Original research

Qualitative evaluation of a postgraduate course in mental health nursing

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ABSTRACT

This evaluation aimed to explore mental health nurses' experience of one postgraduate (PG) Mental Health Nursing course in Australia. It investigated students' recognition and acquisition of new skills to improve their clinical practice, thereby enhancing consumer and family outcomes. In addition, nurse educators were interviewed to ascertain their impression of the impact of course materials on nursing practice and nurses' confidence in the clinical field. An exploratory qualitative descriptive design was chosen, using semi structured in-depth interviews, to elicit participants' experience of the PG course at completion. Using thematic analysis, themes were extrapolated from the data through examination and reporting on the participant's reaction, learning, behaviour and result of behaviour. The main theme identified was a "new awareness of self" with a number of related sub-themes. The findings from the evaluation indicate that this course supports emerging practitioners to develop a strong professional mental health nursing identity, grounded in recovery oriented practice. The results of this evaluation will inform further development and improvement of postgraduate studies in mental health practice for practice development. Importantly, data indicate a high potential for graduates to lead by example in sharing new knowledge and optimising recovery oriented practice.

1. Introduction

The credentialling of healthcare professionals in specialty and advance practice aims to ensure the provision of safe, high quality health care. This is achieved by defining the scope of practice within professionally agreed education and competencies. (Australian Commission on Safety and Quality in Health Care, 2018). However, since national registration of health professionals in 2010, there has not been any mechanism that recognises specialist mental health nurses in Australia. Programs preparing nurses for mental health practice were inconsistent in terms of content, interpretation of expertise and specialty practice and the nature of provider (Australian College of Mental Health Nurses (ACMHN) 2012).

In response to this, the ACMHN developed the *National Framework for Postgraduate Mental Health Nurse Education* (2015). Under this framework, undertaking an accredited course will be a requirement for future mental health nurse credentialling. This approach aims to provide the consumer, health providers and the profession with clear expectations of the level of knowledge, skills and behaviour demonstrated by graduates of postgraduate mental health nursing programs. The

program which is the subject of this evaluation was the first in Australia to be accredited under this framework.

2. Background

Prior to the development of the framework, an initiative to support the development of service transformation and improved consumer outcomes by enhancing the professional growth of mental health nurses through postgraduate mental health nursing education was established. Two university sites within Australia partnered to jointly educate and prepare nurses for entry into the mental health nursing specialty. Furthermore, graduates would be eligible to apply to ACMHN for credentialling for professional practice. Arising from this initiative and aligned with the *National Framework for Postgraduate Mental Health Nurse Education*, this paper will describe the development, implementation and evaluation of a Postgraduate Mental Health Program at one of these Australian universities (ACMHN, 2015).

Mental health academics and learning advisors from the university (hereafter referred to as the PG Mental Health Team) collaborated to develop and implement a multidisciplinary national curriculum

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designed to highlight new approaches and agendas in mental health clinical practice education. This curriculum provides opportunities for the workforce, particularly those engaged in recovery focused services, to build the required contemporary knowledge, skills and competencies to effectively respond to the needs of consumers. In addition, the course furthers the aim expressed in the National Standards for Mental Health Services (Commonwealth of Australia, 2010) to equip the workforce to support the development of critical reflection and to encourage the adjustment of work practices in line with the best available evidence. This course is targeted both to the beginning practitioner (new graduates – nurses and other health professionals) and an existing mental health workforce in Australia without formal mental health qualifications.

The impact of an education program that espouses the core values of the National Framework for Postgraduate Mental Health Nurse Education (ACMHN, 2015) on the professional development and clinical practice of mental health nurses is highly significant to both mental health nursing and the wider nursing profession. Such a program has the potential to transform clinical practice and ensure the development of a skilled and effective workforce. A qualitative evaluation of the program was undertaken 12 months after the first intake of nurses. Coding and analysis of the findings were guided by the Kirkpatrick Four Levels Evaluation Model (Kirkpatrick and Kirkpatrick, 2009).

