



Practice Education Facilitator (PEF) and Care Home Education Facilitator (CHEF)

Annual Report 2014

Summary of NHS Boards and Care Homes

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1.0 Introduction

The Practice Education Facilitator (PEF) and Care Home Education Facilitator (CHEF) annual reports have been collated into a national report aimed at 'fast facts' and narrative examples. These annual reports are an important part of NHS Education for Scotland's (NES) governance process, ensuring that practice learning environment/areas are supported and enhanced through our national PEF and CHEF networks.

Individual NHS Boards and Care Homes are not named as many examples of good practice have been evidenced from multiple sources. If you wish further details in relation to a particular narrative please get in touch with the Practice Education Co-ordinator for your region.

Within Setting the Direction (Scottish Government 2014) the importance of delivering dynamic pre-registration nursing and midwifery education and enhancing the quality of the practice learning environment for staff and students are identified in strategic aims 3 and 4. The key role of practice education is clear within areas such as mentorship, extending the PEF/CHEF network, promoting learning experiences, monitoring quality of the practice learning environment and the importance of a unified educational experience for students. The role of staff in achieving these ambitions is pertinent within the 2020 Workforce vision (Scottish Government 2013), through valuing and developing the workforce to ensure staff have both the correct skills for contemporary practice and are valued and treated with dignity.

Throughout this report there are many examples of practice that supports the achievement of these key ambitions, and the aspirations for the future, within a changing healthcare environment.

2.0 PEF/CHEF Role

The core components of the PEF/CHEF role are well established and embedded within practice since their inception in 2004 and 2010 respectively (see appendix one).

The annual national priorities were developed in collaboration with all stakeholders and NHS Education for Scotland (NES), focusing on key deliverables in relation to the role.

For the period 2013/2014 the priorities were:

1. Enhancing practice learning
2. Supporting delivery of practice based nursing and midwifery education
3. Supporting professionalism and person-centredness in practice learning

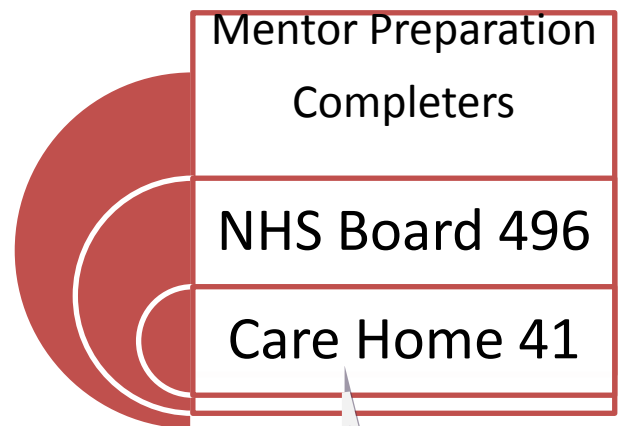
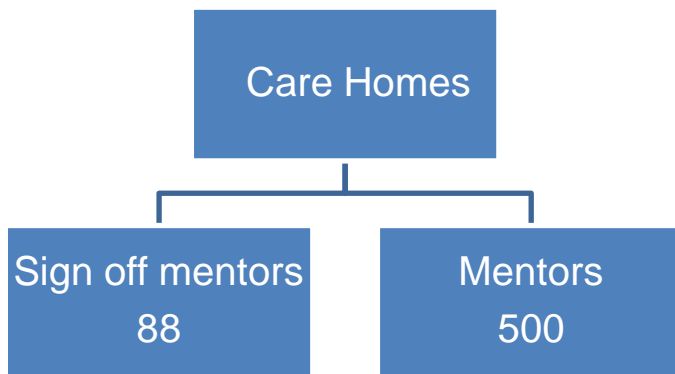
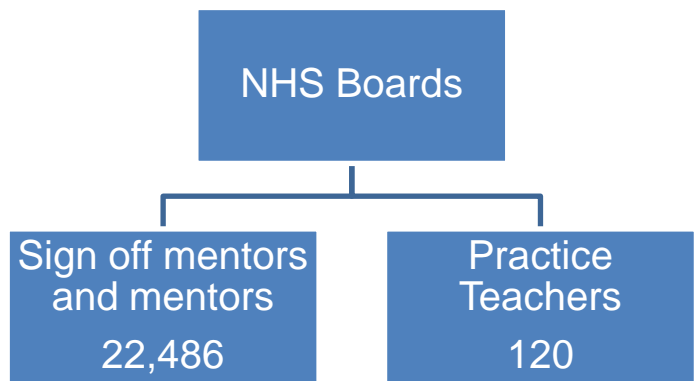
Throughout the report narrative examples are provided, although it is acknowledged that not all information can be included. Appendix 2 gives sample activities from each Board, showing the range of partnership work being carried out across the national network of PEFs/CHEFs.

3.0 Fast Facts

The 'fast facts' section is a collation of quantitative data to give a quick summary of the range and volume of different aspects of the PEF/CHEF activities.

