

Effective Practitioner Initiative: Supporting Implementation and Evaluation

NHS Education for Scotland

Final Report : Blake Stevenson Ltd

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1 Introduction and Context

NHS Education for Scotland (NES) launched the Effective Practitioner initiative in June 2011. There is a web resource which provides a range of work-based learning activities and resources for Level 5 and 6 nurses, midwives and allied health professionals. During 2011-12 a range of awareness – raising activity took place across health boards to introduce the web resource to as many practitioners as possible.

During 2012/13 NES funded five health board areas to undertake more focused work, which linked with Scottish Government Quality ambitions of safe, effective and person-centred care, using Effective Practitioner resources within clinical teams. At the same time NES offered support to other health boards to develop their use of Effective Practitioner to improve practice.

NES commissioned Blake Stevenson Limited, an organisation which provides research and organisational support, to provide the funded NHS Board projects and other health boards with support as requested. Blake Stevenson developed and implemented an evaluation process for the impact that Effective Practitioner was having in both the funded areas and more generally as requested by NHS Education for Scotland.

NHS Education for Scotland requested applications from health boards for funding to support the use of Effective Practitioner within teams to improve practice. It selected five health boards to undertake funded projects.

The focus for the funded work is shown in Table 1.1 below. Within each funded area there was more than one project, with the specific project agreed between NES, the health board and Blake Stevenson for inclusion as a case study for evaluation purposes is shown in bold.

The focus for the funded work in these health boards is shown in Table 1.1 below. Within each funded area there was more than one project and the

specific project agreed between NES, the health board and Blake Stevenson for inclusion as a case study is shown in bold.

Table 1.1: Funded projects

Health Board	Focus of Funded Projects
1	<p>Clinical decision making in an acute stroke unit</p> <p>Supporting dementia education and learning within an Accident and Emergency unit (Hospital a)</p> <p>Supporting dementia education and learning within an Accident and Emergency unit (Hospital b)</p>
2	<p>Supporting staff bank members</p> <p>Developing practitioners in Integrated Care Assessment and Support (ICAS) teams</p> <p>Clinical decision making</p>
3	<p>Improving care quality in maternity services</p> <p>Improving person-centred care in an orthopaedic ward</p> <p>Supporting carer involvement in end of life care</p>
4	<p>Telehealth</p> <p>Implementing caseload supervision in the Impact Team</p> <p>Reflective practice in action in oncology</p>
5	Muscular skeletal pathway

NES commissioned Blake Stevenson Ltd, a research and organisational support organisation, to provide support to both the funded projects and to other health boards that requested it. NES also asked Blake Stevenson to develop and implement an evaluation process to investigate the impact that Effective Practitioner was having in both the funded areas and more generally.

We agreed an evaluation framework which aimed to evidence the following outcomes:

- practitioners at level 5 & 6 have greater awareness of EP;
- practitioners at level 5 & 6 have improved skills and/or learning through use of EP;
- practitioners at level 5 & 6 have changed their practice as a result of using EP;
- Senior Charge Nurses and Senior AHPs are able to use EP to support development of individual staff and teams;
- teams have changed practice as a result of using Effective Practitioner; and
- key stakeholders' expectations of Effective Practitioner are met/exceeded.

The agreed evaluation methods included:

- an online survey with practitioners who have been introduced to Effective Practitioner in either year;
- the development of in-depth case studies with four of the funded projects; and
- follow up interviews (n = 10) with some of the key stakeholders who had been interviewed in 2011/12.

In addition Blake Stevenson reviewed the final reports from all the funded projects.

The next chapter of this report provides the evidence from the online survey, the four in-depth case studies and follow up interviews with key stakeholders.

It also includes some additional evidence that has been gathered during the course of the support and evaluation work. Chapter 3 provides a synthesis of the findings in relation to the evaluation outcomes. Chapter 4 draws conclusions and provides suggestions for going forward.

2 Research evidence

This chapter sets out the evidence from the various aspects of the research:

- the online survey;
- the four case studies from the funded projects;
- follow up interviews with selected stakeholders (n=10); and
- some additional evidence that has been gathered during the course of the support and evaluation process.

Online survey

We undertook an online survey with practitioners whom we have met over the course of the last two years, mainly with those with whom we had undertaken a baseline survey in 2011-12. Eighty two practitioners completed the survey.

We provide a summary of the findings from the online survey in this section. The full analysis is available if required.

Use of Effective Practitioner

Most respondents have used Effective Practitioner. Fifty-nine per cent (48) reported that they have used the resource, while 41% (34) said that they have not. The percentage of respondents who reported using Effective Practitioner is lower than the 82% of respondents in the baseline survey who said they intended to use the resource.

Use of Effective Practitioner is not restricted to the resource's target audience of practitioners at level 5 and 6. Fifty-nine per cent of respondents to the survey who have used Effective Practitioner and who specified their Agenda for Change Pay Band are band 5 or 6. However, nearly a third (30%) are band 7, 9% are band 4 and 2% are band 8. (*Note – the Effective Practitioner is targeted at NMAHP's at Level 5 and 6 of the Career Framework for Health-*

this developmental framework which differs from the Agenda for Change Pay Banding).

Around a quarter of respondents who have used the resource have used it at least once a month. Twenty per cent who answered this question said they use it every month, 4% every week and 2% every day. Most, however, use it less frequently. Forty-nine per cent said they use it less than every three months and 24% every two or three months.

The most common method of using the resource is online. Over four-fifths (81%) who answered this question reported using the resource online, while 12% said they used a mixture of online and offline approaches and 7% said they print materials and use them offline.

Most respondents who use Effective Practitioner use the resource while at work (as reported by 93% of those who answered this question). Sixteen per cent said they use it at home.

How has Effective Practitioner helped respondents?

When asked which elements of Effective Practitioner were the most useful, 46% of respondents who answered this question stated that the signposts to other resources were useful, 41% said that learning activities were useful and 41% identified self-assessment tools as a useful element.

