning - Working in partnership - Therapeutic communication - Quality improvement - Multidisciplinary team engagement - Problem solving, increasing clinical competence & confidence - Interprofessional communication - Working more autonomously • Excellent preparation for mental health experience & practice - Increasing communication skills -Building rapport	• Importance of future curricula content & coaching - Navigating complex health environments via virtual platforms - Competence in telehealth service delivery - Dealing with client uncertainty - Obtaining client consent - Communicating with PHO's and GP's, families and other support services - Clinical judgement, working in more autonomous contexts, escalating concerns - Working from home

THEMES	FUTURE CONSIDERATIONS
Theme 4: Provider Relationships	
• Multi-party context requiring supporting students to delivery seamless communication - DHB teams - Primary Health Organizations (PHO's) - Other community support services - Family • Client confusion DHB versus disability support personnel	• Multidisciplinary content in curriculum • Orientation to health service teams • Prepared support resources - Clarity & communication of student role for members of health team - Patient referral protocols - Standard operating procedures
Theme 5: Community Insights	
• Unprecedented insights reality of: - Community living - Community-based complex care - Polypharmacy - Frail elderly, social isolation - Whānau support, transportation issues	• Strong pointers for future curriculum reviews and revision • Alignment of experience and competency requirements with content within chronic disease modules

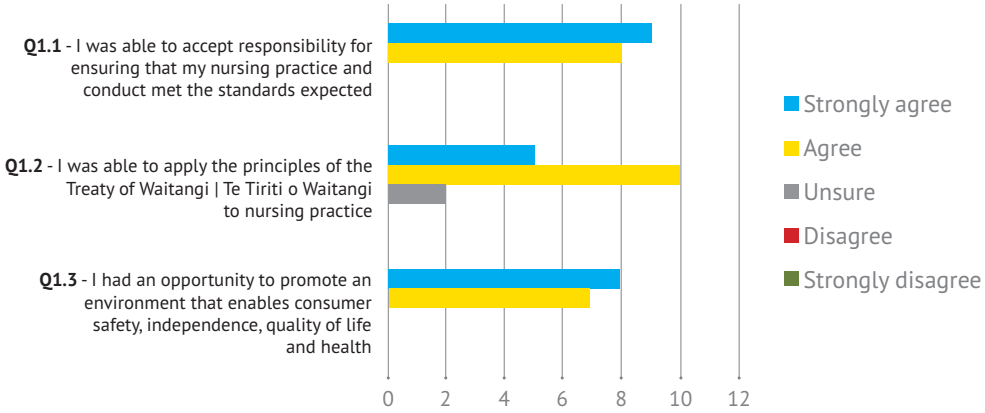
Post-placement quantitative survey results – the post-placement Satisfaction with Telehealth Experience Scale (STES)

A post-placement survey, undertaken via Qualtrics™ (Provo UT, USA), was completed by 17 students in the weeks following completion of the telehealth clinical experience. The survey used a scale developed by the researchers, the Satisfaction with Telehealth Experience Scale (STES), modified and adapted from the Satisfaction with Simulation Experience Scale (SSES) developed by Levitt-Jones et al. (2011).

The STES (included as Appendix 14) comprises 33 Likert Scale statements in seven areas of interest: professional responsibility, management of nursing care, interpersonal relationships, interprofessional healthcare and quality improvement, preparation for the telehealth experience, implementation of the telehealth experience and clinical learning. The scale ranges from strongly disagree, disagree, unsure, agree to strongly agree. Student survey results, presented as raw counts, were as follows:

All students agreed or strongly agreed that they were able to accept responsibility for ensuring ones' own nursing practice and conduct met the standards expected, and had opportunity to promote an environment enabling consumer safety, independence, quality of life and health.

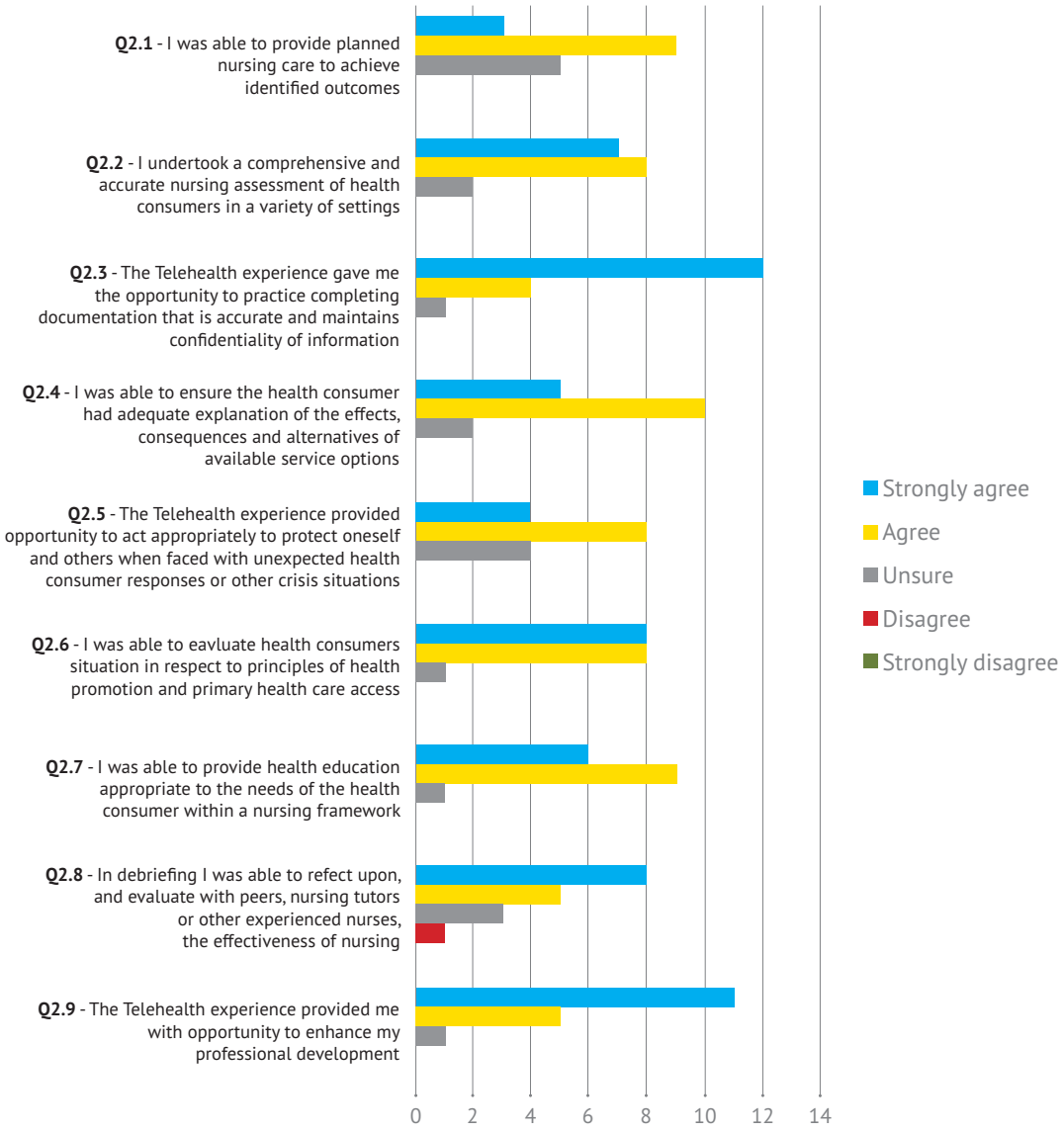
Section 1: Professional responsibility



Three survey items related to professional responsibility, the first domain of the Nursing Council of New Zealand *Competencies for Registered Nurses* (2007). Specifically, they connected to Competency 1.1 *Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements* (Question 1.1), Competency 1.2 *Demonstrates the ability to apply the principles of the Treaty of Waitangi Te Tiriti o Waitangi to nursing practice* (Question 1.2) and Competency 1.4 *Promotes an environment that enables health consumer safety, independence, quality of life, and health* (Question 1.3).

All students agreed or strongly agreed that they were able to accept responsibility for ensuring ones' own nursing practice and conduct met the standards expected (Q1.1) and had opportunity to promote an environment enabling consumer safety, independence, quality of life and health (Q1.3). In the other survey item relating to professional responsibility, i.e. being able to apply the principles of the Treaty of Waitangi | Te Tiriti o Waitangi to nursing practice, 2 students were unsure, although the other 15 agreed or strongly agreed they were able to do so during the experience. Overall, there was strong agreement amongst students that the experience allowed them to demonstrate competency across these three professional responsibility domains.

Section 2: Management of nursing care



The largest section in the survey related to domain two of the Nursing Council competencies (2007), management of nursing care. In Question 2.1, students were asked to consider whether the experience had allowed them to *Provide planned nursing care to achieve identified outcomes* (Competency 2.1) to which a relatively high number (5) reported they were unsure, although a further 9 agreed and 3 strongly agreed. Question 2.2 asked students if they *undertook comprehensive and accurate nursing assessment of health consumers in a variety of settings* (Competency 2.2) to which 2 students were unsure, 8 agreed and 7 strongly agreed. Question 2.3 related to Competency 2.3 *Ensures documentation is accurate and maintains confidentiality of information.* Asked if they were able to practice this during the experience, a particularly high number of students (12) strongly agreed, reflecting the stringent security requirements for accessing and maintaining client information and privacy maintained by Waikato DHB and interRAI-NZ. A further 4 students agreed, while 1 was unsure.

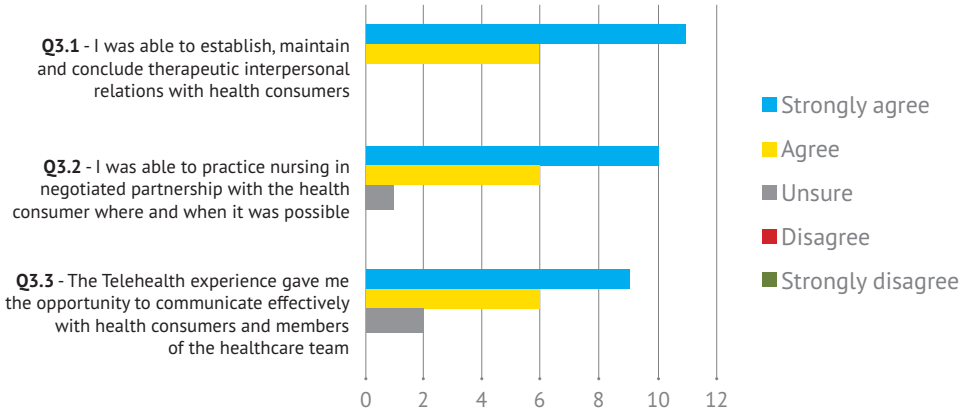
Question 2.4 related broadly to Competency 2.4 *Ensures the health consumer has adequate explanation of the effects, consequences and alternatives of proposed treatment options*, although given the context of the experience 'proposed treatment' was replaced in the scale by 'available service'. Asked if they were able to ensure this, 5 students strongly agreed, 10 agreed, and 2 were unsure. Question 2.5 relates to Competency 2.5 *Acts appropriately to protect oneself and others when faced with unexpected health consumer responses, confrontation, personal threat or other crisis situations.* Asked if they had opportunity in the experience to demonstrate this competency, 4 students were unsure, 8 agreed, and 4 strongly agreed.

Question 2.6 did not relate directly to Competency 2.6 (which relates to evaluating health consumer's progress) as this was not necessarily demonstrable in this context, where students were typically undertaking a singular assessment and subsequent care was via referral. Instead, this question asked students if they were "able to evaluate health consumers' situation with regards to principles of health promotion and public healthcare access." Traditionally underecognised, such proactive healthcare approaches are of increasing importance across the New Zealand healthcare system (Health and Disability System Review, 2020; Ministry of Health, 2016). Asked if they were able to evaluate consumers' situations in this way, 1 student reported being unsure, 8 agreed and 8 strongly agreed.

Question 2.7 related to Competency 2.7 *Provides health education appropriate to the needs of the health consumer within a nursing framework*. Asked if they were able to do so, one student was unsure, 9 students agreed and 6 students strongly agreed. Question 2.8 relates to Competency 2.8 *Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care*. Asked if in debrief they were able to do so, 1 student disagreed (the only example of a student disagreeing with a statement in this section), 3 students were unsure, 5 agreed and 8 strongly agreed. There was therefore some degree of difference in opinion for students regarding this competency. The final question in this section, Question 2.9 related to Competency 2.9 Maintains professional development. 1 student was unsure, but 5 agreed and 11 strongly agreed that the experience offered them an opportunity to enhance their professional development. This was the second-largest number of students strongly agreeing in this section after Question 2.3.

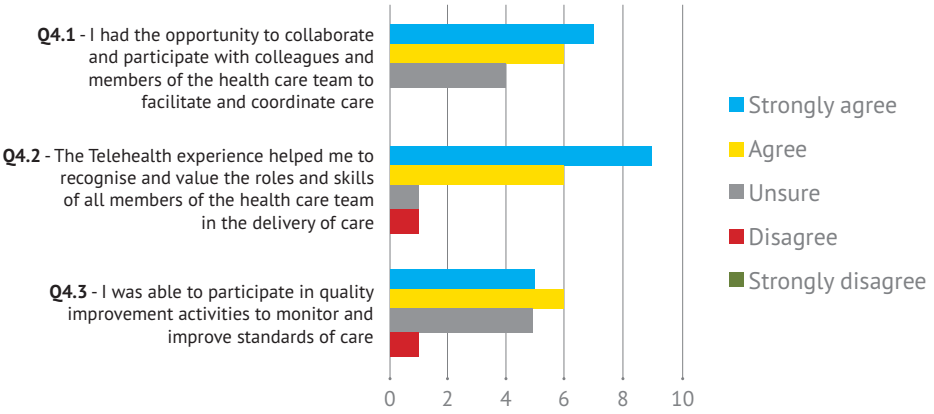
In summary, with one student disagreeing for one of these statements, and no students strongly disagreeing, there was a strong consensus across the cohort that the experience had allowed opportunity to demonstrate the relevant competencies in the management of nursing care domain of the registered nurse scope of practice.

Section 3: Interpersonal relationships



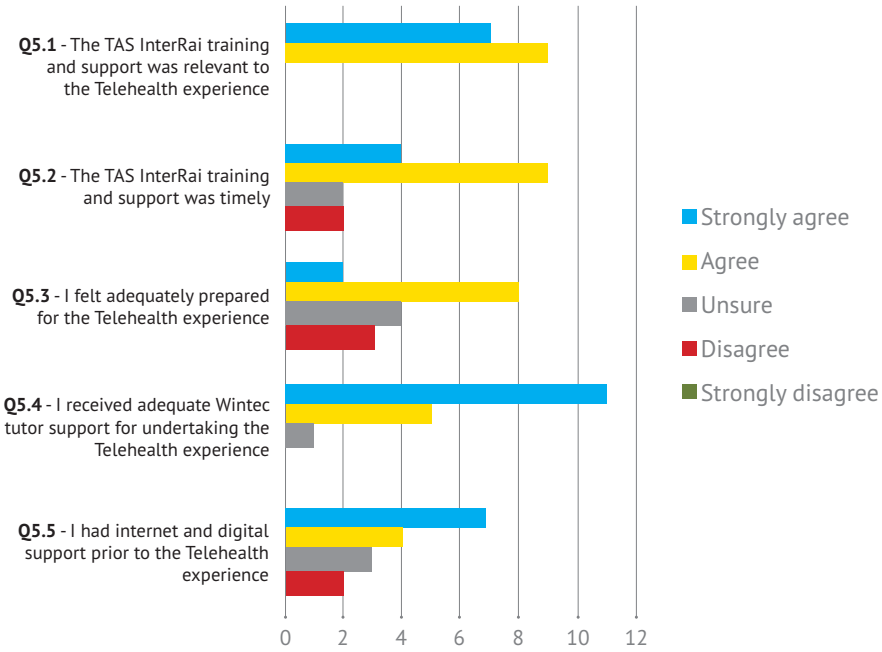
A further section of the survey related to the three competencies in the third domain of Nursing Council (2007) competencies, interpersonal relationships. The first of these is Competency 3.1 *Establishes, maintains and concludes therapeutic interpersonal relationships with health consumers*. Asked in Question 3.1 if they were able to do so, 11 students strongly agreed and 6 agreed, with no students unsure or disagreeing. Similarly, in Question 3.2, which asks if students were able to "practice nursing in a negotiated partnership with the health consumer where and when possible" (Competency 3.2), 10 students strongly agreed, 6 agreed and one was unsure, with none disagreeing. The final competency in the interpersonal relationships domain is Competency 3.3 *Communicates effectively with health consumers and members of the health care team*. In Question 3.3, 9 students strongly agreed the telehealth experience allowed them to communicate in this way, 6 agreed and 2 were unsure. Students were generally clear that the clinical experience had allowed them the opportunity to demonstrate competencies related to interpersonal relationships.

Section 4: Interprofessional health care and quality improvement



Three survey items related to Interprofessional healthcare and quality improvement, the fourth and final domain of the Nursing Council of New Zealand *Competencies for Registered Nurses* (2007). The first, related to Competency 4.1 *Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care*. Here 7 students strongly agreed they had been able to do so, 6 agreed and 4 were unsure. The second (Question 4.2) asked students if the students helped students to *Recognise and values the roles and skills of all members of the health care team in the delivery of care* (Competency 4.2). 9 students strongly agreed it did so, 6 agreed, 1 was unsure and 1 disagreed. There was less positive consensus around Question 4.3, which asked students if they were able to *Participate in quality improvement activities to monitor and improve standards of nursing* (Competency 4.3). While 5 students strongly agreed and 6 agreed, 5 were unsure and 1 disagreed. While generally very positive, with only two examples of students disagreeing they were able to, there was somewhat less overall agreement for this domain than some others (such as interpersonal relationships).

