Title: Transition to Practice program: a new direction for recruiting and retaining Enrolled Nurses in mental health

Running title: TtPP for ENs in mental health

Author names and qualifications:
Valerie Porter, RMN GDipMentH, CMHN
Corey Ham, BN, GDipMentHN, MN, CMHN
Laurie Grealish, RN PhD FCNA

Address at which work was carried out:
Gold Coast Hospital and Health Service, Gold Coast, Queensland, Australia

Corresponding author: Valerie Porter
Postal address: 2 Bayberry Lane, Robina, 4226
Email: Valerie.Porter@health.qld.gov.au
Facsimile: (07) 5687 7097
Telephone: (07) 5668 6462

Author contributions:
Ms Porter, Mr Ham, and Dr Grealish designed the evaluation project, undertook data analysis and prepared the manuscript.
Ms Porter and Mr Ham designed and delivered the intervention.
Dr Grealish collected the data.

Abstract

One health service in one Australian jurisdiction introduced a specialist mental health transition to practice program for newly qualified enrolled nurses.

A process evaluation with the first cohort (N=7) was undertaken in 2014. The program increased enrolled nurse confidence in mental health nursing and appears to be a viable solution to address the mental health nursing workforce shortage.

Further research to evaluate components which effectively increase confidence and long term retention is recommended.

Key words Education, Mental Health, Nurse, Retention, Transition

Introduction

With an aging population (ABS Australian Social Trends, 2009), and associated increases in mental illness burden of disease globally (Whiteford et al, 2013), mental health services are challenged to manage the burgeoning requirements for specialist care. Australian mental health services are provided across community, hospital, and specialist services (AIHW, 2014). Mental health disorders constituted 7.4% of global disease burden, greater than HIV/AIDS or diabetes. Ensuring adequate specialist mental health services is critical for economic as well as population health reasons.

Nurses constitute almost 51% of the workforce in Australian mental health services (AIHW, 2014). There is a shortage of mental health nurses (Neville & Goetz, 2014). The loss of specialist mental health nurses during the transition of nursing education from hospitals to universities is identified as the key cause for the shortage (Happell, 2006; Happell & McAllister, 2014). Like other areas of health care, the shortage is expected to rise as current older nurses reach retirement age (Mental Health Workforce Advisory Committee, 2008; AIHW, 2014).

Health services are increasingly employing Transition to Practice Programs (TTPPs) to recruit and retain newly qualified registered nurses. In an American study of 105 hospitals, those with formal TTPPs reported higher nurse retention (Spector et al, 2015). Formal programs can provide support that can reduce the frustration and anxiety reported by newly qualified nurses (Kumaran & Carney, 2014). In reviewing ten years of a residency program for newly qualified registered nurses across several US states, the programs were found to increase retention rates, and improve newly qualified nurse perceptions of their ability to organise and prioritise their work, communicate and provide clinical leadership (Good et al., 2013).

TTPP are emerging for registered nurses in specialist mental health settings as well. In a review of the literature, Hayman-White & Happell (2007) found that specialist graduate nurse programs in mental health were implemented as recruitment and/or retention measures. In a later review of the literature on TTPP for newly qualified registered nurses in mental health, Tingleff and Gildberg (2014) found that there was sparse reporting on the results making it difficult to provide recommendations. In the state of California, Nadler-Moodie and Loucks (2011) advocate for direct-entry newly qualified registered nurse programs in mental health rather than requiring one year of experience for entry to specialist program based on their experience with a specialist nurse residency program.

Not only is it difficult to recruit registered nurses into mental health, a systematic review of the literature on economic evaluations of nurse staffing and patient outcomes suggests that the cost associated with registered nurse staffing is high (Twigg et al, 2015). To date, discussion of Australian nursing workforce requirements in mental health has focused on the registered nurse. For example, the Australian Mental Health Workforce Advisory Committee (2008) suggested supporting the enrolled or second level, nurse to develop to the registered nurse level. Increasing mental health content in undergraduate nursing curricula is another strategy (Neville & Goetz, 2014) to increase the number of nurses interested in the mental health specialty. A more contentious area of exploration is the employment of registered nursing students as Assistants in Nursing (Brown et al, 2013). The enrolled nurse has not figured as a workforce option in mental health.