3.0 FAST FACTS within PEF and CHEF annual reports 2013/2014 (collated)

N.B. PLEASE NOTE as not all Boards have reported the same data this collated information is incomplete

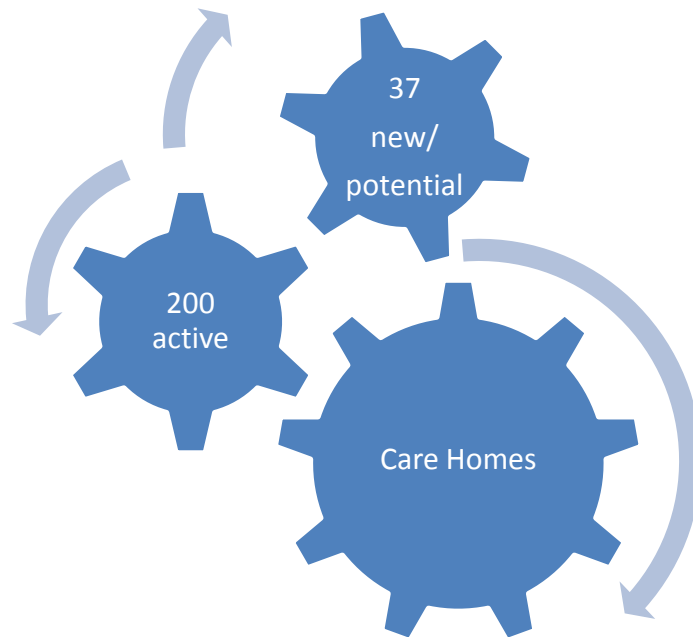


Audited Service Level Arrangements
1538

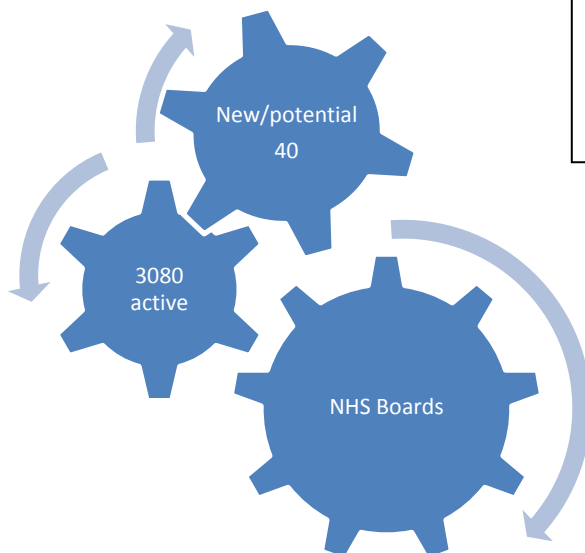
Removal from mentor Register :


NHS Board:
1076 permanent/
807 temporary

Care Home
78 permanent/
25 temporary





Practice Placements



 Episodes of student support within NHS Boards 1369

Episodes of supporting staff in practice learning environments/areas:

 <p>PEF support 2332 episodes</p>	 <p>CHEF support 145 episodes</p>
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4.0 National Priorities for 2013-2014

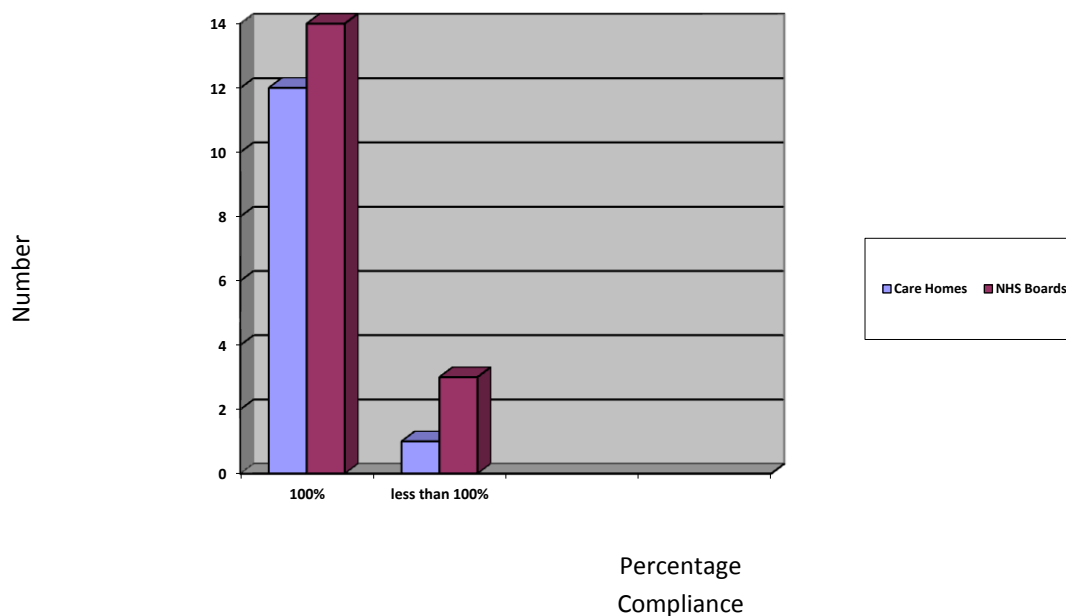
4.1 Enhancing Practice Learning

Quality Standards for Practice Placements (QSPP) (NHS Education for Scotland 2008) audits

By collating and actively engaging with both student evaluations and the NES annual performance management survey, improvements in support for learning in practice are evident. PEFs and CHEFs are also contributing to the person-centredness and compassionate care agendas (see person-centredness section 4.3).

It can be evidenced in both NHS Boards and Care Homes that the majority of areas comply with the QSPP audits (see bar graph 1 below).

Bar Graph 1: Compliance with QSPP



It is encouraging to note that only 1 care home and 3 NHS Health Boards had less than 100% compliance.

Supporting Newly Qualified Nursing and Midwifery Staff

PEFs and CHEFs are continuing to support newly qualified nurses and midwives. The learning units within Flying Start NHS® support The Healthcare Quality Strategy (Scottish Government 2010). Local initiatives to increase awareness and embed principles is undertaken by facilitation of multi-professional master classes (including staff from the independent sector, nurses and AHPs) and workshops for senior staff and healthcare support workers who work with students and newly qualified staff.

Pre registration support

PEFs are actively involved in the education of pre-registration students both within the workplace and the university setting. This facilitative role involves assisting and supporting mentors to

develop and deliver practice based sessions or to encourage their involvement in recruitment events for potential pre-registration students.

