

Ngā Manukura o Āpōpō



Evaluation of Tomorrow's Clinical Leaders training programme

Summary Report

30 September 2014

Prepared for: Northland District Health Board



Kinnect
group

Judy Oakden Consultancy • Research Evaluation Consultancy
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Prepared for: Northland District Health Board

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1 Executive Summary

Tomorrow’s Clinical Leaders is a training programme designed to help grow Māori leaders in nursing and midwifery. The programme is provided under the umbrella of Ngā Manukura o Āpōpō, a four-year investment aimed at strengthening the Māori health and disability workforce. It is delivered by Digital Indigenous.com Ltd.

Over the past four years, 161 people have graduated from the programme including 135 nurses (4% of the Māori nursing workforce nationally) and 26 midwives (13% of the Māori midwifery workforce). Collectively, graduates have undertaken 78 projects as part of the training.

This evaluation of *Tomorrow’s Clinical Leaders* covers the design, content, delivery, outcomes and value of the programme from October 2010 to July 2014. The evaluation scope covers the training programme only, and not other aspects of Ngā Manukura o Āpōpō.

Process evaluation

The evaluation found that the design, content and delivery of the programme are highly effective when assessed against agreed criteria, reflecting the aspirations of the Advisory Group and participants. Specifically:

- The training is focused on ‘leadership in action’ and ‘leadership as Māori’. Māori cultural processes are integral to the programme (not tacked on), thus providing training that is uniquely Māori. This sets *Tomorrow’s Clinical Leaders* apart from other leadership training that the participants could attend.
- Participants rated the facilitators and guest speakers very highly, and were very satisfied with the ways in which the training guided and supported them to push their own personal and professional boundaries.
- The vast majority of participants who provided feedback indicated that the training exceeded their expectations for content (e.g., taught them things they didn’t know they needed) and/or moved them out of their comfort zones.
- The delivery of the training actively supports participants broadening and strengthening their networks. Participants valued this aspect of the training very highly as the networks are a source of support both during and beyond the training.
- Ngā Manukura o Āpōpō Advisory Group helped to promote the values and expectations of the programme and encouraged participants to implement the leadership knowledge and skills they acquired and move into leadership roles in their organisations.
- Digital Indigenous has continually made adjustments to the programme in response to learning and reflection about what has

worked well and what could be improved, including trainee feedback.

- Stakeholder feedback indicates the programme and its graduates are highly sought after in recognition of their calibre as effective Māori leaders.

Outcome evaluation

Tomorrow’s Clinical Leaders is demonstrably contributing to participants’ knowledge, skills and cultural identity (Whakamana) and is highly effective when assessed against agreed criteria. The training is also contributing to participants taking up leadership roles and achieving change (Ngā Manukura). Key outcomes are:

- Graduates have gained new skills, knowledge, and tools which they are applying in their personal and professional lives. They are comfortable viewing themselves as Māori clinical leaders and clearly attribute increased levels of confidence to their programme.
- Training has contributed to both personal and professional development, increasing their resilience to manage challenges and contribute to leadership in nursing/midwifery and in their organisations.
- Training has helped graduates develop stronger cultural identity – knowing who they are, where they are from, and encouraging them to further develop their cultural identity in ways that enhance their confidence and effectiveness as Māori clinical leaders.
- The majority of graduates have either progressed into leadership roles and/or key leadership activities such as national forums, policy development, and mentoring others.
- Graduates have contributed to positive sector/social/whānau/hapu/iwi outcomes through their project work. There are also examples of graduates contributing to positive community outcomes beyond these projects.
- Evidence and acknowledgement of learnings from the programme have been integrated into work which has been disseminated nationally and internationally.

Value for money

Tomorrow’s Clinical Leaders represents very good value for money. The vast majority of trainees completed the programme, at a cost per graduate that compares favourably to other high calibre leadership training. The tangible and intangible value of programme outcomes to graduates, employers, whānau, hapu, iwi and communities is likely to outweigh the cost of the programme.

Opportunities for improvements

The following opportunities have been identified to enhance Ngā Manukura o Āpōpō support of *Tomorrow’s Clinical Leaders*:

- Investigate options for formal industry endorsement of the programme, in line with stakeholder feedback that supports this option ahead of NZQA accreditation.
- Continue to follow up with graduates periodically to track their progress with their projects as well as their longer term leadership outcomes. The online survey that was used in this evaluation can be updated and re-run periodically to capture this information.
- Investigate ways to support graduates to complete and build on their projects post-training in order to maximise community benefit from these projects (e.g., advise or broker access to funding opportunities).
- Ongoing communication with employers to ensure they understand the benefits and value of the training and of Māori clinical leaders and are encouraged to nominate and support their staff to attend and undertake their projects. The findings from this evaluation may help in this regard (e.g., summary report and/or presentations on findings).
- Encourage employers as key stakeholders to provide support once trainees have graduated, e.g., to be aware of what their staff have learned, what their aspirations are and to provide mentoring and opportunities to continue developing their skills and experience in relevant areas. This could be instigated by encouraging employers to attend the graduation ceremony.
- At the end of the training, graduates could be encouraged to prepare a summary of what they have learned, what they have achieved, how they believe they can contribute to their organisation/community as a result of this, and their aspirations for further career development. This summary could be presented to their employer.
- Consider opportunities for providing ongoing support to trainees including possible support for the networks that have been established and further programmes to provide follow up training and support to those who progress into leadership roles within the sector.

2 Introduction

Background

The health sector has been experiencing a global shortage of health professionals as demand for health care services continues to increase. Projected workforce demand for the next 20 to 30 years requires continued emphasis on health workforce development initiatives to help address future labour requirements. In New Zealand, one of the key workforce priorities has been the recruitment and retention of Māori into the health workforce. Māori are under-represented as healthcare professionals, and are over-represented as healthcare users.

Ngā Manukura o Āpōpō, the National Māori Nursing and Midwifery Workforce Development Programme, aims to:

- Increase access to leadership training to support emerging and current clinical leaders in nursing and midwifery
- Contribute to increasing the size and skill base of the Māori nursing and midwifery workforce
- Expand our knowledge about the effectiveness of specific Māori health workforce development initiatives.

There are three key work streams within Ngā Manukura o Āpōpō:

- *Clinical Leadership* – offering training to emerging leaders and practitioners in advanced leadership practice
- *Recruitment and Profile Raising* – raising the profiles of nursing and midwifery careers for rangatahi and mature adults considering health as a career
- *Professional Development* – the focus is on undergraduate programme enhancement and improved access to professional development opportunities.

Ngā Manukura o Āpōpō builds on *Raranga Tupuake*, the Māori Health Workforce Development Plan (Ministry of Health, 2006) and the *Rauringa Raupa* report (Ratima et al, 2008).