2.1. Research design

This study aimed to explore the experiences of the postgraduate mental health nursing course from the perspective of students and local hospital educators, eliciting their views of the impact on students' professional development and clinical practice. An exploratory qualitative descriptive research design using semi structured in-depth telephone interviews was employed, to elicit participants' experiences of the course. Data were thematically analysed using the Kirkpatrick model (Kirkpatrick, 1998).

2.2. Participant recruitment

Permission from the University Human Research Ethics Committee gave approval for the study to proceed. All students enrolled in the course were invited to participate via email. Once participants had accepted the invitation, signalling tacit consent, further consent to be audiotaped was obtained verbally at the beginning of the interview. Interviews were undertaken between September and December 2015.

2.3. Data collection

Individual semi structured telephone interviews, lasting between 20 and 45 min, were undertaken at a mutually agreed time. Numerous studies have highlighted no difference in the depth, quality of responses and rapport built in telephone interviews compared to face to face interviews (Vogel, 2013; Stephens, 2007). Student participants were asked about their experiences of the course, and enablers and barriers to successfully undertaking the course. They were also asked about the impact the course had on their clinical knowledge, skill and attitude, their clinical practice and their professional development. Educators were asked to describe their experiences of involvement with students undertaking the course. From a potential cohort of forty-one students nearing completion in the course, eight students agreed to be interviewed. Of five educators invited to participate, three were interviewed.

2.4. Analysis

The interviews were coded and analysed using thematic deductive and inductive analysis according to the guidelines developed by Braun and Clarke (2006). After initial coding, themes and sub-themes were

developed through researchers' immersion in the data. Resulting themes were then categorised using the Kirkpatrick Four Levels Evaluation Model. This model has been widely used in evaluating professional and health practitioner training programs, and evaluates outcomes across multiple domains. It lends itself very well to the evaluation of a nursing course (Kirkpatrick, 1998; Kirkpatrick and Kirkpatrick, 2009).

An audit trail was maintained throughout the data collection, and consensus of categories, themes and sub-themes reached through agreement between researchers. Therefore, standards of trustworthiness in the research design were met through credibility, dependability, confirmability and transferability of findings (Lincoln and Guba, 1985).

3. Findings

3.1. Main theme: New awareness of self

The main theme extracted from the data showed that the students who participated in this study completed the course having formed a 'new awareness' of self. This theme was underpinned by sub-themes relating to the examination of and reporting on the participant's reaction, learning, behaviour and result of behaviour. The four Kirkpatrick levels are reported below (see Figs. 1–4). Due to space limitations, each level is illustrated with examples from some of the subthemes.

3.2. Level 1 findings: Reaction

This finding involved examining the participants' overall reaction to learning. The students' reactions were affected by a number of issues which included the importance of organisation support, connections undertaken with others and facing challenges in their quest to finish their studies. Within these sub-themes, categories are listed and discussed (see Fig. 1).

3.3. Organisational support

There were many 'teething problems' with students trying to organise their online studies. At the beginning of the course, students described barriers which prevented them from meeting their educational goals. Support was needed and came via the lecturers' accessibility and responsiveness to students' concerns; relevant material was provided that students could engage with, and additional resources and support from the course coordinator helped them achieve learning outcomes. Clinical educators identified and raised issues with the teaching team
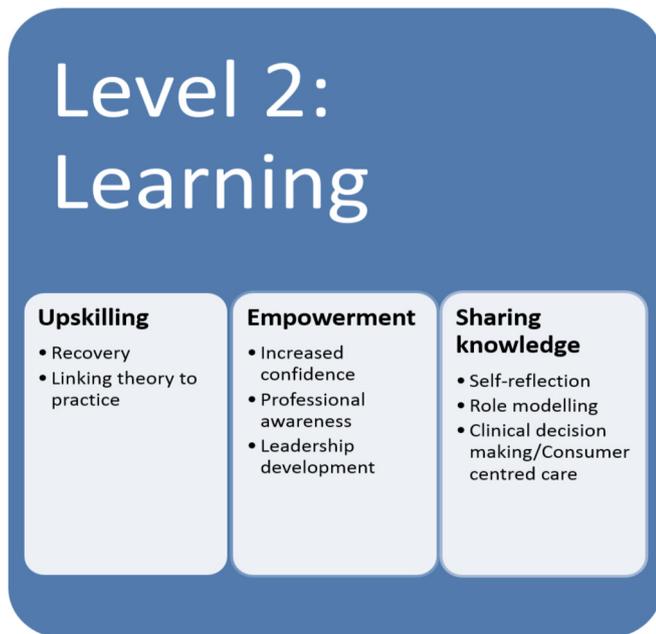