Within one NHS Board if students are mentioned in an on line incident reporting system these episodes are fully investigated and are supported by the PEFs. This allows themes to emerge with the aim to improve, change and enhance practice learning experiences for all students.

Box 1: Example of Pre-registration Support

Students have a full induction day to prepare for a placement in a highly specialist forensic hospital. The robust nature of the induction is particularly significant to student nurses from universities who do not deal with this specialist form of practice. The supportive measures available for students are reinforced and active learning is encouraged in linking theory and practice.

In addition, the relationship with university staff has been strengthened by orientation days. These allow for familiarisation of the hospital site and available treatments resulting in a clearer insight into the practice learning experience with a positive influence being reported in relation to student support arrangements.

Communication and Knowledge Sharing

Practice Education localised website (e.g. intranet sites) improvements have ensured that information disseminated is up to date and relevant for all staff.

Scholarly activity has included contribution of articles published within the NES Mentor Bulletin from both PEFs and mentors in practice, and highlighted involvement within national work such as the revision of the National Approach to Mentor Preparation (NHS Education for Scotland 2013). Local activity has included the revision of triennial review activity forms, thus aiming to streamline and improve compliance.

An example of the innovation undertaken by PEFs was the development of a student folder with learning resources, including detailing expectations for both students and mentors, resulting in a greater understanding of the practice area and an improved learning experience for both parties.

Supporting Mentors

Supporting mentors within a busy care environment is essential to fostering positive practice learning environments. Local mentor newsletters, annual mentor days, monthly mentor support sessions and mentor awards are examples of supporting and celebrating this essential role within the pre-registration curriculum.

The Time to Learn quality improvement tool has been seen to support mentors to review the quality of the learning environment, and identify the qualities and attributes of mentors (see appendix 2).

Informing mentors of current policy and their role in engaging with future developments has been achieved by tailored mentor updates and sessions relating to specific initiatives and examples which include Setting the Direction (Scottish Government 2014) and using e-Portfolio

(www.nhseportfolios.org) in preparation for revalidation. Identification of gaps including equality and diversity knowledge and understanding of the Hub and Spoke model led to changes in the content of mentor updates to directly meet these localised needs.

Box 2: Supporting Mentors example

Partnership working to collate data in relation to mentor/student ratios across inpatient and community settings has been achieved by development of a student ratio calculation tool. This tool has been used to establish areas that could accommodate a potential increase in student allocation in preparation for a planned increase in student numbers. In addition a review was undertaken of the electronic placement allocation system in order to ensure the appropriate placement/streaming of students within clinical practice.

Supporting pre-registration nursing and midwifery students is evident where PEFs have worked in collaboration with universities and mentors/staff within practice to enable other disciplines and international students to be hosted in practice learning environments.

Mentor issues

Reduction in mentor numbers has been seen to be due to multiple, complex issues including – retirement, long term sick, maternity leave, secondments, insufficient staffing levels, only bank staff being on duty and lack of protected time. Despite these issues positive examples of utilising a problem solving approach has been reported.

Box 3: Mentor issues example

PEFs identified staff that were unable to attend updates resulting in poor compliance in meeting NMC Standards (NMC 2006 and 2008). PEFs facilitated a session, giving ownership of the problem to the staff and utilising a collaborative problem solving approach. This led to the successful development of a blended learning approach being incorporated into educational sessions.

Mentor stress is a concern with the reasons including dealing with causes for concern and staff demands due to part time working. A proactive and positive approach to these challenges can be seen where staff have supported each other, and looked for innovative approaches, such as team mentoring to successfully meet the needs of both mentors and students.

Supporting Senior Charge Nurses and Team Leaders to incorporate discussions relating to mentoring is a priority for succession planning and to keep mentoring high on the agenda within practice. Development of 'mentoring questions' were a useful example of facilitating this discussion within teams, and the option to incorporate this into The Knowledge and Skills Framework (KSF) (Department of Health 2004) if required.

Care Homes

Promotion of care homes as positive practice learning experiences is a key element of work within this setting. Embedding the recommendations of the Francis report (Francis 2013) has included the implementation of healthcare support worker standards.

CHEFs engage with mentors, universities and care home managers to provide advice, information and to act as a point of contact. Enquires via email, telephone and face to face are received relating to mentor preparation programmes, Flying Start NHS®, newly qualified practitioner concerns and other miscellaneous advice. Managers within care homes are encouraged and supported to promote mentor preparation to ensure fully trained mentors are available. Other examples of good practice include mentor support forums, care home study days (where planning for sign off mentors has an impact on capacity) and information and guidance relating to live mentor registers to ensure information is current and valid. As a direct result of the CHEF post improved staff completion of mentor preparation is evident.

Improved processes within this sector has shown an increase in cross sector working to share best practice including health and social care integration, and formalisation of the Service Level Agreement (SLA) process.

Challenges within the role include restrictions to IT access within the practice environment and managing cause for concern. The latter has been a topic that has been further explored within mentor updates and individualised support. Taking a collaborative approach between the university and care home regarding causes for concern has led to the development of action plans that are then supported in practice by mentors.

Innovative projects such as the Active Resident Programme have involved ongoing training and development with evaluation and review with the care providers, care inspectorate, residents and relatives. This data collection is ongoing and measured against the completed baseline audits taken prior to implementation looking for ways to improve. Another example is the Falls Management Programme (see appendix 2).

Collaborative work has included CHEFs and PEFs liaising with universities to take a proactive approach in increasing capacity and sharing enhanced learning across sectors by undertaking a small integration project. The CHEF is supporting the mentor and working with the Open University to support Health Care Support Workers to undertake a pre-registration nursing programme.