Tomorrow’s Clinical Leaders programme

The overarching goal of the *Tomorrow’s Clinical Leaders* training programme is to train a minimum of 40 Māori registered nurses and midwives per year for four years from across New Zealand. The first cohort of trainees began in October 2010.

The training programme provides trainees with practical tools, theoretical background and opportunities to gain the relevant skills and knowledge to undertake clinical leadership roles within their own workplaces.

The programme is provided by Digital Indigenous through a contract with Northland DHB.¹ The programme is designed to:

- Integrate leadership theory and practice with the aim of enabling trainees to develop their knowledge and skills in the context of Māori health and disability service development
- Have a curriculum that describes the purpose, outcomes, content and process, assessment criteria and assessment methods
- Identify and demonstrate how Māori preferences for teaching/ learning are integrated into programme delivery
- Utilise blended-learning methodologies.

From October 2010 to June 2014, eight cohorts have been through the programme and 161 people have graduated.

The curriculum was reviewed and adjusted for each cohort in response to learning and reflection about what worked well and what could be improved. Across the cohorts, the curriculum typically included:

- Setting the scene
- What to expect from the programme
- Turning talk into action
- Tools for the future
- Challenging the Sacred Cow
- Traditional and contemporary Māori leadership styles in a global setting
- Cultural competency – being Māori
- Writing skills for funding, planning, policy and board papers
- Leadership
- Resource management and prioritisation
- Communication strategies for engaging clinicians and the workforce
- Ethics
- Clinical governance and clinical excellence
- Presentation of projects
- Whānau planning
- Sustainability
- Mihi Whakamutunga.

Additionally, guest speakers presented on various topics that varied from cohort to cohort. Examples included Health Workforce NZ updates on direction, current activities and implications for nursing and midwifery; tikanga Māori and how it applies to health care; essentials of a Māori female leader; and approaches to address racism in the work and training environment.

¹ Contract management transferred from Auckland DHB from 1 October 2012

The training programme does not count towards a formal qualification. However, training time counts toward nursing professional development hours and the NZ College of Midwives awards CPE points. Nursing participants can include learning from the training in their portfolios. For graduates employed by DHBs this may also result in levels of practice payments in accordance with the MECA for submitting proficient or expert portfolios. The programme is sector-endorsed (but is not NZQA compliant, which would involve additional costs and reduce flexibility).²

Evaluation objectives

The evaluation of *Tomorrow’s Clinical Leaders* includes assessment of the processes and impacts of the programme. Findings from the evaluation will inform policy makers, stakeholders and Māori communities about the impacts the programme has on transforming trainees’ leadership abilities, and how this translates into the impacts trainees have in the New Zealand health sector.

Key Evaluation Questions

The following Key Evaluation Questions (KEQs) were developed in consultation with the Advisory Group.

- KEQ 1: How effective are *Tomorrow’s Clinical Leaders* design, content and delivery, and what are the opportunities to improve these?
- KEQ 2: To what extent did the programme meet the aspirations of the Advisory Group and participants?
- KEQ 3: To what extent, and in what ways, is *Tomorrow’s Clinical Leaders* achieving its intended short-term outcomes, and what are the opportunities for achieving these outcomes more effectively?



Methods

The evaluation methodology is underpinned by three interwoven approaches:

- A kaupapa Māori philosophy and approach, guided by principles and practices (Smith, 1999) which are detailed in the full evaluation report, Appendix E
- An evaluation-specific approach using evaluative rubrics grounded in the Māori values and principles of Ngā Manukura o Āpōpō and the Advisory Group (see full evaluation report, Appendix J)

² To award a qualification would require the programme to be at a minimum of Level 7 as all participants already have Bachelor degrees. Feedback to the project team from the Advisory Group and participants has supported the current status of the programme.

Ngā Manukura o Āpōpō – Evaluation of Tomorrow’s Clinical Leaders training programme

- A capacity building approach involving collaborative relationships and regular engagement with the Advisory Group and Digital Indigenous.

A mix of data collection methods was used, centred on engagement with programme participants, including:

- Interviews with trainees/graduates, employers, presenters, facilitators, Advisory Group members and other sector stakeholders
- Hui with trainees at the final wānanga of each cohort
- An electronic survey of graduates
- Review of post-wānanga feedback forms and other information (such as email correspondence) and data collected by Digital Indigenous.

Additionally, six case examples were documented, highlighting the success stories of six graduates. These success stories, provided in a separate report, exemplify the experiences of many trainees and graduates who provided feedback in the evaluation.

Ethical approval for the evaluation was obtained from the Northern Region HRC-accredited Ethics Committee.

3 Findings

Process Evaluation

This section addresses the key evaluation question: How effective are *Tomorrow’s Clinical Leaders* design, content and delivery, and what are the opportunities to improve these? It also addresses the extent to which the programme has met the aspirations of the Advisory Group and participants, with regard to design, content and delivery, as defined in the evaluative rubric.

Overall finding: The design, content and delivery of the training programme are highly effective and largely met the aspirations of the Advisory Group and participants.

The vast majority of participants indicated that the training exceeded their expectations for content and/or moved them out of their comfort zones. For example, post-wānanga satisfaction survey results rated the training very highly overall and the vast majority of respondents rated each individual component of each wānanga 5 out of 5.

The programme was recognised as offering unique Māori leadership training that could not be gained from other leadership training.

Māori cultural content

Māori cultural processes are integral to the design, content and delivery of the training programme – they are not tacked on. In this way, the training is uniquely Māori, providing an environment and inspiration for growing Māori leadership that sets it apart from other leadership training that the participants could attend.

You can talk about the subjects you wouldn’t necessarily talk about in the mainstream. We spent lots of time talking about the intangibles, like tikanga, cultural diversity, institutional racism.
(Graduate)

Māori preferences for teaching and learning are integrated into the programme. A key example of the way Māori cultural content defines the programme, are the special factors that come with conducting all wānanga *noho marae*. These factors include the cultural significance of the setting as well as the practical result that trainees are effectively living together – eating, sleeping, exercising, working together throughout the day and the evening. A particular highlight for participants was learning about the history of Turangawaewae marae and having the opportunity to go out on a waka on the Waikato river. These experiences reinforce the richness of Māori culture and identity.

Figure 1: Group discussion with Nandor Tanczos at Tapu Te Ranga Marae, Wellington (Cohort 2)



Pictured: (L-R) Donna Tearii, Suzanne Grenfell, Ludmilla Vlassoff-Smith, Misty King, Lorraine Elgar, Nandor Tanczos, Carissa Thompsno, Rihi Karena, Mata Tamariki, Lucy Kereopa, Steph Hill and Mary Reekers

The training recognises and reflects the value of wānanga as a model of learning. Historically, wānanga were a space, place or time of learning and teaching where specialised arts and knowledges were learned and taught, benefiting the individual and the wider community. In modern pedagogy, wānanga also involve expert practitioners sharing underpinning values and knowledge in a Māori context where traditional knowledge and practice are valued (Oxenham, 2012).

