Skills Matter

KNOWLEDGE, SKILLS, ATTITUDES. WELLNESS, HOPE, RECOVERY

Results of follow up interviews with Skills Matter students from 2016

"I would recommend the course because it is a good way to challenge thinking, help to cement paths and ways of thinking. It also really helped me to look at my own practice and think about how I am responding. It is a time of constant reflection on practice and how to do better". (CEP student)

Te Pou o te Whakaaro Nui

Skills Matter is a workforce development programme within Te Pou o te Whakaaro Nui

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Acknowledgements

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We would like to thank and acknowledge our 37 interview participants for their time and their candour during this important exercise. It was a great privilege to engage with them about their post-course experiences.

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Introduction

Skills Matter is a workforce development programme that funds programme providers to deliver post entry clinical vocational training to mental health and addiction clinicians. The six courses contain clinical and academic components:

- New Entry to Specialist Practice Nursing (NESP Nursing)
- Clinical Leadership in Nursing Practice (CLNP)
- New Entry to Specialist Practice – Allied mental health and addiction (NESP Allied)
- Infant, Child and Youth Mental Health and Addiction (ICMH&A)
- Coexisting Substance Use and Mental Health (CEP)
- Cognitive Behaviour Therapy (CBT).

The Skills Matter team within Te Pou o te Whakaaro Nui (Te Pou) manages and administers contracts with programme providers on behalf of the Ministry of Health. The contracts are to deliver the training programmes and provide support to students. The Skills Matter team also promotes the availability and purpose of the training to the mental health and addiction sector on the website hosted by Te Pou.

Te Pou has quality assurance processes to ensure that each programme provider is delivering the core components of the Skills Matter programme and that these are functioning as expected. All students who are funded through Te Pou are invited to complete a survey at the end of each academic year. Providers are also followed up with a brief survey at the beginning of each year.

In 2017, it was decided to also follow up a sample of students who obtained Skills Matter funding in 2016 to better understand the longer-term outcomes of their training. This report summarises the findings of the resulting interviews.

The evaluation

Method

Names were selected from the list Te Pou held of all students funded by Skills Matter in 2016. It was a purposeful selection with the aim of including representation from each of the six courses, a wide range of ethnic groups including Māori and Pacific participants, people from different occupational groups and those from different age groups. It was also important to ensure a mix of genders. The sample included 20 women and 17 men.

The 37 interviews were conducted between the beginning of October and the mid-November in 2017. Seventeen interviews were carried out by telephone and 20 were carried out face-to-face.

Interviews like these were conducted in 2016 with all but one being on the telephone. This year, Te Pou invested in contracting experienced Māori and Pacific interviewers who travelled around the country to interview people face-to-face. It was hoped that this would increase the depth of the responses and motivate participants to agree to a future interview. This strategy succeeded, and the investment paid off. All participants agreed to be interviewed in 2018 and the responses from Māori and Pacific participants were fuller.

The topic guide and information sheet

Interviewers sent an information sheet about the study to participants prior to the interview. They also reviewed the sheet with participants at the start of each interview to ensure fully-informed consent. A copy of the information sheet can be found in Appendix A.

A topic guide was developed with relevant Te Pou colleagues. It contained 15 questions and covered:

- reflections on the course
- experiences in applying lessons learnt from the course
- changes in practice
- changes in outcomes for consumers
- sharing course information with colleagues
- changes in the organisation in which participants worked.

The topic guide can be found in Appendix B.

Participants' details

Table 1: Courses attended by participants in 2016

Course	Number
NESP Nursing	16
CLNP	7
CEP	5
CBT	3
ICMH&A	3
NESP Allied	3
Total	**37**

Table 2: Regions in which participants worked

Region	Number
Northern	16
Central	9
Midland	8
Southern	4
Total	**37**

Table 3: Types of services in which participants worked

Service type	Number
Adult	13
Addiction	5
Child and Youth	3
Forensic	3
Māori	2
Older Persons	1
Pacific	1
Other	9
Total	**37**

Table 4: Names of participants' employers

Employer	Number
Waitematā DHB	8
Auckland DHB	5
Capital and Coast DHB	3
Hawkes Bay DHB	3
Lakes DHB	3
Bay of Plenty DHB	2
West Coast DHB	2
Counties Manukau DHB	1
MidCentral DHB	1
Nelson Marlborough DHB	1
Northland DHB	1
Taranaki DHB	1
Waikato DHB	1
Wairarapa DHB	1
Whanganui DHB	1
NGO (Canterbury, Taranaki and Auckland)	3
Total	**37**

Table 5: Occupations of participants

Occupation	Number
Registered Nurse	24
Social Worker	4
AOD Practitioner	3
Occupational Therapist	3

Counsellor	1
Clinical Psychologist	1
Other (not given)	1
Total	**37**

Table 6: Ethnicity of participants

Ethnicity	Number
Māori	11
New Zealand European	11
Pacific	10
Asian	4
Brazilian	1
British and Irish	1
European	1
South African	1
NB: Total does not add to 37 due to multiple responses	

Table 7: Age ranges of participants

Age range	Number
21 – 30 years	13
31 – 40	7
41 – 50	13
51 – 60 years	4
Total	**37**

Limitations of the evaluation

It was very difficult contacting potential participants, thus extending the timeframe over which the interviews were conducted. Some contact details were no longer current, and every effort was made to track down people. Many phone calls were made to likely employers and public internet services such as Google search, Facebook, and LinkedIn were thoroughly searched.

Once direct contact was made with a member of the interviewing team, all but a very few potential participants agreed to be interviewed.

Findings

Reflections on the courses

The comments about the courses undertaken and the way they were delivered were generally very positive. These mirrored the very positive ratings received from the student surveys conducted at the end of 2016[1].

The courses were delivered well with largely professional, knowledgeable and competent lecturers and presenters. A number of participants appreciated the leniency shown by programme providers in allowing more time to complete assignments. This understanding of the difficulty in balancing work, study and life made things easier for students. Guest speakers were considered to be engaging and inspirational.

Additional support from supervisors, preceptors, fellow students and work colleagues was greatly appreciated by participants.

The interactive nature of the delivery of many courses worked well for many participants.

The course content was relevant to the context of most participants' daily work and helped them consolidate previous learning and put the learning into practice. Some people increased their understanding and skills in research and the academic world. This improved their ability to find and utilise the latest research on an ongoing basis.

There were issues for some participants when they had to do assignments in an area in which they had no current placement.