We asked respondents about which areas of practice Effective Practitioner has helped them with. Fifty-seven per cent of respondents who answered this question reported that the resource helped them with learning, teaching and supervision, 46% said it improved their evidence-based practice, 31% leadership and management and 29% clinical practice.

Respondents reported that Effective Practitioner helped them in connection with KSF. Eighty-one per cent of respondents who answered this question said that the resource had helped them in this way, 32% said that it helped

them to create and develop their Personal Development Plan and 14% said it helped with maintaining professional registration.

Qualitative responses show that respondents found Effective Practitioner useful as a tool for study and for Continuing Professional Development. Respondents gave examples of using the resource to develop their skills and knowledge in specific areas such as leadership, catheter management, teaching techniques, caseload supervision, telehealth, patient safety and dementia. A few also mentioned that the resource helped them to prepare for an appraisal. A number of respondents also identified Effective Practitioner as a useful resource to signpost colleagues and students to.

Comments from respondents include the following:

“I have found it (Effective Practitioner) easy to use, the information is up to date. (It is a) valuable resource, I recommend it to colleagues and students”

“It’s easy to access and easy to use and meets my needs”.

“(Effective Practitioner has) a wide collection of excellent resources and links”

“(Effective Practitioner is) a useful and helpful tool”

Barriers to using Effective Practitioner

Our survey indicates that a lack of time was the main barrier which prevents or limits practitioners’ use of Effective Practitioner. We asked respondents who had not used the resource for the reason(s) why they had not used it. Seventy-four per cent of the respondents who answered this question said that a lack of time was a reason why they had not used it. As one said, “*there is no time to complete any form of CPD within working hours*”. Fifteen per cent said that they had no reason to use Effective Practitioner, 7% felt it lacked useful content, 4% had difficulties in navigating the web resource and 4% were not aware of the resource.

Some respondents said that they access the CPD support they need from other sources, and this reduces the likelihood of them accessing Effective Practitioner. Comments from respondents include the following:

“I get a lot of similar info/support from CSP (*Chartered Society of Physiotherapy*) website, no time to do both justice”.

“I feel I would not use this tool as support due to the fact that I already access sites on the internet to aid my professional development”.

“I already have support with CPD through my professional body”.

“I have other online tools to use for mandatory training which I’m behind in using”.

Similarly, most respondents who have used Effective Practitioner said that more time would help them to make more use of the resource. Seventy-one per cent who answered a question about what would support them to make more use of the resource said that more time would help. Comments from respondents include the following.

“I found it easy to navigate; I just need more time to access the resource”.

“I think it is really good... just not had time as yet to use it properly”.

“It looked like a great system and I was keen to get going with it, however that does not seem to have happened, mainly due to lack of time”.

Forty-one per cent said that reminders to use the resource would help them to make more use of it. The importance of this is highlighted by a comment from one respondent that he/she had forgotten about the resource until he/she received our survey. Another said that “*a gentle reminder is always useful*”.

Other forms of support that would help people make more use of Effective Practitioner include:

- more or easier access to computers (16%);
- more useful content (14%);

- support from other people such as managers and educators (9%);
- help in navigating the web resource (9%); and
- more or easier access to printing facilities (7%).

Ratings of Effective Practitioner

Respondents gave Effective Practitioner mixed ratings with the majority being positive. Sixty-four per cent who answered this question rated it as very good or good but 28% described it as average and 8% as poor.

Improving Effective Practitioner

Respondents made various suggestions for improving Effective Practitioner including the following.

- Providing more profession-specific information. One commented that he/she felt the resource was *“biased towards nursing”*, another said that he/she could not find any information relevant to his/her specialty of pelvic health, and another said that it would be helpful if Effective Practitioner could provide more information specifically about care for children and young people.
- A few respondents commented that there is a lot of information on the web resource and this can be off-putting. As one said, *“there is a lot of info on the web resource – it’s hard to know where to start”*.
- Simplify learning activities – one respondent commented that *“I have started to use it on many occasions however the learning activities are lengthy and have put me off”*.
- Support people to access Effective Practitioner – one respondent suggested that putting an icon on practitioners’ computer desktops with a direct link to Effective Practitioner would make it easier to access the resource, particularly among those who lack confidence in using computers.

Case Studies

We have analysed the information gathered from the four selected funded projects and present this in summary form in the boxed sections below.

Case Study 1

Supporting clinical decision making in an Acute Stroke Unit

The overall aim of this project was to support understanding and use of Effective Practitioner in relation to clinical decision-making skills within the Acute Stroke Unit. Effective Practitioner was to be used to support the embedding of the SKINN bundle of care by selecting learning activities for staff to undertake, keeping a clear focus on pressure area care. Funding was used initially to allow the project lead to have 'time out' to identify the most appropriate learning activities and develop a plan of how to take it forward.

Intended Outcome

- Increased understanding of Effective Practitioner and how it can be used to support practice and contribute to the objective of the unit.

Desired Impact

- Working together as a team, staff will be able to identify any gaps in practice or service delivery
- Staff will have the appropriate knowledge and understanding of Effective Practitioner as a tool to support their learning and development needs whilst contributing to the implementation of care bundles and individualised patient care.