The Enrolled Nurse (EN) is also known as Enrolled/Division 2 Nurse in parts of Australia or a Licensed Vocational Nurse (LVN) or Licensed Practical Nurse (LPN) in other parts of the world. The EN completes a Diploma, a level 5 qualification within the Australian Qualifications Framework (AQF). The Diploma is typically a 1 – 2 year course and "qualifies individuals who apply integrated technical and theoretical concepts in a broad range of

contexts to undertake advanced skilled or paraprofessional work" (AQF, 2013). In contrast, the Registered Nurse (RN) completes a Bachelor degree qualification, at AQF level 7. A Bachelor qualification typically is a 3 – 4 year course and "qualifies individuals who apply a broad and coherent body of knowledge in a range of contexts to undertake professional work" (AQF, 2013)

Recent changes to Australian EN education and supervision have narrowed the differences between the RN and EN (Jacob et al, 2012). A study of educators' views about RN and EN education found that the topics covered and skills learned were very similar, with the inclusion of high acuity skills noted in the RN course only (Jacob et al, 2014a). In practice, RNs and ENs undertake similar activities, with ENs doing more direct care activities than RNs (Chaboyer et al, 2008). While many of these studies have been focused on the acute hospital setting, the role of the EN in mental health has not been explored.

Drawing on the experiences of recruiting into rural health settings (Nankervis et al, 2008), it is timely to investigate new models of skill mix to address nursing shortages in mental health settings. The introduction of specialist work-based training for newly qualified ENs provides an innovative model of skill mix that can address the nursing shortage in the mental health setting. To date, evidence of programs to support ENs through transition programs is sparse. Early studies do suggest that a transition support program can retain ENs in general settings (Nielson, 1997) and specifically in mental health settings (Valente 2005; Valente & Wright 2007).

As with the international community, in this health service setting, a Mental Health TTPP has been delivered for newly qualified RNs since 2006. The program has included several elements common to most TTPP in mental health, including a preceptor model (Happell & McAllister, 2014; Rush et al, 2013), peer support (Rush et al, 2013), and specialist theory (Charleston et al, 2007). In 2014, the first TTPP for newly qualified ENs was

offered. Each nurse was recruited to a 12-month temporary contracted position. The program aimed to introduce newly qualified ENs to mental health nursing to increase their confidence and competence in this specialised area of practice. A secondary aim was to retain newly qualified ENs in mental health nursing.

As a new endeavour, the hospital-based nurse educators advanced the TTPP program to include a program for newly qualified ENs. In consultation with stakeholders, who included current ENs working in mental health, nurses and nursing unit managers, the educators developed the work-based program to enhance mental health services. The aim of this research study was to conduct an outcome evaluation of the TTPP for newly qualified ENs, focusing on participants':

1. confidence to practice in specialist mental health; and
2. views about the strengths and areas for development in the TTPP.

Materials and methods

The TTPP was designed to attract ENs to the specialty of mental health, build their confidence by providing a structured program of learning activities, and ultimately retain each successive cohort expanding capacity of the mental health workforce to meet the rising demands for specialist mental health services. A summary of the TTPP is found in Table 1.

[Please insert table 1 here]

The program was designed, and delivered by hospital-based nurse educators, in collaboration with the state vocational training agency. Following a submission by the hospital nurse educators, the state training agency provided recognition for the education and assessment associated with the TTPP. This equated to recognition for three units within the eight (8) units

Advanced Diploma of Mental Health offered by the commercial training agency. The three recognised units were:

- assess and respond to individuals at risk of suicide;

- practice in contemporary mental health care; and

- facilitate consumer, family and carer participation in the recovery process.

Features of the program included one RN or EN preceptor per enrolled nurse participant, preceptor led completion of the competency skill assessment, and theory focused on mental health nursing and recovery led management of mental illness.

An outcome evaluation focusing on newly qualified ENs' experience of the initial 2013-14 TTPP, specifically on their confidence and learning, was undertaken in consultation with a nurse researcher from the local university (LG). The nurse researcher collected and analysed participant responses and recorded modifications to the program during its initial year of operation, in order to understand the implementation process more deeply.

Guided by the nurse researcher, the hospital based nurse educators (VP & CH) developed the confidence survey, derived from the competency performance assessment tool utilised in the program, with the intent of determining the newly qualified ENs' confidence to practice in mental health nursing. The confidence survey invites participants to respond to 22 items grouped into relational safety, building rapport and engagement, taking a history, presentation of mental state exam, and clinical and problem solving. A five-point Likert scale was used, where 1 is 'not well at all', 2 is 'not very well', 3 is 'fairly well', 4 is 'very well' and 5 is 'extremely well'. The researchers (authors) provided the ENs with information about the study. Participation was voluntary, consistent with good practice in quality initiatives (NHMRC, 2014). A specially convened session was held during the program for the completion of surveys. Of seven participants in the program, two completed the surveys at this session and two completed the surveys at another time. The surveys were forwarded by

internal mail from the participants to the third author, who was not involved with delivery of the course. The data from the confidence survey was entered into an Excel® spreadsheet. The participants' responses to each item were averaged and the mode for each was also reported to indicate variance.

