Clinical Champion Implementation Plan

Clinical champions have been found to be an effective part of a formal change process, particularly the informal communication of evidence based family violence practice (Garcia-Moreno et al, 2015). The success of their work can be attributed to a number of factors. In a hospital setting clinical champions are accessible to large numbers of staff from diverse work areas. Their relaxed method of education and discussion is often well received by staff, which allows for a stronger understanding of the importance of clinical awareness and responses to family violence. Clinical champions are often seen as approachable and trustworthy. This encourages others to use current evidence to guide their family violence practice (Chapman, 2018).

The enthusiasm clinical champions have for addressing family violence in the heath setting is evident in their own clinical practice. With the support that they receive through the network they can become an educational and practical resource providing on the ground leadership to their colleagues and are a critical component of supporting the effective implementation of the Family Violence Multi-Agency Risk Assessment and Management Framework.

It is important to note that building effective culture change around family violence will not occur with clinical champions alone. The combination of the network in conjunction with a dedicated program like the Strengthening Hospital Responses to Family Violence (SHRFV) project is more likely to be successful in creating multi-level change (García-Moreno et al., 2015).

Once a network of clinical champions has been established, it will be necessary for your hospital to determine how this work will be sustained once the SHRFV project and its funded staff have concluded. This can often be challenging especially if there are uncertainties around ongoing resourcing.

Determining how the program will operate long-term requires innovative thinking and resourcing. Many clinical champion networks have been coordinated by SHRFV project staff. Once the SHRFV project has ended, engaging with hospital leaders to assist and get buy-in for the continuation of the clinical champion network is critical for staff and victim survivors. Your health service needs to use the lessons learnt from SHRFV to build effective long-term systems that meet the needs of victim survivors.

The Women's have developed a Clinical Champion Model to sustain the network after the completion of the SHRFV project.

Building the clinical champion team

It will be necessary to consider what characteristics will be required of the clinical champions. Clinical champions come from diverse roles within the hospital, can be representative of multiple departments and their level of patient/client contact can vary. This diversity in skill, experience and expertise will offer increased collaboration across the hospital and enhance the reach of the clinical champions. It is recommended that at a minimum, clinical champions will meet the following requirements:

- Understand the drivers of family violence
- Be reflective and seek feedback
- Good communicators who are empathetic and non-judgemental
- Work well in a team environment
- Willingness to participate in peer to peer education

A values based recruitment process will attract people who resonate with the purpose of the clinical champion network. Clinical champions should be provided with information about the structure and function of the group upon recruitment and throughout their time with the network.

1.1 Clinical Champion Model

At the centre of this model is victim survivors of family violence. Clinical champions are there to assist, support and resource clinical staff with evidence based information about family violence in relation to the care of patients within their hospital. By equipping hospital staff with this knowledge, they can safely and appropriately respond to and support victim survivors in a way that supports their safety, agency and dignity.

The clinical champion network requires governance and a shared vision to operate effectively. Three main principles have been identified as key to the success of the clinical champion network. These are self-directed management, shared responsibility, and monitoring and evaluation (Chapman 2018). The model aims to tap into the intellectual capacity of your staff and achieve a high level of engagement, effectiveness and sustainability.

This innovative approach attempts to create a high functioning clinical champion network by maximising the strengths of the health service that already exist.

1.1.1 Governance

Formal oversight and facilitation of this group is necessary. Accountability for the group's performance will need to be determined. The staff member/s responsible for the oversight of this network should be actively involved with other PVAW work occurring within the hospital and ideally within the broader sector. This will provide opportunities to consult with clinical champions as a direct link to consumers and victim survivors. It will also ensure that the work of clinical champions has visibility across the hospital and is integrated with other family violence programs and services.

Responsibilities of this role may include:

- Booking regular meeting space
- Chairing clinical champion meetings
- Organising guest speakers and internal/external training opportunities
- Recruitment of new champions and on boarding training
- Maintaining an up to date register of clinical champions
- Being the contact person for clinical champions
- Monitoring performance and quality

Providing leadership in this position is important. However, as the informal set up of a PVAW clinical champion network is one of its great enablers, the leadership style of the person responsible for the network should reflect this. It is imperative that a culture of psychological safety be enacted. Ensuring participants feel included and safe to learn, contribute and challenge will build a trusting environment that allows clinical champions to contribute meaningfully.

Research suggests that family violence may be common amongst health professionals (McLindon et al., 2018). Clinical champions may have their own experiences of family violence, which they may choose to disclose or not. How this impacts their willingness or capacity to be a clinical champion will differ between individuals, but we do know that many survivor staff offer to undertake extra work in the family violence area. It is important that there are structures in place that support the clinical champions in the event of any secondary distress. These may include allowing time for group or one on one conversations about available supports at your hospital (McLindon et al., 2018).

