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## Introduction

The opening of the West of Scotland (WoS) Major Trauma Network in August 2021 resulted in the creation of a new ward where patients with multiple injuries receive specialist multi-disciplinary care and treatment. One of the aims of the network was to ensure equity of access to high quality acute care and rehabilitation for all trauma patients. In order to achieve this, significant resource was allocated for Allied Health Profession (AHP) staff. Unlike other acute wards, the Major Trauma ward is staffed in line with a Level 2 Rehabilitation Unit. This new service required recruitment of a team of nursing staff, many of whom were very experienced but often in one speciality, and a number of whom were newly qualified. Education was highlighted as essential but presented a challenge to carry out due to difficulties releasing nursing staff from patient care. A number of different formats for delivering training were trialled without success due to nursing staff being unable to attend. During a benchmarking visit to Northwick Park Hospital in London, a team member became aware of a model where AHP staff cover the ward to allow nursing staff to attend education sessions. This was subsequently trialled within the QEUH in the aim of ensuring the delivery of high quality patient centred care.

## Aim

- To increase nursing staff attendance at regular education sessions within the WoS Major Trauma ward by implementing an AHP staff cover model
- To explore AHP and nursing staff perceptions regarding the implementation of this model for facilitating education delivery

## Method

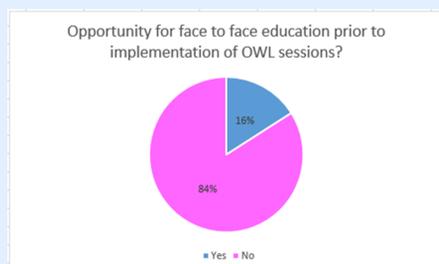
An On the Ward Learning (OWL) programme for learning was developed using a nursing staff learning needs analysis covering a range of topics. Prior to implementing AHP staff cover, SOP and risk assessments were completed to be clear on roles and responsibilities and ensure patient safety. Sessions were held on the ward, fortnightly for one hour. During this time Major Trauma AHPs carried out basic ward duties including toileting or personal care, transferring, providing drinks and completing Active Care rounds. Five members of the AHP team, a combination of qualified and Rehabilitation Support Worker staff cover the ward. All qualified nurses and health care support workers on shift could participate in OWL sessions and attendance was recorded via register. As room used for education is located on the ward, if any urgent issues arose, nursing staff could be accessed.

After 12 months of implementing this model, electronic questionnaires were used to seek AHP and nursing staff feedback. Questionnaires used a combination of 5-point Likert scales and free-text responses that enquired about the perceived usefulness of the model, staff confidence in delivering it and impact on feeling valued. The perceived impact on team functioning and interdisciplinary relationships was also explored. Staff were given 2 weeks to complete feedback.

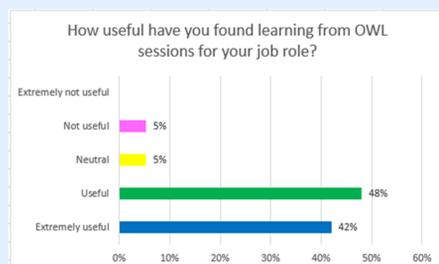
## Results

Since implementation of this new model in January 2024, there were 262 nursing staff attendances at 25 OWL sessions, averaging 10.5 attendees per session.

**Nursing feedback:** 19 nursing staff completed feedback questionnaires (44% completion rate). 84% reported limited in-person education opportunities prior to OWL sessions being implemented (see Graph 1). 90% found learning useful or extremely useful (see Graph 2).



Graph 1.



Graph 2.

## Results cont.

89% reported access to OWL sessions made them feel a valued member of the team. 95% felt AHPs facilitating attendance had a positive impact on team functioning.

**AHP feedback:** Of 15 AHP responses (93% completion rate), 87% agreed or strongly agreed they felt confident covering the ward during OWL sessions. 100% felt that supporting this model of training for nursing colleagues has been a useful experience and 73% felt this model had a positive impact on MDT relationships.

See Figure 1 for visual depiction of frequency of feedback obtained from AHP/Nursing staff free-text responses regarding the education delivery model.



Figure 1.

## Examples of Feedback from Major Trauma team

Without the AHP team helping to facilitate nursing staffs time off the ward then no face to face learning would be able to take place - as evidenced by the fact I had no face to face training while on shift prior to my post in MT (4 years)  
 (Nursing staff)

I think it is a relatively small commitment from AHPs which allows nursing colleagues regular training which is highly valuable  
 (AHP staff)

It is extremely beneficial. Good team bonding also. If you are having a stressful day and go to the OWL session you feel valued and listened to. Also can ask any question and it's never a silly one!  
 (Nursing staff)

It's so helpful for nurses as without the help from AHPs covering the ward we wouldn't be able to have any time for learning on the ward all together. I think it really helps with relationships between the nurses and AHPs and an appreciation for our roles. Shows great team work!  
 (Nursing staff)

Positive educationally but also good for general ward teambuilding and communication  
 (AHP staff)

## Conclusion

Appropriate levels of AHP staffing capacity supported nursing colleagues to attend learning relevant to their role, which had not previously been possible within the ward due to clinical demands. Both staff groups rated this model favourably, with impact on the sense of feeling valued and developing positive MDT relationships being evident. This suggests facilitated educational sessions and safely sharing roles/responsibilities on the ward can improve team working and reduce workplace stress. Further evaluation could explore the impact of increased knowledge and skills on clinical practice. This novel solution to facilitating essential training for nursing colleagues is viable where there is appropriate AHP resource available.

## Acknowledgements

Thank you to all the major trauma nursing and therapy team for participating in this project.