A final survey question provided for open-ended responses regarding the program quality. The nurse researcher solicited participants' experiences of the work-based program through informal individual interviews, using structured questions. Key points made in the interviews were consistent with the open-ended survey responses and these were collated to address the second research question.

Continuous feedback on the TTPP was provided through formal meetings and informal conversations with nurse unit managers, preceptors, nursing director and assistant nursing director over the course of one year. The first author recorded feedback from these meetings, and information was used to make changes to the program while it was unfolding.

Ethical considerations

The evaluation protocol was submitted for ethical review and the Human Research Ethics Committee considered it to be a quality improvement activity. Participation in program evaluation was voluntary and management of data from program participants was consistent with the NHMRC Ethical Considerations in Quality Assurance and Evaluation Activities (NHMRC, 2014). In particular, individual confidentiality has been maintained through no access to the raw data for those delivering the program, and storage of data in a locked office and password-protected computer.

Results

The results are reported in three sections: participant responses to the confidence survey, participant feedback on the program, and program governance and changes.

Confidence survey responses

The average score and range for each item in the confidence survey are displayed in Table 2. The mode for all items except one was 4, indicating that overall the four participants are feeling confident to work in the mental health setting. The exception was Item 13, collating information logically and coherently to develop a summary, where the mode was 3 – fairly well.

 [Please insert table 2 here]

In the next section, feedback on the program appears to indicate alignment between the program and the participants' confidence to practice in the mental health setting.

Participant feedback on the program

Following collation of data from the confidence survey and interview participant feedback indicated that:

- The course was well structured.

- Participants found the content informative, and valued the learning experiences.

- One of the participants commented on the value of the assignments for personal learning.

- Rotating through placements could be supported with specialist learning objectives/resources e.g. 'transition to child youth mental health'.

- Participants are interested in further learning about medications and possible credit towards Bachelor of Nursing.

Overall, the program appears to be satisfactory in meeting the small group of participants'

needs, with two areas for development identified, logical collation of information about the

person and components of the mental state examination which require a higher level of

assessment skills e.g. mood and affect, thought form and flow, and thought content.

Feedback from other stakeholders is provided in the next section.

Program governance and changes

During the implementation of the TTPP, a series of feedback mechanisms were established to

monitor the program. These included:

1. including TTPP as a standing item on the fortnightly Mental Health Nursing Unit

   Managers meeting;

2. regular meetings with participants to discuss their progress at monthly peer support

   meetings focused discussion on their learning and challenges arising; and

3. soliciting feedback from RN and EN preceptors who were working with, and

   assessing the clinical performance of, the TTPP participants.

The initial decision to allocate only one preceptor per participant was reviewed and a

second preceptor was appointed for all participants in response to feedback from nurse unit

managers, participants and nursing staff.   This addressed the perceived concern about limited

preceptor support related to rotating rosters/schedules. The nurse educators provided

additional information to both the nursing staff and the TTPP participants on the clinical

assessment process, including information about the assessment instrument and how to use it.

One of the clinical assessment instruments was redesigned, in order to improve clarity,

following feedback from nursing staff and TTPP participants. The range of conditions that

could be discussed in the theoretical assessments were subsequently broadened to incorporate

the range of conditions participants were encountering in their practice. This change was generated after TTPP participants indicated that some of the theoretical assessments were narrowly focused on conditions that did not present in all parts of the mental health service.

Discussion

The impact of the impending nursing shortage on burgeoning mental health services requires innovation in workforce structure. In order to attract and retain more nurses in mental health, one Australian jurisdiction implemented an entry to practice program for newly qualified ENs. Overall, clinical nurse leaders welcomed the program and the program nicely complemented the existing program for newly qualified RNs.

The program participants developed confidence in the EN role during the program. It is expected that confidence would increase through experience, consistent with general understanding of workplace learning (Eraut 2004). The next phase of investigation should focus on externally validated competence, specifically in the areas of logical collation of information about the person and components of the mental state examination which require higher level of assessment skills e.g. mood and affect, thought form and flow and thought content.

