

Celebrating Interprofessional Learning Success across the North West

Transforming Learning Environments



Foreword	3
North West IPL Overview	4
Section One – From Pregnancy through to Adulthood	6
Integrating Paramedic Learners into Maternity Services	7
Section Two – Delivering Integrated Care that Meets the Needs of People and their Families	
i) Across Sectors and Services	10
IPL across Acute, Community and Social Care Services	11
Developing Placements across the Independent Sector	15
Developing the NW Community Placement Circuit	18
Learning Environments – Single Framework for All	20
A Team Approach to Wound Care	22
Complex Discharge and Rehabilitation Services	24
Cheshire and Merseyside Practice Educator Network	27
Learning Disability Placements	30
Developing Placement Educators across Sectors and Professions	32
ii) Long Term Conditions	34
Interprofessional Oncology Study Day	35
Cardiothoracic Degree Pathway (Continuing Professional Development)	37
Lung Cancer (The Patient's Journey)	39
Learner Induction into Cancer Care Settings	43
Section Three – Mental Health	45
Interprofessional Dementia Workshop	46
The Avenue LGBT Project	49
Understanding the Interface between Physical and Mental Healthcare	51
Section Four – The Right Healthcare Workforce with the Right Skills, Values and Competencies	
i) Excellent Education	54
IPL Simulation Education Programme	55
Multiprofessional Practice Group in a Large Teaching Trust	58
Multiprofessional Student Focus Groups	60
The Role of the Learning Environment Manager	62
'Mentor Huddle' Support Group (Within a Theatre Department)	64
Supporting Learners in Practice (SLiP) – Multiprofessional Workshop	66
A Partnership Approach to IPL (An Employer's Perspective)	68
An Innovative IPL Booking Model	70
ii) Competent and capable staff	73
Effective Communication in the Acute Care Setting	74
Medicines Management and Safety	77
Effective Communication to Ensure Patient Safety	79
Learning Clinical Skills Together	81
An Authentic Clinical Learning Environment for Medical and Pharmacy Learners	83
Simulation for Medical and Pharmacy Learners	85
A Programme of Learning Together	89
Integrated Learning – Theory into Practice	91
iii) Flexible Workforce Receptive to Research and Innovation	92
Clinical Research Trials in the Practice Setting	93
Patient Safety Simulation Pilot	96
iv) NHS Values and Behaviours	101
A Daughter's Diary	102
Learning Disability Awareness Workshops	105
High Quality Learning Environments for all	108
Service User Views in Community Settings	112
v) Working in Partnership	113
Collaborative Learning in Practice (CLiP) Model	114
Involving Service Users and GP's in IPL Workshops	118
Developing a Multiprofessional Education Structure	121
A Patient Centred Placement Learning Approach	124
Following the Patient Care Journey	126
Sharing Good Practice - Publications, Awards and Presentations	129

Foreword

The importance of Interprofessional Learning (IPL) in improving patient safety and quality has been widely documented in the last decade. There were a number of high profile cases in Bristol (Kennedy 2001), London (Laming 2003, and 2009), and Mid Staffordshire (Francis 2010, and 2013); these inquiries all reported failings across multiprofessional teams in communication and lack of collaborative practice which resulted in a lack of continuity and safe care for patients/service users.

Health Education North West's Interprofessional Learning e-book provides a range of good practice examples of initiatives across the region over the past five years. Many of these initiatives have achieved regional, national and international recognition via awards, publications and presentations at conferences. The back pages provide evidence of this.

The commitment to IPL across the north west is evident, and the successes described are a result of excellent education partnerships and strong placement infrastructure networks. As new service models emerge, the focus will be on the transformation of learning environments, and an ever increasing need to ensure that the future workforce is able to adapt to changing environments and work flexibly in multiprofessional teams.

- We must provide high quality support to all learners
- We must enable learners to learn with, from and about each other
- We must educate our existing and future workforce to work more flexibly across professions, services and sectors
- We must provide structures that promote life long learning, skills development, role progression and team work

The information in this e-book is aimed at anyone involved in healthcare education including those supervising and supporting healthcare learners in practice. We hope that it inspires all those developing, delivering and evaluating interprofessional education for the existing and future workforce.



Ged Byrne – Director of Education and Quality, Health Education North West

As new service models emerge, the focus will be on the transformation of learning environments



North West IPL Overview

Introduction

A review of IPL activity in the NW undertaken in 2014 demonstrates a significant increase in the volume and breadth of IPL activity in the region, enabling all learners to learn about the roles of other health care professions with whom they work.

The sections in the e-book are aligned to Health Education England key priorities 2014-15 [link](#) and supports HEE Strategic Framework 15 (2014-2029) [link](#) The case studies provide examples of a range of opportunities and approaches currently in place across the region as follows:-

- **Strategic approaches to developing the IPL infrastructure in Placement Providers**

In order to support sustainability and embed IPL within organisations, there needs to be strategic commitment and this is evidenced in the following ways:

- IPL Placement Strategies
- Organisational multiprofessional education structures
- IPL Champions groups and forums.

- **IPL study days**

A significant number of IPL study days in practice are described and attended by a range of learners across all professions and in some cases the non registered workforce.

- **IPL simulation approaches**

Examples of approaches using simulation have evidenced some success in demonstrating evaluation and impact of learning. Evaluation is an area which warrants further consideration across other approaches. The strengths of simulated learning include the ability to deliver IPL for the wider multiprofessional teams, structured around meaningful patient centred scenarios.

- **IPL placements**

Placement approaches focus directly on the learning environment where care delivery and collaborative learning takes place in teams in which learners will work in the future. Examples include IPL pathways across sectors aligned with patient pathways and tools to maximise learning opportunities in multiprofessional teams.

- **Partnership approaches to developing 'Educators' in practice**

A number of case studies describe multiprofessional 'educator' programmes for nursing and allied health professionals, where Education and Placement Providers have developed programmes for those involved in supervision and assessment of all learners in practice. Examples also include a bespoke Interprofessional Degree Programme developed between Liverpool Heart and Chest NHS Foundation Trust and Edge Hill University for existing registered staff. These models will inform future developments in structuring an overarching educator framework and whole workforce approach.

IPL is a key priority in the region and building on previous successes, Health Education North West is keen to continue to provide investment to support further development of an IPL culture across all NW Learning Environments. We must continue to make progress and lead the way in developing innovative and sustainable approaches to IPL, evidencing impact on learners' experiences and improvements in the quality and safety of care for patients.

KEY LEARNING POINTS		
SUCCESSSES	CHALLENGES	NEXT STEPS
<ul style="list-style-type: none"> Evidence of effective partnerships to developing IPL between Placement and Education Providers, across sectors, services and professions 	<ul style="list-style-type: none"> Inconsistent synergy across the NW, and need to avoid duplication of IPL activity 	<ul style="list-style-type: none"> Develop systems to ensure that synergy opportunities and IPL priorities are established across the NW to provide greater focus and requirements for all those in practice education lead roles to work more collaboratively and cohesively Develop large scale NW IPL pilots with a focus on local and national priorities
<ul style="list-style-type: none"> Evidence of an increase in multiprofessional 'educator' programmes in place, and widened access and uptake across all professions 	<ul style="list-style-type: none"> Increase uptake and attendance of multiprofessional programmes and promote understanding of how standards could be aligned across all professions 	<ul style="list-style-type: none"> Monitor, review and evaluate data of all HENW commissioned 'educator' programmes to ensure consistency and quality and establish opportunities to work towards developing a NW single educator framework
<ul style="list-style-type: none"> Evidence of positive feedback and evaluation of learner IPL experiences 	<ul style="list-style-type: none"> Increase understanding and skills in enabling robust IPL evaluation and demonstration of its impact on <ul style="list-style-type: none"> the attitudes, knowledge and skills of learners the safety and care experiences of patients 	<ul style="list-style-type: none"> Develop a range of practical tools for those developing, delivering and evaluating IPL to demonstrate the value and impact of IPL for learners and patients
<ul style="list-style-type: none"> Evidence of increased commitment to IPL within Placement and Education Providers to ensure its sustainability 	<ul style="list-style-type: none"> Embedding IPL as the 'norm' across all education developments and activities 	<ul style="list-style-type: none"> Development of NW IPL Framework defining requirements more explicitly at strategic and operational level across Placement and Education Providers Embed a whole workforce approach to IPL across all learning environments now and into the future



Section One

From Pregnancy Through to Adulthood

The health and wellbeing of women is critical to the development of their children both during pregnancy and following the birth. Services need to ensure smooth transitions between care settings and organisations, between primary and secondary care, mental and physical health services, children's and adult services and health and social care, which will also help to reduce health inequalities

The following case study in this section is aligned to HEE priorities 2014-15 to

- Develop a workforce that is able to reduce variations in outcomes across maternity and child health services



Integrating Paramedic Learners into Maternity Services

This project was carried out in 2013 at Southport and Ormskirk NHS Trust as a driver for change to re-integrate paramedic learners into the Trust maternity services, which supports the birth of approximately 3000 babies a year.

In line with changes to the North West paramedic training curriculum the Practice Education Facilitator (PEF) team were asked to support one week of paramedic experience within Southport and Ormskirk NHS Trust maternity services. The aim was to increase the knowledge of paramedic learners and the quality of out-of-hospital care delivered to obstetric clients.

Following the merger of Trust maternity services onto one hospital site in 2003, working practices changed and non-medical clinical placements on delivery suite were only offered to midwifery learners. The aim was to enable paramedic learners to be re-integrated into the Trust maternity services, without a significant impact on time, resources, and placement capacity for midwifery learners.

At the end of the project the review of learner evaluations showed a high level of satisfaction in the placement experience, with particular reference to the application of theory to practice. It also highlighted the advantage of being a multiprofessional PEF team in relation to the promotion of interprofessional learning.

A positive experience was reported by 100% of the paramedic learners that returned completed evaluation forms. This was demonstrated in descriptive comments such as:

"It gave me the confidence and knowledge I needed when attending obstetric emergencies."

"One week after completing the placement I attended an imminent delivery with my clinical mentor, no midwives were present. The baby was born successfully, and the experience from the placement was invaluable whilst on scene. I now feel confident in the 'normal birth' and even more confident spotting an abnormality."

"I would say this has been the most beneficial of all the spoke placements to my paramedic training. I now feel like I can deliver a baby with confidence, whereas before I did not feel confident whatsoever."

- From a 75% response rate of evaluation forms, an increase in the knowledge and confidence of learner paramedics when dealing with obstetric emergencies was acknowledged. This was demonstrated with 100% of the learners that returned evaluations reporting an increase in theoretical knowledge.
- The agreement was to secure an annual placement in the Trust maternity services for a rotating group of approximately six paramedic learners a year.

Background

Southport and Ormskirk NHS Trust is the principal healthcare provider to 258,000 people across Southport, Formby, and West Lancs.

The Trust employs 3,300 staff, and in 2012/2013 treated nearly 248,000 out-patients and more than 60,000 in-patients, supporting 500 in-patient beds.

Care provided is at Southport District General Hospital and Ormskirk District General Hospital, as well as community clinics and patient homes.

'Maternity Matters' (DH 2007) highlighted the government's commitment to developing a high quality, safe and accessible maternity service, ensuring that all women have the choice of the type of care they receive and where they give birth, whether it is at home, in a midwifery led care environment or in a hospital obstetric unit.

This increased choice was acknowledged as being likely to result in more frequent exposure to maternity cases for paramedics (McCreesh, 2012). With obstetric emergencies being one of the most challenging situations that paramedics encounter (Eaton and Renshaw 2012). In response to such evidence and curriculum requirements, the need for increased exposure to obstetric cases was highlighted, and the drive to introduce paramedic learners into the delivery suite in order to gain this valuable and necessary experience began.

Changes to the Trust maternity services occurred in 2003 with the movement of services to one hospital site. It was at this point that placement experiences on the maternity unit for any non-medical learners other than midwifery learners were discontinued.

A number of years later paramedic training moved over to Higher Education Institutes from The College of Paramedics.

Before the addition of an obstetric module to the Institute of Healthcare Development (IHCD) paramedic syllabus, most paramedics received little more than half a day training in obstetrics as part of the ambulance technician programme (Dawson et al 1999).

The ongoing importance of obstetric training for paramedic learners is emphasised as pre-hospital obstetric incidents account for a significant number of calls to the ambulance service, with obstetric emergencies being one of the most challenging situations that pre-hospital practitioners encounter (Eaton and Renshaw 2012). As McCreesh (2012) recognises there is now a greater choice over birth settings for mothers, and a national shortage of midwives is likely to result in more frequent exposure to maternity cases for paramedics in future years.

Key Aims

- To re-integrate paramedic learners into the Trust maternity services
- To improve the quality of care to obstetric patients
- To improve the confidence of paramedics when dealing with obstetric conditions
- To create a reciprocal awareness of clinical roles, with the aim of improving communication through interprofessional working
- To highlight to Midwives the importance of placements for learner paramedics in maternity, and to retain these placements for future years.

How it Works

Paramedic placements are requested on an annual basis from a partner Higher Education Institute.

Liaison within the PEF team to establish when paramedics can be placed on the delivery suite in the weeks requested. This takes into consideration the current placement capacity including the number of midwifery learners present who need access to a number of births to meet their course requirements.

A meet the PEF event is scheduled to introduce the paramedic learners to the Trust including a tour around the maternity delivery suite.

Maternity PEF introduces the assigned midwifery placement educators to the paramedic learning outcomes.

Regular visits were maintained to the delivery suite to support a positive placement experience, for both learner and placement educators.

Follow up evaluations sent to all paramedic learners and placement educators on completion of the placement.

Data from evaluations is collated and fed back to the maternity department and Higher Education Institution. They are jointly reviewed to ensure continued improvements in placement learning for paramedic learners.

Resources

Use of midwifery placement educators for supervision, at a time of low capacity so as not to impact on midwifery placements.

Learner and educator support was provided on a weekly basis by telephone or face to face visits.

Key Challenges

- An initial reluctance to offer paramedic placements by the maternity department, based on a 'past history' of not accepting paramedic placements prior to merging services, and a reluctance to change.

This was overcome by defining clear learning outcomes and a member of the PEF team utilising the dual role of contact supervisor of midwives to access senior staff to encourage the re-integration of paramedic placements.

- Assisting midwifery placement educators to acknowledge the relevance of a learner paramedic placement in maternity.

This was overcome through the use of maternity specific learning outcomes developed by the HEI. These gave midwifery placement educators direction in what learning opportunities to provide for the learners, and the reassurance that learners are guided to work within a paramedic's scope of practice.

- Ensuring evaluation forms were completed.

To encourage compliance, the evaluation forms were sent out electronically by email to the learners.

- A difficulty was evident in acquiring feedback from the midwifery placement educators. On reflection it was felt that an electronic approach may not have been the most appropriate method of sending out the evaluation form. This was due to IT access and the lack of spare clinical time to access email and return the form. This was overcome by the maternity PEF accessing and approaching staff for alternative verbal feedback on a one-to-one basis and through clinical meetings.

Key Learning

The importance of a multiprofessional PEF approach to overcome barriers to interprofessional placements.

The benefits of interprofessional working in relation to the understanding of clinical roles and communication.

The adoption of different approaches to increase evaluation response rates from placement educators and paramedic learners.



Sustainability

The continued effectiveness of paramedic learner placements in maternity services is sustainable on the premise that communication remains open between all partners to ensure continued commitment to practice learning experiences.

Next Steps

- To maintain open links between the maternity department, PEF team and Higher Education Institutes
- To continue with evaluation feedback from paramedic learners and midwifery mentors, to enable the continuation of this opportunity
- To increase the capacity for paramedic learners, and consider learners from other relevant non-medical professions
- Through a collaborative approach consider an extended placement for paramedic learners in maternity services
- To use the acknowledged benefits and lessons learned from multiprofessional mentorship to support further projects in the Trust.

Supporting Material

- Learner orientation
- Evaluation Form – Midwifery Placement Educators
- Evaluation Form – Paramedic learners

Further Links

Dawson A., Subak- Sharpe R., Woollard M (1999) Obstetrics and Gynaecology. Institute of Healthcare Development. Ambulance Service Paramedic Training. IHCD. Bristol

Department of Health (2007) Maternity Matters: choice, access and continuity of care in a safe and effective service. Department of Health London.

Eaton G and Renshaw J (2012) Critique of the pre-hospital obstetric emergency training course. Journal of Paramedic Practice 4 (11) pp666-671.

McCreesh S (2012) Reducing the risk of post-partum haemorrhage in paramedic practice. Journal of Paramedic Practice 4(6) pp 335-342.



For more information contact:
Michelle Kitson
Practice Education Facilitator
Southport and Ormskirk NHS Trust
michelle.kitson@nhs.net



Section Two

Delivering Integrated Care

that Meets the Needs of People and their Families

i) Across Sectors and Services

‘The NHS, public health and social care system and the delivery of prevention, treatment and care will continue to change over the coming years. An increased focus on managing complex co-morbidities will place a greater emphasis on the skills of the generalist as will the move towards increased care provision outside of dedicated care settings. Over time, the boundaries between NHS, public health and social care will become more blurred. Working in multi-disciplinary teams, staff will need to be sufficiently skilled to enable them to work across sector boundaries and be able to deliver care for preventative and other community health measures. HEE will train and develop a workforce with skills that are transferable between these different care settings’ (HEE, 2014-5 p.11).



IPL Across

Acute, Community and Social Care Services

Stockport NHS Foundation Trust (Stockport FT) has developed a strategic approach to interprofessional learning (IPL) in practice. A 'champion's model' approach was implemented at Stockport, with a clear structure of champions identified at different levels within the organisation. In 2008, the Trust established the 'Stockport IPL Champion's Forum'.

This is a partnership between Stockport FT, Manchester Metropolitan University (MMU), Pennine Care NHS Trust and Stockport Metropolitan Borough Council (SMBC) and brings together IPL champions from all disciplines within both the acute and community services. The IPL champions promote and cascade all relevant information to their local teams. The IPL forum is held three times a year and plays a significant role in the Trust's strategy to develop a more co-ordinated approach to IPL in practice.

Through the forum, it has been possible to map all pre-registration learner placements and identify common times when the learners are out on practice. A range of IPL workshops have also been developed which are held each term. These provide an excellent opportunity for learners to learn with and about each other. An important part of the strategy has been the development of an 'IPL Toolkit for Placement Educators', which helps to ensure a consistent approach across all health and social care settings.

Key Outcomes

Recognition

- Stockport NHS Foundation Trust, in partnership with MMU, were awarded the 'Learner Nursing Times Partnership of the Year Award' 2013, for their IPL developments.

High engagement

The Trust now has over 30 IPL champion's, representing all disciplines, and this has led to a significant increase in staff engagement with IPL developments, including medical colleagues who are also fully engaged

- Over 60 staff attended the first Stockport IPL Champion's Conference in 2012

Positive Evaluations

- In 2010, a survey was held with service users on their perceptions of IPL in relation to pre-registration learners. Twenty two replies were received, of which ten people stated that teamwork between the different services was 'very good' and twelve stated it was 'good'. The survey included questions and qualitative answers, such as:

Q. "What matters to you most when thinking about the staff or services who are involved with your care and how they work together"

"They tell each other about me!"

"I like to think that everyone involved in my welfare are co-ordinated and are working together for my benefit"

"Good communication with me and each other"

- Very positive evaluations were received at all IPL workshops, consultation events and the IPL Conference; these are used to guide future developments. Quotes from staff and learners included:

"This is a positive 'can do!' forum! The group works in partnership to ensure quality experiences for both patient and learner" (IPL champion)

"Very informative! I feel I have learnt something new and have a better understanding of the importance of collaborative working!" (learner nurse following IPL Workshop)

"It was good to share different views and perspectives from different professional backgrounds...I will now consider the other professionals roles and aims – for the sake of the service user!" (social work learner following IPL workshop)

Background

Stockport NHS Foundation Trust provides hospital and community health services for children and adults in Stockport and the High Peak, as well as community health services across Tameside and Glossop. The Trust was one of the first foundation trusts in the country and has around 17,500 members, as well as employing over 5,700 staff. The Trust incorporates Stepping Hill Hospital (Stockport), Shire Hill Hospital (Glossop), the Devonshire Centre for Neuro-rehabilitation (Stockport) and The Meadows Palliative Care Centre (Stockport). Community services are delivered from 24 locations in Stockport and 17 locations across Tameside and Glossop. It also runs Swanbourne Gardens in Cheadle Heath, which provides overnight breaks for children and young people, between the ages of 5-16 with severe learning disabilities and additional health needs.

Stockport NHS Foundation Trust's IPL developments were introduced in order to meet both local and national drivers, including:

- National priorities to develop IPL across healthcare professions (CAIPE, 2012; DH, 2013; DH, 2012; DH, 2010; DH 2008; DH 2003; NMC, 2010).
- NHS North West key role outcomes for practice education facilitators (2008).
- DOH and NMC guidance for the pre-registration curriculum (NMC 2010).

Key Aims

The principles behind the IPL strategy at Stockport FT aim to meet the following elements of the Quality, Innovation, Protection and Prevention (QIPP) Challenge:-

- Ensure effective, high quality placements across all health and social care settings, which will provide learners with the essential collaborative working skills, and thereby also improve the quality of future patient/client care

- Embed IPL as an integral component of all practice placement experience in Stockport, by adopting an innovative approach that uses the IPL toolkit across all health and social care settings to ensure a more strategic and co-ordinated approach to IPL
- Increase productivity by ensuring greater understanding of each profession to further enhance collaborative working (including appropriate, timely referrals)
- Increase the opportunities for IPL for both staff and pre-registration learners within practice settings
- Equip learners with the knowledge and skills required to make full and appropriate use of local public health resources for patients/clients, and ensure a preventative approach to care.

How It Works

A champions' approach has been implemented, with identified champions at all levels in the organisation.

- IPL Champions' Forum meets three times a year, where champions from all services can meet together to share good practice and develop new joint initiatives. The IPL champions then promote and cascade all relevant information to their local teams (see Fig. 1)
- A range of IPL workshops are delivered throughout the year by practice education facilitators and/or specialist practitioner staff. Learners from all disciplines are invited to attend these workshops each term
- An IPL toolkit has been developed for use by all health and social care teams, to ensure a co-ordinated approach to IPL in practice, and to provide a whole range of resources, activities and information to support educators/mentors to help their learners to meet IPL objectives
- An IPL conference is held every two years, to share good practice across all health and social care organisations in Stockport.

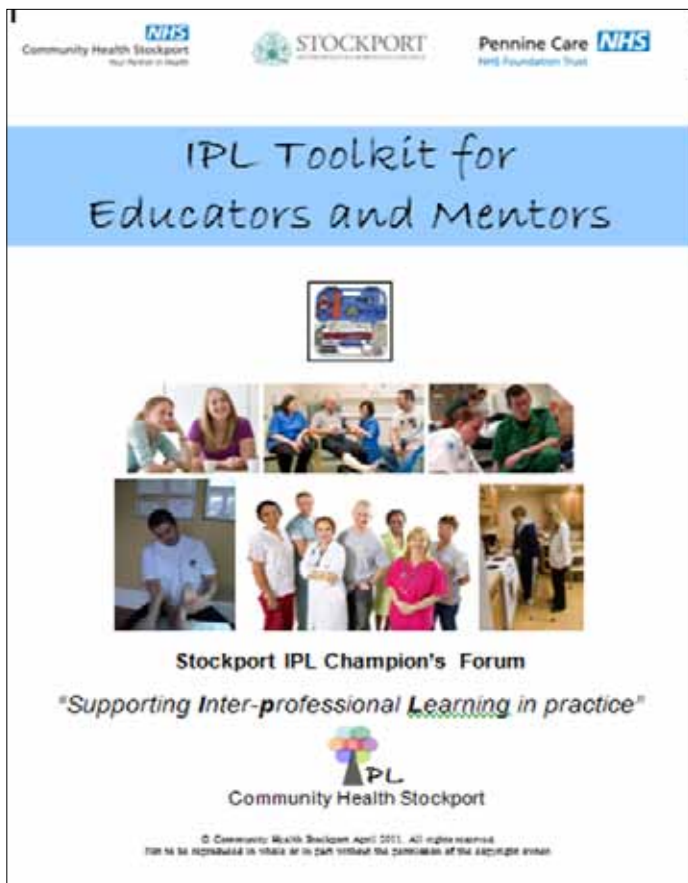


Figure 1

- Four presentations have been given at North West conferences and two interprofessional conferences in Manchester.
- Formal meetings are held with the community dean to develop IPL workshops as a formal 'sign-up' option for medical learners, mapped to their curriculum



- The Stockport IPL logo is a tree, which was chosen as it represents 'development and growth'. The coloured circles represent the different disciplines working together, with the patient and learner in the centre. It also becomes the 'I' of IPL.

Resources

- A successful bid for funding was achieved for the initial resources for IPL toolkits
- An initial agreement was reached by heads of service to allow staff resource time to attend IPL meetings
- Additional funding was required for IPL conferences, which were jointly funded by SMBC, Community Health Stockport, and Stockport NHS Foundation Trust.

Key Challenges

- **Staff and learners needed to develop a 'felt need' for IPL**

This was achieved by holding consultation events for both placement educators and learners, in order to gain their initial perceptions of IPL. Personal invitations were sent to identified champions for the initial consultation event, as well as other local IPL events and conferences. This aimed to increase their knowledge and experience of IPL in practice, and also to reduce barriers to IPL.

- **A 'one-size' approach doesn't meet all service needs and requirements**

It was crucial to listen to and understand the real issues and barriers in practice. This was achieved through the initial consultation events, and is on-going through the IPL forum. Presentations to update heads of service are also delivered as required. The IPL toolkit includes a range of activities and workshops to suit different learning styles and also ensures a flexible approach to IPL in practice.

Effective 'change-management' principles were essential to the development of this new initiative.

- **Limited time and resources**

A champions' approach was developed to ensure that the best use of staff time and resources was achieved. Also, the development of the IPL toolkit enables the educators/mentors to achieve effective time-management by providing a range of ready-to-use activities. These include; discussion points, questionnaires, 'top-tips' for educators/ mentors, further information, and reflection tools, which staff can use with the learner

Key Learning

- Effective 'change-management' principles were essential to the development of this new initiative. For example, early consultation with staff/learners, including consultation with service users
- It was crucial to be aware of the different terminology used by the various professions, and to ensure that any used were inclusive of all disciplines.

The checklist..... Short and simple!

6 Key things to ask...

1. Identify any key roles/learning outcomes relating to IPL in the students assessment document.
2. Show them the toolkit!
3. Discuss any specific IPL opportunities available during the placement. (including IPL workshops).
4. Identify key professionals that your team work with
5. Identify 2 professionals they would like to know more about
6. Ask student to reflect on 1 or 2 issues relating to collaborative working during the placement.

Section 1 – Introduction and Background

Check list for staff to complete with all students on placement

This checklist is to be completed for all students, to ensure they gain a minimum, standardized exposure to inter-professional learning in practice.

Ask if you identify the students learning outcomes / key roles that relate to IPL, the student will receive this checklist and it should be used during any additional work - so about incorporating the IPL components of the placement, which has always been an important part of ensuring the student's learning objectives.

1. Ask the student to identify any of the student's learning outcomes/ tasks which relate to inter-professional learning.	
2. Introduce student to the IPL Toolkit (and help them identify any activities or tasks that they might want to use during the placement).	
3. Discuss any specific IPL opportunities within the placement (and IPL workshops, learning with other students, learning from other disciplines).	List any local IPL activities here:
4. Identify the key professionals/organizations that your team regularly work closely with.	
5. Ask the student to identify 2 disciplines (and your team work closely with) that they would like to know more about (on this placement) - how are they going to do that?	List the disciplines here: 1. 2. Student Name:
6. Ask the student to reflect on 1 or 2 issues relating to inter-professional working in your team (that they have to add this as part of their placement understanding).	

Figure 2

Student Nursing Times AWARDS '13



IPL dementia workshops for learners will be developed

Sustainability

- An IPL toolkit has been developed to ensure that a readily available, standardised resource pack is available for all placement educators. This includes an initial 'checklist', which all placement educators complete with each learner at the beginning of their placement (see Fig. 2)
- The IPL toolkit is also available electronically on a central point of access for all services (via Trust microsites), and can therefore easily be updated and adapted as required
- All health and social care learner placements have been mapped, in order to identify common times in practice, to inform planning of the Trust's IPL activities
- A range of IPL workshops/activities are planned each term.

Next Steps

- Links will be strengthened with medical and non-medical colleagues across all community and acute settings (including non-NHS organisations)
- A further Stockport IPL Conference is planned in 2014, for all medical and non-medical colleagues
- There will be further development of structured IPL experiences, following patient journey pathways and the introduction of a new template to encourage reflection
- IPL dementia workshops for learners will be developed, and a pilot will enable learners to access three full days training in dementia care
- Further IPL workshops will be planned, based on current NHS priority areas (e.g. Francis Report findings).

Supporting Material

The following resources are available on request.

- 'Opening Doors' presentation, providing background to the first stage of the IPL developments
- 'Finding the Key' – outlining the second stage of the IPL developments
- Organisational structure for IPL in Stockport
- The Stockport Story Powerpoint – outlining the story of IPL developments at Stockport
- Stockport IPL Toolkit for Placement Educators

For more information contact:

Sarah Booth

Practice Education Facilitator
Stockport NHS Foundation Trust
sarah.booth@stockport.nhs.uk





Developing Placements across the Independent Sector

The North West Placement Development Network (NWPDN) is a unique service which is funded by Health Education North West. The NWPDN works in partnership with Higher Education Institutes and Practice Education Facilitators based in healthcare provider organisations to maximise the multiprofessional utilisation of all placement areas across NHS and non-NHS organisations. This ensures the delivery of a future workforce compliant with the Fitness for Practice, Fitness for Award and Fitness for Purpose guidance to support 21st Century Healthcare.

The following project describes how the Network developed a non NHS multiprofessional service from its first experience of accepting learner nurses to the recent embracing of multiple learners from a variety of healthcare backgrounds.

Background

This service is run by Care UK, an independent company that provides services to NHS patients. In 2007 Care UK was approved as the preferred provider for Greater

Manchester Clinical and Assessment Treatment Services (CATs). In February 2009 Care UK launched a brand new, state-of-the-art mobile assessment and treatment service and in just four weeks it received over 1,000 referrals from local doctors. In 2011 four of Care UK's treatment centres received full A-status Joint Advisory Group (JAG) accreditation. GM CATs became the first mobile endoscopy service ever to receive JAG accreditation. The bulk of the service is located in mobile clinical units which cover 2 circuits (North and South) and visit Bolton, Denton, Longsight, Oldham, Rochdale, Salford and Stretford. Smaller static units are also found in health centres, GP practices and leisure centres.

The service provides fast and convenient access to high quality diagnostics and clinical assessment for people in the Greater Manchester region. The service works closely with GPs, local hospitals and other healthcare professionals to ensure access to treatment as quickly as possible, as locally as possible, and supports the Care Closer to Home agenda (DH, 2009)

Key Outcomes

- Additional placement circuit resulted in an increase in capacity in Nursing and Physiotherapy
- Multiprofessional working opportunities – ensuring all learners the opportunity to see the entire patient pathway from admission to discharge and how the entire team work collaboratively
- Increased opportunity to expose the service to new graduates as part of their future workforce

Key Aims

- Increase capacity for all healthcare learners across the North West
- Develop interprofessional learning and multiprofessional working opportunities
- Develop collaborative working between NHS and non NHS services to enable learners to embrace non-traditional placements and potential employment opportunities.

Key Stages of Set-up

- 2011-12 –** NWPDN approached nursing staff to develop as a placement site for learner nurses and during the following 12 months this came to fruition as an audited site
- March 2012 –** Contact details for the physiotherapy lead were passed onto the Network as they were keen to consider opening up to physiotherapy learners too. Placement Development Manager (PDM) visited for initial discussion and as no qualified Practice Educators were available funding opportunities were discussed and potential candidates identified.
- May 2012 –** Physiotherapy Lead at NHS CATs, HEI Programme Leads from University of Salford (UoS) and Manchester Metropolitan University (MMU) and the NWPDN met to discuss programme requirements, service development, learning outcomes etc. Placement Profile and Health and Safety Risk Assessment discussed and documentation completed.
- June 2012 –** 1st year observational learner from UoS placed on one site with positive feedback and evaluation.
- Oct 2012 –** Continued to liaise with placement regarding further potential learners from a variety of professions.
- March 2013 –** Podiatry lead accessed central funding for Educator course to ensure programme requirements met – other healthcare learners continue to access placements as appropriate.
- Oct 2013 –** Audiology Service cannot meet the essential learning outcomes for the curriculum however potential spoke opportunities were identified.
- Dec 2013 –** The Static Ophthalmology Service has the potential to develop further for Nursing, Ophthalmology and Orthoptist learners.

How it Works

Healthcare learners from Higher Education Institutions (HEIs) across Greater Manchester; University of Salford, Manchester Metropolitan University and University of Manchester are allocated to the sites as appropriate.

Depending on the programme/HEI learners will utilise the placement for 4 to 10 weeks at a time. Learners are supervised at all times by a registered practitioner via a team approach to mentoring.

Podiatry and Audiology learners visit for a set number of days as per a locally devised programme and will move between the service and a local NHS Trust to ensure all learning outcomes can be achieved.

Resources

- Multiprofessional Support, Learning and Assessment in Practice (MSLAP) Modules via CPD funding from Health Education North West

- Support of mentors and educators by local Practice Education Facilitators (PEFs) employed within local NHS Trusts and funded by Health Education North West.



Key Challenges

- The physical space in the environment is small and allows for only a small number of learners at any one time
- A number of programmes overlap so there needs to be agreement between the service and the HEI allocation staff as to which learners are placed at what time
- This is a mobile service covering 3 or 4 sites for each unit – learners need to be able to travel and also need to be aware at which location their placement will begin. The NWPDN worked closely with service leads to develop appropriate communication links and a structured programme
- Both podiatry and audiology are small limited services which cannot meet all learners' learning outcomes, however in podiatry a rolling short programme has been developed by the Lead Podiatrist, linking with the HEI, and therefore a larger number of learners have been able to access this opportunity rather than one or two for full placements

Key Learning

Need to maintain close working link with all key stakeholders and ensure all involved in the learner allocation process are aware of other programmes, learners etc

Importance of clear communication process as misunderstandings can arise with regard to placement location, numbers of learners

Multiprofessional audit and evaluation processes need to be completed and monitored in a timely fashion as this will provide a clear 'spoke pathway' rather than leaving IPL opportunities to chance encounter

Sustainability

Learners are placed throughout the academic year and from a variety of professions. They work alongside a mentor or educator and are supervised in all aspects of clinical practice. Consent is always obtained from the patient for learner presence and practice. Staff that support learners have access to funding opportunities for further study which helps ensure practice remains current and evidence based. Learner evaluations are encouraged and the placement site embraces constructive feedback.

Employment opportunities are also encouraged and Service Leads recognise that their profile has been raised amongst the potential future workforce – this evidence at present is anecdotal but recruitment is to be considered in future evaluation.

Next Steps

- Regular utilisation of both units for physiotherapy learners is presently spasmodic
- Continue the development of the audiology department as a 'spoke' placement with defined links to 'Hub' placements in Trust
- Develop new links with static Ophthalmology service for Nursing and Orthoptic learners

Further Links

- www.care.uk
- www.greater-manchester-cats.nhs.uk
- www.uhsm.nhs.uk/academy/nwpgdn
- www.cpd-applynw.nhs.uk

DH (2009) Transforming Community Services: Ambition, Action, Achievement. *Transforming Services for Acute Care Closer to Home.*

For more information contact:
Philippa Hill
Placement Development Manager
NWPDN
philippa.hill@uhsm.nhs.uk



Developing the Community Placement Circuit across the North West

The Community Collaborative Forum was established to expand Collaborative Interprofessional Learning (IPL) and working across Cheshire and Merseyside in both NHS and non-NHS placement areas. This forum provides stakeholders with the opportunity to work in partnership in order to support the Transforming Community Services Agenda (DOH 2009). The remit is also to ensure capacity is managed and sustained within all health care organisations (delivering high quality effective, compassionate care: Developing the right people with the right skills and the right values, (DOH 2013).

Background

The North West Placement Development Network (NWPDN) is a development which is funded by Health Education North West. The NWPDN are a team of qualified health care professionals committed to; 'Enhancing healthcare learning experiences, to deliver excellence, choice and breadth beyond traditional boundaries to meet the needs of the future workforce.' Based across three localities (Cheshire and Merseyside,

Greater Manchester, and Cumbria and Lancashire) the NWPDN works in partnership with Higher Education Institutions (HEIs) and Practice Education Facilitators (PEFs) to maximise the multiprofessional utilisation of all placement areas across NHS and non-NHS organisations.

The NWPDN has a North West-wide overview. It became clear that the Transforming Community Services agenda (DOH 2009) identified opportunities for improving the community placement circuit and ensuring it was fit for purpose for 21st century healthcare. A collaborative community meeting was established between NWPDN and Trust colleagues.

Key Outcomes

- Increased collaborative working and improved working relationships across all organisations
- Increased IPL opportunities, for example the development of hub and spoke models
- Increased effectiveness in managing capacity within the community

placement circuit

- Increased sharing of knowledge of multiprofessional placement capacity and breadth of experience available to learners
- A change from reactive to proactive approaches

Key Drivers

- Transforming Community Services Agenda (DOH 2009)
- Delivering high quality effective, compassionate care; Developing the right people with the right skills and the right values (DOH 2013)
- Shift in care provision with more service contracts being provided by external agencies and the independent healthcare sector
- Underutilisation of community services for healthcare learners
- The requirement to embed IPL within placement areas

Increased effectiveness in managing capacity within the community placement circuit and increased sharing of knowledge across multiprofessional services

Key Aims

- Improve access to community placements for learners
- Re-assess the needs of learners in light of a dwindling placement circuit and and re-assess how to manage, utilise and share skills collectively, to ensure a solution focused, proactive approach to addressing the challenges
- To identify barriers and how these could be addressed
- To embed Inter Professional Learning (IPL)
- To share information and best practice

Key Stages of Set-up

In 2013, an initial meeting was held with LCH (Liverpool Community Health) following their recent capacity review and identification of needs across their locality.

Terms of Reference were identified at the first full Community Collaborative Meeting along with membership (see below).

Terms of Reference

- To provide a collaborative strategic forum between PEF, PDMs and Practice areas to define multiprofessional capacity to placement areas across all out of hospital placements.
- To maximise multiprofessional utilisation of all out of hospital placement areas.
- To provide a platform for informing on-going requirements for placement allocation, in accordance with approved HEI delivery models.
- To be proactive in preventing, responding and managing potential shortfall in the placement circuit.

- To ensure the consistent application of NWPDPN processes for referrals, capacity and capability maximisation.
- To share information and developments arising from current and emerging regional and sub-regional placement circuit development initiatives.

Membership

- Alder Hey Children's Hospital
- Liverpool Community Health
- Cheshire, Wirral Partnership West
- Cheshire and Wirral Partnership
- Bridgewater NHS Community Health Care Trust
- Wirral Community Trust
- 5 Boroughs Partnership
- Southport and Ormskirk NHS Trust
- East Cheshire NHS Trust
- NWPDPN

In 2014, it was agreed that a usable template to ascertain which professionals worked in each of the placement areas would be utilised, to gain further information to support IPL structures within placements.

How It Works

The NWPDPN team chair the meetings which are held quarterly.

The agenda and project/action plan is developed and progress monitored via the group.

Key Learning

Collaborative working is important to manage the identified issues effectively.

Collaborative working stimulates innovation and the sharing of good practice.

Next Steps

- Review the focus of the group and extend its membership. Case studies will then be produced to provide evidence of IPL within and across sectors.

Further Links

www.uhsm.nhs.uk/academy/nwpdpn



For more information contact:
Jennifer Yates
Placement Development Manager
NWPDPN
jennifer.yates1@uhsm.nhs.uk

Yvonne Thomson
Placement Development Lead
NWPDPN
yvonne.thomson@uhsm.nhs.uk



Learning Environments - a Single Framework for All

Bridgewater Community Health Care NHS Trust aims to further develop its learning environment and continuously improve the quality of its placement infrastructure. The Clinical Learning Environment Policy (pre and post registration learners – clinical placement infrastructure) is a fully ratified Trust policy that supports mentors/educators and all learners within the organisation.

The policy is underpinned by professional standards and best practice and will support the on-going development of the clinical learning environment. It is applicable to all employees within the organisation and learner/learners on placement.

Background

Bridgewater Community Healthcare NHS Trust is a provider of high quality community and specialist services provided by 3400 staff to a population of 831,270 people living in:

- Ashton, Leigh and Wigan
- Halton and St Helens
- Warrington
- With Community Dental Services provided in all of the above areas plus Bolton, Tameside, Trafford, Glossop, Stockport and Western Cheshire.

The Trust was established in April 2011 and is an aspirant Community Foundation Trust working towards establishing the Trust as a University Teaching Trust.

Key Outcomes

Prior to the establishment of Bridgewater, a pre-existing policy had been in use in one part of the organisation, and had been commended as an example of best practice by NHS North West.

The policy was also well evaluated by staff and as a result the Trust was able to utilise the experiences and feedback gained from them to develop the document further as a Trust wide policy. It also provided an opportunity to embed the ethos of interprofessional learning and to provide equitable and generic processes for mentors/educators and learners to follow.

The Learning Environment Policy was developed to support the clinical placement infrastructure and to embed interprofessional learning within the organisation. The ethos is to create a positive culture and embed quality within the clinical placement areas and the wider learning environment. It also identifies the responsibilities of all staff and learners within placement areas. The policy enables the Trust to more clearly articulate its expectations of all staff and learners within the organisation and provide a policy and clear processes for them to work within and adhere to.

Key Aims

- Provide a quality learning experience for all learners within the organisation
- Aspire to a gold standard model whereby all mentors/educators who assess and support learners in clinical practice will possess a Multi Professional Supporting Learning and Assessment in Practice (MSLAP) qualification. This will provide the Trust with assurance that all learning in clinical practice is assessed and signed off by suitably competent registered staff in a consistent and equitable manner
- Support the development of existing and new mentor/educators and equip them with the confidence and competence to ensure that they appropriately support and develop future healthcare practitioners or challenge/refer their practice as appropriate.

Key Stages of Set-up

The policy was adapted from an existing policy that was developed and implemented prior to the formation of Bridgewater Community Health Care NHS Trust.

The PEFs and Continuing Professional Development/LDA Lead reviewed, updated and expanded the legacy policy taking into account changes in education, practice and professional regulation and to ensure that it reflected the new Trust infrastructure, its vision and strategic direction.

How It Works

The revised policy was ratified in February 2014.

The formal ratification of the policy provided the opportunity to formally re-launch the policy and to utilise it widely as the 'handbook' that will support learning, support and assessment in practice.

The policy document is supported by a number of handbooks or guidance documents.

It will be used during Practice Educator updates to signpost staff to the operational handbooks available on the Trust intranet page.

It will also be profiled regularly in the quarterly PEF Newsletter.

The Trust aims to audit the effectiveness of the processes identified within the policy on an annual basis and use the Learning Environment Facilitators (LEF) forums to disseminate progress and/or any actions required.

Resources

The development of the policy was resource intensive and as a result it was costly in terms of time invested by the Practice Education Facilitators; the CPD/LDA lead and the staff that responded to the wide consultation process.

Key Challenges

- The new policy built upon a legacy policy but due to the major revision that was required, it was important that the Trust ensured that there was wide dissemination of the revised policy. This was achieved in a variety of ways to ensure staff had an awareness and understanding of any new processes and/or requirements
- There is still a major challenge to be addressed if Practice Teachers are to achieve a reduction in case load of 40% and Trainee Practice Teachers a reduction of 20%. Due to service constraints and increasing caseloads there are concerns that this may not be realistically achieved. This was identified as a result of the large numbers of Health Visiting learners on placement as a result of the national Call to Action initiative and was

based on NMC guidance. The impact of this is relatively short term as the Call to Action target will be achieved by September 2015

- Allied Health Professionals have not been expected to attend yearly updates but as a requirement of the policy, this is something that the organisation will now expect. Further work will be needed to promote and embed this process. Work is on-going externally to improve access to appropriate and generic multiprofessional support for learning and assessment in practice (MSLAP) skills development modules
- It was important that any document produced was supportive and user-friendly. All professional and regulatory guidance had to be included or referenced.

Key Learning

- Recognition that there was a need for a robust framework to support staff and learners in practice
- Recognition that without the articulation of expectations, the Trust could not expect consistency and equity of approach
- The policy incorporates an IPL approach and as such will foster a wider understanding of its application in practice. This will be disseminated via the LEF forum and demonstrated through the sharing of the Client Journey Case studies undertaken by learners on placement.

Sustainability

This is a ratified Trust policy that is available on the Trust intranet for all staff.

The effectiveness of and compliance with the Learning Environment policy will be monitored through audits, evaluations, learner incidents, complaints and the annual declaration against the PEF Outcomes Framework within the Learning and Development Agreement.

An audit conducted bi-annually by the PEFs will identify any issues of non-compliance with the policy and enable appropriate action to be taken.

The policy will support and inform the activities of the Learning Environment Facilitators (LEF) forum.

Feedback from the LEF forum meetings is fundamental in the Trust's ability to respond in a timely manner if any area of the policy does not effectively support mentors/educators or learners in practice. The policy will be subject to periodic review to ensure that it remains current and fit for purpose. The LEF forum is a multi-disciplinary forum and link staff from the Higher Education Institutions are also invited to attend. The forum maintains an interprofessional learning ethos and gives the opportunity to share best practice and access peer support and advice for any learner or mentor/educator issues. The forum is referenced within the Trusts People Strategy. (HR and OD).

Next Steps

- To ensure wide dissemination of the policy across the Trust and share with stakeholders and partner organisations
- To audit compliance with the policy annually and report progress via the Model Employer group.