Box 4: CHEF example of mentorship

Engaging with care homes to identify nursing staff who could become mentors to support pre-registration student nurses alongside undertaking a training needs analysis has been reported. This has ensured that individuals have access to the mentor preparation programmes and ongoing support during and following completion. By becoming a placement area, the practice learning environment is enhanced for pre-registration student nurses, staff employed in the care home, visitors and essentially residents. By offering dementia and emotional distress awareness sessions relatives have a better understanding of the related behavior and this understanding directly impacts on the experience of care for residents, relatives and healthcare professionals (including students from diverse disciplines).

4.2 Supporting delivery of practice based nursing and midwifery education

Practice Learning Environment

Partnership between NHS services, independent and voluntary sectors, universities and colleges explore the capacity for students through review, revision and supporting implementation of practice learning models. Practice learning collaboration models have been seen to ensure equity and consistency in student numbers, correlating with NMC mentor and student numbers in placement areas, in addition to stimulating creative thinking and ensuring effective governance (see appendix 2).

Capacity has increased overall despite many challenges including service redesign, ward closures and relocation of care.

Box 5: Example of increased practice placement capacity

A practice placement previously utilised for two weeks was examined, with a view to increasing the duration for the placement. The outcomes in relation to this included increased capacity and more mentors being able to meet their triennial review. Plans to replicate in the wider placement areas are underway due to its success.

Within the field of Learning Disability supporting the national model for Learning Disability pre-registration education programmes has resulted in the requirement to update mentors and other staff to ensure they were familiar with the curriculum and documentation.

Reasonable adjustment

Reasonable adjustment is still an area of high activity within practice education. Activity to further embed this in practice include: an updated local student procedure for supporting students in the practice learning environment, participation of PEFs at interviews for students who require reasonable adjustment, one to one support for students or mentors where requested, and reasonable adjustment being a standing item at mentor support forums. Evidence from evaluations indicate that due to the multiple support mechanisms students overall feel very supported within this area.

Box 6: Meeting the needs of students requiring reasonable adjustment

A student within practice who had a hearing impairment required adapted equipment. However, initially this equipment was unavailable leading to an innovative solution being put in place as an interim measure. This ensured minimal disruption to the student's practice learning experience.

Local policy in relation to core principles for addressing support needs/reasonable adjustment has enhanced partnership approaches to providing disability support for learners within practice learning settings and remains a focus within practice education.

CHEF

Utilising the Hub and Spoke model within a care home where sign off mentors are in place has been shown to be effective, and improve both capacity and the practice placement experience.

Supporting students requiring reasonable adjustment has been achieved by one to one support for mentors/care home managers thus providing guidance and assistance.

Box 7: Educational sessions with the Care Home setting

In order to support and replicate NHS Board activity, educational sessions regarding health and social care integration have been undertaken to ensure staff are better informed. Other facilitated sessions include tackling complex issues, for example, the challenges attached to both working and being on placement within the care home, and addressing preconceived ideas and expectations. The CHEF has also used this session as a training opportunity to raise awareness of dementia, long term condition management, healthcare policy and caring for an older population.

Good collaboration can be seen in many examples within the care homes setting including, PEFs and CHEFs recognising mentors who may be appropriate to complete the recognition of prior learning document for annotation to the universities mentor database.

This partnership approach is seen where practice learning environments/areas are no longer available at short notice resulting in proactive timely negotiation with other care homes to minimize disruption for students. Other activity includes sharing best practice and using newsletters to share information.

CHEFs also work with other staff including Healthcare Support Workers (HCSWs) to address relevant issues including awareness of what disclosure means and the support required for student nurses.

4.3 Supporting Professionalism and person-centredness in Practice Learning

Collaboration with other professionals has led to the examination of methods that students can use to gather feedback on patient experience to improve and develop aspects of care. Students and PEFs participate in the patient experience indicator surveys, and a values workshop aimed to influence the quality and culture of the learning environment through PEF and mentor development work. The utilisation of multiple resources including the 10 essential shared capabilities that supports person-centred approaches have aimed to promote culture change and embed this aspect of care within practice.

PEF and CHEF involvement in leadership and role modelling is important in improving and challenging current practice. One example is a successful leadership programme undertaken with band 6 nurses that enhanced the knowledge and skills of the workforce, with a positive impact on both the individual and their teams.

Geographical challenges are evident within remote and rural locations and the provision of a hospital based library, a visit from the mobile clinical skills unit and a multi-professional learning festival are proactive ways of keeping learning high on the agenda. In addition resources such as Moodle and Ebooks support distance learning in all locations.

Mentor updates have professionalism and behavior/accountability as key aspects, aimed to encourage staff and mentors to reflect and influence these aspects within student practice. Patient stories have also been used to highlight person-centredness aspects of care.

The nursing care planning skills were developed following this being identified as a recurring theme through local feedback from both students and mentors. Sessions were designed relating

theory to practice to enhance skills, confidence and competence in this crucial area and the assessment aspect adopted a wholly person-centredness and strength based approach.

Care Homes

The Care Home Forum pilot incorporates a partnership approach to sharing best practice, and membership includes health and social care partners. Early successes of the group included identification of a potential patient safety issue which has resulted in raising and escalating this issue to management, thus an example of supporting safe, effective and person-centred care.

CHEF delivery of sessions both preparing students for practice within this setting and also opportunities for securing employment has been seen to be of benefit. Another example where a 'Preparation for practice day' for 1st year students incorporated a session on local NHS values which includes professionalism and person-centredness as well as nursing documentation and drug administration, all aimed at promoting safe and effective care .