The participants were positive about the course structure and content. Some suggestions for improvement were focused on clinical placement and more information about medications. The areas where confidence could be improved are those mentioned above, including (1) logical collation of information about the person and (2) components of the mental state examination which require a higher level of assessment skills e.g. mood and affect, thought form and flow, and thought content.

One key area for further discussion and debate is the scope of the EN in relation to the RN in the mental health setting. Participants in this program received advanced standingfrom the state training agency for three modules: Assess and respond to individuals at risk of suicide, Practice in contemporary mental health care; and Facilitate consumer, family and carer participation in the recovery process. Given the EN TTPP initiative and recognition of the TTPP EN program as part of advanced practice EN practice education, it is timely to consider specialist programs in mental health. In light of the impending workforce shortage, it will be important to investigate the value of advanced practice EN roles in mental health.

However, as seen with the expansion of the EN role in the area of medication administration, there is significant risk of role boundary confusion (McEwan, 2008; Eagar et al 2010), with subsequent management and industrial considerations. It will be important to determine the scope of practice for these roles in relation to the registered nurse and other health professionals.

The difference between advanced practice EN and RN role in mental health development is highlighted in the following example. One participant was interested in university-level credit for the TTPP program. However, equivalency in terms of critical thinking and analysis bears further investigation. While transition to RN educational programs are established for ENs (Kenny & Duckett, 2008), the nature of the specialist mental health nursing practice, and the educational requirements for the effective and efficient performance of that practice require further development in order to inform programs of workforce development. This is particularly important in light of international research that indicates that higher qualified staff can reduce patient mortality (Aiken et al., 2014).

This program was designed to be responsive to stakeholder needs. The Nursing Unit Managers and Nurse Educators continue to discuss the need for RN training and how to best facilitate EN engagement within their regulated scope of practice. Whilst the original

regulatory structure of the RN and EN founded in the early 20th century continues, the need to revisit workforce requirements in light of the significant changes in hospital and community health services is urgent. The direction proposed here, to increase the EN workforce in mental health presents challenges to the nursing profession that must be addressed in order to ensure an adequate health service is available for expected increases in vulnerable populations requiring mental health services.

This program was limited to a small number of participants to ensure adequate support and the ability for nurse educators and leaders to intervene quickly should problems emerge. The small numbers reduce the generalisability of the findings beyond this specific population and setting. We note that of the seven enrolled nurses participating in the program, three did not participate in the evaluation process, further limiting generalisability. At the time of publishing, five of the initial seven ENs have been retained permanently.

The experience of conducting a TTPP for newly qualified ENs has opened the 'Pandora's Box', per se, in terms of the regulation of the workforce in mental health nursing. It is time to investigate new models of nursing care delivery that are inclusive of ENs, and Advanced practice ENs (mental health) in order to meet the expected workforce requirements.

Finally, this early evaluation has demonstrated that an entry-to-practice course for newly qualified ENs is feasible, if resources and support are available. As time progresses, it is expected that the nursing skill mix may change. The effects of these changes on consumers and consumer health outcomes must be monitored as well.

Conclusion and recommendations

The investment in entry to practice courses for ENs is well founded theoretically in terms of workforce requirements. The implications of increasing the EN workforce in mental health are far-reaching and require further discussion and debate within mental health nursing as well as within the nurse regulation arenas. The relationship between the EN and RN role, function, and autonomy has evolved with the evolution of healthcare; it is timely to review the regulation of nursing in specialist areas such as mental health.

This initial investigation into the feasibility of an entry to practice course found that the course did produce confident ENs. Minor changes to the program will continue based on feedback gathered in the next year of the course. It is expected that the EN workforce will increase to meet the health service requirements. Analysis of this course in light of the social and political context of mental health care generally, and mental health nursing specifically, raises significant issues about the regulation and scope of two levels of nurse. A key recommendation from this small investigation is a review of the EN scope of practice in mental health settings.

Acknowledgements

The authors acknowledge the generosity of participants in sharing their experiences for

the benefit of the evaluation and improvement for future programs.

References

Australian Bureau of Statistics (2009). Australian Social Trends: Using Statistics to Paint a
Picture of Australian Society. Cat No 4102.0. ABS.

Australian Institute of Health and Welfare (2014). Mental Health services – in brief 2014.
Cat No HSE 154. Canberra: AIHW.