For more information contact:

Karen Seddon
Continuing Professional
Development/LDA Lead
Bridgewater Community Health Care
NHS Trust
karen.seddon@bridgewater.nhs.uk

Helen Young
Practice Education Facilitator
Bridgewater Community Health Care
NHS Trust
helen.young@bridgewater.nhs.uk



A Team Approach to Wound Care

In February 2010, Pennine Care NHS Foundation Trust, developed a task and finish group to look at how wounds below the ankle were managed in the community. There had been a few issues regarding ulcerations on the feet and who should be involved in the treatment of these.

A pathway was developed for District Nurses and Podiatrists regarding wounds below the ankle. A referral form for shared wound care was developed.

A joint training event ('Whose foot is it anyway?') between the District Nursing service and Podiatry was organised to role out the new pathway and referral form.

At least one District Nurse from each team was asked to attend and to feedback to the rest of the team. The District Nurses and Podiatrists were able to explain their individual roles.

There were identified gaps within the service. For example wounds below the ankle could be managed either solely by Podiatrists or District Nurses or both. However, there was no clear understanding or consistency in the service provided to patients. There wasn't a formal pathway to help clinicians decide the most appropriate person to lead on care.

Background

Pennine Care NHS Foundation Trust provides mental health and community services to people living in the boroughs of Bury, Oldham and Rochdale. Mental health services are also provided in Stockport and Tameside and Glossop, as well as community services in Trafford.

The services are located in hospitals and work closely with local councils, NHS organisations and the community and voluntary sector.

The community arm of the trust provides a wide range of treatment and care for the whole community, helping to keep people out of hospital and ensuring that they receive the highest quality care.

The range of community services includes:

- Dentistry
- Health visiting and school nursing
- District nursing
- Sexual health services
- Cancer and end of life care
- Long term conditions management
- Health improvement and wellbeing
- Learning disabilities
- Therapies

The trust also provides dozens of other services and speciality care in a community setting, delivered by thousands of doctors, nurses, therapists and others.

The Trust principles are embedded into every aspect of patient care and staff development.

The 10 Trust principles are:

1. Safe and effective services
2. Meaningful and individualised
3. Engaging and valuing
4. Constructive challenge
5. Governance procedures enable
6. Focused and specific
7. Competent skilled workforce
8. Clear and open communication
9. Visible leadership
10. Shared accountability

Key Outcomes

- Increased awareness of the management of wounds below the ankle
- Improved multidisciplinary working between Community Nurses and Podiatrists
- More timely and appropriate referrals between disciplines
- Improved communication between Community Nurses and Podiatrists by sharing records for wound care.



Key Aims

- To improve patient care by ensuring patients receive the right treatment, by the right person at the right time
- To improve communication between District Nursing teams and Podiatry
- To formulate a pathway to aid decision making by clinicians
- To raise awareness amongst staff

Key Stages of Set-up

- A task and finish group was developed and the key stakeholders were invited to attend. Commenced February 2010
- Podiatry manager, Podiatrists, District Nursing manager, District Nurses and Tissue Viability nurses were all involved
- The teaching sessions were held in July 2011

How It Works

Monthly meetings are in place to share ideas and identify any areas for development. This also involves establishing learning needs of all staff involved.

Key Challenges

- Ensuring that all new staff into the organisation are made aware of the pathway. To overcome this, further teaching sessions are planned for July 2014 to raise awareness amongst new staff. Also considering annual teaching sessions (refresher sessions).

Key Learning

The interprofessional teaching sessions and collaborative working to develop the care pathway have been invaluable in ensuring a cohesive and coherent approach and effective care for patients with wounds below the ankle.

Improved multidisciplinary working between Community Nurses and Podiatrists

Sustainability

- The trust has agreed a formal treatment pathway
- Joint referral form developed for shared care and shared records for wound care to ensure that the MDT are all working together.

Next Steps

- A follow up training session has been arranged for July 2014
- The pathway and referral form to be updated. The referral form to include the treatment room nurse contact details
- Possible yearly refresher sessions and evaluation of the service to ensure that improvements have been made.

Further Links

Further information is available from the key contact:

- Teaching presentation
- Shared service referral form
- Heel/Foot Pressure Ulcer Care Management Pathway.

For more information contact:
Jayne Armstrong
High Risk Specialist Podiatrist
Pennine Care NHS Foundation Trust
jayne.brotherdale@nhs.net

Complex Discharge and Rehabilitation Services



In January 2012 Central Manchester University Hospitals NHS Foundation Trust (CMFT), Education Governance Forum, agreed the development of a trust wide action plan for Interprofessional Learning (IPL).

To facilitate this, a champions group was established; with one of its main aims being to share innovative practice in relation to IPL throughout the organisation. An example of this is the learner led IPL programme within the Rehabilitation Unit.

The purpose of the programme was to develop and provide learning opportunities in rehabilitation medicine and first-hand experience of Interprofessional learning in the clinical setting. In rehabilitation medicine both nursing and allied health professionals work together to provide care in the secondary setting whilst planning and liaising with community services to manage the complex needs of patients in readiness for discharge. This shared learning environment, where professionals and their pre-registration learners work, provided an ideal opportunity for IPL.

The IPL programme was identified by an Occupational Therapist who led on the development and implementation of inter-professional learning sessions within the Rehabilitation Unit. The learner led sessions enabled learners to develop skills necessary for collaborative learning and working. The programme has been well attended by a

variety of pre-registration learners including Nursing, Occupational Therapy (OT) and Physiotherapy. Following positive evaluation, the programme is now developing to involve the Rehabilitation Service as a whole.

The programme offers sessions on a weekly basis for approximately one hour. Learners decide the subject matter for the session. Different teaching methods are used including case studies, presentations, review of journal articles followed by discussion and reflection on practice. This provides the learners with a forum to discuss practice/patient issues in a safe, facilitated environment.

Background

Central Manchester University Hospitals NHS Foundation Trust came into being on 1st January 2009. The Trust is located in Manchester, just two miles outside the city centre.

It is the largest Trust for teaching, research and specialist services in the North West of England. We provide an extensive range of District General Hospital services to the local population of 166,000 residents within Central Manchester and tertiary and specialist services to patients from across the North West and beyond. We treat approximately 618,000 patients per year.

CMFT is a centre of excellence for healthcare research, with a long-standing and extremely successful academic partnership with The

University of Manchester. CMFT collaborates closely with other NHS organisations in Greater Manchester and has strong links with institutions within Manchester such as the City Council, and across the North West and beyond.

Current staffing levels across the Trust are approximately 12,405 employees.

Key Outcomes

The IPL programme is evaluated at the end of each session using a paper-based evaluation tool. The questions ask about the learner's previous knowledge and experience of Interprofessional Learning (IPL), what professions they learned with and about, what was useful and how the sessions could be improved.

All learners reported finding the sessions useful. Comments were;

- *"Really interesting"*
- *"Informative"*
- *"Finding out the day to day role of other AHPs"*
- *"Helped with an IPL essay"*
- *"Helped with how we work together and different perspectives on care"*
- *"Beneficial – useful insight into other professions"*

Learners felt they had learnt valuable skills in collaboration and had developed a good knowledge not only of different roles/ responsibilities but also how each role has a different perspective to specific patient care.

The IPL programme has been influenced by a number of national policies, including:

- Quality, Innovation, Prevention and Productivity (QIPP) Programme (DH, 2010a)
- NHS Constitution (DH, 2012)
- Liberating the NHS: Developing the Healthcare Workforce from Design to Delivery (2012)
- NHS Outcome Framework (DH, 2011/12)
- NW Clinical Placement Strategy (NHS NW, 2007)
- Standards of Education and Training (HPC, 2012)
- Standards to Support Learning and Assessment in Practice (NMC, 2008)

The purpose of IPL is to assist learners to develop effective team working and collaborative skills with different professions. Due to the existing multidisciplinary arrangement of the Rehabilitation Unit, the IPL champions group provided the foundations to progress ideas to introduce IPL for learners in this area.

Key Aims

- Promote and facilitate the development of IPL sessions for the learners that are on placement on the rehab unit
- Enable the learner to communicate effectively with other professions and understand the impact of different professional roles on the patient journey
- Improve the patient experience within the variety of healthcare settings where the learners will go on to work

Key Stages of Set-up

The IPL lead for this initiative was the rehabilitation Occupational Therapist. During a period of six months a focus group was established to develop and implement this initiative. Terms of reference that reflected the aims of the programme were identified and ways of working were agreed.

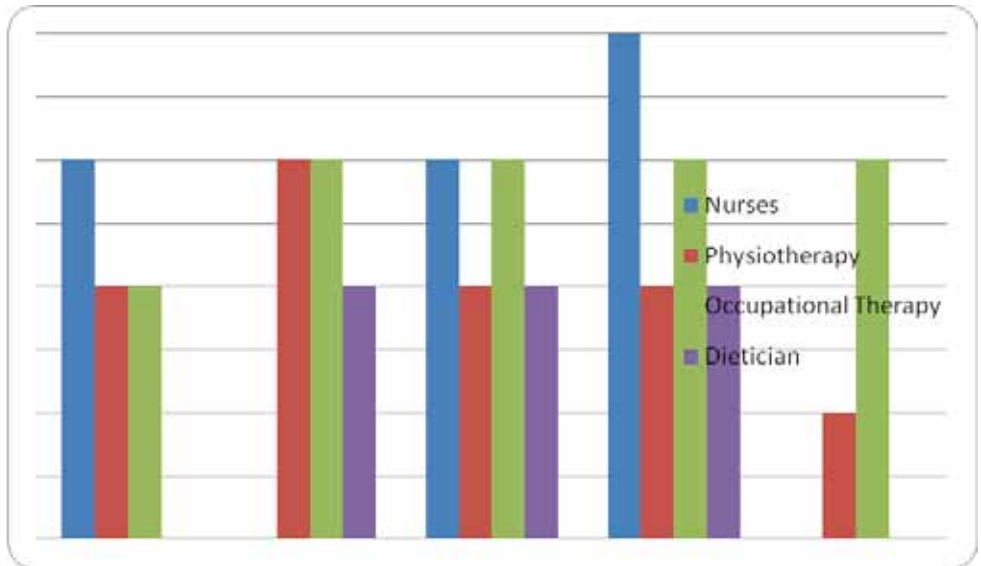


Table 1 illustrates the distribution of student attendance across different professions.

The group agreed a process to co-ordinate the setting up, delivery and evaluation of the sessions. This included:

- Establishing a centralised IPL resource folder with relevant documentation (attendance sheets, session outlines, evaluation sheets)
- Identifying a designated person to oversee the IPL sessions and act as point of contact
- Maintaining the rolling programme of sessions through communicating learner allocations from the PEF to the IPL lead. The IPL lead then allocated staff members from the multiprofessional team in the department to facilitate specific sessions
- Establishing evaluation of the programme which is carried out on an annual basis through evaluations collated at the end of each session.

Learners felt they had learned valuable skills in collaboration and had developed a good knowledge of different roles/ responsibilities particularly to specific patient care

How It Works

The programme is practice based and led by learners who are supported by practitioners. The IPL lead coordinates the IPL sessions. This includes organising rooms and a facilitator rota that includes staff representation from the healthcare professionals within the team. The facilitator role is supported by an agreed set of guidelines.

The IPL sessions are available to all pre-registration learners currently on placement in the Rehabilitation Unit. Learners on placement identify what they would like to discuss within the IPL sessions. Sessions are then facilitated by a health professional from the rehabilitation team such as a physiotherapist, occupational therapist or nurse. Various subjects have been covered to date including patient care during transition from the acute to the community setting, dementia care and the National Dementia Strategy. At the end of the hour session learners agree the agenda for the next session from the suggestions made. An evaluation form is provided to all learners and a reflective activity sheet is made available to record learning from the session.

Resources

- Facilitator staff from the multidisciplinary team to facilitate each session

Key Challenges

A key challenge was ensuring representation from different professions. This was addressed by pre-planning the programme for the full academic year and identifying times when the majority of pre-registration learners were in clinical practice.

Key Learning

- To have an annual plan to maintain momentum
- To share this plan with all departments within rehabilitation medicine to enhance engagement and attendance of learners at the sessions
- To disseminate the evaluation report of the programme to the service leads within Rehabilitation Medicine and the IPL champions group to ensure continued engagement and improvements

Sustainability

The learner centred focus of the programme, with deliberate lack of prescribed content of the sessions, ensures that the learners remain engaged and that they can see the relevance to their own learning.

The programme is flexible and able to adapt to the needs of individual learners and changes in practice. This programme has become a day to day part of learning within the rehabilitation unit. The IPL champions group is a forum to share good practice that can further assist with development of the sessions and adoption across other services in the Trust.

Next Steps

- Continue to facilitate the sessions
- Provide list of topics/ activities for the facilitation pack to assist learners and facilitators in deciding subject areas for the IPL sessions
- Develop a guidance document to assist learners to participate fully and provide useful learning resources
- Develop a database to capture the information from the evaluation form. This will ensure the sessions stay relevant
- Share findings with the IPL champions group
- Trust IPL champions group to identify other areas to implement this innovative, interactive initiative.

Further Links

- CAIPE The Centre for the Advancement of Inter-professional Education (2002) <http://caipe.org.uk/resources/>
- CAIPE (2001) – Principles of Inter-professional Education <http://www.caipe.org.uk/about-us/defining-ipe/>
- Zwarenstein M, Goldman J, Reeves S (2009) *Inter-professional Collaboration: effects of practice-based interventions on professional practice and healthcare outcomes (Review)* The Cochrane Collaboration. Wiley Press.
<http://www.ukcle.ac.uk/resources/teaching-and-learning-practices/groups/four/>



For more information contact:
Sharon Green
Practice Education Facilitator
Central Manchester University Hospital
NHS Foundation Trust
sharon.green@cmft.nhs.uk



Cheshire and Merseyside Practice Educator Network

In November 2013 the Cheshire and Mersey Practice Education Facilitator (PEF) network participated in a PEF focus group to provide an opportunity to benchmark practice.

The aim of the day was to produce a template of good practice evidence in order for it to be shared and utilised across the Cheshire and Mersey geographical area. The PEF outcomes reporting matrix was used to provide a focus for the day and enable the facilitators to organise the group work in a structured way. A further aim of the day was to harness and recognise the good work currently being delivered in Trusts, whilst simultaneously supporting those providers where improvements could be made.

The members were arranged in groups in order to offer a mix of expertise and views across acute, community and speciality services and across profession groups. The core values and behaviours within the NHS Constitution (2013) underpinned the philosophy of the focus group.

Background

The Cheshire and Merseyside PEF Network has been established for nine years and is representative of twenty one NHS Trusts, four local Higher Education Institutes (HEIs) and local non NHS organisations. The network has developed a formal, business-

like approach with a rotational chair and introduction of terms of reference which are aligned to the requirements within the Learning and Development Agreement (LDA, HENW 2013).

The network also provides an opportunity to work with and influence other stakeholders via forums such as the Cheshire and Merseyside Practice Education Partnership Meetings with Higher Education Institutions (HEIs). For example, the network are at the forefront of work streams such as educator development workshops, standardisation of Educator Update, alignment with the non NHS sector and development of processes for raising concerns in practice.

Key Outcomes

- All participants identified that the exercise was worthwhile.

In order to gather more robust evaluation data, a survey was distributed to the Cheshire and Mersey PEF network membership.

Positive results:

- The survey suggested that 15 participants felt that the group work enabled them to mostly/completely benchmark their progress against PEF role outcomes as specified in HENW's LDA. (see Fig. 3)

"Although new as a PEF I was able to make suggestions for the PEF outcomes at the meeting. I don't think I would have had a clue if I hadn't attended this meeting"

"Our network really works as a team and supports each other. Everyone contributes and we empower each other by our commitment to achieving quality delivery of our role"

- 14 respondents indicated completely/ mostly that as PEFs there is a commitment and passion to deliver the outcomes to the best standards possible encompassing the values of the NHS Constitution (Figure 2).
- The survey identified that the exercise was beneficial in identifying examples of good practice (Figure 1). Participants welcomed a repeat of the same exercise in the Nov 2014 meeting in readiness for the next monitoring cycle
- The work which was subsequently produced from this exercise was shared with the other regional networks forging stronger links and promoting good practice across the North West region. As the NW PEF Chairs group continues to gather momentum this will allow for greater cross fertilisation of ideas and practices thereby providing a more consistent approach to the delivery of quality

education throughout the North West region. This good practice will continue to be monitored via the PEF role outcome reports and as a result there will be evidence of tangible improvements in practice learning across the North West.

Key Aims

- To develop and agree consistency of meaning of the PEF role outcome measures.
- To provide examples of good practice already being delivered in Trusts, and share them in an open forum.
- To develop a template of good practice with the aim of providing a reference point and enabling identification of any gaps.
- To provide peer support and role development.

Key Stages of Set-up

For details regarding organisation of the day see the timeline.

- The group agreed that the aims of the day would be best met via group work activity. Evidence suggests that small group work, at its best, provides a supportive environment for active, independent learning in an atmosphere that affords participants freedom and security. In allowing participants to feel secure this will enhance the quality of information gleaned. It promotes development of skills such as analysis and synthesis and participants are less likely to feel isolated or go off on the wrong track when there are a group of peers to support them. Additionally, there is the freedom to experiment and take risks and to develop social skills and relationships. (Higher Education Academy 2011).

- Time management was a key component of the day to ensure that the aims of the day were met. Consequently, group leaders and scribes were identified and briefed on responsibilities for the session they were facilitating.
- Group leaders and scribes were instructed to produce an electronic template.
- Good practice examples were shared prior to the PEF report deadline with the intention that PEFs could benchmark their own practice against the examples provided. The existing collaboration with colleagues from Greater Manchester and Cumbria and Lancashire also provided a platform for benchmarking across a wider geographical area.

Figure 1

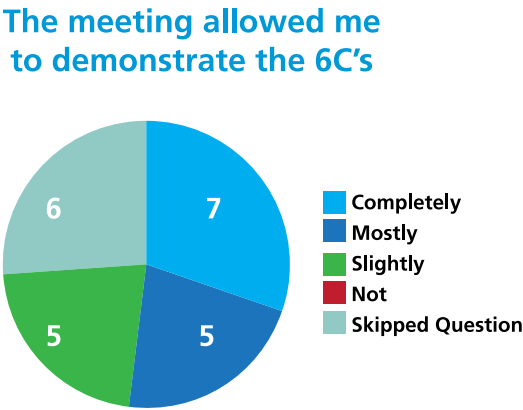
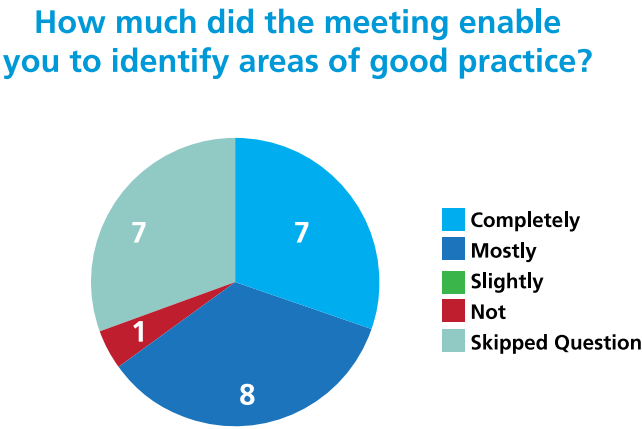
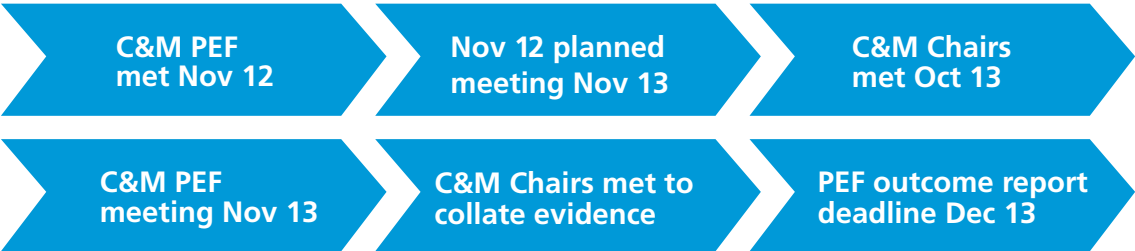


Figure 2



Cheshire and Mersey PEF network Timeline



How it Works

The Cheshire and Mersey meeting has evolved into an annual event.

The purpose of the focus group was to:

- Allocate manageable sections of the report for each group to focus on prior to the date, to enable participants to prepare fully for the task ahead, and to promote effective team work and time management
- On the day of the meeting group leaders and scribes were briefed on their remit for the day by one of the network chairs, whilst simultaneously the other network chair advised participants about the agenda, timings and their role within the group work activity
- Following the meeting, deadlines were given for the group leaders and scribes to produce feedback/best practice examples and all members kept to the timescales. As a result, the network chairs arranged a further meeting to collate all responses.

Key Challenges

The skills of facilitation and leading a group were put to the test due to the tight time scales and numbers of people present. The short timeframe given for submission of the report enabled those present to remain focused on the task. The overall principles of the day were of sharing and transparency and this was very evident within the discussions on the day itself and within the subsequent template that was produced.

The NHS is currently undergoing a period of intensive change, and the subsequent expectations of the PEF role has increased. There is a requirement for PEFs to facilitate this change within their organisations and the wider NHS environment (NHS, 2013). There is a continual debate within the PEF

network meetings in relation to standardisation and improvements in the quality of practice learning. The key performance indicators in the PEF role outcomes are therefore important evidence of the effectiveness of the role and a baseline to measure continued improvements and areas requiring development over time. It is acknowledged that individual organisations are at different stages in their development.

Key Learning

As a result of the discussions within the group work, it has been agreed to develop a 'glossary of terms' to aid understanding of the outcome questions and statements. This demonstrates a proactive approach to address the ambiguity and complexity of understanding. The group agreed to scope the availability of an IT portal which could provide a safe platform for any subsequent good practice templates that are produced.

Sustainability

A further meeting has been planned in July 2014 to explore PEF role outcome feedback with representatives of Health Education North West. This meeting will provide another forum for open discussion and allow the network to further explore how it can implement and measure good practice for the coming year and beyond.

From a local perspective, it is intended to collaborate with other practice learning roles aligned with HENWs Transforming Learning Environments agenda, for example, Work Based Education Facilitators (WBEF), Skills for Health educators and Medical Education Managers. This will help to ensure that a more integrated collaborative approach is adopted for all healthcare learners.

As the NHS develops at a phenomenal rate and technology also develops, the network

needs to be able to respond and develop the necessary leadership skills to horizon scan and influence key decision makers and stakeholders to ensure the best learning environments for the current and future workforce.

Next Steps

- Planned PEF/HENW meeting July 14

Further Links

B, Keogh (2013) Review into the quality of care and treatment provided by 14 hospital Trusts in England: Overview report NHS

CAIPE (2002) Centre for the Advancement of Interprofessional Education. (2002). Interprofessional Education – a definition. London: CAIPE. Retrieved from <http://www.caipe.org.uk/resources>

Education Outcomes Framework (2013) Department of Health

Francis, R (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry: Mid Staffordshire NHS Foundation Trust

Higher Education Academy (2011) – What is small group work good for?

<http://www.ukcle.ac.uk/resources/teaching-and-learning-practices/groups/four/>

Learning and Development Agreement (2013) Health Education North West

NHS Constitution (2013) The NHS Constitution: the NHS belongs to us all, Department of Health

National Health Service England (2013) National Health Service Improving Quality NHS England

Health Education North West (2013) North West Placement Charter

6C's (2012) Compassion in Practice: Nursing Midwifery and Care Staff, Our Vision and Strategy, NHS Commissioning Board, Department of Health.

Practice Education Facilitator (PEF) Outcome October 2013 self evaluation reporting template

Placement Provider: _____
 Report completed by: _____
 Date: _____
 Date submitted: _____

Outcome no. **Core PEF Outcome** **Confirms reports submitted** **Yes/No (if no please provide evidence)** **Annual review**

Outcome no.	Core PEF Outcome	Confirms reports submitted	Yes/No (if no please provide evidence)	Annual review
1	Percentage of Quality Assurance (QA) Action Plans in place (all non-medical professions)	100%	100-100%	100%
1.1	Organisation action plan in place for non-medical education submitted to HENW	Organisation action plan submitted to HENW - see KPI-1	Y	Y
1.2	Report of the trends across professions and across Higher Education Institutions (HEI), and evidence of how these are integrated into organisational and regional monitoring processes	Incorporate themes in report submitted to HENW - see KPI-2	Y	Y
1.3	The outcomes/learning from quality monitoring is shared across professions in the organisation	Yes	Process in development	Yes
1.4	Issues highlighted by other regulators which impact on placements (eg CQC, Provider Compliance, NMC, HPC)	No issues to action required	Actions underway/implemented in organisational action plan	Enhanced action plan submitted to HENW
1.5	The outcomes/learning from internal and external quality monitoring (eg CQC, Monitor, NMC, HPC) are shared with relevant HEIs where these outcomes impact on student support in placements	Yes	Process in development	No

Figure 3

For more information contact:
 Debra Price
 Practice Education Facilitator
debbie.price@aintree.nhs.uk



Learning Disability Placements

The North West Placement Development Network (NWPDN) is in a fortunate position in that it has a North West - wide overview. In 2013, it became clear that there were a number of issues around the Learning Disability (LD) placement circuit which needed addressing in order to proactively manage the placement circuit and ensure it was fit for purpose for 21st Century Healthcare. It was agreed that in order to address these issues a multiprofessional meeting needed to be arranged with all key stakeholders. The NWPDN took the lead on organising the initial meeting with the aim to increase collaborative working and promote interprofessional learning (IPL).

Background

The North West Placement Development Network (NWPDN) is a unique development which is funded by Health Education North West. The NWPDN are a team of qualified healthcare professionals committed to: 'Enhancing healthcare learning experiences, to deliver excellence, choice and breadth beyond traditional boundaries to meet the needs of the future work-force.' Based across three localities (Cheshire and Merseyside, Greater Manchester, and Cumbria and Lancashire) the NWPDN works in partnership with Higher Education Institutes (HEIs) and Practice Education Facilitators (PEFs) to maximise the multiprofessional utilisation of all placement areas across the NHS and non-NHS organisations.

Key Outcomes

- Effective collaborative working and relationship building
- Innovation including interprofessional learning (IPL)

- Proactive management of identified issues
- Sharing knowledge of the placement circuit
- Geographical movement of placement areas to address the 'bottle neck' in provision of placements

Key Aims

- The Learning Disability (LD) workforce is under reform, therefore finding placements was becoming more of a challenge. The purpose of the group was to engage a collaborative approach to address these challenges.
- Re-assess the needs of the learners in light of a dwindling placement circuit, including collectively managing, utilising and sharing skills to ensure a solution-focused holistic proactive management of challenges
- Placement Development Managers (PDMs) to initiate innovative development ideas to inform a way forward
- Collectively develop ideas/think 'outside of the box' to find solutions. Identify the barriers and how these can be overcome
- Share information and best practice

How It Works

- Throughout 2013 a series of meetings was held to assist the NWPDN to focus specifically on issues within the LD placement circuit in the North West.
- A Placement Development Manager from each of the three areas met and established the main issues that needed to be addressed and put forward some solutions for group discussion.

These were:-

A). The reduction in number of specific LD placements and reduced access to them; i.e. in an LD setting with an LD nurse mentor. A lot of LD services are non-NHS with a lack of continued funding and therefore were closing or downsizing; in addition there was a lack of space in placement areas, and staff were hot-desking or working from home

Potential Solutions

- Possible use of NVQ 4 staff as mentors
 - Identifying placements that can meet the learning outcomes that may not have been traditionally used for LD placements
 - Use of the 'hub' and 'spoke' model
 - Use of the Parallel Placement model to increase placement capacity and breadth of experience
 - Universities working more closely together to look at sharing of the North West placement circuit (fair allocation)
 - Establishing membership for the meeting including all University Allocations departments
 - Consideration of simulated learning methods
 - Use of Long Arm Mentoring methods
 - Support for Trainee Placement Educators
 - Access to funding for developing Placement Educators
- B). A large number of LD nurses now work in non specific LD settings and it is difficult to establish where they are.

Potential Solutions

- Universities to look at extending or stopping the travel time limitation for learners to travel to and from placements
- Universities to make it clear to the learners at interview that they will need to be able to travel to placements throughout the North West
- Look at how other disciplines manage this issue.

Key Stages of Set-up

The first meeting took place with key stakeholders in January 2013. Alongside the NWPDN, there was representation from the Higher Education Institutions (HEIs) in the North West who provided the LD programme and Practice Education Facilitators (PEFs) from relevant placement providers. The allocations department at the HEIs were not invited to attend the initial meeting but their future representation was established as a need.

The Terms of Reference (ToR) for the group were discussed and agreed. These were

intended to provide a framework for reaching consensus across the North West in relation to progressing implementation of a strategy to address Learning Disability placement provision. The ToR agreed were:-

- To ascertain and agree a strategic outline of current placement provision and future plans
- To enhance partnership working between all HEIs, NHS and non NHS placement providers and Health Education North West (HENW) and agree decision making arrangements and communication strategy
- To agree and implement working arrangements to ensure a cohesive approach to placement provision for learners
- To develop and implement a partnership framework for facilitating and developing new learning opportunities within the North West
- Utilise the Learning and Development Agreements at a strategic level in all organisations to influence the development of quality learning environments.

It was agreed to continue with this group and items for the next meeting were established.

Sub groups have been formed with specific pieces of work. A further meeting has been arranged for the 3rd April 2014.

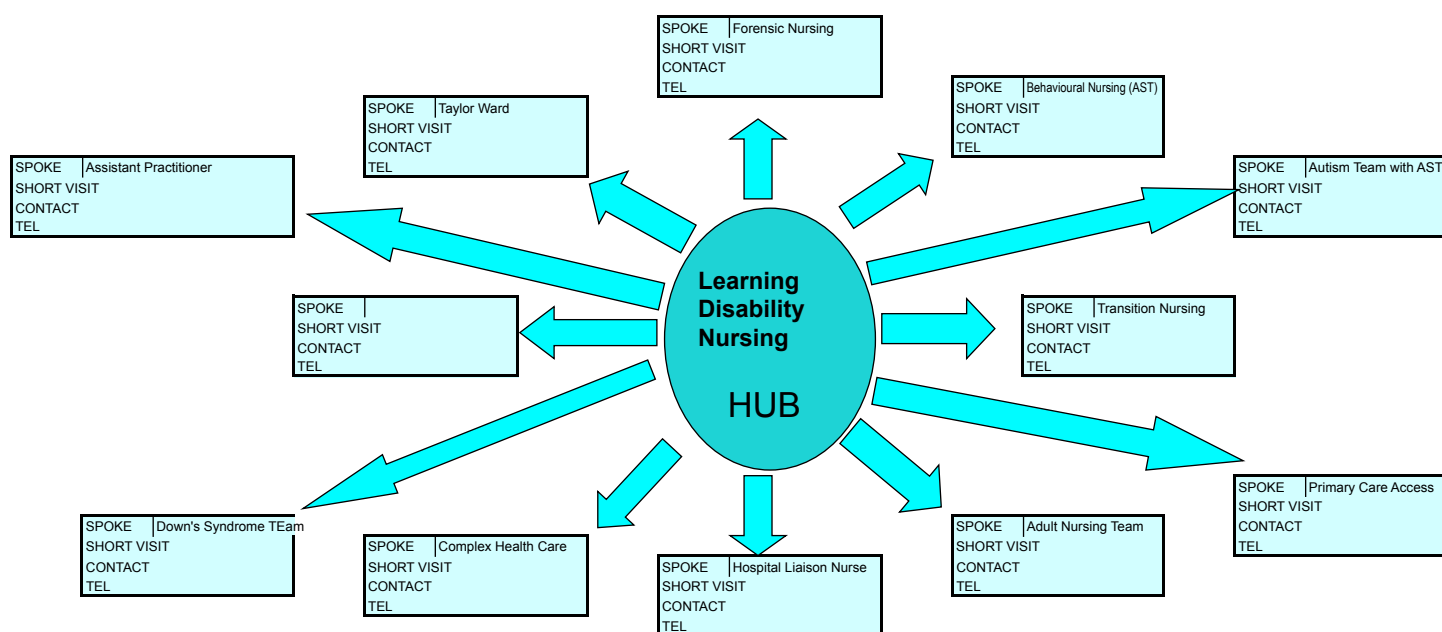
The group have also been able to establish a range of interprofessional learning opportunities utilising the 'hub and spoke' model. An example of a hub and spoke model is presented below.

Key Learning

Collaborative working is important to effectively manage the identified issues and is also important to stimulate innovative approaches to manage these successfully.

Next Steps

- To re-look at the focus of the group, which is dependent upon the changing need of the LD curricula and service reconfigurations.



Further Links

<http://www.uhsm.nhs.uk/academy/nwpgdn>

For more information contact:
Ann Robinson
Placement Development Manager
NWPDN
ann.robinson1@uhsm.nhs.uk



Developing Placement Educators across Sectors and Professions

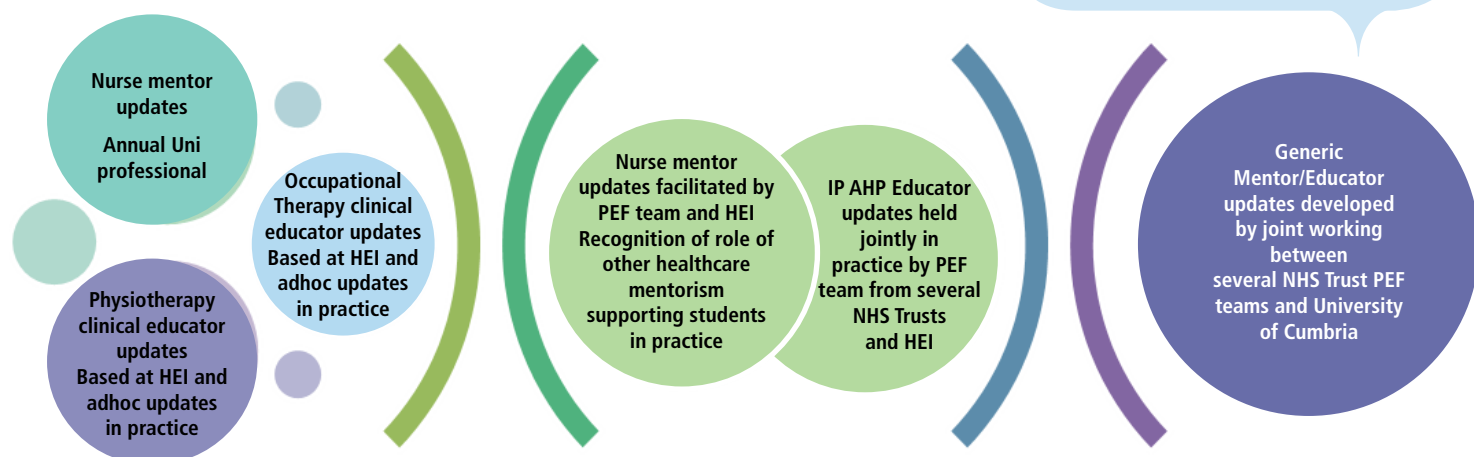
Cumbria Partnership NHS Foundation Trust and North Cumbria University Hospitals NHS Trust recognise that interprofessional learning experiences facilitate the development of collaborative working skills (CAIPE, 2011); which are essential for the workforce of the future in health and social care. To facilitate these experiences the teams of both organisations developed a pilot inter professional placement pathway across Acute and Community services and continue to develop further IP pathways across organisational boundaries.

To support the development of interprofessional placement pathways, the updates provided to placement educators were reviewed, moving from a uniprofessional to an interprofessional update. Placement educators from all NHS organisations and the private, voluntary and independent sector in Cumbria attend. This provides opportunities to share best practice across learning environments and to emphasise the importance of facilitating placement experience for learners from professions other than their own.

Practice Education Facilitator (PEF) teams in both Trusts include a mixture of Allied

Health Professional staff and staff from a diverse range of nursing fields. Some also support Trainee Assistant Practitioners. This encouraged a wider appreciation of the learning environment and staff who support learners in practice. Placement areas were being recognised as opportunities for learners across the full spectrum of undergraduate and postgraduate courses rather than on a uni professional basis.

There has been 100% increase in placement educator update attendance since December 2014



Silo working

Development of IP Mentorship strategy to support mapped IP placement pathways

Focus on IPL pathways within a shared learning environment; developing skills in communication and collaboration

Background

- North Cumbria University Hospitals Trust provides Acute services to the North of Cumbria, with hospitals in both Whitehaven and Carlisle
- Cumbria Partnership NHS Foundation Trust provides Community and Mental Health services across the whole of Cumbria. It was formed on the merger of NHS Cumbria provider services and the Mental Health services of Cumbria Partnership NHS Foundation Trust in 2011.

Key Outcomes

- There has been a 100% increase in placement educator engagement and attendance at updates since January 2014
- Staff are more aware of the interprofessional learning (IPL) environment and their part in facilitating experiences for learners from professions other than their own. This is evidenced by verbal feedback and evaluations
- This will facilitate an increase in IP placements being developed along patient pathways and across organisational boundaries.

This initiative is part of a wider IPL framework within Cumbria Partnership NHS Foundation Trust and is a requirement of Health Education North West PEF role outcome performance indicators. Equitable allocation processes for Occupational and Physiotherapy learners were also a driver, ensuring that all Allied Health Professional staff were well prepared to support learners.

Interprofessional Education engenders interprofessional capability and in devising outcome led learning, delivers collaborative capabilities (CAIPE, 2011).

Key Aims

- Increased engagement across all professional groups in attending placement educator updates, to support development of cross organisational interprofessional placement pathways
- To consider and implement outcome measures for collaborative working capability.

Key Stages of Set-up

Historically, from 2008 onwards the PEF teams in Cumbria have worked towards

the development of interprofessional opportunities in practice and interprofessional placement educator updates by working closely with all stakeholders. Over recent years, the Cumbria PEF Forum and work with the University of Cumbria Placement Unit has raised the need for cross organisational work.

Senior Lecturers at the University of Cumbria, together with PEF representatives from North Cumbria University Hospitals Trust, Cumbria Partnership NHS Foundation Trust, University Hospitals of Morecambe Bay Foundation Trust and Blackpool Teaching Hospitals NHS Foundation Trust developed the material currently used in the placement educator updates.

The new interprofessional placement educator updates were piloted from October 2013. However, attendance has increased recently across professions.

How It Works

The updates are available across a variety of sites around Cumbria to allow easy access for staff and minimal release time out of practice, and are facilitated at different times of the day to ensure optimal opportunities for attendance.

The updates cover a broad range of information applicable to all placement educators across professions including developing collaborative and IPL opportunities for all learners.

Staff are more aware of the interprofessional learning (IPL) environment and their part in facilitating experiences for learners from professions other than their own.

Key Challenges

- Influencing all stakeholders across various organisations. This was overcome by joint working between Practice Education Facilitators and University colleagues
- Engaging mentors/educators across all professions and raising the awareness of the IPL opportunities that present themselves in practice. This was overcome by actively engaging with various teams and staff groups to raise the profile of the PEF role and offer support as appropriate

Key Learning

- Potential for rich IPL opportunities on placement in Cumbria. This is partially due to the early implementation of 'Closer to Home' agenda in 2008, working across health and care economy to define priorities and bring care closer to home, and ultimately delivering a more integrated service
- Staff are willing to engage in IPL and generally enjoy the experience
- Staff are keen to be involved in facilitating interprofessional placement opportunities for learners
- Practice Education Facilitators are better able to support staff, increase engagement and influence by working closely as a team across organisational boundaries.

Next Steps

- To consider outcome measures/ competencies for collaborative working skills and implement them
- Encouraging staff through IPL mentor updates to embrace their differences but at the same time explain their relevance to other professional groups and learners to increase collaboration.

Supporting Material

Further information is available from the key contact

- MPPG terms of reference
- PEF outcomes

Further Links

CAIPE www.caipe.org.uk

For more information contact:
Amanda Harrison and Diane Sibbald
Practice Education Facilitators CPFT
amanda.harrison@cumbria.nhs.uk
or diane.sibbald@cumbria.nhs.uk

ii) Long Term Conditions

'Premature deaths will only be avoided by the whole health and care system working together to improve primary and secondary prevention, early diagnosis and appropriate treatment for the five big killers: cancer, circulatory diseases, stroke, respiratory diseases and liver conditions, as well as any co-morbidities' (HEE, 2014-15, p.12).



Interprofessional Oncology Study Day



The Interprofessional Oncology Study Day is one of a series of interprofessional study days available to multiprofessional learners held within Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT).

The aims of the day are to improve learners' appreciation and understanding of the oncology patient's journey, and how they can influence this through a multidisciplinary team (MDT) collaborative approach. Complementary to this, a session is delivered to identify the MDT roles and approach in oncology.

The National Cancer Survey results are discussed within each study day and explored to highlight the values and behaviours of healthcare professionals and healthcare delivery. The agenda is carefully tailored to meet the needs of the multiprofessional audience.

Realistic expectations, care and compassion are key themes throughout the day. To ensure that the quality of clinical expertise is credible and current the speakers are all multiprofessional subject matter experts. Audience members consist of learners from the following professions; nursing, healthcare scientists, paramedics, dietetics, undergraduate medicine, speech and language therapies, radiology, pharmacy and audiology.

Service users/patients also contribute to the study day by delivering sessions and recalling their personal experiences of their oncology journey.

Key Outcomes

- An evaluation of the day showed very positive feedback from participants with 34% rating it as excellent, 64% as good, and 2% as satisfactory.

"Informative day, good all round knowledge given on cancer"

"I would recommend this study day to colleagues"

"good to hear patient experiences, it helps to see that cancer affects real people"

"good to know how to help and what services are offered"

- By the end of the study day learners had a greater understanding of patient experiences.
- It is difficult to measure the impact on service delivery and this remains a challenge. However in the future a further evaluation will be conducted with attendees approximately six months after the study day to measure this.

Background

The Royal Liverpool and Broadgreen University Hospitals Trust is one of the largest and busiest hospital trusts in the North of England with an annual budget of over £400 million, and 5,600 staff. It is situated in Liverpool city centre and currently has over 710 beds. The Trust delivers patient-focused, service-led care to the people of Liverpool and the North West of England by working closely with health and social care partners and by involving service users/patients and staff in research projects, future plans and everyday operational issues.

Services are provided across two sites which contain three hospitals; the Royal Liverpool University Hospital, Broadgreen Hospital and Liverpool University Dental Hospital.

RLBUHT is one of the top 20 teaching trusts in the country with well established links to both the University of Liverpool and Liverpool John Moores University. Each year the Trust provides a large number of placements for learner doctors, dentists, nurses and allied health professionals who benefit from the expertise and experience of some of the most skilled clinicians in the country. Currently, there are in excess of 200 undergraduate medical learners receiving training at Royal Liverpool & Broadgreen University Hospitals Trust. In addition the Trust facilitates over 500 placement opportunities for non-medical professions. In support of practice placements the Trust has in excess of 800 mentors and practice educators, enabling the learner/trainee to meet profession specific regulatory body requirements.

Local Context

Health inequalities exist within the local Liverpool population and mortality is 30% higher in Liverpool than in England/Wales as a whole (Office of National Statistics, 2006). Cancer plays a significant part in these mortality figures and whilst death rates from cancer are falling they remain higher than the national average.

RLBUHT is the main tertiary cancer centre for surgery in Cheshire and Merseyside with eleven specialist tertiary multidisciplinary teams and seven local multidisciplinary teams. The Trust is also a pilot site for three national survivorship programmes for breast, bladder and colorectal cancers.

The aim for the local health economy is to expand cancer services with a dedicated cancer centre based in Liverpool and the provision of new specialist oncology services including inpatient clinical trials, inpatient and young adults cancer services, inpatient palliative care and acute oncology.

In light of the multiprofessional contribution required to provide cancer services, the value of focusing on oncology patient pathways for learners can be seen as contributing to holistic patient care, and multiprofessional service provision (Barr, Helme & D'Avary, 2011).

Key Stages of Set-up

The study day is facilitated and arranged by the Practice Education Facilitator (PEF) team in collaboration with the multiprofessional practice group (education leads). In addition the lead cancer nurse is a key member of the group.

How it Works

This study day is delivered in two ways. The morning session is held in the lecture theatre and sessions are delivered to all learners at the same time. Sessions for the morning programme include:

1. an overview of the current picture
2. the patient experience delivered by two patients
3. routes to diagnosis including radiography and tumour markers
4. overview of cancer treatments
5. cancer research trials
6. the multidisciplinary team

The afternoon session is delivered through a series of workshops to allow for smaller groups and to increase interaction between participants. All participants were able to experience each workshop, including:

1. the role of nutrition in cancer care
2. pharmacy oncology
3. cancer information

The day ended with a review of the Trust's results from the National Cancer Survey

All sessions are delivered by subject experts who receive the evaluation data provided by the learners.

Key Challenges

- Participant evaluation suggests that some learners fail to appreciate the value of learning about and from other professionals with comments such as 'irrelevant to my profession' being evidence of this
- Measuring value and impact is limited to learner feedback, although the inclusion of quizzes throughout the day suggests learning is taking place
- Encouraging learners to talk and work together in mixed professional groups can be challenging. To overcome this, the workshop groups are pre-organised by PEFs to be multiprofessional.

Key Learning

It is important to:

- Have very specific and clear aims to the day regarding interprofessional learning
- Further encourage subject experts to incorporate elements of interprofessional learning and examples into their sessions
- Have first hand accounts from patients, which help to put the day in context and immediately focus the audience.

Sustainability

- Subject experts who contributed to the study day discussed their working practices, which are now embedded in the workplace as is their liaison with learners
- Raising learner awareness about cancer MDT meetings and their suitability as a learning opportunity ensures that future NHS workers are more familiar with such practices.