> I was in a child team and one of our assignments was on co-existing issues like substance abuse and I was like – well it's not really relevant to where I'm at, so I had to think back to months prior to be able to do my assignment. *(NESP Nursing student)*

Several people expressed gratitude for funding to do the course with the help of Te Pou and mentioned that their study would not have been possible without it.

There were mixed views from Māori and Pacific participants about the cultural aspects of their courses. Some reported it was good, covering the needs of clients with whom students worked whilst, for others, it was somewhat tokenistic and required a greater level of cultural understanding in the delivery. For example, there was one Pacific student whose respectful behaviour (from his own cultural perspective) was misconstrued by lecturers and he found himself "in trouble" because he was considered less responsive than other students.

[1] *A series of six programme reports were produced that year detailing the results of student surveys carried out by Te Pou.*

One Māori participant reported a mismatch between Māori examples provided in their course and the reality of the Māori consumers they worked with every day and were presenting with multiple issues including being unemployed and having experienced significant trauma in their lives. There was also a call by other people for more content about Māori and Pacific consumers in relation to addiction.

In some cases, positions were not backfilled, and several students felt unsupported by the organisations in which they worked, for example, having to take annual leave to attend block courses.

Key learnings taken away from the courses

There was a very wide range of key learnings that participants took away from their courses. Several themes emerged.

One theme was around the importance of therapeutic relationships and how to engage better with consumers. People-centred practice was another key learning from the course for some participants.

> Asking permission to talk about client's drug use – so simple but a good reminder. Assume that people gonna talk or want to talk because they're sitting in front of you but asking permission is good, respectful, inclusive. *(CEP student)*

> This came in handy with a guy I worked with. He was paranoid about one of the other patients and he just kept saying "Christmas". His parents were sitting there, and I said "ok, Christmas is coming up", and he says "to the world", and I clicked straight away he was talking about one of the other patients, Joy. So, I said "Joy" and he said "yes". And that was based on what I had heard. Turns out he has huge paranoid feelings about gangs, and Joy has a strong gang affiliation. Looking for cues, listening to what they're saying, those are the sorts of things I took away from the course and it wasn't necessarily the paper based things. It was what I heard that left a huge impact on me. *(NESP Nursing student)*

Another key learning theme was how to do comprehensive assessments (by digging deeper), case formulations and treatments plans.

> Assessment – understanding how patients presenting symptoms, how to objectively look at what they are saying and dig deeper to understand. For example, had a patient who kept saying that someone was blowing their brains out. Could have thought well you are delusion[al] but when I dug deeper they had a headache. Some Panadol and a bit of a talk they were feeling better. Debra Lampshire, [a person with lived experience], spoke on the course and that was probably most influential for me she was really engaging, gave a perception of her experiences to help assess better. *(NESP Nursing student)*

The importance of reducing (or eliminating) seclusion and restraint was also mentioned in this section of the interviews. In one instance, however, a participant questioned the practicality of this after a difficult incident.

> *"I remember trying de-escalation with a patient for the whole shift for 8 hours and then another staff member coming in and going why are you putting up with this. I was distressed, patient was distressed. But on the course seclusion is really not discussed as something that needs to happen or should in some cases. He was finally secluded and within 15 mins of having a milo he fell asleep on the bed. During that day I had been semi restrained, had a nappy thrown over my head, out of control stuff. So yes, the organisation is changing due to learnings that new grads are taking from courses but where is the real-world balance?"*

Several participants mentioned that the course helped them to develop their own way of engaging with consumers. The recording of role plays was a key factor in this for some people.

> Watching the DVDs with fellow students in that way helped me put it into practice. Self-reflective practice is what improves me. Owning myself and being myself. It makes it easier to accept change for next time. It was confronting to watch, and I wouldn't have done it if I wasn't forced to [by the course]. *(CEP student)*

There were several other key areas in which participants gained knowledge and skills during their courses. They were:

- using a recovery approach
- how to do formulations
- the importance of culturally-oriented practice in relation to Māori and Pacific
- critical, self-reflective thinking
- symptoms and how they present
- anatomy and physiology
- developing a good understanding of treatment options: eg CBT
- the interaction between alcohol, drugs and the impact of medication on mental health
- time management skills
- risk management strategies
- gaining an understanding of the national sector and what is available for clients
- good knowledge of how things are done in other organisations.

Other key learnings related more to completing academic work and research:

- managing academic requirements

- ethical issues around research projects
- the use of literature in research and practice and the importance of being able to access that literature
- ethics around medication and how, sometimes, it clashes with the Mental Health Act (mainly in acute situations).

One final key learning was students understanding how to take care of themselves so that they didn't burn out.

Enablers of deepened/sustained learning

Factors that helped participants to deepen and/or sustain their course learning included:

- ongoing supervision
- putting the theory into every day practice
- keeping up to date with the latest research
- further readings
- continuous learning
- an organisational culture with an appetite for change
- having the support and encouragement of senior staff to put learning into practice
- having strong collegial support, especially from those trained in the same course and people in other disciplines
- colleagues being flexible and not overly protective about their old work practices
- being able to have robust discussions and debates with colleagues
- continued exploration of the aspects of mental health for Māori people.

Experiences in trying to implement course learnings

Most participants reported positive experiences in implementing course learnings into their practice. Many of the comments covered the ease of implementation being related to the relevance of the learning to everyday practice.

> Pretty good. Wasn't a conscious thing, just little bits and pieces. CEP – taking a really good history and bearing in mind potential addiction issues. Eg In inpatient, I was working with a young person with complex trauma and a coexisting diagnosis of alcohol misuse. I kept in mind all the things going on for them in their treatment plan. We weren't just looking at mental health problems. There were social, financial and physical health problems too. (NESP Allied student)

Timely application of course learnings into practice was another key enabler to implementing learning into practice.

> I would try and do things straight away, but it really depends on [the] client as well. Although I present as Māori my tikanga is limited so the cultural aspect really helped. Approaching whānau at home, the whakawhanaungatanga, building rapport, offering of kai. (ICMH&A student)

Having a positive response and/or support from the management team, other students and consumers was also important.