The project lead with the support of the Practice Educator identified appropriate learning activities from Effective Practitioner and these were then collated in the shared drive for staff to access. They thought that the tools for recording learning whilst useful, were lengthy and decided to develop a more simplified tool for all staff to record learning. The Practice Education Facilitator spent time on the ward on a number of occasions,

going through the web resource with them.
How was Effective Practitioner used to support the project
<p>Effective Practitioner was used to identify learning activities relating to:</p> <ul style="list-style-type: none"> • Learning in the workplace • Clinical decision making • Evidenced based care learning activities, (looking at pressure ulcer prevention) • Clinical practice activities – food, fluid and nutrition, enhancing person centred care. <p>The Practice Educator and project lead asked staff to work on the learning activities when they had time on the ward.</p>
What has the impact of the project been?
<p>The project experienced a number of challenges. Staff had difficulty accessing activities on the shared drive, and so it was decided to make up packs for the relevant staff, downloading and printing the activities. Winter clinical pressures combined with staff shortages meant that the project lead (Band 6 charge nurse) was unable to be released from clinical practice to work with staff and support them to complete the learning activities. Funding for back fill was not a solution due to the shortage of specialist staff and bank staff etc. When staff are under pressure there are conflicting priorities and mandatory training for example takes precedence. This case study has highlighted some of the practical difficulties that can arise within work-based learning. The impact on practice has been limited.</p>
Learning for the future
<p>“On reflection, taking cognisance of the fact that Effective Practitioner as a resource was new to the team, combined with the clinical pressures within the ward, I wonder did the project aim too high trying to target a wide number of staff?” (Practice Educator). It may have been useful to have focused the project initially on only a few staff members, using PDSA type</p>

methodology, one nurse - one patient. In addition, the timing of the projects was a major factor. Although initially started in July, within clinical areas projects take a long time to get off the ground as clinical pressures always take priority and although the clinical areas are always busy, finishing the projects during the winter pressure time proved problematic. Although this project was not completed within the timescale, it is anticipated that it will carry on.

Feedback from staff is that during a shift they do not have any time for continuing professional development.

Case Study 2

Developing effective practitioners to reshape care

The Effective Practitioner project is based within the Integrated Community Assessment Support Service (ICASS) team within a CHP. The team has been established for several years but is rapidly developing and changing to meet the needs of patients within the health and social care integration agenda. Integration has brought many challenges particularly around communication between practitioners; transition of care; and at times unnecessary hand offs.

Focusing on the 'Effective' and 'Person-centred' ambitions of the Healthcare Quality strategy, the EP project aimed to support the ICASS team to better adapt to their evolving purpose and working relationships and to become more effective within their individual roles and as a team. A Band 7 Physiotherapist was seconded to develop and lead two Effective Practitioner development workshops with the ICASS team and to provide additional 1:1 development support around using EP, as required. The Band 7 Physiotherapist worked alongside NES and Blake Stevenson to create this bespoke development programme for the team using resources from Effective Practitioner as a core element. Specific activities of the

project were:

- Workshop 1: to explore EP and work-based learning, and to use EP to explore individual roles and identify learning activities and areas of interest.
- 1:1 support from Band 7 practitioner available to staff for six weeks until the second workshop to help them get to grips with EP and work-based learning.
- Workshop 2: to explore work areas chosen by the team (evidence-based practice and person-centred care).

Eleven staff (ten AHPs and one community nurse representing bands 4-7) from the ICASS team attended the first workshop which was three hours long; eight team members engaged in discussions and use of EP in between the sessions with four taking up the 1:1 support available; and 12 staff attended the second three- hour workshop which took place six weeks after the first workshop.

Intended Outcomes

The intended learning outcomes of this project were:

- to develop the 70/20/10 model of work place and experiential learning;
- to understand the role of others in the wider multidisciplinary team to develop deeper knowledge and understanding of their role;
- to improve methods of giving feedback within the team allowing peers and colleagues to communicate in a supportive and constructive way; and
- to embed cultures whereby practitioners see a person, not just a patient.

Desired Impact (shorter term)

- Improved understanding within Multi Disciplinary Team and more effective communication between, and confident collaboration with, colleagues.
- Increased safety and effectiveness as a result of improved communication between practitioners.

Desired Impact (longer term)

- Consistent person- centred approaches with an emphasis on outcomes focused individualised care.
- Greater value placed on workplace and experiential learning resulting in the delivery of more care and less time spent away from the workplace.

How was Effective Practitioner used to support the project

The EP self-assessment tool was used to identify initial learning needs so that the EP resources used during the project could be targeted to identified need. Staff also used the self-assessment forms from the Effective Practitioner web resource during the second workshop to discuss potential benefits/usefulness of Effective Practitioner in relation to PDP/KSF reviews.

In the first workshop, practitioners were introduced to EP using an 'introductory quiz' developed by the project lead. Staff had to find answers to the quiz by searching and navigating the Effective Practitioner web resource and by the use of clinical scenarios that encouraged staff to look for relevant resources and evidence-based practice. This worked very well and was fun, stimulating and engaging for staff and a useful introduction to the web resource and what it has to offer.

Following workshop 1, staff were encouraged to use the EP resources to carry out a piece of reflective personal learning (using the self-assessment tool as a guide). This resulted in many staff successfully using the learning activities from the web resource and the online record of learning forms or engaging in some of the learning activities from the web resource.

The learning activities were also used during workshops to engage staff in group discussion and interaction, with the main focus on person-centred care and evidence-based practice. The learning activities were found to be very useful in introducing a topic area and stimulating discussion.

Staff were also encouraged to use the EP search functions (Managed

Knowledge network (MKN) and site search) during the project to identify relevant evidence-bases to underpin their practice.

EP was primarily used online at a computer throughout the duration of the project, always during work hours.

In their project evaluation forms, one practitioner said they used EP to help maintain their professional registration, two said they had used EP to create and develop their PDP, and five said they had used EP to provide evidence for their KSF.

What has the impact of the project been?

The project set ambitious outcomes. Some of these have been achieved, but others are harder to evidence.

The Effective Practitioner project has resulted in enhanced staff engagement and inter-disciplinary communication within ICASS and supported individual team members to gain a better understanding of the role of others within a multi-disciplinary team. The project allowed the team time to discuss and focus on their approaches to staff communication and feedback, workplace learning and ongoing personal and professional development. The team has not experienced significant improvements in respect of these areas as a result of the project; however the project brought these issues to the forefront of staff's attention and facilitated useful and fruitful discussions around them.

There are a number of staff within the ICASS team who at the start of the project lacked confidence in using computers/internet to search for information or evidence-bases for their clinical practice. Using Effective Practitioner during the project has provided a good opportunity for staff to engage in practical use of computers and relevant web resources and has built confidence and skills in this aspect of their work.