Māori pedagogy reflects a relational and culturally located world view; privileges reciprocity of knowledge; encourages discourses around the primacy of the student, the student and teacher relationship and student-environment relationships; and favours holistic teaching practices (mental, physical, spiritual, emotional, social, and whānau) (Oxenham, 2012).

The eight-day clinical leadership training consisted of four 2-day noho marae over a four-month period. The sessions were designed to stimulate learning, discussion, debate and action. Training days were well over 8 hours in length, typically running to 12 hours or more. Learning commenced from the time of arrival and maintained throughout the two days.

The history of Turangāwaewae marae was very relevant and poignant... In my role providing cultural support for Māori Nurses and Midwives [the training] has given me a deeper understanding of what it means to be Māori. (Graduate)

Success cases highlight participants feeling safe in the marae setting (e.g., see *Success Stories* report Sonya’s story, Katarina’s story).

Māori leadership content

The training is focused on ‘leadership in action’ and ‘leadership as Māori’. The training provides participants with tools to develop leadership skills for envisioning and achieving positive change. It integrates leadership theory and practice with the aim of enabling trainees to develop knowledge and skills in the context of Māori health and disability service development.

Guest speakers provided insight into the Māori world to support participants understanding of leadership as Māori.

People [in other courses] are applying international models, what worked well in Toyota, rather than indigeneity and what works well in leadership... with Ngā Manukura o Āpōpō you are all on the same page (e.g.) leadership as kaumātua and what that means... at Ngā Manukura o Āpōpō we had those discussions. (Graduate)

Whāea (Guest speaker) helped to ground this learning journey in tikanga Māori and Koro’s knowledge around karakia and Māori mythology helped me to link tikanga Māori at a deeper level to being a leader. (Graduate)

The focus on Māori leadership content reflects deliberate decisions about the content and design of the programme, and subsequent refinements to these. These emphasised the importance of ensuring training content had a primary focus on learning that could not be accessed through other training – i.e., Māori leadership content as distinct from generic management or administrative content.

Facilitators and speakers

Guest speakers stayed and interacted with trainees, typically spending 3-6 hours at the course. Often this involved sharing a meal with trainees and, in some cases, an overnight stay. Trainees thus gained significant access to guest speakers and were able to spend quality time with these Māori leaders. A list of guest speakers is provided at Appendix B.

Participants generally rated the two facilitators and 26 guest speakers very highly. Often trainees gave examples of particular guest speakers who they had found particularly riveting or had provided unique insights. This feedback was diverse, reflecting the different interests of individual participants, and overall highlighted the importance of including a range of speakers and topics (for example, see the *Success Stories* report, Sonya’s story).

Pushing boundaries

Participants expressed a high degree of satisfaction with the ways in which they were guided and supported to push their own personal and professional boundaries.

Figure 2: Team building on Te Awa o Waikato (Cohort 8)



Pictured (L-R) Fraser Tumai, Grant Berghan, Putiputi McMahon, Waki, Sha Panapa, Victoria Simon, Elizabeth Campbell, Ruth Robinson-Beckett, Jackie McHaffie, Chris Baker, Taania Thomas, Naomi Walker, Natasha Cunningham, Dale Grace, Colleen Brown, Mitch Fray, Dianna McGregor, Anita Wilson, Shelley Hita, Karalyn Davie, Lee Guthrie, Emma Herewini-Hawkins and Tui Makoare.

They challenged each and every one of us... recognised us individually, and so opting out was not an option. There’s an authenticity about that, you take more away with you. It’s set in concrete that you do what is expected of you... which is leadership. You can’t be a wallflower. That is challenging because they might find a weakness or sore spot. But then they work with that in a supportive way. It’s not about who you are but what you are faced with. They do that very, very well. They’ve got to be authentic to be able to do that. (Graduate)

The participant presentations showed the passion of individuals for their projects and the difference they are making to improving service and outcomes. For those less confident speakers it was a supportive environment for them to gain experience presenting. Lots of learning from each presentation and they were all very different. Feedback to each group was very positive and constructive. (Graduate)

Networks

The delivery of the training actively supports participants broadening and strengthening their networks. Participants valued this aspect of the training very highly as the networks are a source of support both during and beyond the duration of the training.

Some of the participants are at different levels. So you work yourself into groups. I ended up in groups with people who had similar roles to me. Within that, a tuakana-teina arrangement naturally occurs. (Graduate)

Participants find it refreshing to be with other Māori clinicians, recharge their batteries re tikanga, Māori health etc – otherwise they are lone battlers in mainstream environments. (Graduate)

From having that network I have been able to make recommendations about other people who should be involved in things, know who is the expert in a particular field or brings a particular view to the table. (Graduate)

It's not just a training that starts and ends... there is ongoing commitment from [Facilitators] to build and strengthen networks and relationships... so the training lives on. (Graduate)

The graduate network played an important role in promoting the programme as well as continuing to support each other. For example, the network was recently mobilised to invite input (and dissemination to others) on a draft NZNO Knowledge and Skill framework that would impact on Māori nurses working with children and young people. Another example was a graduate working for DAA looking for Māori nurses and midwives to train to be auditors; this opportunity was picked up by some of the graduates from *Tomorrow's Clinical Leaders*.

There may be opportunities to consider further ways to support the network of graduates to ensure connections are sustained over time – e.g., by fostering teina-tuakana relationships.

Advisory Group & Project Team

Ngā Manukura o Āpōpō Advisory Group helped to promote the values and expectations of the programme and encouraged participants to implement the leadership knowledge and skills they acquired and move into leadership roles in their organisations.

The following areas for improvement were identified that could be considered for any future Advisory Group overseeing the training programme.

- Ensuring that the group consistently 'walks the talk', modelling kaupapa Māori principles and values in the way it provides input into the programme

- Having full and meaningful participation of members at Advisory Group meetings and back at their representative bodies and communities
- Providing effective direction, guidance, support and encouragement to participants.

Feedback indicated that the project team worked effectively to keep the Advisory Group up to date on the training programme and supporting Digital Indigenous through promotion of the training (The project team and Advisory Group oversaw the whole Ngā Manukura o Āpōpō programme of which *Tomorrow’s Clinical Leaders* was one component).

Training needs analysis and continuous quality improvement

Training needs analysis was undertaken with each cohort and appeared to be effective in identifying the needs of the group. Digital Indigenous continually made adjustments to the programme in response to learning and reflection about what has worked well and what could be improved. Feedback was sought from trainees on completion of each wānanga and for the training programme overall. There were also naturally occurring opportunities for reflection and feedback throughout wānanga and interactions with participants. Evaluation findings were also fed back to Digital Indigenous at regular intervals.

Participants

The training met its contractual requirements to deliver the training programme to 160 Māori nurses and midwives across 8 cohorts. Over the four years, 161 people have graduated from the programme, including 135 nurses and 26 midwives (Table 1). A total of 78 projects were undertaken (See full report, Appendix D).