Section 5: Preparation of the Telehealth experience



Section five, the first set of questions in the survey that did not relate to Nursing Council competencies, asked students five questions related to preparation for the telehealth experience. The first of these, asking if interRAI training and support was relevant to the experience, was agreed or strongly agreed to by all students. The second, that interRAI training and support was timely, saw slightly less agreement,

[That] interRAI training and support was relevant to the experience, was agreed or strongly agreed to by all students.

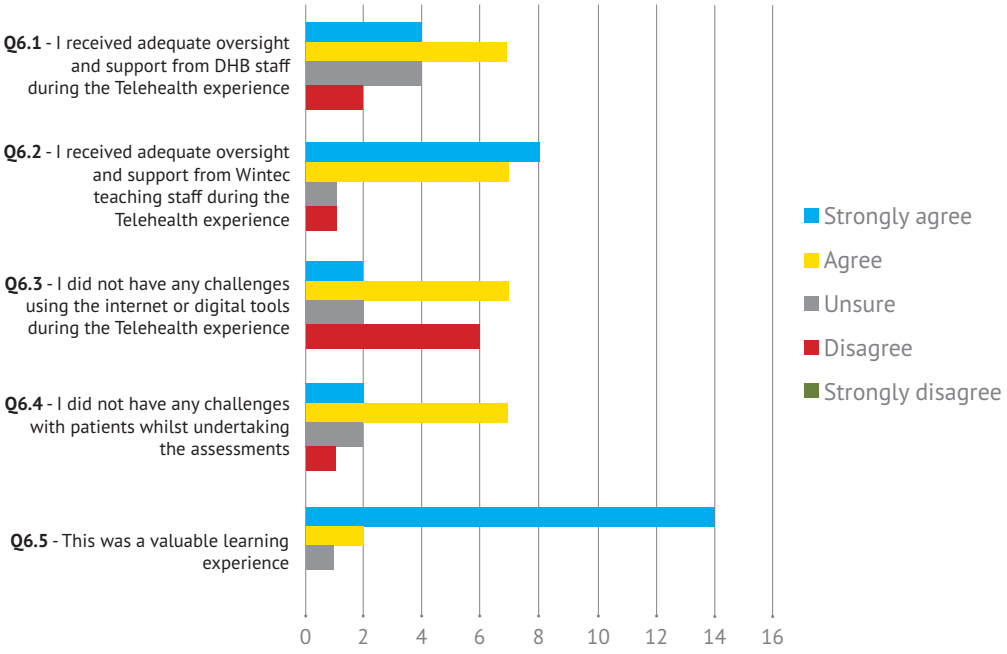
with 4 strongly agreeing, 9 agreeing and 2 each unsure and disagreeing. Asked in Question 5.3 if they felt adequately prepared for the experience, only 2 students strongly agreed, the lowest number strongly agreeing to any statement to this point in the survey, although 8 students agreed. A further 4 students were unsure and 3 disagreed, the most disagreeing with a statement to this point. The relatively low levels of agreement for this question reflect the necessarily rapid and ad hoc preparation available for this unplanned initiative.

Asked if they received adequate Wintec tutor support, however, a notable 11 students strongly agreed, the second-highest number indicating strong agreement to any statement in the survey. This reflects positively on the significant degree of dedication and support provided by the supervising academic staff, who themselves had undertaken interRAI training. A further 5 students agreed they received adequate support, only 1 was unsure. Students showed less agreement when asked if they had internet and digital support prior to the telehealth experience. While 7 strongly agreed and 4 agreed, 3 were unsure and 2 disagreed.

As a whole, results suggest students were positive about the preparation provided for the initiative. They particularly agreed that support and training were relevant and that Wintec tutor support was adequate. There was less agreement that students felt adequately prepared, or that they had adequate internet and digital support before the experience, although for both statements the majority of students were still in agreement.

Asked if they received adequate Wintec tutor support... 11 students strongly agreed, the second-highest number indicating strong agreement to any statement in the survey.

Section 6: Implementation of the Telehealth initiative

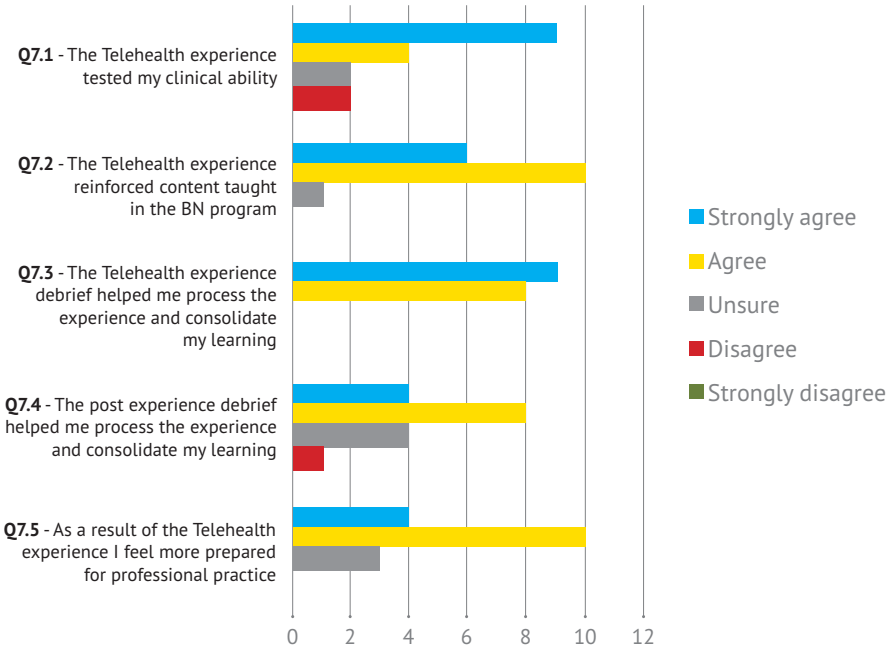


A further set of questions related to the implementation of the clinical experience. In this section, the first question, around whether students received adequate oversight and support from DHB staff, most students either strongly agreed (4) or agreed (7), with 4 students unsure and one disagreeing. More students strongly agreed (8) or agreed (7) that they received adequate oversight and support from Wintec staff with 1 unsure and 1 disagreeing. Again, this reflects positively on the dedication and involvement displayed by the Wintec staff involved in delivering the experience.

A total of 6 students, the most of any question in the survey, disagreed with a statement that they did not have challenges using the internet or digital tools during the experience. This aligns with results from the qualitative data sources, where several students and staff reported difficulty in accessing or using the online software for completing assessments.

Relating to a statement that they 'did not have any challenges with patients whilst undertaking the assessments', 2 students strongly agreed and 7 agreed, and 2 were unsure. Five students disagreed however, and 1 student strongly disagreed. This was the only example of a student strongly disagreeing with any statement in the survey. There is thus some suggestion that students faced challenges with patients, although in the final question in this section, when asked if this was a valuable learning experience, 14 students strongly agreed – the most strongly in agreement to any question in the survey.

Section 7: Clinical learning



A final set of 5 questions related to clinical learning during the experience. In the first, 9 students strongly agreed that the experience had tested their clinical ability and 4 agreed, with 2 unsure and 2 disagreeing. In Question 7.2, slightly fewer (6) strongly agreed, but more (10) agreed that the experience reinforced content taught in the BN programme (1 was unsure and none disagreed).

Every student surveyed agreed (8) or strongly agreed (9) that the experience had helped apply what they had learned in the BN programme. This is a particularly positive result that indicates that students recognise the applicability of the programme to their learning and practice.

In Question 7.5, 4 students strongly agreed that the telehealth experience meant they felt more prepared for professional practice and 10 students agreed (3 students were unsure). Again, the result of this question is positive, giving a clear indication that students recognise the value of this novel telehealth initiative as a learning experience.

Discussion

Before community-based Covid-19 infections prompted the government to place New Zealand into Level 4 lockdown on March 25, 2020, the situation had been changing rapidly. Borders closed to all but New Zealand citizens and permanent residents on March 19; on March 20 a four-tier alert system for tackling the virus was introduced and Alert Level 2 began, and on March 23 the country moved to Alert Level 3 and it was announced that in 48 hours time the whole country would enter Alert Level 4 and go into self-isolation (New Zealand Government, 2021). Government and healthcare sector planning was not necessarily attuned to the risk. Local pandemic preparation had focused on influenza, with plans such as the *New Zealand Influenza Pandemic Plan: A Framework for Action* (Ministry of Health, 2017). Past experiences of influenza had suggested that elimination was not feasible (given rapid droplet spread and short incubation periods) and that vaccinations would be rapidly available (Kvalsvig & Baker, 2021). The sudden national 'stay-at-home' order meant that a range of unplanned community supports needed to be put in place rapidly. The initiative discussed in this report was one such example.

A telehealth approach was a logical means of addressing concerns about the welfare of community-dwelling elderly during a pandemic, and an operationalised example of telehealth delivery for which there is a growing impetus. In New Zealand, the Health and Disability System Review (the 'Simpson report') (2020) noted that "health services need to be more connected, more varied, simple to access and easy to navigate, and provided in settings, locations and time of the day that values the consumers and whānau that they serve" (p. 69). Similar calls have been made globally, such as in a 2018 OECD working paper entitled 'Empowering the health workforce to make the most of the digital revolution' (Docha-Dietrich, 2018), and in a large and growing number of studies (see, for example, Parsons, 2021; Smith et al., 2020). Parsons (2021, p. 298) has described a 'telemedical imperative' - the duty healthcare systems have to implement remote access to services where possible, thereby furthering the mission of equity in access to healthcare. The imperative has only increased since the arrival of Covid-19.

The sudden national 'stay-at-home' order meant that a range of unplanned community supports needed to be put in place rapidly.

This imperative will require developing, implementing, and sustaining the necessary mechanisms for delivering telehealth, including of job descriptions, scopes of practice, performance metrics, codes of practice and so on (Health and Disability System Review, 2020). This will, for health regulators and educators, include preparing a workforce with the ability to practice via telehealth. In nursing, there have been calls for educational programmes and curricula to include training in virtual delivery and telehealth for some time (Lamb & Shea, 2006), though with a seemingly limited response as telehealth competencies continue to be acknowledged as a critical but unaddressed competency for the future nursing workforce (Carroll, 2018; Fronczek, Rouhana, & Kitchin, 2017; Mataxen, 2019; Rutledge, Mason, Behnke, & Downes, 2021; van Houwelingen, Moerman, Ettema, Kort, & ten Cate, 2016; Varghese, Blankenhorn, Saligram, Porter, & Sheikh, 2018). Telehealth competency development is arguably more advanced within medical (physician) education (Waseh & Dicker, 2019), with specific telehealth policies formally endorsed by the Association of American Medical Colleges in mid-2021 (American Association of Medical Colleges, 2021).

Although efforts to align nursing curricula and training programmes to the rapidly developing and increasingly important field of telehealth are in their infancy (Smith et al., 2020), some attention within nursing has begun to focus on the definition and adoption of telehealth competencies (Rutledge et al., 2021; van Houwelingen et al., 2016). Chike-Harris, Garber and Derouin (2021), for example, have developed a compendium of resources for nurse educators working towards developing student skillsets in telehealth. Fronczek et al. (2017) have outlined a theoretically informed approach to conceptualizing telehealth that emphasizes its transformational elements (as opposed to as a disruptor or burden), using the lens of King's theory of goal attainment, and Carroll (2018) has done similarly following Parse's paradigm of humanbecoming. Ali et al. (2015) report on a study empirically measuring trends in telehealth education in 43 schools of nursing (finding inadequate integration of telehealth) and of interviews with four nursing telehealth leaders on how to best incorporate telehealth education within curricula. Each of these studies emphasise

that telehealth and digital technologies are increasingly transforming models of care but also that change is required in curriculum content and professional competency development at all levels of the nursing workforce.

More recently, Rutledge et al. (2021) have proposed a phased framework for understanding telehealth nursing competencies in education and practice. It consists of 'Four P's' – Planning, Preparing, Providing and Performance Evaluation. *Planning* involves such competencies as identifying healthcare issues and identifying target populations, determining a technology platform which is feasible and identifies the need, and to understand and identify benefits and barriers to successful delivery including possible legal and regulatory considerations. *Preparation* is where all the required components for establishing the programme occur, including in technology, protocols and training. The *providing* phase is where telehealth is delivered safely and effectively. It involves performing telehealth visits or encounters. Finally, the *performance evaluation* phase involves evaluating the impact of the program, to ensure aims are being met and to allow for future improvements. Outcomes assessed should be for patients and providers.

A 'telemedical imperative' - the duty healthcare systems have to implement remote access to services where possible, thereby furthering the mission of equity in access to healthcare.

It is worthwhile assessing the findings shown in this evaluation against this comprehensive framework to understand how this clinical experience provided practical learning which matched 'best-practice' as identified in the literature. In terms of *planning*, the 'Tackling Covid' theme identified includes engagement with a necessarily rapid planning process. Planning partners including the Nursing Council are to be commended for their rapid response to an identified need, while the staff and students involved demonstrated admirable agility and resilience through their involvement in a project unfolding at pace – despite it being "new for everybody". While it was not possible in this instance, participants did indicate how more detailed and thorough planning could have made things smoother. This seems also to be reflected in the post-placement qualitative survey results, including in the relatively large proportion of participating students who reported they were unsure (n=4) or disagreed (n=3) that they felt adequately prepared for the telehealth experience.

The theme 'implementation requirements' reflects the preparation phase of Rutledge et al.'s (2021) Four-P's framework. Staff and students demonstrated competencies in the preparation domain, including, most obviously, in technology and training. Preparation involved downloading and accessing dedicated software systems on home computer systems with only virtual support, something which proved difficult – particularly for those using Apple Macintosh systems. The considerable degree of peer support in this area recorded in student reflective diaries and post placement was particularly pleasing. Peer support, whether formal or informal (as in this case), is a resource that should be considered in future telehealth experiences. Training was another aspect of preparation demonstrated in this initiative. Both staff and students engaged with interRAI educators and completed the requirements to become certified assessors. The findings have shown how this training was sometimes challenging but was a key requirement in delivering the telehealth programme effectively. In particular, the supervising faculty themselves becoming certified was valued – while "it was a lot to ask" if tutors had not completed training, participants did "not know how they could have helped the students really". This was also shown in the high proportion (88.2%) of students agreeing or strongly agreeing that they had received adequate supervision and support from Wintec teaching staff during the telehealth experience.

The themes including nursing competencies, provider relationships, and community insights were made most clear in the providing phase (Rutledge et al., 2021) of the experience. In sections 1-4 of the quantitative post-placement survey, a significant majority of participating students agreed or strongly agreed that the experience had helped them develop various competencies, something echoed in the post-placement interviews. Supervising faculty (themselves Registered Nurses with significant experience) also observed development and progression in student nursing competencies. Since these competencies are the knowledge, skills, judgement, and attitudes needed for nurses to practice safely (New Zealand Nursing Council, 2015a), it is encouraging to find how these can be developed and demonstrated in a telehealth context. This is particularly the case for this experience, which comprised

the first clinical experience approved by the Nursing Council that involved delivery via telehealth.

Provider relationships were another theme identified, and related to the *providing* phase when students were delivering telehealth encounters. Students and staff discussed independently during the post-placement data collection phases of this intervention the difficulty in navigating professional relationships when engaging with clients and seeking to engage for further information or referral. While it was a learning curve, students reported adapting quickly to interacting with multiple players and gaining confidence and competence in making necessary referrals. These are key skills, given the ever-growing importance of interprofessional collaboration (IPC) in healthcare delivery. A benefit of community-based placements in nurse education programmes is that they develop an understanding of clients within a much wider social setting of health and social providers, community networks, and family (Peters, McInes, & Halcomb, 2015). This experience grew student's awareness of this broader context, as demonstrated in the 'Community Insights' theme.

Students reported adapting quickly to interacting with multiple players and gaining confidence and competence in making necessary referrals.

The community insights theme relates to the contextual knowledge and insight gained by participating students during the *providing* phase. Students did not simply provide the interRAI assessment but provided community-dwelling elderly an important conduit for support and often human interaction that was valued by clients. In doing so, they gained first-hand awareness and appreciation of the day-to-day lives and challenges facing elderly people at home within the community. All participating students agreed they were able during the placement to establish maintain and conclude therapeutic interpersonal relations with health consumers, for example. They recorded in discussion increased awareness of factors such as complex health challenges, social disconnection and loneliness, and support needs and requirements. This supports earlier findings (van Iersel et al., 2019) understanding of community contexts and practice requirements can be increased through appropriately designed curricula.