Many staff have also benefited from engaging in discussion with their peers around evidence-based practice and person-centred care, in particular, allowing them to identify their own strengths and weaknesses or confirming their own beliefs and opinions. Staff provided positive feedback to the workshops and identified the benefits of group work and reflection in particular, finding the Effective Practitioner sessions '*informative*', '*interesting*' and '*thought-provoking*'.

Through using the self-assessment tools from Effective Practitioner, staff have been able to identify and guide themselves towards further learning in relation to clinical practice, non-clinical development and general team dynamics.

The project outcomes relating to embedding a culture of person-centeredness and improving the patient experience and patient safety have been harder to evidence as a result of the project, although the hope is that the work staff have done around person-centred and effective care and their continued use of Effective Practitioner will contribute to achieving these outcomes.

In terms of the Band 7 practitioner seconded to lead the project, they have achieved a number of personal learning outcomes related to supporting the learning and development of others and have gained experience in leading a project from initial planning to evaluation and working alongside NES and other project leads.

How did use of Effective Practitioner facilitate this impact?

The Effective Practitioner project offered the ICASS team time to explore how they could work more effectively as a multi-disciplinary team and time to assess and reflect on their approaches, individually and as a team, to providing person-centred care.

The EP self-assessment was a useful tool to help the team identify initial

areas of interest for development – person-centred care and evidence-based practice and to set the direction of the workshops. The associated learning activities and links and resources around these two areas supported useful discussion and debate within the team about their strengths and weaknesses and approaches and encouraged the team to reflect individually and collectively on these practice areas.

The self-assessment tool from Effective Practitioner has further supported staff to identify and direct themselves towards further learning in relation to clinical practice, non-clinical development and effective team working.

Practitioners said the following about how use of Effective Practitioner during the project had helped them:

- *“to structure my thoughts around reflective practice”*
- *“reflecting on patient visits I’ve done”*
- *“consideration of best techniques when teaching”*
- *“Leadership activity 3 and reflection helped me to focus on identifying areas for development/improving such abilities”*
- *“I haven't used it for any specific area of practice but it has increased my awareness of the resources and how I would go about looking for evidence if/when I needed”*
- *“Greater awareness of resources out there for learning”*
- *“Knowledge of Scottish patient safety”*

Learning for the future

The elements of this project that worked particularly well were:

- Using a fun and interactive activity (the introductory quiz) to help practitioners familiarize themselves with the web resource and what it has to offer.
- Using the EP learning activities as a stimulus for reflective group discussion and debate around specific topic areas.

- Allowing a multi-disciplinary team dedicated time to learn together.
- Having a motivated project lead and involving practitioners who were motivated to learn and engage with the resource.
- Buy in to continue to raise awareness of Effective Practitioner after the project is completed
- Having dedicated resource to release practitioners.

In terms of successfully meeting the project outcomes, one challenge was that not all ICASS team members were able to attend all elements of the project. This was disappointing to team members who were able to attend because the focus of the project was very much on team development.

Future projects may wish to consider how to ensure all team members can attend team development sessions.

Lack of time and competing priorities will likely present a barrier to future use and embedding of EP and therefore the following activities are being undertaken to sustain the impact of this project and support continued use of EP:

- maintaining awareness of EP amongst ICASS teams and other staff post-project;
- implementing Effective Practitioner into general staff induction protocols; and
- continue to use the Band 7 practitioner who led on the project as an advocate/ambassador for the resource who can offer support and guidance to other teams wishing to use EP.

The ICASS team suggested the following potential improvements for the EP web resource as it develops:

- learning activities to be less generic and to have more activities that focus on common areas of patient care for example: patient assessment, record-keeping, preventing hospital admission;
- more clinically relevant scenarios on the web resource;

- self-assessment form to link more clearly to areas of EP web resource that will support identified development need; and
- clearer links on front page to access forms (self-assessment, record of learning etc.)

Case Study 3

Driving quality in Maternity Services through women's and families' stories

The project involves five midwives (four from hospital wards and one community-based ward) and the Practice Development Midwife in seeking feedback from women and families who have received maternity services in order to try and improve the quality of the services. The project aimed to support the midwives to find tools from Effective Practitioner that would help them in seeking the feedback from women and families.

The project participants have had two sessions to date. The first took place in November 2012 and was an introductory day to Effective Practitioner and identification of tools that might be useful for their project (patient stories and communication tools). Following on from this first session the participants had some concerns about how they would handle "difficult conversations" if some of the women they interviewed became emotional/felt traumatised by what they had been through and so the second session involved a midwife counselling specialist in working with the six midwives on ways to deal with difficult conversations. The participants are now in the process of gathering stories and the third meeting will involve them in examining and drawing out themes from these. They hope to complete this by the end of April 2013.

Intended Outcomes

- To raise awareness of the Effective Practitioner (EP) web resource and the benefits and support it could offer staff if used.
- To evaluate the EP resource through staff feedback.

Specific outcomes:

Using the learning resources within the Effective Practitioner web resource Midwives and Maternity Care Assistants will examine methods that they find most appropriate for gathering stories from women and families within their care.

Feedback within these stories will be analysed by the group and strategies formulated to determine what tools and how best to use them to drive care quality improvements across Maternity Services.

Desired Impact

Short Term:

Raising awareness of the importance of capturing care experiences to highlight the quality of care.

Mid Term:

Women and families will feel engaged with Maternity Services and have a way of feeding back that at present is unavailable to them.

Midwives will be better able to have directed and focussed communication with women regarding their care stories.

Long Term:

Issues arising from the content of women's and families' stories will be examined and utilised to drive forward quality of care within the Maternity Services.

How was Effective Practitioner used to support the project

First session (November 2012): an introduction to the Effective practitioner web resource for six midwives who had signed up to be involved in the project. This was to allow them time to trawl the web resource and evaluate its usefulness to themselves as practitioners. The first session lasted a whole day: the first half of the day was an introduction to the web resource allowing the participants to navigate round it and see all the resources available; the second half of the day was used to access the person-centred resources with a specific look at the content around patient stories and communication tools.