> Junior members of staff are seen as contributors of new knowledge, so it has made a difference because of the environment [I am] in. (NESP Nursing student)

> We had each other backs the [other students and me]. On the way back from [the course] we would say let's have a try, and doing this and then we would check in with each other. … the only negative experience I had was when I gave a young boy a recovery booklet for him to fill out. [It] outlines how you would like to be treated - almost like advanced care,… I gave it to him and it really connected with him. At handover I said look I've done … with [the young boy]. A nurse was really sarcastic about that and I had to remind myself that, for the client, it was positive and not to think about [the] nurse's response. People do react defensively when we talk about things that they may not know about. There was enough of us [students] that it made it easier. (NESP Nursing student)

There were supportive organisational systems in place that helped some participants implement their learnings. For example, one person mentioned fortnightly supervision sessions during which they could discuss progress and raise issues openly. They indicated it was a "huge enabler".

> There is always resistance to change. People hate change. In the seclusion reduction restraint workplace change example, we completely changed practice. … I learnt from [the] course about how people change or not and then finding the right strategy to work with them. I think too it's really important that if you want to implement change you also need to look at your own strengths, how you process things as well, what you need to work on. (CLNP student)

Resistance from other staff also presented a challenge for some participants. However, for many people, the reverse was true.

> Exchanging ideas with different nurses. Generally, it's been very good. They have appreciated my approach to evidence-based practice. (NESP Nursing student)

Having students' positions backfilled during the year was another enabler to successful implementation.

> Our roles were backfilled which meant we could be supernumerary which was absolutely brilliant. It meant you could learn at your own pace instead of being chucked in the deep. It didn't scare you into doing it. Uni was responsive, if you felt in above your head they gave support. (NESP Nursing student)

Implementation was a work in progress for at least one person.

> Motivational Interviewing is a real talent - one I have certainly not mastered at all, not even close. … I have tried it a few times, but I am not confident and need to practice this a lot more. (NESP Nursing student)

A few participants found trying to implement learning was challenging in certain settings. For some, this was due to time constraints, for others, there were rostering issues. One person said it was due to mandatory rules that could not be broken.

> One of the big talking points between students and teachers [was] how, in practice, [course learnings] were implemented by some and not so much by others. It can be at odds with the policies of the organisation. This is where mental health needs to head into. … I had to work at the inpatient unit – it was hard to implement learning in that setting. There are a lot of rules, a lot of policies and procedures - a lot of resistance from staff who have been there a long time. (NESP Nursing student)

There were also reports of individual services and specific DHBs where the implementation of course learnings presented challenges. Some of this related to financial constraints.

> There were some barriers from management though because [we were] trying to implement a family inclusive practice but the organisation keeps saying that this costs too much, that there are financial barriers to do this. I [am] not sure what that is about but we know the benefits of involving family in addiction therapies. Management saying they can't afford it even though it best practice. We learnt that family engaged long term [have a fantastic prognosis], it's less of a policeman approach. (CEP student)

Ways in which learnings were sustained and/or deepened

Many participants indicated the application of their knowledge into everyday practice was the way in which they deepened and sustained their course learnings.

> The course that taught a lot of the theory behind mental health and mental illnesses. And what's made it easy to sustain the learnings has been the fact that we've jumped straight into work so I'm able to see what's applicable and what's not. (NESP Nursing student)

Other ways in which learning was sustained included:

- discussions with colleagues as well as others who had similar training
- support of senior staff and management
- having course notes, text books and readings to refer to
- working in an organisational culture that encouraged continued education
- good ongoing supervision
- being in an organisation that welcomed the trialling of new ideas
- being able to have robust and open discussions with work colleagues – *"No one is overly protective or gets defensive about their mahi". (CEP student)*
- ongoing training from inhouse nurse educators
- extra advice from presenters after the course.

Changes in practice as result of the courses

Interview participants reported many ways in which their practice had changed as a direct result of undertaking their courses.

One of the ways mentioned most often was application of the recovery approach to practice including the use of Motivational Interviewing.

> It helped me establish more of the kind of nurse I should be and can be in regards to recovery, how I interact with the client and their whānau, how I can use [Motivational Interviewing] techniques to try and evoke change talk. (CBT student)

> We have a collaborative recovery plan. It wasn't until I did the paper that I realised [the plan] wasn't very recovery-focused. [Our] document only focused on medication and what brought you to the service. The course changed the way I did it. There is now a much stronger focus on getting service users to discuss what they want – and to wait for a while to answer the somewhat negative questions. (NESP Allied student)

Participants increased their level of evidence-based knowledge and put that into practice. They also now used course notes, databases and research techniques to find credible information they did not know. They also reported increased levels of competence.

> The extra year provided quality learning on topics that aren't covered at undergraduate courses. (NESP Nursing student)

> Learnt new skills and techniques. Example of this is sensory modulation and the positive changes that can have like decreasing rates of seclusion on [the] wards. (NESP Nursing student)

> The client was here for just a report in the unit, the forensic unit. He stayed here just for the assessment which was a brief period and he was experiencing auditory hallucinations and while he was here, I think I was able … to give him some CBT skills to better manage that. And I think I probably felt more equipped to do that, than before the course. (CBT student)

Another commonly-mentioned change to practice as a direct result of doing the course was an increase in people-focused practice. This included providing more information to consumers, involving them in the decision-making process and not making assumptions about their needs.

> I have become more client focused or at least focused or aware of asking clients more. Instead of being convinced I know what's best or having preconceived ideas. It was only small things really like speaking for or advocating for our whaiora. Asking what they think about it, have you asked them what they want. (NESP Allied student)

> [I am] more confident working with Māori and Pacific people because with the new knowledge [I] know that it's not just mental health you screen for, but you have to also know their back stories and work from there. (NESP Nursing student)

> Education – giving service users as much information as possible so that they can be informed to make the best choices for their lives. (NESP Nursing student)

> Involving the client in their own care [is] definitely something I am consciously doing more now ... I worked with a young person who then entered adult mental health. I knew he was afraid of the dark, so I would leave his light on for him. People would come and turn it off. I'd say "why are you doing that", "because it's night time". I asked, "do you know anything about this boy?" Again, acknowledging who the client is. Client focused practice is critical. (NESP Nursing student)

Some participants learnt how to change some aspects of themselves to better engage with people accessing their services and thereby improve their formulations and treatment. They reported being confident to ask more questions and dig deeper into cases than before the course.