Successful resolution of causes for concern in both CHEF and PEF practice learning settings were examples of where collaboration leads to support and subsequent improvements in aspects of the students practice, leading to successful completion of the pre-registration programme. This is aimed at ensuring staff are fit for purpose at point of registration (Nursing and Midwifery Council 2010).

5.0 Partnership working

Relationship with partners and stakeholders give commendable examples of effective and respective partnerships including those with colleges, universities (both within and out with Scotland), care homes and other social care agencies (see appendix 2).

Due to the size and logistics of some areas the need for flexibility and cross working has been evident to maintain current activity and ensure business continuity. Professional leadership has strengthened the nursing workforce, thus having a positive impact on practice learning environments/areas and ongoing service improvement and development.

Key practice stakeholders, including PEFs and CHEFs, have engaged with college colleagues to map the Higher National Certificate (HNC) Care and Administration with the Bachelor of Nursing curriculum, and to develop a modular approach. The feedback from students is positive and has been seen as a structured method of career progression. A key success in their programme is ongoing communication and collaboration between stakeholders to enhance partnership working.

Students from English universities have been supported to experience elective pre-registration nursing practice learning environments/areas in rural Scotland. This has been encouraged due to recruitment and retention issues locally and hopes to encourage students to consider returning to the area as newly qualified practitioners. Recently a student submitted an article to the local staff magazine showcasing their excellent learning experience.

CHEF

Flying Start NHS® is actively promoted within the care home setting for newly qualified practitioners and increasingly there are care homes mapping their inhouse training against Flying Start NHS®.

6.0 Additional information

Many PEFs and CHEFs are involved with national projects as evidenced in other parts of the report. This includes implementation at service level and membership of steering and reference groups. NES ensures that it has representation on the variables within practice and can roll out initiatives via this valuable network e.g. Effective Practitioner project work.

In addition to their core role many PEF and CHEFs have undertaken study to enhance and enrich their educational role. Details for formal study and other achievements completed are shown below in figure 1:

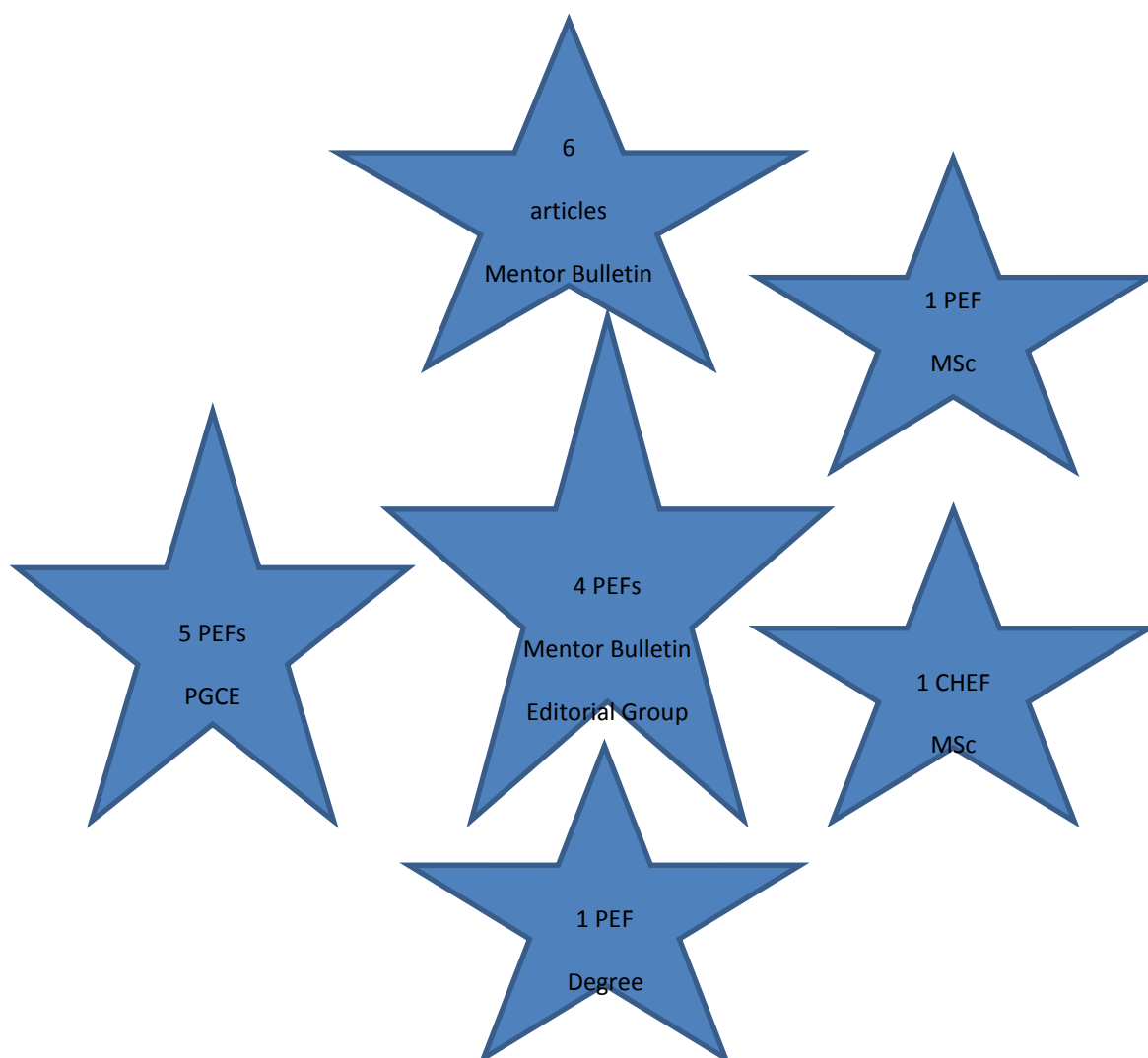
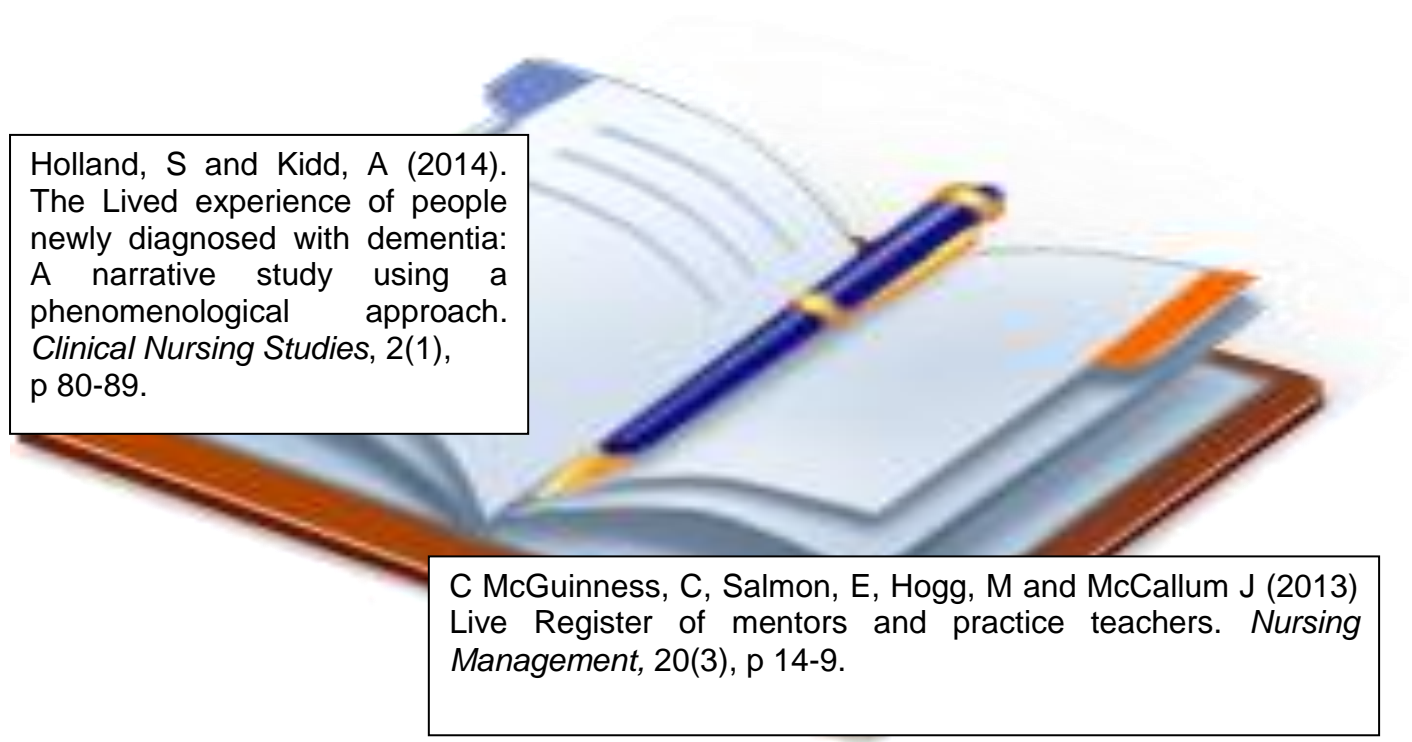