The second session (February 2013) involved a midwifery counselling specialist working with the participants on how to handle difficult conversations. This took place in a room without a computer which meant

that EP could not be directly used.
What has the impact of the project been?
<p>To date the impact has been on the staff involved mainly rather than women and their families. They have become familiar with the EP resources and have had specialist input on communication skills from the midwifery specialist counsellor.</p> <p>The Midwifery Practice Developer has undertaken three conversations with women to gather their stories and she reported that the women appeared to have been pleased to have the opportunity to provide feedback. The main theme in terms of service improvement from these has been around how women feel in the post-natal stage in terms of the level of staffing (having been used to a much higher level of staffing in the pre-natal stages).</p>
How did use of Effective Practitioner facilitate this impact?
<p>The Patient Stories and Communication resources have been identified as useful for the purpose of gathering women's feedback. The Feedback Cards have been used in the interviews undertaken to date.</p> <p>Working together around Effective Practitioner stimulated good discussion for the group who comprise four midwives in the hospital and one based in the community.</p>
Learning for the future
<p>The participants would like to see the content and examples specifically for midwives on EP increased. They think it would be good to have a Favourites section so that people can save the resources they want to return to later.</p> <p>There are difficulties in accessing computers and none of the computers in the clinical areas have sound cards so the videos and podcasts cannot be listened to unless you go to the computer suite.</p> <p>The informal conversations between the Practice Developer and project</p>

participants between the sessions have been important too.

The group discussion at the first session was important and provided an opportunity for participants to reflect on their work.

There are always difficulties in bringing people who work on different shifts together and this has provided a real opportunity for that.

Case Study 3

Project Description

Implementing Caseload Supervision in an **IMProved Anticipatory Care and Treatment (IMPACT) Team**

The IMPACT service is aimed at people with long-term conditions or a complex range of conditions, in particular those who have had several emergency admissions to hospital. By using an anticipatory approach, the focus is to improve the quality of life for patients and their carers, improve self-management strategies, give enhanced support in order to reduce hospital admissions, and support early hospital discharge. Each patient has a named case manager who liaises with health care professionals, specialists and other agencies. They will also develop a self-management plan in partnership with the patient and in conjunction with the patient's GP.

The IMPACT Team is a fairly new team made up of band 6 and 7 nurses who all work in 'zones' and have individual caseloads. The roles are new to everyone and the team identified the need for caseload supervision to ensure a consistent and high quality service delivery across the team. The team identified the need for Caseload Supervision. The aim of the project was to use Effective Practitioner to support and enable all team members to participate in a consistent, structured and robust approach to Caseload Supervision.

Intended Outcomes

- increased awareness of how Effective Practitioner can support learning and development, both as individuals and as a team
- increased understanding and ownership of the approach to Caseload Supervision within the team.
- increased confidence in using/ participating in the Caseload Supervision approach and ensuring discussions have solution focused outcomes
- increased confidence in constructively challenging practice within the team supported by an open, honest, transparent culture
- increased awareness of learning needs and tools to gather evidence/record learning and development.

Desired Impact

- increased confidence in clinical decision making.
- a consistent structured and robust approach to Caseload Supervision will be embedded in practice to support staff and service governance that will contribute to the delivery of safe and effective, person centred care.
- The approach to Caseload Supervision will support the team to influence the future development of the Impact Team service.

How was Effective Practitioner used to support the project

Staff had already attended a workshop which introduced them to the Effective Practitioner initiative. A number of meetings were held with the team. Over the course of these meetings staff:

- discussed and identified their needs relating to caseload supervision to ensure team approach
- examined a recording form that had been developed.

The initial session was to introduce the team to the project, provide an overview of the Effective Practitioner resource and how Effective Practitioner may be used to support the implementation of Caseload Supervision in practice. Supporting tools were identified e.g. recording learning and development forms and learning activities that may be used to support

potential continuing professional development (CPD) needs identified through Caseload Supervision.

Participants agreed to explore the Effective Practitioner web resource to identify any tools or resources that may support Caseload Supervision and consider any common CPD themes that may evolve as a result of Caseload Supervision.

At the second session, although there were some problems with team time pressures and staff shortages some of the team had looked at the web resource had given more thought to the purpose and format of caseload supervision sessions. The team identified the Effective Practitioner *Support and Supervision Form* in the *Recording learning and development* section as one that would meet their needs and one that was easier to use than their current one. They also identified the *Reflective Account Form* as one which would help them prepare for caseload supervision meetings. This allowed staff to think and reflect on a situation which they could bring to the supervision session. All staff are now using the *Support and Supervision Form* and the *Reflective Account Form* is optional.

The second session focused on the nature and purpose of caseload supervision sessions and as a result of this session and further team discussion, a decision was made to try 1:1 sessions.

Support was provided by the Practice Educators and Blake Stevenson consultant. The Practice Educator developed a 'crib sheet' at the outset, which helped direct staff to the most appropriate resources, and everyone found this invaluable as it helped them focus on relevant areas.

What has the impact of the project been?

The project has for the most part achieved its intended aims and outcomes. Staff have increased their awareness of how Effective Practitioner can support learning and development, both as individuals and as a team,

although time pressures meant that they didn't have as much time to spend on the web resource as they would have liked. Through the various discussions and debates, there appeared to be an increased understanding of Caseload Supervision and an agreed approach within the team. "*Reflection is now part of what we do, it's the norm*". The project approach helped ensure ownership by the whole team. It is difficult to say if confidence in using/participating in the Caseload Supervision approach has increased as only one session had been completed but there is certainly an agreed approach and 'buy-in'. As reported by the team lead and observed by the consultant, there certainly appeared to be increased confidence in constructively challenging practice within the team supported by an open, honest, transparent culture. Staff were also more aware of available tools to gather evidence/record learning and development

There were also some unintended outcomes. "The whole experience provided an opportunity to sit down together and discuss a topic. People were open and honest and it provided an insight into people's thinking." The experience helped focus the team and look at where they were going. It enabled them to make some decisions about supervision, for example a decision to try 1:1 sessions rather than team sessions. The forms have been passed on to another team who found them very useful and had not previously been aware of Effective Practitioner. The IMPACT team themselves are using the reflection tool in other settings.