> Initially my dream was counselling but in terms of addictions the training made me more aware of the way we ask questions, taking into consideration their body language. Also, when you're working with people who don't want to change or engage, there are techniques that we were taught that I've been able to apply in the way I deliver counselling. Being taught ways to motivate clients has definitely been something I've changed that I would not have known had I not done an extra year of studies. (CEP student)

> My assessments are more thorough – I now ask more questions to find out a lot about specifically what issues are going on for the young person – and I didn't before. Eg If a young person has been referred for anxiety then I feel a lot more confident in asking questions about what is specifically going on for them - their physical symptoms, when does the anxiety turn up, what are the thoughts behind that and how is that impacting on their functioning (ICAMH&A student)

> One of the things [the course] helped me do is working with older clients: I copy how they sit. I keep several different kinds of clothes so that I can look more age-appropriate to my clients: e.g. An older professional man changed his attitude to the service as a result of [me] mirroring his posture and changing my clothes. As counsellors, we generally dress down a little. This man wanted me to look more professional. I adjust who I am to the client I am working with. (CEP student)

Improvements in the preparation and planning of cases was also a by-product of doing the course for some participants. There were also reports of producing more thorough paper work and becoming more efficient.

> I became more structured in terms of having an agenda – it became part of my practice. I had a whiteboard with the points that we wanted to work on. These points are co-created. It made more effective use of the time. It was also useful for the clients - the feedback is that they feel they've achieved something – gone from A to B. (CBT student)

> I think I document cases, assessments etc. way more efficiency. Know what I want to focus on and ways to get information. I now have increased confidence and feel like I act more openly and upfront now. I can initiate, diagnose with way more confidence. (CLNP student)

> Yes, the way I manage my caseload – my time management skills – my preceptor gave me the skills and knowledge – that's the learning. (NESP Nursing student)

Mention was made of how course learnings reinforced what people had learnt before, either in earlier training, or as part of their working experience.

> Gained a lot more confidence to say that's what I've been doing and it's okay. [I] keep trying to build relationships - that hasn't changed but is reinforced. It's not about ticking boxes and fitting criteria. That's what [the] course meant to me. Solution focused practice. (CLNP student)

Some participants reflected more on their work because of the course. This resulted in greater flexibility, and higher levels of self-confidence.

> I began to really think about how I was going to tackle something and learnt to vary my approaches to situations. I suppose I became more open in a way, more flexible maybe realised there wasn't or isn't just one way to do things. I have more self-confidence, you learn to trust yourself and then you have the theory and knowledge as well to back up what you are saying to staff. (CLNP student)

Some participants were able to speak up more after doing their courses.

> The course gave me a context to put my practice into evidence based – fresh eyes within the service. My confidence did increase, and I had a lot more voice than before the course. (NESP Nursing student)

There were changes mentioned in relation to practice with Māori and Pacific consumers.

> I see quite a few Māori and Pacific people. In this service, 10 to 20 per cent of the caseload is Māori or Pacific. Yes, there was a clear focus on Kaupapa Māori in the service in the course. They made a highlight of kaupapa Māori and the holistic view of Te Whare Tapa Wha. I'm not sure it was highlighted [with] Māori and Pacific topics enough in the course. There were a couple of topics on culture and how that affects cultural awareness and cultural safety. (NESP Nursing student)

> [I am Tongan] and [have] a high-level understanding of cultural practices/frameworks. However, [I] work for a mainstream organisation. People that use services, at times choose mainstream because they're not comfortable going to a Pacific provider. As a Pacific Mental Health nurse [I have] to first and foremost do what is in the best interest of my client, so [I don't] push culture on them, unless [I'm] told otherwise or given hints that they want a cultural approach. For example, if language is a barrier. (NESP Nursing student)

One interview participant was an educator. They enjoyed the lecturing of the course presenter so much that they adapted some key aspects into their own delivery style. These included:

- openness
- approachability
- having a good flow without rushing.

How the changes in practice made participants feel

All but a few people mentioned they had increased their confidence due to the changes they had made to their practice.

> I'm feeling more confident and sure of what I'm doing. For me, it's really important. Previously my confidence was undermined. My professional confidence, in terms of my clinical judgement, I had all that before, but it was more gut feeling - hadn't attached it to a model. Now I have some sound clinical reasoning to base this stuff on. (CBT student)

> Definitely more confident. I was only a new grad at the beginning of last year. I feel able to engage with whānau now and I didn't know I could do that before. To not have that anxiety about going into people's homes. It's a package deal – the more practical experience you have, the more support like supervision, the other students who share what they are going through, what you are learning on the course has all helped. (NESP Nursing student)

> More confidence overall. As you learn more just become more aware of presentation of people. I was probably more clinical before and probably more formal. Now I do things like eat with the patients in the lounge because barriers come down and they will open up. I can now see if someone is venting or really at risk. (NESP Nursing student)

Some Pacific participants described feeling more confident because they were able to enhance their deep understanding of Pacific cultures with the knowledge they gained from their courses.

> Completing the course made [me] more confident in the way [I deliver], the way [I] follow through with [my] practice. [I] work with predominantly Māori and Pacific, especially those who are aggressive. …. because [I am] Pacific and understand holistic ways of doing things, [I feel I am] better equipped at building rapport with Māori and Pacific individuals and families." (NESP Nursing student)

> I also understand their interpretation of mental conditions and its relation to the past and spirits, so I don't dismiss their "understandings", rather work with them to come to a better understanding overall. I think this has been one thing that has been missing. The willingness by western academics to understand traditional views but you can't help people unless you know or try to understand what is important to them. (NESP Nursing student)

Several participants reported feeling more competent in their work as a result of changes to their practice.

> I definitely feel more competent than when I first started. I feel more confident but know I still have lots to learn. I feel more grounded in what practice should look like. (NESP Allied student)

> It helped me provide better more effective risk management and plans. I work with high offenders often, and so it helps breaking things down so that I and the whānau can understand how substance abuse contributes to offending. (NESP Nursing student)

Some participants indicated that their choice to work in mental health sector was reinforced and they felt positive about the choice they had made

> Pretty good. I never knew if mental health was where I wanted to work long term, now I can't imagine not working in it. (NESP Nursing student)

A number of people felt very positive about changes to their practice.

> It made me feel positive, because I knew I was prepared to enter the workforce with the skills to serve people. I do not think I would be as secure in my processes and the way I interact with others had I not taken the course. (NESP Nursing student)

Other ways in which participants felt about changes to their practice included:

- feeling more knowledgeable
- being more aware of and reflective about practice
- being prepared to take risks and trial things
- feeling better equipped to offer counselling
- feeling more empathetic towards consumers as a result of learning about what they go through
- feeling safer in their practice
- being more passionate and more excited about the work
- having a greater level of respect from colleagues.