Figure 1: PEF and CHEF achievements

It is very encouraging for two articles from PEFs to be published this year (see figure 2 below and appendix 2) and many are at different stages of development for future publication. This ensures the valuable knowledge within the Practice Education network and the impact of the PEF/CHEF roles are shared with a wider audience, and is also evident where PEFs and CHEFs have presented at local and national conferences.



Holland, S and Kidd, A (2014).
The Lived experience of people
newly diagnosed with dementia:
A narrative study using a
phenomenological approach.
Clinical Nursing Studies, 2(1),
p 80-89.

C McGuinness, C, Salmon, E, Hogg, M and McCallum J (2013)
Live Register of mentors and practice teachers. *Nursing
Management*, 20(3), p 14-9.

Figure 2: Recent publications

7.0 Conclusion

This report has given some examples of activity which is both innovative and progressive. Much of the activity supports the policy drivers such as Setting the Direction (Scottish Government 2014) and Everyone Matters, 20:20 workforce vision (Scottish Government 2013) as well as safe, effective and patient-centred care as evidenced in The Healthcare Quality Strategy (Scottish Government 2010).

Despite the challenges within practice PEFs and CHEFs continue to look for ways to support and develop practice education within Scotland, and successfully support mentors to ensure good quality practice learning environments/areas for pre-registration nursing students. Support and development of other staff is also an important aspect of both roles and develops all staff within the practice learning environment which has benefits for patients/residents. Good collaboration ensures communication with multiple groups to ensure joint successful educational outcomes.

References

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Francis, R (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry*. London. The Stationary Office. Accessed at <http://www.midstaffspublicinquiry.com/on 13th December 2013>

NHS Education for Scotland (NES) (2008) *Quality Standards for Practice Placements (QSPP) 2nd Edition*. Edinburgh: NES. Access at: [www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/practice-education/clinical-learning-environment/quality-standards-for-practice-placements-\(qspp\).aspx](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/practice-education/clinical-learning-environment/quality-standards-for-practice-placements-(qspp).aspx). Last accessed 24th December 2013.

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Scottish Government (2010) *Healthcare Quality Strategy for NHSScotland*. Edinburgh: Scottish Government. Access at: www.scotland.gov.uk/publications/2010/05/10102307/0

Scottish Government (2013) *Everyone Matters: 20:20 Workforce Vision*. Edinburgh: Scottish Government.