Fig. 1. Reaction.

Fig. 2. Learning.

Fig. 3. Behaviour.

Fig. 4. Results.

prior to commencement of the course. Educators stated that they did not clearly understand what support was available for students with limited IT skills and were unsure how students and lecturers would interact in this 'online' environment: … *some of the students struggled with time and getting back to study and just needed some encouragement and to work out some logistic ways of getting routine and how to access [IT]. (E2).*

Students were actively involved in mandatory online forums and webinars. This 'compulsory' commitment with other students also encouraged further positive interaction and involvement: *It wasn't always easy with webinar to get it working … but it was nice interaction. I found the help I received was more beneficial. (S5).*

Flexibility and accessibility of the lecturers were important components as was follow-up. Realistic expectations from lecturers, as well as approachability and understanding of issues that students face,

contributed to positive reactions from participants:

> … *this particular course … was a lot more accessible or flexible … I just found it a lot more approachable. If you couldn't make something or you couldn't do something, there was a lot more realistic expectations as to, well if this doesn't work, we can do this. I appreciated that a lot. (S7)*

3.4. Connections

Communication was vital between the clinical partners and the university staff thereby establishing relationships with mutual goals. Connections included linkages not only with clinical partners, but also the students linking with peers, enabling group cohesiveness and allowing students to have a sense of future opportunities. The connection between the university and the clinical partners enabled access to support for both the students as well as the hospital educators:

> *I think it's vital that all hospitals are linked with a university because we're expecting graduates coming through, to move on and do further study. By not having a link I feel like we're not getting the cream of the crop of grads because they're going to be snapped up by a hospital who is associated or affiliated with the university and we'll provide credits for the work that they do. So I've found that to be beneficial. (E2)*

Intensive days were held at the beginning and end of the semester in a number of units of study. Students attended a full day of activities, video conferenced across three campuses. Students appreciated the opportunity to relate to one another, establishing an emotional and physical connection: … *they do give you that face-to-face contact with other people that are doing the course. I've learnt a lot from those few days contact (S7) … watching other students ask the same questions … I thought, they obviously have got the same questions I've got. So that was nice to think okay, I'm not on my own here. (S4).*

3.5. Challenges

While finding the course to be an overwhelmingly positive experience, students sometimes found it stressful and challenging. These challenges included juggling commitments in a busy life; workload on returning to study and the adjustments needed for successful completion of study requirements. The online nature of the course appealed to participants as it fitted with the context of juggling the competing demands of their lives: … *it suits me because I work full time as well. So it*

suits that I can work in evenings or at weekends. I think it was good that we were offered units at different times to go online so that you didn't miss out because of work commitments … (S2).

Returning to study was another factor cited as one of the challenges faced by students, as many had not completed formal study for a number of years: *For me when I studied last I had to actually go to the library. I don't know what uni students these days complain about because now I remember having to photocopy each - [medical journal] off the shelf and have my 10-cent pieces through the … photocopying machine.* (S1).

Some students found adapting to online learning necessitated realistic time management: … *because it's online, by the nature of the work, the format …. I have to take a bit of responsibility for that. I know I'm an auditory learner. (S4).*

3.6. Level 2 findings: Learning

Students undertook the postgraduate course with mixed knowledge, attitudes and skills which then affected their level of participation. As expected, many students found the barriers overwhelming and decided either to discontinue the unit or study part time. Others continued with the challenge. The main theme of 'new awareness of self' was apparent in the subthemes which described the upskilling and empowerment of the student and sharing of knowledge with others (see Fig. 2).