Ways participants have shared knowledge with colleagues

Participants described several ways in which they shared their course knowledge.

A number of people had discussions with and/or gave in-house presentations to colleagues. Some people also shared their ideas with colleagues from other professional groups.

> Shared with colleagues through informal discussions. Developed up worksheets around managing anxiety and anger that they could use with their own clients.
> Would suggest techniques they could try. (CBT student)

> I have sat with various clinicians and explained some of the learnings from the course mostly to do with the documentation process. A number of clinicians were impressed with the knowledge shared that they started the course as well. (ICAMH&A student)

Some input has led to important discussion between workers and within teams.

> As part of a multidisciplinary team. The reaction has been like a wake-up call – there are light bulb moments for all of us who work in this area. We've been aware, but didn't often discuss it – we do that now. (CLNP student)

The student who was an educator shared her knowledge by modelling the things she had learnt. This was greatly appreciated by her co-presenter.

There was enthusiastic uptake of the some of the information by colleagues – as well as people using services.

> One of the biggest things I've shared is the model of addiction and the diagram. That's the one I use with people individually. People come in and don't know their triggers. They just think the drinking happens. The model helps them see there are a lot of points where they can change along the way. The colleagues have started to use that model themselves in groups and in one-to-one therapy. (CBT student)

> The working environment is very inclusive, and as a Pacific person, I'm able to draw on my Pacific knowledge and share that with my colleagues and they're quite open to receiving it. (NESP Nursing student)

In some instances, the new learning was not as welcomed by colleagues.

> Some are receptive to evidence-based practice. Others have their own way of doing things. They've been there a long time and can't change. (NESP Nursing student)

> Most people I work with are happy to hear anything about their professional practice. Sometimes, they're a little reticent – it's to do with confidence. (CEP student)

One Pacific student felt uncomfortable in sharing his learnings. In his culture, he had grown up with the mindset of respecting one's elders without question. He felt that as a young nurse, his voice did not carry enough weight.

Organisational changes made as a result of undertaking the course

The organisational change mentioned most often was an increase in people-focused practice.

> On the ground level I think things have changed. We're spending more time listening and not trying to rush assessments. For example, if I'm out in the community and time is up, if families or the client want to continue talking and I have time, I stay and listen. (NESP Nursing student)

Other organisational changes in practice and/or procedures were:

- team now ask Māori clients about cultural support when setting up initial appointments rather than at the first meeting
- organisational encouragement to have all staff practicing a recovery focus consistently
- improvement to health and safety procedures
- change to the triage system to make it more friendly
- development of a sensory modulation room
- a change in practice around injections to correctly align with the organisation's policy
- a difference in the range of activities offered to inpatients
- reduction in the time between checks in inpatient and older adult facilities
- staff ask about family violence more often.

Changes around the way staff were managed also occurred as a result of participants bringing their learnings back to their workplaces:

- improvement in induction rates for newcomers to the service
- allocation of more time for clinical reviews
- supervision was made a focal point of every week
- a positive work environment was fostered
- staff became more aware of the learning principles and the role cognitions play
- the culture of the clinical review process changed from one in which staff were anxious and embarrassed to one where they were invited to be transparent and not judged. The discussions are now more robust and open.

It was evident that organisations valued the training because they were sending more staff to undertake courses and hiring more people who had already done the courses.

> I feel the quality or standard of nurses coming through the programme is visible. (NESP Nursing student)

There was also a report of increased staff retention due to more positive inclusive work environments.

Many interview participants reported that no organisational changes had occurred as a direct result of their involvement with the courses. Some of this was attributed to limited resources. Some participants were also focusing on building their own practice and implementing their own learnings before they could look to brokering larger organisational change.

There was also a report of increased staff retention.

Many participants reported that no organisational changes had occurred as a direct result of their involvement with the courses. Some of this was attributed to limited resources.

> I don't think anything has changed really, other than me seeing what should be changed in the system. But if there is going to be change it will take time. I'm just praying I hang in there long enough to see it. (NESP Nursing student)

Change in outcomes for consumers and their whānau

No negative outcomes were reported for consumers and their whānau because of changes to participants' practice or changes to the organisations in which they worked. Many participants were able to identify ways in which changes had positive outcomes for consumers and their whānau.

Participants indicated that consumers their increased knowledge about their issues and how to deal with them.

> Invariably, clients are interested in the information – curious. [It] definitely opened more channels of communication. That knowledge and the linking of cause and effect is definitely there. (CLNP student)

> Those that have taken part in the [treatment] programme seem more positive. They are being active, which helps with other metabolic issues that they may be facing, and also learning about how their brain and body functions. (NESP Nursing student)

> Change the talk – the usefulness of being able to label thoughts and emotions. And learning how they operate. A greater understanding of the behaviour they're engaged in – the drivers of their addiction. You can really see how they are using the CBT model for themselves. And you can really see the difference in their behaviour and their emotions. (CBT student)

Consumers and their whānau were reported to be more engaged in their treatment as course participants adopted people-centred practice.

> The difference to service users is [greater engagement] helped them to relax more. Coming to a mental health and addiction service adds to their anxiety. It made it easier for them to come back. It handed the power back to them. Some people were worried about being ordered to do things. Focusing on the future instead of dwelling on past traumatic events. (NESP Allied student)
>
> They feel a lot more validated and engaged. They're not alone. What they're going through makes sense as a diagnosis. (ICAMH&A student)
>
> I think I can help whānau to look at their own behaviour, to challenge without challenging. Using language that is inclusive but non-judgmental, like some parents have found doing this helps. Being patient focused means being open I think whānau have been able to engage in the service more, not felt excluded because of who they are or what they represent This means whānau are getting the information and care that is rightfully theirs. (CLNP student)
>
> Getting to know them as people makes them feel more comfortable, not judged. Like I said you eat with, not us and them but still need to maintain professional boundaries. (NESP Nursing student)

The following case demonstrates the importance of using a person-centred approach and taking the time to fully-engage with consumers.