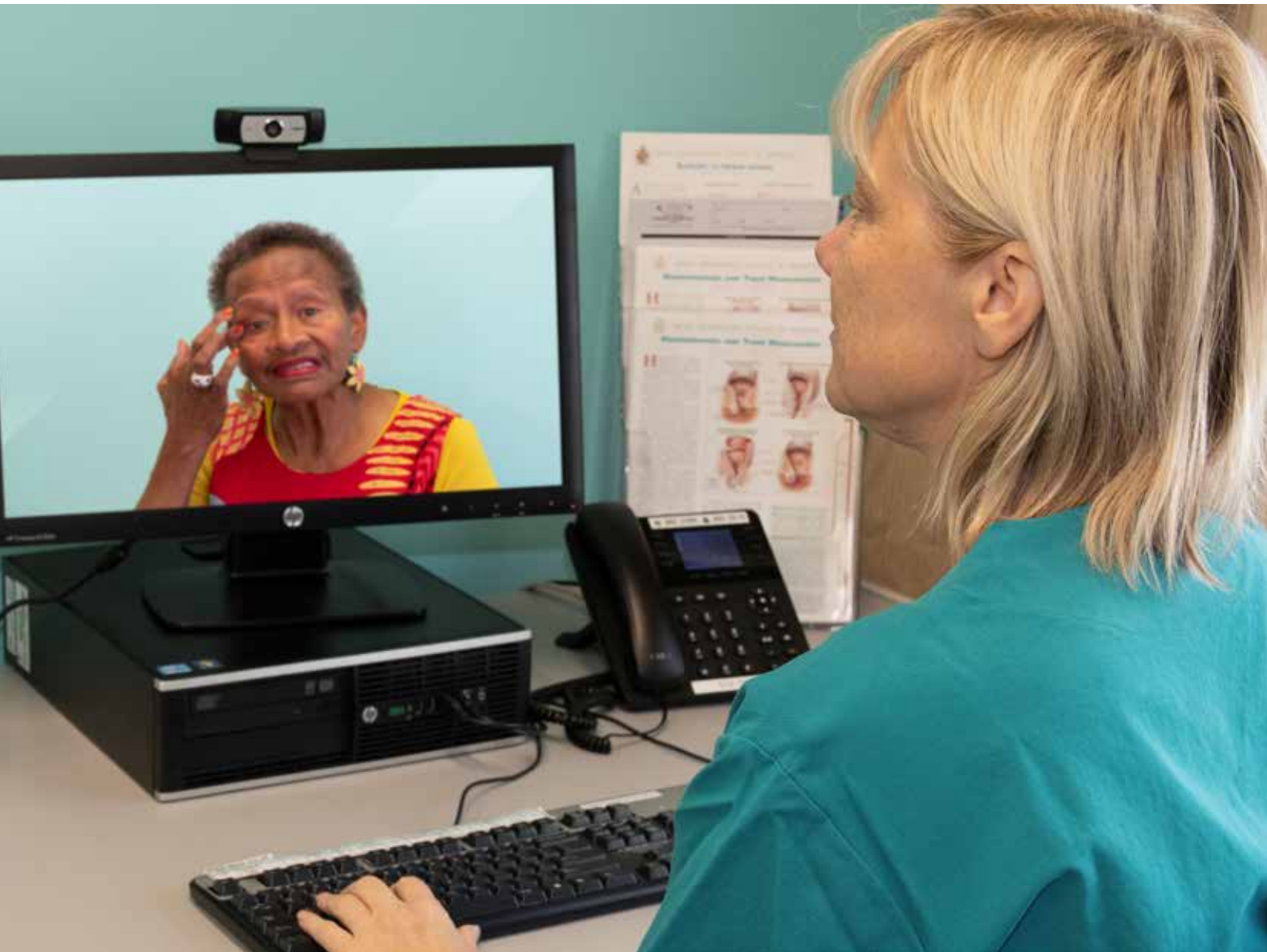
The final phase of the Rutledge et al. (2021) 'Four-P's' framework is *performance evaluation*. This evaluation has shown the value of the telehealth clinical experience from both student and staff perspectives. Students kept reflective diaries of the tasks they had completed and showed admirable elements of reflective and reflexive practice during the placement and in the data-collection phases. The experience was strengthened via the integral involvement of teaching faculty who qualified themselves as interRAI assessors, providing a solid basis for continuous engagement throughout the placement. Tables 1 and 2 provide detailed future considerations that have arisen from this evaluation for future telehealth learning experiences in the New Zealand context – a key aim of the performance evaluation phase.

Conclusion

Students enjoyed the placement, and both students and staff recognised the value of the placement as a learning experience of nursing.

This evaluation of the first undergraduate nursing clinical placement in New Zealand delivered via telehealth, are ultimately very positive. A mixed-method evaluation including both students and faculty involved, demonstrate a range of themes, applied here usefully to a framework for telehealth in nursing education recently proposed by Rutledge et al. (2021). The results demonstrate improved confidence in telehealth delivery for students, who enjoyed the opportunity to 'be inquisitive' and 'practice with curiosity' during telehealth engagement (Koehne, 2017). This aligns with findings from the literature that telehealth can offer nurses the opportunity to meaningfully engage with clients in authentic therapeutic conversation – strengthening the 'art' of nursing rather than technical interaction alone (Carroll, 2018). Students gained knowledge of wide local provider networks and confidence in referral and interprofessional engagement and saw this as key to success in the placement.

As the first example of a nursing clinical placement involving telehealth delivery, it is also important to consider the degree to which the placement allowed the student nurses the opportunity to develop the necessary nursing competencies. While nurses have traditionally relied on face-to-face interactions to develop and strengthen therapeutic engagement, participating students showed an impressive knowledge of nursing competencies and could describe clearly how these had been demonstrated or applied. As such, telehealth placements offer nursing students the opportunity to demonstrate and extend competencies and learn skills that are only going to grow in importance given the growing imperative for telehealth. Students enjoyed the placement, and both students and staff recognised the value of the placement as a learning experience.



References

Ali, N. S., Carlton, K. H., & Ali, O. S. (2015). Telehealth Education in Nursing Curricula. *Nurse Educator, 40*(5), 266–269.

American Association of Medical Colleges. (2021). Telehealth Competencies Across the Learning Continuum. https://store.aamc.org/downloadable/download/sample/sample_id/412/

Carroll, K. (2018). Transforming the Art of Nursing: Telehealth Technologies. *Nursing Science Quarterly, 31*(3), 230-232.

Chike-Harris, K. E., Garber, K., & Derouin, A. (2021). Telehealth Educational Resources for Graduate Nurse Faculty. *Nurse Educator, 46*(5), 295–299.

Davey, J. (2006). "Aging in Place": The Views of Older Homeowners on Maintenance, Renovation and Adaptation. *Social Policy Journal of New Zealand, 27*, 128-141.

Fetters, M. D., Curry, L. A., & Creswell, J. W. (2013). Achieving integration in mixed methods designs-principles and practices. *Health Services Research, 48*(6), 2134–2156.

Fronczek, A. E., Rouhana, N. A., & Kitchin, J. M. (2017). Enhancing Telehealth Education in Nursing: Applying King's Conceptual Framework and Theory of Goal Attainment. *Nursing Science Quarterly, 30*(3), 209-213.

Glaser, B. G. & Strauss, A. L. (1967). *The Discovery of Grounded Theory. Strategies for Qualitative Research*. Chicago: Aldine.

Gomm, R., Hammersley, M., & Foster, P. (Eds.). (2009). *Case Study Method*. London: Sage.

Hayward, S., Parsons, M., Atherfold, C., Baker, C., Sheridan, N., & Minton, C. (2020). The management of community-dwelling frail older people with complex conditions during the COVID-19 pandemic. An opportunity for third year undergraduate nursing students. [Unpublished proposal document – See Appendix 1]. Waikato District Health Board.

Health and Disability System Review. (2020). Health and Disability System Review: Final Report—Pūrongo Whakamutunga. Wellington: Author.

InterRAI New Zealand. (n.d.). interRAI in New Zealand. https://www.interrai.co.nz/about/interrai-in-new-zealand/

InterRAI New Zealand. (2020). National Standards for Contact Assessment New Zealand interRAI National Standards. https://www.interrai.co.nz/assets/interRAI-National-Standards-Contact-Assessment-Nov-2020-v2.pdf

InterRAI New Zealand. (2021). Training. https://www.interrai.co.nz/education-and-support/training/

Jumreornvong, O., Yang, E., Race, J., & Appel, J. (2020). Telemedicine and Medical Education in the Age of COVID-19. *Academic Medicine, 95*(12), 1838-1843.

Koehne, K. (2017). Telehealth Practice: Be Inquisitive. *AAACN Viewpoint, 39*(4), 16-17.

Kvalsvig, A., & Baker, M. G. (2021). How Aotearoa New Zealand rapidly revised its Covid-19 response strategy: lessons for the next pandemic plan. *Journal of the Royal Society of New Zealand, 51*, S143-S166.

Lamb, G. S., & Shea, K. (2006). Nursing education in telehealth. *Journal of Telemedicine and Telecare, 12*(2), 55-56.

Levett-Jones T., McCoy M., Lapkin S., Noble D., Hoffman K., Dempsey J., Arthur C., & Roche J. (2011). The development and psychometric testing of the Satisfaction with Simulation Experience Scale. *Nurse Education Today, 31*(7), 705-710.

Mallik, M. (1998). The role of nurse educators in the development of reflective practitioners: a selective case study of the Australian and UK experience. *Nurse Education Today, 18*(1), 52-63.

Mataxen, P. A. (2019). Telehealth nursing: More than just a phone call. *Nursing, 49*(4), 11-13.

Ministry of Health. (2011). *Needs Assessment and Support Services for Older People: What you need to know*. Wellington: Author.

Ministry of Health. (2016). New Zealand Health Strategy: Future direction. Wellington: Author.

Ministry of Health. (2017). New Zealand Influenza pandemic plan: a framework for action. 2nd ed. Wellington: Author.

Ministry of Health. (2018). InterRAI. https://www.health.govt.nz/our-work/life-stages/health-older-people/needs-assessment/interrai

New Zealand Doctor. (2021). Telehealth well bedded in and set for growth in New Zealand and globally. https://www.nzdoctor.co.nz/article/news/health-it/telehealth-well-bedded-and-set-growth-new-zealand-and-globally

New Zealand Government. (2021). History of the COVID-19 Alert System. Covid19.govt.nz. https://covid19.govt.nz/alert-levels-and-updates/history-of-the-covid-19-alert-system/

New Zealand Nursing Council. (2015a). Education programme standards for the registered nurse scope of practice. https://nursingcouncil.org.nz/Public/Education/How_to_become_a_nurse/Registered_nurse/NCNZ/Education-section/Registered_Nurse.aspx

New Zealand Nursing Council. (2015b). Reflective writing. https://www.nzno.org.nz/LinkClick.aspx?fileticket=3oTgEOEbXws%3D&tabid=109&portalid=0&mid=4918

New Zealand Nursing Council. (2020). Nursing Council - Supporting student education during the pandemic. https://www.nursingcouncil.org.nz/NCNZ/News-section/News_Archive/_Supporting_student_education_during_the_pandemic.aspx

New Zealand Telehealth Resource Centre. (2021). NZ Telehealth Resource Centre. https://www.telehealth.org.nz/

Parsons, J. A. (2021). The telemedical imperative. *Bioethics, 35*(4), 298-306.

Peters, K., McIness, S., & Halcomb, E. J. (2015). Nursing students' experiences of clinical placement in community settings: A qualitative study. https://ro.uow.edu.au/smhpapers/2793

Rutledge, C. M., Mason, A., Behnke, L., & Downes, L. (2021). Telehealth Competencies for Nursing Education and Practice: The Four P's of Telehealth. *Nurse Educator, 46*(5), 300-305.

Smith, A. C., Thomas, E., Snoswell, C. L., Haydon, H., Mehrotra, A., Clemensen, J., & Caffery, L. J. (2020). Telehealth for global emergencies: Implications for coronavirus disease 2019 (COVID-19). *Journal of Telemedicine and Telecare, 26*(5), 309-313.

Socha-Dietrich, K. (2018). Empowering the health workforce to make the most of the digital revolution. https://www.oecd-ilibrary.org/social-issues-migration-health/empowering-the-health-workforce-to-make-the-most-of-the-digital-revolution_37ff0eaa-en:

Stake, R. (2005). Qualitative case studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research* (3rd Ed., pp. 443-466). Thousand Oaks, CA: Sage.

van Houwelingen, C., Moerman, A., Ettema, R. G., Kort, H. S., & ten Cate, O. (2016). Competencies required for nursing telehealth activities: A Delphi-study. Nurse *Education Today, 39*, 50-62.

van Iersel, M., de Vos, R., van Rijn, M., Latour, C. H. M., Kirschner, P. A., & Scholte op Reimer, W. J. M. (2019). Influencing nursing students' perceptions of community care with curriculum-redesign; a quasi-experimental cohort study. *BMC Medical Education, 19*(299).

Varghese, J., Blankenhorn, A., Saligram, P., Porter, J., & Sheikh, K. (2018). Setting the agenda for nurse leadership in India: what is missing. *International Journal for Equity in Health,* 17.

Waseh, S., & Dicker, A. P. (2019). Telemedicine Training in Undergraduate Medical Education: Mixed-Methods Review. *JMIR Medical Education, 5*(1), e12515.

Yin, R. K. (2013). *Case Study Research: Design and Methods*. Thousand Oaks, CA: Sage.

Appendix 1 – Waikato DHB – initial proposal for initiative

The management of community-dwelling frail older people with complex conditions during the COVID-19 pandemic. An opportunity for third year undergraduate nursing students

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27th March 2020

Key points:

- Older people, Kaumātua and Kuia in Aotearoa-NZ are at significant risk of mental and physical harm during the pandemic as services are being re-prioritised potentially leaving older people without the basic aspects of life, such as nutrition and social connection;
- Needs Assessment Service Coordinators across DHBs prioritize focus on the most complex or spreading their scarce resource across a large population;
- Up to 20, 000 older people with either assessments that are out of date or older people with known risks need urgent tele-health interventions (interRAI CA, welfare check and coordination) during this crisis;
- Central TAS has established a 1-day online training programme to train 3rd year student nurses and their clinical tutors and others as indicated;
- interRAI-NZ has temporarily removed the requirement to be a 'registered health professional' to undertake interRAI assessment to enable 3rd year student nurses to use the tool;
- Students will have momentum software, (validated for security and privacy by TAS) installed on their personal computers. Students and staff will work entirely from their own homes, therefore not requiring 'essential worker classification';
- Students will work in virtual clusters under the direction of a tutor and assigned a DHB, who will provide NHIs to allow the assessment to occur;
- Students will be supervised by their clinical tutor who will ensure the quality of the assessments, maximise learning opportunities and liaison with DHBs; and
- The placement will last up to four weeks.

There are over 60,000 older people (mean age, 82) receiving home care (support with housework and / or personal care) in Aotearoa-NZ (64% female) and of these, close to six percent are Māori (NZ European, 88%; Asian, 3.5%; Pacific 2.6%). This population represents the most frail and complex older people still living at home, most often alone and reliant on community-based services to provide assistance around shopping and personal care. Supporting this population to age well in their own homes and communities requires multiple services from primary care, District Health Boards (DHB), Non-Government Organisations (NGO) as well as most importantly, a complex web of support delivered through the local communities and family/whānau.

DHBs have been working for many years to develop services that provide the most efficient and effective care to enable the best outcomes to emerge. However, it is complex and not an easy process and the health conditions that this population experience make this especially hard. Over 70 percent of people over the age of 75 have three or more long-term conditions and recent work exploring mortality amongst those older receiving home care shows that 90 percent of them will have died within 1000 days, following their initial referral for DHB support. This is an 'atrisk' population, they are our most frail older people, Kaumātua and Kuia and are most at risk of COVID-19 and the associated difficulties of managing health services at this time (e.g. increased isolation, loneliness as well as undetected exacerbations of existing problems).

This proposal outlines an approach whereby 3rd year undergraduate nursing students, trained by TAS and interRAI-NZ, work remotely from their own homes, using their own PCs (with TAS accredited security upgrade), to deliver a tele-health initiative (including an interRAI Contact Assessment review) to 'at risk' older people across Aotearoa-NZ. Students will be supervised by their school's academic nurses and as issues are identified, they will have the ability to refer to appropriate services, via the local DHB NASC organisation. As students can undertake the work safely from their own homes they can do so without the need to be classified as an "Essential Health Care worker" (for information on essential workers see https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid19-novel-coronavirus-health-advice-general-public/covid-19-essential-services-health-anddisability-system

This document outlines the initiative and integration with the 3rd year undergraduate programme and describes how the student telehealth experience can be included as a high quality 'clinical placement'.

1.1 WHY NOW?

All older people receiving support services have been assessed by the Needs Assessment Service Coordination (NASC), within each DHB. NASC workers are registered health professionals, most are nurses all working with a clinically complex caseload of clients. Within the population of older people assessed, approximately half are considered the

highest needs and receive the most attention from the NASC workers. As pressure on NASC increases during the COVID pandemic, less attention is focused on older people with lower needs and as community services are rationalised (for instance home care), it is this lower needs group of older people that receives less support and attention. However, they are still frail, still the most at risk of COVID-19 (see figure 1) and in this crisis have a heightened risk in relation to isolation, depression, anxiety, lack of food and nutrition and undetected deterioration. We estimate that there are over 20,000 'at-risk' older people within this group nationally.