Next Steps

- Increase the number of IPL study days
- A specific section will be included on the learner evaluation tool that refers to the multiprofessional nature of the day and how this may impact on their future practice
- The evaluation tool will include specific learning outcomes
- Medical staff will be invited to take part as well as to deliver sessions

For more information contact:
Christine Burton, Practice Education
Facilitator, The Royal Liverpool
and Broadgreen University
Hospitals NHS Trust
pef@rlbuht.nhs.uk



Cardiothoracic Degree Pathway (Continuing Professional Development)

In collaboration with Edge Hill University, Liverpool Heart and Chest (LHCH) are developing an accredited cardiothoracic degree pathway accessible to all post registered healthcare professionals within and outside of the organisation.

The pathway modules are shown in figure 1.

There will be some core modules that must be undertaken to complete the degree pathway and these are aligned to LHCH trust strategic objectives.

The study days will also be open for healthcare professionals wishing to attend specific aspects of the programme only. Attendees will be awarded with a certificate of attendance and/or recognised CPD credits for those not requiring academic credits.

Background

Liverpool Heart and Chest Hospital became an NHS Foundation Trust in December 2009. As a tertiary hospital, Liverpool Heart and Chest Hospital provides heart and chest services for the North West of England, including North Wales and the Isle of Man.

Each year the trust performs

- 60,000 Outpatient appointments
- 12,000 Inpatient procedures

Specialties include Cardiology, Heart, Thoracic and Upper Gastrointestinal Surgery, Respiratory Medicine and Cancer Services.

Trust Vision

To be the premier cardiothoracic integrated healthcare organisation, delivering clinical excellence and a first class patient and family experience.

Trust Mission

"Excellent, Compassionate and Safe care for every patient, every day"

Figure 1



Key Outcomes

The project is in the early stages of development. However, evaluation of the programme has been considered from inception of the project plan. This will include evaluation of interprofessional learning metrics.

The organisation recognised that there was a need to look at the effectiveness of the education and training of existing staff to ensure that resources were being utilised as efficiently and effectively as possible.

Current provision is not meeting the requirements of the trust strategic vision and objectives.

The Trust was keen to develop its own programme for cardiothoracic education to harness the knowledge of Trust Staff within their expert area. There is a lack of specialist cardiothoracic education CPD opportunities available from the prospectus of local universities.

The trust has also recently developed a multiprofessional education strategy and one of the key aims is focused on interprofessional learning.

Key Aims

- To ensure that as a result of key national drivers e.g. Francis, Keogh etc, that staff have the necessary knowledge, skills and attitudes to deliver safe and reliable care
- To ensure that the education of the existing workforce meets the needs of LHCH current and future strategic aims and direction
- To ensure the efficient and effective use of resources
- To ensure that the programme meets the principles of the trust education strategy e.g. IPL

Key Stages of Set-up

Stage 1 Managing a change to the commissioning process for CPD with Health Education North West, providing a clear plan to the key benefits and risks associated with the change (Sept – Oct 2013)

Stage 2 Securing a HEI partnership to run the programme which would meet both HEI and Trust requirements. (November -Dec 2013)

Stage 3 Development of module proforma and partnership agreement paperwork. Pilot running of modules within the pathway including cardiothoracic critical care.

(Jan 2014-June 2014)

Stage 4 Validation of the Cardiothoracic Degree Pathway (July – Sept 2014)

Stage 5 Full roll out of the Pathway (November 2014)

How It Works

The full pathway is expected to be validated in 2014. The cardiothoracic critical care module commenced in Feb 2014.

The programme will be open to all healthcare professions within and outside the organisation. New LHCH staff commencing from Sept 2014 will be automatically enrolled onto the programme following their preceptorship period.

Resources

The Trust in liaison with Health Education North West and Edge Hill University will utilise their CPD multiprofessional education and training levy financial allocations to support this programme. The study days will also generate additional income as stand-alone events.

There will be additional commitment required in releasing Trust staff to assist in the development, delivery and evaluation of the programme. This has been supported and agreed at Trust Board level.

Key Challenges

- Accessing accredited Cardiothoracic education from a local Higher Education Institution (HEI) – this initial challenge was the key driver for the Trust to review the option of delivering its own programme of accredited cardiothoracic education supported by an internal education governance framework. The framework includes the development of interprofessional education teams who develop and deliver the content of the modules within the framework.
- Review of how the Non Medical Education and Training (NMET) funding received from Health Education North West (HENW) is used by the Trust. Allocation of CPD using the CPD Apply Framework posed a challenge as to how cardiothoracic education could be prioritised. In addition the fixed price per module did not provide value for money from a delivery point of view. The Trust

was successful in negotiating with HENW a new way of commissioning CPD with its local HEIs.

- Securing an effective partnership with a local HEI to support the delivery of service led, flexible CPD. HEIs are also facing financial challenges similar to provider trusts. An agreement was secured through effective negotiation which supported both the Trust's and the HEIs requirement for financial assurance over a five year period instead of the usual one year commissioning cycle.

Key Learning

Due to the difficulties in driving changes to the commissioning and delivery process for CPD, it is easy to accept the status quo. The Trust felt very restricted by the current methods of CPD commissioning and has secured a very much improved agreement to support future delivery.

Sustainability

The new Cardiothoracic Degree Pathway will be open to all professionally registered staff. Modules have been developed within the pathway which are mapped directly to the Trust's visions for patient and family centred care and the delivery of care which is safe from harm.

Next Steps

- Complete the validation process within Edge Hill University
- Full roll out of the programme in November 2014
- Support staff external to the Trust in accessing the Programme in 2015

For more information contact:
Steven Colfar, Deputy Head of Learning
and Development, Liverpool Heart
and Chest NHS Foundation Trust
steven.colfar@lhch.nhs.uk



Lung Cancer (The Patient's Journey)

First established in 2011, this interprofessional (IPL) 'patient journey' learning approach, follows a 4 stage IPL planning model. The initial pilot focused upon a patient with lung cancer and was developed by Practice Education Facilitators (PEF) across four NHS Trusts based in Central and South Manchester; Central Manchester University Hospitals NHS Foundation Trust (CMFT), University Hospitals of South Manchester (UHSM), The Christie NHS Foundation Trust and Manchester Mental Health and Social Care Trust.

Learners from across adult and mental health nursing, physiotherapy, radiotherapy and medical professions attended the event.

Background

Central Manchester University Hospitals NHS Foundation Trust came into being on 1st January 2009. The Trust is located in Manchester, just two miles outside the city centre.

It is the largest Trust for teaching, research and specialist services in the North West of England. We provide an extensive range of District General Hospital services to the local population of 166,000 residents within Central Manchester and tertiary and specialist services to patients from across the North West and beyond. We treat approximately 618,000 patients per year.

The Christie NHS Foundation Trust is an NHS Acute Care Tertiary Oncology Centre based on three sites. The Christie serves a population of approximately 3.2 million across Greater Manchester and Cheshire and treats more than 40,000 patients per year. There are approximately 2,500 staff.

University Hospital of South Manchester (UHSM) NHS Foundation Trust is a major teaching hospital providing services for adults and children at Wythenshawe Hospital and Withington Community Hospital, and community services that were formerly operated by Manchester Primary Care Trust. It is recognised as a centre of clinical excellence and provides district general hospital services and specialist

tertiary services to the local community. Fields of specialist expertise – including cardiology and cardiothoracic surgery, heart and lung transplantation, respiratory conditions, burns and plastics, cancer and breast care services – not only service the people of South Manchester, but help patients from across the North West and beyond. UHSM has approximately 5,800 members of staff, including those employed by the Private Finance Initiative partner South Manchester Healthcare Limited.

Manchester Mental Health and Social Care Trust was formed in April 2002 as one of only five mental health and social care NHS organisations in the country. The Trust offers a wide spectrum of mental health, social care and wellbeing services to meet the needs of adults of working age and older adults in Manchester. The Trust provides inpatient care and also care to those service users still living at home, through Community Mental Health Teams.

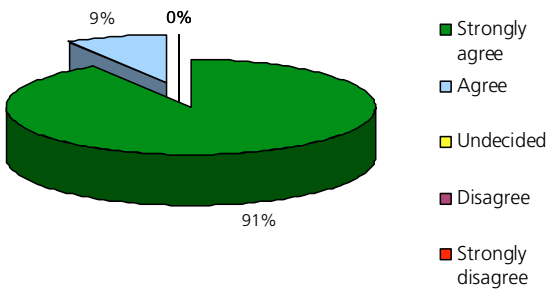
Key Outcomes

A mixed method evaluation tool was completed at the end of the day by the attendees. They scored and commented on the overall day, each session and their perceptions of IPL as a whole.

The following provides a summary of responses received:

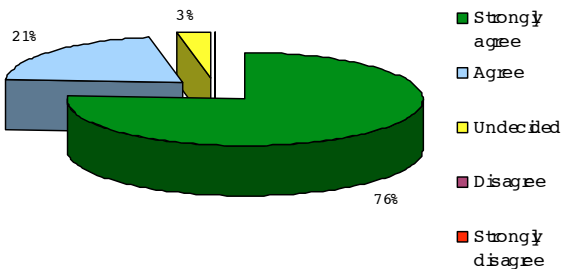
Evaluation of the IPI

Patients would ultimately benefit if health and social care students/professionals worked together



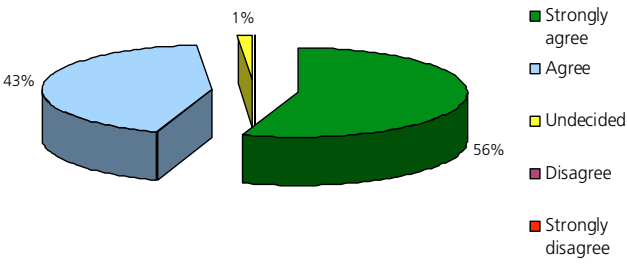
Evaluation of the IPI

Learning between health and social care students across professions would improve working relationships and collaborative practice



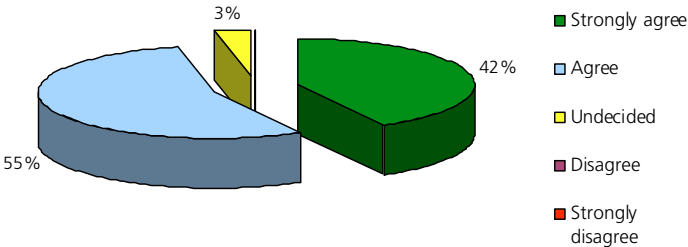
Event Content

Study Day Content Overall



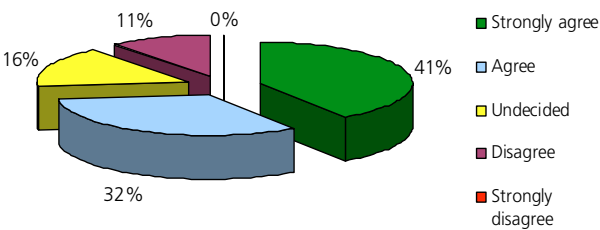
This event raised my own awareness of how I could improve the patient's journey?

How teams work and the roles of different professions within the team



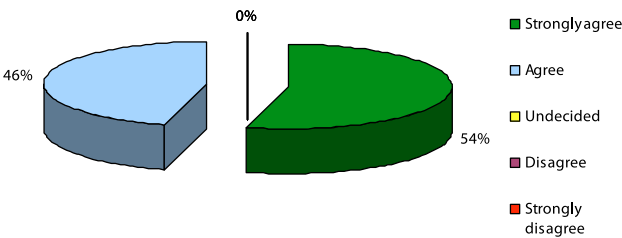
This event has raised my own awareness of how I could improve the patient's journey?

A patient's journey with a diagnosis of lung cancer



This event has raised my own awareness of how I could improve the patient's journey?

Yourself and how you can influence or improve the patient's journey/experience

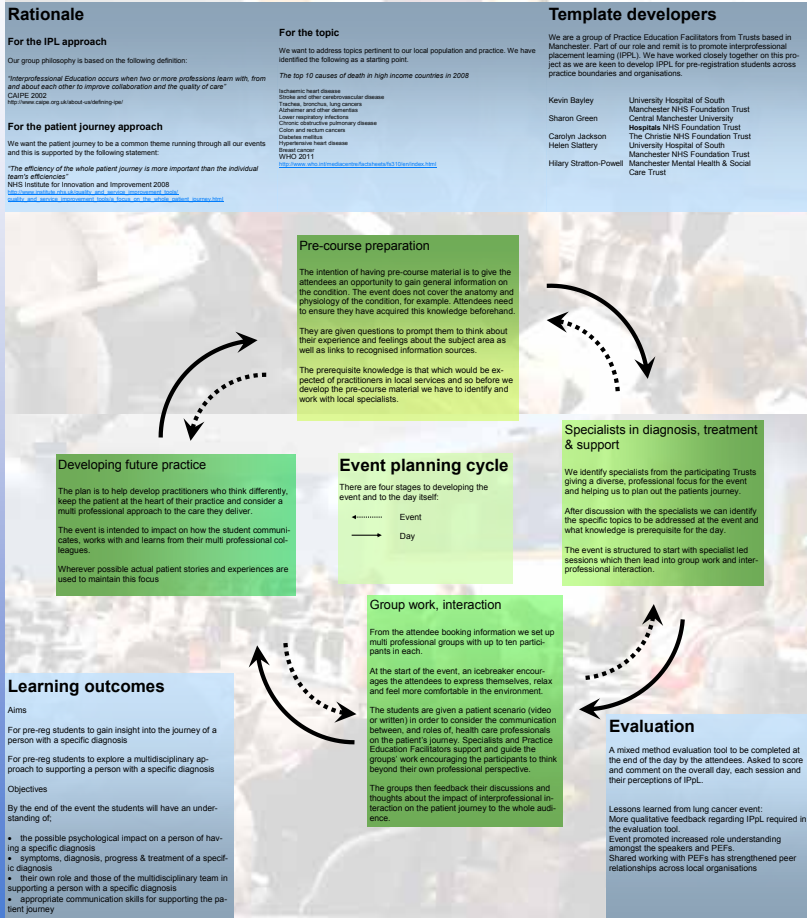


University Hospital of South Manchester
0161 275 3800

Central Manchester University Hospitals
0161 275 3800

The Christie
0161 275 3800

Manchester Mental Health
0161 275 3800



For pre-registration learners to gain insight into the journey of a person with a specific diagnosis.

For pre-registration learners to learn with, from and about each other – how professional roles, services, team working and effective communication across organisational and professional boundaries can enhance safety and care for a patient with a specific diagnosis.

A small team of four PEFs working across four different healthcare provider organisations set up a working group early in 2011.

A framework for planning future pre-registration interprofessional placement learning events was developed which includes a 4 stage planning cycle model (see template)

- Establishing interactive approaches to learning
- Developing future practice – multiprofessional team working approach, communication, using patient stories and experiences.

41

How it Works

The first pilot event focused upon the patient with a diagnosis of lung cancer and the journey they took. Learner numbers from across professions including adult and mental health nursing, medical, physiotherapy and radiotherapy were distributed to ensure a broad spectrum of attendees.

Rationale for the IPL approach

The group philosophy was based on the following definition:

"Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care" CAIPE 2002

<http://www.caipe.org.uk/about-us/defining-ipe/>

For the patient journey approach

The patient journey approach was agreed as a common theme running through all the events and this is supported by the following statement:

"The efficiency of the whole patient journey is more important than the individual team's efficiencies"

NHS Institute for Innovation and Improvement 2008

Rationale for the content

Content was agreed upon by determining topics pertinent to the needs of the local population across the four organisations within central and south Manchester areas. As a starting point the following was identified:-

The top 10 causes of death in high income countries in 2008 (WHO 2011)

- Ischaemic heart disease
- Stroke and other cerebrovascular disease
- Trachea, bronchus, lung cancers
- Alzheimer and other dementias
- Lower respiratory infections
- Chronic obstructive pulmonary disease
- Colon and rectum cancers
- Diabetes mellitus
- Hypertensive heart disease
- Breast cancer

Resources

Time release for all staff involved in developing, delivering and evaluating the event

Printing for course materials

Key Challenges

- Establishing the best date to hold the event to ensure maximum attendance of learners on placement from across different professions. This was overcome by close liaison with education leads across professions and liaising with the university allocations department
- Time – template devised to reduce planning for future events
- Resources – had to plan and facilitate the event at no/minimal cost
- Facilitating bookings, scheduling, etc between four different organisations.

Key Learning

- More qualitative feedback regarding IPL required in the evaluation tool
- Event promoted increased role understanding amongst the learners, speakers and PEFs
- Shared working with PEFs has strengthened peer relationships across local organisations.

Considerations

- IPL needed to be explained during the introduction to the day
- Unsure how much the learners have been exposed to IPL in their training
- Group members not introduced to each other – therefore unaware of everyone's different roles. Inhibited group working (PEF perspective) – ice breaker
- Environment – the lecture theatre did not easily lend itself to the group work exercise
- One learner felt the communication session was *"disjointed."*

"A very informative day"

Sustainability

- Followed the patient's real journey, covering a disease that is a locally significant issue and it was delivered by local specialists with clinical currency
- A further event utilising the same framework was delivered in 2012 with the focus on a patient with a diagnosis of diabetes.

Next Steps

- Using the template to plan the next event, focusing on dementia
- Incorporate an ice breaker exercise
- Allowing longer time for group work
- Managing learner expectations – some evaluations reflected that the programme wasn't specific to lung cancer
- Ensuring a good multi disciplinary mix – consider the timing of the course
- The faculty should reflect the multiprofessional team.

For more information contact:
Hilary Stratton-Powell
hilary.strattonpowell@nhs.net

Kevin Bayley
kevin.bayley@UHSM.nhs.uk

Carolyn Jackson
carolyn.jackson@UHSM.nhs.uk

Sharon Green
sharon.green@cmft.nhs.uk

Helen Slattery
helen.slattery@UHSM.nhs.uk



Learner Induction into Cancer Care Settings

The development of an induction day aimed exclusively for all learners on placement at the Clatterbridge Cancer Centre integrates learners into the complex nature of caring for cancer patients. The sessions are delivered by a range of multiprofessional staff and they are focused around the patient journey. This prepares learners for a successful clinical placement and assists in maximising their learning experiences.

Initially the project was piloted with learner nurses on placement on the inpatient wards initially. However, this is now applicable for all pre-registration learners and newly qualified staff at the Trust.

Following a review of placement evaluations from learners and feedback from Trust staff, the need for a more formal induction to the Trust was identified.

Learners reported that they felt unprepared and anxious about caring for patients in an oncology setting and they were particularly anxious about their ability to cope with death and dying.

The development of the induction day was required to assist in addressing these concerns, provide a welcoming introduction to the organisation and enhance the learning experience.

Background

The Clatterbridge Cancer Centre (CCC) is one of the largest networked cancer centres in the UK, operating from nine sites across Merseyside and Cheshire – employing 860 staff and treating 28,000 patients per year.

Based in Wirral, it serves a population of 2.3 million across Merseyside, Cheshire, North Wales, the Isle of Man and parts of Lancashire. The Trust provides an outstanding level of care; cutting-edge cancer treatments, a comprehensive network of off-site clinics and multi-disciplinary teams throughout the region. Patients benefit from a supportive environment committed to providing them and their families with advice and support. CCC delivers treatments through radiotherapy and chemotherapy services. There is also a sophisticated diagnostic imaging department and CCC is currently the only provider of proton therapy in the UK. With the support of the Teenage Cancer Trust we host one of the region's Teenage and Young Adult Units.

CCC brings together high quality clinical services, research and academic excellence to drive forward the development of new leading edge drugs and therapies to provide the highest quality, specialist cancer care for patients.

Key Outcomes

This initiative has brought added value to the organization. Interprofessional learning has enhanced the quality of patient care by enabling learners to learn together, develop their knowledge and skills and recognise the importance of collaborative, multiprofessional working of those involved in caring for cancer patients. It has increased staff motivation and engagement in teaching of all pre-registration learners within the organisation.

The Trust was a finalist in the Nursing Times of the Year award 2013 – Placement of the Year category, for the development of the multiprofessional learner induction.

Key Aims

- To prepare learners for a successful clinical placement and maximise their learning experience
- To enhance learners' level of confidence, skills and knowledge in cancer care
- To provide an IPL approach within the organisation and to increase learner knowledge of multiprofessional roles and team approaches
- To increase motivation by assisting the learner to consider their specific learning needs during the placement and learning opportunities available to them
- To bridge the gap between theory and practice.



Key Stages of Set-up

Key representatives within the Trust developed a working group to consider the needs of learners in preparing them to care for people with cancer. The group included the PEF, nurses from the inpatient wards and educators from Allied Healthcare Professions (AHP's).

The initial 6 month pilot was aimed at learner nurses and evaluations were carried out at the end of every induction day to determine what worked well and what could be improved. The group met regularly to make amendments to the subsequent inductions and these continue to be monitored by the group.

Following the initial pilot and review of the feedback, the induction was then rolled out to all pre-registration learners in the organisation and is now run over 2 days.

How It Works

A variety of Trust staff deliver the sessions which are delivered using a range of approaches; formal presentations, discussions/quizzes and group work.

The learners are welcomed to the Trust by the Head of Nursing and the Head of Radiotherapy, who outline some of the expectations of the learners and what they can expect from the organisation. The 2 day induction covers key introductory information about the Trust.

Key Challenges

- Releasing staff for teaching – This was a challenge at first, although dates are now set well in advance and the learner link staff and/or educators are the main speakers. As this forms part of their roles to deliver the induction days release is therefore more easily incorporated into their time
- Small numbers trained at any one time due to a variety of learner start dates. The induction is run for a minimum of four learners at one time to ensure good use of staff time.

Key Learning

- It is important to ensure effective communication and dissemination of information to all involved in developing and delivering the induction. Dates and the organisation of the days is made well in advance to ensure speakers are available for all the sessions.

Sustainability

This was initially a pilot which is now a standard requirement for every learner across all professions. This is now embedded within the Trust and forms part of the overall learning experiences for learners whilst on placement.

The induction days are advertised on learner placement boards in the clinical areas and the learners receive a welcome letter to the Trust which informs them about the induction days when they initially start placement.

Next Steps

- The continuous process of evaluation led by learners' needs
- Continue multiprofessional input to develop and deliver learner inductions in the future.

Further Links

Barwell J et al (2013) How interprofessional learning improves care. *Nursing Times*; 109: 21, 14-16

<http://caipe.org.uk/silo/files/requirements-regarding-interprofessional-education--practice-a-comparative-review-for-health-and-social-care.pdf>

<http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-to-support-learning-assessment.pdf>

<http://www.nmc-uk.org/Get-involved/Consultations/Past-consultations/By-year/Pre-registration-nursing-education-Phase-2/Nurse-education-Now-and-in-the-future/>

For more information contact:

Beccy Hewins

Practice Education Facilitator

Clatterbridge Cancer Care

NHS Foundation Trust

rebecca.hewins@clatterbridgecc.

nhs.uk



Section Three

Mental Health

‘All health professionals need to have an understanding of mental health conditions. HEE should develop training programmes that will enable health and care employers to ensure that all staff have an awareness of mental health problems and how they may affect their patients. This should include an awareness of the links between patients’ mental and physical health and the impact of co-morbidity and the importance of work to health and health outcomes as well as the actions they can take to ensure that patients receive appropriate support’ (HEE, 2014-15 p.12).

‘HEE will provide leadership through Local Education and Training Boards in the development of training programmes setting out the required training needs to support staff to diagnose, where clinically possible, early symptoms of dementia. The training should support staff to be aware of the needs of individuals and their families and carers to enable them to provide safe, dignified and compassionate care’ (HEE, 2014-15 p.16).



Interprofessional Dementia Workshop

This case study describes how Pennine Care NHS Foundation Trust implemented a dementia workshop for pre-registration learners across Pennine Care NHS Foundation Trust, Stockport Foundation Trust and Stockport Metropolitan Borough Council (SMBC).

In 2008 Stockport Interprofessional Learning (IPL) Forum was first formed. This was a direct result of a pilot study with Manchester Metropolitan University where the role of the IPL champion was advocated.

The champions came together to develop the IPL forum with a clear directive of promoting and integrating IPL within health and social care in the borough of Stockport. With the introduction of Practice Education Facilitator roles, Pennine Care NHS Foundation Trust became an integral part of the IPL forum in 2010. This has opened up further opportunities to learners following the integration of a Mental Health Trusts with a Community Trust and Local Authority.

Key Outcomes

- The evaluation data pre and post the workshop showed that learners strongly agreed that IPL was important
- There was Service User Involvement in a meaningful way – they were the experts and as a result of this learners reported increased confidence in how to speak to patients with dementia

- Learners reported a broader understanding of each other's roles and the importance of team working which they felt would impact positively in practice
- Every IPL session delivered in Pennine Care was evaluated using the same methods which allowed comparison of data to inform future planning, and longitudinal measurement of impact.

Background

Pennine Care became an NHS Foundation Trust in July 2008. Formerly a Mental Health trust, the integration of the Primary Care Trusts has resulted in Pennine Care now providing a service to meet the needs of both mental health and community clients.

The Trust employs 5,500 staff.

This service is in the borough of Stockport within which only Pennine Care provides care for Mental Health and learning disability clients.

The Stockport IPL Forum which is referred to in this paper has representation from three organisations; Stockport Metropolitan Borough (SMBC) which covers adult, mental health, learning disabilities and child, Pennine Care NHS Foundation Trust and

Stockport NHS Foundation Trust which provides care for inpatients and community for both adult, child and learning disabilities and employs 5,500 staff.

The driving force behind many Inter Professional Learning initiatives has been the result of high profile case reviews or services in crisis (Laming 2003).

The IPL forum in Stockport consists of staff members from all disciplines who 'champion' IPL in their area to keep it high on the agenda. Whilst Stockport has embraced an IPL approach, it was acknowledged that priority should be given to a topic which is a key NHS priority.

The National Dementia Strategy (Living well with dementia) was first launched in 2009 (DOH). The document highlighted the increasing number of people suffering from dementia, with an estimated 1.4 million by 2038. With this comes significant financial implications with an estimated spend on dementia care of £50 billion by 2038. The government's five year plan for improving health and social care services in England for everyone with dementia and their carers was launched with 3 clear stages; better knowledge about dementia to reduce stigma, early diagnosis to provide support and treatment and the development of services to meet changing needs. Following on from 'Living well with dementia' (DOH 2009) a Good Practice Compendium (DOH 2011) was put together showcasing areas of innovative practice across the country.

As a result, a Stockport project, entitled EDUCATE (Early Dementia Users' Co-operative Aiming To Educate) was developed. The project aim was to enable volunteers in the early phase of dementia to bring their skills and experience to raise awareness about dementia in Stockport and to educate others about their experience. The EDUCATE group agreed to be part of the dementia workshop.

Pennine Care provides clinical placements for a range of pre-registration learners allowing Interprofessional Learning (IPL) between disciplines to take place. Several workshops have been delivered, however there has not been a formalised approach to the evaluation of these sessions.

To address this Pennine Care has developed an IPL Strategy and a standardised process for the planning, delivery and evaluation of IPL sessions. This includes a lesson plan mapped to key initiatives with a section on how learning is assessed throughout the session.

To address evaluation two key tools were mapped (Kirkpatrick 1974; Freeth et al 2005/ Barr 2000). It was acknowledged that to achieve level 4 which highlights the impact IPL has on patient care is very difficult to assess due to a wide variety of confounding variables. However, it was highlighted that 'pre-qualification IPL can be regarded as an investment in the future' (Zwarenstein 2001).

Within the strategy it was decided that all IPL sessions within Pennine Care would be evaluated using a pre, post and longitudinal questionnaire which would be completed 3 months after the workshop was delivered.

Key Aims

The key aims of the project were to

- Identify some of the challenges that learners face during clinical practice placements when caring for people with dementia and for service users to have a key role in educating learners about how to interact with people with dementia
- To explore the impact of learners from different disciplines learning together and how three organisations worked

together to plan and evaluate the workshop

- To pilot the process within the Pennine Care IPL evaluation strategy

How it Works

On the day of the workshop the learners were given an outline of IPL, informing them of which other learners were in the room and also explaining the evaluation process. The pre course evaluation was then given out and completed.

The trainer continued the day by outlining the outcomes for the workshop.

At the end of the day the learners were asked to complete a post workshop IPL evaluation. At this point learners were asked to give their email address to allow us to contact them in 3 months' time for a longitudinal evaluation. This was optional for the learner.

Resources

Several resources were needed:

- A room was required for the workshop; this was funded by the dementia training budget
- Members of EDUCATE were needed along with a 'buddy' to support them on the day
- The Dementia trainer was required to deliver the session – this was free of charge through an agreement within Pennine Care

- Paper copies of the pre and post IPL evaluation were needed for the workshop, along with a secure system to store data collated and an administrator to send out and collate the longitudinal evaluation 3 months post workshop.

Key Challenges

Several challenges were identified. Firstly there was a need to map when learners were in practice to allow the workshop to be delivered to a range of learners. All involved had to work together to identify the best date to run the workshop.

The 3 month longitudinal evaluation has not yet taken place; it is envisaged that this may present a future challenge in collating enough responses to enable meaningful evaluation. To overcome this we plan to prompt each learner again a week before the evaluation is due and to contact them directly by phone if they are still a learner in Pennine Care.





Key Learning

- Recognition that early information on learner clinical placement allocations from the Higher Education Institutions was essential to enable planning.
- Paper copies of the evaluation forms were used, but some email addresses were not legible making the numbers for the longitudinal evaluation low – the move to an electronic evaluation process will be considered.
- On studying the evaluation data received, there needs to be a change of question. In both the pre and post questionnaire all learners strongly agreed that IPL is important, not allowing for any comparison. However, the qualitative data in the post evaluation questionnaire was useful and very positive. Learners identified that the skills and knowledge they had acquired in the workshop could now be transferred to practice. Examples of this were; future liaison with other services, the ability to address and challenge their own views, being more knowledgeable about other professions, all with the aim of working together to provide the best care for the client.
- Regular reviews and amendments to the action plan embedded in the IPL Strategy are required to ensure completion of each stage would have been beneficial.
- The utilisation of the service users from EDUCATE made the workshop more 'real' and relevant for the learners, allowing them to transfer these skills to practice.

Sustainability

- Dementia training is integral for all staff working within Older Peoples Services within Pennine Care and this will now include learners in a more structured way.
- The IPL forum is well established within Stockport, encompassing all three organisations. Within this, IPL sessions are planned each semester and topics which are of interest to learners are agreed and workshops sourced accordingly.
- The evidence gathered to date has shown what learning took place during the workshop and that learners planned to utilise this knowledge and skills. The data from the longitudinal evaluation which will be gathered 3 months after the workshop will confirm if this knowledge and skills has been embedded in everyday practice.
- The IPL Strategy is now embedded within Pennine Care as it has been presented at the Educational Governance Group. It offers a structured approach to planning and evaluation of workshops/sessions and can be utilised by any trainer.

Next Steps

The next steps within this project include the reviewing of the evaluation questionnaires to see if more sensitive data can be gathered.

The longitudinal questionnaire will be sent out for further analysis.

A meeting will be arranged to build on the work already established with SMBC and the new learner social work lead.

Future dates for IPL sessions will be planned through the Stockport IPL Forum.

Supporting Material

- Pennine Care IPL Strategy
- Lesson plan for the dementia workshop.

Further Links

<http://caipe.org.uk/silo/files/evaluations-of-interprofessional-education.pdf>
<https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy>

Reference

Freeth, D, Hammick, M, Reeves, S, Koppel, I. and Barr, H. (2005) Effective Interprofessional Education : Development, Delivery and Evaluation. Blackwell Publishing Ltd, Oxford

For more information contact:
Julie Lee
Practice Education Facilitator
Pennine Care NHS Foundation Trust
julie.lee@nhs.net



The Avenue LGBT Project

This project supports people with intellectual disabilities who identify as lesbian, gay, bisexual or transgender (LGBT). It was set up by two Clinical Psychologists and an Occupational Therapist at Calderstones Partnership NHS Foundation Trust in November 2009.

From the outset, staff worked in collaboration with service users. Support to the group is also provided by qualified and unqualified nursing staff. Service users had identified that their needs in relation to their minority sexual identities were not being met by the organisation. Staff have worked together and have continued to learn from each other, and from service users, throughout the time that the project has been running. After a beginning characterised by anxieties and uncertainties, the project has gradually transformed such that it is confident and outward-looking and has developed a role in campaigning for the rights of LGBT people.

Background

Calderstones Partnership NHS Foundation Trust provides services to people with intellectual disabilities in conditions of medium and low security and Enhanced Support/Step Down.

The Trust employs over 1000 people and has over 200 service users. It became a Foundation Trust in 2009.

Three core staff (two Clinical Psychologists and one Occupational Therapist) facilitated the project in partnership with service users and nursing staff. Nursing, Occupational Therapy and Clinical Psychology learners have attended the group during their placements within the organisation.

Key Outcomes

The project has been the subject of a research study by a trainee Clinical Psychologist. The study focused on benefits for service users which included increased confidence, self esteem and identity pride. Benefits for staff included enhanced understanding of professional roles, increased engagement with each other and with service users, and increased partnership working. The Psychologists learned from the Occupational Therapist about goal planning and the use of constructive activities to enhance engagement, whilst the Occupational Therapist learned from the psychologists about developing formulations and managing dynamics in groups. This had a positive impact on joint working in other arenas:

for example, in the delivery of a Dialectical Behavioural Therapy programme, in which Psychologists and OTs were able to work seamlessly together to optimise outcomes for service users.

The project's principal internal driver was demand from service users, who requested the setting up of a group to provide support to them in relation to their sexual identities. The Trust supported this in the light of extensive evidence of increased risk of mental ill health amongst members of the LGBT population when they do not have access to adequate support or are subjected to discrimination on the basis of their sexuality. An additional internal driver was the need for staff from all professional backgrounds to learn how to better discharge their duties in relation to LGBT people with intellectual disabilities.

The principal external drivers were The Equality Act (Sexual Orientation) Regulations, which are part of the 2006 Equality Act. The regulations outlaw discrimination in the provision of goods, facilities, services, education and public functions on the grounds of sexual orientation. Service users perceived that some of the service that they were receiving prior to the setting up of the support group was discriminatory.

Key Aims

The key aims were for staff from a range of disciplines (Clinical Psychology, Occupational Therapy and Nursing) to work together to assist service users in developing a group that would be supportive, informative and enjoyable.

The benefits for service users included increased confidence, self esteem and identity pride.

Key Stages of Set-up

Approval for the project was initially sought from the Trust's Chief Executive with support from the Patient Advice and Liaison Service (PALS) officer. Service users and staff then met to decide upon the key functions and activities of the support group meetings.

The project has been operational for over four years. Initially it was almost entirely 'inward looking' but as the confidence and competence of the staff and service users has grown, the project has begun to interface with external bodies such as the Lesbian and Gay Foundation (LGF) and the trainee Clinical Psychologist who has undertaken research with the group participants. Learning for the various professions involved has been formalised via the delivery of feedback about the progress of the group, and further learning will be achieved via future conference presentations, submission of articles for publication and increased joint working with voluntary sector organisations such as the Lesbian and Gay Foundation (LGF). Some of the lessons learned will be employed in the development of an 'off-shoot' group for service users who are unable to attend the current group. This new group will again be facilitated by Psychology, Occupational Therapy and Nursing staff, and Speech and Language Therapy staff will be involved in the process of devising the format for it.

How it Works

The group meets monthly in an evening and has an agenda set by service users, who also chair the business part of the meetings.

Staff support service users in achieving objectives which have included producing anti-homophobia posters, speaking at conferences, and planning an event to tie in with the International Day Against Homophobia (IDAHO).



Resources

The project has been funded entirely from within existing resources. This required some re-organising of staff's work time as the group is held outside normal working hours for the core facilitating staff.

Key Challenges

The key challenges the project faced were primarily concerns and anxieties about its impact upon relationships between the group participants. Initially there did seem to be a prejudiced flavour to some of these concerns and entirely unfounded rumours were circulating about the activities of the group.

However, as the project has continued, and as increasing numbers of the staff team from across the Trust have attended, these challenges have virtually disappeared, and

indeed, requests have been made for a second similar project to be set up for those service users who cannot access the current group.

The main remaining challenge is the 'freeing up' of ward staff to support service users to attend the project.

Key Learning

The project team learned the importance of very clear communication about the purpose and function of the project, the value of close inter-disciplinary working, and the huge contribution that service users can make to the design and delivery of their own services.

Sustainability

The project is now accepted as an integral part of the Trust's activities. LGBT service users are encouraged to attend, and the value of the project to them is widely recognised.

Next Steps

- The setting up of a second support group for those users who, by virtue of the conditions of their detention, are unable to attend the current group by virtue of the location in which it is held;
- The publication of the research that has been undertaken with the group members;
- The presentation of this research at a National Conference in April 2014, and the delivery of an event in May 2014 to mark IDAHO.

This latter event will cement relationships with outside agencies such as LGF, as well as engaging service users and staff more directly in a campaigning function, in keeping with service users' intentions.

For more information contact:

Dr Paul Withers

Head of Psychological Treatment Services

Calderstones Partnership

NHS Foundation Trust

paul.withers@calderstones.nhs.uk



Understanding the Interface between Physical and Mental Healthcare

Delivering, facilitating and embedding interprofessional learning (IPL) opportunities and education within learner practice experience is a key performance indicator for Practice Education Facilitators (PEFs) working within Placement Providers across the North West region.

In August 2012, Lancashire Care NHS Foundation Trust (LCFT) recognised that there was limited coordinated access to structured IPL opportunities for learners. An initial workshop was facilitated to explore the feasibility of developing and facilitating IPL opportunities within the organisation. The workshop provided an opportunity to explore the benefits and opportunities whilst recognising some potential challenges. Following the workshop an IPL Steering group was created and a proposed programme of learning opportunities was identified.

The aim was to implement a programme of interprofessional learning opportunities to enable learners from across the professions to learn with, from and about each other.

"Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care" (CAIPE 2002).

Background

Lancashire Care NHS Foundation Trust (LCFT) was established in April 2002 and authorised as a Foundation Trust on 1st December 2007. The Trust provides health and wellbeing services for a population of around 1.5 million people. The services provided include community nursing, health

visiting and a range of therapy services including physiotherapy, podiatry and speech and language therapy. Wellbeing services include smoking cessation and healthy lifestyle services. The Trust specialises in inpatient and community mental health services. Lancashire Care NHS Foundation Trust covers the whole of the county and employs around 7,000 members of staff across more than 400 sites. LCFT is a research active Trust.

Lancashire Care NHS Foundation Trust provides an array of learning environments for learners from a wide range of professional backgrounds including Nursing (Child, Adult and Mental Health Field), Health Visiting, Occupation therapy, Physiotherapy, Social Work, Psychology, Speech and Language Therapy and Dietetics.

Given the complex and diverse nature of the Trust the PEF Team are instrumental in supporting the development of high quality placements which will enable learners to develop the necessary knowledge, skills and abilities to deliver high quality care at the point of registration and beyond.

Zwarenstein et al (2009) clearly recognise and acknowledge the extent to which healthcare professionals work together as having a profound impact on the health care they provide. Whilst Treadwell and Havenga (2013) purport that achieving successful transition from learner to 'competent work ready professional', requires the skills and abilities to work in healthcare teams. Interprofessional learning and education is perceived as a learning medium which provides the potential to improve professional practice and healthcare outcomes.

Key Outcomes

Two IPL events have been delivered since 2013 and a third is planned for June 2014.

The first event focused upon a scenario which provided the opportunity to demonstrate to the learners the clear interface between physical and mental health care and also provided the presenters with scope to elaborate on the work of their specific profession and service specialty. Forty learners attended the event from a variety of healthcare backgrounds including pre-registration Nursing (Adult, Child and Mental Health Fields), Occupational Therapy and Social Work.

Learning Outcome 1

- To introduce healthcare learners to professionals who contribute patient care.

Learner Evaluations were particularly positive and when asked included: *"How will this learning help you to improve your practice?"* feedback included

"I will always keep in mind this training from today. Thank you it has been extremely useful"

"Good opportunity to understand who does what, helpful to know and work alongside"

"The impact of core delivery on patient experience helped me a lot. The videos showed all the little things that can make a difference on the client's view of the service"

"Better understanding of who may be able to help patients I look after and how teams can work together"

"Helpful in my present placement and hopefully will be of great use in my life as a nurse (mental health)"

"To understand the role of other professionals and what they do towards the care of the patient and their families"

"I will have a greater awareness of the network of professionals involved in every patients care"

The second IPL event focused upon 'Quality Care in the NHS' and provided learners with the opportunity to gain a clearer understanding of the Key Quality drivers both nationally and locally within the Trust including the Care Quality Commission (CQC), the Trust Quality Strategy, The Trust Quality SEEL, Care pathways, the Friends and Family Test and team Information boards. Fifty five learners attended from range of healthcare backgrounds including pre-registration Nursing (Adult, Mental health and Learning Disabilities), Dietetics and Occupational Therapy.

Learning Outcomes 2

- To enhance the knowledge and understanding of the quality agenda in the NHS and Lancashire Care NHS Foundation Trust

Examples of learner evaluation feedback are given below

"It was an eye opener to the quality of care and the importance of maintaining the standards using evidence based practice which can be evaluated"

"The importance of quality in the NHS and CQC Info"

"Role of CQC. Importance of maintaining quality. Care Pathways"

"I enjoy the group work, I think it's good to get other people views and work together as a team"

"What happens when the CQC visit. What they do in general. Patient's viewpoints. Care Aims – never heard of it before today. That they have quality ambassadors and learner quality ambassadors in practice"

"How everything links together to improve quality and care"

Changes in the provision of health and social care services are creating new roles that require new knowledge and skills. These changes in practice are the driver for greater collaborative working to support practice and improvements in care. It is accepted that the benefits of interprofessional working significantly contributes to high quality care (Wenger: 2000, McNair: 2005).

Recent high profile NHS failings have reinforced the need for 'effective team working between all disciplines and services that collectively provide care for patients.' (Francis, 2013, Keogh 2013). This in turn has also prompted a renewed focus on interprofessional learning in academic and practice settings.

Key Aims

- To enhance, influence and develop the future workforce enabling a 'competent work ready professional' (Treadwell and Haviga, 2013)
- To enable greater collaboration between professional groups in order to enhance patient care and improve service user satisfaction
- To enable healthcare learners to learn with each other, from each other and about each other.

Key Stages of Set-up

The PEF Lead, Deputy and IPL Steering Group were all instrumental in developing the IPL Programme. Through the Steering Group expert clinicians and professional leads were identified and approached to contribute to the IPL events. A wide range of individuals provided valuable contributions.

Two IPL events have already been delivered and a third is planned for June 2014 with a focus upon 'Patient Safety in the NHS'. Each event has been robustly evaluated and follow-on events have been influenced and enhanced by the learner feedback.

How It Works

It is envisaged that four IPL Events will be facilitated within 2014. Room availability dictates that a maximum of 60 attendees can be accommodated at each event. The IPL Lead negotiates dates based on information obtained from the University Placement Units to ensure the greatest representation of learners.

The IPL events are advertised via LCFT bulletin 'The Pulse' and learners are required to book a place via the Trust Learning and Development Department. The PEF team also advertise the event within their allocated placement circuit.

Resources

Resources required include the room, IT equipment, flipcharts, programme and evaluation forms which are all provided by LCFT.

Service user feedback was provided through DVD clips sourced through the Service User Experience Manager.

The events were facilitated by the PEF Lead with a range of contributors providing individual sessions and this required time release of these staff.

Key Challenges

- The number of pre-registration nursing learners (Mental Health, Adult and Child) will always be greater than learner numbers from other professions and this reflects the ratio of learner numbers attending the events. Future booking of events will identify specific numbers of places per profession to try to encourage a greater mix of learners from a variety of professions
- There were difficulties in identifying the most appropriate times to facilitate the events given that the Trust accepts pre-registration nursing learners from three universities and AHP learners from 16 Universities. More robust attempts will be made to co-ordinate timetables to try to increase the opportunity for a greater mix of learners to attend
- Given that the footprint of the organisation covers approximately 1,900 miles, and encompasses 400 Trust sites, travel is a significant challenge for learners and contributors to the day. Alternative venues which are cost neutral are being sought and explored.
- The largest venue within the organisation holds 60 people at any one time, therefore the numbers of learners who currently have access to events is relatively small. This venue was booked in advance
- Creating scenarios meaningful to learners from all professional groups was overcome by co-opting a range of professionals from across the organisation to contribute presentations within the events.



Key Learning

- Arrange events well in advance following consultation with local Universities to enhance the opportunity for learners from a range of professions to attend and to ensure there is sufficient lead-in time to book rooms, advertise, take bookings
- From the evaluation data, the aspects of the day most positively evaluated were the service user/carer feedback. All events in future will maintain a service user focus.

Sustainability

As much of the workforce within LCFT work within integrated teams, IPL is clearly recognised as a learning medium which can enhance the preparation of the future workforce.

IPL is identified within the Trust organisational placement learning action plan aligned to the key performance indicators (KPIs) within the Learning and Development Agreement between the Trust and Health Education North West. Progress towards the KPIs is monitored through the PEF Governance Meetings.

The IPL Lead, Deputy and the IPL Steering Group are committed to maintaining, developing and increasing the IPL learning opportunities for all learners experiencing clinical placements within LCFT.

Next Steps

- To continue to develop the IPL programme and increase number of events delivered
- To continue to facilitate the current core events

- To increase attendance at the events from a wider range of professions
- To act on learner feedback to inform and improve the programme
- To share good practice via publications and conferences
- To increase the profile, benefits and outcomes of IPL through the achievement of increased Board level support.

Further Links

CAIPE (1997) Inter professional education – a definition. CAIPE Bulletin, no 13 www.caipe.org.uk.