1.1.2 Shared vision

The clinical champion network and its associated members should have a clear vision in order to make sense of their purpose and keep work on track. This may already be reflected in your hospitals PVAW strategy or position statement. Engaging the clinical champions in the development of a shared vision, goals and objectives for their network will support the group to remain motivated and focused of achieving their shared purpose.

1.1.3 Self-directed management

Self-directed teams are those with a diverse range of skills and knowledge who hold a shared responsibility to plan, manage and execute tasks to reach a common goal. A self-directed team will promote the informal nature of the clinical champion network and active participation in decision-making. Shifting from a facilitator/supervisor who holds all decision-making power to increasing the group's autonomy, contributes to creating an equal group dynamic and empowers clinical champions to drive change within their respective teams and units.

Roles and responsibilities of the group need to be defined. To maximise the self-directed style, clinical champions will need to become responsible for work within the group. This may include:

- Planning and setting the group's learning objectives. This could be represented in a 'team agreement' to ensure clinical champions know what they are committing to together.
- Rotating roles at clinical champion meetings, such as the role of chair and minute taker
- Participating in resource sharing and peer to peer communication through online forums
- Sharing of information through brief education sessions to other clinical champions
- Assisting with recruitment at existing professional development days
- Contributing to decision making or problem solving in relation to the clinical champion network
- Participation in professional development opportunities
- Reporting and sharing feedback from their peers for discussion and problem solving
- Including a family violence portfolio as a part of their leadership role (i.e Clinical Nurse/Midwife Specialists or Associate Unit Managers). This would allow for a greater commitment to the work and increase formal clinical integration.

1.1.4 Shared responsibility

The prevention of violence against women should be a shared organisational responsibility across the hospital. In terms of the clinical champion network, a shared responsibility will involve the participants, their roles and their engagement with other clinicians and organisational leaders within the hospital. This will ensure clinical champions strengthen their capacity to create meaningful and consistent change. Internal accountability for group tasks and maintenance ensures equal involvement from those in the network.

Creating innovative and feasible ways to do this should involve all participants. Steps to achieving this may include:

- Highlighting the common purpose that they share. Harnessing their interest and passion for addressing family violence in their workplace
- Making connections with different people in the organisation. The clinical champion network should be representative of multiple departments, roles and functions. This will allow for increased knowledge, sharing and creative problem solving
- Clinical champions should have opportunities to discuss and learn about family violence work that is happening across the organisation, as well as externally. This may include how different clinical and non-clinical roles have made changes to improve the hospital system to better identify and respond to family violence. It is also critical that the network is abreast and has opportunities to engage with and learn from family violence sector experts outside of the hospital
- Providing support and education to boost their skills and confidence
- Building a trusting environment and safe space free from judgement.

1.1.5 Monitoring and evaluation

It will be necessary for your hospital to develop a monitoring and evaluation system for your clinical champions. It is recommended that the evaluation of the clinical champion project is embedded within your organisation's broader evaluation framework and associated indicators for the prevention of violence against women. The System Audit Family Violence Evaluation (SAFE) Project has developed a System Audit Tool to build the evidence base for how hospitals and health services are effectively implementing system change to reduce the burden of ill health associated with family violence on

patients and hospital staff. You may choose to include the following key measures from the SAFE tool into your evaluation:

- The health service has current family violence clinical champion(s) with advanced family violence training and support to be able to assist other staff.
    - the family violence clinical champion(s) position must be currently filled by a person with demonstrated/documented FV training and support.

- The family violence clinical champion program is evaluated.
    - this may include such activities as an online survey, focus group, and/or workshop.

- The health service has dedicated ongoing funding to resource and enact the family violence program, including family violence clinical champion(s).

In addition clinical champions should be encouraged to self-monitor through reflection and evaluation of their individual and group performance. This can provide motivation to adjust and improve practice. Also included in this should be opportunities for feedback from clinical champions and other staff who are external to the network. Collectively, this information should be used to adapt and improve the network to ensure it is achieving the best outcomes for victim survivors.

Creating success

Victoria is undergoing significant sector reform associated with MARAM and other recommendations from the Royal Commission into Family Violence. It is important that hospitals and their staff remain up-to-date with this and other evidence based family violence practice.

With any change in practice or project implementation there will be risks to its success. Elements of the model may have to be adapted to best suit your hospital. You may choose to partner with other departments to collaborate together on a clinical champion network i.e. mental health or alcohol and other drugs. Introducing a new framework for the clinical champions may be met with some resistance. Concern about an increase in workload without additional support may lead people to prefer a more structured model. This fear of the unknown can be addressed by providing clear information around the model and its function.

Innovative ways to maintain interest and keep knowledge up to date will have to be employed. Creating a model which incorporates face to face with online communication may be effective in maintaining membership and reaching larger numbers of people. Clinical champions who understand the importance of clinical awareness and responses to family violence are integral to hospital wide culture change. Ensuring that their work is relevant, supported and given visibility across the hospital will only improve the hospitals ability to appropriately respond to and support victim survivors.

References

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