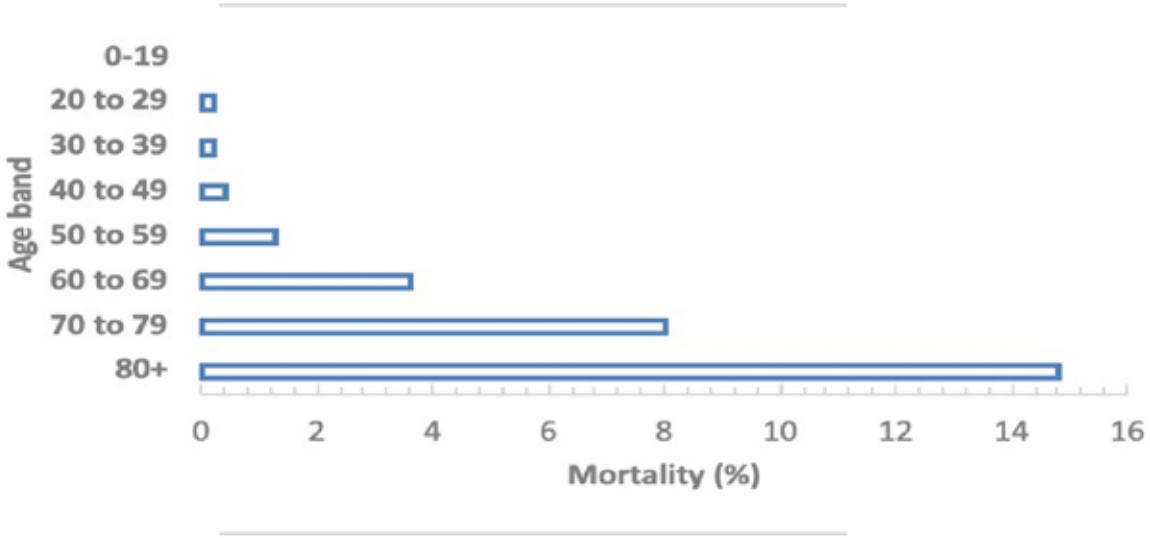

Figure 1: COVID-19 mortality, by age band

Over 47,000 support workers across New Zealand deliver weekly support to this population group. However, in many DHBs, since the COVID pandemic, up to 25 percent of staff have resigned, often because they themselves are older.

In most DHBs, because of ordinary demand on their services, there is often a span of three years or more between assessments and we do not have up-to-date information on this client group. We need action now but simply do not have the resources to undertake these tele-health interventions to this most vulnerable population group. We are concerned that some older people may not be having their most basic needs met during this crisis, such as adequate food, or if they are unwell, some will simply be having no contact at all. The experience of other countries during COVID clearly demonstrates that we need action as soon as possible.

1.2 Assessment

New Zealand has a mandated assessment for older people with disabilities, the interRAI Contact Assessment (for those with less complex conditions) and the interRAI Home Care (for the most complex). Needs Assessment Service Coordinators in each DHB are responsible for undertaking these assessments, but due to demand often undertake assessments three yearly. This is more of an issue in the District Health Boards (DHB) that have not transitioned to a new model of care where more resources are placed on assessment (Northland, Waitemata, Counties, Waikato, Lakes, Midcentral, Taranaki, Wairarapa, Whanganui, South Canterbury and West Coast). However, all DHBs are not up to date with their assessments. Further, given the very difficult times that older people, in particular are experiencing during the COVID-19 period, our most vulnerable members of New Zealand need a greater focus with more assessments undertaken.

Since 2008, the Ministry of Health has mandated all DHBs to assess older people referred for support services (such as home care or aged residential care) with an interRAI assessment, which is an example of a Comprehensive Geriatric Assessment (CGA)[4]. A number of tools are in use in Aotearoa-NZ, but importantly for this proposal, the interRAI Contact Assessment is relevant (See section 2.0), but of the tools, this is designed for either face-to-face or telephone based, takes between 30-60 minutes to complete and provides a screening for further action. It acts as a prompt or guide for further conversation around the issues that the older person is experiencing.

[4] CGA is a multidimensional inter-disciplinary diagnostic process focused on determining a frail older person's medical, psychological and functional capability in order to develop a coordinated and integrated plan for treatment and long-term follow-up. CGA is based on the premise that a systematic evaluation by a health professional may uncover treatable health problems which lead to better health outcomes. Studies report that significant benefits result when CGA is at the core of implementing services to address the health and social care needs of older people, especially when targeted care plans and interventions are required. Evidence suggests that CGA can delay nursing home admission1. Phibbs C, Holty, JC, Goldstein, MK, et al. The effect of geriatrics evaluation and management on nursing home use and health care costs: Results from a randomized trial. Medical Care. 2006;44:91-5., improve survival and improve functional ability in older populations with some studies showing that CGA can also reduce use of hospital services.

1. Schools of Nursing will seek volunteers from 3rd year Bachelor of Nursing students to undertake interRAI training and will identify academic tutors to provide supervision. Students will need access to a personal computer and their own phone, with headset function. Students will not be required to leave their place of residence and therefore do not require an 'essential healthcare worker' classification.
2. A named school coordinator will liaise with Central TAS (Technical Advisory Services) regarding contact details of students and RN tutors, who will undergo online training around older people, the COVID pandemic and the use of the interRAI Contact Assessment. Training runs Monday to Friday, is online and takes one day to complete. Training is entirely online.
3. Central TAS and interRAI NZ has obtained exemption for student nurses to undertake the interRAI CA[2] and this is considered normal practice internationally during the pandemic (Bridget Meehan, Principal advisor, interRAI, 2020).
4. Following training, students will be remoted set up with momentum software on their own personal computers and be given temporary access to the momentum software. Students and their designated RN tutor will be separated into virtual teams and each RN tutor assigned a DHB(s). Students can only access data from their assigned DHB.
5. Once set up on the system, the tutor will liaise with a named individual within the DHB NASC team, who will provide NHIs that have been prioritised as being at high risk of harm (either physical or mental). When the list is complete, a further list will be provided.
6. Students will include the 'hauora, health, wellbeing, welfare check' (Appendix 1) during the assessment and will utilise the interRAI CA as a guide for conversation. The example 'hauora, health, wellbeing, welfare check' document developed by Waikato DHB is underpinned by Māori values and based on Te Whare Tapa Wha as a health and wellbeing framework (Durie, 1994). Local content will alter dependent on DHB.

[2] An interRAI assessment may be undertaken by a health professional for whom assessment is part of their scope of practice, with a current New Zealand Annual Practicing Certificate (APC) or their health discipline equivalent. The exception is Enrolled Nurses who may assess 'under the direction and delegation of a registered Nurse or Nurse Practitioner'. **To meet extra demand during the COVID-19 pandemic, assessors using the Contact Assessment may have a range of prior-learning experiences. These newly trained assessors, who may not fully meet the above criteria, will also assess 'under the direction and delegation of a Registered Nurse or Nurse Practitioner'. Training and quality review will be provided by interRAI Services.**

7. Students will record issues on the 'hauora, health, wellbeing, welfare check' as well as on the momentum software. Recording data on the interRAI CA is essential as it allows DHBs to stratify responses if the situation deteriorates.
8. Every two to three clients, the RN tutor organises a zoom case discussion and provides peer review.
9. The programme continues between two and four weeks and longer if indicated.

3.0 Work integrated learning to support clinical experiences

Work integrated leaning is an umbrella term for teaching methods and models that combine theoretical learning with a practical experience. Knowledge and understanding is therefore made sense of through practical experience and reflection with ongoing interaction and collaboration between people as fundamental for learning to occur [2]. Work integrated learning approaches are numerous and diverse and this diversity should be recognised and articulated in terms of how nursing schools work within and adapt to meet the specialised needs of their disciplines and industry as an ongoing process.

During a pandemic, a nursing school's first priority has to be to keep students safe, and therefore clinical experiences can be difficult. However, by working with the principles of best practice in work integrated learning, nursing schools can help to meet the needs of their industry and local communities by adapting their clinical placement, while providing student with meaningful learning within the context of their course learning outcomes. Facilitating nursing students to assist with health priorities during a pandemic, fits within the core principles of work integrated learning. It is these principles which enhance employability by facilitating the development of students' professional identity as informed citizens, as well as enabling them to learn to navigate important ethical aspects of being a professional. Furthermore, the benefits of industry and local community are emphasised by the support of priority and vulnerable groups. Positive experiences and outcomes can be achieved by following the principles of work integrated learning which include:

- *Organisation set up*: Nurse academics understand prosses for InterRAI includes placement requirements and support, risk management issues, education of agency staff and clinical tutors who work with students
- *Student preparation:* readiness for practice theoretical basis and pre-requisites requirements
- *Supervision:* Nurse lecturer with overview of process, course and learning opportunities, School of Nursing tutor support, workplace employer support
- *Competencies:* specific competencies that students should be working towards achieved through supervision and support to develop reflective practitioner
- *Pedagogies:* Clearly defined and tailored learning outcomes and assessments methods that encourage critical reflection and an ongoing cycle of learning
- *Assessment:* clinical based competency assessments, reflective journals, reports
- *Partnerships:* reciprocal arrangements to target needs of student and host organisation through project work, research, staff development
- *Post-practicum debrief:* Share experiences, making connection between what is learnt at the university and the placement, critical reflection, pastoral role of School of Nursing post clinical experiences

3.1 Mapping competencies to specific nursing courses

Community dwelling older people receiving Home and Community Support Services (HCSS) are amongst some of those most at risk because they are often living alone with complex health conditions during this pandemic. The interRAI provides a comprehensive assessment covering a number of domains including mental, physical and functional health, as well as social wellbeing. Therefore, there are opportunities for students to progress towards NCNZ and course specific competencies while engaging with this clinical experience. This 'person-centred' approach to assessment facilitates a number of learning opportunities for students to consider the impact of the pandemic and country shutdown has on this cohort of patients from multiple learning opportunities.

Positive learning outcomes for students doing interRAI assessment can be achieved by nursing schools mapping their learning outcomes with clear guidelines within their specific nursing courses. This learning experience would not only be suitable within a primary care or assessment course but would also be appropriate in an acute physical and mental health course as the student assesses the effective of isolation have on this high-risk group of complex older persons as outlined below.

Table 1: Learning opportunities

Core courses	Specific learning opportunities
Acute physical care	Identify the impact comorbidities and aging on this group. Identify preventable adverse events that could occur related to their physical health during a pandemic to decrease need for hospitalisation. Prioritise physical care needs through a triage process
Mental health	Comprehensive mental health assessment that focuses on impact of social isolation and cognitive function to better enable safe and effective care for older people
Primary health	Work within a primary health care framework that emphasises early identification, intervention and prevention of adverse events and supports self-management and education
Assessment & clinical decision making	Focus on systematic assessment via telehealth and information technology
Nursing older persons	Focus on the unique healthcare needs of older person Become familiar with the normal processes of ageing and those resulting from pathological processes
Vulnerable populations	Insights into the complexity of health issues faced by groups in the community

3.2 Mapping to NCNZ Education Standards

The InterRAI assessment process as a clinical experience can facilitate the students to demonstrate the specific requirements set out by the NCNZ in the Standards for registered nurses, specifically standard 2.3 in practice by addressing the following:

Table 2: Learning opportunities

Specific requirements	Learning opportunities
Pharmacology knowledge and medicine management	Relate individual client's medications to conditions and understand their purpose
Comprehensive health assessment skills and decision-making	The comprehensive physical, mental, functional health assessment and social well-being provides students with a comprehensive framework to articulate their interviewing skills
Therapeutic communication	Development of therapeutic communication skills appropriate to the needs of older people
Working within a healthcare team	Work closely with teams remotely to ensure optimal communication and service delivery
Use of information technology	On-line learning, use of e-technology to meet client's needs, report information and connect with clients, healthcare professionals and clinical tutors

Although Schools of Nursing maintain a plan for clinical experiences under the normal circumstances, this clinical variation can be accommodated with specific learning outcomes that relate to the InterRAI process with additional reflection and research related to pandemic nursing to meet the courses learning outcomes. Furthermore, this is one clinical experience of up to four weeks that occurs across a range of other setting to meet the 1100 hours required for all students[5].

All formal mechanisms for ongoing discussion with the student, clinical tutor and registered nurse will occur to monitor the student's progress and ability to collect a comprehensive assessment and report their findings to the team for follow up interventions. The expectations for students learning and assessments will be negotiated with clinical staff and articulated in writing to guide the process of how students will conduct interRAI assessments. Normal assessments processes will

[5] All 3rd year at Massey University have already undertaken six to nine weeks of clinical placement in acute care including medical and some surgical nursing. This placement ensure students are continuing along the pipeline to registration in 2021.

continue with students assessed against the NCNZ *Competencies for the registered nurse scope of practice.*

3.4 Clinical hours

This work represents an opportunity for 3rd year student nurses to contribute to the welfare of our most vulnerable New Zealanders during the COVID pandemic in a safe and supportive manner and the learning opportunities are considerable across multiple domains.

Including the day's training, we anticipate that students will undergo between 100 and 120 hours during the placement.

4.0 Concluding comments

Multiple organisations have re-organised complex IT systems and processes to allow this to happen and recognise the significant contribution that student nurses can make in this complex and developing environment.

1. Phibbs C, Holty, JC, Goldstein, MK, et al. The effect of geriatrics evaluation and management on nursing home use and health care costs: Results from a randomized trial. Medical Care. 2006;44:91-5.
2. Pennbrant S, Svensson L. Nursing and learning - healthcare pedagogics and workintegrated learning. Higher Education, Skills and Work-Based Learning. 2018;8(2):17994.

3. Durie, M. (1994). *Whairoa: Maori Health Development*. Auckland, Oxford University Press.

Welfare Assessment Checklist

Name & NHI of client:

Date & Time of call:_____

Good morning/Kia ora/morena matua/whaea/Mr/Mrs/Ms….

My name is……. and I am from……..(Waikato DHB) and I work for……..(DSL). Our aim is to find that your needs will continue to be met during the Covid 19 Pandemic. We have a checklist of questions that I would like to ask you and that way we can identify any issues or areas of concern. Is it OK for me to ask you some questions yes/no

Questions	yes	no	Escalation /Action	Points
1)Is anyone (family/friend) staying with you? • If yes, are they helping you with shopping, meals and medications? • If no, is there anyone helping or checking up on you? Are they helping you with shopping and meals?			Salvation Army – 07 827 4723 / 021 159 0296 (Requiring food parcel) Sikh Aware – 021 177 2535 (Free delivery of groceries) YMCA – 07 838 2219 ext 1 (No meals on wheels, frozen meals available) Glenview/Melville Area: Retired New World Manager – 07 843 4564/ 021 988 616 (Will do shopping for older people)	

2) Do you have a personal alarm? • If yes, are you wearing it all the time?			St. John's alarm - 0800 502 323	
• If no, do you want to arrange one?			Red Cross – 0800 733 2767 (not available at the moment – waiting directions from Civil Defense)	
3) Do you have food in the house? • If no, escalate appropriately.			See escalation # 1	
4) Check interrai notes if client is receiving medication oversight. • If no, ask: Do you have enough medications? • If no: Explore why (e.g. repeats required. • Also ask, GP and pharmacy provider.			Refer back to GP / Pharmacy if needing more medications.	
5) Are you able to toilet yourself? • If no, explore issues and coping status. • If not coping well, discuss with service coordinator. Is there someone who can help you? • Discuss continence products.				

6) Are you able to pay your bills/manage your accounts? • If no explore issues (may not be able to get to the bank or Post Office)			Refer back to utility provider.	
7) Are you receiving formal supports from DSL? • If yes, are there any changes?			DSL office – 07 839 8883	
• How are you coping with the changes? • If not coping, discuss with service coordinator.				

1) Answers in the red zone is equivalent to 1 point.

2) Points will be recorded in the last column. .

3)

TOTAL SCORES	ACTION / FREQUENCY of WELFARE CHECKS
7	Daily welfare checks
5-6	Every other day check.
3-4	2 times a week.
2-0	Weekly call or complex clients twice weekly.

4) Document escalation that has occurred and follow-up plan.

Appendix 2 – Further feedback to Nursing Council

Response to the Nursing Council of New Zealand

Privacy and confidentiality of information – how will this be maintained in a home-based setting?
• Student and staff personal computers will have security software installed by Central TAS. Unless students have security software installed, the student cannot undertake the assessment (review) or access any personal information. Once the Telehealth clinical placement is completed, access will be removed. • Students will be instructed that no-one in the household can view the screen at any time. The RN clinical tutor will remind the student about privacy during the clinical placement.
Consent (person, whānau and family) – how will the student nurse identify themselves and gain consent for the assessment?
• The Central TAS training programme includes consent and identification process. • There are specific questions relating to consent in the assessment. • The pre-training will prepare the student on how best to introduce themselves, and confirm that the client understands they are a student nurse. • Introducing themselves as a student nurse, to the client, is critical and the RN clinical tutor will further ensure this process is fully understood by the student, and that their communication skills are assessed within the clinical placement.
Student supervision – the Council notes that student nurses will be indirectly supervised by a nurse tutor/lecturer. There is no mention of direct supervision by a registered nurse. Please detail the means by which the nurse tutor/lecturer will be able to fully evaluate the effectiveness of the student's communication technique and ability to adequately assess a person's care requirements.

Supervision and support is through these approaches:

1. Central TAS RN educator will assess the first four assessments (reviews) undertaken by the student and identify areas for development and consideration. Students are not allowed to proceed to undertaking ongoing reviews unless the Central TAS RN educator has 'signed them off as competent'.

2. The RN clinical tutor will have access to the assessments (reviews) that the student has undertaken. This provides them with information to better understand the context and content of the assessment (review) and to support students learning.

3. Students will be set up into groups of 6 under the direction of the RN clinical tutor. Some tutors will have two groups.