Table 1: Summary of *Tomorrow’s Clinical Leaders* cohorts to date

Cohort	Midwives	R/N	Completed	To complete	Withdrawn
1	5	15	20	-	2
2	4	16	20	-	3
3	-	14	14	-	1
4	4	22	26	1 (N)	-
5	4	15	19	3 (1M:2N)	-
6	3	13	16	1 (N)	1
7	4	21	25		3
8	2	19	21		1
Total	26	135	161	5	11

Source: Digital Indigenous, July 2014

11 people (6% of those who started) withdrew from the programme. Some attrition is normal in any training programme as unforeseen

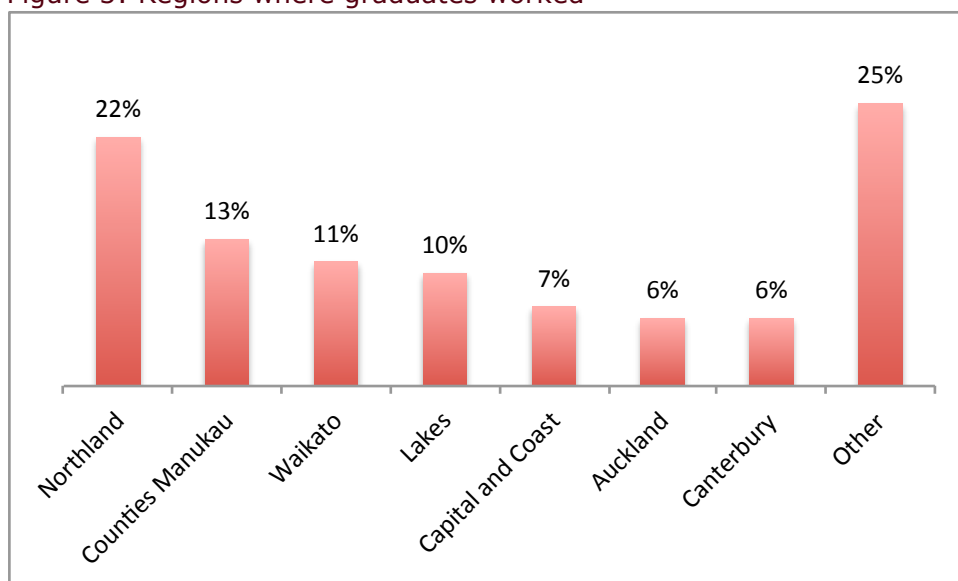
circumstances can arise that prevent people completing. A further 5 people were unable to attend some wānanga but intend to complete the training by rejoining future cohorts.

Recruiting a mix of nurses and midwives from a cross section of geographic locations and organisations was challenging. There was a limited pool of Māori nurses and midwives from which to identify and grow potential leaders. Despite this, the programme has achieved its intended numbers.

Although the vast majority (135) of graduates were Māori nurses, the number of midwives who took part (26) represents approximately 13% of the national population of Māori midwives. On this basis, participation compares favourably to the number of Māori nurses (4% of the population of Māori nurses).

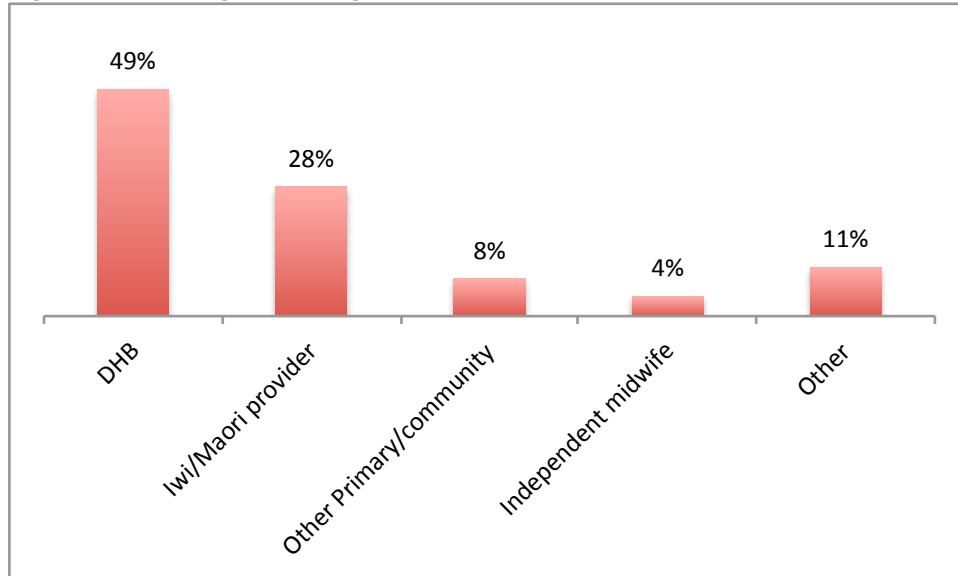
Graduates spanned 19 DHB regions, with three quarters of graduates being employed in the Northland, Counties Manukau, Waikato, Lakes, Capital and Coast, Auckland and Canterbury districts (Figure 1).

Figure 3: Regions where graduates worked



Nearly half of the graduates were employed by DHBs, while 28% were employed by Iwi/Māori health providers, and 22% worked in other settings including PHOs, self-employment, academic teaching or research (Figure 2).

Figure 4: Settings where graduates worked



Māori nurses working in PHOs and/or rural locations faced additional challenges to attending training, as they tend to work in small teams (where they may be the only Māori team member) and there are practical and financial barriers to their employers backfilling their positions to enable them to attend training.

Participant and other stakeholder feedback suggests that the right people attended the training: the vast majority of participants demonstrated genuine interest, commitment, capacity and intent to benefit personally, professionally and organizationally from the training (including having employers who are engaged in supporting their training).

Stakeholder interviews indicate that the programme is highly sought after by the majority of employers who are knowledgeable about the programme and have seen its results. A few employers appeared to have a limited understanding of the training or did not understand the value of having Māori leaders within their organisations. This highlights an important issue for the programme and for employers to ensure decision makers understand the benefits and value of the training and of Māori clinical leaders.

Outcomes

This section addresses the key evaluation question: To what extent, and in what ways, is *Tomorrow’s Clinical Leaders* achieving its intended short-term outcomes, and what are the opportunities for achieving these outcomes more effectively? It also addresses the extent to which the programme has met the aspirations of the Advisory Group and participants, with regard to outcomes, as defined in the evaluative rubric.

Overall finding: The training is demonstrably contributing to participants’ knowledge, skills and cultural identity (Whakamana), with evidence of this clearly meeting the ‘highly effective’ level of

the rubric. The training is also contributing to participants taking up leadership roles and achieving change (Ngā Manukura), with all criteria for ‘consolidating effectiveness’ being met. Many examples of training outcomes meeting the level of ‘highly effective’ are also emerging.