3.7. Upskilling

Students were unanimous in their positive praise that undertaking this course helped with development of their skills and knowledge base, allowing advanced contribution in their clinical practice by developing current understanding of recovery and holism, linking theory to practice within a multi-disciplinary team approach: [the course] … a*dvanced my knowledge and skills and … up to date practice (S2)* and … *I can contribute different things to our working environment, different ways of working with allied health (S1)*. Participants described how being upskilled allowed them to view and interact with consumers differently within a holistic recovery framework:

I'll look at recovery words … and we know them and we're given workshops here and there … but, having to be the person who goes and seeks the information … that's made the difference I think. (S3)

… I could see it [recovery] connecting more to practice rather than one I'd previously done. (S2)

Improvement in skill level allowed nurses to consider links between theory and practice development, particularly with leadership concepts and other team members: … *just linking the theory to practice and some of the current thoughts and linking psychological concepts to leadership and nursing and allied health as well (S1).*

3.8. Empowerment

Participants were adamant that the course had many positive aspects leading them to feel empowered and authorised in practice. This included increased confidence in their abilities, professional awareness and leadership development. They affirmed that undertaking this study had increased their confidence and ability to be aware of their own capabilities:

… it's reconfirming to me, I'm on the right track because this is where I'm meant to be … giving myself confidence that I am capable of working within that field. (S7)

…. it's really helped me consolidate and empower me to continue with the change. (S1)

Educators also witnessed changes in students. One educator commented:

I've seen a couple of the students look for opportunities in working in different areas. So that's given confidence to apply to different jobs, at a clinical nurse level, where they've had some experience before, but they haven't had the knowledge base … (E2)

Students also experienced a greater perspective on leadership and management, allowing them to entertain a wider variety of opinions than before: *Some of the management resources … will really help me now from a management aspect (S7)* and another commented: *I loved the leadership, I have worked in leadership roles, currently I'm in middle management. I loved that content, that really* [resonated] *with me. (S1).*

3.9. Sharing knowledge

Enhanced levels of confidence as a result of learning new skills, underpinned by strong theoretical frameworks, were reported by students. Consequently, many now wanted to share that knowledge with others. This was strengthened by undertaking self-reflection, role-modelling to others, and improved levels of collaborative clinical decision making. Students accepted this task of improving their skills, and relating to others:

Reflection was a good component, to reflect on your own practice, how we can improve how we work and how we relate to others. (S5)

I've been working hard over the last six years about the [recovery orientated practice] - it's happening but some people are more resistant than others. With me coming back on the floor I think it's been quite beneficial, they see you in practice and then we've got a new NUM who does the same thing. (S2)

The students were also able now to make confident decisions concerning recovery and care that would be most supportive, holistic and consumer centred:

… being confident in your knowledge and your decision making and being able to advocate for the patient. (S2)

There's a really good recovery based subject and there was a subject around holistic nursing, looking at the whole person, whole picture (S9)

3.10. Level 3 findings: Behaviour

Student participants discussed how postgraduate study would affect or has affected their practice, now they were completing their studies. Their behaviour and commitment to advancing in practice continued with the main theme of 'new awareness of self'. Sub-themes for this change in behaviour included the concepts of confirming their practice, increasing interactions with consumers and having renewed vigour for their practice. Categories developed from these concepts are listed in Fig. 3.

