



*Nursing, Education and
Health Promotion Services*

Counties Manukau District Health Board and NCSP Cervical smear taker course March 2008 Evaluation

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Process Evaluation

- Key stakeholders meeting occurred with PHO representation prior to the course in March 2008. Feedback to date from key stakeholders has been excellent with one PHO using a cultural competency framework and six new smear takers to run a 'Pink' month. This resulted in over 400 women being screened compared to the usual monthly figure of 200 women. The majority were high priority women.
- Evaluation of the course from a qualitative perspective demonstrated that the content was relevant. A more 'user friendly' pelvic model for training was requested for smear practice. This has been facilitated and trialled in subsequent smear courses with excellent feedback. The rooms were too hot, too stuffy and not conducive to learning. The rooms were chosen due to their location however we have since found new rooms. The fact it was free was very positive and available out of work hours was also a positive for most. Course content was well received with a request for more anatomy and physiology by a few. Women's health information appreciated. No comments made about cultural components.
- Clinical supervision was assessed using a likert scale for pre and post comparison. 25 trainee nurse smear takers completed the evaluation.
- Medtech skills increased dramatically from 8 feeling they had very good or excellent knowledge to 15 now feeling they had very good or excellent knowledge.
- Cervical smear taker confidence increased from 8 poor or very poor, 5 average, 12 very good or excellent to 3 average and 22 very good to excellent.
- Clinical supervision process was rated by all 2 as very good and 23 as excellent.
- Comments including: non threatening support; I now feel empowered to take smears whereas before I had a fear of taking them; very encouraging, supportive; case study support appreciated during clinical support; I would have liked a case study from woe to go in the actual course; one nurse felt like she was being marked.
- On average only 4 hours per nurse was required for clinical supervision. 10 hours was not required and 3 hours too short a time.

Impact Evaluation

- 6 nurses have left their practices and are no longer practicing in the Counties Manukau District Health Board. One new graduate nurse withdrew early in the theory of the course as it was too much for her at the stage of her practice.
- Of the 23 nurses remaining all completed their clinical support and clinical assessment by March 30th 2009. A fee of \$150 was to be charged if they went over this deadline. Regular phone contact to non completers also assisted with the completion rate. This occurred monthly. Comment from course co-ordinator "Quite a few of the nurses would not have completed had I not been "on their case" about it. Although this can sometimes be time consuming, I think the nurses feel that they are being supported and really encouraged to complete and that they have a personal relationship with me and that they aren't just another number so to speak"
- 20 nurses have completed their written assessment and been certificated.
- 1 smear taker remains under review for her written assessment and 2 nurses have only done 1 case study to date but are near completion.

Outcome Evaluation

- The number of Maori and Pacific women screened from March 30th 2008 to December 31st 2008 is currently being assessed through data requests from the Pacific and Kaitiaki advisory groups.
- All 23 nurse smear takers are practicing in accordance with best practice and the NCSP guidelines.

Recommendations

- Clinical support is crucial to completing the smear taker course and ensuring best practice occurs. Confidence in smear taking is low prior to the course for the majority of nurses. If clinical support occurs too late following the theory bad practices entrench into smear taking and some do not perform any cervical smears. The standard of clinical supervision by fellow nurses or GPs is poor overall with lack of availability, power games over correct techniques, lack of consistency between clinical supervisors within the practices and lack of informed consent.
- The current \$700 per trainee nurse smear taker would cover clinical support if the training provider is able to access 25 to 30 participants. This would not be a problem in the Auckland region due to the practice nurse turnover in the Auckland region.
- Cultural competency and well women's health training has not been evaluated in this process. WONS CEO is currently performing a qualitative evaluation of 6 of the trainee nurse smear takers covering these points. After these interviews have occurred all of the remaining smear takers will be sent a similar questionnaire for them to voluntarily complete. This will be collated and sent to you within the next 3 months.
- There is a strong recommendation that further research on smear taker capacity in the Auckland region occurs to assess the current capacity of smear takers, level of

expertise, knowledge of current NCSP guidelines and legislation, use of 'well women' approach and cultural competency mechanisms used in the primary health care setting for cervical smear taking. WONS is keen to facilitate this research in the future.