Day 1 and 2: After the first assessment (review) an hour Zoom session with 6 students will be undertaken. Students' experiences of undertaking the assessment (review) and any issues related to a client's care requirement and/or the student's perception of their communication with a client will be discussed. This process will continue after the second interview. The RN clinical tutor will run a Zoom session with their assigned students after the third assessment (review) and link themes arising from the assessments (reviews) to course content (specific learning objectives and outcomes).

Day 3 and beyond: 1.5 hour Zoom tutorials will be scheduled twice weekly. Weekly topics, for example, may include: cultural safety and communication; common health and social issues presenting during COVID-19 (physical safety); social isolation, loneliness and resilience; nutrition and older adults; and the implications of telehealth for nursing practice. In addition to tutorials, the RN clinical tutor will run a Zoom catch up with students to discuss any challenges that they might have encountered.

4. The student has the ability to engage the RN clinical tutor in any client assessment (review). The call can be suspended while the student seeks advice from their RN clinical tutor or from the InterRAI RN educator.

5. The students will work individually with the RN clinical tutor throughout this placement to meet the third year clinical placement competencies, drawing on their written reflections (assessment points within the clinical placement component of the BN programme).

6. DHB Needs Assessors (NASC) will be invited to Zoom meetings to discuss particular themes and outcomes related to assessments (reviews) to support students learning. Specific feedback to students will focus on the results of actions generated from their assessments (reviews), such as linking volunteers to the delivery of food, validating the importance of this work.

7. If at any time the student is unsure of a question, or of the needs of the client, the student will be instructed to tell the client that they will seek advice from their RN clinical tutor and then call the client back. A RN clinical tutor will be available to students at all times by phone, as is common practice in other types of clinical placements.

Kawa Whakaruruhau- the Council seeks further information regarding the inclusion of learning related to cultural safety and how the student nurse will be assessed regarding appropriate communication if communicating with Māori.

- In all student clinical placements cultural safety is assessed. This placement will be no different. Cultural safety principles are learnt and embedded within theory, simulation, and clinical placement courses across the BN programme.
- Within the interRAI pre-interview training students will be provided with information about how cultural safety can be implemented within the context of a telephone conversation.
- Students, when they introduce themselves to the client, and in the consent process, will ask the client if they would like whanau support during the interview. If the client has any cultural needs identified through the interview the student must ensure that these needs are clearly communicated to the DHB NASC.
- Student nurses are required within their programme of study to understand Te Tiriti o Waitangi as it relates to health and nursing practice. In addition, students apply Māori health frameworks, such as Te Whare Tapa Wha, in multiple courses to understand theory and practice context with the aim of assessing cultural and other health needs. Cultural safety is a part of the assessment (review) with Māori clients and whanau, and is also important for non- Māori clients.
- As part of the process of engagement with DHBs additional cultural resources will be made available to RN clinical tutors and students. For example, Waikato DHB has developed a foundational resource that outlines principles embedded within Te Whare Tapa Whā and cultural safety that is relevant to this project.

MINISTRY OF HEALTH
MANATŪ HAUORA

New Zealand Government

Policy: Essential worker designation for students completing training placements

Scope
This policy applies to students from all professions who are completing training placements in any setting (eg DHB or non-DHB).

Definitions
Placement includes any placement in an environment that provides healthcare or related services to patients or the public and for the purposes of this policy also includes placements in non-health (eg educational or business) settings.

Essential services are defined and listed here: https://www.health.govt.nz/our-work/diseasesand-conditions/covid-19-novel-coronavirus/covid-19-current-situation/covid-19-essentialservices-health-and-disability-system

Student includes all students who have not yet graduated.

Policy statement

1. The first priority guiding all decisions is that all reasonable efforts must be made to ensure that students and patients are kept safe.

2. Students undertaking a placement as part of completing their academic programme are considered to be essential workers *if, and only if, they are carrying out an essential role or tasks in an essential service*. It is for the training institution and the placement provider to assess placements against this definition.

3. Simply participating in routine, ongoing training – even if based in a designated essential service – does not in itself make a student an essential worker. That is, they must also be carrying out an essential role or tasks as a part of their placement.

4. *Where a student is not an essential worker their placement must be discontinued until COVID-19 Level 4 restrictions have been lifted*.

5. Exceptions may be made where the student is able to work entirely from home and under appropriate supervision.

6. Students may decide that they do not want to practice during this time and should not be penalised for that decision. Students should realise, however, that an extended absence from their training programme may delay completion of their training.

Supervision
All students on placements must have appropriate supervision (as determined by the training institution and placement provider) to help mitigate the enhanced risks inherent in working in the COVID-19 environment.

It should be noted that supervisors must prioritise providing essential services over providing supervision. This may require that the student involved cease working with patients until appropriate supervision can be resumed.

Review
This policy will be reviewed and revised as necessary and in anticipation of New Zealand moving to lower COVID-19 alert levels.

Note

In order to minimise the spread of COVID-19, serious restrictions on workers and workplaces have been put in place under the Level 4 alert. Health services, operations, and staff are, however, expected to remain up and running. Employers must continue to meet their health and safety obligations.

These same restrictions and responsibilities apply to students and to those who are responsible for them.

The Ministry of Health is responsible for deciding whether specific activities in the Health sector qualify as essential services and, by extension, which workers are considered essential.

The Ministry recognises and acknowledges that other organisations also have authority and responsibilities in regard to students;

- Training institutions have the ultimate responsibility for their students' welfare.
- Placement providers determine whether or not they continue to provide placements to students in the current circumstances.
- Responsible authorities make decisions regarding registration (where required) and practising status (including conditions on scopes of practice).

Placements can therefore be discontinued (directly or indirectly) by these other organisations, even if a student is providing an essential service.

Appendix 4 – Nursing Council of New Zealand - Approval letter

Te Kaunihera
Tapuhi o Aotearoa
Nursing Council
of New Zealand

16 April 2020

Sent via email:
mparsons@waikato.ac.nz

Prof. Matthew Parsons
Clinical Chair in Gerontology
Waikato District Health Board
Pembroke Street,
Hamilton West 3204

Dear Matthew,

RE: ***The management of community-dwelling frail older people with complex conditions during the COVID-19 pandemic.***

Thank you for submitting the redrafted proposal outlining the process for nursing students in their third year of study, to undertake tele-assessments of frail elderly people using the InterRai assessment tool, in the context of the Covid-19 pandemic and country-wide lockdown.

The Council appreciated your early engagement, willingness to respond and the subsequent discussions to clarify aspects of the proposal as they related to student learning and competence assessment. The rapid and detailed follow-up both in the *Response to the Nursing Council* document and in conversation with Professor Kathy Holloway our Council member has informed the decision that this could be an acceptable learning experience.

The Council looks forward with interest to being informed of the outcomes and the evaluation being developed by Professor Sheridan. The information could contribute to future discussions in relation to the place of telehealth in clinical experience.

Ngā mihi

Catherine Byrne
CE / Registrar
Nursing Council New Zealand

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P +64 4 385 9989 | F +64 4 801 8502 | E admin@nursingcouncil.org.nz www.nursingcouncil.org.nz

Appendix 5 – Sue Hayward, Waikato DHB - Letter to DHB Directors of Nursing

Waikato District Health Board

23 April 2020

DHB Directors of Nursing

The management of community-dwelling frail older people during the COVID-19 pandemic. An opportunity for third year undergraduate nursing students.

We would like to take this opportunity to formally update you regarding this project which was discussed on 24 March 2020 with the Ministry of Health Chief Nurse, Nursing Council of New Zealand (NCNZ), the Nurse Education Tertiary Sector (NETS), the Council of Deans (COD) and representatives from DHB Directors of Nursing by video conference.

From the initial discussion, a full proposal was submitted to Nursing Council for their consideration of this activity for student placement hours and following some further discussion, permission was provided on 16th April 2020.

The Central Region Technical Advisory Services Limited (TAS), with support from Waikato DHB, have developed an online training programme to enable third year nursing students and their clinical lecturers to be trained and achieve competency in the interRAI Contact Assessment (CA). TAS have also enabled the momentum software to be securely installed on student PCs for the duration of the project. Momentum software is used to store the assessment information. Once trained and assessed as competent by the interRAI trainer, students will continue with interRAI CA assessments, undertaken from their own homes and supervised by RN clinical lecturers. NHIs are provided by DHB NASC services and if issues are identified, NASC is alerted via the clinical lecturer.

A number of DHBs are shortly about to utilise this resource and this will continue over the next four to six weeks. Waikato DHB has prepared the first group for screening via Disability Support Link (DSL) NASC service and have a contact person within the Professional Development Unit to facilitate the training and link to the DSL team.

A student placement agreement that covers this unique placement opportunity is recommended between the individual education provider and the DHB where the screening is being undertaken.

Please find attached the proposal document, questions arising from it from the Nursing Council and the associated response to these.

Please contact me with any queries or if you would like more detail regarding the logistics detail.

Yours faithfully

Sue Hayward
Chief Nursing and Midwifery Officer
Waikato DHB

Cc: Margareth Broodkoorn, Chief Nursing Officer, Ministry of Health
Catherine Byrne, Chief Executive/Registrar, Nursing Council of New Zealand

PI00295

www.waikatochb.health.nz

Appendix 6 – Cheryl Atherfold, Waikato DHB - Letter to Wintec requesting student involvement

Waikato District Health Board

Private Bag 3200
Hamilton 3240

28 April 2020

Glennis Birks
Bachelor of Nursing Programme
Wintec

Dear Glennis

Re: Older Person Dwelling Alone Project.

I would like to request the participation of the Wintec Bachelor of Nursing year three (semester five) students and the associated tutors in this project.

This initiative has arisen out of the COVID19 response where the MOH have identified a vulnerable group of older people who live alone with less complex needs who are not regularly engaged with support services.

As a new innovation this project presents as an opportunity worthy of evaluation as to date students have not been involved in telehealth models of screening in groups working with registered nurse tutors. The detail of this project is attached for your reference.

Please contact me with any queries.

Regards

C. L. Atherfold

Cheryl Atherfold
Deputy Chief Nurse

Wintec WAIKATO INSTITUTE OF TECHNOLOGY Te Kuratini o Waikato	**Research and Postgraduate Office (RPGO)** **Human Ethics in Research Group (HERG)**

LOW RISK HUMAN ETHICS IN RESEARCH APPLICATION FORM

Please refer to the Ethics Guidelines prior to completing this application.

The RPGO is located at the City Campus, D-Block (Offices D2.22 – D2.24), email research@wintec.ac.nz or phone Megan Allardice on Ext. 3582 for more information.

Please see the last page of this document for detailed instructions for completing this form.

1.0 PROJECT TITLE	
	Evaluation of Nursing Student Telehealth Placement: InterRAI assessment of community-dwelling frail older people with complex conditions during the COVID-19 pandemic

2.0 RESEARCHER(S)		
2.1	Primary researcher's name	Professor Sharon Brownie
2.2	School//Centre/Unit	Centre for Health and Social Practice
2.3	Contact Details (Telephone and E-mail)	Sharon.brownie@wintec.ac.nz +64 2067188
2.4	Is this application a:	☐ Student Application ☐ Staff Application
2.5	If this is a student application, please provide the Module code here	N/A as not a student application
2.6	Is this project a staff application that utilises work partially or wholly undertaken by students who are not participants (e.g. data collection undertaken by a researcher's class)?	No the staff researchers will collect all data

2.7	If so, please clearly describe what the role of these students is to be in this research, what the work will be used for explicitly (including any issues regarding authorship of research outputs such as journal articles), and what steps have been taken to ensure students are aware of this.	N/A
2.8	Name of other Researcher(s) and positions. (If this is a student application please provide the name(s) of the project supervisor(s) and indicate that they are supervisors here.)	Dr Linda Chalmers – SASM CHASP Post Graduate Nursing Associate Professor Patrea Andersen – External Academic Advisor
2.9	Contact Details of other researchers and/or supervisors (Telephone and E-mail)	Linda.Chalmers@wintec.ac.nz +64 210690563 panders1@usc.edu.au +61 450706515
2.10	Is this application:	☐ A new application ☐ A subsequent approval request following a significant change to an already approved application

3.0 PROJECT TIMELINE

Projected start date for **data collection** *(once this ethics application is approved. Please note, projects can only begin once applications have been approved, regardless of the level of risk)*:

- Projected start date: May 2020
- Projected end date: May 2021

4.0 PROJECT SUMMARY (please include your research purpose and objectives, methodology will be dealt with in Section 6)

This proposal outlines an evaluation of a tele-health placement whereby 3rd year undergraduate nursing students, trained by interRAI-NZ, and its Technical Advisory Service (TAS) work remotely from their own homes, using their own PC's, to deliver a tele-health initiative (including an interRAI Contact Assessment review) to 'at risk' older people across the Waikato District.

The research objectives are to:

- To evaluate student experience in participating in a telehealth placement implementing an IntraRAI and wellbeing survey of community dwelling older persons in the Waikato DHB catchment area
- To evaluate tutor experience in supervisor students in a telehealth placement implementing an IntraRAI and wellbeing survey of community dwelling older persons in the Waikato DHB catchment area

- To identify key lessons to inform future telehealth clinical placement design for nursing students
- To provide advice to the NZNC regarding the outcome of this inaugural telehealth student placement experience

The research questions investigate:

- What are the key findings identified following student participation in a telehealth placement implementing an IntraRAI and wellbeing survey of community dwelling older persons in the Waikato DHB catchment area
- What are the key findings identified in following nursing tutor participation in a telehealth placement implementing an IntraRAI and wellbeing survey of community dwelling older persons in the Waikato DHB catchment area
- What key lessons arise from this telehealth experience that can usefully inform future telehealth clinical placement design for nursing students
- What advice should be provided to the NZNC regarding the continuance, design and implementation considerations of future telehealth student placement experiences

Formal evaluation of the placement is a requirement of the Nursing Council of New Zealand. The outcomes of the evaluation will be shared with the Council.

5.0 PROJECT METHODOLOGY (including methods for data collection)

Positioned within the interpretive paradigm a qualitative case study methodology will be used to conduct the study with the end design including a series of nested case studies from which comparative analysis can be undertaken. Case study method is used for the purpose of discovering something that is not necessarily solely observable (Stake, 2010). Hargreaves, 2011; Lo, et al., 2012a; Perron, Côté, & Duffy, 2006; Schelly, Cross, Franzen, Hall, & Reeve, 2010, argue this approach allows the researcher to develop in-depth understanding of a unique phenomenon and the organisational context (Gomm, Hammersley, & Foster, 2009; Yin, 2013). The unique phenomenon in this instance is in this instance is the changes and insights that are generated through the teaching and learning experience, specifically, the telehealth experience within this case study.

The use of qualitative methodology in this context forces the researcher into natural settings and grounds itself "within the lived experiences of people" (Marshall & Rossman, 2011, p. 2). Acceptance of qualitative methodology as a rigorous research methodology can be attributed to the work of Shenton (2004) who expanded upon a criterion of trustworthiness for qualitative researchers originally created by Guba (1981). This model has four distinct criteria that parallel to criteria employed by quantitative researchers as listed below in Table 1

Qualitative criteria	Quantitative Criteria
Credibility	Internal Validity
Transferability	Generalisability
Dependability	Reliability
Confirmability	Objectivity

The trustworthiness of Qualitative Research is arguably the most important criterion to assess the research credibility in case study design (Piacun , 2017). By meting criteria such as credibility, transferability, dependability and confirmability ensures the study produces findings that are similar to reality and that the phenomenon under scrutiny has been "accurately recorded" (Shenton, 2004, p. 64). Subsequent to ethical approval a purposeful sample consisting of an initial cohort of 20 undergraduate (4 groups of 5) fifth semester BN students and 6 Wintec teaching staff will be recruited. Further groups of 20 may be recruited dependent upon the number of placements offered by the DHB. Participation will be voluntary. A demographic profile sheet will gather information about study participants. Qualitative data will be collected via pre and post placement short answer reflections gathered from participating students. Focus group discussions will provide students and staff with an opportunity to share their experience. Interviews will audio recorded and transcribed verbatim. These and student reflective essays will be analyzed drawing on data analysis methods used in Grounded Theory (Glaser & Strauss, 1967), with data collected in this study analyzed using the constant comparative method. All data including audio recordings will be stored in password protected electronic files.

Glaser, B. & Strauss, A. (1967). The Discovery of Grounded Theory: Strategies for Qualitative Research. Chicago: Aldine(1992). Doing Grounded Theory

Gomm, R., Hammersley, M., & Foster, P. (2009). Introduction. R. Gomm, M. Hammersley & P. Foster (Eds.), Case Study Method (pp. 1-116).Retrieved from http://methods.sagepub.com/book/case-study-method

Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. Educational Technology Research & Development Journal, 29(2), 75-91.

Hargreaves, T. (2011). Practice-ing behaviour change: Applying social practice theory to pro-environmental behaviour change. Journal of Consumer Culture, 11(1), 79-99.

Lo, S. H., Peters, G. J. Y., & Kok, G. (2012a). Energy Related Behaviors in Office Buildings: A Qualitative Study on Individual and Organisational Determinants. Applied Psychology, 61(2), 227-249.

Marshall, C., & Rossman, G. B. (2011). Designing Qualitative Research (5th ed.). Thousand Oaks: Sage Publications.