In addition, during the time of the project, clinical tutorials, in partnership with a GP were started. Staff are asked to bring and discuss case studies and they are now using the Reflective Account Form to help them prepare.

Although it is difficult to measure impact at this early stage there is some self-reported evidence that the project has and will have an impact. This is most evident in the impact on reflective practice, colleagues and team relationships. A student nurse who attended one of the sessions commented on the team cohesiveness and how everyone was able to speak. The open

approach that was used helped empower the team and individuals, ensuring that decisions made were team decisions. The process of caseload supervision and the accompanying discussion and reflection, supports decision making and helps staff to identify learning need which will ultimately have a positive impact on patient care.

How did use of Effective Practitioner facilitate this impact?

There are many competing time pressures for the team and having the "*crib sheet*" which directed them to the most appropriate resource was seen as crucial. The Effective Practitioner project created an opportunity for the team to explore the purpose and process of Caseload Supervision with supporting facilitation and Effective Practitioner resources. Effective Practitioner helped facilitate this by providing readymade, easily to use tools and templates.

Learning for the future

The main barriers to using EP to support project aims and outcomes are time pressures meaning that they don't have the time to explore the web resource in detail in a short space of time. This can be overcome by ensuring that participants are directed to the most appropriate resources. Some can be 'put off' by not finding an immediate or obvious answer to a problem or information on a particular topic. The web resource can appear overwhelming to some, so focusing on one area and directing people appears to be the most appropriate approach. The project lead reported that the resources was very useful and had used the managing team's section and leadership resources via the web resource.

Using it as a team meant that people supported one another, identified resources and shared them. "Doing things for your colleagues brings people together. At the start we were not sure if we are approaching the project in the right way, but we didn't want to be too prescriptive. I would recommend this approach and the Effective Practitioner web resource to others. But I would suggest, don't panic as there is a lot of information. Look at it in bite size pieces and pick out even a tiny bit."

Evidence from key stakeholder interviews

We have conducted four interviews with key stakeholders to follow up on their views now that Effective Practitioner has been in place for approaching two years.

Key points emerging from these interviews include:

- the many ways in which Effective Practitioner is being embedded through use by senior nurses and AHPs, the Practice Educators and Practice Education Leads and within teams;
- there are various aspects of the resource that are liked such as the easy access (no login), the bite-sized learning activities, the podcasts (one stakeholder uses them in teaching situations);
- suggestions made for improvements which are included in the section at the end of this chapter;
- there is a strong sense that in the future there will be further effort to embed it and use it to improve learning and practice, in particular through the medium of SCNs and Senior AHPs; and
- there is clearly a lot of activity being stimulated by Practice Educators and Practice Education Leads and a sense that they have an important role to play in helping practitioners navigate the web resource and work out how to use it for effective learning and practice.

Additional evidence

There is additional evidence from other areas and projects as to how Effective Practitioner has been used and suggestions as to what would facilitate its further use. These are summarised here.

Using the Self Assessment tool

A health board used case examples to help practitioners use the web resource, for example:

“Gemma has worked as a staff nurse in your area for 4 years; she is a degree student and has completed Flying Start. She works 37.5 hours week.

Gemma is coming up to her KSF review and you decide to use the Effective Practitioner self-assessment tool as a way of checking how she is getting on.”

The group is then asked to look at the completed self assessment form for Gemma and answer the following questions:

- How would you support this practitioner’s development in the areas they have marked as amber or red?
- What evidence would you expect from the practitioner where they have scored themselves green?
- You disagree that they are green, how would you address this with them?
- How could this learning be supported in your clinical area?

The group then works with EP resources and discusses how they could be used to support staff.

Planning a Professional Development Day

A health board has planned a professional development day for nurses using EP to look at accountability of care and quality improvement elements (through learning activities) and then to lead on from this to focus on developing quality of case notes (responding to issues raised in a recent case note audit).

They are also planning to use leadership activities to develop band 5s in A&E but this has been put on hold due to an upcoming OPAC inspection

Training on EP has been given out to all mentors across the NHS Board so that they can pass on to those they work with. Some mentors have been using the learning, teaching and supervision activities as evidence for their triennial review and re-validation

Dementia learning activities and associated resource links have been used very widely –as there is a big focus just now. It has been used to help prepare staff for the OPAC inspection. Dementia Champions are also using

this element of the resource to support staff to increase knowledge, awareness, understanding and capabilities around dementia care.

Practice Development Nurses report using the resource to pull together a programme around dignity and compassion and were able to find everything they needed to do this on the EP web resource.

Seeking service user feedback

The aim of one project is to skill up NMAHPs so that they feel confident using techniques to gather patient feedback. This will involve semi structured interviews using emotional touch points as a means of taking the patient through their journey/experiences. The focus is on fracture clinic patients (as part of the MSK pathway) as it means that patients will be able to explain their experiences of primary and secondary care services hopefully leading to improvements in practice.

Service Improvement

In another health board, the Nursing and Midwifery Practice Educator and the AHP Practice Education Lead have developed a model of Advanced Practice Sessions using Effective Practitioner with team leaders and those who can influence practice. Twelve practitioners (four nurses and seven AHPs, one nurse has dropped out) have been involved and attended the first session in January. Participants were asked to come with an outline for an area of their service/practice that they wished to change. The two session leaders have given 1:1 support in between the sessions (with the second session due to happen late March/April) to help participants develop and think through their project and change approach. The projects are addressing very practical change issues such as improving patient pathways in a given clinical area and examining referral processes in another.