3.11. Confirming practice

Students described being able to re-think and re-confirm their practice, through establishing they were capable, confident practitioners on completing their studies. They conveyed a sense of the importance of being a leader in the field, particularly when a crisis occurred. This included understanding leadership behaviour and how being present during a crisis can cement collegial relationships. One student commented that the content of the unit of study was realised in positive practice:

… when crisis strikes … it [learning unit on crisis] was telling us … the best leaders are the ones that front up. … I was on my way home when I found out that this particular crisis had happened … I turned my car around … went to the group home to do what I could have done over the phone but do it face-to-face. The reaction was incredible. The respect, the

trust, the building of relationships was exactly as the unit said it would happen. (S4)

Other students discussed how their leadership and personal skills had developed and described the effect of this on their workplace. They reported becoming more aware of their capacity to lead, consolidating their self-confidence and level of ambition:

I've always thought of myself as not a leader at all but then when I read about steward leadership, I thought actually this is me, this is where I belong … because it meant so much to me to have a real light bulb moment of this is where I fit in (S4)

Students also referred to change in past practices and how their actions contributed to and validated good practice in other staff, sharing knowledge within a multidisciplinary approach:

I've shared the information that I've learnt in the course with colleagues. (S3)

One educator commented on wide-ranging improvement in the students' confidence and abilities: *Their knowledge is improved, their confidence, their ability to use critical thinking. I think it's just an overall improvement (E2).*

3.12. Improved interaction with consumers

Students reported an increased involvement with consumers, changing past practices, by strengthening their communication skills. This included engaging collaboratively with consumers to make future plans:

As soon as I studied it changed the way I approached it [spending time with consumers]. … they're definitely more goal orientated and therefore and we can reach goals and reach markers. So that gives them better prospect of where they're going and what's happening for them (S9)

Clinical educators described seeing improvements in students, particularly in assessment of consumers and in handovers to other staff:

I sit in on a lot of handovers … and I have seen improvement in the way people express their assessment of their patient's day - their mental state - in a positive manner and succinctly … (E1)

What they [students] present and how they can manage and do those skills in the beginning - as opposed to at the end of the year - there's a marked improvement (E2)

One student described the importance of self-assessment through being engaged with the course readings and various exercises undertaken: *… I read every single article that we were asked to read, every single reading, every single self-assessment and really got a lot out of it. There's no doubt about that. (S4).*

3.13. Renewed vigour

A new enjoyment of their work strengthened the students' energy while reinforcing and affirming positive and applicable practices. Renewed vigour resulted through students' awareness of their practice, interacting positively with others and focusing on maintaining their own mental health: *… reflective practice, critical thinking, research, having models and framework to guide practice … All of that has really brought about a self-awareness in so many aspects … as a clinician. So that's been the biggest thing. (S3) … being able to protect your own health and wellbeing so that then you can provide the best care to your patients (S6).*

Students illustrated how collaboration with others contributed to involving colleagues in further education opportunities. They emphasised the importance of connecting and interacting with other professional staff and staff from other disciplines, contributing advanced knowledge: *… there's much more collaboration going on … I've got two people I work with who are going to do this course now because of it. (S8).*

3.14. Level 4 findings: Results

Students were involved in discourse concerning their perception of the outcomes of the course and the results of their learning interactions. Their identification of results and outcomes contributed to the main theme of 'new awareness of self'. Subthemes for this 'result of learning' level included reinforcing the central ideas throughout the course: holistic collaboration, consistency of care and proactive care provision. Categories from these central ideas are listed in Fig. 4.

3.15. Holistic collaboration

Students were encouraged to work towards clearly identified outcomes from learning events. Learning outcomes were consistently framed in terms of the development of clinical skills which supported holistic collaborative care planning and delivery. Holistic collaboration encompassed consumer participation, carer involvement and relapse prevention. With regard to consumer participation, the students expressed how the course expected more holistic involvement and how this gained respect from other team members. The students became more involved in asking comprehensive questions that were pertinent to the persons' life:

I did a lot more linkage with non-government organisations … looking at the person more holistically … not just seeing the abdominal or the diabetic person and focusing on that, but listening during taking observations … As an emergency nurse prior to that, I didn't really want to know any extra information than what I needed to do the clinical treatment. (S3)