CAIPE (2002) The Definition and Principles of Interprofessional Education <http://caipe.org.uk/about-us/the-definition-and-principles-of-interprofessional-education/>

Centre for the Advancement of Interprofessional Education UK (CAIPE) (2007) Creating an Interprofessional Workforce: An Education and Training Framework for Health and Social Care Executive Summary. London: Department of Health.

Department of Health (2002) Learning from Past Experience – A Review of Serious Case Reviews London: HMSO.

Francis, R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London. The Stationery Office.

Keogh, B (2013) Review into the quality of care and treatment provided by 14 hospital trusts in England; overview report. England. NHS.

Lord Laming (2003) The Victoria Climbié Inquiry Report of an Inquiry by Lord Laming London: Department of Health.

Lord Willis (2012) Quality with Compassion: the future of nursing education. Report of the Willis Commission on Nursing Education. London. Royal College of Nursing.

McNair, R., Stone, N., Sims, J. & Curtis, C. (2005) Australian evidence for interprofessional education contributing to effective teamwork preparation and interest in rural practice. *Journal of Interprofessional Care*. 19, (6):579–594. <http://www.ncbi.nlm.nih.gov/pubmed/16373214>.

Nursing & Midwifery Council (2010) Standards for pre registration nursing education. London: Nursing & Midwifery Council.

Smith, T. (2012) Evaluating a Post-Qualifying Interprofessional Education model for an Action Learning Community in health, social services and early years. Unpublished dissertation (part of MSc Leadership & Management in Healthcare Practice) Salford University.

Treadwell, I. and Havenga, H.S. (2013) Ten key elements for implementing interprofessional learning in clinical simulation. *AJHPE*, (5) (2) Page 80-83.

Wenger, E. (2000) *Communities of Practice: learning, meaning and identity (learning in doing: Social, Cognitive and Computational Perspectives)*. Cambridge MA: Cambridge University Press.

Zwarenstein, M., Goldman, J. and Reeves, S. (2009) Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes (Review) *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art No: CD000072 DOI: 10.1002/14651858.CD000072pub2.

For more information contact:

Diane Bradley

Practice Education Facilitator

Lancashire Care NHS Foundation Trust

diane.bradley@lancashirecare.nhs.uk

A healthcare professional, likely a nurse, is shown from the chest up, wearing blue scrubs with white piping. She has short, curly brown hair and is looking down with a gentle smile at a patient whose face is partially visible in the lower right. The background is a blurred clinical setting.

Section Four

The Right Healthcare Workforce

with the Right Skills, Values and Competencies

i) Excellent Education

All pre-registration learners should receive the appropriate level of support to ensure that they are able to provide safe and effective prevention and care as part of their supervised training. The Public Inquiry report by Robert Francis QC into the failings at Mid Staffordshire highlighted a requirement for HEE to support improvements in education and training that puts quality at the centre. In order to achieve this, any issue regarding quality of training needs to be addressed openly and transparently. Feedback from learners provides an important measure of the effectiveness of their education and training. Clinical placements should be supported through the engagement of employers and high quality supervision of students and trainees.

The role of the 'educator' or 'trainer', in the context of delivering excellent education and training, is of vital importance and must be seen as an essential part of the healthcare professional's role and responsibilities. Educators and trainers must have access to the necessary support and professional development to allow them to provide excellent education and training (HEE, 2014-15 p.23).



In 2013, the University Hospital of South Manchester NHS Foundation Trust (UHSM) simulation suite opened.

The aim of the simulation suite is to provide a high quality healthcare educational experience through the 'use of high-fidelity medical simulations' (Issenberg et al 2005, page 10).

The suite was commissioned for the education of medical students initially. However, due to the collaborative multiprofessional approach of UHSM Academy, a programme of interprofessional pre-registration learning has been developed for all learners.

Background

- University Hospital of South Manchester (UHSM) NHS Foundation Trust is a major teaching hospital providing services for adults and children at Wythenshawe Hospital and Withington Community Hospital, and community services that were formerly operated by Manchester Primary Care Trust. It is recognised as a centre of clinical excellence and provides district general hospital services and specialist tertiary services to the local community. Fields of specialist expertise

– including cardiology and cardiothoracic surgery, heart and lung transplantation, respiratory conditions, burns and plastics, cancer and breast care services – not only service the people of South Manchester, but help patients from across the North West and beyond. The trust is also recognised in the region and nationally for the quality of teaching, research and development. UHSM has approximately 5,800 members of staff, including those employed by the Private Finance Initiative partner South Manchester Healthcare Limited

- The UHSM Academy is based in the Education and Research Centre (ERC) on the Wythenshawe site of UHSM and is a unique and innovative concept which brings together all of the education and training activities of the UHSM under one umbrella.

Key Outcomes

- To date, 65 interprofessional learning (IPL) sessions have been held in the simulation suite, attended by over 400 learners. This includes learner nurses (adult and child), radiographers, midwives, physiotherapists, healthcare scientists and undergraduate medical learners.

IPL Simulation Education Programme

- Feedback from the learners has been extremely useful in developing the sessions. For example, from a session on chronic obstructive pulmonary disease (COPD), 75% of learners responded positively and 85% of learners felt that this teaching method was effective.

Further examples have included an IPL simulation session on Ectopic Pregnancy and Head Injury. Both evaluated well; 85% of respondents said that the teaching was relevant to their practice.

Learners have also contributed qualitative evaluation. Following an Accident and Emergency, Trauma and Gun Shot IPL simulation session, the learners voiced that it was a 'good teaching opportunity' and 'a new experience that took me out of my comfort zone'.

Evaluations have also offered constructive comments for improvements to enhance the sessions, such as 'not all equipment available' and 'needs more information during the scenario'. All evaluations have been recorded and utilised in developing and refining the programme and its delivery.

- A key outcome of this initiative was engaging and encouraging pre-registration/ undergraduate learners to understand and embed multidisciplinary working into their daily care delivery; enhancing key skills such as communication, collaboration, innovation and competence. The project has enabled the learners to work together effectively, as part of the wider healthcare team, in providing safe and effective care. These skills can be fostered as they develop into mature professionals. Simulated interprofessional education has been acknowledged as a way of enhancing learner learning in this manner (Baker et al 2008).
- Through the use of simulation, the learners were also able to practice and enhance their skills and knowledge. For example, in the recognition of the deteriorating patient and handover, using the nationally endorsed Situation, Background, Assessment and Recommendation (SBAR) tool, in a safe and non-free environment. Through these sessions, the learners have developed transferable skills which are applicable to the wider interprofessional team and across any healthcare service.
- The pilots gave learners across professions the opportunity to utilise a patient journey approach as a focus for learning. This led to the recognition that the simulation learning environment could be used for the benefit of all learners and not just exclusively medical learners.

Key Aims

- Engage a range of pre-registration learners in patient focused, simulated, interprofessional education
- Develop links with expert health professionals, to implement and evaluate IPL interventions, encompassing a range of healthcare scenarios
- Widen knowledge and skills of core NHS values and behaviours at undergraduate level (e.g., SBAR, early recognition of the deteriorating patient, communication skills) and embed these into the learning culture
- Deliver education in a novel, stimulating and innovative format, to move from the more traditional classroom/workshop based format to a more practical and interactive approach, aligned with transforming educational perspectives in practice.

Key Stages of Set-up

A proposal for the pilot was submitted and agreed by the Education Governance Committee to ensure organisational engagement and support.

Specialist health professionals from across the trust, mostly identified as a result of the previous IPL pilots, met with the simulation manager and PEF to tour the suite and to discuss potential scenarios and opportunities. This has included the COPD specialist nurse, the Macmillan team, Dietetics, Falls Specialists and Midwifery Educators.

Dates and topics were decided upon, with the simulation suite able to support one dedicated interprofessional session per month, in addition to the established medically focused sessions.

The PEF team advertise the sessions via flyers and emails to clinical areas, and via social media (Facebook, UHSM PEFs and Twitter: @uhsmpefs).

How it Works

To date, scenarios have been developed on:-

- COPD
- Accident and Emergency trauma (including gunshot wounds)
- Fractured Neck of Femur
- Peritonitis and Septicaemia
- Spinal Cord Compression

The emphasis of all the programmes is on the importance of interprofessional communication between professions and the early recognition of the deteriorating patient.

The format of the session follows a flexible pattern.

- The faculty introduce themselves to the participants
- The learners are given a tour of the suite, so that they can see how they will be observed and how they can observe their peers. They are shown how they will be filmed and how the team operates the manikin behind the screens. This is to create a culture of transparency and trust, for the participants and the faculty

- The scenario is presented (briefly) to the learners
- The scenario commences with the technology, manikin and faculty, with 3-4 learners involved and the rest of the learners observe in the debrief room
- Post scenario, the faculty undertake a debriefing session with the learners
- There are 2 to 3 scenarios in every session
- The learners evaluate the session

The educational philosophy behind the programme is that learners learn in an interactive and stimulating environment and receive positive encouragement and constructive feedback throughout the scenarios. This is to ensure that the learners leave from the session feeling more confident and keen to practice their skills in the clinical areas.



encouraging pre-registration/ undergraduate learners to understand and embed multidisciplinary working into their daily care delivery



Resources

The resources used are:

- The simulation faculty and suite (including models/computerised equipment)
- PEF and simulation suite team to facilitate development, promote sessions and monitor feedback
- Learner links/placement educators to support attendance and enable learners to link the learning to their practice experience
- Time and knowledge of a range of specialist health professionals to assist in developing scenarios and facilitating sessions as part of the faculty team.

Key Challenges

There were several challenges that were overcome during the course of the programme. These included:

- Lack of awareness from some disciplines regarding the delivered material e.g. Midwifery lecturers were unsure of the course content or objectives. This was overcome by a visit to the suite, introduction to the faculty and a discussion of the material the midwifery learners were being exposed to. Subsequently the lecturers have encouraged their learners to attend the session. However, this was difficult as Midwifery learners are currently not able to count simulation sessions as part of their clinical practice hours
- Ensuring that all learners attend the sessions has been problematic. To overcome this, the attendance register has been streamlined and compiled by the simulation suite coordinator, rather than by several staff. An email address is required to enable contact with the learners and remind them of the sessions

- Enabling learners from any profession to see the value for their own learning, as a member of the multi disciplinary team, has been a challenge in some of the sessions. This is managed by gaining information on all participants before the session, e.g. year of study and profession, in order for the faculty to pitch the teaching at the correct level and to make it relevant for all attendees. The comments made in the evaluations were utilised to make any necessary improvements to the ever evolving programme.

Key Learning

- 'Real life' incidents and risk events can be used to deliver effective IPL experiences
- Practice learning can occur away from the bedside, yet still maintain realism and value.

Sustainability

IPL is a strategic directive of HENW, the UHSM Academy and Manchester Medical School. The team is committed to delivering practice focused IPL, as has been proven via evaluation.

Advertisement and awareness with the learner population will continue to grow, as social media followers increase with each new placement period. The PEFs now have access to the local university Blackboard system, creating an additional route to inform all learners on placement about upcoming sessions.

Prospective placement educators undertaking the in-house Multiprofessional Support for Learning And Practice (MSLAP) course are made aware of the principles of IPL and these sessions specifically.

Next Steps

Future sessions are being negotiated with:

- Midwifery and Neonatal
- Dietetics
- Community MacMillan Team
- Alcohol Liaison Team
- Heart Failure Lead Nurse
- Patient Experience Matron
- Pharmacy

Further Links

- <http://www.uhsm.nhs.uk/academy/Pages/home.aspx>

Baker, C. Pulling, C. McGraw, R. Dagnone, J. D. Hopkins-Rosseel, D. and Medves, J. (2008) Simulation in interprofessional education for patient-centred collaborative care (Journal of Advanced Nursing Nov 2008, Vol 64, Issue 4, pages 372-379).

Issenberg, S, B. Mcgaghie, W.C. Petrusa, E, R. Gordon, D, L. Scalese, R, J. (2005) Features and uses of high-fidelity medical simulations that lead to effective learning: a BEME systematic review (BEME Vol 27, Nov. Pages 10-28).

For more information contact:
Philippa Colwell
Practice Education Facilitator
University Hospital of South Manchester
NHS Foundation Trust
philippa.colwell@uhsm.nhs.uk



Multiprofessional Practice Group in a Large Teaching Trust

The Royal Liverpool and Broadgreen University Hospital Trust's Multiprofessional Practice Group (MPPG) was established in 2008 in response to the increasing focus on quality assurance for practice education and interprofessional education. Membership includes all Multiprofessional Education Leads, Practice Education Facilitators (PEF), Development and Training Managers, Business Human Resources personnel and the Clinical Skills Manager.

The main remit of the group is to ensure the quality of all learning environments, enhance the learner experience whilst ensuring the Trust meets the requirements of the Learning and Development Agreement (LDA) that exists between the Trust and Health Education North West (HENW).

The group responds to Trust priorities such as education funding provision and allocation, new initiatives, and any service changes that may impact on staff education or the learner experience.

The group meets every two months and reports directly to the Trust's Operational Educational Learning Forum who in turn reports to the Board level Education Governance Group. The group has identified both diversities and similarities within professions in relation to the learning experiences of learners/trainees. This has facilitated the sharing of best practice, developed new ways of working and encouraged multiprofessional collaboration.

Key Outcomes

- Raised awareness of the requirements for learners in practice across professions
- Strengthened multiprofessional relationships

within the organisation – this has facilitated improved communication amongst education leads when, for example, additional placement capacity is required following a shortfall identified regionally

- Standardised education quality assurance mechanisms across professions by
 - Ensuring all multiprofessional practice placements have an annual educational audit
 - Developing guidelines for placement educators to respond appropriately to learner complaints and concerns. A process now exists for education leads to capture and record any complaints made by learners
 - Developing a system alongside the Electronic Staff Record to identify all placement educators within the organisation
 - Developing a multiprofessional preceptorship strategy to provide direction and guidance for all professions on requirements for newly registered health professionals during their first 6 months in post
- Promoted wider engagement amongst the learner/trainee body – this group facilitates a 4 monthly multiprofessional study day for learners on placement. In 2013 these included:
 - Care of the Stroke Patient
 - Lower Limb Trauma
 - Bariatric Care
- Supported new curriculum requirements – due to changes within the healthcare science curricula, clinical placements are adjusting to facilitate full time supernumerary learners on placement.

For example, respiratory physiology learners are now able to spend time within the physiotherapy, nursing and allergy specialist departments to promote a broader perspective of these specialities

- Provided a forum to highlight evaluation feedback from learners and identify themes that are common to all professions.

Background

The Trust is one of the largest hospital trusts in the North of England with an annual budget of over £400 million, and 5,600 staff. Services are provided across two sites which contain three hospitals: the Royal Liverpool University Hospital, Broadgreen Hospital and Liverpool University Dental Hospital.

The Royal Liverpool University Hospital is situated in Liverpool city centre and currently has over 710 beds. The Trust delivers services to the people of Liverpool, the North West of England and the Isle of Man and works closely with health and social care partners. As a major university hospital, the Trust works closely with both the University of Liverpool and Liverpool John Moores University. Each year the Trust provides a large number of placements for undergraduate medical learners, dentists, nurses, allied health professions and healthcare scientists who benefit from the expertise and experience of some of the most skilled clinicians in the country. Currently, there are in excess of 200 undergraduate medical learners per year who are receiving training in the Royal Liverpool University Hospital and Liverpool University Dental Hospital. In addition the Trust facilitates over 500 placement opportunities per year for non-medical professions.

In support of practice learning the Trust has in excess of 800 mentors and practice educators.

Key Aims

- To collate evidence to ensure the accuracy of learner placement numbers in the Trust on an annual basis
- To monitor progress against PEF key performance indicators
- To develop mechanisms for feedback from learners to evidence compliance against key performance indicators
- To support education leads across professions in the development of new initiatives to enhance the learning environment and interprofessional learning opportunities
- To provide innovative solutions to any gaps identified
- To support the development and implementation of educational strategy and policies, providing an annual report on progress to the Education Governance Board
- To promote equitable access and uptake of Continuing Professional Development (CPD) courses and training for all professions
- To continually improve and strengthen multiprofessional collaboration in all aspects of education

Key Stages of Set-up

2008 – Membership at this time included the Human Resources Manager, Occupational Health Nurse Lead and Education Leads for Physiotherapy, Occupational Therapy and Radiology. Terms of Reference were established.

2008 - 2009 – Inclusion of Corporate Education Team representative. Other key professional education leads were invited to join the group including Pharmacy and Audiology.

2010 – Education Leads from the following professions became members of the group: Operating Department Practitioners, Clinical Skills Team, Library Team, Speech and Language Therapy, Dieticians, Undergraduate Medicine and Dental Nursing.

2011-2012 – Development and Training Managers, Vocational Training Manager (Health Care Assistant/HCA Preceptorship Lead), Undergraduate Dental and Health

Care Scientists joined the group. The Education Governance Group (EGG) was established and the liaison mechanisms with the MPPG were put in place.

2013 – Postgraduate Medical representation joined the group. The Trust's Education structure was revised with the addition of the Operational Education and Learning Forum (OELF).

How it Works

The MPPG meets every two months.

The group also has a number of electronic resources that they can access to support their work;

- A central database of placement educators and update requirement
- A central point of guidance for addressing learner complaints and the recording of actions and progress
- Reviews funding requests from the CPD flexible cash allocation and encourages equitable access for all professions via the CPD Apply system. Individual education leads are able to discuss profession specific challenges or changes to professional body requirements for learners on clinical placement.

Key Challenges

- Time for members to attend the MPPG has been the main challenge and this has been addressed by arranging dates for the meetings well in advance

Key Learning

This group demonstrates that good collaboration between professions can promote education governance by being one body with a clear focus working towards organisational objectives and KPIs.

Although each profession has its own challenges in regards to learner education, there are many commonalities. This in turn has led to the group sharing best practice and working towards new initiatives to enhance the placement experience for all learners. With the addition of formal IPL teaching days/sessions and the promotion and availability of IPL placement based opportunities, learners/trainees on placement have a variety of IPL experiences available to them.

Next Steps

- Progress the development of and support for University Technical College (UTC). The UTC is the first school in the UK specialising in Science and Health Care for 14 to 19 year olds who are working closely with the Trust and other local employers to create the next generation of scientists and healthcare practitioners
- Establish more robust links with post graduate medical education
- To further develop IPL opportunities and evaluation of its effectiveness
- To plan for changes to clinical placements for learners as a result of service reconfigurations
- To embed the new requirements in relation to Healthcare Science trainee placements to meet the new curricula
- To establish more robust data collection processes on the overall placement experiences of learners to ensure continued developments in the quality of the learning environment.

Supporting Material

Further information is available from the key contact

- MPPG terms of reference.

Further Links

Department of Health 'Health Clearance for TB, Hepatitis B, Hepatitis C and HIV: New Healthcare workers', (2007).

For more information contact:
Christine Burton
Practice Education Facilitator
The Royal Liverpool and Broadgreen
University Hospital NHS Trust
christine.burton@rlbuht.nhs.uk



Multiprofessional Student Focus Groups

Liverpool Women's NHS Foundation Trust (LWH) has implemented monthly Multiprofessional Student Focus Groups (MSFGs).

MSFGs comprise 8-10 non-medical pre-registration learners of various disciplines: Nursing, Operating Department Practice, Midwifery and Paramedics. The group composition may vary in learner number and number of disciplines represented depending on learners in placement at the time of the meeting. A Student Quality Ambassador (SQA) helps the Practice Education Facilitator (PEF) to run the focus group. The SQAs are required as part of their role to challenge standards of care, contribute to innovation and champion good practice within the NHS.

The purpose of MSFGs is to provide learners with opportunities to learn from and about each others' professions; to share their learning and reflections on their practice experience at LWH; and to become part of a systematic quality practice education monitoring process.

Background

Liverpool Women's NHS Foundation Trust is located in the outskirts of Liverpool city centre and specialises in the health of women and their babies – both within the hospital and out in the community. The services include; maternity, gynaecology, fertility, genetics and neonatal care.

Liverpool Women's NHS Foundation Trust is one of only two such specialist trusts in the UK – and the largest women's hospital of its kind in Europe.

It employs around 1300 staff and has over 1000 volunteers.

At Liverpool Women's there is a common goal – to provide excellent healthcare for women, babies and their families in a safe, friendly and caring environment. We are proud to push the boundaries of healthcare for our patients and their families and we continue to influence national and international research and development in these fields.

The vision for Liverpool Women's is to be the recognised leader in healthcare for women, babies and their families.

Key Outcomes

The first MSFG held in February 2014 evaluated well. For example:

- Learners felt they had a voice within the organisation
- Learners felt they had an opportunity to meet and learn from other learners from other disciplines/professions also on placement at the Liverpool Women's
- MSFGs were seen as an opportunity to contribute to improving practice experience and care for patients, as well as opportunity to raise concerns within practice

Learners were asked if they felt that there were opportunities for interprofessional learning on placement and responded as follows:-

Learners reported that staff are helpful with this and some will explain their roles. Ideas from learners were discussed such as having a “buddy” system between nurses on short placements and midwives on their longer placements. A formal study day was suggested whereby learners from different areas get together and present their roles to peers and lecturers in a seminar format.

- Liverpool Women’s NHS Foundation Trust is committed to providing outstanding patient care and experience. The trust recognises and fully supports the key role multidisciplinary teamwork plays in ensuring it meets its commitments. It is recognised by the trust that facilitating Inter Professional Learning (IPL) for learners in practice is a high priority and an integral part of their clinical placement experiences and opportunities.

The Education Governance committee have embraced this within its 2013/14 work plan and assigned the Practice Education Facilitator (PEF) as the lead member of staff responsible for achieving its outcomes and identified key performance indicators.

Key Aims

- Learners will have the opportunity to learn from and about each others’ roles and professions
- Learners will have the opportunity to share learning and good practice experiences at LWH
- Learners will be encouraged to raise concerns within practice
- Learners will be able to contribute to informing the continued quality of practice learning experiences within LWH.

Key Stages of Set-up

Support was gained from the Education Governance Committee and the Director of Nursing and Midwifery to implement MSFGs.

The support of the Higher Education Institutions (HEIs) was vital to ensure learner attendance at focus groups. The HEIs also

helped to disseminate focus groups dates amongst learners.

The Student Link Network ensured learner availability to participate. The Student Link Network consists of staff who take overall responsibility for learners in each placement area at LWH.

The PEF invited Student Quality Ambassadors (SQAs) to be involved with the MSFGs. The purpose of this was two-fold:

- a) To promote the SQA role amongst learners of various professions;
- b) To give SQAs the opportunity to be involved in a project ultimately aimed at improving the quality in practice education through improving and facilitating opportunities for IPL.

The three steps above took place between December 2013 and January 2014. The first MSFG ran in February 2014. Subsequent monthly dates for 2014 have been set up and disseminated amongst relevant parties.

How It Works

MSFGs comprise of 8-10 non-medical pre-registration learners of various disciplines: Nursing, Operating Department Practice, Midwifery and Paramedics. The group composition varies in learner number depending on learners in placement at the time of the meeting.

The facilitator assisted in generating discussion and debate amongst the group in relation to issues affecting learners.

Learners came from different backgrounds and experiences and from different HEIs/ professions where programmes are run differently. As a result, answers to questions varied, and ultimately this:

- a) Provided learners with opportunities to learn from and about each other
- b) Provided learners with opportunities to make suggestions about how to improve the learning environment and IPL opportunities

Key Learning

Practice education (and ultimately quality patient care) can be improved by engaging with learners and giving them the opportunity to see the wider picture and have a better understanding of the roles of



Sustainability

This project is at an early stage and a questionnaire is currently being developed to determine the effectiveness of the focus group.

Next Steps

The PEF is currently working on organising in-house IPL workshops which will be led by those learners who attend the MSFGs. The idea is that being that learners from profession A will facilitate learning or teach a skill to learner from profession B. Themes for the workshops will include common clinical skills/knowledge all participants must learn at some stage in their training. The aim of this will be to encourage learners to work together and gain more understanding of ‘who does what and how’ to ensure best practice and effective communication.

To continue acting upon learners’ feedback following MSFGs.

To Inform the Education Governance Committee quarterly on outcomes from the meetings and gain agreement on actions to address any deficits.

Further Links

www.liverpoolwomens.nhs.uk

For more information contact:
Africa Bocos
Practice Education Facilitator
Liverpool Women’s NHS Foundation Trust
africa.bocos@lwh.nhs.uk



The Role of the Learning Environment Manager

At Wrightington, Wigan and Leigh NHS Foundation Trust, the role of the Learning Environment Manager (LEM) was developed to raise the profile and importance of practice placements and to ensure the best possible learning experiences for all.

Background

The provision of high quality practice learning experiences for pre-registration learners remains a significant challenge for both Higher Education Institutions and Placement Providers.

What is a Learning Environment Manager (LEM)?

- Initially this was identified as an existing qualified placement educator who had dedicated local responsibility for practice learning for pre-registration nurses, within each ward and department.
- This responsibility has been expanded to include placement educators supporting learners across other professions.

- Each LEM has allocated 3 hours protected time each week to facilitate the enhancement of practice learning within individual departments.

Roles and Responsibilities

- To co-ordinate the allocation of learners to appropriate placement educators in accordance with professional requirements.
- To act as a conduit providing accurate up to date information in regards to placement related data.
- To monitor training and annual updating of placement educators in accordance with statutory requirements.
- To co-ordinate the provision and development of learning resources within the practice setting.
- To co-ordinate and evaluate practice learning activities.
- To develop peer support mechanisms for placement educators and associated staff in the practice-setting.
- To contribute to the LEM forum in order to develop consistent approaches to practice learning and assessment.
- To liaise with University partners including University placement allocation staff, University Link Lecturers and PEF in order to maximise placement capacity and capability.
- To champion and facilitate interprofessional learning in the practice settings.
- To disseminate best practice in relation to practice learning and assessment.
- To co-ordinate the development of innovative approaches to practice learning including the creation of hub and spoke structures in order to maximise capacity within the practice-setting.
- To contribute to the practice learning research agenda.
- To provide the Trust and its University partners with appropriate data and reports as required in relation to learning and assessment within practice.

The responsibility of the LEM was expanded to encompass other multiprofessional learners

Supporting Placement Educators

- The LEMs play a key role in ensuring that learners are allocated to appropriate Placement Educators, ensuring equity of workloads, in accordance with professional standards (NMC 2008).
- The LEM role is pivotal in supporting placement educators on a day to day basis, which is central to the provision of high quality placement experiences for learners.

Managing Learner Experiences

- LEMs play a central role in the management of the learner experiences within the practice setting and their achievement of practice learning outcomes.
- Assisting the development of Hub and Spoke placement opportunities enabling the learners to follow the patient journey and maximise the opportunities for Interprofessional learning.
- Assisting the development of Welcome/ Induction Packs.
- Assisting the development of resource files that are relevant and accessible to all learners.
- Ensuring the equitable provision of learning opportunities across all learner groups.
- Act as a first point of contact for learners.
- To encourage and manage informal pre placement visits for learners.
- Ensure that all learners commence their placement knowing who their named placement educator is.

Managing Quality

- Work in close collaboration with the PEFs and HEI partners to assure the quality of the learning environment.
- Develop action plans following Annual Educational Audit with support and guidance from PEF team, and implement actions in a timely manner.
- Utilise evaluation data provided by learners and disseminate to placement educators to enhance the quality of the practice learning environment.

Sharing Best Practice

- The LEMs meet bi-monthly via the LEM forum to share best practice and offer peer support.

Trust Wide Benchmarks

These are used as a means to standardise the strategic management of practice learning.

- All learners are allocated an appropriate named placement educators prior to the commencement of each placement.
- All learners complete a local induction programme during the first week of each placement.
- All placement educators are registered on a 'live' database.
- All placement educators complete an annual update in accordance with professional body standards.
- Learning resources in practice settings provide a multiprofessional focus.
- Hub and spoke placement opportunities are provided to enable all learners to follow the patient journey in accordance with professional standards, maximising the opportunities for Interprofessional Learning.
- Evaluative data is routinely utilised as part of the Trust's on-going practice learning environment quality monitoring and enhancement strategy.
- Local sign up of the Placement Charter.

Next Steps

- To establish Deputy LEM role in all learning environments
- To introduce the Trust's Multiprofessional Policy to Support Practice Learning and embed the LEM role within all learning environments.



For more information contact:
 Nicola Compton-Jones
 Practice Education Facilitators
 Wroughtington, Wigan and Leigh
 NHS Foundation Trust
nicola.compton-jones@wwl.nhs.uk
 Jenny Smith
jenny.h.smith@wwl.nhs.uk



'Mentor Huddle' Support Group (within a Theatre Department)

The 'Mentor Huddle' initiative was introduced within the surgical theatres department at Wirral University Teaching Hospital NHS Foundation Trust (WUHT) in 2011.

The Education Link for the department was at this time required to facilitate increased support for an under achieving learner. Although support from the University and Practice Education Facilitator (PEF) was readily available, there was little peer support evident or opportunities to interact easily with other mentors in the department to gain a different insight into managing the issues.

Learners move through the department following a pathway developed and facilitated by the Education Link. The introduction of this new pathway was used to develop the 'Mentor Huddle.'

The initiative was developed to provide a forum in which mentors could come together in a supportive environment to discuss any issues impacting upon learner

experiences. It also provided a greater opportunity for mentors to learn about the requirements of other learners in the department and suggest ways to improve the learning environment as a whole.

As a result, the Education Link was nominated by peers within the department and was successful in achieving the 'Divisional Award for Excellence in Healthcare' in recognition of the benefits from this initiative.

Background

- Clatterbridge Hospital is part of the Wirral University Teaching Hospital NHS Foundation Trust which is situated on the Wirral peninsula. The Trust serves a population of approximately 400,000 people across Wirral, Ellesmere Port, Neston and North Wales
- The department is an elective theatre suite dealing with patients undergoing orthopaedic and general surgery, either as a day case or as a short inpatient stay

- There are approximately 49 qualified members of staff in the department. Of these, 15 are nurse mentors and a further 2 are Operating Department Personnel (ODP) assessors
- The department welcomes Nursing, ODP and Paramedic learners from Higher Education Institutions (HEIs) across the North West region. More recently Cadet Learners have been introduced into the department.

Mentors now feel supported when facing difficult conversations with learners and support each other



Key Outcomes

- Placement educators now feel supported when facing difficult conversations with learners
- Improved interdepartmental communication between mentors and a team approach to problem solving
- Greater understanding of different learner requirements.

Key Aims

- To offer a safe, supportive environment to discuss issues affecting learners in the department
- To improve communication within the learning environment
- To share best practice and enhance the learning environment for all
- To feedback placement evaluations received from learners, highlighting good practice and areas for development.

Key Challenges

- Allocation of time was facilitated readily, but often had to be moved to facilitate other activities planned on the day. It was found that afternoon meetings were more difficult for staff to attend, whereas a time just before/after lunch was often underutilised and therefore this provided a better time for the meetings to take place.

Key Learning

Effective communication and collaborative team working is key in assisting staff to feel valued in their roles in supporting learners.

Improved communication in the department has led to mentors feeling supported and working in unison rather than working in isolation.

Any disharmony between learners and mentors appears to have been reduced due to a team mentorship approach with learners providing them with opportunities to learn and work with a range of staff.

Next Steps

- Invite professionals from outside the area such as Radiographers and Physiotherapists to attend and discuss their learners' needs and promote further IPL opportunities for learners across a range of professions.

For more information contact:
Julie Westlake
Recovery Practitioner/ Educational Link
Practice Education Facilitator
Wirral University Teaching Hospital
NHS Foundation Trust
jwestlake@nhs.net



Supporting Learners in Practice (SLiP) Multiprofessional Workshop

Aintree University NHS Foundation Trust (Aintree NHS FT), in collaboration with Edge Hill University, has developed a Supporting Learners in Practice (SLiP) multiprofessional workshop which is designed to prepare clinical staff to support learners within the work environment. This workshop is delivered to a wide range of staff from nurses through to dieticians, radiologists, scientists, physiotherapists, speech and language therapists and assistant practitioners.

SLiP workshops aim to provide clinical staff with the necessary skills to support learners in practice. This is achieved by helping them to understand their role in the quest for quality learning. The workshop provides the participants with information regarding the formulation of learning contracts and action plans, and how they identify and support failing learners.

Following positive evaluations of the workshop, Aintree NHS FT Trust has shared this work across the Mersey Practice Education Facilitator network which includes a number of acute and community NHS Trusts. In addition Aintree NHS FT has collaborated with other professional groups including radiologists, dieticians, scientists and paramedics amongst others. As a result of this collaboration some of the disciplines have advocated attendance at the workshop for their own staff.

The workshops are delivered at Liverpool Women's NHS Foundation Trust, Mersey Care NHS Trust, Liverpool Heart and Chest NHS Foundation Trust and St Helens and Knowsley Teaching Hospitals NHS Trust

Key Outcomes

- Staff are more knowledgeable about the support required for learners in the workplace.
- The quality of learning environments has also been improved by giving staff insights into how best to tailor opportunities in their own service areas to support all learners
- Participants have a better understanding of their own and others' accountability, how to undertake professional assessments of learners, and how teaching styles may be tailored to suit different learning styles
- Due to the wide variety of staff from across professions attending, placements are now able to offer more diverse learning opportunities
- Informal feedback suggests that clinicians have found this pre and post workshop more beneficial than Train the Trainer style sessions, which tend to be paperwork led. The SLiP workshop is much more hands on, and addresses how each environment can be made suitable to support learning, as well as highlighting the practical teaching skills necessary
- A pre and post evaluation was conducted and feedback from participants was analysed as part of a formal evaluation. There was a 100% response rate from nineteen candidates, who came from four different professions
- Evaluation demonstrated that the participants all had very similar learning objectives, which were not dependent on their professions. Seventeen participants (89%) stated that the workshop had met all their identified

learning objectives. The two participants (11%) who did not feel the workshop had met their objectives described the areas not covered as leadership and going over specific practice assessment documents. These topics have been considered in the review of the workshop.

Background

In 2003 Edge Hill University, in partnership with Aintree University NHS Foundation Trust, developed a two day workshop specifically to support nursing staff who were unable to secure places on full mentorship courses due to lack of places and funding. In light of the multiprofessional agenda (Darzi, 2008) Aintree FT redeveloped this into a one day workshop in 2010, which was developed to support a wide range of staff from Allied Healthcare Professions

Aims and Objectives

The key aim of the workshop is to provide participants with the knowledge and skills necessary to support learning in a practice setting.

The intended learning outcomes include:

- 1) Developing an awareness of key challenges when implementing interprofessional learning in the workplace
- 2) Developing recognition of the importance of interprofessional education drivers and the need for collaboration in health and social care
- 3) Reflecting on opportunities for collaborative relationships within practice to improve communication and all learner experiences.

Key Stages of Set-up

2003 – Edge Hill University and Aintree FT collaborated to run a two day workshop for nursing staff wishing to mentor learners.

2010 – Development of a multiprofessional one day workshop.

2012 – Eight organisations across Merseyside now run their own workshops. Facilitators from each organisation continue to attend each other's sessions to give presentations and conduct peer reviews as part of a quality assurance process.

Present day – Four Higher Education Institutions (HEI) and numerous Trusts across Cheshire and Merseyside are reviewing the content of the SLiP workshop to ensure that it meets the requirements of all regulatory bodies.

How it Works

The SLiP workshop is aimed at staff who have an active interest in supporting learners. This is particularly beneficial due to the current lack of places on academic courses and lack of funding. Some participants undertake this workshop as a refresher course. Clinical staff at all levels can take part.

To support delivery, a DVD has been developed as a learning tool. This allows the facilitator to utilise different teaching methods and encourages interactive discussions amongst participants. For example, one CLip looks at how clinicians can support learners with professional issues and another CLip involves a placement educator who is unsupportive. Following the video participants are asked to discuss each CLip and to determine how the issues identified may be overcome.

Workshop Content

The workshops consist of group work and interaction to assist participants to look at their learning environment and identify strengths, weaknesses and opportunities for improvement.

METHODS OF LEARNING AND TEACHING AND FORMATIVE ASSESSMENT

The workshop is provided in Trusts using a variety of teaching methods including;

1. Group discussion
2. Scenario based learning
3. Learning contracts and action planning
4. Common Themes
5. NMC and HCPC requirements
6. DVD scenario analysis

Communication

A **Placement Learning Support System (PLSS)** has been set up, which is a live, centralised, web-enabled system that provides support and information for healthcare learners, practice partners and stakeholder university staff across the Merseyside and Cheshire region. This system has been used to share information on the SLiP workshops.

WORKSHOP AGENDA

1. Creating a positive learning environment in a practice setting including interprofessional learning opportunities
2. Facilitate effective learning dependent on learning style
3. Learner supervision, assessment processes, and feedback for life-long learning
4. Accountability in relation to assessments
5. Failure to fail
6. Common learner mentor issues
7. Critical reflection on own and others' practices

Key Challenges

Some workshops have not taken place due to staff release to attend sessions. To overcome this Facilitators work across Trusts to help deliver sessions elsewhere. This is made easier by the fact that there is a

standardised session descriptor and agenda for the day. Due to the flexibility of dates and venues across the Trusts, staff from the Trust and non-NHS areas can access a variety of workshops, which fit with clinical need and the demands of the service.

Key Learning

- Using peer review forms to feedback to Facilitators has proved a useful way of quality assuring the workshop.
- Collaboration across various Trusts has allowed different organisations to share lesson plans, which reduces duplication of effort, and facilitates partnership working across the region.
- The workshops have been practice led. Participants often know the people delivering the sessions and can discuss situations that everyone has been directly involved in.

Next Steps

- NHS Trusts in Cheshire have expressed an interest in developing these workshops and it is likely that they will be rolled out across the Cheshire area in the future.
- Discussions are currently under way about including medics, which would enhance the multiprofessional learning experience and the number of staff trained to offer support to all learners.

Supporting Material

Available on request

Further Links

Placement Learning Support System (PLSS) - www.plss.org.uk

For more information contact:
Ann Butler Practice Education Facilitator,
Aintree University Hospital
ann.butler@edgehill.ac.uk

A Partnership Approach to IPL

(an Employer's Perspective)

Closing the gap between theory and practice

This case study highlights key factors facing three NHS Trusts; East Lancashire Hospitals NHS Trust, Royal Blackburn Hospital with Darwen Teaching Care Trust and East Lancashire Hospitals NHS Trust, as they work with Lancaster University towards developing systems for interprofessional learning (IPL).

The Changing Nature of Work Within NHS are Settings

The NHS has had a long tradition of training its professionals in silos. In the 1970s this was commented upon by Briggs (1972), however, in the last 40 years little has changed. Nurses, Allied Health Professionals (e.g. Physiotherapists, Occupational Therapists and Speech Therapists) and Healthcare Scientists (e.g. Audiologists and Medical Laboratory staff) still have their own distinct and very separate programmes of education. It is not uncommon for these professions to train at separate Higher Education Institutions (HEIs) within the same geographical region. Even when attending the same Placement Providers, the divisions created by the different schools and faculties may inadvertently fuel a silo approach to study.

The Drive Towards Multiprofessionalism

In order to drive up the quality of patient care, a key aim of Health Education North West (HENW) is to develop integrated care services. In supporting this aim there has been development and funding of the role of the Practice Education Facilitators (PEFs) to champion interprofessional learning. (NHS North West, 2009). In response to this the three East Lancashire Trusts have re-aligned services and staff into multiprofessional teams and as suggested by Longley et al (2007), created the opportunity for the evolutionary development of an integrated care workforce.

It is noticeable however that the educational delivery systems available to the Trusts involved in this case study have not yet changed to support and underpin this integrated approach. This case study therefore outlines a pilot programme that commenced in 2009 to explore how integrated, interprofessional learning might work for such partners in the future.

Seeking a Solution

Continuous Professional Development (CPD) funding available from HENW was instrumental in opening up dialogue between the three Trusts of East Lancashire and Lancaster University. Using this funding, the Trusts sought to access an existing Centre for Training and Development (CETAD) programme in order to train their nurse mentors. The programme they required was the Certificate of Achievement in the Assessment of Professional Practice (20 level 6 credits). At this stage the request was for CETAD to deliver the existing programme as they had done previously for Social Workers. However, it soon became clear that there were major barriers to the proposal.

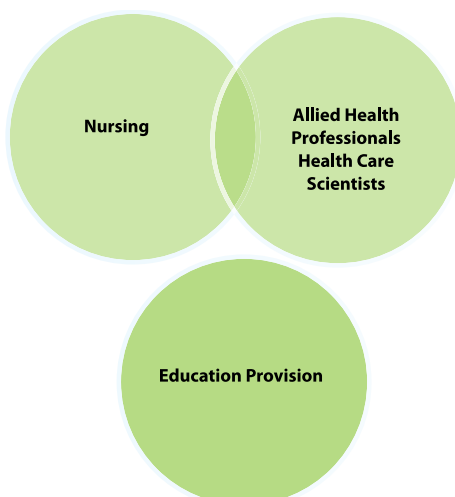
Barriers to Programme Delivery

The Trust required the programme to be approved by the Nursing and Midwifery Council (NMC), however:

- CETAD had no previous experience of delivering training to nurses, which made the NMC sceptical about their ability to deliver and quality assure credible nurse mentor training.
- Adhoc requests for training places were being made independently by different Trusts with no collaboration between them.

A Pilot Project

CETAD drew the three NHS Trusts into a partnership in order to jointly develop, deliver and quality assure the programme. Not only did this give Trusts shared ownership it also gave them an element of responsibility within the programme without which NMC approval would not have been granted.



Shared Ownership

Trusts (nurse specific elements of programme)

CETAD (academic elements of programme)

Recruit and vet applicants		Supply marketing materials, application forms and course dates
Supply suitable venues		Deliver on employer's site, keep attendance registers and share with employer
Deliver 1 of the 5 input days to cover nursing and employer requirements		Deliver 4 of the 5 input days covering academic content and study skills
Observation of practice		Endorsed by requiring this to be submitted with academic assignments and QA sampled. Marking and moderation of academic work
Ensure trainee mentors have a qualified mentor to support them and a trainee nurse to work with		Arrange peer observations of tutors and PEFs to ensure QA of delivery
Enter newly qualified mentor onto the nurse mentor register (once certificated)		Exam board and certification for learners

Allowing access to interprofessional learning within their geographical area

Jointly: monitor QA, agree course dates, agree venues, teaching staff rotas, team meetings, vet applications, liaise with each other about issues.

Key Outcomes for Employers

- The use of CPD funding streams opened up dialogue with the university
- Onsite delivery – work based learning delivered in the workplace
- Development of partnership working between Placement and Education Providers
- Development of IPL approaches
- Ownership and involvement in the quality assurance aspects of the programme
- The course is structured to allow other professionals to be included
- Closing the gap between theory and practice.

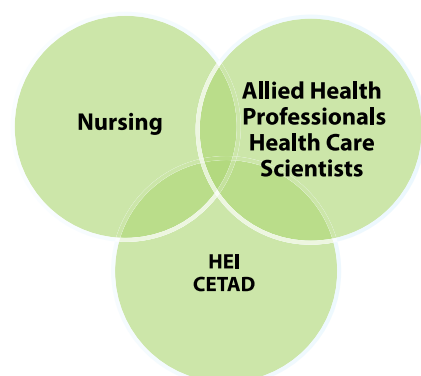
The Future

HENW requires all commissioned Healthcare Education Programmes to incorporate IPL. Therefore, all partners are now seeking ways to incorporate other healthcare professions into this training eg. Audiologist, Podiatrist and AHPs studying alongside Nurses on the same programme.

Another goal of HENW is to promote multi-agency working. This partnership provides a clear example of good practice which may be drawn on by other Education and Placement Providers in the future.

The pilot project has been submitted to the NMC and the College of Podiatry as an example of best practice.

News of the partnership's success is starting to spread across the North West and discussions are now underway between CETAD and three more Placement Providers. This is particularly important for professions such as Audiologists where each Trust may only employ small numbers. This will allow them access to interprofessional learning opportunities within their geographical area.



For more information contact:
Andrew Keavey and Angela Irving
Practice Education Facilitators
East Lancashire Hospitals NHS Trust
andrew.keavey@elht.nhs.uk
angela.irving@elht.nhs.uk

Authors: Harper, L.M. (CETAD); Keavey, A. (East Lancashire Hospitals NHS Trust); Smith, T. (Blackburn with Darwen Teaching Care Trust Plus)
Acknowledgements: The project team - Elaine Brearley, Gill Codd, Ruth Fort, Jill Hansen, Lesley Harper, Kath Houston, Savannah Hull, Angela Irving, Andrew Keavey, Tricia Kenny, Shamim Khan, Rachael Mitchell, Teresa Smith. **Reference List:** Briggs, A. (1972) Report of the Committee on Nursing, HMSO London, NHS North West (2009) Making Education Governance a Reality in the North West, NHS North West, Longley, M., Shaw, C., Dolan, G. (2007) Nursing: Towards 2015, (Alternative Scenarios for Healthcare, Nursing, and Nurse Education in the UK in 2015) NMC London



An Innovative IPL Booking Model

Interprofessional Learning (IPL) has continued to remain at the forefront of healthcare education. Its role towards optimizing patient centred care has been well recognized, however, its application in practice has often proved problematic with logistical and communication shortfalls impacting on the overall learning experience (CAIPE, 2013). It is for these reasons that Liverpool Heart and Chest Hospital (LHCH) has developed and implemented a Trust wide *"IPL Booking System"*, effective from June 2013. This novel booking system which spans across 45 practice areas is accessible to all learners in practice and provides the ability to view, book and attend a range of multiprofessional practice environments across medicine, nursing and allied health.

Background

LHCH is one of the largest acute cardiothoracic hospitals in the UK, providing specialist services in cardiothoracic surgery, cardiology, respiratory medicine including adult cystic fibrosis and diagnostic imaging.

Each year LHCH conduct 55,000 outpatient appointments and perform 12,000 inpatient procedures and the Trust has recently moved into community based services, offering diagnostic clinics and tests to patients in their local GP practice or Community Health Centre.