A lot of the work is about change management and the practitioners have found the learning resources on leadership, team building and change

management on EP very useful. This is a model that is highly replicable given appropriate support from practice educators/practice education leads.

Supporting Carer Involvement

A project around supporting carer involvement in end of life care was progressed in a health board. The project focused on enhancing holistic end of life care of patients through carer involvement in a gynaecology hospital ward.

The project team (charge nurse, two staff nurses and a clinical support worker) met to discuss what they wanted to achieve. They did not use Effective Practitioner at this point as *“we were a bit in the dark about what bits to use.”* They then spent a morning with the Blake Stevenson consultant, who gave a ‘hands on’ overview of the Effective Practitioner web resource and how it could be used for their project. A number of ideas were generated and a number of tools and resources identified, the most obvious section being the Palliative and end-of-life care section. However on further exploration the most useful resources were identified in the Person-centred care section with resources such as *“How do you Feel?”* and *Patient Stories*. One patient story showed how relatives had been ‘pushed out’ and this highlighted the change in practice they were aiming to achieve. The team spent the rest of the day gathering and collating information, then over a number of weeks adapted and personalized certain tools to use.

The tools will be put into practice in May of this year. The process however *“definitely opened eyes, not just with registered staff but at all levels”*. They are more aware of Effective Practitioner and how it can support learning and development. For example *“I previously was aware it was there, but still tended to ‘Google’, but now I am going to use it more.”* The nursing team is using it more and what the team learned is being cascaded down to other staff. *“It is now part of their information package.”*

Initially they felt that finding what they wanted in Effective Practitioner was difficult and before the facilitated session they hadn’t seen things and certain

areas of the web resource. They felt that more 'quick links' would be useful, for example for assessment, patient stories etc. The project however has made them more aware of Effective Practitioner and how it can support learning. It has supported their knowledge and understanding of end of life care and helped facilitate the development of strategies and tools which will improve practice in relation to end of life care through carer involvement.

Using Effective Practitioner

In one health board, as well as awareness raising sessions the Practice Educator reports using EP in a number of ways:

- *"We had a couple of nurses who were keen to deliver some education. The Senior Charge Nurse (SCN) approached me and we supported them through the learning, teaching and supervision learning activities. We then observed the teaching and they used the reflection tools to reflect on how it had gone.*
- *We are linking into KSF review training and have been asked to attend sessions (signposting to Effective Practitioner and giving leaflets).*
- *We plan to hold learning activity workshops and are working with SCNs to identify the appropriate ones for their staff.*
- *EP was used in a session on critical incident learning (reflection)"*

Session with Senior Charge Nurses/ Senior AHPs

In another health board a session sought to help SCNs and Senior AHPs facilitate learning for their staff using EP. This was linked to the capabilities in the SCN and Senior AHP learning and development frameworks.

Suggestions made in various sessions for improvements to the EP resource

- Re- look at the self assessment form. It needs to be updated to match the learning activities, for example, if you identify a learning need it is not immediately clear where to go next. It also needs new things in there like accountability etc.
- Consider sections on falls, alcohol, record keeping/report writing and documentation (mentioned several times), tissue viability (i.e., specific topics that people find useful)
- Better search engine with more quick links – people feel they spend a lot of time searching for what they want - but not sure exactly what.
- Better links to KSF – e.g. ability to search the other way/reverse menu – i.e., via KSF dimensions.
- The learning activities are a useful way of sparking group discussions and getting people talking to each other about learning needs and improving practice. However, practitioners in one project feel the activities are too vague and generalised and that more clinically relevant scenarios would be useful.
- Learning activities need to be re-designed – currently the clinical practice learning activities are in a newer format and the activities under the other pillars are in an older format.
- Don't like the photo of the girl on the front with the earrings – unprofessional, not very clinical looking, not appropriate image for front page.
- Front page could be clearer and easier to navigate – quite busy just now. Perhaps buttons on the front page to link to self-assessment and recording learning tools.
- Webcasts on how to use parts of the web resource to help direct learning.
- More examples for those working in social care.
- Telehealth: improvements for this element have been offered by one board following their telehealthcare project.

- Think about adapting and sharing the quiz used to help people navigate the web resource and find out what was on it (series of questions they had to use EP to find the answers to) – was fun and a good team activity.
- Planning to do a local flyer or equivalent about how EP has been used by various teams to provide inspiration/case study for others. This might be useful to have on EP web resource.
- Although there is the guide to getting started, perhaps a better explanation/ guide to searching – what it is and what it's not. In particular, doing sessions on evidence based practice – people expect to be able to find evidence on various very specific topics (mainly medical).

The next section of the report provides a synthesis of the findings from this evidence.

3 Synthesis of findings

The evaluation set out to examine six outcomes:

- practitioners at level 5 & 6 have greater awareness of EP;
- practitioners at level 5 & 6 have improved skills and/or learning through use of EP;
- practitioners at level 5 & 6 have changed their practice as a result of using EP;
- Senior Charge Nurses and Senior AHPs are able to use EP to support development of individual staff and teams;
- teams have changed practice as a result of using Effective Practitioner; and
- key stakeholders' expectations of Effective Practitioner are met/exceeded.

This chapter summarises the findings in terms of each of these. It also pulls out some of the learning from the overall process of this further period of support for embedding Effective Practitioner and work-based learning.

Practitioners at level 5 & 6 have greater awareness of EP and have improved skills and/or learning through use of EP

Around 100 practitioners have had the benefit of more in-depth work around using Effective Practitioner through both funded and non-funded projects. This does not take account of more general awareness raising activities that have continued throughout the year in some Board areas or the "ripple effect" of those who have been involved in some sessions taking their learning out to others.

The evidence from the survey, case studies and additional support suggests that there is greater awareness of EP but that the key focus in 2012-13 has been in assisting practitioners to gain improved skills or learning through use of EP. The case studies demonstrate that EP has been used to develop

learning and skills in a range of different subject areas including aspects of clinical practice such as stroke treatment through to more general communication and leadership skills. The importance of effective communication within teams and across interdisciplinary teams has been highlighted.