Case 1:

"I worked with a young woman who came in suicidal, we don't generally get suicidal people in ICU. But it was a complicated case … she was pregnant in her first trimester … the reason why she was suicidal was because she had a lot of pain. She kept presenting to health care services, they kept turning her away and she eventually decided to plead suicidal thoughts, and make some not very serious attempts, but just to try and get the attention of people so that they would actually help her. Basically, she got admitted to us, and we sat down with her. In terms of my assessment skills, I learnt them when I first started and then obviously they've gotten better over time. She appeared really, really agitated and what she was saying, and what the notes said, as opposed to her presentation, they weren't adding up. And I was like, clearly there's something else going on here basically. So, there were issues with her partner, and there were also some other undisclosed drug and alcohol issues. And once I got to work with this person and I was

like 'look there's no judgement, all we want to do is try and get you better, so you can home, you can go back to your partner, live your life without having to be in hospital, particularly in mental health intensive care which is the most restrictive place you can be'. And eventually we found out there were some other drug issues that resulted in the withdrawal, which is why she was so agitated. … it also involved a little bit of work with her partner in terms of … confirming the drug and alcohol issues, as well as what other issues are going on at home … and as a result, it involved a three-day admission and not a three-week admission because we got to the crux of the issue." *(NESP* Nursing *student)*

The integration of existing cultural expertise and newly learned skills also helped consumers and whānau to engage more fully. This quote is from a Pacific student.

> I think because I didn't make them think that their beliefs were stupid they were more open to sharing with me and through my training I was able to bring out the best of both my traditional understandings mixed with what I have been taught as a nurse. Clients who are recurring, ask for me by name so that is a good thing and again I have a great relationship with the families now. So, it's taking that "it takes a village to raise a child" approach, but in this instance the child could mean anyone. Kapau tetau foki kihe tau founga motu'a, moe mahu'inga 'o e kainga, 'oku mahu'inga ketau ngaue fakataha ke tokoni kihe ki ha ki'I laumalie ongosia. If we go back to the ways of old, and the importance of kainga (family, kin), it's important that we work together to help this soul that is distressed. (NESP Nursing student)

The application of recovery oriented mental health practice by participants helped consumers feel more in control of their situations.

> They're very appreciative of the recovery model. It's a real shock to them that there's such a change. More around educating them as much as possible and putting the power into their hands. They find it empowering – it makes them a lot more involved in mental health services. (NESP Nursing student)

> The outcomes are different. It brings up a lot about client recovery. This approach helps them in their own recovery – they are in command of their treatment. The service user is valued in the treatment. This is not much different to what I used to do. I started to think a lot more about that after the course. Even in the welcome, I ask them about culture. It really matters to them. (CEP student)

There were reports of consumers learning techniques taught by participants and being more independent as a result.

> The CBT she had done with me helped, she had more tools in her box to work through her problems. (CBT student)
>
> It gave the person a new language to use for what they were experiencing. (NESP Allied student)

The following case highlights the importance of consumers learning to use strategies themselves.

Case 2:

"I had a young lady recently who had quite severe social anxiety. She came here with an alcohol dependency – she'd had a medical detox. It was clear that her social anxiety was one of the drivers for her use of alcohol … we worked quite a bit on the model of social anxiety and on understanding the thoughts she was having about herself and about what other people thought of her. We used the setting we were in … to do some experiments. Things like noticing what her safety behaviours were – sitting slightly outside the circle of chairs – always in the same chair so she could see both doors. … She predicted what might happen and how she might feel and reviewed that with me and then brought that to the group and discussed it with them ... She got the double whammy there of input and feedback …. There was a big difference between what the group thought and what she thought.

It challenged her to not believe everything her thoughts were telling her. It actually let her see that her social anxiety was something that had been created in her head – and if she could start questioning those thoughts, it took some of the power away.

In doing some of those behavioural experiments, it let her feel that her anxiety wasn't real and that nothing embarrassing happened. Set her up with the belief that she could do this … and she left here with a plan to continue doing that stuff – also with some follow up with her clinician at home.

For me, that's one of the beauties of the CBT tools - people can sometimes become self-sufficient with them.

Also, we're an alcohol service – and it helped her see the connection between her drinking and the anxiety and how they maintained each other. It gave her motivation to stay abstinent as well." (CBT student)

Because assessment skills had been enhanced, case formulations were more accurate, and consumers received treatment appropriate to their situations. The following case study illustrates this.

Case 3:

I had a young person last year. I was learning about anxiety and social anxiety and because I learnt what that looked like from the course, I was able to write a formulation and share it with her and her mum. That informed [my understanding of the] treatment that had happened in the past, not with me or my service but with other clinicians at school and in the community. They hadn't quite understood what was going on with her. They had been treating her for depression when it was really the anxiety that was underpinning her low mood. Because I'd learnt about what social anxiety looked like, I was able to really understand what was getting in the way of her wanting to go to schools and hang out with her friends and things like that.

Then I saw her, and we engaged in some work around her social anxiety. It wasn't really long term – just a few months. We had a good rapport which was cool and then she got better. She got discharged from the service – no longer needed a mental health service. She was able to live the life she wanted to – she had been quite disabled by her social anxiety – not doing things with her friends and to do hip hop dance. She was able to do what she wanted and could now do them again. Going back to school with support from her mum - that was part of her transition plan.

She felt a lot more confident and better about herself and felt like herself again. Her mother wrote to me and said her girl was back. And that they really appreciate the service. That things hadn't worked in the past but now she'd got better.

I wouldn't have been able to put that together as meticulously before doing the course. (ICAMH&A student)

Practice involving the whole whānau helped improve relationships and reduce stress.

> We did do some whānau-inclusive practice where upset family members were referred to family group. Had some really good results where they talked about better relationships at home, Mum not so stressed. (CEP student)

> When the young lad came up with his dad and mum I treated them with respect, shared information - worked with them for four days in a row. Rest of staff were like no we can't let them take him for a walk they might let him smoke. I had built the relationship [and] I was like: it will be alright. Even the doctor wanted to err on the side of caution - and then he spent some time with the whānau and let them go for a walk. I was advocating for that family so maybe that helped. I was the only one who had spent a lot of time building that relationship. (CLNP student)

> I think it makes them feel like we do care about them and that we take their mental wellbeing seriously. I also think families appreciate it because we show that we understand the strain they carry because it's not easy. That understanding, and compassion really does go a long way. I know if it were me, I wouldn't care what people know until I know that they care. (NESP Nursing student)

Case 4:

One man was recently discharged from the inpatient unit. He had been aggressive at home, agitated with his son, manic and not sleeping well. Throwing things around the house. He had lost his job and had family issues. I provided physical and mental health care to help him stabilise. He was referred to specific agencies that could help him and in the end, he was stabilised with medications. He was also fully aware of his mental health diagnosis. We stabilised his mental health and we found him a job and helped the family learn more about his mental health and gave them some strategies to support him when he responds to certain triggers. It was really inclusion of the man and his family to decide what was right. Including the family as a way of decreasing the stress that was going on within the home.