LHCH is situated in the suburb of Broadgreen in Liverpool. The hospital shares its site and buildings with the adjacent Broadgreen Hospital. As of 30th June 2011, the Liverpool Heart and Chest Hospital employed 1377

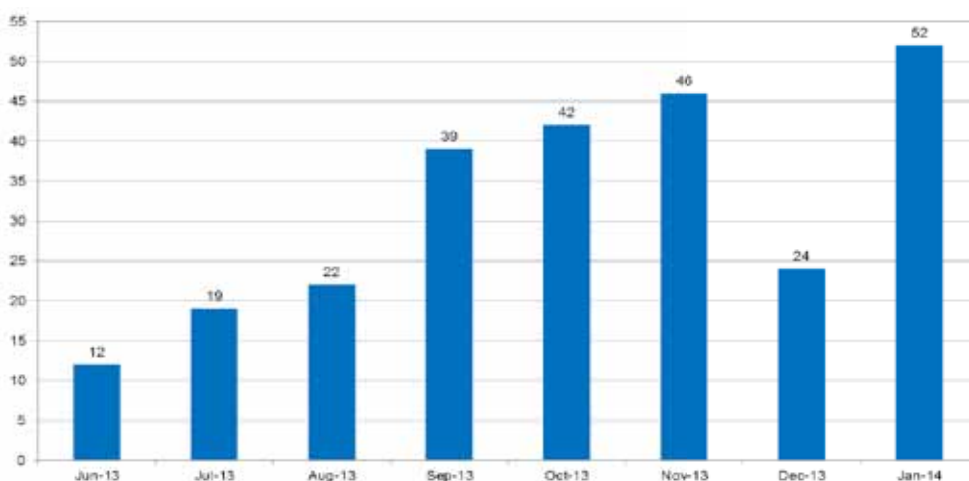
staff, split across the following staff groups: Nursing – 500, Medical and Dental – 83, Admin & Clerical – 288, Scientific & Technical – 128, Non-Clinical Support – 115 and Clinical Support – 263.

Key Outcomes

Since the implementation of the Spoke Booking System, learner engagement across both medical and non-medical professions has increased. From June 2013 to February 2014, LHCH received a total of 219 learners on practice placement (44 Medical, 156 Nursing, 9 Radiology, 8 Physiotherapy, and 2 Occupational Therapy). Since the launch of the system, the number of spoke bookings has risen from 12 to 52 across the multi-professional workforce (Figure 1) with areas such as Theatres, Nurse Specialists, Cardiac Diagnostics and Research elected as the preferable spoke opportunity.

The system works as a facilitative tool and does not necessarily ensure that structured IPL occurs. Nevertheless, the system does provide learners with an opportunistic approach to engage in IPL across the entire Trust and works as an effective mechanism in enhancing a learner's understanding of the multiprofessional workforce and their roles in the delivery of holistic patient care.

Figure 1



Recent national enquiries into the shortfalls in patient safety and the systemic failures surrounding the delivery of compassionate care have led to recommendations being made towards improvements in professional practice and training standards (Francis, 2013). IPL has been identified as a potential mechanism in meeting these recommendations. However, frequent service and staffing changes have meant that the logistics of facilitating IPL has often proven problematic.

Over the past 10 years Interprofessional Education (IPE) has become an integral driver within many pre-registration programmes, with standards found in early educational directives (QAA, 2004), and is endorsed by the healthcare regulatory bodies (Health and Care Professions Council, 2008; Nursing and Midwifery Council, 2008; General Medical Council, 2009). However, although the importance of IPE has been acknowledged, its implementation in practice has often been circumstantial and rarely formalised over the duration of the learner placement. Typical barriers have included staffing capacities, suitability of the learner, professional identity, but most commonly poor communication. To date, the use of a Trust wide systematic approach to support the facilitation of learners accessing numerous multiprofessional practice areas has not been identified. With such a system in place the barriers preventing IPL will be diminished and the overall learner IPL experiences optimised.

Key Aims

- To implement a Trust wide systematic approach to support the facilitation of learners accessing numerous multiprofessional practice areas and opportunities for IPL
- To overcome the logistical barriers preventing learner engagement in accessing multiprofessional learning environments.

Key Stages of Set-up

The initial stages of establishing the LHCH Spoke Booking System (SBS) followed a fourfold process. In light of the types of learners potentially using the LHCH Spoke Booking System, the process was designed to highlight all practice areas available to the learners, categorise the suitability of the learner to the practice area and identify all possible learning opportunities. To ensure this, the following steps were undertaken:

Step 1: Practice Profiles

Under the Nursing and Midwifery Council: Standards to Support Learning and Assessment in Practice (NMC, 2008) and the Health and Care Professions Council: Standards for Education and Training (HCPC, 2012) all practice learning environments undergo an educational audit. At LHCH this occurs on an annual basis via an electronic practice learning support system in collaboration with local Higher Education Institutions (HEIs). The audit process provided a strong foundation in which the LHCH SBS could be built and profiles developed for each of the 45 multiprofessional practice areas. The profiles were integrated into the LHCH SBS to provide the fundamental details that learners would benefit from knowing prior to requesting a visit. These included area information, shifts, capacity and evaluation. For each of the practice areas, a minimum of 3 link staff were also identified as the direct contacts for that placement area. The role of these individuals was to update the placement profile, confirm the bookings and facilitate the visits.

Step 2: The Learner Criteria

Due to the complex nature of specific practice areas, not all were deemed suitable for every level of learner. In line with the educational audit, a Learner Criteria were developed. The criteria allowed for practice areas to specify the level of learner based on the learner discipline, academic year and stage of training. To reflect the multiprofessional workforce and IPL Learner Criteria were developed for all disciplines and linked directly to the type of learning available within the placement. The suitability of high intensity areas such as Critical Care and Theatre were deemed inappropriate for first year nursing learners due to the level of knowledge and experience required.

Through the use of this approach to facilitating IPL in practice, we have learnt that learners can actively engage across different professions and practice areas.

Step 3: The Placement Criteria

The placement criteria was structured on three flexible visit approaches that the learner could engage:

1. Spoke Visit (1 week to 4 weeks)
2. Short Visit (1 day – 4 days)
3. Specific clinics

Dependent on the practice area, learners could select spoke visits or short visits across all placements and if available the specific clinics or meetings run. For practice areas such as Cardiac Diagnostics, the flexibility of clinic specific sessions allowed for learners to opt in choosing set assessments to observe e.g. Echocardiography or Exercise Tolerance Tests.

Step 4: The Booking Criteria

To avoid shortfalls in the communication between the learner and practice area, a time frame of 2 weeks advanced notice was to be given prior to booking. When making a booking, learners were required to state the following:

1. Name
2. Duration of spoke/short/clinic visit
3. Discipline/Cohort
4. Mentor Name
5. Current Placement

Through stating the above, the Learner Criteria could be cross-referenced against the Placement Criteria prior to confirming the booking. Furthermore once these final steps were complete, a feedback mechanism was established via an online feedback survey for each practice placement.



The Layout and Making a Booking

The structure of the spoke booking system was designed to provide a user friendly calendar format on Microsoft Outlook (Microsoft Office, 2010). By using this approach access was made available to both staff and learner. For each practice area an individualised calendar was created and the 3 Step Criteria added (Learner, Placement and Booking Criteria). The calendar format provided the easy access required for the learner, the ability to specify the capacity available and the flexibility to add additional learning opportunities to the practice area e.g. clinics/MDT meetings. For new learners attending practice at LHCH, the provision of a generic IT access account meant bookings could be viewed and easily made.

How It Works

All bookings pass through The Education Team at LHCH who liaise with the nominated area links and provide them with the booking details. The link staff can then confirm or decline the bookings. To ensure communications are upheld, a response is sent to the learner and to their placement educator. During the process the booking is deemed as "Pending" on the calendar until either "Confirmed" or "Declined". At all points both the learner, placement educator and placement area are informed of the status and confirmation of the spoke.

Resources

For the LHCH Spoke Booking System, no additional funding/resources were required. The establishment of the Spoke Booking System falls in line with the educational audit requirements and is monitored and facilitated by The Education Team at LHCH.

Key Learning

Over the course of the planning, development and implementation of the Spoke Booking System, LHCH has found this to be a positive learning experience. Through the use of this approach to facilitating IPL in practice, we have learnt that learners can actively engage across different professions and practice areas. If made user friendly, easily accessible and readily adaptable, learners can optimise their time and learning opportunities in placement. It also acts as a valuable resource and tool for new placement educators and/or new staff to the organisation.

Sustainability

In order to raise the awareness of both learners and practice educators, an opportunistic approach has proven effective. For the learners, a generic learner induction pack now includes a step by step guide to the system which is provided at local induction. Flyers and leaflets are also provided on the placement area for learners and detailed on learner notice boards.

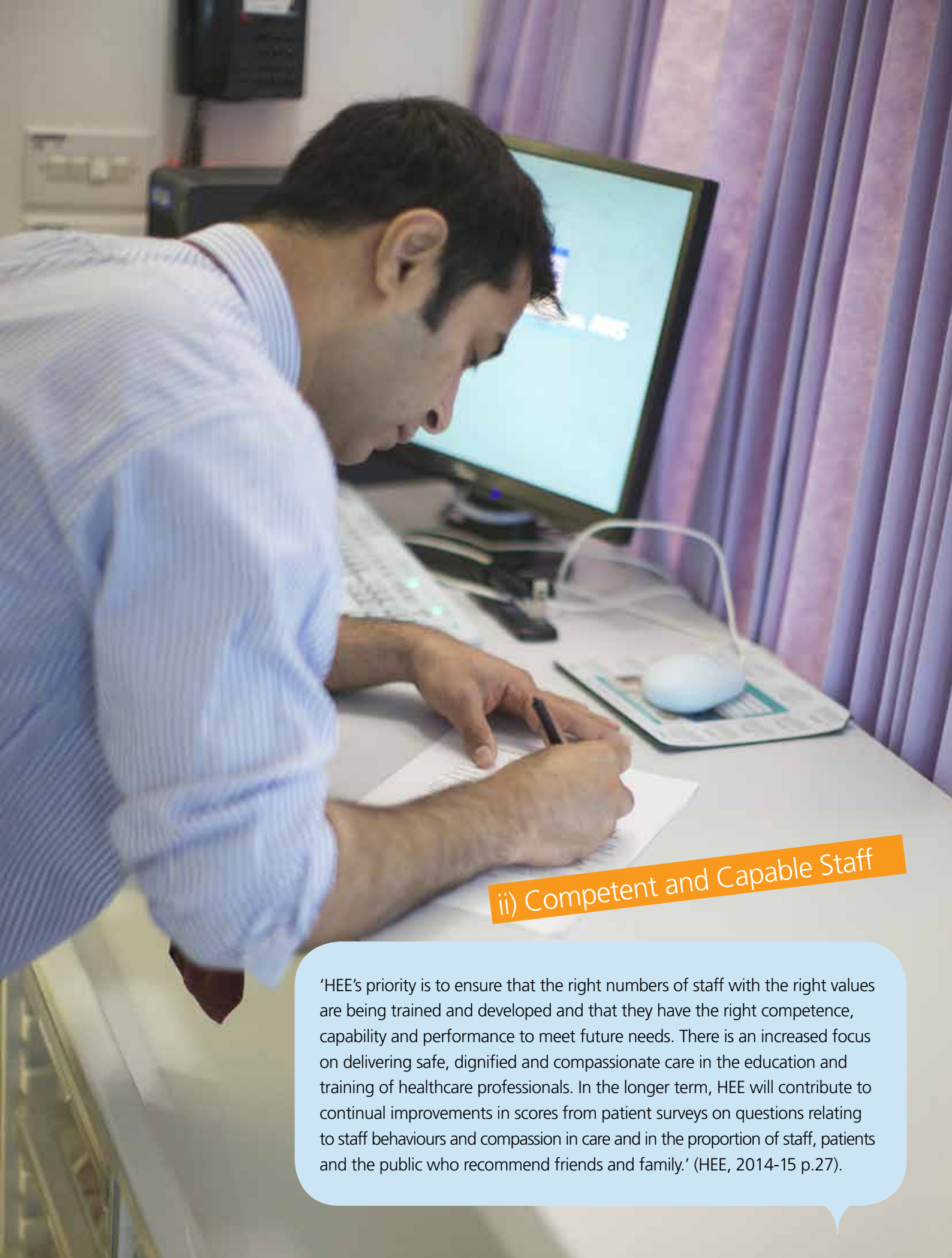
Next Steps

The LHCH Spoke Booking System has been in situ since June 2013 and continues to act as an effective mechanism for maximising learning experience. Presently, the Learning and Development Team continues to raise awareness to both staff and learners in practice which has resulted in the number of spokes increasing and an increase in positive feedback given. In the future the Spoke Booking System will also work as a quality assurance mechanism to determine the quality of the practice learning environment and the strength of IPL engagement.

Further Links

www.plss.org.uk

For more information contact:
Aaron Isted
Practice Education Facilitator
Liverpool Heart and Chest
NHS Foundation Trust
aaron.isted@lhch.nhs.uk



ii) Competent and Capable Staff

'HEE's priority is to ensure that the right numbers of staff with the right values are being trained and developed and that they have the right competence, capability and performance to meet future needs. There is an increased focus on delivering safe, dignified and compassionate care in the education and training of healthcare professionals. In the longer term, HEE will contribute to continual improvements in scores from patient surveys on questions relating to staff behaviours and compassion in care and in the proportion of staff, patients and the public who recommend friends and family.' (HEE, 2014-15 p.27).



Effective Communication in the Acute Care Setting

Effective communication and teamwork between doctors, nurses and allied health professionals in acute care is crucial in the delivery of safe patient care.

At Mid Cheshire Hospitals NHS Foundation Trust (MCHFT), it was recognised that there was little interaction within the practice learning environment between learners from medical and non-medical professions. Despite this, these professions must be able to work collaboratively and communicate effectively with each other as registered practitioners.

This interprofessional learning initiative was aimed at supporting learners to develop their confidence in assessing acutely ill patients, communicating effectively with others involved in the care of acutely ill patients, including recognition and understanding of each other's roles. The Situation, Background, Assessment and Recommendation (SBAR) communication/

handover tool was utilised and a simulation training programme was developed incorporating scenarios of acutely deteriorating patients. The session was targeted at 5th year undergraduate medical learners and 3rd year pre-registration nurse learners who were on clinical placement within the Trust.

Simulation provides multiple learning objectives to be taught in a realistic clinical environment without harming patients. It allows learners to be exposed to realistic acute clinical situations that require learners to undertake assessment and clinical decision making skills, combined with communication, teamwork and management of care for the simulated patient.

Background

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) manages Leighton Hospital, Crewe, the Victoria Infirmary, Northwich and

Elmhurst Intermediate Care Centre in Winsford. The Trust was originally established in April 1991 and became a Foundation Trust in April 2008. It employs approximately 3,200 members of staff and has around 540 hospital beds.

A range of services, including accident and emergency, maternity, outpatients, therapies and children's health are provided for people predominantly from the Crewe, Nantwich, Congleton, Middlewich and Northwich areas, although patients from other geographical areas are also cared for.

The session was developed in response to a drive to enhance knowledge and skills through shared interprofessional education. This was a collaborative approach between the Practice Education Facilitation Team and the Undergraduate Medical Clinical Skills Team at MCHFT.

Key Outcomes

Positive Evaluations

Feedback from course participants has indicated that they valued the opportunity to learn alongside other disciplines. Video feedback work was especially seen as beneficial in identifying areas for personal development and opportunity for reflection. Nurse learners also highlighted that the opportunity to undertake simulation alongside medical students enhanced realism and promoted understanding of different roles and the importance of effective communication within the team.

Service Improvements

The evaluations completed by learners post simulation measured their increased self-confidence in prioritising care, decision making skills and communicating with the multi-disciplinary team using the SBAR communication tool.

Key Aims

- To gain confidence in prioritising care using clinical judgement
- To enhance decision-making skills
- To recognise the use of guidelines/ pathways/algorithms
- To recognise clinical limitations and escalate appropriately
- To understand the role of different professions and the importance of effective teamwork, collaboration and communication.

Key Stages of Set-up



An initial meeting between the Practice Facilitation Team and Undergraduate Medical Clinical Skills Team to identify learning outcomes and develop the clinical scenarios.



The Practice Facilitation Team were involved in piloting scenarios and providing feedback, and scenarios were adapted as required.



Sessions are delivered by a Clinical Skills Tutor and two Practice Education Facilitators who present the sessions, facilitate the simulated scenarios and debrief with the participants.



Participants indicated that video feedback was especially beneficial in identifying areas for development and support for personal reflection

How It Works

- The session is delivered in a three and half hour workshop to a maximum of fifteen candidates. Learners have an introductory lecture and an opportunity to familiarise themselves with the simulation environment.
- A high fidelity full sized, human patient simulator (SimMan 3G), capable of realistic physiological responses, including respirations, pulse, pulse oximetry, blood pressure and vocal sounds is used.
- Common clinical situations are utilised to enhance realism and support learning and the potential to transfer skills into clinical practice. Each scenario is video recorded and streamed to peers in an adjoining room.
- A facilitator is present and provides guided debriefing following each scenario. Learners are provided with the opportunity to reflect on their own and the group's performance. Scenarios last approximately fifteen minutes.
- The session also includes a presentation on simulation learning, the learning objectives, video feedback and evaluation of learning.
- Each participant is asked to give consent to video recording.

Resources

Venue, SimMan 3G, consumables, clinical equipment and video equipment.

Key Challenges

- Engaging learners to recognise the benefits of IPL and not to feel intimidated by other disciplines. Learners are invited to attend the session and are provided with the opportunity to discuss concerns prior to undertaking the workshop.

- Creating a relaxed teaching environment for learners and reluctance to participate due to the use of video recording.

In response, all candidates were provided with an introduction to the simulation environment and equipment. There was an opportunity to discuss and identify group learning objectives, expectations and ground rules. Video footage is permanently deleted in the presence of learners and each sign an agreement to the undertaking of videoing and to maintain confidentiality related to performance of others within the scenarios. Focus is on developing learning opportunities rather than deficits in knowledge and skills, all are offered educator contact details should they wish to discuss their performance in private.

- Some participants found this style of learning extremely emotive, especially if they perceived their performance to be poor.
- Facilitators worked with learners to identify areas of strength including areas of skill or knowledge deficit requiring further development. Learners were encouraged to reflect on this feedback with their placement educators in clinical practice.
- Measuring the value and impact of the learning, and in particular interprofessional learning, is restricted to learner reaction to simulation. Evaluation of its value to changing the future practice of the learners is more challenging to determine.

Key Learning

- The preparation and delivery of simulation training is time-consuming and requires considerable input from specialist clinical staff in preparation and delivery of scenarios.
- Feedback from learners has indicated that this training is beneficial and it

was positively evaluated. However, it is unclear how to effectively evaluate the transfer of this learning and skills into clinical practice.

Sustainability

- The SBAR communication tool is endorsed by the organisation, and is utilised across all clinical areas. This will therefore have a direct impact on the safety and quality of care provided to patients. As a result it is seen as essential that both existing staff within the organisation and the future workforce (learner) are competent and confident in using the tool.
- Interprofessional learning approaches are supported at board level and are identified within the Trust education strategy and implementation plans.
- The role of the Practice Education Facilitators (PEF) is important in developing and evaluating learning and disseminating outcomes and good practice across the organisation to assist in embedding IPL into the learning culture.

Next Steps

- Plan to increase sessions provided, and look at integrating learners from other allied health professionals as appropriate.
- Revision of evaluation tool to examine specific IPL learning outcomes.
- A section on the evaluation tool that refers to the multiprofessional nature of the day and how this impacts on future practice.

For more information contact:
Monica Barnett and Nicola Madeley
Practice Education Facilitators
Mid Cheshire Hospitals NHS
Foundation Trust
pefteam@mcht.nhs.uk



Medicines Management and Safety

Final year undergraduate pharmacy learners at the University of Manchester have the opportunity to study a module addressing patient safety. This tackles medication safety and safe systems of work. Staff in the schools of pharmacy, medicine and nursing worked together to create and deliver course material, providing multiprofessional perspectives for the course. Learning is facilitated through interactive seminars, technology enhanced learning and enquiry based case study course work.

Learners develop an approach to maximise medicines safety and medication optimisation. Crucially, learners address interprofessional objectives to understand and respect different roles and skill sets of the healthcare team. This is enhanced through delivery of the interactive seminars by a multidisciplinary team of tutors. Part of the case based study work requires team work and peer review between learner groups. Again, this is facilitated by a multidisciplinary team of tutors. This component allows learners to demonstrate their abilities to communicate and provide constructive feedback in a sensitive way between professionals.

In the five years the course has run, different undergraduate healthcare professionals have tapped into various elements of the course, depending on their individual needs and availability. The seminar and enquiry based learning case study format of the module has proven adaptable to and deliverable to other healthcare specialties, including

medical and nursing cohorts. Interprofessional education (IPE) has been delivered where multiprofessional learners have attended joint interactive seminars, and undertaken joint teamwork on the case studies.

Learner peer review and feedback on case studies and prescriptions allows learners to develop an understanding of different healthcare perspectives, roles and feedback skills to other members of the healthcare team.

Undergraduate pharmacy learners are not currently placement based until they have completed their 4 year degree. Understanding different healthcare perspectives and effective communication of patient safety information is essential at undergraduate level, so the baseline knowledge is in place for when they are in placement. Multidisciplinary written patient safety case studies start to develop an understanding of different skills and perspectives of the healthcare team. Alternative methods need to be developed to further the confidence of the pharmacy learners in engaging with the multidisciplinary team before they are in placements.

Background

Manchester Pharmacy School, part of the Faculty of Medical and Human Sciences at the University of Manchester, is dedicated to excellence and innovation in research and teaching.

The five year strategic plan p.6 states that

"We know that potentially-damaging medication errors are more likely to occur when health care professionals in different disciplines fail to communicate effectively with each other. That is why, in our undergraduate MPharm curriculum, we are developing interprofessional education with the help of our colleagues in the faculty of Medicine and Human Sciences. We believe that if learners start working with each other as undergraduates this will help them work more effectively together once they qualify and patients will benefit."

For the academic year 2012-3, there were

- 636 undergraduate learners
- 139 postgraduate learners
- 66 postgraduate (research) learners

There was a total of 136 academic, research and support staff employed by the School

- The course has run from 2009 to the time of writing (2014)

Key Outcomes

Questions for the 2013 pharmacy cohort were anonymously asked during a seminar using Turning Point technology. Response rate was 30/54. The course format using case studies and multiprofessional teaching staff starts to develop an understanding of other healthcare perspectives and role appreciation but a different delivery needs to be sought to improve confidence in approaching other healthcare professionals.

When asked if the course allowed learners to see another professional perspective 30% strongly agreed and 45% agreed.

40% of learners strongly agreed and 35% agreed they had a greater appreciation of other professional roles and skills.

40% of learners also strongly agreed with 25% agreeing that the course gave them confidence in approaching other professionals.

Key Aims

- Allow learners to develop an approach to maximising patient safety focusing on prescribing and patient medication management
- Evaluate appropriate medicines information reference sources
- Review patient specific information (e.g. medical history, laboratory test results, interview transcripts) as an aid to decision-making
- Devise a patient-centred care plan to minimise harm
- Respect the team approach to achieving patient goals
- Communicate constructive feedback in a sensitive way between professionals

Key Stages of Set-up

The course commenced in September 2009 with pharmacy and medical learners.

The initial collaboration was early 2009 between Dr Kurt Wilson who is the lead for prescribing in the Medical school and Darren Ashcroft at the Centre for Pharmacoepidemiology and Drug Safety at The Manchester School of Pharmacy alongside Jennifer Silverthorne, Jason Hall and Nicola Brown who teach pharmacy undergraduates.

In 2011, Christine Brown Wilson engaged nurse learners in the course.

The course is ongoing and being incorporated for all MPharm learners for September 2014.

How It Works

The module consists of four interactive lectures that cover patient safety in relationship to prescription writing, dispensing, administration, monitoring and systems to minimise risk, allowing for different healthcare

professionals to either attend joint lectures or the multiprofessional teaching team to deliver specific topics to a healthcare professional cohort.

The lectures are complemented by small group work where each group reviews a case study. The case study involves evaluating different sources of information (e.g. hospital discharge summaries, GP records, repeat prescriptions etc) to outline any actual or potential problems with patient safety. Each group recommends solutions, explains their rationale as well as recommending monitoring. For any incidents, the group will conduct a root cause analysis to identify the likely causes of the safety incident. Learners recommend a plan of action to prevent similar incidents and consider the generic lessons learned to improve patient safety for other patients.

Each group provides a preliminary report on their case study which they exchange with another healthcare group working on the same case study. Each group provides feedback to give a different perspective on the case report.

Prescriptions written by undergraduate medical learners are reviewed by pharmacy learners. Learners apply knowledge on medication safety, to review the prescriptions and provide feedback by making an entry in mock medical notes. Workshops are provided in writing in the medical notes and providing feedback. This activity addresses providing appropriate feedback to other healthcare professionals.

Key Challenges

Multiprofessional input into the development and delivery of teaching material can help to provide better understanding and a range of perspectives of roles across professions. When the interactive seminars were delivered to different healthcare professionals, staff delivered the material twice to different cohorts and used views gathered in the seminars (using Turning Point) to demonstrate different opinions.

Relevance of material to all healthcare professionals – overcome by accessing elements of the course relevant to each professional (a select and dip approach) and the material being multiprofessionally written.

Different healthcare professionals being involved each year due to interest and

withdrawal – overcome by multiprofessional written material to allow for the adaptability of changing courses as different professions dip in and out of the core material.

Peer review buy in, if case studies are not assessed for all healthcare professionals involved.

Key Learning

Multiprofessional input into the development and delivery of teaching material can help to deliver different perspectives and role understanding outside of the workplace at undergraduate level.

Using peer review of undergraduate work can help develop interprofessional feedback skills and can overcome timetabling challenges to meet interprofessional agendas. This format does not address all interprofessional skills such as confidence in engaging with other healthcare professionals.

Next Steps

- Roll out to all pharmacy undergraduate (2014)
- Identify other leads of undergraduate healthcare courses who are interested in the topic of patient safety, where novel peer review can further develop understanding of skills and perspectives
- Identify ways to engage in face to face interprofessional learning to address further skills such as confidence in engaging with the multiprofessional team

For more information contact:

Nicola Brown

IPE lead for the Manchester

Pharmacy School

University of Manchester

nicola.s.brown@manchester.ac.uk



Effective Communication to ensure Patient Safety

Aintree University NHS Foundation Trust (Aintree FT) have developed a programme of multiprofessional study days for all pre-registration learners. The study days focus on a clinical condition and the sessions are delivered by practitioners currently working in that field of expertise. Problem-based workshops are facilitated to provide the learners with an opportunity to work as a team and to discuss an appropriate plan of care.

The multiprofessional study days include information on core subjects such as anatomy and physiology at a level that can be understood by learners regardless of their stage of training. Various members of the multi-disciplinary team discuss their roles, and contribution to the patient pathway. Service users share their experiences to provide a real life account of their journey through various healthcare services.

Key Outcomes

Future Workforce

- Providing an opportunity to work in problem-solving groups allows learners to become more knowledgeable about their own role within the multiprofessional team, which subsequently informs their practical awareness and application
- Feedback from learners indicates that they gain a deeper understanding of clinical conditions including the assessment and subsequent management of the patients' needs. They also gain an insight into the views, experiences and expectations of service users
- Learners attend from a variety of healthcare programmes and professions. This allows them to become more aware of the role and accessibility of other members of the multiprofessional workforce.

Existing Workforce

- Facilitators and presenters receive feedback on their performance
- Due to the wide variety of staff who deliver on these days it has enabled further development of multiprofessional relationships across professions

Background

Aintree University Hospitals NHS Foundation Trust was established on 1st August 2006 as a public benefit corporation, authorised under the National Health Service Act 2006. It is a large, complex organisation providing acute healthcare to a population of 330,000 in North Merseyside and surrounding areas. The immediate catchment covers some 33 square miles, which is largely urban with significant areas of commerce including docklands. The Trust provides acute hospital services to the residents of South Sefton, North Liverpool and Kirkby.

It is also a teaching hospital for the University of Liverpool and a tertiary centre providing specialist services to a much wider population of around 1.5 million in Merseyside, Cheshire, South Lancashire and North Wales. The population served by Aintree includes some of the most socially deprived communities in the country, with high levels of illness creating a high demand for hospital-based care.



Context

"The education and training of the healthcare workforce is the foundation on which the NHS is built and the single most important thing in raising standards of care...the ultimate aim should be to have a multi-disciplinary and interprofessional system driven by employers..." Department of Health (2010)

Other national drivers highlight patient-centred care as an essential component of quality care provision; (The NHS Constitution; The Outcomes Framework (2011-2012); NICE Quality Standards for Experience and Mental Health Experience (2011).

Key Aims

The overall aim of this programme is to facilitate and promote a multi-disciplinary learning environment, where interprofessional learning opportunities support the breadth and depth of the learner experience, encouraging cross-boundary working and contributing to the delivery of high quality, patient-centred care (QiPP 2010).

The intended learning outcomes include:

- Developing a multiprofessional learning environment
- Delivering sessions that meet the requirements of all professions, based on national drivers and professional standards
- Developing and enhancing communication between the multiprofessional team
- Promoting team and partnership working
- Encouraging reflective practice
- Endorsing and highlighting evidence-based practice
- Promoting patient safety and highlighting the need for efficient and

effective patient centred care delivery in line with the QiPP agenda (2010)

How it Works

Participants

The multiprofessional study days are aimed at pre-registration learners from all professional backgrounds, regardless of stage of training. Attendants have included pre-registration Learners from Nursing, Dietetics, Radiology, Paramedic and Trainee Assistant Practitioners.

Workshop Content

Designed around a specific condition or specialty the study day aims to include presentations delivered by a service user and multiprofessional speakers, who are involved in care provision.

Ongoing Evaluation

Evaluation data is collated and used to inform future study days. Over time this has allowed the content and format of the programme to be changed based upon feedback received. Feedback from learners is also shared with presenters to support their ongoing professional development.

Key Challenges

- Developing a programme that includes dates and times suitable for busy practitioners, but that also coincides with learners' placement experiences from all professional programmes.
- Staff being supported and given time to present
- Important to consider the needs of service users particularly if they have a disability to ensure they are able to access the venue.
- Supporting the facilitators in delivering their sessions – different staff have various

levels of teaching expertise and not all facilitators are experienced in teaching large groups.

Key Learning

- Bringing learners together to work on problem-solving situations helps to break down professional boundaries and barriers. Discouraging learners from wearing uniform can also help and the study day enhances learners' confidence and competence in relation to clinical decision making. This has been evidenced by results from the learner evaluations.

Next Steps

- Improve collaboration across the network to encourage more learners to attend from different Trusts
- A greater representation and buy-in from Allied Health Professionals (AHPs) and medical schools as this will strengthen the interprofessional aspect of the study days.

Supporting Material

The following resources are available from the contact.

- SLAIP Standards
- Learner day agenda (example)
- Evaluation tool

For more information contact:
Debbie Price, Practice Education Facilitator
Aintree University Hospital
debbie.price@aintree.nhs.uk

Learning Clinical Skills Together

"Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care."¹

Within University Hospitals of South Manchester (UHSM) a pilot was developed to give all pre-registration learners the opportunity to learn together.

*"Traditionally healthcare professionals had clear boundaries and learnt in specific, separate learning institutions. Certain roles and responsibilities are now shared as patients are placed at the centre of healthcare activity. This requires learners to learn more about each other's professions."*²

First year undergraduate medical students learn skills such as manual blood pressure recording and communication techniques in university. Subsequently these are revisited as part of 'early hospital experiences' in the clinical skills unit before they practice these skills in a ward setting.

Approach

This idea had not been tried before and there were initial concerns that the medical learners must not be disadvantaged by introducing a larger group of learners to these sessions. The University of Manchester Faculty of Medicine and Nursing, and Manchester Metropolitan University (nursing) were approached to gauge opinion and support for this venture.

Learner access to IPL

The sessions were already booked for groups of approximately 12 medical learners. Flyers for the sessions were placed in ward areas for Nursing and AHP learners. Education links for Nursing and AHP learners were informed.

Structure of IPL intervention:

- Revision of the procedure
- 6-12 nursing and 12 medical learners in each of these sessions, divided into pairs to attend the ward areas together
- Procedure undertaken in the same pairing with a selected patient
- The pairs return to the classroom environment for feedback
- Learners wrote their reflection of the experience for their portfolio
- The session took approx 3 hours

Evaluation

The sessions were evaluated using a short reflective questionnaire, discussion following their experiences and an online survey. A modified version of the Readiness for Interprofessional Learning Scale (RIPLS) was used as the basis for the questions in an electronic survey. The learners selected responses from "Strongly Agree", "Agree", "Neutral", "Disagree" and "Strongly Disagree" (Table A). This tool has been developed for use in the undergraduate arena and has proved useful in assessing the readiness of learners to engage with interprofessional learning³.

Data was collated from the pilot in 2011 and 2012. Data is yet to be collected for the 2013 IPL sessions. The written evaluation asked if the learner felt they had gained anything from the experience, if there were any difficulties and whether they felt there was value to attending the IPL sessions. The comments were assessed for commonly occurring themes (see Table A).

Learners reported an increased understanding of each other's roles

TABLE A

Q1	Learning with other learners would help me become a more effective member of a healthcare team
Q2	Patients would ultimately benefit if healthcare learners worked together to share problems
Q3	Shared learning with other healthcare learners would increase my ability to understand clinical problems
Q4	Learning with healthcare learners before qualifications would improve relationships after qualification
Q5	Communication skills should be learned with other healthcare learners
Q6	Shared learning would help me to think positively about other professionals
Q7	Team working skills are essential for all healthcare learners to learn
Q8	Shared learning would help me to understand my own limitations
Q9	I don't want to waste my time learning with other healthcare learners
Q10	It is not necessary for undergraduate healthcare learners to learn together
Q11	I would welcome the opportunity to work on small group projects with other healthcare learners
Q12	The function of nurses and therapists is mainly to provide support for doctors
Q13	I'm not sure what my professional role will be
Q14	I have to acquire much more knowledge and skills than other healthcare learners

Results

Q2: There were significant differences between responses to Q2; patient benefit of interprofessional learning. All of the nurse/physio learners strongly agreed, however only 53% of medical learners strongly agreed and 35% agreed with the statement.

Q9: There were significant differences between responses to Q9; of nurse/physio learners 87.5% strongly disagreed and 12.5% disagreed with the question, but of the learner doctors 35% strongly disagreed and 41% disagreed.

Q14: There were significant differences between responses to Q14; of nurse/physio learners 88% strongly disagreed, but of the student doctors only 24% disagreed whilst 47% strongly agreed or agreed with the statement.

Free text comments

- *"I enjoyed the experience and the chance to guide fellow (medical) learners into the big wide world"* 3rd year nursing learner
- *"Really enjoyed it. The nurse I was with was very approachable and had a lot to teach me"* medical learner
- (It was) *"Important – a different profession has a different outlook"* medical learner
- *"It was brilliant ... to see how she communicated with the patient and the type of question she asked"* medical learner partnered with 3rd year learner nurse
- *"(At first) my preconceived ideas about medical learners got in the way... I realised that they were not as scary as I thought!"* nursing learner
- *"Valuable for gaining confidence with patients and other professions"*

Perceived benefits:

- Increased understanding of each other's role n=12. They learned about the differences between professions and changed their perception of other types of learners

- They evaluated the contribution of others n=9
- Support and help from the other profession in teaching n=6
- Would like to do more n=6
- Increased confidence in talking to other members of the MDT n=4

Perceived concerns:

- Difference in knowledge levels
- Apprehension - *"I wasn't keen ... initially but I think it was a valuable experience"* medical learner
- Different communication styles – however, the medical learners commented that being aware of an informal style (used by nursing learners) was useful to gain information

Key Learning

- The learners reported an increased understanding of each other's roles
- There were difficulties in matching the teaching sessions with the timetables of the different professions
- Room sizes limit the number of non medical learners attended
- To think ahead and book the room space in advance – we needed 2 large rooms
- It is challenging to get enough facilitators – ensure advance notice and have a contingency plan
- Better advertising is required for non medical learners to attend the sessions – in future will make use of "Blackboard" at university and Facebook. However, face to face targeting was the most successful
- To use ice breakers exercises exercises
- Pairing the learners can be difficult; the best to approach this was found to be asking for volunteers
- To obtain feedback and enable improvements to be made, learners should be encouraged to complete the online survey by emailing the link

Acknowledgements

With thanks to Sigrid Whiteside for assistance with statistical analysis.

References

- 1 CAIPE 2002 <http://www.caipe.org.uk/about-us/defining-ipe/>
- 2 Mitchell, M. Groves, M. Mitchell, C. and Bakin, J. (2010). Innovation in learning – An interprofessional approach to improving communication. *Nurse Education in Practice*.10:379- 384.
- 3 Reid, R. Bruce, D. and Allstaff, K. (2006). Validating the Readiness for Interprofessional Learning Scale (RIPLS) in the postgraduate context: are healthcare professional ready for IPL? *Medical Education* 40: 415-422.



For more information contact:
Helen Slattery, Practice Education
Facilitator, University Hospitals
of South Manchester
helen.slattery@UHSM.nhs.uk



An Authentic Clinical Learning Environment for Medical and Pharmacy Learners

At the start of 2014, the Pharmacy Clinical Tutors affiliated with the University of Manchester developed and delivered a learning session for undergraduate medical and pharmacy learners that engaged the learners in situated learning in a clinical environment.

Third year pharmacy and medical learners at the University of Manchester are assigned to placements at Central Manchester Foundation Trust and Salford Royal Foundation Trust. These learners were recruited to attend a joint Interprofessional Educator (IPE) teaching session. The aim of the session was to provide learners with an opportunity to engage in authentic practice activities in a clinical environment adopting roles mirroring their respective roles in practice.

The session focused on the management of a real patient. Learners were allocated to a clinical ward in small interprofessional groups of three or four. The learner groups interviewed a real patient to obtain a medical and drug history. They then used resources such as the BNF and NICE guidelines to review the patient's current medication and make suggestions for initiating drug treatment. Learners were encouraged to write a prescription for the new items they intended to prescribe for the patient. This promoted collaborative decision making. The learners then compared their notes to the patient's

actual medical notes and prescription chart. The session was intentionally semi-structured to allow learners to naturally form team roles genuine to practice.

All learners completed a pre and post session evaluation utilising the validated IPE data collection tool, Readiness for Interprofessional Learning Scale (RIPLS). Verbal feedback from the learner was also obtained post session.

Background

Manchester Pharmacy School, part of the Faculty of Medical and Human Sciences at the University of Manchester, is dedicated to excellence and innovation in research and teaching. The School is one of the UK's leading centres for Pharmacy research with 95% of its work classed as internationally significant in the 2008 Research Assessment Exercise (RAE).

The five year strategic plan p.6 states that

"We know that potentially damaging medication errors are more likely to occur when healthcare professionals in different disciplines fail to communicate effectively with each other. That is why, in our undergraduate MPharm curriculum, we are developing interprofessional education with the help of our colleagues in the faculty of Medicine and Human Sciences. We believe

that if learners start working with each other as undergraduates this will help them work more effectively together once they qualify and patients will benefit."

For the academic year 2012-3, there were

- 636 undergraduate learners
- 139 post graduate learners
- 66 postgraduate (research) learners

There was a total of 136 academic, research and support staff employed by the School.

Manchester Medical School is the largest in the country, with:

For 2012-13 academic year

- 2,170 undergraduates
- 21 academic (full-time) staff
- 18 academic (part-time) staff
- 47 support (full-time) staff
- 10 support (part-time) staff

The University's four teaching hospitals, together with affiliated hospitals and over 400 community practices, are involved in undergraduate teaching on the MBChB across the North West, each providing excellent facilities for clinical training and research. Altogether, over 4,000 teaching, clinical and administrative staff are involved in the delivery of the MBChB programme.

Key Outcomes

Learners verbally reported that they enjoyed learning in this way. In particular the learning encouraged learners to self-reflect on their knowledge gaps.

Pharmacy learners verbalised disappointment with their perceived performance when comparing themselves with their medical counterparts. The Clinical Pharmacy Tutors speculated that the pharmacy learners inherently felt less natural in the clinical environment. Medical learners spend a great deal of time in a clinical setting, and the inequality of workplace-based learning in their respective curriculums created an issue that had not been considered before the session.

With regards to interpersonal perceptions, both cohorts agreed that they would have less anxiety in approaching similar situations in the future. The RIPLS forms are currently being analysed to determine if a quantitative change in learner perceptions is evident.

There is a drive within Manchester Pharmacy School and Manchester Medical School to incorporate interprofessional learning into the undergraduate curriculum. As the Clinical Tutors are hospital based, this affords a valuable opportunity to engage learners from different disciplines in learning together.

Key Aims

- To promote an understanding of the other learners' professional role in practice
- To foster collaborative attitudes and behaviours between the professional groups
- To take on professional roles and learn from these in an authentic practice environment

Key Stages of Set-up

The Pharmacy Clinical Tutors at the respective trusts engaged with key contacts within the medical education department at each locality. The Clinical Tutors developed the IPL teaching session and sought feedback and input from the medical school to ensure the session was suitable for both groups of learners. These sessions form a mandatory part of the pharmacy learner's curriculum,

but the session was optional for the medical learners. Marketing to these learners was undertaken through email and the medical learner's online learning environment (OLE). Appropriate patients were identified, recruited and their consent obtained by the Clinical Tutors in advance of the session.

Resources

Time requirements of the Pharmacy Clinical Tutors to develop, deliver and evaluate the IPL sessions.

Key Challenges

- Recruiting medical learners to engage in the teaching session was challenging, as this is an optional teaching session for them. The medical education departments supported this with marketing emails
- Managing the unpredictable nature of a clinical environment was a challenge, as patients were often away from their bed, had been moved wards or discharged from the hospital
- During the session, the learner's lack of clinical and pharmaceutical knowledge at this stage in their education became apparent. In some instances, learners were unable to complete the task for this reason. Providing the learners with pre-reading on relevant clinical topics beforehand may provide baseline clinical knowledge for the session

Key Learning

IPL sessions require high level logistical planning. Both Schools must be committed to the sessions and market them well.

IPL that draws upon familiar clinical knowledge recently studied by both learner cohorts would resolve issues regarding knowledge deficits.

Positive relationship building is an important aspect of IPL. Learners need prior consideration



of multidisciplinary team working to fully appreciate the opportunities of such learning within authentic settings.

Sustainability

Manchester Pharmacy School's five year strategic plan includes a target to develop and implement interprofessional education into the undergraduate curriculum. This session has successfully contributed to this agenda, and will be embedded into the Clinical Tutorials for pharmacy learners going forward, with continued support from those involved in medical education at the base hospitals.

Next Steps

- The Clinical Tutors will look to build on IPL as the learners progress through their course. It is believed a further session in fourth year of the curriculum for both sets of learners would allow them to build on the collaborative skills fostered in this session

For more information contact:

Layla Fattah
Central Manchester University Hospital
NHS Foundation Trust
layla.fattah@cmft.nhs.uk

Alison Levine
Salford Royal NHS Foundation Trust
alison.levine@srft.nhs.uk

Angela Burgin
Salford Royal NHS Foundation Trust
angela.burgin@srft.nhs.uk



Simulation for Medical and Pharmacy Learners

In January 2014, the University Hospital of South Manchester (UHSM) simulation suite became a hive of activity as it hosted an innovative Interprofessional Education (IPE) pilot project.

Hospital skills tutors from the Manchester Pharmacy School (MPS) and the Manchester Medical School (MMS) collaboratively developed and delivered a series of Interprofessional team training sessions to a group of third year undergraduates studying at the University of Manchester (UoM).

The overall aim of these sessions was to provide a novel learning opportunity for Undergraduate IPE that would help define the roles and responsibilities expected of a hospital pharmacist, doctor and nurse in clinical practice in a safe environment. Learners were exposed to scenarios purposefully designed to draw out their ability to apply specific skills such as teamwork, delegation, leadership, problem-solving and recognising limitations in order to achieve the best outcome for their patient.

IPE forms a core General Pharmaceutical Council (GPhC) and General Medical Council (GMC) outcome, making the success of this project an excellent stepping stone for future simulated IPE.

Background

The UHSM Academy Simulation Suite opened its doors for use in June 2013. It is designed to provide multi professional team based learning through purposefully designed scenarios true to clinical practice.

The suite consists of two rooms that reflect clinical areas, each with an adjacent de-brief room for peer/tutor observation and post-session discussions. The suite also holds access to the use of high fidelity manikins and audio-visual equipment for video playbacks and tutee feedback.

The simulation facility is available to everyone who works within UHSM and for the purpose(s) of Undergraduate teaching. The Simulation Team – the Simulation Manager and two Simulation Technicians – can provide assistance as needed with scenario design and training.

Key Outcomes

To assess the learning of those participating in the interprofessional simulations, a post assessment tool validated by assessment researchers from the Macy grant at University of Washington was used. Elements explored included:

1. Benefits of training
2. Learning and performance

3. Learning environments
4. Skills
5. Team structure
6. Leadership
7. Situation monitoring
8. Mutual support
9. Communication
10. Essential practice characteristics

100% of learners enjoyed learning in a simulated environment and the opportunity of working with learners from other professions. 100% of learners also agreed that learning with other healthcare professionals (HCPs) would benefit patient care, help with role clarification and enable a team approach to problem-solving patient problems.

More than 30% of learners agreed that they had little confidence or remained neutral in their ability to effectively delegate responsibility for tasks, take on a leadership role in a team and be effective and integrate information and suggestions into a plan.

Learners were also offered an opportunity to comment on their level of understanding of IPE before and after their experience. These are shown in table 2.