Whakamana

The intent of the training at a personal level is to strengthen the knowledge, skills and cultural identity of participants, thus the term Whakamana which in this instance refers to empowerment.

Training contribution to personal development

The vast majority of graduates reported that the training had contributed to their personal development. Participants from all cohorts alluded to a range of recurring themes, including:

- Feeling more confident in themselves (e.g., less shy, standing up for beliefs, speaking out more, “just being yourself”)
- Feeling more assertive, better prepared to respond to challenging situations, and increased resilience to manage those
- Being inspired to be more open and honest
- Having beliefs reaffirmed (and/or challenged in a positive way).

Employers interviewed also mentioned these changes in their staff who had attended the training.

Participants associated the changes they were experiencing to: being pushed out of their comfort zones; having the opportunity to reflect on their own beliefs, practices, and ways of life; and being exposed to positive role models (e.g., their peers, course leaders, and guest speakers), in a safe environment.

Training contribution to professional development

In addition to having furthered their personal development, the vast majority of trainees and graduates (and those employers who provided feedback) felt the training had contributed to their professional development.

For example, participants said they:

- Felt better prepared for public speaking
- Felt more confident about conflict management
- Better understood change management

- Better understood the political system, how to bring about change (e.g., how bills are put through in parliament), and how this applies to their working context
- Felt they had improved skills for writing and submitting proposals (e.g., structure, language, relevant information/evidence needed)
- Had a better appreciation of ethics and its relevance for their working context
- Knew how to write project plans, how to deliver them well, and follow through
- Felt inspired to, and saw more clearly the value of, working in mainstream services (e.g., to contribute Māori perspectives and world views)
- Felt better prepared to deal with, and move on from, adverse events (i.e., quality and safety)
- Felt more confident about how to contribute to leadership in their organisations/fields.

Similarly, guest speakers talked about the contributions they saw the training making to professional development. One guest speaker, who worked with many of the organisations that send their staff to the training noted... *they often say that the graduates come back enthused with a better idea of what they can and want to do.*

In addition, the course has acted as a catalyst for participants to pursue further learning through postgraduate study.

Cultural identity

A growing body of Māori experience suggests strengthening of cultural identity is an important precursor to wellbeing and productivity. Research is needed to better understand this relationship and its implications for the Māori economy.³ However, the experience of participants in *Tomorrow’s Clinical Leaders* is consistent with this assertion.

The vast majority of participants (and their employers) felt the training had helped strengthen their cultural identity – e.g., knowing who they are, where they are from, encouraging them to further develop their cultural identity in ways that enhance their confidence and effectiveness as Māori clinical leaders (e.g., further Te Reo/ Te Ao Māori education).

Stronger cultural identity both personally and professionally. Confidence gained has allowed me to challenge myself to take up more senior roles. (Graduate)

The ways in which cultural identity was influenced has varied between participants. Some had previously had little or no involvement with their

³ Prof. Manuka Henare, personal communication, July 2013.

Māori side and found the training inspired and support them to explore their Māori identity. For others, their Māori identity was already integrated to different levels in their personal and/or professional lives. For them, the course instead offered validation, affirmation, and/or ideas for how to take this further. The success cases explore these themes further – e.g., see France’s and Maria’s stories.

Tomorrow’s Clinical Leaders encouraged many people to go on to use te reo and tikanga in their work environments. For example, in the graduate survey, 50% said they were using te reo more at work, 38% were using karakia more at work, and 35% were using mihi in presentations more. Additionally, 24% had commenced a te reo Māori programme. Te reo Māori and tikanga are intertwined, central and critical to developing Māori clinical leaders. Learning te reo is part of what gives trainees access to te ao Māori (the Māori world) and to Māori world views.⁴

Applying the knowledge and skills learned

Virtually all (91%) of participants completed the training. In the graduate survey, 76% of respondents said they were using skills and knowledge from the training in their workplace. The vast majority of interviewees and trainees at wānanga provided similar feedback.

The success cases provide examples of how graduates have applied the knowledge and skills they have gained. Examples include:

- Applying learning from project work to help plan and secure funding for other projects (Sonya’s story)
- Using conflict resolution and communication skills in a preceptor role (Mary’s story)
- Writing a set of clinical practice guidelines for a Māori health provider (Mary’s story)
- Using whānau planning skills to help set goals and support whānau (Katarina’s and Beverly’s stories)
- Public speaking and presenting (Maria’s story)

Ngā Manukura

Viewing themselves as leaders

Most participants (67% of survey respondents) said they felt comfortable viewing themselves as leaders, and were clear about ways they could contribute as leaders. Feedback from all stakeholder groups indicates that one of the key outcomes of NMOA has been the acknowledgement by participants that if they want to see things change, they have to step up and make it happen.

⁴ www.tereomaori.tki.org.nz

Taking up leadership roles

There are many examples of participants taking up more leadership roles, or moving in this direction, including:

- Successfully applying for more senior positions (e.g., Clinical Liaison, Clinical Nurse Manager, Charge Nurse, Director of Nursing roles)
- Putting their names forward for national forums (e.g., the Nursing Council)
- Mentoring Māori nursing/midwifery students
- Joining, or being a key driver in setting up, local boards and governance groups
- Presenting at educational institutions and national forums (e.g., 12th New Zealand College of Midwives conference)
- Getting involved in policy development.

In the graduate survey, 56% of respondents said they were mentoring others; 53% had put their hands up for new tasks or responsibilities; 29% had moved to more senior roles; 26% had presented at a conference; and 18% had written or contributed to a submission/policy.

One guest speaker who had provided mentoring for some graduates gave an example of a graduate who wanted support to create a better team culture within her work place. There was no sense of spirit or whanaungatanga. With the right support, the graduate turned the culture of the organisation around (e.g., people started to turn up on time, engage in discussion).

Experienced Māori clinical leaders (e.g., members of the Advisory Group) are deliberately starting to step back from leadership roles (e.g., nomination for Nursing Council) where they can instead support graduates of the programme to take up these opportunities to participate and contribute.

There are also examples of graduates starting to work with other emerging Māori leaders, e.g., by promoting the course, starting up leadership groups and mentoring trainees and undergraduates.

Contribution to positive sector/social/whānau/hapū/iwi outcomes

Examples of how the training has contributed to positive sector/social/whānau/hapū/iwi outcomes (because of what graduates have done after completing) are starting to emerge. This is specifically evident in the project work that trainees have planned and undertaken. A list of all 78 completed projects is provided in the full report. Examples include:

- Helping staff to understand and apply tikanga Māori and cultural safety in practice.