Throughout the course, students were encouraged to involve family, relatives and others in planning care of individuals. Participants expressed how this involvement supported unified, interconnected practice, by having team support, for both consumer and staff. This involved support that was all-encompassing:

… in terms of the therapeutic relationship and involvement with the carers, there's … more cohesive practice as far as everyone working together … on the same page. I … feel more supported by them having that extra involvement. I believe the patients probably feel more supported having that little bit more of a team around them (S7)

Being able to participate in holistic collaboration with consumers also gave the students confidence in undertaking relapse prevention and utilising the carers' concerns and involvement for positive outcomes: *… in terms of … recovery or … prevention for relapse, it can be a really good* [collaboration] *tool to have them just linked in with others. (S7).*

3.16. Consistency of care

Care of the consumer was paramount to their recovery and needed to incorporate communication that was positive, as well as involvement in long-term care. For students working in a continuing care setting, collaborative involvement with carers and consumers was a significant service requirement. In this care, students connected the consumers with specific agencies in the event that support workers were unavailable, which also allowed for specific follow-up:

… we do consumer sessions now. I'm trying to encourage some of our patients to link in with Non-Government Organisations (NGOs) … trying to foster that collaboration when they're transitioning. Sometimes when people come in here their support workers drop [out we're trying to make sure there's that flow through for them. (S1)

3.17. Proactive care provision

Students were encouraged to become more active in consumer's

care. This involved reinforcement of the concepts of reflection on their practice, encompassing holistic and consumer led-recovery: *Before I was sticking to my hours and now I want to be here more and follow through with people. Just taking greater charge with my discharge planning and being … more proactive (S1).*

Standing out for students was their ability to reflect on their practice. This involved increased insight and awareness of interactions, being mindful of evidence based practice, connecting the consumer with past triggers, and paying attention to conversing with consumers: *Reflecting on practice is a big thing … if something has happened in the past why did it happen; everybody is an individual and you look at what triggers for that person rather than … what standard practice is (S2).* One student reflected on the positive effect of the course on their own aspirations: *… it actually showed me where my passion was, what I really wanted to be … to move towards education (S4).*

The concept of recovery was emphasised throughout the course, which students commented on positively. This approach enabled students in guiding and supporting the consumer to participate more directly in their own care: *… you're getting down with people and nutting out problems and involving them in the risk assessment and guiding them to be a lot more proactive when they come into ED and not take on that patient role. It has had a positive impact. (S3).*

Consumers' collaboration in their care was also encouraged throughout the course – underpinned by the philosophy of encouraging consumers to take ownership of their own recovery. Students became aware of the importance of supporting consumers in their decision making, as opposed to taking the responsibility for decisions themselves: *… it could be a pitfall … sometimes you don't allow them [consumers] to make a choice or to be part of the decision-making. … you try really hard to do that and advocate for them but sometimes you don't. The course really concreted that whole idea that it should be consumer led recovery. (S9).*

On the other hand, an educator described the challenges of working within a consumer led-collaborative framework: *… that is quite a challenge for nursing in that it's not treating and managing - it's actually more collaborative … it's a lot harder to work in that kind of framework. That changes your practice as well. (E2).*

4. Discussion

The key theme described by students was forming 'a new awareness of self'. This theme emphasises the recognition that learning goes beyond the traditional achievement of knowledge and skills to students becoming active participants, who construct knowledge and have greater agency in their professional practice (Boud and Hager, 2012). Learning facilitated their ongoing professional identity development which is implicit in self-identity (Mackay, 2017). In effect the students' learning was transformative, with the participants reporting changes in their belief systems that they were able to incorporate into their practice (Hanson, 2013).

Organisational support from the university staff and clinical staff was valued by the participants. They noted that their online learning was supported by online interaction, like discussion forums, with staff and other students. Learning was then consolidated by the use of on campus intensive days, video link and face-to-face meetings once a semester. These findings concur with other studies that have suggested the importance of a learning experience that commences with a positive reaction then involves social interaction promoting reflection, particularly within group-work situations (Cooley et al., 2015).