Researcher(s) signature(s) (the name and signature of all researcher(s) are to be included):

Name	Signature	Date
Professor Sharon Brownie		29th April 2020
Dr Linda Chalmers		30th April 2020
Assoc Professor Patrea Anderson		29th April 2020

Research Leader signature:

Name	Signature	Date
Lotta Bryant On behalf of Research Office		2 May 2020

HERG Chairperson or delegated representative's signature (RPGO use only):

Name	Signature	Date

COMPLETING THIS FORM

Please note: A low risk research project is one in which the nature of the potential/actual risk of harm to participants or the researcher is minimal and no more than is normally encountered in daily life. If, as a staff member, you are new to research or are in any doubt as to which application to submit, please consult with your Research Leader. If you are a student, your supervisor will be able to give you advice. If you are still in any doubt, don't hesitate to consult the RPGO.

Specific Instructions

- All questions are to be answered. Note the questions within require a mix of descriptions, yes/no answers and cross the box (**Double-click on check boxes with your mouse and select 'Checked' from the options under 'Default Value'**).
- Research Leaders need to review the information in this form and sign it off prior to application being made to the RPGO.
- Please forward one signed original copy to the RPGO, together with an electronic version to research@wintec.ac.nz.
- Low Risk Human Ethics in Research Applications also need to be accompanied by a copy of the Information Sheet, Consent Form, and any Questionnaires or Interview Schedules for consideration. If Questionnaires/ Schedules are not yet confirmed, please supply the latest draft.
- No questions are to be deleted, even those that you feel you are not required to answer.
- No part of the research requiring ethical approval should commence prior to approval being confirmed.
- Applicants will receive an official confirmation of submission via email from the RPGO once all conditions of this form have been completed.
- If you want to apply for an extension on a previously approved project, please contact the RPGO, as you will probably not need to submit a separate application.
- Applicants will be advised of the outcome of their application to the Human Ethics in Research Committee **no later than ten working days** after the completed and confirmed submission of this application.

HUMAN ETHICS IN RESEARCH LOW RISK APPLICATION FORM - CHECK LIST	
Research project title:	**Evaluation of Nursing Student Telehealth Placement**: InterRAI assessment of community-dwelling frail older people with complex conditions during the COVID-19 pandemic
Name of primary researcher:	Professor Sharon Brownie 

Attached please find (as applicable) in the order listed below

Completed HERG Low Risk Application Form	☐ Yes ☐ No
Consent Form for participants	☐ Yes ☐ No
Information Sheet for participants	☐ Yes ☐ No
Copy of Focus Group Questions, Interview Schedule, or similar	☐ Yes ☐ No

Appendix 8 – Wintec Human Ethics in Research Group - ethics approval letter

Waikato Institute of Technology
Research Office
D Block, Tristram Street / Private Bag 3036
Hamilton 3240
e-mail research@wintec.ac.nz
Telephone 07 834 8800 Extn 3582

13 May 2020

Centre for Health and Social Practice
Sharon Brownie

Dear Sharon,

LOW-RISK HUMAN ETHICS RESEARCH APPLICATION
Approval reference WTLR19020520

Title: Evaluation of Nursing Student Telehealth Placement: InterRAI assessment of community-dwelling frail older people with complex conditions during the COVID-19 pandemic

Thank you for your Low-Risk Ethics application and subsequent addition of a further data collection tool to your original application. This was considered by the Chairperson of the Human Ethics in Research Group on 13 May 2020. I am pleased to inform you that an approval has been granted for this application.

This ethical approval is granted up to 31 December 2020, or until the project is completed, whichever comes first.

On behalf of the Chairperson and members of the Human Ethics in Research Group, we wish you every success with your research endeavours.

Kind regards

p.p. Elizabeth Bang
Chairperson
Wintec Human Ethics in Research Group.

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Te Kuratini o Waikato

Research and Postgraduate Office (RPGO)

APPLICATION FOR WINTEC INSTITUTIONAL CONSENT TO CONDUCT RESEARCH INVOLVING WINTEC STAFF AND/OR STUDENTS

The personal information supplied in this Application form and the accompanying Research Proposal may be used in accordance with the principles of the Privacy Act 1993. **Please attach evidence of Ethics approval and return to the Research and Postgraduate Office.** Please consult with your Research leader if you need advice or guidance concerning this application. If you are still unsure, you may contact the RPGO.

Researcher to complete this section

Project Title	**Evaluation of Nursing Student Telehealth Placement**: InterRAI assessment of community-dwelling frail older people with complex conditions during the COVID-19 pandemic
Abstract of Research Project This proposal outlines an evaluation of a tele-health placement whereby 3rd year undergraduate nursing students, trained by interRAI-NZ, and its Technical Advisory Service (TAS) work remotely from their own homes, using their own PC's, to deliver a tele-health initiative (including an interRAI Contact Assessment review) to 'at risk' older people across the Waikato District. Formal evaluation of the placement is a requirement of the Nursing Council of New Zealand. Outcomes of the evaluation will be shared with the Council.	
Who at Wintec do you want to participate in your research? (Students and/or staff, and from which school/unit)	Fifth semester Bachelor of Nursing Students Fifth semester Bachelor of Nursing Clinical Tutors
Funding Agency	Wintec, CHASP Funding
Principal Investigator	Professor Sharon Brownie
Position	Director, Centre for Health & Social Practice
Organisation (*School if Wintec staff or student*)	Centre for Health & Social Practice
Address	Wintec City Campus, Hamilton, New Zealand
Telephone No	027 2067188
E-mail	Sharon.brownie@wintec.ac.nz
Signature	
Date	28 April, 2020

Researcher to complete this section (If you are not sure whose signature you need please contact the RPGO)

Approval of the Head of School/Centre from which participants will be drawn	
I have read the researcher's request to conduct Research on Staff and/or Students of the School/Centre for an evaluation of 5th semester Bachelor of Nursing Students participation in a telehealth placement involving Community Dwelling Older Persons within the Waikato Catch area. I am satisfied that the School/Centre will not be disrupted as a result of the proposed research being undertaken.	
Head/Manager of School/Centre	Acting Dean
Signature	
Date	29 April 2020

Once you have completed the two sections above (including obtaining the signature of the head of school/centre) please forward to the RPGO, Research@wintec.ac.nz or phone 07 834 8800 ext 3582. Wintec staff and students need to submit a signed copy of this application with their ethics application. People external to Wintec need to attach evidence that they have ethics approval from their institution (e.g. a copy of the ethics approval letter).

The RPGO will obtain the following signatures and then send you a copy of the completed document, after which you may begin to collect your data.

Wintec Research Approval	
Research Director	Lotta Bryant
Signature	
Date	29 April 2020

Authorisation on behalf of Waikato Institute of Technology	
Title	Acting Dean
Signature	
Date	29 April 2020

Waikato Institute of Technology
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Hamilton 3240, New Zealand

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www.wintec.ac.nz

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PARTICIPANT INFORMATION SHEET

Evaluation of Nursing Student Telehealth Placement: InterRAI assessment of community dwelling frail older people with complex conditions during the COVID-19 pandemic

Introductions

My name is Sharon Brownie and I am the Centre Director for the Centre of Health and Social Practice. Our research team includes Dr Linda Chalmers, Associate Professor Patrea Anderson and myself.

Details of participation

We would like to invite you to participate in a study evaluating the Community Dwelling Older Persons placement in which you have recently been involved. You are invited to participate in this study on the basis that you are currently or have been a student or a tutor associated with this placement.

Study procedure

If you agree to participate in this study, we will ask you to respond to some pre and post placement questions and reflections. We will also schedule a time to interview you about your experience in this telehealth placement. We are interested in your experience and ideas you may like to suggest to help improve the placement experience. With your consent, our interview discussion will be recorded to ensure we can effectively capture all of the important issues that you raise.

Your participation in this study is completely voluntary and you have the option to withdraw at any stage without any consequences of any kind. Of importance, you can be reassured that your participation in the study or your withdrawal will not, in any way, affect your studies (student participants) or your employment (tutors participants).

Confidentiality and data storage

All data and information related to this study will be strictly confidential. Confidentiality of any personal identifying information recorded or entered into the computer will be maintained through the use of a protected password. No personal will be used in a manner that can identify you. Digital records will be protected by passwords known only to the research team. Signed consent forms with participant names and contact information will be stored in a locked cabinet that can be opened only by members of our research team. This information will be saved for a period of 5 years after which it will be disposed in a safe manner. We will use pseudonyms or coded participant numbers in any articles or publication arising from this study.

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www.wintec.ac.nz

Benefits to participants

The final report will be shared with the Team Manager for undergraduate nursing and with the Nursing Council of New Zealand to help with the design of future telehealth placements. On request, a copy can also be made available to all interested participants. The published report or peer-reviewed articles will be widely available and enable better understanding of telehealth placements for undergraduate nursing students. This has the capacity to lead to improvements for future placements.

Principal Researcher

I am the principle researcher for this project. My full name and contact email is Sharon Brownie: Sharon.Brownie@wintec.ac.nz

Ethics Clearance Statement

Ethics approval has been sought from Research Ethics Committee of the Wintec Quality and Academic Unit

- Filing Date: April 30, 2020
- Date of approval of the study: May 4, 2020
- Number of the study: WTLR19020250

If you wish to speak to a representative of Wintec about this study, you may contact

Megan Allardice
Research Coordinator, Quality & Academic
Unit Megan.Allardice@wintec.ac.nz Wintec,
Hamilton New Zealand

Waikato Institute of Technology
Tristram Street, Private Bag 3036
Waikato Mail Centre
Hamilton 3240, New Zealand

Telephone +64 7 834 8800
Freephone 0800 2 Wintec (0800 2 946 832)
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Evaluation of Nursing Student Telehealth Placement: InterRAI assessment of community-dwelling frail older people with complex conditions during the COVID-19 pandemic

Participant Consent Form

(one copy to be retained by the Research Participant and one copy to be retained by Researcher)

I……. (participant's name) consent to being a participant in the above named research project, and I attest to the following:

1. I have been informed fully of the purpose and aims of this project
2. I understand the nature of my participation
3. I understand the benefits that may be derived from this project
4. I understand that I may review my contributions at any time without penalty
5. I understand that I will be treated respectfully, fairly and honestly by the researcher/s, and I agree to treat the other participants in the same way
6. I understand that I will be offered the opportunity to debrief during, or at the conclusion of this project
7. I have been informed of any potential harmful consequences to me of taking part in this project
8. I understand that I may withdraw from the project at any time (without any penalties)
9. I understand that my anonymity and privacy are guaranteed, except where I consent to waive them
10. I understand that information gathered from me will be treated confidentially, except where I consent to waive confidentiality
11. I agree to maintain the anonymity and privacy of other participants, and the confidentiality of the information they contribute.

Participant……Date……

Researcher……..Date…….

Ethics Clearance Statement

Ethics approval has been received from Research Ethics Committee of the Wintec Quality and Academic Unit: Number of the study: WTLR19020250

If you wish to speak to a representative of Wintec about this study, you may contact Megan Allardice Research Coordinator, Quality & Academic Unit Megan.Allardice@wintec.ac.nz Wintec, Hamilton, New Zealand.

WTLR19020250 Focus Group Interview Consent Form 30/06/2020

Appendix 12 – Pre-placement survey questions – staff and students

Students

Q1: What skills and competencies might you need to develop to undertake telehealth assessments with elderly people?

Q2: What things do you think you would you need to consider in responding to different cultural needs?

Q3: What extra support might you need from tutors, which may differ from the normal circumstances?

Q4: Explain the advantages you envisage, as a student, in doing this project?

Q5: How do you see this project developing your practice in various areas?

Q6: Explain any concerns you may have about not being able address all the clients' issues?

Staff

Q1: What skills and competencies might you need to develop to supervise students undertaking telehealth assessments with elderly people?

Q3: What things do you think students would need to consider in responding to different cultural needs?

Q4: What extra support might you think students need from tutors, which may differ from the normal circumstances?

Q5: Explain the advantages you envisage, for a student, in doing this project?

Q6: Last question... Explain any concerns you may have about students not being able to address all the clients' issues?

Appendix 13 – Interview guide – staff and students

1. Explain research

Although participants will have already had the research explained to them and have voluntarily signed informed consent forms, before the interview process commences, the following issues are reiterated, and participants given a further opportunity to ask questions and seek clarification if needed.

- Research purpose and aim
- Issues related to participant consent
- Confidentiality
- Publication of results
- Participant rights
- Withdrawal from the research
- Interview process / tape recorder

2. Interview questions guide

Before questioning commences, participants are made aware that there is no right or wrong answer. Their account / story is important and that it should be considered that the researcher has no prior knowledge.

Sample questions

Tell me your experience undertaking telehealth assessments with elderly people.

- How well did the training prepare you for the telehealth experience?
- What skills and competencies did you need to draw on to undertake telehealth assessments with elderly people?
- Was there enough training and support to enable you to elevate assistance/ care for the older people that you interviewed?
- What professional and emotional challenges did you encounter and how did you manage these?
- Were there unexpected advantages of undertaking the telehealth experience?
- What did do you need to consider in responding to different cultural needs?
- What support did you need from tutors, which differed from the normal circumstances?
- Explain the advantages to you, as a student, arising from this project?
- How has this project developed your practice?

Interview conclusion

Thank participants for their contribution.

SATISFACTION WITH TELEHEALTH EXPERIENCE SCALE (STES)						
Your decision to continue with this survey will be considered as having provided informed consent. Please do not write your name on the survey form						
Below find a list of statements. Read each statement, reflect on your Telehealth experience, and then **CIRCLE** the response that best indicates your level of agreement. Please answer every item, even if one is similar to another one. Answer each item quickly, without spending too much time on any one item.						
Professional responsibility						
1.1	I was able to accept responsibility for ensuring that my nursing practice and conduct met the standards of professional, ethical and relevant legislated requirements	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
1.2	I was able to apply the principles of the Treaty of Waitangi Te Tiriti o Waitangi to nursing practice	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
1.3	I had an opportunity to promote and environment that enables consumer safety, independence, quality of life and health	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
Management of nursing care						
2.1	I was able to provide planned nursing care to achieve identified outcomes	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
2.2	I Undertook a comprehensive and accurate nursing assessment of health consumers in a variety of settings	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
2.3	The Telehealth experience gave me the opportunity to practice completing documentation that is accurate and maintains confidentiality of information	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
2.4	I was able to ensure the health consumer had adequate explanation of the effects, consequences and alternatives of available service options	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
2.5	The Telehealth experience provided opportunity to act appropriately to protect oneself and others when faced with unexpected health consumer responses or other crisis situations	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
2.6	I was able to evaluate health consumers situation in respect to principles of health promotion and primary health care access	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
2.7	I was able to provide health education appropriate to the needs of the health consumer within a nursing framework	Strongly disagree	Disagree	Unsure	Agree	Strongly agree

2.8	In debriefing I was able to reflect upon, and evaluate with peers and experienced nurses, the effectiveness of nursing	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
2.9	The Telehealth experience provided me with opportunity to enhance my professional development	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
Interpersonal relationships						
3.1	I was able to establish, maintain and conclude therapeutic interpersonal relations with health consumers	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
3.2	I was able to practice nursing in a negotiated partnership with the health consumer where and when it was possible	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
3.3	The Telehealth experience gave me the opportunity to communicate effectively with health consumers and member of the healthcare team	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
Interprofessional health care and quality improvement						
4.1	I had the opportunity to collaborate and participate with colleagues and members of the health care team to facilitate and coordinate care	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
4.2	The Telehealth experience helped me to recognise and value the roles and skills of all members of the health care team in the delivery of care	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
4.3	I was able to participate in quality improvement activities to monitor and improve standards of care	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
Preparation for the Telehealth experience						
5.1	The TAS and DHB training was relevant to the Telehealth experience	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
5.2	The TAS and DHB training and support was timely	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
5.3	I felt adequately prepared for the Telehealth experience	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
5.4	I received adequate WINTEC tutor support before undertaking the Telehealth experience	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
5.5	I had internet and digital support prior to the Telehealth experience	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
Implementation of the Telehealth experience						
6.1	I received adequate oversight and support from DHB staff during the Telehealth experience	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
6.2	I received adequate oversight and support from WINTEC teaching staff during the Telehealth experience	Strongly disagree	Disagree	Unsure	Agree	Strongly agree

6.3	I did not have any challenges using the internet or digital tools during the Telehealth experience	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
6.4	I did not have any challenges with patients undertaking the assessments	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
6.5	This was a valuable learning experience	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
Clinical learning						
7.1	The Telehealth experience tested my clinical ability	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
7.2	The Telehealth experience reinforced content taught in the BN program	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
7.3	The Telehealth experience helped me to apply what I learned in the BN program	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
7.4	The post experience debrief helped me process the experience and consolidate my learning	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
7.5	As a result of the Telehealth experience I feel more prepared for professional practice	Strongly disagree	Disagree	Unsure	Agree	Strongly agree

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Evaluation of Nursing Student Telehealth Placement: InterRAI assessment of community-dwelling frail older people with complex conditions during the COVID-19 pandemic

Introduction

This information sheet is designed to provide prospective participants with an outline of focus group interviews and how these will be conducted for the Evaluation of Nursing Student Telehealth Placements at Waikato Institute of Technology research project. The interview is the third part of the data collection for the research and explores in more depth your experience. Please read the general Information Sheet explaining the research. There are two times scheduled for focus groups, but you will only need to attend one of them.

Focus Group/interview procedure

If you agree to participate in a focus group/interview we will ask you to complete and sign informed consent. The interviews will be conducted by Dr Linda M Chalmers, Senior Academic Staff Member, Center for Health & Social Practice, Waikato Institute of Technology. The focus group/interview will be audio recorded and then transcribed prior to analysis. Any identifying narrative will be deidentified in transcripts, analysis, reports or publications. The information shared in this meeting is confidential. Please have phones on silent.