Scottish Government (2014) *Setting the Direction for Nursing and Midwifery Education in Scotland*. Edinburgh: Scottish Government.

Appendix 1: Key Functions of PEF/CHEF roles

Key functions of the PEF role

- Provide support for mentors to ensure effective supervision, assessment and informed decision-making in relation to learners.
- Assist senior nurses to enhance the quality of the clinical learning environment through ensuring education and development needs of nursing and midwifery students and registered practitioners are addressed and supported effectively within the practice setting.
- Contribute towards cohesive partnership working between the NHS Board, Universities and Scotland's Colleges.
- Maximise the number of learners supported within clinical practice areas whilst maintaining an effective learner experience.
- Ensure the development of both new and experienced mentors and wider practice education support roles.
- Contribute to the nursing and midwifery workforce and policy agenda through facilitating quality practice learning opportunities which demonstrate improvements in patient outcomes and experience.
- Provide support for staff participating in education programmes and continuing professional development activities.

Key Role/Functions of CHEF role

- Continue to maximise the contribution of care home placements to the development of the future nursing workforce by positively influencing the student experience of learning. This will include facilitating increased participation in the NES performance management pre-registration, the Student, mentor and manager survey and supporting the development and implementation of local action/development plans.
- Support the Health and Social Integration agenda through enhancing collaborative cross sector working between the Care Homes, the NHS Boards and Education Institutions and national, regional and local practice education infrastructures.
- Enhance the quality of the care home learning environment by supporting the education and development needs of staff to effectively support students and newly qualified nurses within this setting, in particular through facilitating the sustainability of:
 - NMC regulatory standards, for example Standards to Support Learning and Assessment in Practice (NMC, 2008)
 - Quality Standards for Practice Placements (NES, 2008)
 - National Approach to Mentor Preparation (NES, 2007) and revised edition
 - Flying Start NHS®.
- Contribute to the development of the care setting as a positive learning environment which promotes a values based, person centred approach to care and learning through sign posting relevant opportunities and resources for nurses and support staff, within the context of Reshaping Care for Older People. This will include building on earlier activities associated with national clinical priorities, for example:
 - National integrated tissue viability programme
 - Nutritional care and support
 - Living and dying well.

Appendix 2: Local achievements for PEFs and CHEFs

N.B. These provide some examples and are not exhaustive

NHS Board	Good Practice Highlights
NHS Ayrshire and Arran	<p>Development of mentor scenario DVD – the PEFs wrote the script for mentor scenarios and acted out the relevant roles in the student journey. These scenarios are used as a basis for a reflective session based on values/ role modelling on the mentorship development programme across all four campuses of the University of the West of Scotland and has been shared across other NHS Boards and universities.</p> <p>A pilot project has been agreed by the Scottish government for the opportunity for (2-3) HCSWs from the care home sector to further their education through the Open University pre-reg distance learning route qualifying with a BSc in Nursing, commencing in September 2015. The CHEF will work in partnership, with the lead tutor of Health and Social Care from the Open University to identify Health Care Support Workers from Mental Health and Adult Care Homes to undertake the programme.</p>
NHS Borders	<p>The CHEF has been working with other NHS colleagues and Scottish Borders Council colleagues in embedding National Care standards/Adult Protection and dementia training to specific homes. This aims to directly improve the environment and care provision for residents and their families. Due to the success there are plans to roll this out within the vicinity of Borders if agreement is met.</p>
NHS Dumfries and Galloway	<p>The PEF/ CHEF team have worked with care homes to introduce an adapted version of intentional rounding called Active Resident Care into care homes in the region. The PEF/CHEF team supported the managers, mentors, staff and carers to change current practice and work in a new and innovative way. Early indications of success are a drop in the number of falls and an increase in carer satisfaction with the homes involved. The team is now working with the Care Inspectorate to roll this out across the region.</p> <p>As part of this the team has taken part in a promotional video with the National falls team and Dumfries and Galloway Care Inspectorate to promote ARC as a person centred approach to care delivery within the homes. One of these residential care homes has won a local continence award as a result of implementing Active Resident Care.</p> <p>CHEFs/PEFs working within clinical areas introducing the implementation of a quality improvement tool Time to Learn. This supports mentors and staff to review the quality of the learning environment and explores the qualities and attributes of mentors in practice using a PDSA approach to provided measurable evidence on improvements made.</p>
NHS Fife	<p>PEFs are involved in facilitating a project for school pupils, 'Inspiring Future Nurses' where pupils at school attend for a week in practice. This gives these pupils a realistic view of the role of the modern nurse so they can make an informed decision on this as a future career choice.</p>
NHS Forth Valley	<p>The team facilitated 2 healthcare support worker days in April and May this year. We had approximately 90 HCSW (from both nursing and AHPs) attending each day. The 2 days evaluated really well and we plan to run the programme again in November and December. The</p>