Australian Qualifications Framework Council (2013). Australian Qualifications Framework.
2nd Edition. Retrieved from http://www.aqf.edu.au/wp-content/uploads/2013/05/AQF-
2nd-Edition-January-2013.pdf

Aikin, L., Sloane, D.M., Bruyneel, L., Van den Heede, K., Griffiths, P., et al., 2014. Nurse
staffing and education and hospital mortality in nine European countries: a retrospective
observational study. *The Lancet*, http://dx.doi.org/10.1016/S0140-6736(13)62631-8

Benner, P., Sutphen, M., Leonard, V., Day, L. (2009). Educating Nurses : A Call for Radical
Transformation Available from
http://healthqld.eblib.com.au/patron/FullRecord.aspx?p=468681

Brown, G., Cashin, A., Graham, I., Shaw, W., (2013). Addressing the Mental Health Nurse
Shortage: ndergraduate nursing students working as assistants in nursing in inpatients
mental health settings. *International Journal of Nursing Practice,* 19, 539-545.

Chaboyer, W, Wallis, M., Duffield, C., Courtney, M., Seaton, P., et al, (2008). A comparison
of activities undertaken by enrolled and registered nurses on medical wards in Australia:
An observational study. *International Journal of Nursing Studies*, 45, 1274-1284.

Charleston, R., Hayman-White, K., Ryan, R., Happell, B., (2007). Understanding the
importance of effective orientation: what does this mean in psychiatric graduate nurse
programs? *Australian Journal of Advanced Nursing,* 25 (1), 24-30.

Eagar, S.C., Cowin, L.S., Gregory, L., Firtko, A. (2010). Scope of practice in conflict in nursing: A new war or just the same battle? *Contemporary Nurse.* 36 (1-2), 86-95.

Eraut, M., (2004). Informal learning in the workplace. *Studies in Continuing Education,* 26(2), 247-273.

Goode, C.J., Lynn, M.R., McElroy, D., Bednash, G.D., Murray, B., (2013). Lessons learned from 10 years of research on a post-baccalaureate nurse residency program. *Journal of Nursing Administration,* 43(2), 73-79.

Happell, B., (2006). Psychiatric/ mental health nursing education in Victoria, Australia: Barriers to specialisation. *Archives of Psychiatric Nursing*, 20(2), 76- 81.

Happell, B., McAllister, M., (2014).Perspectives of Australian nursing directors regarding educational preparation for mental health nursing practice. *Issues in Mental Health Nursing,* 35, 891-897.

Hayman-White, K., Happell, B., (2007). Transition to mental health nursing through specialist graduate nurse programs in mental health: a review of the literature. *Issues in Mental Health Nursing,* 28, 185-200.

Hewitt-Taylor, J., Gould, D. (2002). Learning preferences of paediatric intensive care nurses. *Journal of Advanced Nursing*, 38(3), 288-295.

Hurley, J., Lakeman, R., (2011). Becoming a psychiatric/ mental health nurse in the UK: A qualitative study exploring processes of identity formation. *Issues in Mental Health Nursing*, 32, 745-751.

Jacob, E., Sellick, K., McKenna, L., (2012). Australian registered and enrolled nurses: Is there a difference? *International Journal of Nursing Practice*, 18, 303-307.

Jacob, E.R., McKenna, L., D'Amore, A., (2014a). Comparisons of the educational preparation of registered and enrolled nurses in Australia: the educators' perspectives. *Nurse Education in Practice,* 14, 648-653.

Kenny, A., Duckett, S., (2005). An online study of Australian Enrolled Nurse conversion. *Journal of Advanced Nursing*, 49(4), 423-431.

Kumaran, S., Carney, M., (2014). Role transition from student nurse to staff nurse: Facilitating the transition period. *Nurse Education in Practice,* 14, 605-611

Magione, N., King, J., (2005). Group Debriefing: An approach to psychosocial support for new Graduate Registered Nursed and Trainee Enrolled Nurses. *Contemporary Nurse,* 20(2), 248-257.

McEwan, B., (2008). Defining the scope of practice of enrolled nurses in medication administration in Australia: A review of legislation. *Collegian*, 15, 93-101.

Mental Health Workforce Advisory Committee (2008). *Mental Health Workforce: Supply of Mental Health Nurses.*

Nadler-Moodie, M., Loucks, J., (2011). The implementation of a new-graduate nurse residency training program directly into psychiatric-mental health nursing. *Archives of Psychiatric Nursing*, 25(6), 479-484.