Table 2: Before and After Figures

STATEMENT OF UNDERSTANDING	% IN AGREEMENT BEFORE	% IN AGREEMENT AFTER
The benefits of IPE	50	100
The association between patient safety and interprofessional collaboration	69	97.6
How to share information in an interprofessional team	45.3	92.9
The importance of having a shared mental model in an interprofessional team	35.8	83.3
The importance of offering assistance and asking for help as appropriate	71.4	90.5
The benefits and application of SBAR	43.9	82.9
Interprofessional communication skills (repeat back, closed loop communication)	54.8	84.2
Team leader use of briefs and huddles	47.6	85.7

When asked, “*what is the most important learning experience you took away from the IPE training?*” responses were very reassuring, providing the evidence that the intended learning outcomes had been met (see below).

Learner responses

“Great teamwork improves and optimises patient care. You’re not working alone in a hospital setting – plenty of support from all HCPs It’s a great learning experience!”

“Enhanced prescribing skills and how to work with pharmacists in a clinical setting. Really enjoyed it and learnt a lot”

“Different members of the team can contribute effectively to patient care – it’s important that all aspects are communicated well to ensure patient safety and that the patient is involved in their care too.”

“Planning as a team and integrating that plan with special requirements of the patient.”

“Importance of delegating jobs to people most comfortable and confident in that job”

“Don’t be afraid to ask to clarify if unsure”

“The role of pharmacists in healthcare settings and where our roles overlap”

In June 2013, hospital clinical tutors at the Manchester Pharmacy School (MPS) were given the opportunity to develop and deliver an innovative clinical skills tutorial to 3rd year undergraduates. As one of the core

GPhC outcomes, interprofessional education (IPE) became an obvious primary focus. Coupled with the recent development of a clinical simulation facility at UHSM (University Hospitals of South Manchester) it provided an ideal and timely opportunity for learners to practice elements of IPE with the same distractions and complexities present in the real clinical setting, but in a safe learning environment.

Key Aims

The overall aim of these sessions was to provide a novel learning opportunity for Undergraduate IPE that would help define the roles and responsibilities expected of a hospital pharmacist and doctor in clinical practice.

Joint General Medical Council (GMC) and General Pharmaceutical Council (GPhC) Intended Learning Outcomes (ILOs) were produced with the interest of both disciplines in mind.

- Demonstrates effective multidisciplinary team working and management skills to ensure the quality of service and patient care (GMC/GPhC)
- Communicates and works effectively with other health and social care professionals to deliver efficient and safe care e.g. in accurately establishing an accurate drug history (GMC/GPhC)

- Effectively manages common diseases e.g. infectious diseases through application of microbiological science (GMC/GPhC)
- Formulates a plan for treatment, management and discharge, in partnership with the patient and other healthcare professionals (GMC)
- Recognises own limitations, works safely and seeks support where appropriate (GPhC)
- Accesses and critically evaluates national/ local guidance and clinical evidence to support safe, rational and cost effective use of medicines and devices (GPhC)
- Applies pharmacological principles to the use of medicines in order to prescribe drugs safely, effectively and economically (GMC/GPhC)
- Analyses prescriptions for validity, safety and clarity and implements strategies to address identified deficiencies (GPhC)
- Continually and systematically reflects on practice – clinically evaluates the appropriateness of prescribed medicines and undertakes evidence based actions (GMC/GPhC)
- Provides patients with appropriate information about their medicines (GPhC/GMC).

Key Stages of Set-up

June/July 2013

UHSM was made the lead on 3rd year undergraduate hospital tutorials and assessment. Joint decision by University of Manchester clinical tutors (based at Salford Royal Foundation Trust (SRFT), Central Manchester Hospitals Foundation Trust (CMFT) and UHSM) to deliver IPE

September - Dec 2013

Recruitment of prescribing skills tutor and simulation team at UHSM

Scenario development

Collation of resources

Actor/Team briefings

(Team consisted of pharmacy tutors, medical tutors, simulation suite manager and technician, pharmacy pre-registration pharmacists)

January 2014

Recruitment of medical undergraduates

Pre-reading material and learner briefs sent out

January/February 2014

Delivery of four IPE simulation sessions

February/March 2014

Session evaluation

How It Works

University of Manchester medical and pharmacy learners (43 in total) were challenged with common clinical scenarios in the safe environment of a simulated ward. Learners worked in pairs or as a group of three to represent the actions and contributions of their own profession. Joint GMC and GPhC outcomes were devised in order to make the sessions relevant to both disciplines and each scenario was made more realistic with the use of clinical skills tutors (with backgrounds in nursing/midwifery and pharmacy) playing the role of nurses, patient/manikin voice and relatives.

Each simulation was facilitated by a separate clinical tutor responsible for pre-session briefings and post-session de-briefs. The learners were required to work collaboratively to safely manage an acutely unwell patient, prioritising tasks such as diagnosis, medication histories, prescribing, prescription review, discharge planning and counselling on high-risk medicines such as warfarin. The sessions were delivered on four separate afternoons and a lesson plan is provided in table 1 below.

The simulation suites are designed with one-way glass windows such that facilitators and peers may observe the scenarios in real-time. For this reason learners were also able to play out the scenarios without interruption or distraction from tutors and observers.

Learner groups were split in two with one group acting out scenario 1 whilst the other peer reviewed from the debrief rooms. The groups then exchanged places for scenario 2.

Scenario 1 involved a patient newly admitted to hospital for community acquired pneumonia (CAP). Scenario 2 was an extension of the first, using the same patient but much later on during their inpatient stay. The patient had developed a deep vein thrombosis (DVT), was much improved and required discharge planning. The same patient was used throughout given time commitments for the afternoons, ease of delivery (learners are already familiar with the case) and that it provided an opportunity for the team to manage a patient throughout their inpatient stay (from admission to discharge).

Table 1: IPE simulation lesson plan

DURATION	LOCATION	ACTIVITY	PERSONNEL
2-2.30pm	Debrief rooms	Intro, orientation and briefing	Facilitators Simulation staff
2.30-2.50pm	Sim suite 1 Sim suite 2	Scenario 1 Scenario 1	Actors (patient, voice, relative, nurse), learners
2.50-3.30pm	Debrief rooms	Debrief 1	Facilitators Actor, peer, learner feedback
3.30-3.45pm	Foyer	Break Noticeboard of model answers	Actors (patient, voice, relative, nurse), learners
3.45-4.05pm	Sim suite 1 Sim suite 2	Scenario 2, extension of scenarios 1 Scenario 2, extension of scenario 1	Facilitators Actor, peer, learner feedback
4.45-5pm	Debrief rooms	Debrief 2 Post-assessment evaluation	Facilitators Actor, peer, learner feedback

Resources

Environment

- 2 x simulation suites and de-brief rooms per afternoon
- 2 x sets of paperwork (hospital charts, medical notes, x-rays, scenario briefs, medications, BNFs, formularies etc.) per afternoon

Roles

- 2 x patient/manikin voice per afternoon
- 2 x relative per afternoon
- 2 x nurse per afternoon
- 2 x facilitators per afternoon
- 1 x simulation suite manager per afternoon

Roles were played by medical/pharmacy clinical skills tutors, pre-registration pharmacists and simulation suite staff

- No extra funding was sought for this pilot project.

Key Challenges

- **Challenge:** Medical learner recruitment. Learners were asked to voluntarily give up their time for these sessions.
Solutions: Actively promoted via Medlea (a web-based programmes administrator used by the Manchester Medical School) and the lead prescribing skills tutor for UHSM. Relevant intended learning outcomes (ILOs) devised that were of interest to both disciplines.
- **Challenge:** Learning accessibility and equality. UHSM accounts for one third of pharmacy undergraduate learners only. Central Manchester Foundation Trust (CMFT) and Salford Royal Foundation Trust (SRFT) host the other two.
Solutions: The decision was made to deliver consistent intended learning outcomes (ILOs) to be delivered within the context of Interprofessional education (IPE). Each Trust played to individual strengths and available resources. UHSM used a simulated environment. SRFT and CMFT used real patients.

- **Challenge:** Tutor inexperience with simulation.
Solutions: Background reading. Utilisation of available validated assessment tools. Advice sought from simulation team.
- **Resources:** Personnel for role-plays.
Solutions: A resource heavy teaching session that relied on the good will of others. Promoted as an innovative pilot project with view for future expansion.
- **Time commitment:** Scenario preparation and planning. Actor briefs. Facilitator training. Recruitment of staff and learners. Session evaluation.
Solutions: Joint commitment and enthusiasm for the success of the project by lead facilitators and simulation team.

Key Learning

The development and delivery of a simulated IPE tutorial has been insightful and challenging. Planning and organisation is resource-heavy, involves considerable commitment of time and energy and requires regular communications between members of the team. For its own success, there must be a passion from within the team for IPE and an interest in the use of simulation. Both staff members and learners thoroughly enjoyed the learning experience, which makes all the hard work worth it.

Most of the medical learners had prior exposure to simulation and seemed comfortable with the learning environment, but had received little IPE. For the pharmacy learners, this was their very first simulated form of learning and again they had received little IPE throughout their undergraduate training to date. Both disciplines often reported how they would have appreciated regular simulated IPE scenarios throughout their degree in order to build on familiarity and confidence with simulation and interprofessional teamwork.

The benefits and future scope for simulated IPE have become clearly visible from the work undertaken and should be considered within the context of the Undergraduate curriculum where possible so that every learner may have the opportunity to reap its rewards.

Sustainability

This was a pilot project and is therefore not currently embedded in everyday practice.

Next Steps

- To expand the project for the inclusion of other undergraduate disciplines; nursing, physiotherapy, dietetic etc...
- To develop and deliver further simulations based on new scenarios
- To expand the project for the inclusion of greater numbers of learners. Recent successful funding by Health Education North West has enabled the development of a centralised simulation suite for delivery of IPE. This will ensure improved accessibility and equality of learning for all undergraduate learners

Further Links

<http://caipe.org.uk>
<http://collaborate.uw.edu>
<http://www.pharmacyregulation.org>
<http://www.prescribe.ac.uk>

For more information contact:

Jodie Gwenter

Clinical Tutor and General Surgery

Directorate Pharmacist

University Hospital of South Manchester

NHS Foundation Trust

jodie.gwenter@uhsm.nhs.uk (Trust)

sarah.gwenter@manchester.ac.uk
(University)



A Programme of Learning Together

Lancashire Teaching Hospitals NHS Trust has developed an interprofessional learning programme involving a series of 25-30 teaching sessions per year. These are delivered primarily by clinical staff and are aimed at learners and staff from all healthcare professions.

The topics include:

- Tracheostomy and neck breathers
- Role of the Forensic nurse at the SAFE (Sexual Assault Forensic Examination) centre
- Bereavement and tissue donation
- Critical care outreach service
- Assessment of the acutely ill patient and safe transfer
- Productive Ward
- Tissue viability and wound management
- Medicines management
- Adverse drug reactions
- Fluid balance and renal function
- Care of the older LGBT (Lesbian, Gay, Bisexual and Transgender) patient
- Breast care – a patient's journey
- Dementia care

The aim of the programme is to educate learners from different professions together on topics of relevance to all attendees. The content and related discussion should benefit patient care indirectly through developing knowledge and insight of the roles of the healthcare professionals involved.

Background

- Lancashire Teaching Hospitals is an Acute NHS trust comprising Royal Preston and Chorley hospitals
- It provides a wide range of services and is the centre for renal and oncology satellite sites in adjoining Trusts. It is also one of the designated trauma sites for the North West
- Approximately 6000 staff work in the trust as well as up to 1000 learners undertaking placement

Key Outcomes

All attendees of the interprofessional learning sessions were asked to complete an evaluation. These demonstrated that they had gained insight and understanding of other roles.

Examples of feedback from learners attending are as follows;

"Brilliant, even the care information was so helpful as a Dietitian"

"Physical Models, real patients and led by experts who are actually working with the patients"

Key Aims

- To introduce, promote and develop IPL within the Trust
- To make IPL opportunities accessible and available to all learners pre and post registration
- To provide opportunities for learners to develop a wider knowledge base and understanding of the roles of other healthcare professions
- To benefit patient care through the introduction of a staff culture that seeks involvement and generates an understanding of each other and their roles



Key Stages of Set-up

Booking appropriate venues to ensure that all learners can access the sessions.

Promoting and advertising the sessions through the Pre-registration Education Committee within the Trust, clinical educators, educational leads and via direct messaging.

Creating a database listing learner name, profession and email address. The email addresses enable pre-course reading documents to be sent to the attendees without the need for multiple paper handouts.

Resources

All the speakers present in work time. One session involves speakers from two different professions working together. Patients (service users) also attend one session at their own time and expense.

The venues are all onsite.

Key Challenges

- Identifying topics and content that would be of relevance to a range of staff and learners across healthcare professions

This was achieved by discussion with the respective clinical educators and learners through a Trust-based survey which contributed to the choice of topics offered. Speakers were aware of the various professions the learners were representing so that they could adjust the presentation accordingly.

- Encouraging learners from a range of professions to attend

This was overcome by contacting them via their respective clinical educator and by ensuring that the sessions were of high quality and relevance to all learners. Learners themselves were then more likely to recommend the programme to their peers.

Key Learning

Effective communication is essential between speaker, facilitator, education leads and the learners themselves.

A good database and its management is a definite requirement. The database allows the attending learner details to be recorded. By having these details presentations and certificates of attendance can be sent out electronically to all attendees. It also acts as a register so that the number of learners and the professions they are from can be recorded.

Involvement of the respective clinical educators/learner leads is also essential as this conveys the message to the learners that the session is of relevance to them and will meet their learning outcomes.

Both learners and educators must have confidence in the programme and an understanding of both the requirements and benefits of participating in interprofessional learning.

Sustainability

Knowledge of the topics covered is utilised whilst in practice – For example, Occupational Therapy (OT) learners and staff attended the session on tracheostomy care as this was pertinent to the clinical area in which they were working. They found the management

of these patients from the perspective of Nurses, Speech and Language Therapists and Dietitians beneficial to their own role in caring for these patients.

The sessions complement the informal IPL that takes place during multi-disciplinary team meetings and ward rounds within the clinical environment. Its set structure and formal presentation means that the content is standardised. They are also delivered away from the clinical area so avoiding any interruptions.

Next Steps

- Incorporate some of the findings from the IPL evaluations into future planning. For example:

Patient 'journey' from admission to discharge

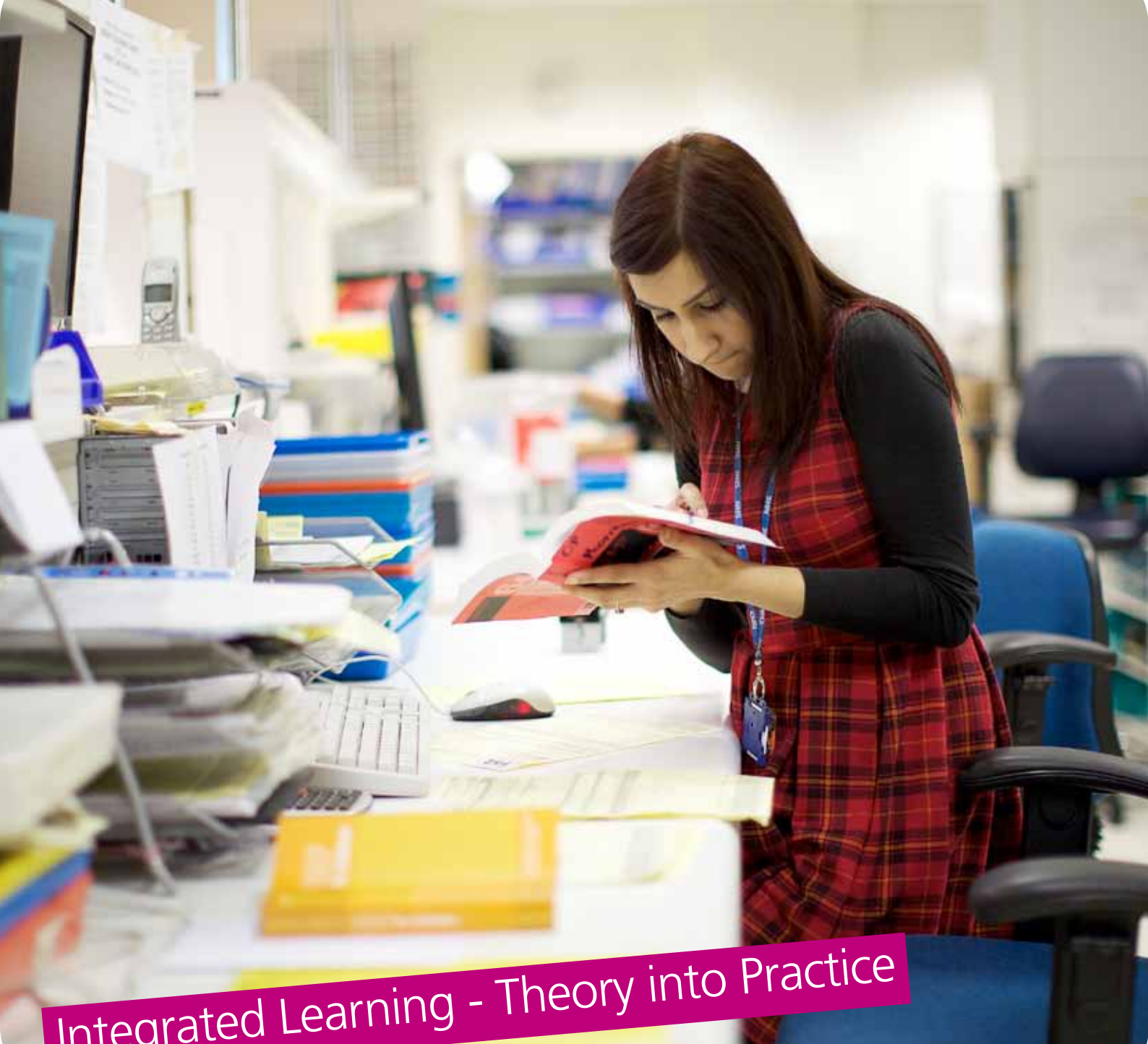
Stroke rehabilitation, head injuries

- Continue to review and refine the IPL sessions and look at other modes of delivery e.g. Simulation.

Further Links

<http://online.lthtr.nhs.uk/start.asp>

For more information contact:
Nigel Howorth
Practice Education Facilitator
Lancashire Teaching Hospitals NHS Trust
nigel.howorth@lthtr.nhs.uk



Integrated Learning - Theory into Practice

The School of Health Sciences at The University of Liverpool is committed to providing a continuum of interprofessional education to ensure that learners and educators have the opportunity to learn to work together as health care professionals. The provision of health care programmes is unique in that there are six programmes offered at Liverpool (Diagnostic Radiography, Nursing, Occupational Therapy, Orthoptics, Physiotherapy and Therapy Radiography). The curriculum is dynamic and is adapted to respond to a political and regulatory agenda and adopts the concept of integrated learning. The strategies employed within the School are multiprofessional teaching

(shared teaching) in the earlier years of the programmes with shared curriculum and assessments with material being fitted into the programmes in accordance with the philosophy of the individual professional group. Of greater significance is interprofessional learning (shared learning) using interactive small mixed-professional groups to address common issues related to practice for all health care professionals which is embedded into the third year of the programmes. The issues covered relate to teamwork (roles and responsibilities and communication) professional issues including ethics and critical evaluation of fitness to practise cases on HCPC website and diversity

and equality. Feedback from the sessions indicates that learners find it interesting to learn about other professional roles and they help the learners to embrace a holistic approach to health care. IPE has not been assessed up until this academic year.

For more information contact:
Helen Orton
School Lead for Interprofessional
Learning, University of Liverpool
h.p.orton@liverpool.ac.uk

iii) Flexible Workforce Receptive to Research and Innovation



HEE's priority is to develop a more flexible workforce that is able to respond to the changing patterns of service. It will need to develop a workforce that embraces research and innovation to allow it to adapt to the changing demands of public health, healthcare and care services. To continually drive up the standards of healthcare, clinical decision making must be supported by the best available evidence and good practice. The NHS and public health system needs to get better at combining the latest clinical knowledge with cutting-edge technology. (HEE, 2014-15 p.29).



Clinical Research Trials in the Practice Setting

In 2011 Blackpool Teaching Hospitals NHS Foundation Trust developed a hub and spoke model within its practice placement circuit. The aim was to enhance pre-registration learning for healthcare learners by enabling them to gain experience and training across a wider range of clinical areas and to experience interprofessional learning (IPL) following the patient journey.

The hub is the learner's main placement where they are supervised and assessed by their placement educator. The spoke is a secondary placement that provides the learner with an opportunity to enhance their knowledge and learning and work collaboratively with other members of the multidisciplinary team.

A report in 2008 by the UK Clinical Research Collaboration (UKCRC) subcommittee highlighted that, 'many nurse learners had relatively little knowledge of clinical research by the time they registered.' They suggest that; 'learners are introduced to research within their academic programme but often do not get the opportunity to be involved within the practice setting.'

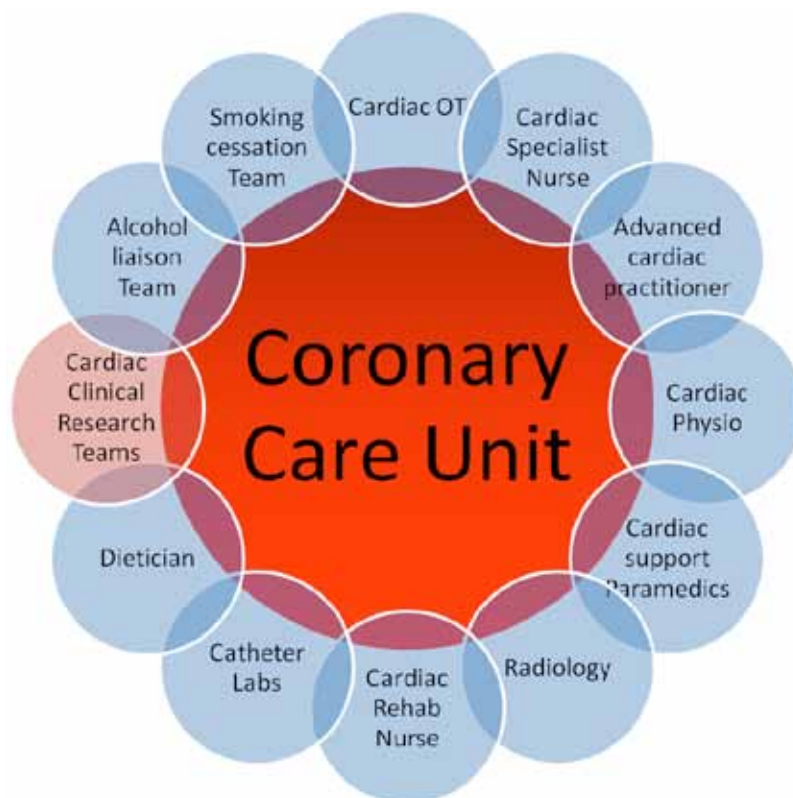
In 2012–2013 the Practice Education Facilitators (PEFs) and the clinical research trials teams worked in partnership to identify how they could address the lack of placement opportunities in their department. Clinical research is often not perceived as

an integral part of learning; Adams (1994) states that 'some nurses believe research is irrelevant to practice, having more to do with professional advancement than with patient care.'

The clinical trials research teams believed they were pivotal in changing these perceptions and suggested that healthcare

learners work alongside the teams to help increase awareness and understanding of the research processes and how these impact upon patient care.

Hub and Spoke Model





Background

Blackpool FT is a large acute Trust that has recently merged with Blackpool Primary Care Trust and North Lancashire Primary Care Trust. The hospital treats more than 80,000 day case and inpatients, and more than 200,000 outpatients each year. Its Accident and Emergency Department is one of the busiest in the country with more than 80,000 attendances annually. The hospital has 767 beds and employs more than 3,000 members of staff. It provides a wide range of services from Maternity to Care of the Elderly, and from Cancer to Cardiac Services.

The Trust opened a new Clinical Trials Research Centre in July 2012 and has a team of over 40 staff who operate across a wide range of clinical areas. Clinical trials research is a core strategic objective for the Trust, and as such all staff are encouraged to be actively involved.

Key Outcomes

The Trust monitored the Hub and Spoke model initiative via a local learner evaluation tool and verbal feedback from learners, placement educators and the clinical trials research teams. The following is a summary from these evaluations;

- **Better Understanding:** The evaluation tool identified that learners are being given the opportunity to follow the patient journey and visit IPL spoke placements to improve their knowledge and understanding of cross-boundary working practices and multiprofessional team roles.
- **Enhanced Learning:** Learners' feedback highlighted that they had had a positive learning experience using the hub and spoke model and that their knowledge and application of IPL and clinical

research trials had been enhanced. One learner stated that " *...it helped them to link theory to practice and to recognise how it can transform health care delivery and patient outcomes*".

- **Better quality of care:** The clinical research trials team stated that ' *learners appear to be gaining a deeper knowledge and understanding of the relevance of research practices*'.

Key Drivers

There were a number of directives that led to the hub and spoke model for interprofessional learning being implemented and then enhanced to incorporate clinical research trials;

- New standards for pre-registration nurse training (NMC 2010) identified the need to offer the learners a more diverse range of healthcare opportunities so they experience the full patient journey and work with other members of multidisciplinary teams
- The Nursing and Midwifery Council (2010) states that learners should be "competent in providing evidenced based care before gaining entry onto the nursing register"
- Educational standards for Health and Care Professional Council (HCPC) learners (2009) stated that "Professionals should be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers"
- A research study day held at the University of Central Lancashire highlighted learners' lack of involvement in research in the clinical setting

- A report in 2008 by the UK Clinical Research Collaboration (UKCRC) Subcommittee recommended that learners "must have the opportunity to become knowledgeable about clinical research during their pre-registration programmes."

Key Aims

- Meet NMC/HCPC and other regulatory body standards
- Ensure healthcare learners receive quality IPL experiences
- Provide healthcare learners with the opportunities to work across multidisciplinary IPL boundaries and experience the patient journey
- Develop an increased awareness of clinical trials research in the practice setting
- Increase clinical placement capacity within the organisation

Key Stages of Set-up

- Team Leaders and area managers were asked to identify an educational link in their unit/department. It was stipulated that the link should be a placement educator, have a specific interest in learner education and have good communication/ interpersonal skills
- Dissemination of information across the Trust and HEIs regarding the impending new hub and spoke model, through meetings, drop in sessions, mentor updates, web-site and newsletters
- Implementation of the model following receipt of completed hub and spoke models from the clinical areas

How it Works

- Each clinical area formulated a hub and spoke model which related to their practice setting
- Healthcare learners were allocated a hub placement by their HEI which has been audited and mapped to ensure they are able to meet their learning outcomes.
- The hub and spokes were attached to the clinical area profiles
- The profile and hub and spokes were uploaded onto the Trust and HEI websites to give learners an opportunity to view their learning opportunities prior to attending placement
- At the learners initial/intermediate interviews the placement educator discuss the learning outcomes. The learners', discussed, identified which spokes are key to helping them achieve the learning objectives, experience IPL and see the patient journey.

Key Challenges

Initially the project was labour intensive due to the fact the Trust was trying to embed the hub and spoke model throughout a large number of clinical areas;

- In 2011, a meeting with the educational links identified that some were struggling to identify spoke areas. General guidelines were developed so that and Spokes must:
 - Relate to the main hub
 - Enhance the learning experience and offer learning opportunities that are not accessible on the main hub placement
 - Facilitate learning outcomes
 - Provide the learner with a broad range of IPL opportunities
 - Provide experiences that relate to the patient pathway
- Another challenge was facilitating learners' understanding of the benefits of using a research setting as a spoke placement to meet their learning outcomes. Clinical trials research teams sometimes encounter resistance from learners, despite the fact that they acknowledge the need to be aware of how evidence based practice is implemented in practice. Gelling (2012),

suggests that "for some learners, research is still treated as being of secondary importance to the many other parts of their curriculum". However, by regularly exposing learners to research teams this should enable them to underpin their practice with theoretical knowledge, and break down some resistance

Enablers

- The key enablers in implementing this model were the educational links
- Support from clinical trials research teams, placement educators, and area managers who were all keen to support the hub and spoke model approach

Key Learning

- Feedback confirmed that the majority of healthcare learners agreed that their learning experience had been enhanced by using the hub and spoke model but there are some pockets of resistance/ lack of understanding around IPL for some healthcare learners
- Feedback from learners was positive in relation to IPL

Sustainability

The hub and spoke model has facilitated a cultural shift in thinking regarding the benefits of IPL and clinical trials research within the trust and is now being utilised in everyday practice as a framework for healthcare learners to plan learning to meet their placement outcomes and enhance their learning experiences.

Next Steps

- To maintain the hub and spoke infrastructure to further embed IPL and access to the clinical trials research team within the trust for all healthcare learners
- Utilise the model to promote multiprofessional working and communication skills between teams that have not adopted the framework
- Increase awareness at placement educator updates and through educational links
- Share good practice in partnership with the clinical trials research team manage

References

- Adams T. (1994) Teaching research methods to nursing learners. *British Journal of Nursing*, 3 (18), 947
- Frenk J, Chen L, Bhutta Z, Cohen J, Crisp N, Evans T et al (2010). 'Health professionals for a new century: transforming education to strengthen health systems in an interdependent world'. *The Lancet*, vol 376, (9756), pp 1923–58
- Gelling L. (2012) At the heart of nursing: *Nursing news/Nurse Researcher/RCN Publishing Company*; April 2012 Vol 19 Number 3
- Health and Care Professionals Council (2008) *Standards of Education and Training*: London: Health and Care Professionals Council
- Howkins, E., & Bray, J. (2008). *Preparing for interprofessional teaching: Theory and practice*. Oxford: Radcliffe
- McNicholl M. Coates V. Dunne K. (2008) Driving towards an improved research and development culture. *Journal Nursing Management* 16: 344–351
- Modernising nursing careers – setting the direction (2006) Department of Health – Chief Nursing Officer's Directorate
- Nursing and Midwifery Council (2010) *Standards for Pre-Registration Nursing Education*: London: NMC
- U.K. Clinical Research Collaboration Sub-committee for Nurses in Clinical Research (Workforce); (2008) *Developing the best research professionals. Qualified graduate nurses: recommendations for preparing and supporting clinical academic nurses of the future*

For more information contact:
Norma Singleton
Practice Education Facilitator
Blackpool Teaching Hospitals NHS Trust
norma.singleton@bfwwhospitals.nhs.uk



Patient Safety Simulation Pilot

This report describes the outcomes of an innovative pilot study to embed the World Health Organisation (WHO) Multiprofessional Patient Safety Curriculum Guide (MPSCG) within an interprofessional learning event provided during practice placement. Interprofessional education (IPE) is defined as 'occasions when two or more professions learn from and about each other to improve collaboration and quality of care' (Centre for the Advancement of Interprofessional Education [CAIPE, 2002]).

The pilot study utilised Interprofessional Simulation Education (IPSE), small group work and didactic sessions supported by a virtual learning environment to reinforce the aims of the WHO programme and allow appropriate behaviour to be developed experientially. The pilot was run over four days for a group of 12 pre-registration learners from nursing, physiotherapy, medical and pharmacy. The six WHO topics were presented and developed over the first three days. The fourth day ended with a ward simulation supported by a senior faculty member from each professional group. The learners worked as a multiprofessional team caring for 11 simulated patients for a two hour period.

The pilot study was undertaken collaboratively by Manchester Metropolitan University, St Helens and Knowsley Teaching Hospitals NHS Trust (Whiston Hospital) and was run at the trust Education and Simulation Centre in 2012. The IPSE project was initially

conceived by the North West Simulation Education Network (NWSEN).

The course was evaluated using specific tools developed by the WHO, an in-house developed questionnaire was utilised immediately following and three months after the course, and a previously validated tool used to explore differences in learners' perception and attitudes towards multiprofessional learning (Parsell & Bligh, 1999) delivered before and after the pilot.

Key Outcomes

The IPSE course enabled the learners to develop an appreciation of each other's professional roles and particularly their individual and collaborative practices (Gough et al., 2013).

It was evident from observation that the learners engaged and enjoyed the course; discussion was initiated throughout the course exploring the roles of the professional groups. An example of this was witnessed on the first day during an initial scenario where the learner physiotherapist passed a stethoscope to a nursing learner for them to auscultate a patient's chest. The nursing learner stated they are not trained to do this, so the stethoscope was handed back to the physiotherapy learner who was able to undertake this task – this was explored in the debriefing following the event.

Feedback from a patient advocacy group representative, who attended and observed the ward simulation, was very positive and

supportive and they suggested such events should be available for all learners.

Pre and Post Learning Questionnaires

Thematic analysis of questionnaires identified numerous benefits including raising learners' awareness of patient safety, human factors, roles of other professions and importance of working collaboratively. Learners identified the simulation component as being one of the most enjoyable parts of the course.

Three Month post-course Questionnaire

Three months post course all the learners still reported the course had been invaluable and were able to give examples where they had been able to apply elements of the course by recognising errors, potential harm events or feeling empowered to challenge certain situations.

Readiness for Interprofessional Learning Scale (RIPLS)

The RIPLS tool demonstrated an increase in the RIPLS total score (RIPLT) indicating a more positive perception and attitude towards interprofessional learning. Internal consistency (Cronbach's alpha coefficient) was acceptable for RIPLT and subscales 1 (teamwork and collaboration) and 2 (professional identity) (Gough et al., 2013).

The project group was highly commended for the pilot in the Health Education North West Adult Learners' week awards 2013 in the category of Learning Together in Health and Social Care.

The key drivers identified for IPSE include capacity planning, preparedness for disaster management and improving patient care through the evaluation of teambuilding, teamwork skills and/or communication within the multidisciplinary team (Gough et al., 2012). Despite various calls to increase learners' access to IPE the Department of Health has reported that opportunities for multidisciplinary and interprofessional learning are still not being fully exploited (DH, 2011).

This project was developed in response to the recognised paucity of available resources to assist in the facilitation of IPE/IPSE sessions and the need to develop strategies to resolve some of the reported barriers particularly around the engagement of multiple Higher Education Institutions and timetabling issues.

Key Aims

- To ascertain the effectiveness of the WHO multiprofessional patient safety curriculum.
- To develop, pilot and evaluate an IPSE undergraduate session aimed at delivering the selected WHO elements, increasing awareness of the learners' professional identity and that of other professional groups.
- To further explore and suggest strategies to resolve the barriers to IPSE.

Key Stages of Set-up

Stage 1 – Literature Review (IPSE)

An initial literature review around IPSE was performed and published by the project steering group (Gough et al., 2012). This was used to identify and develop an understanding of the successes, barriers and limitations of previous research on IPSE. The key barrier identified in the literature review was the difficulty of accessing different learner groups because of timetabling and geographic location. The review also reported issues with sessions often being run for a limited number of professions and a lack of sessions delivered for professional groups that were not medical or nursing. There was also discussion around the optimum time to deliver IPE initiatives for undergraduates, and the need to balance development of negative stereotypes and the lack of clinical exposure and professional identity (Gough

et al, 2012). Other barriers to IPSE include a lack of available multiprofessional faculty, funding, logistical issues and the need to develop specific resources that include interprofessional learning outcomes (Hellaby, 2013).

Stage 2: IPSE Course Development

Following the literature review the project steering group identified the target learner groups as medical, nursing, physiotherapy and pharmacy. It was decided to use learners in their final year close to finishing their academic study. Even with this group it was recognised that at times in the simulated environments they would require senior support and guidance as they would have in the clinical area – this helped to ensure the learners stayed within a scope of practice that was appropriate for a newly qualified member of staff. Initially it was planned to develop or repurpose existing presentation material. However, the end of the literature review coincided with the launch of the WHO Multiprofessional Patient Safety Curriculum and a request for expressions of interest from the WHO for sites to act as complementary pilot test sites. The WHO approved the project in 2011 and six of the available 11 topics were identified as those that the team felt were critical and relevant to undergraduate learners, and were either not currently developed in their curricula or of such importance that they warranted further exposure.

These topics were:-

- 1) What is patient safety?
- 2) Why applying human factors is important for patient safety
- 4) Being an effective team player
- 5) Learning from errors to prevent harm
- 9) Infection prevention and control
- 11) Improving medication safety

The project steering group then recruited a multiprofessional faculty reflecting the learner groups and who had experience in developing and delivering simulated learning, human factors and patient safety training.

The IPSE learning resources included interactive workshops, team-building activities and video case studies, supplemented by realistic and immersive simulation scenarios. Access was provided for the learners to a virtual learning

environment (Moodle) which

was populated with pre-course information and discussion boards. Additional material, presentations and links were added to the virtual area and revealed during the course to encourage learners to engage in the virtual area and post their thoughts, reflections and comments online.

The final stage of planning was to develop and peer review evidence based clinical simulation scenarios, and in addition management decisions and drug errors were included. The scenario learning outcomes were mapped to the WHO MPSGC (2011), and indicated both generic and professional specific outcomes. To align with the chosen WHO topics (1, 2, 4, 5 and 11) drug errors were factored into the scenarios. The learning outcomes from all the scenarios were then grouped into professional specific areas to ensure that all areas of the WHO curriculum were covered and that no particular professional group was over or under represented in the learning activities.

The scenarios were designed as an educational resource that could be used with a range of simulation resources i.e. human patient simulator, standardised patient/faculty actor or virtual world environment. It was also conceptualised that other learner professional groups could be facilitated on the course with different scenarios but the rest of the course remained unchanged. This would widen the potential to include primary healthcare, mental health and other areas in secondary healthcare.





Stage 3 – Ethical Approval

Ethical approval was granted by MMU, The University of Liverpool (Medical School) and St Helens and Knowsley Teaching Hospitals NHS Trust.

Stage 4 – Course Delivery

It was initially planned to deliver the course in a vacant ward area. However, the identified ward was not available as planned. The decision was made to run the entire course in the St Helens and Knowsley Teaching Hospital Education Centre. The centre had several multi-purpose rooms that could be utilised to effectively create a representation of a ward environment. The team set about documenting the equipment required to turn two of the larger rooms into two four bedded ward areas and the existing simulation room and neighbouring rooms into side room areas. All equipment used was standard equipment that was available in clinical practice and patients case notes and ID bands were generated. Notes were placed in a notes trolley for the ward round and a drug trolley was stocked with typical drugs (boxes contained a variety of sweets) so that the nursing staff could undertake a drugs round.

Recruitment of learners from the 3 participant HEIs (nursing, medical and physiotherapy) and the trust (pharmacy) was undertaken by lecturers and practice educators of the trust, and the learners attended the four day program.

The ward scenario mirrored a medical ward with two bays (male and female standardised actors/faculty) each with four patients,

the scenarios being duplicated and a multidisciplinary team assigned to each bay. The scenarios were as follows –

1. Patient admitted with recent onset atrial fibrillation
2. Patient with infected heel (already had existing lower leg amputation)
3. Patient with GI bleed
4. Patient with nausea and vomiting (also MRSA recorded in notes). Additionally at a predetermined point a patient in the side room (human patient simulator) had an anaphylactic reaction (repeated twice for each team) and a patient with community acquired pneumonia was admitted during the scenario.

There were several side rooms available and one of the expected steps was that the patient with nausea and vomiting would be barrier nursed. Standardised patients were given case histories, assessment forms to gather information about them and when key events were undertaken, and to provide observation results as required by the learners.

Each professional group had access to a senior (faculty) who was briefed to give direction, ensure evidence based practice and support learners without taking over direct care.

The event was videoed as an adjunct for further evaluation and to be used as required in the debriefing. The debriefing was held after a refreshment break and focused on identified problems and successes as well as reinforcing the key WHO elements.

Stage 5: IPSE Course Evaluation

The pilot study was evaluated using two purposely-designed (predominantly) qualitative questionnaires, one used on the final day of the course and the second three months post course (when the majority of learners were now working in a qualified role). A previously validated scale – the Readiness for Interprofessional Learning Scale (RIPLS) (Parsell & Bligh, 1999) was used pre and post course. Additionally as part of the WHO complementary pilot test site requirements, interviews with faculty and stakeholders, faculty focus groups and pre and post knowledge and attitude surveys were utilised. The post survey also included learners' feedback on the effectiveness of the course. These results have been factored into the overall MPSCG final report (WHO, 2013).

Findings indicated that the course provided an innovative method of delivering interprofessional patient safety learning and teaching opportunities within undergraduate healthcare curricula. The IPSE course enabled learners to develop an appreciation of other professionals' roles and in particular their individual and collaborative practices that may positively impact upon patient safety. Following the success of the IPSE study teaching and learning, video and simulations resources, the experiences of the steering group are being shared within uni and interprofessional curriculums. The impact of the IPSE course on pre-registration healthcare learners' perceptions of interprofessional learning and patient safety have been published in *Physical Therapy Reviews journal* (Gough et al., 2013).

Resources

Funding was provided by NHS North West via the NWSN to support the project. Additional resources included access to the NWSN VLE and staff and resources at St Helens and Knowsley Teaching Hospitals NHS Trust.

Particular thanks are noted to the practice educators, simulation team and other staff at St Helens and Knowsley NHS Trust for their assistance.

Key Challenges

Access to learners from multiple HEIs

It was decided to facilitate the pilot at a practice partner site as this made access to learners easier (as long as they were in practice) and also ensured that the learners did not have to attend a different location. Even with choosing a practice placement site it was still difficult to find a date when all the learners were available and had no other planned educational activities. As the learners were already on site it also made getting permission from the HEIs a simpler process.

Variations in learner's ability to undertake simulated practice as part of practice hours.

The majority of learner groups were allowed to undertake a defined percentage of practice time in a simulated area at the time the session was run. However, physiotherapists were not able to and it was necessary to

negotiate with the HEI to release four days academic time to make up for the lost clinical practice time. It was also noted that with some groups it was not clearly defined who provided the simulation component (academic or practice partner) and there was a potential risk of learners going over their simulated hours allocation.

Funding of resource development and facilitation

The pilot was centrally funded and this assisted in the preparation, facilitation and evaluation. Without this funding and strategic view it would have been difficult to enable multiple different organisations to work collaboratively. To enable the delivery of future IPSE sessions, funding needs to be identified to cover use of facilities, facilitators' time, course administration and on-going evaluation.

Length of time to develop and peer review 14 simulated scenarios

As there was a lack of suitable materials available, the simulated scenario development took a considerable time as it was important to ensure that they were evidence based and applied reasonable and correct profession-specific outcomes that holistically worked together. This work was necessary but the group were keen to see further sharing of developed resources across the region to prevent the unnecessary duplication of work by neighbouring organisations.

Key Learning

The lessons learnt from this project included:

- Collaboration is vital to ensure timely, effective development of educationally coherent resources
- The limiting resource is often the availability of a suitably experienced multiprofessional faculty who have the required diverse skills and experiences in developing and delivering simulated learning events
- Central co-ordination and funding at a strategic level is required

The recommendations following the pilot were:-

That the WHO undergraduate curriculum should be incorporated into all undergraduate curriculums

That IPSE is utilised to further develop patient safety for undergraduates

That any IPSE regional development requires regional co-ordination

That any IPSE event should include robust evaluation and reporting on its improvement of patient safety.





Sustainability

The course is not currently being delivered, partly as it has proved difficult to engage with multiple HEIs and practice placement organisations. There is also a need to identify/develop a faculty group and fund the project centrally if it is to be developed on a regional basis.

Regional Impact:

Following the success of the IPSE study, teaching and learning, video and simulation resources are now being repurposed for utilisation within uni- and interprofessional healthcare.

These realistic and immersive simulation resources are now being used to create meaningful and sustainable learning-scapes. This provides an opportunity to utilise these resources within existing healthcare curricula and support the integration of the WHO MPSCG (2011).

The IPSE resources can also be used as a means of supporting both learner and faculty professional development. All of the scenarios are now available to NWSEN members via the scenario library.

International Impact

The IPSE course and resources are currently being piloted in New Zealand.

Dissemination

The results of the project have been presented regionally to the NWSEN members, at national (Gough et al., 2012b; Jones et al., 2013) and international (Gough et al., 2013b; 2014) simulation and education conferences and published in peer reviewed journals (Gough et al., 2012; 2013a).

Next Steps

- To maintain a dialogue with HENW about future uses of the pilot
- To encourage IPSE sessions
- To repurpose the material and deliver in a virtual area in a bid to further overcome some of the issues regarding HEI engagement and geographic distribution of learners

Further Links

WHO Patient Safety Curriculum Guide

<http://www.who.int/patientsafety/education/curriculum/en/index.html>

References

- Parsell, G., & Bligh, J. (1999). The development of a questionnaire to assess the readiness of healthcare learners for interprofessional learning (RIPLS). *Medical Education*. 33(2). 95-100.
- Centre for the Advancement of Interprofessional Education. (2002). *Interprofessional Education – a definition*. London: CAIPE. Retrieved from <http://www.caipe.org.uk/resources/>
- Department of Health (2011) *A framework for Technology Enhanced Learning*. London: Department of Health.
- Gough, S., Hellaby, M., Jones, N., MacKinnon, R. (2012) A review of undergraduate interprofessional simulation-based education (IPSE). *Collegian*. 19, 153-170.
- Gough, S., Hellaby, M., and Jones, N., (2012b) *Innovations in interprofessional learning and teaching: Providing opportunities to embed patient safety within pre-registration healthcare curriculums*. Association of

Simulation Practitioners in Healthcare, Oxford, UK. 7th November 2012.

Gough, S., Jones, N., Hellaby, M. (2013a). *Innovations in interprofessional learning and teaching: providing opportunities to embed patient safety within the pre-registration physiotherapy curriculum*. A pilot study. 18(6), 416-430.