Effective Practitioner has been used for learning around specific topic areas such as telehealth, end of life care and dementia. For some practitioners the more specific the topics and resources available the better and they would like to see more of the very specific learning resources. Practitioners have been able to use tools that are new to them such as the Reflective Account Form, the Support and Supervision Form and emotional touch points.

There is evidence that practitioners are using the resource for their own professional development in terms of completing PDPs and gathering KSF evidence.

For some practitioners the learning has also been around computer confidence and becoming more comfortable with accessing the resource.

Practitioners at level 5 & 6 have changed their practice as a result of using EP

There is some evidence of practice having changed or being in the process of changing. From the funded projects there is evidence of a focus on better communication in relation to team working and person-centred care; and in improvements to caseload supervision.

The model developed in one health is interesting as it is specifically about identifying areas of practice that individual practitioners identify as needing to change and then supporting those practitioners to use EP to help implement change. Some of the learning from this model has identified that change inevitably can take longer than hoped and that starting with small steps and

where benefits can be easily gained is useful. The eleven change projects in on Board are still in the process of being implemented but the intention is to start again with another cohort of twelve from the summer.

Senior Charge Nurses and Senior AHPs are able to use EP to support development of individual staff and teams

There is clear evidence that SCNs and Senior AHPs have developed skills and understanding about how to use EP to support individual staff and teams. One of the key support roles fulfilled by Blake Stevenson during this year has been to support senior staff to examine how to use EP to work with and help develop their teams.

Some of the tools that have been reported as most useful in this respect are the self-assessment form, the Record of Learning, the Reflective Account Form and the Support and Supervision Form. There is anecdotal evidence of senior staff taking these forms and using them in different settings to the original one in which it was introduced to them. For example, one SCN requires all nurses under her supervision to come to a supervision session with the self-assessment form and an area identified that they would like to work on.

One of the areas where there appears to have been development during this year is in the use of reflective practice both for individuals and for teams. Many of those interviewed in the funded projects have commented that the opportunity to sit down as a team and reflect on practice together has been invaluable.

It is clear that in several of the funded project situations new ideas/paperwork have been generated or existing ones on EP adapted. For example the quiz; a crib sheet; the adaptation of the record of learning. The sense from those involved is that it takes time to navigate the web resource and that anything that can help others access what they need more easily is helpful.

Teams have changed practice as a result of using Effective Practitioner

There is some evidence of change in practice as a result of using Effective Practitioner but it is also quite early to quantify this: several projects have stated that the change in practice is still to come but that the beginnings of change have taken place.

Examples from the funded projects include:

- the development of a reflective practice approach in an oncology team.
- a new approach to support and supervision.
- a better understanding of dementia in acute hospital setting.
- a more person-centred approach to maternity care.
- better involvement of carers in end of life care, and
- better communication in a multi-disciplinary setting hopefully leading to better patient care.

Key stakeholders' expectations of Effective Practitioner are met/exceeded

Those who have engaged with Effective Practitioner can see that it can help practitioners learn and improve practice. It is also true that not all health boards have engaged in the same way and that there have been competing pressures on time and energy to embed Effective Practitioner. One stakeholder reported that she did not have particular expectations but that the key is to get people to engage with it and then they see what it can offer. If this happens then it meets her expectations.

This embedding takes time and as has been shown in the case studies and other project evidence it requires support and direction to assist practitioners to engage. Several stakeholders have commented that the resource can be a

bit overwhelming particularly if people are pressed for time and that *“helping people navigate it for themselves”* is essential.

4 Conclusions and Issues to Consider for the Future

Conclusions

The year 2012-13 has provided an opportunity for practitioners to get to know and use Effective Practitioner in more depth. There have been challenges as well as successes in terms of the funded projects and other health boards which did not receive funding have also had significant achievements.

One of the key points to emerge from the evaluation and the support offered throughout the year has been the need to help people work out how to use Effective Practitioner for the specific issue or practice area they wish to address. Once practitioners are helped to see which element within the web resource can help them they are able to move forwards more easily themselves.

The role of SCNs and Senior AHPs has come to the fore this year: they can play a critical part in bringing EP to the attention of Band 5 and 6 nurses and in helping them use it to improve their practice. Increasingly Practice Educators and Practice Education Leads are focusing on these senior practitioners who can influence practice and bring about change.

Throughout the year the issue of time and the lack of it has featured many times: being able to take time for team development meetings; having the time to access the EP web resource; the pressures on time during the winter months when even with funding for backfill there can be shortages of staff to provide the backfill. This issue is not going to be easily resolved and the model of working through more senior staff to reach level 5 and 6 staff while they are at work appears to be an appropriate one.

The support to better communication that working together on an issue using Effective Practitioner can provide has been demonstrated in several areas.

This has potential impact on practice within teams and also across teams in health and importantly, given the integration agenda, between health and social care. The process of working together on identified issues has in itself reaped benefits in some instances.

There are still issues of access to computers, to the internet and in some situations the project lead has printed out the elements they wanted to use to get round this issue. There are no easy solutions to this issue.

Using Effective Practitioner to reflect on practice within teams brings a range of benefits not least the opportunity to think about what could be improved. Although it is early days it is hoped that this will lead to real practice improvements that impact on patients and their carers.

Issues for consideration in the future

The following issues for consideration emerge from the work undertaken during this year:

- there are specific improvements to the web resource that have been suggested (see end of chapter 2) that could be considered;
- working through the Practice Educators and PELs to ensure that they share some of the ideas and ways in which they have been working;
- it might be useful to develop postcard-sized handouts (or have these on the front of the web resource) about how to use the web resource for specific issues/with ideas for what to do: the main support that Blake Stevenson has provided this year has been helping people with ideas of how to use the web resource with teams/individuals;
- exploring ways of how to reinvigorate those Boards where EP has taken a back burner this year; and
- communicating about ideas/sharing new ideas of how EP is being used as often as possible.