In a study by Guskey (2016) professional learning was improved by the measurement of initial reaction and satisfaction of participants, leading to evaluation of higher-level learning. During this process of reacting to their learning, students identified the value of new knowledge to them as learners. This highlighted the relevance of the content for the student and influenced their reaction of achieving or not achieving their own expectations (Roszkowski and Soven, 2010).

Critical to student and educator reviews of the course was the perception of the provision of interpersonal and support resources, such as support with roster requests given by Nurse Unit Managers. These results provided direct and indirect evidence of significant outcomes for health care organisations and effectiveness of the educational process for students (Saowakul, 2008). Many participants shared their new knowledge with others, and reflected with colleagues on past practices with consumers. Job satisfaction can be enhanced through empowerment of staff sharing knowledge, information and resources (Dahinten et al., 2016). A recent mixed methods review which examined work roles and models of transitions for both experienced and novice nurses found that professional development needed a combination of education provision and a supportive work environment (Arrowsmith et al., 2016). Praslova (2010) asserted that the beneficiaries of the education should be students and society and that having employer feedback is reliable, useful and valid evidence.

The process to achieve this 'new awareness' was not without challenges. Taking on university studies had to be juggled with family and work commitments. This created feelings of stress and for some they found that it was not the right time in their families' lives to study. This is consistent with previous studies that found child care and other domestic issues impact the decision to study or continue in studies (Cooley, 2008). Other challenges are reported by students, including the skills needed to use computers and associated software. A lack of academic experience at university created stress (Johansen and Harding, 2013). Various forms of assessment can support the link between theory and practice such as the use and development of a personal portfolio which stresses the importance of reflection on practice (Joyce, 2005). Being able to advance and build upon existing knowledge and skills through the use of various theories and guiding principles supported the participants in this study with integration of theory and the practice gap (Blair et al., 2015). Students reported being challenged to critically review the traditional models of practice and to grapple with what recovery orientated mental health practice meant and the impetus to change their practice (Kidd et al., 2014).

Participants described that on completing the course, their confidence in their own ability to advance their practice was enhanced. Increased professional awareness helped them to improve the quality of their interactions with consumers and they were motivated to become promoters of best practice. This was achieved through exploring leadership qualities that were not previously apparent (Read and Laschinger, 2015). Being able to recognize individual competency in oneself can improve collegial communication and relationships (Dahinten et al., 2016).

5. Limitations

This qualitative evaluation of a mental health postgraduate course was undertaken across three campuses of an Australian university, and findings may not be transferable to other settings. Evaluative approaches such as case studies that can engage students in the evaluation process as partners need to be considered (Coldwell and Simkins, 2011). A larger scale, longitudinal comparative evaluation study with other university programs and clinical staff is warranted. Yardley and Dornan (2012) propose an alternative approach as they consider the Kirkpatrick levels unsuitable for the higher proportion of complex educational interventions. This is particularly so where the most important outcomes are longer term and the evaluation of the process is vital.

Conflicts of interest

None.

Ethical approval

This research received ethics approval from Australian Catholic University's Human Research Ethics Committee, Register Number 2014 149N.

Acknowledgements

References

ACMHN, 2012. Scan of Mental Health Nursing Programs. Australian College of Mental Health Nurses, Canberra.

ACMHN, 2015. National Framework for Mental Health Nursing Education. Australian College of Mental Health Nurses, Canberra, Australia.

Australian Commission on Quality and Safety in Health Care, 2018. Credentialling of clinicians. [Online]. Australian Commission on Safety and Quality in Health Care. https://www.safetyandquality.gov.au/our-work/credentialling/2018.

Arrowsmith, V., Lau-Walker, M., Norman, I., Maben, J., 2016. Nurses' perceptions and experiences of work role transitions: a mixed methods systematic review of the literature. J. Adv. Nurs. 72, 1735–1750.

Blair, K., Parris, K., Zuccarini, M., Mirr Jansen, M., 2015. Advanced Practice Nursing: Core Concepts for Professional Role Development, fifth ed. .