We gave the man and his family better skills to better manage. That empowers everyone to proceed with their lives for the future. He also knows that mental health services would always be there for him if he needed them. We can only try our best as well. It's a partnership.

With the education I got, it readied me to deal with the situation with confidence. I did quite a bit of mental health placements. With the course, it empowered me even more and I to work with a client and be non-judgmental and supportive rather than not really having a compass to what communications style I should use, these are incorporated into the course. The course empowered me to look into this more. Therapy skills to enable people to move along with their lives." (NESP Nursing student)

Organisational changes in some procedures were also reported to have benefits for consumers.

> The change in the assessment form is really positive for patients and services referring to [us]. The form discusses who they are, who they use with, the context of use identifies triggers. I share this assessment with the client before sending it [back] to referrer. This can help the client as well, around ownership, responsibility. [They] can see in black and white what their using looks like. It pays respect to the fact that it is someone's life that you are writing about. The referrer is then able to tailor services for the client because they get useful information that they need. (CEP student)

> Family violence screening improved mental health when that is addressed. With family violence screening staff are charged with asking or raising questions about this – they have staff who have been chosen as 'go to' people. As a 'go to' person, I ask the questions for clients or I help the staff ask the questions. (NESP Nursing student)

> We have had less seclusion rates in the last year - so that in itself shows that our practices have improved on the unit with changes in staff and their learnings. Our DHB is committed to always finding ways to improve services to our people and their families. (NESP Nursing student)

Evidence of increased consumer satisfaction with services was mentioned.

> Since I became Manager, the patient surveys (complete at time of discharge about how happy they are with the service) are getting better over the last six months. [Satisfaction] has changed from 75% to 86%. Our service has definitely improved. (CLNP student)

The use of skills learnt by course participants to make a compelling case for treatment was also used to dramatically change the situation for one consumer.

> There was this young guy the doctors were looking at placing him into a 24-hour locked facility. ... A number of us who had done the papers didn't think this was appropriate, so we developed a quality care case plan. The academic writing skills that I learnt really helped with this. Our proposal was accepted, and [the client] lives in the community now. (CLNP student)

Other benefits for consumers and their whānau resulting from changes in practice and/or organisations were:

- increased consumer awareness about the impact of medication, drugs and alcohol on mental health – and vice versa
- whānau (and children) are better able to understand what is going on with their loved ones
- better rapport with practitioners
- deeper understanding of what practitioners are doing, and why
- consumers don't feel judged
- greater consumer confidence in practitioners and therefore, more confidence in the treatment
- consumers happier and were experiencing positive changes after a physical exercise programme
- consumers and whānau have better access to other services and resources, and thereby, improved life outcomes
- a comfortable space for consumers and practitioners to meet.

Some practitioners were unable to think about or talk about changes in outcomes for consumers during our interviews with them.

> It is hard to evaluate outcomes. At the end of the day, clients have a choice about what they do. (CLNP student)

Summary and conclusions

Feedback from students who are funded by Te Pou o te Whakaaro Nui (Te Pou) through the Skills Matter project is important in order to understand the experiences they have during their courses and the benefits of studying. A survey has been administered to all students at the end of each academic year for a number of years. In 2016, a sample of 21 students from 2015 were followed up with in-depth interviews to ascertain the longer-term outcomes of the training on students' practice, on their organisations and on people accessing services and their whānau. In 2017, it was decided to repeat the follow-up interview process with students who participated in the programme in 2016.

In September 2017, a sample of potential interview participants was selected from the student records held at Te Pou. The sample covered as wide a range of students as possible and included Māori and Pacific people, people from different genders, people from different professional groups and from different parts of the country. The sample also included students from each of the six courses funded through Te Pou. These were:

- New Entry to Specialist Practice Nursing (NESP Nursing) (16 participants)
- Clinical Leadership in Nursing Practice (CLNP) (7 participants)
- Coexisting Substance Use and Mental Health (CEP) (5 participants)
- New Entry to Specialist Practice – Allied health (Allied NESP) (3 participants)
- Infant, Child and Youth Mental Health and Addiction (ICAMH&A) (3 participants)
- Cognitive Behaviour Therapy (CBT) (3 participants).

There were 37 interview participants from the 2016 Skills Matter funding cohort. Interviews with 10 Māori and 10 Pacific students were conducted face-to-face by two interviewers with cultural expertise in those areas. The remaining 17 students were interviewed over the telephone by two Pākehā interviewers. All four interviewers were women. An information sheet with a copy of the topic guide for the interviews was sent to all participants before the interviews.

One in every four participants came from the Northern region (n = 16) with approximately one in four coming from the Central (n = 9) and Midland (n = 8) regions respectively. Just over one tenth of the sample came from the Southern region (n = 4).

Most of the participants' employers were from 15 of the 20 DHBs in New Zealand with Waitematā and Auckland accounting for a third of the sample between them. Three employers were NGOs from different parts of the country.

One third of the participants worked in adult services. Other service types included addiction (n = 5), child and youth (n = 5), forensic (n = 3) and older persons (n = 1). Three people worked in culturally specific services (Māori = 2, Pacific = 1).

Two thirds of the sample were nurses by occupation. One in every nine people was a social worker. Three participants were occupational therapists and another three were alcohol and drug practitioners. There was one counsellor and one clinical psychologist in the group.

Eleven participants identified as Māori and 11 were New Zealand European. There were 10 people who identified as Pacific and four Asian people. There were four other ethnicities in the group, each represented by one person.

A third of the participants were 30 years old or under. Another third was between 41 and 50 years of age. There were seven people between 31 to 40 and four people between 50 and 60 years of age.

Reflections on the courses undertaken were mainly very positive, and echoed the feedback provided in the end of year student surveys in 2016[2]. High calibre course lecturers, strong organisational and collegial support and relevant content featured in the comments from many people. Some participants called for a greater emphasis in courses around working with Māori and Pacific cultural frameworks. Others mentioned that their positions had not been backfilled while they were away doing study. This issue was also raised in the end of year student surveys.

Participants took many learnings away from their courses. The key ones were around therapeutic relationships, using a holistic approach, people-centred practice, and how to complete comprehensive assessments and treatment plans. Some of the factors helping them deepen their learnings were the opportunities to apply their new knowledge to everyday practice and discussions with others. Participants also mentioned that having access to resources and knowing where to find them were also important in consolidating their thinking.