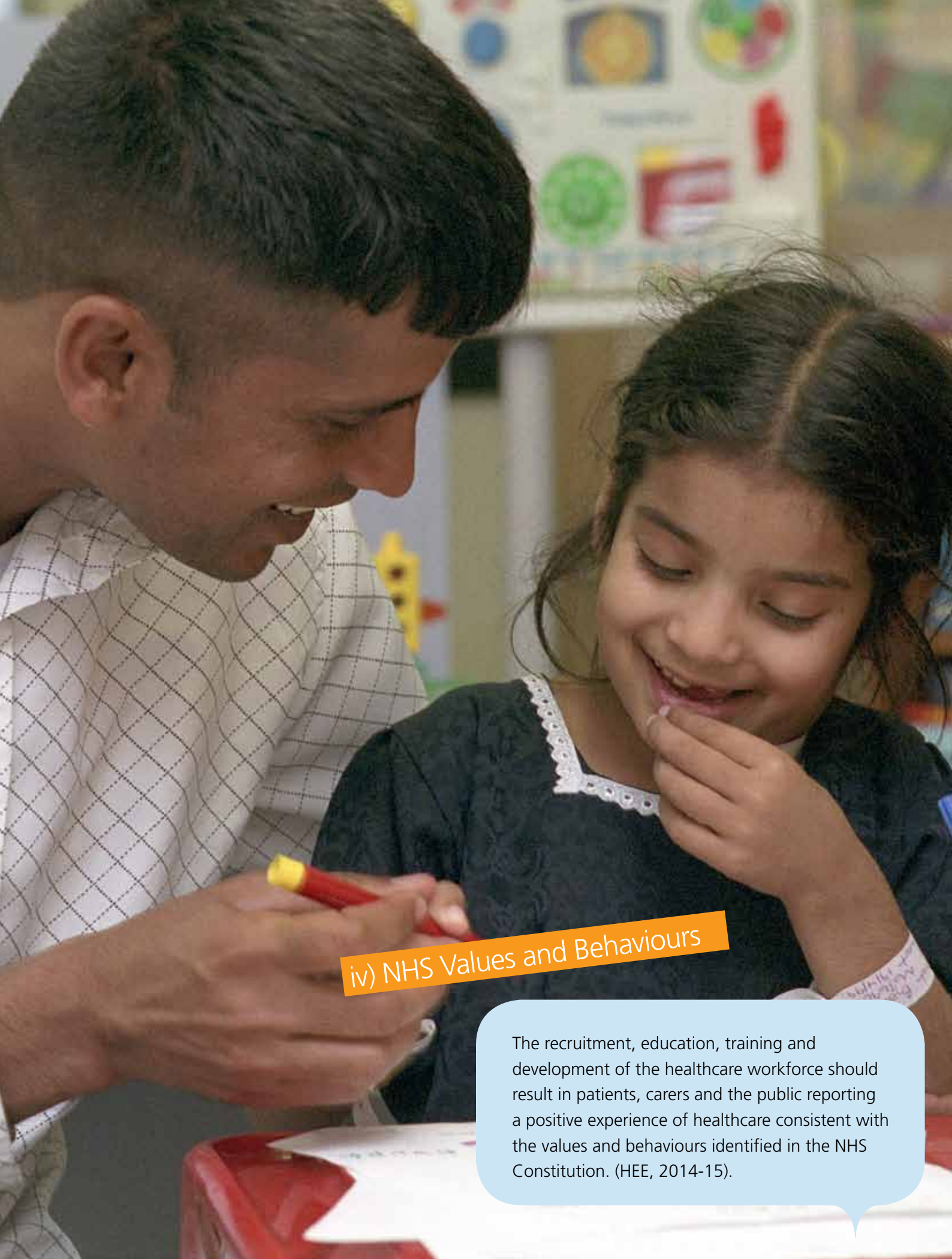
Gough, S., Hellaby, M., and Jones, N., (2013b) *Innovations in pre-registration interprofessional simulation-based learning and teaching: Crossing placement boundaries regarding patient safety*. SimHealth Conference. Crossing Boundaries. Brisbane, Australia, 16th September 2013.

Hellaby, M (2013) *Healthcare Simulation in Practice*. Keswick: M&K Publishing.

Jones, N., Gough, S., and Hellaby, M., (2013) *Ward Simulation*. Invited Workshop. ASPIH and Laerdal National Interprofessional Paediatric Simulation Symposium, Manchester, UK, 3rd March 2013.

Gough, S., Hellaby, M., and Jones, N., (2014) *Spreading the word: Developing and repurposing resources to create sustainable simulation learning-scapes*. International Association of Higher Education Teaching and Learning HETL Conference, Anchorage, Alaska, 2nd May 2014.

For more information contact:
Mark Hellaby, NW Simulation
Education Network Manager
mark.hellaby@cmft.nhs.uk



iv) NHS Values and Behaviours

The recruitment, education, training and development of the healthcare workforce should result in patients, carers and the public reporting a positive experience of healthcare consistent with the values and behaviours identified in the NHS Constitution. (HEE, 2014-15).



A Daughter's Diary

The concept within Bolton Hospital NHS Foundation Trust was simple; all professions work together so why can we all not learn together?

A starting point was to set up an interprofessional working group to further explore how to move this forward and embed interprofessional learning into clinical practice. The working group comprised representatives from; Practice Education Facilitators, Medical Consultants, Physiotherapy, Occupational Therapy and Podiatry. Core Interprofessional learning topics were identified based on core roles and responsibilities.

It was agreed by the group to devise an interactive DVD following a patient's journey, and the impact of experiences that her relatives had.

The DVD scripting was derived from several real life experiences, combined into one to reflect how poor communication, lack of team working and professional standards can have a profound negative impact.

The group also wanted to highlight the story of the relatives' experiences, which many professionals never get to see or hear about (the hidden journey).

Following the production of the DVD, an interactive forum was initiated in order to generate discussions, reflections and problem solving approaches between the different professions involved.

Key Outcomes

- Production of a multiprofessional DVD resource for the use of all professions
- Greater understanding and respect for each of the represented professions based on the evaluations from the learners experiences
- Improved interprofessional relationships and cross boundary working
- Utilisation and inclusion of patients' and relatives' experiences, to guide and improve communication and care delivery within the multiprofessional team

Background

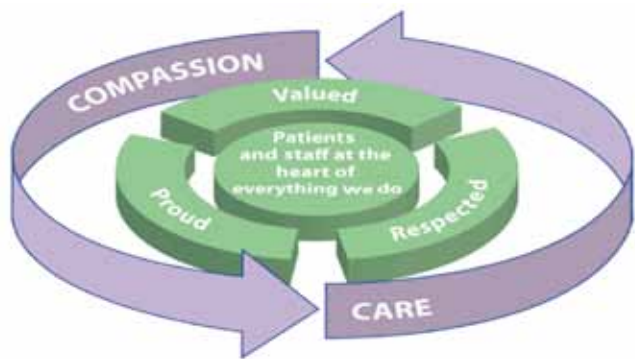
Bolton NHS Foundation Trust is a large NHS organisation within the North West of England, which serves a population of over 270,000. The Trust has 700 beds within the Hospital setting and Community sites in over 20 different locations across the town.

In 2011 the Trust became an integrated Health Care Organisation with over 5,500 staff, supporting approximately 350 healthcare professional learners per year, within 85 placement areas.

Local Drivers

The working group was developed to explore and improve multiprofessional collaboration across the organisation, with an overall aim to improve the quality of care delivery and ultimately show a reduction in complaints and to pursue and reflect Bolton NHS Foundation Trust's values which are central to:

- Providing safe, high quality care in both community and hospital settings
- Continually improving our services
- Creating a great place to work
- Care and compassion to patients and each other at all times



Really good interactive session

Key Aims

- To facilitate a forum for discussion on core issues encountered by those supporting pre-registration learners
- For pre-registration learners to learn more collaboratively whilst in practice
- To foster mutual respect between educators and learners
- To provide a resource that can be used in a variety of settings and with different groups of learners
- To highlight the importance of multiprofessional team working to ensure the patient is central to everything

Key Stages of Set-up

- Invitation to all professional leads to formulate a Trust working group
- Meeting set up, terms of reference agreed and future meeting dates set

- Discussion took place to highlight the core themes within each of the professions to agree areas of inclusion
- Project identified the development of an interactive DVD to include role responsibilities, communication and patient/relative complaints, based on real life experiences
- Permission sought from Director of Nursing for the production of the DVD
- Invitation and inclusion of the Trust Patient experience team to discuss key themes from complaints
- Invitation and inclusion of Medical Deanery staff member who had key links to an amateur dramatic society
- Invitation and inclusion of medical illustration for filming Table top exercise to agree utilisation of several past patient / relatives experiences
- Story board completed and agreed by working group
- Script and complaints letter finalised and facilitator notes devised
- Invitation and inclusion of pre-registration learners for acting roles
- Invitation and inclusion of a patient with experience of receiving care at the Trust
- Permission sought from Head of Communications for the Trust to film on ward areas
- Establishment of required resources
- Filming a table top exercise to agree use of several past patient/relative experiences
- Proof watching and relevant amendments made to final footage
- Pilot forum delivered to pre-registration learners to watch and evaluate
- Evaluation reviewed by working group and amendments made from feedback

Very informative – found the DVD useful for future learning needs – when communicating with MDT and family relatives regarding patient information



Was a very useful way of learning – good to see from a relative's perspective

How It Works

The multiprofessional forum is planned to ensure representation from all professions. This is then advertised across the Trust and made available for all.

Part One – The forum was led by both the PEF team and key facilitators in which the first part of the DVD was played. Learners were given a structured template to write key observations based on scripted cues within the DVD.

Part Two – Learners divided into break out groups to ensure a mix of professions. The discussions were then guided by the facilitators on their individual observation, from the perspective of their profession. A letter of complaint from the patient's daughter was presented to the learners to determine if their actions would change in light of this new information.

Part Three – Groups came together to feed back their findings and highlight key points.

Part Four – The second part of the DVD is played, reflecting the daughter's experiences/perceptions of her mother's journey. The question was then posed again, *"did the daughter's experiences alter their views and opinions after part one of the DVD?"*.

Part Five – The learners were encouraged to reflect on how multiprofessional working can enhance patient care.

Builds awareness of how easy things can go wrong. Excellent interactive session of the benefits of working together

Resources

No funding was attached to the project which relied on the commitment of the working group and permission from the Trust to give time to all members to participate in the production of this resource.

The team wholeheartedly acknowledge and thank the local amateur dramatic society and our patient volunteer for giving their time for free.

Key Challenges

Filming

Identification of an appropriate area for filming was problematic because of the need for an authentic clinical environment. The team secured an area which was in the process of redevelopment. Creative use of props allowed this area to be visually representative of a ward.

Participants

Timetabling of the forums was a challenge. To ensure a good mix of participants, allocation schedules were used to to maximise this number of attenders from across the professions.

The release time of AHP professionals has proved an area of concern for the group. The promotion of the forum was largely led by the professional leads involved in the group, although due to organisational changes over the last year some of those champions have left the Trust. Therefore the group are in the process of re-establishing momentum with the new professional leads.

Key Learning

In order for a project such as this to be successful, it is essential that it is led by professional leads that are enthusiastic and committed to the IPL agenda.

Sustainability

- Align allocations of differing pre-registration learners to ensure suitable target audience with a good mix of professions
- Continued access to appropriate venue and commitment from facilitators
- Advertised and promoted on a regular basis to maintain the momentum of the programme
- Regular evaluation of programme and relevant dissemination to clinical areas
- Ensure new personnel are invited to participate accordingly if and when group members leave
- Embed Interprofessional learning as a regular agenda item on the Educational Governance meetings

Next Steps

- Re-establish working group following the turnaround changes of professional leads
- Planned development of a Visual Resource for supporting the failing learner, and a Coroner's Court experience

Supporting Material

Supporting material available on request.

- Forum terms of reference
- Facilitator notes
- IPL DVD plan

QAA, November 2006 (Statement of common purpose for subject benchmark statements for the health and social care professions).

For more information contact:
Denise Lilley
Practice Education Facilitator
Bolton Hospital NHS Foundation Trust
denise.lilley@boltonft.nhs.uk



Learning Disability Awareness Workshops

The Bury Borough Learning Disability Team within Pennine Care NHS Foundation Trust developed Learning Disability Awareness workshops for pre-registration learners in 2010 in response to the volume of requests for a spoke placement with the team.

This case study will explore the relevance of these workshops for pre-registration healthcare learners in developing their awareness, knowledge, confidence and skills in delivering care to people who have a learning disability.

Key Outcomes

From the review of the evaluations received

- Learners indicated that the workshop met their expectations, their learning objectives were achieved, and that they would recommend the event to a colleague
- All participants indicated that they had learnt something new from the event, and 75% would actively seek to improve patient care through multi-disciplinary working. 100% of learners rated the event as excellent overall
- Themes which emerged from the day were the importance of good communication skills, and the importance of interprofessional learning to improve quality of care, teamwork and person centred care. The learners also highlighted that the session helped them to look at their own development needs which included leadership, communication, and professional development skills
- Learners reported the following

reflections about what they had learnt about interprofessional learning at the end of the event utilising the Pennine Care Interprofessional learning Evaluation questionnaire:

"Teamwork – liaison is very important in order to e.g. refer" (Nursing learner, Children's and Young Persons)

"Problems of communication and understanding – see how they can be overcome to enable good care" (professional group not stated)

"Try and integrate more multidisciplinary working and understanding where to go when things are out of your professional remit" (Occupational Health Learner)

"Communication, empathy. The six Cs and being person centred" (professional group not stated)

"Communication, leadership" (Nursing Learner, Mental Health)

This is the first set of evaluations. A third of learners had no experience of interprofessional learning, a third had had previous exposure and the remainder did not comment either way.

Background

Pennine Care became a Foundation Trust (FT) in 2008 and provides mental health and community services to people living in the boroughs of Bury, Oldham and Rochdale. The Trust provides mental health services in Stockport, Tameside and Glossop, as well as community services in Trafford. Services are located in hospitals and in the community and work closely with local councils, NHS

organisations and the community and voluntary sector.

The Trust employs 5,500 staff and accommodates 10 AHP and x 4 Nursing pre-registration healthcare learner groups, including paramedic learners. The average maximum learner numbers per week (not including post-registration learners) is 280-300 nursing learners and 20-30 AHP learners.

Health Education England (2013) has committed to improve the quality of care for all patients.

People with learning disabilities have poorer health compared to their non-disabled peers. Health inequalities for people with learning disabilities in the UK begin early in life. Some of these inequalities are avoidable, and are a result of barriers they meet in accessing effective services (Foundation for People with Learning Disabilities, 2012).

'Healthcare for All; Report of the independent inquiry into access to healthcare for people with learning disabilities' (Department of Health, 2008) identified that education and training were critical for people working with service users who have learning disabilities. It highlighted staff attitudinal issues such as unwarranted assumptions about the quality of patients' lives. Ignorance and fear may underpin some behaviour, particularly when dealing with people who have complex needs and severe learning disabilities. Examples given included a reluctance to touch someone with a learning disability who had complex needs; also failing to complete full and proper medical examinations. Communication was inconsistent and dependent upon attitudes and values.

The Winterbourne inquiry highlighted many staff failings, including a lack of quality care and agencies working independently of each other (DoH, 2013). It has been well documented that learners from a variety of health fields often have little knowledge about individual roles and responsibilities of each healthcare profession. The IPL Learning Disability Workshops provide a platform for healthcare learners to increase their knowledge base about learning disabilities, the learning disability team, multidisciplinary team working, health inequalities and access to healthcare. In addition learners were able to explore and discuss compassionate care, communication, leadership and positive team work.

The aim of this project was to enhance the quality of service user/patient care delivery by fostering shared responsibility and commitment to care. Communication and understanding the role of other professional disciplines were key elements throughout the learning event.

The event provided learners with a forum to discuss and explore the health and social needs of this client group and thereby deliver improved patient centred care. The 6Cs (2012) NHS Commissioning Board and 10 Principles of Care (RCN 2010) were key parts of the framework on the day.

Key Aims

The aim of the workshop is for pre-registration healthcare learners from any professions within the Trust to develop an understanding of the service users' experience and the impact of effective interprofessional working.

- To promote the concept of IPL in delivering high quality care
- To enhance the quality of learning for all healthcare learners across professions
- To develop effective communication skills between health professionals by sharing service user experience, communication difficulties and how to problem solve
- To promote integrated practice into team/interprofessional working
- To develop learner confidence in working with people who have a learning disability

- To enable learners to successfully integrate knowledge, skills and attitudes with other disciplines of health professionals
- To provide exposure to traffic light health assessments
- To identify best practice in relation to making referrals to other agencies by understanding the roles of professions based in those teams

Key Stages of Set-up

The majority of the materials and content were initially developed for nursing learners. These materials were reviewed to ensure they were appropriate for multiprofessional healthcare learners learning together.

Step 1 – The lead Practice Education Facilitator approached the learning disability team to discuss the possibility of delivering an Interprofessional Learning event to learners from different professions

Step 2 – There was a multiprofessional collaborative review and adaptation of materials and resources to ensure an Interprofessional approach was adopted

Step 3 – First event 5th December 2013

How it Works

The workshop was advertised across the Trust for learners of all disciplines who were on clinical placement. Information was sent

out to each clinical area. No restrictions on the learner's level of training or professional group were made so that all available learners could attend.

The programme and learning outcomes were re-defined by the Practice Education Facilitator Team and learning disability team, and the topics covered were based on recommendations from a range of influential reports including Valuing people: disabilities in the 21st century (DoH, 2001), Transforming care: A national response to Winterbourne View Hospital Department of Health Review Final report (DoH, 2012), Principles of Care (RCN, 2010), Treating patients and service users with respect, dignity and compassion (DoH, 2013), Valuing People - A New Strategy for Learning Disability for the 21st Century (DoH, 2001).

The attendees were from a range of professions including childrens' and young persons' services, occupational therapy and adult and mental health nurse learners. The workshop was formally evaluated utilising the Pennine Care IPL Strategy tool. The evaluation tool captured both qualitative and quantitative information.



Learning objectives were achieved and they would recommend the event to a colleague

Resources

Resources required to set up the event were:-

- A communication pack developed by the Learning Disability Team which consists of information on how to engage with service users
- 2 Learning Disability Nurses, 1 Occupational Therapist – to assist in developing and delivering the session
- 1 PEF – To deliver presentation on communication, empathy and compassion
- Pack for simulated learning to experience the world from a service user's perspective
- DVD (free resource via MENCAP)

The release of clinical staff was possible due to the commitment of a service director and team manager who agreed to deliver a set number of sessions per annum.

Key Challenges

- There were only a small number of Allied Health Professional Learners on clinical placements on the event date; this limited a range of professions attending
- Pennine Care NHS Foundation Trust delivers mental health and community services across a large geographical footprint within Greater Manchester. In comparison to acute healthcare organisations, the variety of AHP groups and learners within Pennine Care is low.
- The wide geographical footprint of Pennine Care means that learners may be significant distances apart when on placement. Therefore the majority of learners on the workshop date came mainly from Bury Borough.
- An increase in the number of AHP learners could be addressed in the future by collating all relevant allocation data in advance of planning learning events thus ensuring that all Interprofessional sessions are arranged for the optimal dates in relation to learner numbers during the academic year

Key Learning

- Learners understood the relevance of gaining knowledge of caring for people with a learning disability to inform their future practice
- Learners increased their confidence and awareness of patients with a learning disability
- Anecdotal feedback received by the trainers from the learners suggested that practical resources worked well
- IPL evaluation pre and post test questionnaires need to be reviewed to include more detail on learner attitudes, values and beliefs in relation to IPL

75% would actively seek to improve patient care through multi-disciplinary working

Sustainability

The team have committed to deliver 4 sessions per year. However, it is dependent upon the commitment of the staff to deliver the sessions and service managers in releasing them.

Pennine IPL Evaluation Strategy – the purpose of this strategy is to enable the PEF team to have a standardised planning and evaluation process for IPL sessions including a measure of the impact they have on care delivery. Direct impact on patient care may have to be inferred as evidence of pre-registration IPL is notoriously difficult to link to IPL experiences (Zwarenstein et al, 2001).

Next Steps

- Follow-up attendees 3 months post workshop to assess the ongoing impact of training utilising the IPL longitudinal questionnaire as part of the IPL evaluation strategy.
- To review IPL pre and post evaluation questionnaires to include what learners have learnt from each other and how they would progress their future learning in relation to interprofessional learning.
- Future sessions planned for 2014.



Supporting Material

The following resources are available on request from the contact.

- IPL Strategy and evaluation tools

Further Links

Full list of helpful links on the RCN website: https://www.rcn.org.uk/development/practice/social_inclusion/learning_disabilities/policy

For more information contact:
Christine Clegg
Practice Educator Facilitator
Pennine Care NHS Foundation Trust
c.clegg@nhs.net



High Quality Learning Environments for all

Practice placement learning is integral to all healthcare education programmes at Pennine Acute Hospitals NHS Trust. One of the responsibilities of placement providers is to prepare the learners to meet the rights, pledges and responsibilities set out in the NHS Constitution (DH 2013).

Placement Providers must meet quality indicators as laid out by the NHS and specified in a number of relevant policy indicators, for example Quality in the New Health System (DH 2013); NHS Outcomes Framework 2013/14 (DH 2012); Liberating the NHS: developing the healthcare workforce; from design to delivery (DH 2012); NHS Education Outcomes Framework (DH 2012); Education Commissioning for Quality (DH 2009).

In September 2013, following extensive and invaluable multiprofessional collaboration and consultation, the Trust approved the implementation of the Placement Strategy. The Placement Strategy consists of seven standards (see Figure 2). All parties are required to work towards a common goal, thereby breaking down professional barriers and misconceptions. The aim is to promote

the streamlining of patient care whilst enhancing the learner experience. It is anticipated that the Strategy will assist placement areas to work to the same standards to ensure a high quality learning environment for all learners who access placements across the organisation.

The Practice Placement Statement within the Strategy is the foundation on which the seven standards have been developed. It is acknowledged that while some standards will be quickly embedded into practice, others may take some time. Therefore a Gantt chart (see Figure 1) or project schedule has also been developed to ensure the organisation remains focused on achieving its targets in a timely manner.

FIGURE 1 GANTT CHART

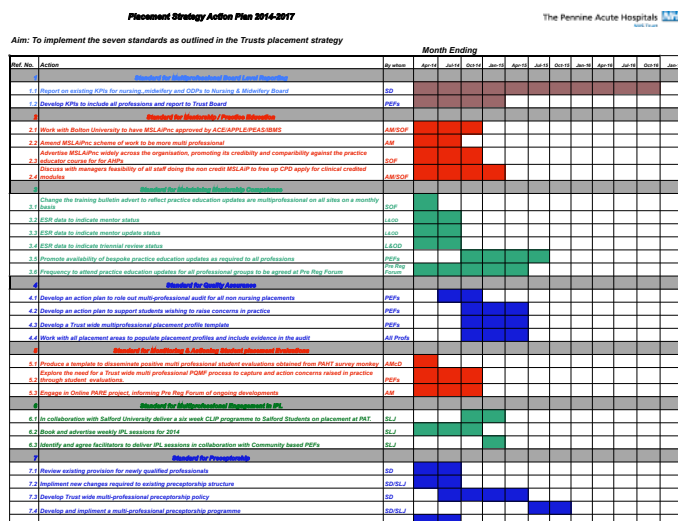


FIGURE 2 MULTIPROFESSIONAL PLACEMENT STRATEGY

Standard for Multiprofessional Board Level Reporting <ul style="list-style-type: none"> Board level exception reporting for all pre-registration healthcare activities
Standard for Mentorship/Practice Education <ul style="list-style-type: none"> All registered staff in placement areas who support students to obtain an accredited mentorship/practice educator qualification
Standard for Maintaining Mentorship Competence <ul style="list-style-type: none"> All Mentors/Practice Educators attend educational updates as per professional regulatory body requirements
Standard for Quality Assurance <ul style="list-style-type: none"> Multiprofessional educational audits in place across all placement areas
Standard for Monitoring and Actioning Student Placement Evaluations <ul style="list-style-type: none"> Trust Placement Quality Monitoring process and reporting system in place to capture/address any issues of concern raised by or involving learners
Standard for Multiprofessional Engagement in IPL <ul style="list-style-type: none"> Engage with Trust IPL strategy (see Gant chart)
Standard for Preceptorship <ul style="list-style-type: none"> All newly qualified staff are required to engage with Trust multiprofessional preceptorship programmes alongside required uniprofessional requirements

Background

The Pennine Acute Hospitals Trust serves the communities of North Manchester, Bury, Rochdale and Oldham, along with the surrounding towns and villages. This area is collectively known as the North East sector of Greater Manchester and has a population of around 820,000.

The Trust provides a range of elective emergency services, district general services, some specialist services and adult community services that operates from four sites:

- Fairfield General Hospital, Bury
- North Manchester General Hospital
- The Royal Oldham Hospital
- Rochdale Infirmary

The Trust employs 8289 whole-time equivalent staff and is one of the largest non-teaching hospital Trusts in England measured by whole-time equivalent staff. The Trust is proud of the career opportunities it provides through first class education, links with universities, and a wide range of specialisms, cultural diversity and an environment of continuous support.

How it Works

The Pre-Registration/CPD Forum was established in the Trust in April 2010. The overall purpose of this Forum is to ensure that appropriate mechanisms are in place across the organisation to equip the existing and future workforce with the required knowledge, skills and competencies.

The Forum takes a multiprofessional approach with membership from the following:

- Education Lead for Clinical and Professional Development
- Practice Education Facilitator
- Representation from Allied Health Professional Leads
- Representation from Healthcare Sciences and Pharmacy Leads
- Assistant Director Education and Training
- Medical Undergraduate Skills Trainer
- Undergraduate Tutor
- Associate Director of Nursing

A Placement Strategy was developed and representatives from the Forum were asked to consider several options for inclusion in the strategy.

Key Aims

Key Strategic Aims

- The overall aim of this project was to ensure the same standard of learner support and facilitation of a high quality learning environment for all learners who access practice placement anywhere across the organisation
- To meet the performance outcome measures within the Learning and Development Agreement (HENW 2013)
- To implement a Trust wide Multiprofessional Placement Strategy

Key Stages of Set-up

August 2012

At a team meeting, the need for a robust way to engage all professions to support quality of placements was highlighted. A rationale and key points with options for a placement strategy was developed to be presented at the Pre-Registration/CPD Forum.

October 2012

Consultation process commenced. Members of the Pre-Registration Forum asked to disseminate to their teams and send suggestions and comments.

March 2013

Proposed options and preferences from the consultation were collated and presented to Education Governance Board.

June 2013

The Placement Strategy was ratified by Education Governance Board.

October 2013

Presentation to AHP managers. Standard to implement the Multiprofessional Audit document to be actioned immediately.

November 2013

Work towards meeting identified targets as illustrated in the Gantt chart across a proposed 4 year plan.

Key Challenges

- **Timeframe** – one of the key challenges was keeping to a reasonable time frame for developing the strategy. The Practice Education Facilitator Team were inspired to implement this quality initiative across the organisation as quickly as possible. To ensure comprehensive multiprofessional collaboration and engagement the consultation and approval took longer than expected.
- **Dissemination** – work commitments of all members means that attendance at the forum is not consistent across the quarterly meetings. This made communication and the decision making processes a challenge. However, the use of email, detailed minutes from the forum and attendance at departmental meetings helped to expedite approval of the Strategy.
- **Sustainability** – a further challenge will be to demonstrate the long-term benefits of the Strategy. Key performance indicators (KPIs) have been set so that data will be continuously collated, monitored and evaluated. To maintain collaboration and interprofessional working the Strategy will continue to be a main agenda item for the Pre-Registration/CPD Forum. Monitoring of progress against the implementation plan to achieve the strategy will be via an annual report to the Education Governance board.





Key Learning

- The importance of a comprehensive understanding of the processes used by different healthcare professions to meet service/organisation needs and professional body requirements, for example NMC, HCPC
- The importance of listening and communicating effectively to ensure an appreciation of the differing needs and expectations across the range of healthcare professions within the organisation
- Liaison, agreement and support for the implementation of the Placement Strategy from external partners, for example HEIs, is essential to ensure there is a cohesive and collaborative process in place that supports learners across academic and practice environments

Sustainability

The multiprofessional education audit is currently being embedded across all placements. This will be an ongoing process and re-audit will occur every two years. To ensure audit dates are maintained and do not expire, this is now a Trust key performance indicator, that will be escalated to Board level if any audit is out of date.

Within the educational audit, verification is

required for placements to demonstrate that IPL is in evidence. Learner evaluations which are collated frequently across the 2 year education audit time span are invaluable in demonstrating that IPL activities are an everyday occurrence.

As the Trust moves forward to implement each standard, the Pre Registration Forum will be paramount in overseeing the operational progress of the Strategy. Being proactive in removing problems early in the process and also sharing good practice will assist in ensuring staff engagement and a positive educational culture and learning environment.

Next Steps

- Ongoing dissemination of the Strategy and continue the collaborative working arrangement already in place across all the professions.
- The Practice Education Facilitator Team welcome opportunities to work with other organisations to implement the Placement Strategy and to spread good practice and lessons learnt. The Strategy is transferable to other organisations.

Further Links

- www.gov.uk/government
- www.nhs.uk/nhsconstitution
- www.caipe.org.uk
- www.pat.nhs.uk
- www.nw.hee.nhs.uk
- www.nmc-uk.org
- www.hcpc-uk.org



For more information contact:
Sheryl O'Flanagan
Practice Education Facilitator
Pennine Acute Hospitals NHS Trust
sheryl.oflanagan@pat.nhs.uk

Service User Views in Community Settings

Stockport Community are using service user perspectives and experiences of interprofessional working in the community setting.

Aim

To outline the background to interprofessional learning (IPL) developments at Community Health Stockport and how a recent survey of service users will inform future IPL developments.

Context

IPL has been recognised as an essential component of pre-registration programmes, which will ensure future practitioners are equipped with effective and collaborative team working skills to enhance patient/client care¹²³. However, IPL in practice is often 'ad hoc'³ and therefore Practice Education Facilitator (PEF) roles across the North West now include key requirements for developing a more co-ordinated approach to IPL in practice settings.

Stockport are currently using the 'IPL Champions' Model' developed in partnership with Manchester Metropolitan University (MMU).

The pilot has led to the development of the 'Stockport IPL Champions' Forum'.

Stockport IPL Champions Forum

This forum brings together IPL 'Champions' from 11 community based services: e.g. social care, district nursing, health visiting, school nursing, physiotherapy, occupational therapy, podiatry, nutrition, speech and language therapy. It also has representation from Health Education North West, Stockport NHS Foundation Trust and MMU.

Survey of Service User views

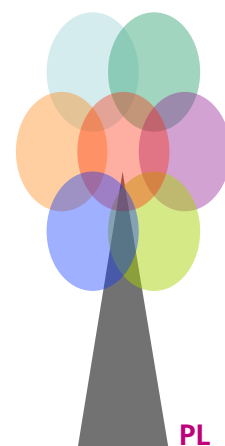
The IPL forum agreed to survey the views of service users from Community Health Stockport. This assisted the further development of the IPL strategy.

Nineteen service users completed a service evaluation questionnaire. The service users received care from two or more community health and social care adult/child services in Stockport.

Implications for practice

Findings from this service evaluation survey will be used to inform the IPL strategy at Community Health Stockport. Service user quotes will be included in the IPL Toolkit resource. They will also be used in the learner and mentor IPL briefing sessions.

More detailed feedback from service users is planned in the near future via focus groups.



Survey Findings

Professional,
friendly and caring

Listen & be
understanding of
patient needs

Know about
other services

Importance of
working together
to help patients

**HOW STAFF
SHOULD WORK
TOGETHER**

Talk to the patient
and each other

Follow decisions
with prompt
actions

**WHAT LEARNERS
SHOULD BE TAUGHT
TO ENSURE GOOD
TEAMWORK**

Talk and listen
to each other



v) Working in Partnership

The need to work with the wide range of partners involved to ensure they effectively support the aim of having the right numbers of staff, with the right skills and values, to deliver the high quality healthcare and public health expected by patients and the public will become paramount. A key objective of the health reforms is to ensure the NHS is more responsive to patient and public needs and changing service models such that the investment in the workforce reflects the needs of patients, carers and local communities. Healthcare and public health providers will take greater responsibility and accountability for planning and developing the workforce that they employ. (HEE 2014-15 p.32).



Collaborative Learning in Practice (CLiP) Model

The Collaborative Learning in Practice (CLiP) Model was developed as a pilot study in partnership with the University of Salford, College of Health and Social Care (UoS) and a group of Practice Education Facilitators (PEFs) working within Greater Manchester NHS Trusts, between 2007-2013.

The Salford CLiP model was aptly named as the title suggested the concept of 'joined up' thinking and collaborative working – that when items are clipped together they are connected but still have the potential to be movable and flexible, rather than when they are stapled and thus become permanent or inflexible.

Interprofessional and collaborative working requires workers to be committed to working together, to learning together, to be open to listening to each other, and to be able to respond flexibly depending on the needs of the service user. The CLiP model embodied a variety of healthcare learners including; physiotherapy, social work, podiatry, nursing across all fields (adult, child, mental health and learning disabilities). To understand more easily that learning

had taken place, the findings were broken down into four domains; learner realisation; seeing the learning; self-awareness and group dynamics.

Background

The collaborative pilot project was a working partnership between Practice Educators in Trusts and the University of Salford Academic Staff, between 2007-2013.

The Trusts involved were: from the following organisations; East Cheshire NHS Trust; Salford Royal Foundation Trust; Pennine Acute Hospital NHS Trust and Greater Manchester West Mental Health NHS Foundation Trust.

Key Outcomes

- Participants learnt that communication (networking and asking questions) were key to improving patient care.
- Learners gained a greater awareness of their own role within the wider team and the importance of team working.

- Learners felt more confident to question the role of others and the services they provide.

These are some examples of learner comments

"Yeah and better referrals as well I mean if I have a referral now and I need to refer to podiatry instead of trying to fumble my way through a form and thinking is that the information they want, I pick up the phone and say you know what I've got a referral I'm not quite sure I've put this, this and that in do you need anything else?"

"I think overall if like every profession got to know other professions a lot more it would make our job easier because we would know certain individuals to go to. Say an example and knew where she worked I would be able to refer to her to ask a question and kind of not really knowing who to refer to and who to ask. You know if we all kind of did know a little bit more about each other – all of the professions – I think it would help us and help the patients overall but I think it just seems to kind of lack that throughout the NHS".

Key Stages of Set-up



Project members: Emily Chaffe, Practice Education Facilitator; Julie Chapman, Practice Education Facilitator; Michelle Cullen, Lecturer in Podiatry; Mike Dean, Senior Lecturer in Physiotherapy; Carole Haines, Senior Lecturer in Social Work; Mike Hollinshead, Practice Education Facilitator; Dr Michelle Howarth, Senior Lecturer in Adult Nursing; Sarah Kennedy, Lecturer in Learning Disabilities Nursing; Sandra Lloyd-Johnson, Practice Education Facilitator; Ann Newton Hughes, Lecturer in Radiography; Denise Owens, Senior Lecturer in Child and Family Nursing; Melanie Stephens Senior Lecturer in Adult Nursing; Elizabeth Tudor, Practice Education Facilitator.



Key Aims

- To evaluate the attitude of learners towards Interprofessional Learning (IPL) in practice
- To evaluate the Trust Practice Educator experience of delivering the project
- To evaluate the effectiveness of the project on learner understanding of interprofessional working

How it Works

Five sessions of two hours' duration, utilising a semi-structured framework (a series of premeditated IPL activities designed to stimulate learner engagement with the allowance for further development/ discussion should an interesting topic or theme arise).

- Workbooks were used by the learners and facilitators during the sessions which were developed by Trust Practice Educators and UoS staff to provide guidance on how to complete the group work for each session utilising the semi-structured framework (as described in the point above).

A focus group led by UoS academic staff and PEFs held on session six, evaluated the learner perspective on the previous five sessions.

Each session was peer reviewed by a moderator (a mixture of PEF and UoS academic staff) who sat in on the sessions and kept notes on session delivery, how the session was received by the learners, relevant discussions, suggestions and recommendations.

The PEFs kept individual reflective diaries and took part in a focus group which was led by UoS academic staff in order to gain the PEF perspective following delivery of the programme; this was a separate focus group to the ones involving the learners.

Resources

UoS provided physical resources for use in the sessions e.g. balloons, eggs.

Trusts funded photocopying, rooms within the host Trust and allowance of PEF time.

Key Challenges

Recruitment was overcome by advertising within the UoS which led to an equal spread of four professional groups participating which included learners from physiotherapy, social work, podiatry and nursing across all fields (adult, child, mental health and learning disabilities).

Some professions however, were not granted the time to attend the pilot study

by academic leads. Perhaps this was due to the pressures of required clinical hours, or the novelty of the project for which proof of the benefits of engagement would need to be supplied prior to allowing attendance of their learners. Logistics of planning and running sessions at a mutually convenient time and place was overcome by learners and facilitators compromising (e.g. session dates were arranged to fit in with majority of learner placement timetables and within location of learner's current placement where possible).

Learner attendance was affected on occasions where travel costs were not met. Funding was subsequently identified to meet any costs incurred. As well as this students were awarded certificates on completion of the course which improved engagement with the programme.

Key Learning

- Preparation and organisation of activities was the key to success of pilot (e.g. booking rooms; effective advertising of the project; secure the use of resources; revision of subject matter by facilitators prior to sessions).
- Maintaining learner engagement by linking learning to practice.

Sustainability

The programme needs wider marketing and championing within the work/clinical placement areas so that placement educators are aware of the programme benefits and will release learners to attend. This could either be developed through mandatory updates or designated training sessions.

Impact evaluation will be utilised with next cohort (see "Next Steps" below).

Next Steps

- Evaluate framework of pilot study by running further sessions in April 2014 and evaluating findings
- The framework including teaching resources have been set up to enable implementation across other Trusts in the region

Further Links

Barr, H., Koppel, I., Reeves, S., Hammick, M., and Freeth, D. (2005). Effective interprofessional education: Argument, assumption and evidence. Blackwell: Oxford.

Barr, H. (2002) Interprofessional Education: Today, yesterday and tomorrow. LTSN and CAIPE: London.

Maintaining learner engagement by linking learning to practice.

Chaffe, E., Chapman, J., Cullen, M., Dean, M., Haines, C., Hollinshead, M., Howarth, M., Kennedy, S., Lloyd-Johnson, S., Newton-Hughes, A., Owens, D., Stephens, M. and Tudor, E. (2013) Interprofessional Working in Practice – Educating for the Future: The Development of the Salford Collaborative Learning in Practice (CLiP) Model report.

Department of Health (2006b) Good doctors; safer patients; A report by the Chief Medical Officer. DH: London.

Department of Health (2006a) The regulation of non-medical healthcare professionals. DH: London.

Department of Health (2002) Standards for Social Work Training. DH: London.

Department of Health (2000) A Health Service of all the Talents. The Stationery Office: London.

Faculty of Health and Social Care Interprofessional Facilitation Group (2007) Definition of Interprofessional Education and Interprofessional Practice. FHSC: Salford.

Francis, R (2013) Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust: January 2005 – March 2009. Mid Staffordshire NHS Foundation Trust Inquiry. Accessed.

General Medical Council (2006) Review of Tomorrow's Doctors. GMC: London.

Health Professions Council (2005) Standards in Education and Training. HPC: London.

Nursing and Midwifery Council (2009) Standards for pre-registration education. NMC: London.

QAA (2006) Statement for Common Purpose for Subject Benchmarks for Health and Social Care. QAA: Gloucester.

World Health Organisation (2010) Framework for action on interprofessional education and collaborative practice. Geneva: WHO.

Supporting Materials

Available on request

- CLiP framework
- Lesson plans and workbooks
- Evaluation tools
- Full CLiP report 2014



For more information contact:

Emily Chaffe
Practice Education Facilitator
emily.chaffe@nhs.net

Mike Hollinshead
Practice Education Facilitator
mike.hollinshead@srft.nhs.uk

Sandra Lloyd-Johnson
Practice Education Facilitator
sandra.lloyd-johnson@pat.nhs.uk

Elizabeth Tudor
Practice Education Facilitator
elizabeth.tudor@gmw.nhs.uk



Involving Service Users and GPs in IPL Workshops

This interprofessional Learning (IPL) initiative is an interactive workshop facilitated by a team of Practice Education Facilitators (PEFs), a Service User and a General Practitioner.

The purpose of the IPL workshop was to provide IPL opportunities for learners of both the medical and non-medical professions to learn with, from and about each other in a safe environment.

The workshop aims to accommodate a mix of twenty learners across a variety of disciplines including; paramedics, nursing from all fields, medical, radiography, physiotherapy, podiatry, social work, speech and language therapy, audiology, pharmacy, psychology, occupational therapy, and cellular pathology, midwives and dietetic learners.

The IPL workshop required a working partnership between the North West locality from the following organisations; Greater Manchester West Mental Health NHS Foundation Trust, Pennine Acute Hospital NHS Trust, and Salford Royal Foundation Trust. This ensured that all learners were given the opportunity to attend across all fields of expertise.

Background

Mental Health NHS FT (GMW) employ over 3,600 staff from different professions and disciplines and has a comprehensive range of inpatient and community based services across 50 sites. These provide a wide range of integrated mental health and social care

services to the 700,000 people living in the Bolton, Salford and Trafford local authority boundaries, Cumbria and Lancashire.

Salford Royal NHS Foundation Trust is an integrated provider of hospital, community and primary care services, including the University Teaching Hospital. The team of 6,000 staff provide local services to the City of Salford and specialist services to Greater Manchester and beyond.

Pennine Care NHS Foundation Trust employs 5,500 staff and provides mental health and community services to people living in the boroughs of Bury, Oldham and Rochdale. We also provide mental health services in Stockport and Tameside and Glossop, as well as community services in Trafford. Pennine Care NHS Foundation Trust services are located in hospitals and in the community and work closely with local councils, NHS organisations and the community and voluntary sector. The service also provides a variety of other services and speciality care in a community setting, delivered by a variety of disciplines.

Key Outcomes

Currently 3-4 workshops are run in-house on an annual basis. The workshops are designed to accommodate a maximum of twenty learners and places are equally shared amongst the Trusts. The number of places available for learner nurses is slightly higher due to this being the biggest group of learners. Learners are asked to book a place to ensure there is a mix of disciplines.

This also enables the facilitators to develop scenarios that are pertinent to all the participants.

Learner evaluations have been consistently positive. These are some examples of what learners said:

"Getting opinions from different teams showed a different and useful insight to how we can all work together to help the patients and each other"

"Good exposure to the different health professionals and how they assess patients"

"It makes you consider the roles of other professionals, and think about all the aspects of the patient's life"

"Today's session was amazing for me and I have learnt so much"

"Really useful session, experiencing one assessment/MDT process which I can use in my training, more confident in team working"

National drivers include The Victoria Climbié Enquiry (Laming 2003), Lord Darzi's (2008) report on a 'High Quality Care for All: NHS Next Stage Review' and legislation such as the Health and Social Care Act (2008).

There is recognition that a strong, flexible and collaborative health workforce is one of the best ways to confront highly complex health challenges (WHO 2010). Teamwork, interprofessional working and learning are being recognised as central to improving client care, outcomes and safety (Sargent et al, 2008). Interprofessional learning through simulation provides learners with the

opportunity to practise working with other health professionals and allows participants to explore collaborative ways of improving communication aspects of clinical care (Kenaszchuk, et al., 2011). Educational drivers include the requirements set by professional bodies: The General Medical Council (2006), the Health and Care Professions Council (2010–present), and the NMC(2009).

Key Aims

- To establish what knowledge and experiences the learners already had about IPL
- To facilitate positive interaction between all learners, providing them with the opportunity to learn with, from and about one another to enable them to understand each other's roles and how they work together within practice
- To understand service user perspectives and assist the sessions to focus on the needs of service users
- To encourage collaboration and networking between professional groups

Key Stages of Set-up

PEFs from a mental health, acute and primary care Trust were involved in developing the IPL programme. Practitioners from various disciplines including physiotherapy, social work, general practice, child and adolescent mental health nursing, occupational therapy, and speech and language therapy were also involved in the facilitation of sessions. A number of service users attended the majority of the sessions.

The sessions began in 2008 and have been running each year since. Blocks of sessions are organised to coincide, where possible, with pre-registration learner timetables from all disciplines. The workshops have evolved and developed following feedback from the learners to ensure that the sessions are continually reviewed to maximise the effectiveness of the learning. As the project has developed more disciplines have been interested in attending. This has been supported by the development of an interprofessional champions group who promote the sessions across the locality.

How it Works

The IPL workshops are widely advertised via the education leads within practice placements and the champion group, placement educator updates and word of mouth by the learners. The sessions are 3 hours in duration and learners are invited from both medical and non-medical disciplines. The group size is a maximum of 20 learners. The learner group included paramedics, nursing from all fields, medical, radiography, physiotherapy, podiatry, social work and speech and language therapy, audiology, pharmacy, psychology, occupational therapy and cellular pathology learners.

- Learners were asked to complete a pre-session questionnaire to establish prior learning and expectations.
- The sessions started with a 'speed dating' activity; a lively, interactive icebreaker which enabled learners from various professions to find out about each other.
- A short presentation followed to explain the background and principles of IPL, the potential barriers and how these barriers can be overcome.
- Learners were introduced to a service user and then were invited to 'assess' a simulated patient/service user together. (A brief medical history was given prior to assessment). Learners then interviewed the service user from their own professional perspective to gather information to contribute towards mini group discussion at the end of the interviewing session.
- The learners were split into mixed sub groups facilitated by the PEFs, learners to discuss the development of a care package for the service user. All learner's were expected to contribute.
- The learners reconvened into the whole group and fed back their work to the facilitators and the service user. This enabled discussion around key issues.
- Evaluation: The learners were encouraged to write a comment on a post-it note about what they have learnt from the workshop and, what they would take back to use in their practice.
- The evaluations were collated and shared at the IPL champions group.