Focus Group/interview topics

The broad topics surrounding your Telehealth experience that will be explored in these discussions include:

- Preparation for the placement – what worked well and what could be improved for students undertaking telehealth placements in the future?
- Student satisfaction – What were satisfying patient scenarios during the placement and why?
- Challenging patient scenarios – Where there challenging patient scenarios you encountered during the placement and why was this a challenge?
- Effective clinical intervention – Describe examples of where you were able to implement effective clinical interventions through the client assessment
- Advice for future students – describe the advice that you would give to nursing students in the future who have the option or opportunity to participate in a telehealth clinical nursing placement
- Other information you would like to share about your experience

Ethics Clearance Statement

Ethics approval has been received from Research Ethics Committee of the Wintec Quality and Academic Unit: Number of the study: WTLR19020250

If you wish to speak to a representative of Wintec about this study, you may contact Megan Allardice Research Coordinator, Quality & Academic Unit Megan.Allardice@wintec.ac.nz Wintec, Hamilton New Zealand.

WTLR19020250
Focus Group Outline 26/06/2020

Module Name: **Clinical Practicum 3**

Module Code: HLBN712

Credit Value: 30

Level: 7

EFTS Factor: 0.25

Pre-requisites: All level 6 modules

Co-requisites: HLBN711

Learning Hours:

Class Contact Hours	
Lecturer Directed hours	
Practicum/Placement/Clinical	240-300
Total Tuition Hours	240-300
Self Directed Learning Hours	0-60
Total Student Learning Hours	300

Module Alignment with Nursing Council Standards for the Registered Nurse Scope of Practice:

Domain:	One Professional Responsibility	Two Management of Nursing Care	Three Interpersonal Relationships	Four Interprofessional Health Care and Quality Improvement
Competencies:	1.1, 1.2, 1.3,1.4, 1.5	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9	3.1, 3.2, 3.3	4.1, 4.2, 4.3

Aim and Rationale:

The aim of this module is to prepare nursing students for practice with people along the continuum of health, with a focus on developing nursing practice in relation to infant, child adolescent/youth and family health.

Learning Outcomes:

On completion of this module the students will be able to:

1. Demonstrate management of nursing care in collaboration with clients, their families and other health professionals

2. Generating appropriate strategies with clients and their families that will facilitate learning and change in health behaviour to achieve health potential

3. Adapt the principles of cultural safety for nursing practice

4. Manage clinical judgement for nursing practice.

5. Reflects upon and evaluates with experienced nurses, the effectiveness of nursing care

Module Content:

1. Nursing care in collaboration with clients, their families and other health professionals

- Demonstrate relational practice through effective therapeutic use of self and group process as the basis for clinical practice
- Demonstrate knowledge of pathophysiologic alterations in health
- Reflect and use diverse practice modalities in all clinical settings
- Examine health promoting strategies, and diagnostic approaches in the therapeutic care of infants, children youth and family
- Use pharmacological concepts and treatment strategies
- Demonstrate professional accountability in practice within legislated and ethical practice requirements
- Reflect on own performance and practice situations
- Practice collaborative nursing practice

2. **A comprehensive knowledge of nursing practice management for the infant, child youth and family**

- Use research evidence and clinical inquiry approaches to develop best practice
- Use clinical guidelines and practice standards and evaluate effectiveness
- Develop and implement effective therapeutic plans in collaboration with clients, their families and other health professionals
- Provide information and support for clients and families to interpret situations and choose treatment options
- Apply the Treaty of Waitangi
- Manage the role of the nurse in the health promoting environment

3. **The principles of cultural safety for nursing practice**

- Plan and implement care that recognises children, youth and family have a perspective of their lives, health and nursing care

4 **Clinical judgement for nursing practice in primary and secondary health care**

- Apply and adapt relevant nursing knowledge / theories / skills in the delivery and documentation of safe effective client care.
- Utilise evidence based practice
- Evaluate and interpret family assessment frameworks

5 **Reflection and self evaluation processes**

Teaching and Learning Process:

Learning strategies will introduce students to concepts from the nursing literature and scientific knowledge, research evidence, and clinical inquiry processes.

Activities involving face to face, RN clinical partner lead, and tutor interaction with an emphasis on being student-centred and student self-directed: industry-based clinical practice sessions and group activities.

Assessment:

Assessment Criteria:

Assessment in this module is mixed mode. The overall mark to pass the module must be 50% or better in each part of the clinical portfolio. Students must also meet all the requirements of the competency-based clinical assessment tasks to be eligible for a final grade for this module. The final grade will be on the basis of the marks from the achievement-based tasks. Academic staff will provide half an hour per week with students to provide support and connect with preceptors.

Assessment Details:

Assessment Task	Description	Weighting	Learning Outcomes
Clinical Portfolio	Assignment1: reflection (culture)	50%	1-5
	Assignment 2: reflection (final)	50%	1-5
Clinical Assessment	Clinical competency Part 1	Must Pass	1-5
	Clinical competency Part 2		

Additional readings will be provided via Moodle.

Students are also expected to conduct their own reading and research to find relevant literature pertaining to their areas of focused study.

Students Guide to InterRAI Placement

What is InterRAI?

The interRAI organisation is a non-profit collaborative of clinicians and researchers from over 30 countries committed to improving the care of the elderly, frail or disabled. Its goal is to promote the use of evidence-based best practice in the daily care of our vulnerable populations while supporting effective policy decision making.

InterRAI gathers high quality data collected for a common assessment that focuses on the individual, uses a shared language and has proven reliability and validity to meet this goal. New Zealand Best Practice Guidelines (2003) identified interRAI as the assessment to best suit the needs of older adults. The interRAI process identifies key areas that, when addressed, evidence has shown the quality of life of individuals is improved. Because the assessment is supported by software, the process is simultaneously, without extra effort, aggregates information for planning research and ongoing development of international evidence based best practice.

Each version of the interRAI assessment is the result of rigorous research and testing. The interRAI collaborative has developed an integrated suite of assessment, including homecare, community care, palliative care, mental health, acute care, intellectually disabled and care of the older person in long-term care facilities

Why now?

All older people receiving support services have been assessed by the Needs Assessment Service Coordination (NASC), within each DHB. NASC workers are registered health professionals, most are nurses all working with a clinically complex caseload of clients. Within the population of older people assessed, approximately half are considered the highest needs and receive the most attention from the NASC workers. As pressure on NASC increases during the COVID pandemic, less attention is focused on older people with lower needs and as community services are rationalised (for instance home care), it is this lower needs group of older people that receives less support and attention. However, they are still frail, still the most at risk of COVID-19 (see figure 1) and in this crisis have a heightened risk in relation to isolation, depression, anxiety, lack of food and nutrition and undetected deterioration. We estimate that there are over 20,000 ‘at-risk’ older people within this group nationally.

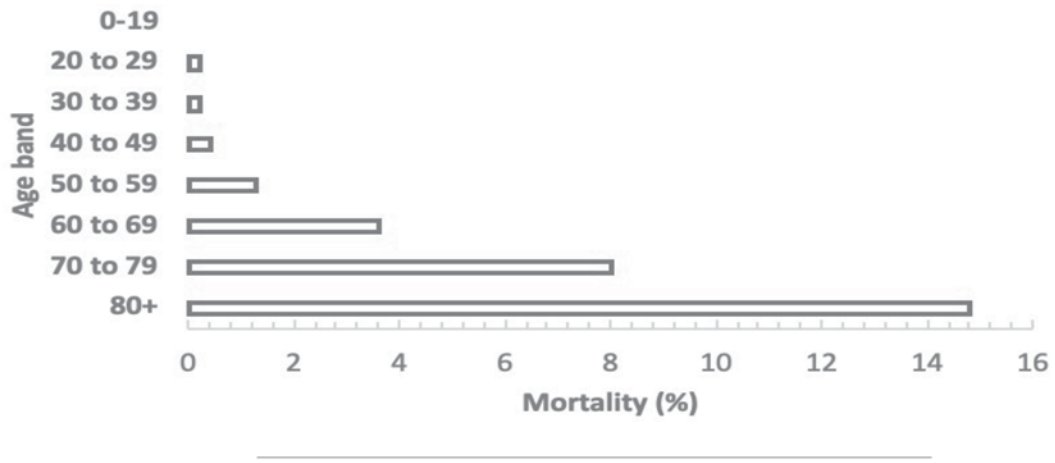

Figure 1: COVID-19 mortality, by age band

Over 47,000 support workers across New Zealand deliver weekly support to this population group. However, in many DHBs, since the COVID pandemic, up to 25 percent of staff have resigned, often because they themselves are older.

In most DHBs, because of ordinary demand on their services, there is often a span of three years or more between assessments and we do not have up-to-date information on this client group. We need action now but simply do not have the resources to undertake these tele-health interventions to this most vulnerable population group. We are concerned that some older people may not be having their most basic needs met during this crisis, such as adequate food, or if they are unwell, some will simply be having no contact at all. The experience of other countries during COVID clearly demonstrates that we need action as soon as possible.

An interRAI placement?

COVID 19, particularly being at alert levels 3 and 4 has resulted in nursing students needing to be withdrawn from clinical placement in order to keep them safe. For 3rd year nursing students to be able to progress through to their pre-graduate placement in semester two and keep the nursing pipeline current, it is imperative students continue with some sort of clinical placement that is linked to their current courses. NCNZ has approved these telehealth interRAI contact assessments as a form of clinical placement and therefore it will be included in their clinical hours.

What does the placement involve?

An interRai contact assessment is a telephone assessment that you undertake with a person who has had a previous needs assessment done and needs to be rechecked who is living in the community. The contact assessments you will be doing are with people who have been assigned as having low acuity needs. Therefore, the contact assessments and supervisory sessions are all done via the computer, phone and zoom. There is **NO** face to face assessment, and you will not be required to visit clients.

The first group of clients being assessed in your contact assessments are from Waikato District Health Board Region. However, this may change as other DHBs discuss their population InterRai assessment needs. You are provided with a standard set of questions that you work through with the individual. Everyone has had this assessment completed previously and you will change any of the previous responses where the individual tells you things have changed for them or their circumstances. Telehealth Assessments will take between 45 mins and 1 hr per individual.

Equipment requirements

You will be required to work from your home computer and have reliable internet access and a cell-phone. You will be required to inform the Massey BN Administrator - Caleb Finegan via email if you do not have the right equipment to do this placement. Email: C.Finegan@massey.ac.nz. If you are experiencing issues with your connectivity/equipment once you have started, you will need to contact your RN/CTA.

Phone Reimbursements

Students who do not have unlimited calls as part of their plan need to:

1. contact their provider and ask what the difference will be to get unlimited calling on their plan for the next 8 weeks and ask for an invoice by email (Some providers may ask for a 3-month term and that is okay)
2. send the invoice directly to Melissa Chanyi: m.chanyi@massey.ac.nz
3. they will then be reimbursed for the cost

Students who are unable to pay the difference up front need to:

1. Contact their provider and ask what the difference will be to get unlimited calling on their plan for the next 8 weeks and ask for an invoice by email (Some providers may ask for a 3-month term and that is okay)
2. Send the invoice directly to Melissa Chanyi: m.chanyi@massey.ac.nz
3. The provider will be paid directly by Massey University
4. Check with their provider as to when they can activate the plan

Students who use a landline instead of a mobile need to:

1. keep the bill that comes from the provider and circle the Waikato calls they will all be prefixed with 07 area code
2. email a copy of the phone bill to Melissa Chanyi: m.chanyi@massey.ac.nz
3. they will then be reimbursed for the costs

Training before assessing

Training is provided by InterRai for you to do this assessment and there are also InterRai RN trained educators that you can contact if you are concerned about the individual. As this is your clinical placement all Massey RN/CTA staff working with you will also be doing the training so they will understand any questions you may have. A detailed flow chart of the training process is outlined below.

What is the process?

1	An email is sent to you (student) informing you of your student groups and your RN/CTA that will be supervising you during the project. Your RN/CTA will be notified of the group of students he/she has responsibility for.
2	An email will come to you from Waikato DHB (who we are working with to undertake the InterRai Contact Assessments). The *COVIDPhoneRN* from Waikato DHB will email you and send you a welcome letter and an *InterRAI Online User Access Form* to complete. Complete the *User Form* and return it back to the *COVIDPhoneRN*. This form is then forwarded to InterRAI. As part of your welcome email, you will have received a cultural competency video from Waikato DHB. You are required to watch this video as information from this video will be included in one of your supervisory education sessions.
3	The InterRai team will then send you a welcome letter and an email: a) Acknowledging your registration on the course. b) Providing instructions and links on how to set up your computer and download the required software: Momentum client-side certificate and setting up a Relias account. c) Providing details on how to register for, and complete, the self-directed *'InterRAI Community Assessor Self Directed Learning'* course. d) The email will tell you when your training session by zoom is going to take place.
4	Students and RN/CTAs complete the Self-Directed Learning Assessor package (45 minutes and 1 hour). Once completed a certificate will be generated to say you have completed the training. Please note that it may take 60mins to upload the software and get set-up to complete the SDL Assessor package.
5	Students and RN/CTAs are then couriered a Resource Package containing links to the assessor training and resources. Information regarding the Zoom training session which usually lasts 3 hours will be included. (Information about the Zoom training was sent to you in the email from InterRAI). Just prior to the training session by Zoom session, students will be sent an email from the InterRAI RN educator with the training site URL. Students RN/CTAs and will complete a Relias assessment and view a 10-minute video as part of the training session by zoom. At the end of the training session, will be taught how to access the live site. If you have any questions, or you are unable to attend, please contact your interRai RN educator or interRAI Services 0800 10 80 44, option 4, or email interrai@tas.health.nz *Please ensure you email your certificate to your CTA to show you have completed the InterRAI training*

6	Once you have completed your InterRAI training, you need to notify Waikato DHB and the contact is: CNM Raewyn Dean : Raewyn.Dean@waikatodhb.health.nz Raewyn will allocate a list of client NHI's so you can begin phone assessing.

The placement timeframe

As these interviews are now considered clinical placement hours, we would like you to do between 16 and 20 interviews over the course of a week. Combined with your supervisory sessions and reflective practice this will cover between 130 -160 hours of clinical placement hours dependent on the number of interviews you undertake over the period. This placement is in lieu of your block 3 placement that would have been for course 168362 or 168363.

If you are unable to complete this placement for some reason you will not be disadvantaged. However. Like any placement where you have missed clinical hours you will need to make them up before you can progress to your semester two pre-graduate placement. At this stage we are unsure when this will be as it is dependent on the pandemic and the stages of lockdown, we will be in.

It is expected that your will do this telehealth/InterRAI placement for 5 to 6 weeks until approximately the end of May/ early June. This process is further outline in the next two tables.

Phase 2 – day 1 and 2

6	Before any assessments are begun, your RN/CTA will check in by zoom and have a chat about the InterRAI process and your clinical educational competencies (self & summative). They will discuss the two reflections that you will need to write as part of this clinical placement. This first Zoom tutorial with your RN/CTA is about making you feel as comfortable as possible before progressing to the first four InterRAI assessments.
7	As students, you will be provided a structured schedule of InterRAI assessment times and RN/CTA Zoom meetings by the Nursing School for the first two days. From day three you will be able to structure the interviews to suit your own schedules but will be required to attend a set education tutorial by zoom twice a week for the next five weeks. These tutorial times will be 1.5hrs long and set by your RN/CTA. We have made this flexible because we are aware that you still have course work to complete in addition to this clinical placement.
8	a) Interviews are expected to take between 45mins – 1 hr and students are expected to do no more than 3-4 interviews per day. b) Students are recommended to schedule interviews between 0800-1700. c) **N.B.** The first four interviews will be assessed on-line by InterRAI RN Educators and you will be given feedback on the assessments. You will not be allowed to proceed to undertaking ongoing independent reviews unless the

	InterRAI RN Educator has signed you off as competent. d) InterRAI RN educators work between 7am and 6pm Monday – Friday. There will be NASC RN educators available for students on Saturday and Sunday if students choose to do interviews on the weekends and the student needs to escalate any significant issues. e) Students will send their RN/CTAs the number of interviews they have completed before 1800 hours each Sunday. f) **N.B.** If a client has been contacted on three (3) different occasions at different times and there has been no response from the client, this needs to be escalated to the InterRAI RN educator for further investigation.

ONGOING PLACEMENT - PHASE 3 –Day 3 to end of Week 6 of InterRAI

9	From day three you will be able to structure the interviews to suit your own schedules but will be required to attend a set education tutorial by zoom twice a week for the next five weeks. These tutorial times will be 1.5hrs long and set by your RN/CTA. These tutorials by zoom will have a weekly focus on the following topics: • Cultural Safety & Communication • Common issues presenting during COVID-19 • Social isolation, Loneliness & Resilience • Nutrition Amongst Self-Isolated Older Adults • Your Learning Experience and Impact Upon Your Nursing Practice
10	DHB Needs Assessors may attend your RN/CTA led tutorials to discuss particular themes and outcomes and will also be able to provide feedback to you regarding any results of the assessments.
11	On completion of the following: • 8 hr InterRAI assessor training • between 16-20 interviews per week over the 5-6 weeks, • attended and contributed to the education sessions by zoom, • submitted your clinical competency assessment forms to your CTA via email You will have met between 130-160 hours of your Semester 1 clinical placement hours dependent on the number of interviews you are able to manage during this time.
	N.B. If you are encountering any difficulty with your interviews, please notify your CTA &/or InterRAI contact ASAP.