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- Providing mirimiri to dialysis patients, with anecdotal accounts suggesting that the service is well received by patients and that they are experiencing lower pain levels after their treatment.
- Implementing a culturally appropriate SUDI (Sudden Unexplained Death of an Infant) Alert screening and audit sticker to firstly, assess SUDI risk, and secondly, activate a coordinated clinical response from Maternity Health Care providers at Northland DHBs maternity and newborn special care unit.
- Securing access to free dental health care for 18-21 year old rheumatic fever clients who are receiving monthly bicillin injections in the far north – most of whom are Māori or Pacific.
- Introducing more formal training around how to care for dying patients and their whānau (and what this means) within the DHB.
- Supporting and educating mothers referred for hypoglycaemia control at Wellington Hospital’s Gestational Diabetes Clinic.
- Planning the implementation of a Māori Primary Birthing Unit in Christchurch.

Figure 5: Project planning at Tūrangaewae Marae (cohort 7)



Pictured: (L-R) Carmen Timu-Parata, Leith Porter-Samuels, Caroline Landon, Tracy Narbey and Denise Riini.

There are also examples of how graduates are contributing to positive community outcomes outside of these projects. For example, one graduate (see *Success Stories*, Sonya’s story) attributes her successful bid for \$150,000 worth of funding for an innovative Smoke Free project in her area to the skills, knowledge and support she gained from NMOA.

Some graduates have become more involved in their marae, contributing positively on an iwi/hapū level. One graduate (see *Success Stories*, Mary’s story) is now the Treasurer of her marae (and has been actively involved in a major building project, a Treaty claim, data gathering, and held several presentations).

In the graduate survey, 50% of respondents said they were now taking a lead role in their whānau, 21% were more active in marae, and 18% were now representing iwi/hapu in some situations.

Integration of evidence and acknowledgement of learnings into work

Learnings from the programme are being integrated into work which is disseminated at national and/or international levels. For example:

- A presentation at the Indigenous Health Knowledge & Development Conference, The Role of International Indigenous Research in Health, in Brisbane, September 2012
- Since completing the NMoA leadership programme, one graduate presented at a national Care Capacity Demand Management forum in late 2012
- A presentation about the Miri for Comfort⁵ project at the Renal Society of Australasia conference in Hobart
- Writing a breast feeding plan for the Hawkes Bay region, which received nominations for the Hawkes Bay Health Awards two years running – in the categories of inequality, innovation, and integration. As a result of this project the graduate was asked to go to Mongolia to provide feeding advice as part of a UNICEF and Rotary project (see *Success Stories* report, Beverly’s story)
- Participation of Tomorrow’s Clinical Leaders graduates, NMOA team, Advisory Group, Digital Indigenous in a range of other national forums – e.g., presentations at international and NZ conferences.

Sustaining outcomes

It is clear from participant feedback that the training programme is having a range of positive outcomes in their personal lives (as well as their whānau), their practice, and the people they care for (i.e., the sector).

Many are commenting that they would like some type of follow up training once they have graduated from the programme. Many are also referring to the networks they have become part of – and how these provide support and inspiration.

⁵ Mirimiri for comfort (2013). Poster presentation prepared by *Ruth Waka and Tracey Boyd* for Annual Renal Society of Australasia Conference 2013. With support from Lakes District Health Board and Te Kāhui Hauora Trust.

An opportunity for improving and sustaining outcomes may lie in the consideration of possible support for the networks that have been established; and/or further programmes to provide ongoing support to those who progress into leadership roles within the sector.

Causal attribution

The extent to which graduate outcomes are attributable to *Tomorrow’s Clinical Leaders* (and would not have occurred without the programme) is not proven. However, available evidence is consistent with Bradford Hill Criteria⁶ for causal inference of:

- Consistency (without exception, across all cohorts, graduates were able to articulate personal, cultural and professional changes that they attributed to the training programme)
- Strength (graduates and other stakeholders generally described impacts of the training programme as significant or transformative rather than minor)
- Specificity (the eight cohorts of graduates were not systematically receiving any other training or intervention that would offer an alternative explanation for the outcomes seen)
- Temporality (the timing of outcomes for each cohort was consistent with the training programme having a causal role)
- Plausibility (outcomes are consistent with the objectives of the training programme, and with published evidence and expert opinion about what works in Māori leadership training as summarised in the full evaluation report, Appendix H).

Together, these considerations strongly support an inference that the outcomes are attributable to *Tomorrow’s Clinical Leaders*.

Value for Money

A review of Ngā Manukura o Āpōpō for the Ministry of Health (Raenga Consultancy, 2012) recommended that the Ministry ascertain value for money aspects of the programme. Although outside the contracted scope of work, the following value for money assessment was conducted as part of the evaluation, as a value added service.

Overall finding: *Tomorrow’s Clinical Leaders* represents very good value for the resources invested. The vast majority of trainees completed the programme, at a cost per graduate that compares favourably to other high calibre leadership training. There is no other equivalent programme currently available in an education institution. The programme is achieving its intended outcomes. The tangible and intangible value of these outcomes to graduates,

⁶ <http://www.julianking.co.nz/blog/hill/>

employers, whānau, hapu, iwi and communities is likely to outweigh the cost of the programme.

The term ‘value for money’ refers to the general concept of *using resources well*. Because resources are limited, there is an opportunity cost associated with their use: if we use resources one way, we lose the opportunity to use them in some other way. It is therefore desirable to allocate resources to activities that return as much value as possible, and to ensure that those resources are used effectively and efficiently.

The value of *Tomorrow’s Clinical Leaders*, as expressed by graduates and other stakeholders, has a strong intangible dimension. While the programme also has tangible (monetisable) value, it was beyond the scope of this evaluation to conduct a cost benefit analysis. Instead, this evaluation qualitatively assesses resources used, outcomes achieved, and the prospect of achieving a positive return on investment.

Resources used

The average cost of training delivery was \$5,311 excluding GST per graduate (\$664 per graduate per day or \$55 per hour for eight twelve-hour days of contact time including marae-based accommodation, activities and catering; presenters’ fees, travel and accommodation; course materials and resources; and support outside of wananga).⁷

This cost compares favourably to other high calibre leadership training. For example, an online search of university-based and privately operated leadership development training showed prices typically in the range of \$783 to \$1,722 per day (\$98 to \$215 per hour) excluding GST for courses of 2-5 days’ duration. Moreover, these costs *excluded* accommodation and catering, and covered 6-8 hours of training per day compared to the 12 hours per day provided through *Tomorrow’s Clinical Leaders*.

As another point of comparison, a postgraduate certificate (60 points) in a nursing programme is understood to cost approximately \$4,173 excluding GST⁸ for 6-8 days’ study (study block mode) which excludes noho marae, with fewer guest speakers and associated costs.

It is important to note that none of the courses cited above are directly comparable in terms of content. There is no other programme currently available in an education institution with a curriculum specific to Māori clinical leadership, according to Ngā Manukura o Āpōpō Advisory Group.

The success of the programme depends on more than financial resources alone. There are a number of ingredients that come together in

⁷ Includes all direct costs for delivery of *Tomorrow’s Clinical Leaders*. Excludes indirect costs associated with Advisory Group and project management involvement in the wider Ngā Manukura o Āpōpō programme, of which *Tomorrow’s Clinical Leaders* is one component.