Resources

The room, IT equipment and flip charts were provided by the Trust.

The service user/simulated patient and the GP assist in their own time.

Key Challenges

- Learner timetables and placement patterns made it difficult to co-ordinate the workshops. Recruitment was overcome by advertising across the locality through practice education leads, university blackboard, champions group and word of mouth
- Geographically, mental health services are spread over a wide area. Sometimes this made it difficult for learners to travel. Various venues across the Trust were used to enable easier access for the learners to attend
- It was a challenge to ensure that the scenarios were of relevance across professions
- Maximising the engagement of all professions in IPL was overcome by ensuring a collaborative working approach with other trusts and by engaging the champions group to promote the workshop
- It was difficult to ensure that nurse learners from all fields had equal opportunity to attend the workshop because of nursing being the largest group. A balance of learners is required to provide an effective workshop
- Justification of PEF time was overcome by linking the workshop to the PEF role outcomes
- Development of a local evaluation process to establish the impact on patient outcomes is difficult. This is currently being explored by the team and is proving to be the most challenging aspect of the collaborative workshop



Key Learning

Preparation and organisation of activities is key to the success of the IPL workshops. Some professions were more engaged than others; therefore innovative ways of promoting the workshops is required. Difficulties remain in coordinating workshops as learner timetables dictate the timing of workshops.

Utilising a service user/simulated patient during the session was seen as positive experience by the learners. The workshops were learner led and well evaluated.

Sustainability

IPL is on the agenda at Workforce and Education Governance meetings to promote sustainability, and to explore and develop the IPL agenda with post registration staff.

The Collaborative IPL Team have recently presented at the RCN Education Forum Conference in Harrogate 2014. The presentation was well received and very positive feedback was given:-

"This is music to my ears"

(Pat Bluteau CAIPE Board Member) 2014 (RCN Education Conference)



The IPL team are motivated to continue to maintain the IPL workshops following the support of CAIPE (2014) and the commitment of the champion leads and all the learners for participating.

Next Steps

- Continue to work collaboratively as a PEF team and deliver the workshops in 2014
- Continue to deliver the workshops across the locality
- Maintain links with AHP and medical Champion leads in order to market the programme more effectively to engage all disciplines
- Continue to develop sessions in line with learner evaluation
- Develop the workshops to involve more service users

Further Links

Birch, I. (2003) International Enhancement Themes Conference – Enhancement and Innovation in Higher Education' Glasgow 11-13 June 2013.

CAIPE (1997) Interprofessional education – a definition. CAIPE Bulletin, no 13 www.caipe.org.uk.

Department of Health (2000) A Health Service of all the Talents. The Stationery Office: London.

Kenaszchuk, C., MacMillan, K., Van Soeren, M., & Reeves, S. (2011). Interprofessional simulated learning: short term associations between simulation and interprofessional collaboration. BMC Medicine 2011, 9(29).

Kennedy, I. (2001) 'Learning from Bristol: the report of the public enquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995. HMSO. London.

Lord Laming (2003) 'The Victoria Climbié Inquiry by Lord Laming'. HMSO. London.

Lord Willis (2012) Quality with Compassion: the future of nursing education. Report of the Willis Commission on Nursing Education. London RCN.

Nursing & Midwifery Council (2010) *Standards for pre-registration nursing education*. London: NMC.

Sargeant, J., Loney, E., & Murphy, G. (2008). Effective interprofessional teams: *"Contact is not enough" to build a team*. Journal of Continuing Education in the Health Professions, 28(4), 228-234.

Woodham Smith, C. (1952) Cited in Thompson, D., Stewart, S. (2007) *Handmaiden or right-hand man: is the relationship between doctors and nurses still therapeutic?* International Journal of Cardiology 118 (2) (31): 139-40.

QAA (2006) Statement for Common Purpose for Subject Benchmarks for Health and Social Care. QAA: Gloucester.

World Health Organisation (2010) Framework for action on interprofessional education and collaborative practice. Geneva: WHO.

For more information contact:

Debbie Barry
Practice Education Facilitator
debra.barry@gmw.nhs.uk

Maria Gillott
Practice Education Facilitator
maria.gillott@nhs.net

Mike Hollinshead
Practice Education Facilitator
mike.hollinshead@srft.nhs.uk

Elizabeth Tudor
Practice Education Facilitator
elizabeth.tudor@gmw.nhs.uk



Developing a Multiprofessional Education Structure

Following a major scoping exercise of all educational activity within The Christie NHS Foundation Trust in 2008, a strategy for the development of a multiprofessional education structure and culture was established.

In September 2010, the concept of the "School of Oncology" was launched. This brought all the elements of education and training under one umbrella and involved a multiprofessional, whole workforce approach.

In line with the Trust strategic objectives, it also offered opportunities to develop educational opportunities for healthcare professionals across the region and on a national and international basis.

Background

- The Christie is an NHS Acute Care Tertiary Oncology Centre based on 3 sites
- The main site – Withington in South Manchester
- The satellite centres are Christie at Oldham and Christie at Salford
- The Christie serves a population of 3.2 million across Greater Manchester and Cheshire and treats more than 40,000 patients per year. There are approx 2,500 staff

- The Christie specialises in cancer treatment, research and education and is the largest cancer centre in Europe
- The Christie is well known for many world-firsts which have advanced cancer treatment on a global scale. Housing the largest single site early phase clinical trials unit in the world, we have an excellent reputation as an international leader in research and innovation, which is further strengthened by being a partner in the Manchester Cancer Research Centre (MCRC) and Manchester Academic Health Science Centre (MAHSC).

Key Outcomes

The positive results from developing a different approach and infrastructure include:-

- Increased breadth and quality of education and training provision which has been demonstrated by:
 - Development of School of Oncology performance metrics
 - Development of a multiprofessional Trust Strategy for Education
 - Development of a robust education governance structure and reporting mechanisms
 - Year on year improvements with external regulatory requirements as follows

National GMC Trainee survey findings

Increased compliance against NW Deanery quality monitoring standards for post graduate medical education

Achievement of NHSLA level 3 for supervision of medical staff in training

Improved outcomes in relation to clinical placement learning quality and capacity

Improvements in number and quality of interprofessional learning events

- Reduced duplication of education and training activity across multiple professions, leading to synergy of learning opportunities for existing staff, learners and trainees and evidenced through a decrease in annual spend and an increase in number of staff undertaking post registration education and training
- The multiprofessional structure has enabled greater engagement and collaboration between senior staff and educators across medical and non medical professions resulting in recognition of the importance of and commitment to interprofessional working and learning

- A huge increase in educational events and visits for healthcare professionals across the region, nationally and internationally – this has provided income for the Trust which has been utilised for developing educational activity for staff internally. The beneficial impact of this has been recognised via a reduction of quarterly incidents, complaints and claims which can be attributed to new education and training developed.
- Improved educational facilities with a new clinical skills suite for use by staff across all professions

All of the above has led to recognition of the value of education and training at all levels within the organisation and has enhanced the educational culture and learning environment for all. This has been recognised via the quality of clinical placement evaluations from learners, survey findings from medical trainees and improved engagement and commitment from staff and managers to releasing staff to attend and deliver education and training.

The Christie received an award from Health Education North West in December 2013 'excellence in learning and development' which recognises these year on year improvements in the delivery of placement learning.

Key Driver

Nationally

DH, (2007) – Creating an Interprofessional Workforce– an education and training framework for health and social care in England Darzi (2008) – NHS Next Stage Review: A high quality healthcare workforce

DH (2010) - Liberating the NHS: Developing the Healthcare Workforce

Regionally

NHS North West, (2009) - Making Education Governance a Reality in the North West

Learning and Development Agreement, (2010) – NHS North West and Christie NHS Foundation Trust

Locally

The Christie strap line – “We Care, We Discover, We Teach” – executive recognition that education was the weaker link within the organisation

Key Aims

- To develop a multiprofessional education and training infrastructure
- To enhance the quality of education and training for the whole Trust workforce including learners and trainees
- To avoid duplication of effort and identify skills gaps, and promote a more cohesive and coordinated approach to education and training
- To promote interprofessional learning approaches
- To be recognised as a leading centre for cancer education within the region, nationally and internationally

Key Stages of Set-up

- Prospectus explaining the concept and educational activity
- Promotion via articles in the staff magazine, School of Oncology web pages and prospectus, internal education handbook
- Development of the School of Oncology Board – incorporating internal stakeholders across directorates and professions and external education partners e.g. North West Deanery, Higher Education Institutions, Manchester Academic Health Sciences Centre, service users
- Education Governance processes established across all activity including – medical and non medical undergraduate education, vocational training, non medical continuing professional development, post graduate medical education, library services, education facilities, clinical skills training, educational events and visitors team. Development of multiprofessional education and training committee which has promoted collaboration between professions and developed interprofessional working and learning activity
- Development of key performance indicators for education across all professions and aligned to the Learning and Development Agreement (Health Education North West)

How it Works

The Christie School of Oncology is a directorate in its own right and does not sit within the corporate divisions. It uses a business model and has a clear reporting and education governance structure including performance indicators.

There is a central team of managers, educators and administrators and also library services and education facilities. All staff within the Trust are seen as contributors to the delivery of education both internally and externally, as well as recipients of educational funding and opportunities themselves.

Resources

Initially, no increased funding was required – the School of Oncology was developed using existing resources and roles. However, there has since been some support from the Christie Charity to pump prime new roles over a short period of time e.g. Educational events and visits manager. The success of the multiprofessional national events programme has enabled this role to become self funding.

Key Challenges

- The initial challenge was in defining the concept and promoting understanding and buy in from internal stakeholders. This was important, as the future success of the School of Oncology was reliant on all staff working with each other. This took time, but was overcome by ensuring that the senior team were visible within the organisation at all levels
- The senior team were able to see education and training opportunities early and therefore able to offer their support and work collaboratively with others in supporting their ideas for education and training developments
- The consistent support from the executive and non executive directors was also invaluable as they were able to promote the work of the School of Oncology, both internally and externally, and offer advice and guidance in managing some of the challenges



...resulted in development of a number of collaborative initiatives across the region

- The senior team already had good relationships with some higher education institutions. However, this was enhanced across more stakeholders by gaining their membership on the School of Oncology Board. This has resulted in development of a number of collaborative initiatives with the University of Manchester, University of Salford, Manchester Metropolitan University and Manchester Academic Health Science Centre.

Key Learning

- The value of working closely with all internal and external education stakeholders to avoid duplication of education and training and improve the quality of education provision for all trust staff, learners and trainees
- The requirement to identify trust priorities clearly from the outset to ensure all resources are utilised to best effect and can demonstrate added value and benefits to patients as well as staff

Sustainability

- All new business plans include a section on education and training requirements e.g. for new roles/services

- There is representation from the senior team on all high level trust committees
- Education is recognised as part of the 'core' business of the Trust which is evidenced within the strap line 'We Care, We Discover, We Teach' and is within the trust strategic plan and objectives
- Time for involvement in delivering education and training is clearly articulated within job plans
- The value of education and training is promoted via service review days, executive performance reviews and via performance scorecards

Next Steps

- Further development of interprofessional learning approaches and opportunities – the trust is running an international learner cancer conference in Sept '14 (aimed at medical and non medical learners)
- Development of simulation and technology enhanced learning
- Development of an international education portfolio
- Development of academic programmes in collaboration with higher education institutions

- Consideration of IPL opportunities for all of the above across registered healthcare professionals, learners and trainees

Further Links

Relevant websites

<http://www.christie.nhs.uk/school-of-oncology.aspx>



For more information contact:

Karen Hellewell

Head of Education

The Christie NHS Foundation Trust

karen.hellewell@christie.nhs.uk



A Patient Centred Placement Learning Approach

The University Hospitals of South Manchester (UHSM) and The Christie NHS Foundation Trust set up a pilot project to run for one semester during 2012.

This was a collaboration between University of South Manchester NHS Foundation Trust and The Christie NHS Foundation Trust to develop patient journey spoke placements. These combine as a planned learning experience to reflect the journey of a person using health services and the diversity of healthcare roles that they may come into contact with.

Locally, anecdotal feedback from several services indicated that learners were accessing 'spoke' placements with little interest or focus. The intention was to enhance learning by adding a patient centred context to planning spokes placements to maximise exposure to the care pathway of service users in their 'hub' area, with increased emphasis on a multiprofessional and multi organisational approach.

Following discussions with mentors, learners and spoke placement providers it was identified that it is often difficult for learners to gain placement experiences across acute, community and organisational 'borders'.

The patient journey focus was chosen as a way to give a shared understanding and focus and relating directly to learner placement learning outcomes. The Practice Education Facilitators from UHSM and The Christie set up a pilot to run for one semester during 2012.

Background

University Hospital of South Manchester (UHSM) NHS Foundation Trust is a major teaching hospital providing services for adults and children at Wythenshawe Hospital and Withington Community Hospital, and community services that were formerly operated by Manchester Primary Care Trust. It is recognised as a centre of clinical excellence and provides district general hospital services and specialist

tertiary services to the local community. Fields of specialist expertise – including cardiology and cardiothoracic surgery, heart and lung transplantation, respiratory conditions, burns and plastics, cancer and breast care services – not only service the people of South Manchester, but help patients from across the North West and beyond. The trust is also recognised in the region and nationally for the quality of teaching, research and development. UHSM has approximately 5,800 members of staff, including those employed by the Private Finance Initiative partner South Manchester Healthcare Limited.

The Christie NHS Foundation Trust is an Acute Care Tertiary Oncology Centre based on 3 sites.

The Christie serves a population of approximately 3.2 million across Greater Manchester and Cheshire and treats more than 40,000 patients per year. It specialises in cancer treatment, research and education and is the largest cancer centre in Europe. There are approx 2,500 staff.



Key Outcomes

Following the structured 'spoke' placement approach, learners reported improved awareness of referral processes, greater confidence in communicating with multi professional staff and discussing patients' issues.

The concept and tool have since been adopted and recommended by placement educators across UHSM acute and community services. The tool has been used by several professions, including nursing, physiotherapy and occupational therapy as a prompt for learners to explore their patients' experiences and as a tool to increase engagement with other professions.

Key Aims

- To develop a multiprofessional approach to learning and enhance interprofessional learning opportunities
- To enhance learning by adding a patient centred context to planning Spoke placement multiprofessionally and multi organisationally
- To focus on the service user rather than the service provider

Key Stages of Set-up

Two wards (one at UHSM and one at The Christie) and two District Nursing teams (both UHSM) were prepared for the pilot – copies of the tool and example service user journeys were provided and the process was discussed with staff working in the pilot placement areas. At this stage learners

allocated to the wards involved were advised to arrange community spoke placements with the pilot teams and vice versa. Other related services, e.g. community Macmillan, therapy services, etc, were also informed and their contact details given to the learners.

How It Works

Patient journey spoke placements combine as a planned learning experience reflecting the journey of a person using health services and the diversity of healthcare roles. The learner, supported by their mentor, identifies a specific service user and by reviewing patient records, discussion with placement staff and the service user themselves, they identify the services that were accessed and potential services they may be referred to. The learner then uses their case as the basis for a set of spoke placement experiences.

Rather than learners attending spoke placement areas to establish general information regarding the services provided, learners can anonymously use the chosen service user's case to consider individual referral paths and individual case requirements. Learner reflection is encouraged to consider the service user experiences and the links between services and provider organisations.

Key Learning

Learners and mentors indicated that the tool provided more focus for the planning of learning opportunities, but the small scale of the pilot was problematic. The approach tends to work best in creating links locally between co-located services and learners.

Sustainability

- The tool has been used as an example for prospective placement educators undertaking UHSM Academy's placement educator course. The patient journey tool is now promoted as a resource for all placement educators to use with their learners when planning learning opportunities and as a focus for inter professional learning discussion and activity on placements.

Next Steps

- The tool will be included in an Inter Professional Practice Learning pack being developed for placements across UHSM. The plan is to provide all placement areas with a set of resources that can be used by placement educators to engage all learners to learn with, from and about each other. Focusing on practice based IPL activities, learners will be facilitated to meet their learning outcomes and enhance inter professional learning opportunities within their current placement area.

For more information contact:
Kevin Bayley
Practice Education Facilitator
University of South Manchester
NHS Foundation Trust
kevin.bayley@uhsm.nhs.uk



Following the Patient Care Journey

Interprofessional Learning (IPL) is defined as being ‘Occasions when two or more professions learn with, from and about each other to improve collaboration and quality of care.’ (CAIPE 2002).

Within practice placement experiences at the Countess of Chester Hospital NHS Foundation Trust (COCH), learners may have learnt from and about a range of healthcare professionals, although they may not have had a recognised IPL experience of learning with other healthcare learners.

Quality patient care requires the effective collaboration of the multiprofessional team to provide a seamless service. The Practice Education Facilitator (PEF) team set out to support the delivery of a holistic approach to healthcare by promoting interprofessional working, through the delivery of an IPL learner workshop for a range of healthcare learners. However, facilitating IPL experiences across a wide range of healthcare professions poses challenges to ensure quality, consistency and equity.

By facilitating a learner workshop in 2013, based on an actual patient’s journey, the PEF team enabled a range of professionals to present their roles and contributions to patient care supporting the promotion of interprofessional working and IPL. The workshop theme of a patient journey also reinforced the values and behaviours of staff at the COCH who *‘put patients at the heart of everything we do.’* (COCH, 2014)

The success of the IPL workshop was clearly evidenced through 100% positive qualitative responses, along with an increase in multiprofessional learner attendance at the workshop.

Background

The Countess of Chester Hospital NHS Foundation Trust consists of a 600 bedded large district General Hospital, which provides its services on the Countess of Chester Health Park in Chester, Cheshire and a 64 bedded Intermediate Care Service at Ellesmere Port Hospital. The Trust achieved Foundation Status in 2004 and has almost 4,000 staff, providing a range of medical services to more than 445,000 patients per year from areas covering Western Cheshire, Ellesmere Port, Neston and North Wales.

Pre-registration learner placements, covering sixteen healthcare professions, are provided by the Trust.

Key Outcomes

The IPL learner workshop increased staff engagement and team working to provide practice education collaboratively to learners across a range of professions. The concept was viewed so positively that trust staff also requested to attend. However, initially attendance was restricted to learners only due to venue capacity restrictions.

Workshop evaluations, which had a focus on qualitative feedback to enable learners to respond in their own words, were very positive overall. Key words fed back were collated within a weighted word cloud to demonstrate the strength of the learners’ thoughts and feelings about the content and delivery of the session. (see Figure 1) Due to the success of the workshop, the professionals who delivered the sessions were keen to participate in further IPL sessions. Therefore, further workshops

based on a patient journey are being developed, with consideration to learner evaluations and ‘lessons learned’ from the initial workshop.

Since the workshop, placement staff from across the professions have commented that communication skills of the learners has improved; they were observed to be more interactive with each other in the placement setting. The professionals who delivered the workshop also said that they developed their own knowledge of other roles.

The drive to embed effective interprofessional working and learning is well-established both nationally and internationally (Department of Health, 2010, World Health Organisation, 2009). Facilitating interprofessional education that enables multiprofessional team members to learn with and from each other is challenging within the practice learning environment. However, research suggests that learners who are exposed to collaborative learning early in their training are more likely to adopt collaborative working in their professional careers, having a positive impact on patient care (Pollard 2008).

To support maximum impact of an interprofessional learning activity, the PEFs developed a learner workshop that included both multiprofessional teaching as well as interprofessional learning. By utilising a patient’s journey as a concept for the workshop delivery, the workshop was delivered by trust staff from five of the medical and non-medical healthcare professions to a range of learners from four different professions.

The key to the success of the IPL workshop was that it was centred on a patient and supported a caring and compassionate approach to the delivery of care centred on the patient. This also reinforced the importance of multiprofessional team communications and joint team working to support the effective delivery of a seamless service, as acknowledged by Barr, Koppel, Reeves, Hammick, and Freeth (2005). The inclusion of the patient enabled learners to narrow the gap between theory and practice and to relate to 'real life' experiences. This has been accepted as effective in enhancing the learners' response to the learning experience (Cooper and Spencer Dawe, 2006, Pirrie et al., 1998).

Key Aims

- To establish a format for developing interprofessional learning through the facilitation of learner workshops. To embed this across the Trust, complementing and enhancing the quality of learner experience during practice placements
- To cultivate and encourage interprofessional teaching approaches across the Trust that may not be viable to deliver within the practice placement environments
- To support the development of greater awareness, mutual respect and effective communications between future health care professionals by removing the barriers to learning from and with each other

Key Stages of Set-up

The timeframe, from concept to delivery of the IPL session, was four months. Following the suggestion from a Radiography Clinical Tutor to present a workshop to learners that was based upon the patient journey, the concept to focus on an interprofessional theme and learning approach was initiated.

To initiate the planning stage, the team identified a suitable patient journey which was agreed would focus on a 'real life' orthopaedic patient who had been admitted to the trust with a fractured neck of femur. The patient gave their consent to their views being incorporated into the presentation. This involved transcribing an interview with the patient prior to the event.

The PEFs identified and engaged with

prominent staff groups that had been involved with the patient during their hospital admission. The workshop was presented by a range of staff; a Radiographer, Orthopaedic Registrar, Trauma Nurse Specialist, Osteoporosis Nurse Specialist, Occupational Therapists and Physiotherapists; representing the timeline of the patient journey.

How It Works

Learner workshops are facilitated and co-ordinated by the PEF team and are for all pre-registration healthcare learners that are on practice placements within the Countess of Chester Hospital and Ellesmere Port Hospital.

A range of healthcare learners needed to be on practice placements within the trust at the time of the workshop.

Guidance was provided to each profession on their proposed contribution to delivering the workshop, in order to determine a structure and avoid duplication. All staff agreed to be present for the whole workshop to prevent the workshop from becoming disjointed, and to promote a multiprofessional approach.

Resources

The PEFs utilised their time to facilitate and coordinate the workshop. The multiprofessional team gave their time without charge and where necessary, arranged for colleagues to cover clinics and appointments.

The learners within the Trust maintain their supernumerary status and were therefore encouraged to attend.

The Workshop was advertised through the use of the *Practice Education Facilitators COCH* Facebook page, posters within placement areas, the Trust intranet site, emails to placement managers for all professions and 'word of mouth'.

Key Challenges

The coordination of those presenting was at times difficult due to the clinical demands of their various job roles. The PEF team arranged meetings prior to the workshop to discuss the presentation content and delivery. However, not everyone was available at the same time, which then involved the PEF meeting some presenters on a one-to-one

basis to ensure that everyone understood their role and were fully aware of how the workshop would flow to follow the patient journey timeline.

Promoting IPL amongst some of the learners was also difficult at times. Some learners were unable to see the relevance of IPL and were sceptical of a workshop that did not apply specifically to their field of expertise. Face to face conversations with the learners and their placement educators helped break down the barriers and misconceptions, and explain the rationale for promoting such workshops.

Key Learning

The learner evaluations were reviewed and feedback has been used in the development and evolution of the workshop for future dates. An ad hoc debriefing with the professionals presenting also enabled the identification of areas for improvement for the next workshop; shorter presentation slides and more interactive activities.

A larger venue has been arranged for the next workshop and rooms have been booked to be available for the use of work stations, with equipment set up ready for learner participation.

Sustainability

Following the workshop it was noted that learners from different professions were more likely to collaborate and work with each other. The evidence from the evaluations suggests that barriers were broken down and learners had greater confidence to speak with other professionals and seek out spoke placement opportunities to enhance their learning.

The IPL workshop increased staff engagement and team working across a variety of professions

Next Steps

The coordination of future IPL patient journey workshops will be arranged in order to maximise multiprofessional learner uptake.

References

Barr, H., Koppel, I., Reeves, S., Hammick, M., Freeth, D. (2005). *Effective Interprofessional Education: Assumption, Argument and evidence*. London: CAIPE, Blackwell Publishing Ltd.

Centre for the Advancement of Interprofessional Education. (2002).

Defining Interprofessional education. Retrieved from: <http://caipe.org.uk/about-us/the-definition-and-principles-of-interprofessional-education/>

Cooper, H., Spencer-Dawe, E. (2006). Involving service users in interprofessional education: narrowing the gap between theory and practice *Journal of Interprofessional Care* 20 (6) 603-617.

Countess of Chester Hospital. (2014). Our Values and Behaviours. Retrieved from: <http://www.coch.nhs.uk/working-with-us/our-values-and-behaviours.aspx>

Department of Health. (2010). *Equity and excellence: liberating the NHS*. London: DH.

Pirrie, A., Wilson, V., Elsegood, J., Hall, J., Hamilton, S., Harden, R., Lee, D., Stead, J. (1998). *Evaluating multidisciplinary education in healthcare*. Edinburgh, Scottish Council for Research in Education.

Pollard, K. C. (2008). Non-formal learning and interprofessional collaboration in health and social care: the influence of the quality of staff interaction on learner learning about collaborative behaviour in practice placements. *Learning in Health and Social Care* 7, 1, 12-26.

World Health Organisation. (2009). Framework for action on *Interprofessional education and collaborative practice*. WHO.

Figure 1

IPL Workshop
Word Cloud of Learner Evaluations Summary



For more information contact:

Tracy Barker
Anita Hargreaves
Joanne Martin

Practice Education Facilitators
Countess of Chester Hospital
NHS Foundation Trust

tracy.barker3@nhs.net
anita.hargreaves@nhs.net
joanne.martin5@nhs.net



Sharing Good Practice

Publications, Awards and Presentations

The following includes some examples of North West education stakeholder academic peer reviewed published papers, conference presentations and awards achieved in relation to interprofessional education over the past five years.

Academic Peer Reviewed Papers

Health Education North West - North Western Deanery

- Agius, S., Brockbank, A., Baron, R., Farook S., Hayden, J. The impact of an integrated Medical Leadership Programme. Journal of Health Organization and Management. [in press, to be published later in 2014] The study relates to an innovative medical leadership programme, where medical trainees learned alongside NHS Graduate Management Trainees.

North West Simulation Education Network (NWSSEN)

- Gough, S., Hellaby, M., Jones, N., Mackinnon, R. (2012). A Review of Undergraduate Interprofessional

Simulation-based Education (IPSE). Collegian: 19(3). 152-170. DOI/10.1016/j.colegn. 2012.04.004

- Gough, S., Jones, N., Hellaby, M. (2013). Innovations in interprofessional learning and teaching: Providing opportunities to embed patient safety within the pre-registration physiotherapy curriculum. Physical Therapy Reviews Article. 18(6): 416-430
- Hellaby, M. (2013). Healthcare Simulation in Practice. M&K Publishing. (This book contains a chapter on Simulation for the interprofessional team)

University of Chester

- Davies, S. and Gidman, J. (2011) Inter-professional Education within a University NMP programme. Nurse Prescribing, 9 (6) 299-302
- Bailey-McHale, J. & Hart, D. (2013). Mastering mentorship: A practical guide for mentors of nursing, health and social care learners. Sage: London

University of Manchester

- Wakefield, A., Carlisle, C., Hall, A. & Attree, M. (2009) Patient safety investigations: the need for interprofessional learning Learning in Health & Social Care, 8 (1): 22-32

University of Salford

- Stephens, M. & Chaffe, E. & Chapman, J. & Cullen, M. & Dean, M. & Haines, C. & Hollinshead, M. & Howarth, M. & Kennedy, S. & Johnson, S. L. - & Newton-Hughes, A. M. & Owens, D. & Tudor, E. 2013, Interprofessional Working in Practice - Educating for the Future: The Development of the Salford Collaborative Learning in Practice Model (CLiP) - ISBN 978-1-907842-42-9, University of Salford, Salford, England

Conference Presentations and Posters

Aintree University NHS Foundation Trust

- FINE/RCN education conference in Cardiff 3-5TH October 2012

Title: Supporting Learners in Practice

Overview: See page 12 of e-book

Author/Presenter: Debbie Price and Ann Butler

Central Manchester University Hospitals NHS Foundation Trust

- European Federation of Nurse Educators (FINE) with the RCN Education Forum International Conference 2012, 3-5 October, Cardiff City Hall, Wales, UK

Title: Interprofessional Learning: An investigation into opportunities available to pre-registration healthcare learners across acute and community services

Overview: Consideration was given to recent changes within healthcare commissioning and provision (Transforming Community Services agenda (Department of Health 2010) and Quality, Innovation, Productivity and Prevention (QIPP) Programme (Department of health 2010)). Both agendas have integrated services at the heart of them which will require staff to be able to work effectively interprofessionally. Central Manchester University Hospitals Foundation Trust integrated with local community services in April 2011. Both Trusts had differing IPL programmes at different stages of development, hence the need to harmonise the processes and develop a robust plan; this presentation described the approach taken.

Author/Presenter: Sharon Green and Julie Chapman – Practice Education Facilitators

- National Association of Educators in Practice (NAEP) Conference, April 2014, Coventry University – Practice Education in times of change: Calm waters and stormy seas

Title: interprofessional Learning in Practice Rehabilitation Services

Overview: The presentation focused upon the development and implementation of interprofessional learning sessions within rehabilitation services at Central Manchester University Hospitals NHS Foundation Trust. The learner led sessions enabled the

development of collaborative learning and working skills.

Author/Presenter: Sharon Green, Practice Education Facilitator and Laura Stanley, Occupational Therapist

Clatterbridge Cancer Centre NHS Foundation Trust

- 17th International Society of Nurses in Cancer Care (ICCN) 2012, Prague

Title: Introduction of an Interprofessional Induction day

Overview: See page 107 of e-book

Authors/Presenters: Beccy Hewins Practice Education Facilitator, Mandy Boyles Deputy Ward manager and Sarah Kelly senior staff nurse

Edge Hill University

- 24th International Conference Networking for Health Care Education, September 2013, Cambridge, UK

Title: An evaluation of the impact of interprofessional learning from a major incident simulation

Author/Presenter: Tebbutt, J., Wayne-Kevan, C., Ollerhead, S. – Senior Lecturers

- 22nd International Conference Networking for Health Care Education, July 2011, Cambridge, UK

Title: Inter simulation Practice learning to the Curriculum

Author/Presenter: Tebbutt, J., Wayne-Kevan, C., Ollerhead S. – Senior Lecturers

- Learning and Teaching in Higher Education and CLT Conference, June 2013, Edge Hill University, UK

Title: The Development and Launch of an Online Practice Learning Tool

Overview: The presentation included the approach taken and development of an online tool to create a consistent approach to supporting mentorship, accessible to all mentors, regardless of profession, flexible to access and easy to use, complement the existing support provided to mentors.

Presenters: Alan Seatwo – Learning Technology Development Officer and Tracey Baker – Senior Lecturer Practice Learning and Project

Lead, Edge Hill University and Gail Allen – Practice Education Facilitator, Aintree NHS Foundation Trust

Health Education North West

- National Association of Educators in Practice (NAEP) Conference, April 2014, Coventry University, UK

Title: A Review of Interprofessional Learning Activity across the North West: infrastructure, themes and determining the way forward

Overview: The presentation included the project approach taken to review interprofessional learning (IPL) across NW healthcare programmes since 2008. It includes discussion of the role of the Practice Education Facilitator in relation to IPL; themes identified in developing a NW IPL e-book of good practice examples and the development of a NW IPL Framework and strategy.

Author/Presenter: Karen Hellewell, Development Manager – IPL Project

Lancashire Care NHS Foundation Trust

- North West Practice Education Facilitator Annual Conference 22nd April 2013
- NMC/Mott-MacDonald QA Conference, September 2011

Title: An Innovative Approach to Interprofessional Learning (poster presentation)

Overview: The merger of mental health and community services within Lancashire Care NHS Foundation Trust has provided the opportunity to develop innovative approaches to Interprofessional Learning (IPL). The Trust aim was to develop an Interprofessional Learning approach within the Trust encompassing all types of learners, irrespective of their profession or year of training. Following workshops in the Trust an IPL framework was developed, incorporating a range of teaching styles; presentations, facilitated discussions, and learner evaluation/showcase sessions

Author/Presenters: Teresa Smith and Lesley Harper – Practice Education Facilitators



Manchester Metropolitan University

- Interprofessional Placement Learning Good Practice Event, MMU, September 2011

Title: From Talking the Talk to Walking the Walk

Overview: Aim of the event was to identify, share and explore current good practice within IPPL across the academic and practice placement setting for pre-registration learners within healthcare programmes across the North West.

Organiser: Event Lead – Julie Wright, Senior Lecturer

Presenter: NW Practice Education Facilitators and Higher Education Institutions

Health Education North West – North Western Deanery

- COPMED conference, 6/7 February 2014 and 4th National Medical Leadership Conference, 20th March 2014

Title: The impact of an integrated Medical Leadership Programme

Overview: In alignment with the vision for the NHS and the national project for Enhancing Engagement in Medical Leadership, the North Western Deanery (NWD) set up a Medical Leadership Programme (MLP) in 2008 as an innovative approach to develop a cohort of doctors with the potential to fast-track into future senior leadership positions and fulfil frontline leadership roles. The four-year programme was conceived as a structured way of developing doctors in specialty training with the potential to take on leadership roles and/or positions. In the integrated programme, medical trainees learned alongside NHS Graduate Management Trainees, effectively challenging individual preconceptions and breaking down barriers between clinicians

and managers. A comprehensive evaluation was initiated at the beginning of the pilot which drew upon a range of qualitative data sources with the consent of trainees. A major theme identified and reported here was the impact of the programme on (i) individual medical trainees in terms of their professional development and the acquisition of knowledge and skills to further their leadership ambitions, and (ii) the NHS services with which trainees were engaged, either through direct employment or project-based activities.

Author/Presenter: Agius, S., Brockbank, A., Baron, R., Farook, S., Hayden J.

- 4TH National Neonatal Simulation Conference 2014, Royal College of Obstetrics & Gynaecologists, 14th February 2014

Title: Did They Use It? A Qualitative Study Exploring Transfer of 'Attitudes' from Simulation to Workplace (doctors and nurses)

Overview: Aim: To explore candidates' perceptions as to whether training received in 'attitudes' in a neonatal simulation course is transferred to workplace.

Methods: 6 each of doctors and nurses were recruited from an interprofessional Advanced Neonatal Resuscitation Simulation Course. Semi-structured interviews were conducted after 3-6 months exploring candidate's perceptions of transfer of learning. Interviews were audio recorded for verbatim transcription, manually coded and analyzed using thematic analysis. Two independent researchers coded transcripts and agreed on final analysis.

Results: All participants reported transfer of learning to workplace. Three main themes emerged. The first theme was 'Self-Awareness', where nurses reported better recognition of role in a team. Doctors reported increased awareness of image they project as team leaders. The second emerging theme, 'Shared Understanding' highlighted how nurses were now

using two-way communications not only at resuscitation but also during interactions with colleagues and parents. Doctors reported increased emphasis on sharing their thought process with their team members. The third theme to emerge was 'Collaboration without Confrontation', where both nurses and doctors reported opting for strategies to avoid conflict when there was a difference of opinion, leading to better working environments.

Conclusion: This study focuses on translation of learning of human factors 'back on the job' from the perspective of candidates. Results indicate that learning is being reproduced at the clinical workplace. The time frame of the interviews emphasizes retention of attitudes at least in the short term. In conclusion, this study provides an initial evidence of translation of behaviours from simulation to the workplace.

Presenter: Dr Rajasri Seethamraju – Medical Education Fellow

Co-author, project supervisor: Dr Ralph Mackinnon

- 6th International Paediatric Simulation Symposia and Workshop, Vienna, Austria, 23-25 April 2014 – 3 abstracts accepted for presentation

Title(s): i Do they remember? A Qualitative Study Exploring Recall of Training from a Neonatal Simulation Course

ii Did they use it? A Qualitative Study Exploring Transfer of 'Attitudes' from Simulation to Workplace

iii Did it Make a Difference? Exploring Modification of Behaviour after a Neonatal Simulation Course

Author/Presenter: Dr Rajasri Seethamraju – Medical Education Fellow

Co-author, project supervisor: Dr Ralph Mackinnon

North West Simulation Education Network (NWSSEN)

- Association for Simulated Practice in Healthcare (ASPiH) Annual Conference, UK November 2012

Title: Design and evaluation of a pre-registration Interprofessional Simulation based Education (IPSE) Patient Safety Course

Overview: The purpose of the study was to design and evaluate a pre-registration IPSE patient safety course, which incorporated the new World Health Organization Multiprofessional Patient Safety Curriculum (MPSCG) (WHO, 2011). The course was specifically designed to facilitate the learners to develop knowledge of human factors and an increased awareness of other professional roles; whilst putting the patient safety at the centre of the learners' learning. The IPSE course included the use of low to high-fidelity human patient simulation/standardised patient scenarios followed by debriefing sessions, video case studies, use of a fully operational simulated training ward and managed learning environment (Moodle) resources. These resources were developed with an eclectic approach incorporating principles of learning and teaching from a variety of theoretical perspectives (adult learning, behavioural, constructivist and cognitive learning theories) as recommended by Fuller (2007) and the Nursing Education Simulation Framework, (Jeffries 2005). Fourteen customised simulation scenarios were developed and aligned to the WHO's MPSCG (WHO, 2011). These cases reflected a range of in-patient medical and surgical patients at various stages of admission and investigation to allow the learners to problem solve and clinically reason their interventions. An inter and intra mixed method approach was undertaken featuring the modified Readiness for Interprofessional Learning Scale (RIPLS), (HSIN, 2009), administered both pre and immediately post-course and a 12-item questionnaire (featuring open and closed items). The initiative was extremely positively evaluated. Thematic analysis of the open items identified numerous benefits, including a raised awareness of patient safety; human factors as well as other professional roles and the importance of working together were identified. The course successfully demonstrated the learner's increased appreciation of communication skills, human factors, error recognition and the impact on patient safety and increased knowledge regarding the roles of their own and other professional groups. The key findings indicated that the 4 day IPSE

course was appropriate and highly valuable for pre-registration healthcare learners. The course successfully incorporated 6 of the 11 WHO curriculum topics and stimulated inter-professional learning, focusing on improving patient safety.

Authors: Gough, S., Jones, N., & Hellaby, M.

Presenter: Neal Jones

Title: Design and facilitation of a multi-scenario interprofessional simulation ward session

Overview: This session described how the group had developed multiple simulation scenarios for an interprofessional patient safety event. Each scenario contained team, professional specific and management learning outcomes that were mapped to both the course learning outcomes, professional group and the WHO patient safety course

Authors: Hellaby, M., & Jones, N.

Presenter: Mark Hellaby, NWSSEN Manager

- SimHealth Conference: Crossing Boundaries, Brisbane, Australia, September 2013

Title: Innovations in pre-registration inter-professional simulation-based learning and teaching: Crossing placement boundaries regarding patient safety

Overview: The aims of this pilot study were to design and evaluate an intra-placement interprofessional simulation-based education (IPSE) patient safety course. A sequential mixed-methods evaluation was undertaken. Findings indicated that the IPSE course enabled learners to develop an appreciation of each other's professional roles and particularly their individual and collaborative practices that may positively impact upon patient safety. Increased RIPL total and sub-scale scores indicated a more positive perception and attitude towards multiprofessional learning, teamwork and collaboration. Three-months later, learners reported examples of being able to influence patient safety through an increased application of their ability to identify errors and influence their colleague's practices; thus impacting directly upon patient safety. This pilot study provided an example of an innovative method of providing interprofessional patient safety learning and teaching opportunities within practice placement provisions. Although the pilot was successful, the challenge remains in extending this initiative across different practice placement providers.

Authors: Gough, S., Hellaby, M., & Jones, N.

Presenter: Suzanne Gough, Senior Lecturer Physiotherapy, Manchester Metropolitan University

- International Higher Education Teaching and Learning Conference – Alaska, USA 2014

Title: Spreading the word: Developing and repurposing resources to create sustainable learning-scapes

Overview: The development of realistic and immersive simulated learning experiences can be challenging and difficult to deliver to large cohorts. The high cost of utilizing simulation-based education is widely recognized. The Interprofessional Simulation-based Education (IPSE) Project was developed and evaluated in 2012. The project was the product of the collaboration between Manchester Metropolitan University, St Helen's and Knowsley NHS Trust and the North West Simulation Education Network (NWSSEN). The IPSE learning-scape included interactive workshops, team-building activities, video case studies, supplemented by realistic and immersive simulation scenarios (using computerized human patient simulators, actors and a training ward). Following the success of the IPSE study, teaching and learning, video and simulation resources are now being repurposed for utilisation within uni and interprofessional healthcare curricula in the UK and New Zealand. All 14 simulation scenarios have been developed using the NWSSEN scenario design template to facilitate consistency of design, preparation and delivery throughout the North West region (Universities and Hospital Trusts). These scenarios are now available to NWSSEN members via the scenario library. The realistic and immersive simulation resources can be effectively repurposed (embedded within other curricular to support patient safety education), to create meaningful and sustainable learning-scapes. The scenarios were designed to be used as individual or ward-based simulated learning activities. Subsequent development of videos featuring learners or as best practice examples featuring experienced clinicians/faculty, can also allow the utilisation of these resources within larger cohorts. Such repurposed resources can also be used as a means of supporting both learner and faculty professional development.

Authors: Gough, S., Jones, N. & Hellaby, M.

Presenter: Suzanne Gough, Senior Lecturer Physiotherapy, Manchester Metropolitan University



- Neonatal Emergency Team Scale. 4th National Neonatal Simulation Conference. Royal College of Gynaecologists and Obstetricians. London 2014

Overview: This poster explained the initial steps in developing of a behavioural rating scale for the multiprofessional neonatal emergency team (midwives, paediatricians and neonatal nurses). The scale took similar scales and used 3 simultaneous Delphi groups to develop a similar scale. The scale looks at communication, cooperation, coordination, leadership, monitoring and decision making across the three sub groups. It is envisaged that when validated this scale will aid the development of effective team behaviours and benefit patient safety.

Authors: Hellaby, M., Gottstien, R., & Shaw, B.

Presenter: Dr R Gottstien

Royal Liverpool and Broadgreen University Hospital NHS Foundation Trust

- National Association of Educators in Practice (NAEP) Conference, April 2014, Coventry University – Practice Education in times of change: Calm waters and stormy seas

Title: Interprofessional Oncology Study Day (poster)

Overview: See page 10 of e-book

Author: Christine Burton, Practice Education Facilitator

Presenter: Noeleen Ryan and Heather Kirby, Practice Education Facilitators

University of Chester

- Networking for Education in Healthcare Conference, September 2013, Cambridge, UK

Title: Evaluation of an online interprofessional learning module in health and social care at a university in the UK

Author/Presenter: Janice Gidman; Jane Harris; Jillian McCarthy; Noreen McGuinness; Katie Psarou; Victoria Ridgway, University of Chester

University of Manchester

- 22nd International Nurse Education Today Conference. Robinson College, Cambridge University, September 2012

Title: What is the actual state of Interprofessional learning and is meaningful Interprofessional learning possible to achieve?

Author/Presenter: A. Wakefield

- Learning Together Better: 2nd International Conference for Health & Social Care Inter-Professional Education and Practice 6th & 7th July 2010

Title: Should Technology Be Allowed to Drive Interprofessional Educational Learning Experiences?

Authors: Wakefield, A., Butterfield, C., Gunter, R., Hall, J. & Brown, N.

Presenter: A. Wakefield

- Duke NUS Medical Education Conference [poster] 2014

Title: Enhancing patient safety through the use of interprofessional online case studies

Overview: Multiprofessional written case studies addressing issues in patient safety were used to raise awareness in understanding different healthcare professional perspectives, confidence in managing patients' medication and appreciation of other professional roles and skills

Author/Presenter: C Brown Wilson, N Brown, K Wilson, J Silverthorne School of Nursing, Pharmacy and Medicine

- Interprofessional Education Healthcare Conference 2009. Edge Hill University, Liverpool

Title: Using a Virtual Learning Environment (VLE) to deliver interprofessional education (IPE) [poster].

Overview: Undergraduate learners from midwifery and pharmacy enrolled on a health promotion online course to understand the similarities and differences in health promotion approach by different professions by producing a joint profession information leaflet.

Author/Presenter: C Brown Wilson & N Brown, School of Nursing and Pharmacy



Regional/National Awards

Clatterbridge Cancer Centre NHS Foundation Trust

- Learner Nursing Times Awards 2014 – Finalist for Placement of the Year Hospital for Interprofessional Learner Learning Experience project. This relates to the hub and spoke model of mentorship and the wide variety of interprofessional and collaborative education provided for all the pre-registration learners and educators. Attended judging on 26th March now awaiting awards ceremony on 1st May 2014
- Learner Nursing Times Awards 2013 – Interprofessional Learner Induction

North West Simulation Education Network (NWSEN)

- Interprofessional Simulation Education Pilot (NWSEN) – Highly commended in the category of Learning Together in Health and Social Care. Health Education North West Adult Learners' Week Awards 2013

Stockport NHS Foundation Trust/ Manchester Metropolitan University

- Learner Nursing Times Awards 2013 – Winners of 'Partnership of the Year' award for the success of the Stockport IPL Champions Forum

University of Cumbria

- Nesta Hartley was awarded a Vice Chancellor's Excellence Award in 2013 for her work on further developing IPL in the Faculty. The citation was:

The panel were particularly impressed with your application which presented a creative approach to curriculum change by finding novel solutions to the long term and complex challenges of interprofessional learning across the undergraduate curricula within the Faculty of Health and Wellbeing. They regarded it as an innovation that was underpinned by a clear philosophy and that was very grounded in its approach. You have demonstrated strong leadership in working with colleagues

and a sustained resolve to bring about changes that have already been recognised both within and beyond the University, and your vision, energy and determination have clearly been key to the success of this work

University of Manchester

- University of Manchester – Medical and Human Sciences Faculty Award 2011 for Innovation in Teaching and Learning – Undergraduate multidisciplinary learning in patient safety using Enquiry Based Learning.

Awarded to K. Wilson and C. Brown Wilson, J Silverthorne School of Nursing, Pharmacy and Medicine.