Concerns

What do I do if I am worried the person is at risk during the interview or have difficulties understanding them?

If you feel the person is at risk, you can contact your CTA or an InterRAI RN educator to escalate the assessment. If you are having difficulties understanding the person, or they appear to be having difficulties understanding you, ask if they would like another family member to join in or you can suspend the interview and arrange to ring them back at an agreed time.

What happens if I ring the person and they do not answer the phone?

If a person does not answer the phone on the first occasion then try them again at a different time, if on the third time you do not get a response then escalate to the InterRAI RN educator for the individual to be followed up.

How does this impact on my academic learning and assessment required at the same time?

Teaching and academic assessment work for the remainder of the semester has been reviewed and reduced to be manageable whilst still covering the key information you need to know for your courses and a new schedule will be send to you.

The placement paperwork requirements

You will be required as with any placement to maintain a running record which will capture your reflections on it over the 6-week process. You and your CTA will complete a competence-based assessment at the end of your placement.

Your CTA will arrange a time to meet with you individually each week to talk about your interviews and how you are meeting the competencies. You will be required to attend the structured tutorials via Zoom with your CTA and fellow students twice a week as scheduled by your CTA.

Structured tutorial topics

Week 1 – Therapeutic communication via the telephone
Week 2 – Cultural safety
Week 3 – Common theses presented during COVID-19
Week 4 – Social isolation/ loneliness and resilience
Week 5 - Nutrition amongst older adults who are self-isolation.
Week 6 - What is the most important thing you have learnt?

Critical Reflections

Critical Reflection #1 for 168.362 – Physical Vulnerability of Clients in the Community

In a reflective piece of writing, identify how you maintained cultural safety during your communication with the client on the telephone and how this will inform your future practice as a Registered Nurse.

Furthermore, discuss what factors that lead you to believe that a client was physically vulnerable during your telephone assessment. What interventions could be done in order to prevent them from the needing to access Primary Health Care and/or avoid hospitalisation.

750 words & must include a minimum of 4-5 references.
Weighting: 20% toward your final grade of 168.362
Due date 25th May – via stream site

Critical Reflection #2 for 168.363 – Clients in the Community at Risk of Adverse MH Issues.

Using your understanding of telephone triage and whole of person risk assessment and formulation.

1. ***Identify a key mental health or addiction risk that you identified for one tangata whaiora using a whole of person framework such as Te Whare Tapa Wha.***
2. ***What were the predisposing, precipitating and perpetuating factors that contributed to the risk?***

Task:

3. ***Write a formulation of the risk using the PPP framework.***
4. ***Identify a key nursing plan / intervention/s to minimise or mitigate the risk issue identified over the next 48 – 72 hours.***

Your plan and interventions will be goal orientated, demonstrate a partnership approach, with an evaluation mechanism. ***E.g. how will you follow up and measure that your intervention has minimised the risk?***

750 words & must include a minimum of 4-5 references.
Weighting: 20% toward your final grade of 168.363
Due Date: 1 June – via stream site

Marking guide for InterRAI Assessments for 168.362 & 168.363

	Fail D/E (D 40-49%/E < 39%)	**C-/C/C+** (50 – 64.0%)	**B-/B/B+** (65 – 79.9%)	**A-/A/A+** (80 - 100%)	
					60
SCOPE 60%	Unreflective and limited or no understanding of topic matter. Mostly personal comment. Incoherent argument. Misinterpretation of topic Topic not fully covered; discussion too brief.	A balanced overview of the topic, some explanation, illustration and support are provided. Material relevant to the topic is explored.	A fuller, more systematic reflection &/or exploration of the topic which may include an attempt at critical comment or appraisal.	Comprehensive & critical reflection/exploration of the topic. Sound personal synthesis of the issues shown.	
					20
STRUCTURE 20%	Structure confused, not discernible, not explained.	Structured logically and major points are evident. Some reader strain evident.	Main points covered with logical flow of thought.	Structure is comprehensive and well thought out. Easy to read and follow train of thought.	
					10
EVIDENCE OF READING 10%	Little or no evidence of reading in the materials. No citations or references. Reading not well integrated into the materials submitted.	The material submitted show evidence that research-based materials have been read.	Evidence of reading and researched based literature within the body of work.	Insightful and specific use of appropriate references integrated into the discussion. Broad, comprehensive reading is evident.	
					10
PRESENTATION 10%	Major flaws in presentation and inconsistent in tone, flow, general presentation. Causes significant reader strain. Referencing attempted but common multiple errors in APA.	Most presentation details are met. Punctuation and spelling are correct. Tone occasionally slip to the informal with some surface error causing reader strain. Consistent APA with some error.	Few flaws in presentation of materials. Tone acceptable. Some surface error evident but does not cause reader strain. Consistent use of APA with some error.	Virtually flawless presentation of materials. Tone is professional and appropriate for academic context. APA used consistently and is mostly accurate.	

Comments:

MASSEY UNIVERSITY
COLLEGE OF HEALTH
TE KURA HAUORA TANGATA

CTA Guide to InterRAI and Working with Year 3 Bachelor of Nursing Students

What is InterRAI?

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Why now?

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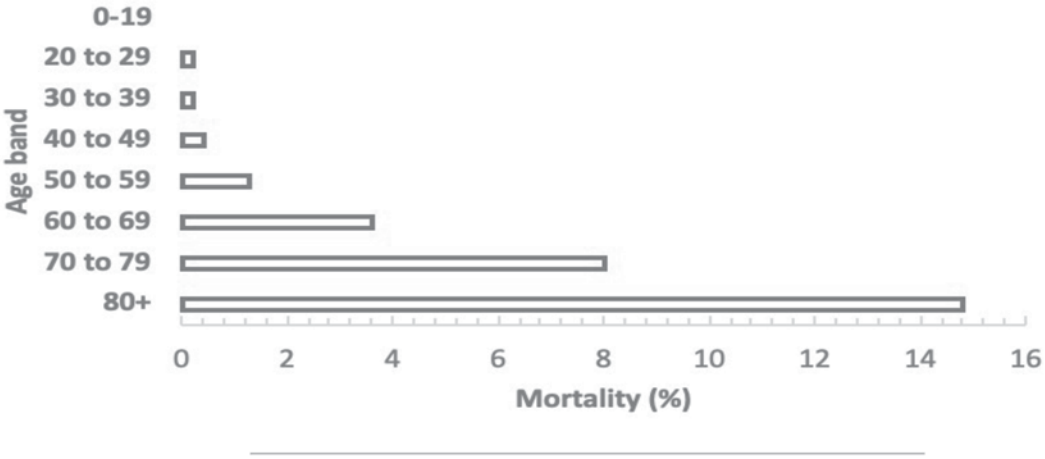

Figure 2: COVID-19 mortality, by age band

Over 47,000 support workers across New Zealand deliver weekly support to this population group. However, in many DHBs, since the COVID pandemic, up to 25 percent of staff have resigned, often because they themselves are older.

In most DHBs, because of ordinary demand on their services, there is often a span of three years or more between assessments and we do not have up-to-date information on this client group. We need action now but simply do not have the resources to undertake these tele-health interventions to this most vulnerable population group. We are concerned that some older people may not be having their most basic needs met during this crisis, such as adequate food, or if they are unwell, some will simply be having no contact at all. The experience of other countries during COVID clearly demonstrates that we need action as soon as possible.

An interRAI placement?

COVID 19, particularly being at alert levels 3 and 4 has resulted in students needing to be withdrawn from clinical placement in order to keep them safe. For 3rd year nursing students to be able to progress through to their pre-graduate placement in semester two and keep the nursing pipeline current, it is imperative student continue with some sort of clinical placement that is linked to their current courses. NCNZ has approved these telehealth interRAI contact assessments as a form of clinical placement and therefore it will be included in their clinical hours.

What is the process?

1. Phase One: CTAs and students complete interRAI training via an online process as outlined in *appendix One*
2. Phase Two: Students getting ready to begin interviews by themselves when they have completed requirements outlined in appendix 2 and expectations as outlines in appendix 4.
3. Phase Three: –
    a. From day 3 to the end of week 6 students will be able to schedule interviews in their own time between Monday to Friday 8am to 430pm
    b. Structured tutorials twice a week with students and follow format as listed in appendix 5
    c. Organise 15 – 20-minute meetings with individual student once a week to ensure they are on target and discuss how they are meeting the competencies for this placement
2. Phase 4 – Final week of interRAI
    a. Organise 30 minutes meeting with each of your students to discuss their final summative assessment and ensure all required documentation is complete in terms of passing the placement – this includes the clinical hours, student self-assessment and CTA's assessment. All electronic clinical paperwork will need to be emailed to the agreed contact point with the health service.

Course related learning

Students undertaking this placement will be in either a mental health or acute care course and students will be allocated into groups according. Therefore, teacher facilitated learning for this placement should also be mindful of this. The courses and learning outcomes are detailed in the table below.

Course	168.362	168363
Prescription	Nursing practice is examined in regard to care for people and their families/whānau experiencing episodes of acute physical illness or trauma.	Nursing practice is examined in regard to care for people and their families/whānau experiencing episodes of acute mental distress across the age continuum including the selection, and application of diagnostic screening tools for clinical decision-making
Learning outcomes	1. Demonstrate appropriate evidence-based care to persons experiencing acute illness and trauma; 2. Prioritise and initiate nursing interventions based on assessment findings; 3. Critically evaluate the effectiveness of the care provided; 4. Collaborate effectively with members of the	1. Demonstrate competence in a whole person clinical assessment and care planning process that integrates mental health and functional assessment; 2. Demonstrate skills for goal setting and therapeutic engagement; 3. Critically reflect on skills, knowledge and attitudes of practice in the mental health

	interprofessional healthcare team; 5. Critically discuss core palliative care competencies.	setting; 4. Critique socio-cultural factors which influence individuals and their families experiencing acute mental distress; 5. Critically appraise the nursing care provided to service users.

APPENDIX ONE – PHASE 1 – TRAINING of Nursing Students and Registered Nurse Clinical Tutors (including CTAs) to InterRAI Contact Assessment

1	An email is sent to you (student) informing you of your student groups and your RN/CTA that will be supervising you during the project. Your RN/CTA will be notified of the group of students he/she has responsibility for.
2	An email will come to you from Waikato DHB (who we are working with to undertake the InterRai Contact Assessments). The *COVIDPhoneRN* from Waikato DHB will email you and send you a welcome letter and an *InterRAI Online User Access Form* to complete. Complete the *User Form* and return it back to the *COVIDPhoneRN*. This form is then forwarded to InterRAI. As part of your welcome email, you will have received a cultural competency video from Waikato DHB. You are required to watch this video as information from this video will be included in one of your supervisory education sessions.
3	The InterRai team will then send you a welcome letter and an email: e) Acknowledging your registration on the course. f) Providing instructions and links on how to set up your computer and download the required software: Momentum client-side certificate and setting up a Relias account. g) Providing details on how to register for, and complete, the self-directed *'InterRAI Community Assessor Self Directed Learning'* course. h) The email will tell you when your training session by zoom is going to take place.
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5	Students and RN/CTAs are then couriered a Resource Package containing links to the assessor training and resources. Information regarding the Zoom training session which usually lasts 3 hours will be included. (Information about the Zoom training was sent to you in the email from InterRAI). Just prior to the training session by Zoom session, students will be sent an email from the InterRAI RN educator with the training site URL. Students RN/CTAs and will complete a Relias assessment and view a 10-minute video as part of the training session by zoom. At the end of the training session, will be taught how to access the live site. If you have any questions, or you are unable to attend, please contact your interRai RN educator or interRAI Services 0800 10 80 44, option 4, or email interrai@tas.health.nz *Please ensure you email your certificate to your CTA to show you have completed the InterRAI training*

6	Once you have completed your InterRAI training, you need to notify Waikato DHB and the contact is: CNM Raewyn Dean: Raewyn.Dean@waikatodhb.health.nz Raewyn will allocate a list of client NHI's so you can begin phone assessing.

Appendix Two – Phase 2 – day 1 and 2

6	Before any assessments are begun, your RN/CTA will check in by zoom and have a chat about the InterRAI process and your clinical educational competencies (self & summative). They will discuss the two reflections that you will need to write as part of this clinical placement. This first Zoom tutorial with your RN/CTA is about making you feel as comfortable as possible before progressing to the first four InterRAI assessments.
7	As students, you will be provided a structured schedule of InterRAI assessment times and RN/CTA Zoom meetings by the Nursing School for the first two days. From day three you will be able to structure the interviews to suit your own schedules but will be required to attend a set education tutorial by zoom twice a week for the next five weeks. These tutorial times will be 1.5hrs long and set by your RN/CTA. We have made this flexible because we are aware that you still have course work to complete in addition to this clinical placement.
8	g) Interviews are expected to take between 45mins – 1 hr and students are expected to do no more than 3-4 interviews per day. h) Students are recommended to schedule interviews between 0800-1700. i) **N.B.** The first four interviews will be assessed on-line by InterRAI RN Educators and you will be given feedback on the assessments. You will not be allowed to proceed to undertaking ongoing independent reviews unless the InterRAI RN Educator has signed you off as competent. j) InterRAI RN educators work between 7am and 6pm Monday – Friday. There will be NASC RN educators available for students on Saturday and Sunday if students choose to do interviews on the weekends and the student needs to escalate any significant issues. k) Students will send their RN/CTAs the number of interviews they have completed before 1800 hours each Sunday. l) **N.B.** If a client has been contacted on three (3) different occasions at different times and there has been no response from the client, this needs to be escalated to the InterRAI RN educator for further investigation.

APPENDIX THREE – ONGOING PLACEMENT - PHASE 3 –Day 3 to end of Week 6 of InterRAI

9	From day three you will be able to structure the interviews to suit your own schedules but will be required to attend a set education tutorial by zoom twice a week for the next five weeks. These tutorial times will be 1.5hrs long and set by your RN/CTA. These tutorials by zoom will have a weekly focus on the following topics: • Cultural Safety & Communication • Common issues presenting during COVID-19 • Social isolation, Loneliness & Resilience • Nutrition Amongst Self-Isolated Older Adults • Your Learning Experience and Impact Upon Your Nursing Practice
10	DHB Needs Assessors may attend your RN/CTA led tutorials to discuss particular themes and outcomes and will also be able to provide feedback to you regarding any results of the assessments.
11	On completion of the following: • 8 hr InterRAI assessor training • between 16-20 interviews per week over the 5-6 weeks, • attended and contributed to the education sessions by zoom, • submitted your clinical competency assessment forms to your CTA via email You will have met between 130-160 hours of your Semester 1 clinical placement hours dependent on the number of interviews you are able to manage during this time.
	N.B. If you are encountering any difficulty with your interviews, please notify your CTA &/or InterRAI contact ASAP.

appendix fOUR - SETTING expectations for placement

In this first session with students ensure you discuss the following:

- Students overall wellbeing – how are they feeling in general, managing their work /course requirements, family responsibilities, health, stress/anxiety levels.
- Update on how they are finding doing the assessments e.g. what is working well and challenges.
- How the group can share their experiences to assist peers who may be struggling to communicate effectively with a client.
- Identify learning opportunities that best support them to meet the NCNZ competencies and learning outcomes for their specific courses 168.362 or 168363
- The importance of maintaining a reflective journal throughout this process to aid their cycle of learning
- How they will contact you if they have an issue

Week 1 – Therapeutic communication via the telephone
• Tell me how it is going for each of you. • Client/patient assessment by the telephone – what are the key principles for effective therapeutic communication. • Before your first interview, what were concerned about? On reflection, how did it go for you? • Do you feel that you have a good understanding of the person's situation and their needs in the coming weeks? • What was one main concern for your client? (see if there are common themes across the student group that stimulate group conversation about how nurses can use telehealth to improve patient situations/outcomes?)
Week 2 – Cultural safety
• What are some ways that you adapted your interview questions that met the client's cultural needs? • How do you know that you upheld the client's personal beliefs, values and goals during your telephone interview? • Have you identified/uncovered any unconscious bias, on your part, when interviewing you were performing your interviews? • Consider how your own values shaped or influenced your communication with the client's you talked to.
Week 3 – Common theses presented during COVID-19
• What are the processes in place during this pandemic that has helped maintain the safety of the older adults that you have talked to? • What are the key concerns for this group of people? • What things helped older adults cope during the pandemic and what things have you thought would have been good for them to have in place to help them cope?
Week 4 – Social isolation/ loneliness and resilience
• What examples of social isolation/loneliness have you come across during your telephone interviews that are accentuated by the pandemic? (before COVID & during). • What are some things your clients have done to show resilience during the pandemic? • What characteristics did you identify in clients who showed high degrees of resilience? What characteristics did you identify in clients that showed low resilience? • As a nursing student, what could you suggest to older adults to promote socialization during a pandemic?
Week 5 - Nutrition amongst older adults who are self-isolation.
• What nutritional problems among the older adults you telephoned did you come across? • What food choices have the clients you've talked to made?

• Food access & food preparation difficulties? How did the client respond to this? Have any been "at risk" for malnutrition? • Have the client's felt that they have maintained their weight or not? • Alcohol intake – increased or decreased? • Medications – difficulty accessing medications? Do they know what they're taking?
Week 6 - What is the most important thing you have learnt?
• What is the one thing that has stood out to them during the 6 weeks of interviews? • What client has made an impact upon them personally & professionally that they will never forget? • Give one example of how this experience will inform and impact your future nursing practice?

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