⁸ Based on 2014 University of Auckland tuition fees (domestic) and student services costs.

Tomorrow’s Clinical Leaders that work synergistically. Key examples, as highlighted in the evaluation findings, include:

- Participants with the right personal and professional traits to become future leaders
- A programme that is clearly focused on te ao Māori
- A clear emphasis on high performance as Māori leaders, challenging and developing systems that impact on development, giving due consideration to the range of learning needs and providing opportunities to expand each learner’s perception and vision of their own leadership potential and that of the collective
- The marae setting and noho marae delivery model
- The interweaving of personal and professional growth
- Stretching participants at all levels (physically, emotionally, intellectually, culturally, spiritually and professionally)
- A strengths-based approach
- A high calibre of presenters and facilitators with the credibility, experience and skills to nurture and develop leadership capabilities and commitment to active Māori leadership development
- Whanaungatanga, the ability to develop, maintain, and utilise networks and connections
- An ethic of giving – Awhi mai, Awhi atu (a kaupapa Māori principle: support others and you shall receive support back)
- Recognition of the contribution of identity (including cultural identity) to wellbeing
- Recognition of wairuatanga, the concept of an integrated physical and spiritual world.

Critically, the core values that underpin the delivery of the training are integral to its effectiveness and sustainability: without these ingredients, *Tomorrow’s Clinical Leaders* would be a different programme and the same results could not be expected.

Also important is the level of commitment by the trainers to individuals both personally and professionally. Support is provided outside wananga, including regular contact with participants, preparation for upcoming wananga, follow up after wananga, feedback on projects, coaching participants when they are challenged with a task. This regular contact is important for keeping people on track and supporting them to stay on the programme.

Support for participants continues beyond the end of the course with ongoing contact, mentoring and support through the wider graduate network; also, the trainers held additional catch-up wananga, at their own cost, for those who could not attend any part of the overall course.

Having the right number of participants is also an important consideration when it comes to value for money. The training provider has learned through experience in delivering similar training programmes that 20 graduates per cohort represents the best balance of cost per participant and outcomes achieved. In order to achieve 20 graduates, it is necessary to over-recruit (i.e., start with 24-25 people) to allow for some attrition. More than 27 people is too many people to ensure all individuals are pushed and receive the attention they need to progress.

Outcomes and value for investment

Since October 2010, 161 people have graduated from the programme, including 135 nurses and 26 midwives, exceeding contractual requirements. These attendance figures demonstrate strong demand for the training programme.

Evaluation findings demonstrate that the training has achieved its intended outcomes. These outcomes have potential value to individuals, employers, whānau, hapū, iwi, communities, businesses and the Crown in a number of ways. Examples include:

- Health and economic benefits through increased productivity, effectiveness and contribution to Māori health and Māori development: as a clinician, parent, member of a whānau, hapu, iwi and marae
- Cultural benefits and contribution to Māori health and wellbeing through graduates increasing their confidence, communication and effectiveness as Māori clinicians and leaders by learning or improving their confidence and competency in te reo (language), tikanga (customs), whakapapa (genealogy), and contribution to te ao Māori and Māori development
- Personal, social and economic benefits associated with graduates making positive changes in their lives such as stopping smoking, drinking, drug use, losing weight, taking up postgraduate studies, leaving a dysfunctional relationship
- Contribution to sector effectiveness through completion of projects, by increasing the profile of Māori initiatives and Māori clinicians by presenting at conferences, and by taking up leadership roles in ways they would not have done before.

Although these benefits cannot be comprehensively valued in monetary terms within this study, the depth and breadth of outcomes seems commensurate with the value of resources invested. For example, the programme cost of \$5,311 per participant is roughly equivalent to:

- Half the savings to an employer associated with promoting one ‘home grown’ clinical leader from within an organisation rather than recruiting externally through an agency;⁹

⁹ e.g., Recruitment fee at 15% x \$70,000 salary = \$10,500

- One to two years’ salary increase associated with a senior nurse or midwife moving up a pay grade (a proxy for the increase in ‘value’ to the employer as exhibited by the employer’s willingness to pay);¹⁰ or
- The personal annual cost of smoking a pack of cigarettes a day¹¹ (and conversely the personal annual saving from stopping – a significant underestimate of the true cost of smoking bearing in mind health and social impacts).

These illustrative examples do not purport to represent the full value of outcomes from *Tomorrow’s Clinical Leaders*. They provide snapshots of three aspects which should not be considered in isolation. Even on the basis of a two-dimensional (limited) appraisal of potential value to employers a 2-3 year payback period is plausible.¹² If other benefits were analysed in this way it seems likely that the returns could be significant and thus outweigh the cost of the programme within a shorter time frame.

¹⁰ e.g., MECA Grade 2 to 3 is a \$6,208 increase; Grade 3 to 4 \$4,367; Grade 4 to 5 \$4,366; Grade 5 to 6 \$2,913; Grade 6 to 7 \$2,910; Grade 7 to 8 \$4,809, based on the lowest steps within each Grade. See: <http://www.nzno.org.nz/Portals/0/Files/Documents/Membership/DHB%20NZNO%20MECA%202012%20-%202015%20Searchable.pdf>.

¹¹ \$5,000 according to <http://smokefree.org.nz/costs-smoking>; Furthermore the burden of smoking was \$30 billion in 2004 or approximately \$8,400 per taxpayer. http://www.cancernz.org.nz/Uploads/IS_TC_smkcost.pdf

¹² It is not known exactly how many graduates have been promoted to higher paying positions, nor the extent to which *Tomorrow’s Clinical Leaders* contributed to any promotions. However, 10 respondents (29%) in the graduate survey indicated they had moved into more senior roles. Survey respondents were predominantly from cohorts 7 and 8, demonstrating that this progression can happen quite quickly after completing the training. Thus, among the full 161 graduates, a minimum of 10 and possibly upwards of 40 graduates may have moved into more senior roles. Based on the combined value of salary increases and recruitment savings, this very limited appraisal of potential value to employers could be sufficient to break even on programme costs within 2-3 years. (Assumptions: recruitment savings \$10,500 per graduate promoted; average pay increase \$5,000 per annum; resulting in a breakeven point of 32 graduates being promoted with a 3 year payback period or 40 graduates promoted with a 2 year payback period).

4 Conclusions

This evaluation found that *Tomorrow’s Clinical Leaders* is making important positive contributions to the Māori nursing and midwifery workforce and represents very good value for money.

The design, content and delivery of the programme are highly effective and largely met the aspirations of the Advisory Group and participants. Māori cultural processes are integral to the programme, providing training that is uniquely Māori and setting the programme apart from other leadership training. Participants rated the training, facilitators and guest speakers very highly. They also valued the way the programme broadened and strengthened their networks.