Boud, D., Hager, P., 2012. Re-thinking continuing professional development through changing metaphors and location in professional practices. Stud. Cont. Educ. 34, 17–30.

Braun, V., Clarke, V., 2006. Using thematic analysis in psychology. Qual. Res. Psychol. 3, 77–101.

Coldwell, M., Simkins, T., 2011. Level models of continuing professional development evaluation: a grounded review and critique. Prof. Dev. Educ. 37, 143–157.

Commonwealth of Australia, 2010. National Standards for Mental Health Services, Canberra, ACT.

Cooley, M.C., 2008. Nurses' motivations for studying third level post-registration nursing programmes and the effects of studying on their personal and work lives. Nurse Educ. Today 28, 588–594.

Cooley, S.J., Cumming, J., Holland, M.J.G., Burns, V.E., 2015. Developing the Model for Optimal Learning and Transfer (MOLT) following an evaluation of outdoor group-work skills programmes. European Journal of Training and Development 39, 104–121.

Dahinten, V.S., Lee, S.E., Macphee, M., 2016. Disentangling the relationships between staff nurses' workplace empowerment and job satisfaction. J. Nurs. Manag. 24, 1060–1070.

Guskey, T.R., 2016. Data: gauge impact with 5 levels of data. J. Staff Dev. 37, 32–37.

Hanson, J., 2013. From me to we: transforming values and building professional community through narratives. Nurse Educ. Pract. 13, 142–146.

Johansen, E., Harding, T., 2013. 'So I forgot to use 1.5 line spacing! it doesn't make me a bad nurse!' the attitudes to and experiences of a group of Norwegian postgraduate nurses to academic writing. Nurse Educ. Pract. 13, 366–370.

Joyce, P., 2005. A framework for portfolio development in postgraduate nursing practice. J. Clin. Nurs. 14, 456–463.

Kidd, S., Kenny, A., Mckinstry, C., 2014. From experience to action in recovery-oriented mental health practice: a first person inquiry. Action Res. 12, 357–373.

Kirkpatrick, D., 1998. Evaluating Training Programs : the Four Levels. Berrett-Koehler, San Francisco, Calif.

Kirkpatrick, D., Kirkpatrick, W., 2009. The Kirkpatrick Four levels: a fresh look after 50 years 1959-2009. [Online]. http://www.kirkpatrickpartners.com/Portals/0/Resources/Kirkpatrick%20Four%20Levels%20white%20paper.pdf.

Lincoln, Y.S., Guba, E.G., 1985. Naturalistic Inquiry. Sage Publications, Newbury Park, CA.

Mackay, M., 2017. Identity formation: professional development in practice strengthens a sense of self. Stud. High Educ. 42, 1056–1070.

Praslova, L., 2010. Adaptation of Kirkpatrick's four level model of training criteria to assessment of learning outcomes and program evaluation in Higher Education. Educ. Assess. Eval. Account. 22, 215–225.

Read, E.A., Laschinger, H.K., 2015. The influence of authentic leadership and empowerment on nurses' relational social capital, mental health and job satisfaction over the first year of practice. J. Adv. Nurs. 71, 1611–1623.

Roszkowski, M.J., Soven, M., 2010. The influence of authentic leadership and empowerment on nurses' relational social capital, mental health and job satisfaction over the first year of practice. Perform. Improv. Q. 23, 71–91.

Saowakul, W., 2008. Implementing the four levels: a practical guide for effective evaluation of training programs. J. Appl. Manag. Enterpren. 13, 103–105.

Stephens, N., 2016. Collecting data from elites and ultra elites: telephone and face-to-face interviews with macroeconomists. Qual. Res. 7, 203–216.

Vogl, S., 2013. Telephone versus face-to-face interviews: mode effect on semi-structured interviews with children. Socio. Methodol. 43, 133–177.

Yardley, S., Dornan, T., 2012. Kirkpatrick's levels and education evidence. Med. Educ. 46, 97–106.