	programme covered professionalism, McMillan based care standards, equality and diversity and team working.
NHS Grampian	<p>Delivery of awareness sessions on professionalism utilising a patient story within Dr Grays Hospital in conjunction with the lead nurse. Poster presented at NHS event 2014.</p> <p>Integration of mentor register data and mentor updating activity into AT learning system in NHS Grampian.</p> <p>PEF PGCert study into mentors' experience of attending mentor updates lead to change in mentor updating provision and support. Now provided by practice based small group learning and development of online learning activities.</p> <p>Developing a Professional Development Award (PDA) with SQA at SCQF level 8 for assistant perioperative practitioners.</p>
NHS Greater Glasgow and Clyde	<p>Further to the development of a student allocation model for acute services to ensure equal and consistent student numbers across the organisation based on student/ patient number ratio, this protocol is being shared with other NHS Boards across the region and is recognised by the HEIs as excellent practice .</p> <p>Expansion of acute services mentor database across community and mental health services (C&MHS). Given the geographical area and diverse IT infrastructure of C&MHS this has been a huge undertaking on behalf of the team in supporting the board in its compliance with regulatory requirements.</p> <p>Staff Development Workshop examples and target staff groups: <i>Planning & Preparing to Become a Mentor</i> - targeting all staff thinking about applying for mentor preparation <i>Flying Start NHS®</i> - targeting Senior Charge Nurses (SCN) and Team Leaders and Flying Start NHS® Mentors.</p> <p><i>HCSW Working with Students</i> - targeting healthcare support workers</p> <p>The newly established Care Home Forum pilot (CHEF led initiative) which incorporates a partnership approach to sharing best practice. Care Home Forum membership includes Care Home/ NHS/ HEI/ Colleges and social care agencies. Although this is a new group (Spring 2014) the forum has already identified one potential patient safety issue that spans across health and social care. PEF/CHEF representation at this forum subsequently raised and escalated this issue as appropriate to managing risk associated with safe, effective person centred care.</p>
NHS national Waiting Times	<p>PEFs have commenced Emotional Touch Points (ETPs) interviews with students who are out on placement. These were initially carried out with University of Glasgow students following ethics approval and evaluation. A report of the findings was widely shared in the organisation and as a result some changes made to enhance the student experience. This is being rolled out to other university students and there are plans to continue with this process in the future, and extend this to all HEIs.</p>
NHS Highland	<p>CHEF supporting 2 care homes participating in the Falls Management Project, through facilitating networking and support to use the NHSS/Care Inspectorate resource in practice.</p> <p>Evaluation of mentor updates highlighted that 70% of respondents were</p>

	<p>aware of resources such as Effective Practitioner and ePortfolio. Further training /awareness planned based on evaluation.</p> <p>There appears to be an increased confidence in mentors raising concerns earlier, and certainly around student competence and professionalism.</p>
NHS Lanarkshire	<p>Development of NHS Lanarkshire: Nursing and Midwifery Students/ NMAHP Learners Core Principles for Addressing Support Needs/Reasonable Adjustments June 2013 have enhanced partnership approaches to providing Disability Support for learners within NHSL Practice Learning settings.</p>
NHS Lothian	<p>The Newly Qualified Education programme is co-ordinated by the PEF team with 428 nurses from all fields of practice being offered this opportunity. The 8 day programme includes educational input, reflective learning and implementation of a small change project and Flying Start NHS®. The final day includes a celebratory event where the Flying Start NHS® certificates are presented and a presentation of the project work is made to the participants' managers. These projects have been hailed as a great innovation by the Director of Nursing who was reported as saying she was 'overwhelmed by the standard of the projects'. The evaluation from participants has also been good.</p>
NHS Orkney	<p>Working with the AHP Practice Education Lead to devise an induction programme for all pre-registration students (nursing, medical and AHP) who have a practice learning experience within NHS Orkney. Early feedback from this approach has been positively evaluated.</p> <p>Involved in the development of a generic support worker with the Remote and Rural Healthcare Education Alliance.</p>
NHS Shetland	<p>Supporting the roll out of "Compassionate Connections" to pre-registration students and mentors as part of mentor updates.</p> <p>Rural island community team opened up as a spoke practice learning experience.</p> <p>Alignment of documentation for local induction and orientation across NMAHP students.</p>
NHS State Hospital	<p>It is recognised that, as the only provider of high secure forensic mental health hospital in Scotland and Northern Ireland, that the experience that student nurses receive within the State Hospital is unique and provides extensive clinical experience.</p> <p>For many years, The State Hospital has only accepted student nurses who are in the final 3rd year of their training. This practice was reviewed by PEFs in the past year. This involved facilitated discussion between the hospital (including mentors and SCNs) and our partner Universities. We proposed that we consider taking students earlier in their programme, i.e. end of 1st year and 2nd year. Mentor views were crucial to the consultation as they are responsible for the support and supervision of students in practice.</p> <p>The new programme at UWS will employ a "base placement" arrangement for practice learning environments/areas so that where a student is placed at the end of their 1st year, will be the same placement at the end of 2nd year, and for their final placement at the end of 3rd year. This change in protocol is widely accepted by all</p>

	mentors and viewed as a positive step towards the learning opportunities for learners. We will start with a small pilot group from this programme (starting Sept 2014/2015). At present we currently accept student nurses on the second year of their programme.
NHS Tayside	Four mentorship focused modules developed by PEF team and completed by over 1,000 staff. PEFs deliver an introductory session for all staff interested in clinical supervision. The sessions utilises a blended approach for activities to develop active listening and open questioning techniques. A workbook was devised and updated in 2013 by PEFs following the workshop. CHEF delivered session to year 1 students on preparation for care home practice learning environments/areas and year 3 students on the opportunities for securing employment within the independent sector.
NHS Western Isles	Regular visits by PEF to southern isles resulted in increased interest in undertaking the mentor role. Increase in mentors – PEF informal contacts following survey of mentor needs. New practice learning experiences including GP practice in southern isles and specialist nurse rotation.
<p>Publications:</p> <p>Holland, S and Kidd, A (2014). The Lived experience of people newly diagnosed with dementia: A narrative study using a phenomenological approach. <i>Clinical Nursing Studies</i>, Vol 2 (1), pp. 80-89</p> <p>C McGuinness, C, Salmon, E, Hogg, M and McCallum J (2013). Live Register of mentors and practice teachers. <i>Nursing Management</i> 20(3): 14-9.M Hogg</p>	

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