Tomorrow’s Clinical Leaders is demonstrably contributing to participants’ knowledge, skills and cultural identity (Whakamana). The training is also contributing to participants taking up leadership roles and achieving change (Ngā Manukura). Among the key changes:

- Graduates have gained new skills, knowledge, and tools which they are applying in their personal and professional lives. They are comfortable viewing themselves as leaders and clearly attribute increased levels of confidence to their programme.
- Training has contributed to both personal and professional development, increasing their resilience to manage challenges and contribute to leadership in nursing/midwifery and in their organisations.
- Training has helped graduates develop stronger cultural identity – knowing who they are, where they are from, and encouraging them to further develop their cultural identity in ways that enhance their confidence and effectiveness as Māori clinical leaders.
- The majority of graduates have progressed into leadership roles and/or key leadership activities such as national forums, policy development, and mentoring others.
- Graduates have contributed to positive sector/social/whānau/hapu/iwi outcomes through their project work. There are also examples of graduates contributing to positive community outcomes beyond these projects.
- Evidence and acknowledgement of learnings from the programme has been integrated into work which has been disseminated nationally and internationally.

Literature suggests that a strengthened Māori clinical workforce has wider benefits than those outlined above. An increased presence of Māori in health roles may better meet health needs for Māori patients due to improved communication and trust between people of the same culture interacting. Strong and capable Māori leadership within the health workforce is necessary to inspire such a change, and subsequently, to lead institutions to more equitable and culturally effective health care (Burrell

et al, 2005). The programme’s 161 graduates, comprising 13% of Māori midwives and 4% of Māori nurses nationally, represent a substantive contribution to growing a critical mass of Māori leaders.

Looking to the future, Ngā Manukura o Āpōpō has prepared a business case that builds on activity to date, and proposes a re-focused package of work to respond to needs identified in the areas of recruitment, education and practice. The business case includes continuation of *Tomorrow’s Clinical Leaders* for further cohorts of trainees.

The evaluation has identified the following opportunities to enhance Ngā Manukura o Āpōpō support of *Tomorrow’s Clinical Leaders* into the future:

- Investigate options for formal industry endorsement of the programme, in line with stakeholder feedback that supports this option ahead of NZQA accreditation.
- Continue to follow up with graduates periodically to track their progress with their projects as well as their longer term leadership outcomes. The online survey that was used in this evaluation can be updated and re-run periodically to capture this information.
- Investigate ways to support graduates to complete and build on their projects post-training in order to maximise community benefit from these projects (e.g., advise or broker access to funding opportunities).
- Ongoing communication with employers to ensure they understand the benefits and value of the training and of Māori clinical leaders and are encouraged to nominate and support their staff to attend and undertake their projects. The findings from this evaluation may help in this regard (e.g., summary report and/or presentations on findings).
- Encourage employers as key stakeholders to provide support once trainees have graduated, e.g., to be aware of what their staff have learned, what their aspirations are and to provide mentoring and opportunities to continue developing their skills and experience in relevant areas. This could be instigated by encouraging employers to attend the graduation ceremony.
- At the end of the training, graduates could be encouraged to prepare a summary of what they have learned, what they have achieved, how they believe they can contribute to their organisation/community as a result of this, and their aspirations for further career development. This summary could be presented to their employer, as well as contributing to the cumulative evidence base about the impacts of the programme.
- Consider opportunities for providing ongoing support to trainees including possible support for the networks that have been established and further programmes to provide follow up training and support to those who progress into leadership roles within the sector.

Appendix A Trainee cohorts

Cohort 1: October 2010 to March 2011 at Tūrangawaewae Marae, Ngāruawāhia. Twenty people graduated (5 Midwives and 15 Nurses).



Cohort 2: March to June 2001 at Tapu Te Ranga Marae, Wellington. Twenty people graduated (4 Midwives and 16 Nurses)



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Cohort 3: August to November 2011 at Tūrangawaewae Marae, Ngāruawāhia. Fourteen Nurses graduated.



Cohort 4: March to June 2012 at Pehiaweri Marae, Whāngarei and Whakapara Marae in Whakapara, Northland. Twenty-six people graduated (22 Nurses and 4 Midwives).



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Cohort 5: August to November 2012 at Tūrangawaewae Marae, Ngāruawāhia. Nineteen (19) people graduated (15 Nurses and 4 Midwives).



Cohort 6: April to July 2013 at Rehua Marae in Christchurch. Sixteen people graduated (13 Nurses and 3 Midwives).



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Cohort 7: August to November 2013 at at Tūrangawaewae Marae, Ngāruawāhia. Twenty-five people graduated (21 Nurses and 4 Midwives).



Cohort 8: March to June 2014 at Tūrangawaewae Marae, Ngāruawāhia. Twenty-one people graduated (19 Nurses and 2 Midwives).



Appendix B List of guest speakers

The following list of guest speakers was provided by Digital Indigenous.

- Dr Manuka Henare (Associate Dean & Pacific Development/ Director of the Mira Szászy Research Centre, University of Auckland)
- Shelley Campbell (Chief Executive, Sir Peter Blake Trust)
- Amster Reedy (Director, Ngā Kete o te Matauranga Ltd)
- Professor David McKie (Professor, School of Management, University of Waikato)
- Helen Pocknall (Director of Nursing, Wairarapa District Health Board)
- Nandor Tanczos (Director, He Puna Manawa)
- Dr Matire Harwood (Clinical Director and Research Fellow)
- Rovina Maniapoto Andersen (Tikanga and Te Reo Expert)
- Taima Campbell (Executive Director Nursing Auckland DHB / Director Hauraki Health Consulting)
- Richard Batley (Consultant)
- Lorraine Hetaraka Stevens (ADON – Māori, Auckland District Health Board)
- Dr Mary Seddon (Clinical Director, Quality Improvement Unit, Counties Manukau District Health Board)
- Terryann Clarke (Senior Lecturer, University of Auckland)
- Taipari Munroe (Kaumatua, Ngā Puhi)
- Kris MacDonald (Regional Māori Strategy Manager & Acting Regional Manager Group Services Education Central North Region, Ministry of Education)
- Andrew Jull (Senior Lecturer, University of Auckland)
- Professor Angus Hikairo MacFarlane (Professor in Māori Research, University of Canterbury)
- Tania Huria (Lecturer, University of Otago)
- Adrian Te Patu (Māori Health Advisor, Tangiweto Consultants)
- Gabrielle Huria (Consultant & Chairperson)
- Raewyn Allan (Consultant)
- Dr Koro Ngāpō (Senior Lecturer, University of Waikato)
- Ngāhuia Murphy (Director, He Puna Manawa Limited)
- Te Ataarangi Poutapu (Kaumatua, Waikato)
- Grant Berghan (Managing Director, Berghan Consultancy Ltd)
- Tania Hodges (Managing Director, Digital Indigenous.com Ltd)