Nankervis, K., Kenny, A., and Bish, M. (2008). Enhancing scope of practice for the second level nurse: A change process to meet growing demand for rural health services. *Contemporary Nurse. 29.* 159-173

National Health & Medical Research Council. (2014). Ethical Considerations in Quality Assurance and Evaluation Activities. NHMRC, downloaded from:

https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/e111_ethical_consid erations_in_quality_assurance_140326.pdf, October 2014.

Neville, C., Goetz, S., (2014). Quality and substance of educational strategies for mental health in undergraduate nursing curricula. *International Journal of Mental Health Nursing,* 23, 128-134.

New South Wales Consumer Advisory Group-Mental Health Inc. and Mental Health Coordinating Council (2013) *First Edition - Recovery Oriented Language Guide.*

Nielson, C., (1997). Supporting enrolled nurses. *Australian Nurses Journal*, 4(10), 20-22.

Rush, K.L., Adamack, M., Gordon, J., Lilly, M., Janke, R., (2013). Best practices of formal new graduate nurse transition programs: an integrative review. *International Journal of Nursing Studies,* 50, 345-356

Spector, N., Blegen, M.A., Silvestre, J., Barnsteiner, J., Lynn, M.R., Ulrich, B., Fogg, L., Alexander, M., (2015). Transition to practice study in hospital settings. *Journal of Nursing Regulation,* 5(4), 24-38.

Tingleff, B., Gildberg, F.A., (2014). New graduate nurses in transition: a review of transition programmes and transition experiences of mental health care. *International Journal of Mental Health Nursing,* 23, 534-544.

Twigg, D.E., Myers, H., Duffield, C., Giles, M., Evans, G., (2015). Is there an economic case for investing in nursing care - what does the literature tell us? *Journal of Advanced Nursing*, 71(5), 975-990. doi: 10.1111/jan.12577

Valente, S. (2005). Recruiting Licensed Staff in Mental Health. *Journal for Nurses in Staff Development.* 21, 2, 66-72.

Valente, S., Wright, I., (2007). Innovative strategies for nurse recruitment and retention in behavioural health. *Nursing Administration Quarterly*, 31(3), 226-230

Whiteford, H. A., Degenhardt, L., Rhem, J., Baxter, A.J., Ferrari, A.J., Erskine, H.E., et al, (2013). Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. *Lancet*, 382, 1575-86.

Transition to Practice program (TtPP): a new direction for recruiting and retaining Enrolled Nurses in mental health

Table 1. Structure of TTPP for newly qualified enrolled nurses

Theoretical framework	Content	Learning activities	Assessment
Adult learning theory (Taylor & Gould, 2002; Benner et al 2009)	Recovery-led framework of mental health services (NSW Consumer Advisory Group-Mental Health Inc. 2013) Competency/skills	Practice-based learning (Hurley & Lakeman, 2011) Reflective practice (Magione and King 2005) Ongoing preceptor support Monthly peer support meetings	Written assignments x 3 Oral Presentation Skill assessments

Table 2. Responses to confidence survey (n=4)

	Average	Range
I feel confident to:		
1. Provide a private space and explain the purpose of an interview	4.25	4-5
2. Use appropriate and respectful language with consumers	4.25	4-5
3. Display professional curiosity and interest	4.25	4-5
4. Implement culturally sensitive interventions	3.75	3-4
5. Incorporate the consumer's lived experience in my assessment	3.75	3-4
6. Develop a therapeutic alliance with the consumer	3.75	3-4
7. Convey genuine warmth and professional compassion	4.25	4-5
8. Ask questions from a biopsychosocial perspective	3.75	3-4
9. Investigate the consumer's current situation	4.25	4-5
10. Inquire about sensitive issues in the consumer's life history	4	3-5
11. Obtain information about the consumer's alcohol and other drug use	4.25	4-5
12. Obtain information about the consumer's disposition to risk of suicide, violence, vulnerability, Away Without Permission (AWOP), child protection issues and drug and alcohol use.	4.25	4-5
13. Collate information logically and coherently to develop a summary of the consumer	3.25	3-4
14. Not jump to hasty conclusions when formulating a summary	4	4
15. Reflect on my own reactions to the consumer when completing an assessment	4	4
I feel confident to systematically enquire about the features of the person's mental state within MSE categories:		
16. General appearance and behaviour	4.25	4-5
17. Speech (rate, volume, tone)	4	4
18. Mood and affect (quality, range, appropriateness, congruence)	3.75	3-4
19. Perception (hallucinations, illusions)	4	4
20. Thought form and flow	3.5	3-4
21. Thought content	3.75	3-4
22. Judgement and insight	4.25	4-5