People's experiences in trying to implement course learnings were reassuring in most instances. The enabling factors were the relevance of the material to everyday practice, active support from senior management and colleagues, and good organisational systems. Time and/or financial constraints in some organisations and existing procedures in inpatient settings were a barrier to a few participants.

Participants provided numerous examples of the ways in which their practice had changed as a direct result of doing their courses. They included the application of a recovery approach, the use of evidence in their work, and people-focused and whānau-inclusive practice. People also varied their approach and/or dress to help consumers feel more comfortable with them. There were reports of more comprehensive assessments and treatment plans and participants reflecting more on their practice as result of doing their courses.

Almost all participants indicated that these changes in practice made them feel more confident in their work. In some cases, people experienced this due to their increased understanding of Māori and Pacific cultures. People also felt more grounded in their practice.

[2] *Six individual programme reports were produced for that year detailing student feedback about their experiences with their courses.*

Many participants shared their newfound knowledge and skills with colleagues and managers within their organisations. This was generally in less formal settings like team meetings or one-to-one discussions. Although there was eager uptake of new information by some colleagues, some resistance was also encountered from others who had been doing things in a particular way for a long time.

There were several reports of change to the organisations in which participants worked. Increases in people-focused practice were mentioned most often. The numerous other organisational changes included better cultural practice, encouragement to use a recovery focus more consistently, and improvements to health and safety policy and procedures.

Consumers and their whānau benefitted from changes in participants' practice and organisations in many ways. Improved outcomes included higher levels of engagement in the treatment process which was supported in some cases by the integration of course learnings with existing cultural skills. Consumers also increased knowledge about their issues and how best to manage them. They also felt more in control of their own situations as a result of an emphasis on the recovery approach. Because assessments had been more comprehensive, some consumers were correctly diagnosed and able to more on with their lives more quickly. The involvement of whānau in the treatment process led to better and more holistic outcomes for consumers and their whānau. Several illustrative cases were included to bring the data to life.

As previously mentioned the interviewing team was joined in 2017 by two cultural specialists, one Māori and one Pacific. They were asked to consider everything they heard in the interviews and come up with some integrated thoughts to add to the feedback about this work. The following points reflect that and help validate the decision to include them into the team.

- More than one participant described feeling uncomfortable being "the only brown face" in their course. However, some courses did seem to emphasise that cultural competence was everybody's responsibility, not just that of Māori and Pacific workers. This was reassuring to have reiterated through the course as being one of very few Māori working in an organisation can be a burden with a high expectation to deal with all things cultural.

- It was good to have more relevant training on Māori issues, especially with Māori students, as whānau expect Māori workers to know the tikanga. There were reports of course learnings in this area also affecting participant's personal lives and their sense of identity as Māori positively.

- Pacific students did not seem to be well catered for in the courses. They had more difficulty with the academic side of the courses and had more negative experiences during the course and in workplaces.

- There is a stigma attached to mental health issues in the Pacific community and furthermore, mental health nurses are as not as valued as doctors. That is why a holistic approach is important.

- In flexible organisations, cultural knowledge was considered a real strength. Those organisations were open to having a holistic approach to service provision and a recovery focus. Some organisations working in the medical model valued cultural knowledge less because their overriding focus was on medication.

The importance of the Skills Matter funding has been highlighted as many participants indicated their inability to have undertaken their courses in its absence.

This report provides evidence of the importance of the Skills Matter funding for students, the organisations in which they work and for consumers and their whānau. Findings demonstrate that participating in these specialist courses improves and updates practice and processes and that these have contributed to better treatment outcomes. NESP students across Nursing and Allied Health particularly benefitted as they were working in the sector for the first time.

Appendix A: The information sheet

Skills Matter follow up interviews Information sheet

Skills Matter follow up of students from 2016

Why we are doing these interviews

The aim of these follow-up interviews is to determine the extent to which training (and any additional support) has helped to embed the learnings from the courses funded by Te Pou o Te Whakaaro Nui (Te Pou) with the Skills Matter funding.

This also provides an important opportunity to understand the outcomes of any changes in practice on course participants' experiences and how those changes have impacted on organisations. Changes in practice will also be explored.

The topics

Some of the topics to be covered in the interview include:

- Your views of the course and the key lessons learnt
- What support you received after your course – and how well that worked for you
- What, if anything, changed in your practice as a result of your course
- How changes in practice were made (and what got in the way of making them)
- What impact any changes made on you, your organisation and on consumers and their whānau.

Your rights

This interview is entirely voluntary. Your individual comments will be kept confidential and you will not be identified in any report.

It will take approximately 30-60 minutes (depending on how much you have to say) and be conducted face-to-face at a time that suits you.

The notes from your interview will be added to an electronic file that is password protected. Paper notes will be shredded immediately after that. The electronic file will be deleted after five years.

Your interviewer

If you have more to add to your interview or you want to contact your interviewer for any reason, please do so.

Interviewer's name: _____

Interviewer's email address: _____

Appendix B: The topic guide

Skills Matter follow up interviews with students *(2016 cohort):*

Obtain fully-informed consent to participate in the interview
1. **How well** was the course delivered? *[probe: quality of lecturer, topics covered, learning process]* Please expand
2. What were the **key learnings** you took away from your course? *[please expand]*
3. What were your experiences in trying to **implement** learnings from the course into your own practice? *[probe: enablers, barriers, how to do it better in future]* Please expand
4. What were your experiences in trying to **implement** learnings from the course into your workplace? *[probe: enablers, barriers, and how barriers were overcome]* Please expand
5. What, if anything, **changed** in your practice as a result of you undertaking your course? Please give examples
6. What, if anything, has enabled your learnings to be **sustained** [and/or deepened] since you finished your course?
7. How did those changes make you **feel** about your practice? Please expand
8. What, if anything, did you notice about changes in outcomes for consumers and their whānau as a result of any changes to your practice?
9. In what ways, if at all, have you **shared** your course learnings with your colleagues? Please give examples
10. What, if anything, **changed in your organisation** as a result of you undertaking your course? Please give examples.
11. In what ways, if any, have organisational **changes affected outcomes** for consumers and their whānau? Please give examples.
12. Please make any **further comments** about the course you took last year?
13. Would you like a copy of the **summary** of the resulting evaluation report? If yes, get best email address to send it to.
14. Would you be prepared to be contacted in July 2018 for a further follow up interview
Thank you for taking part in the interview (give/send thank you gift)

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