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Building a Vision for Integrated Education - Showcasing innovation in education, learning & training at Whittington Health

The Whittington Health Education Conference, March 2016

Venue: Magdala Avenue, London N19 5NF, United Kingdom

The 2016 Whittington Health Education Conference focused on new integrated services and the innovation required for education, training and workforce development to meet the challenges of integrated care. The multidisciplinary audience included pharmacists, nurses, physicians, physiotherapists, social care workers among many professions present. It is vital that professions learn together if collaborative team-based healthcare is to become a reality; this conference and the work presented illustrates the extent and scope of innovation being incorporated into integrated models of health care education.

#19: Hospital at Home: an opportunity for inter professional learning in integrated care.

Hamilton S., Barnes J., Crane S., D'souza D.

Whittington Health, Magdala Avenue, London N19 5NF

**Corresponding author: sara.hamilton2@nhs.net*

Aims: Hospital at Home (H@H) for Children and Young People living in Islington is an innovative service that aims to:

1. improve patient and family experience[1];

2. deliver better value care;

3. harness the resourcefulness of carers working in partnership with community and hospital providers, and local commissioners[2].

Hospital at Home provides unique opportunities for inter professional training in integrated care.

Methods: Children are referred from the emergency department, ward or community into a 'virtual ward'. The child is under the shared care of the acute Paediatric hospital team and the H@H nurses. Care is delivered by a nurse in the home. The child has to be acutely unwell and require:

- intervention that can be safely given in the community *e.g.* IV antibiotics, NGT feeding, nebulisers, oxygen, phototherapy;
- and/or regular monitoring to assess trajectory of illness;
- and/or support to enable carer to look after child at home.

The service builds on the existing expertise within a nurse led community service by extending the hours and scope of the community nursing team. H@H has overcome three barriers, that often inhibit innovation in health. H@H has created working partnership between: 1. community and acute providers; 2. citizens and health care professionals; 3. Nurses and healthcare professionals. It has provided a vehicle for innovative training in integrated care and new ways of working across boundaries for community nurses, acute paediatricians, neonatologists, health visitors, midwives and allied health care professionals. There has been formal pairing of community nurses with acute paediatricians from both UCH and the Whittington for reciprocal learning and mentoring. This service has created functioning relationships across conventional silos in children's services, previously described as 'impossible to navigate' in Ian Kennedy's damming report[3].

Results: In the first 15 months, 292 children have received over 53,000 minutes of direct patient contact, saving 1470 days in hospital. UCLP have conducted evaluation of the impact of the services on all sides - parents, young people, paediatricians and community teams.

Conclusions: We present a shift in mindset in acute paediatricians and community professionals. The service has required professionals to learn to work in new ways, outside of their comfort zone, to challenge their perception of how acute care of children and young people can be delivering in a home setting without compromising safety or quality of care. '*Integrated working at it's best- well done!*' [Children's Commissioner]. "*It is always scary when your child is not well but the nurses were fantastic. They came to see us every day and I could phone them if I was worried. I was not aware how comprehensive the service would be*" [Mother].

There have been many unintended consequences of the services: improved safeguarding, navigating the system on behalf of unwell patients whose condition has deteriorated, nurses escalating concerns on behalf of families where professionals dismissed parents as being overly anxious. The largest challenge has been for community nurses to form effective working relationships with acute paediatricians to jointly manage patients in their homes. A new way of working has evolved- one of reciprocal partnership that has allowed H@H to tap into the resourcefulness of the community.

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Keywords: *Children; Community; Emergency Care*

[1]Facing the Future: standards for acute General Paediatric Services (2015). RCPCH.

[2]Marmott, M., *et al*. (2010). Fair Society, Healthy Lives, Institute of Health Equity.

[3]Kennedy, I., *et al*. (2010). Getting it Right for Children and Young People, Department of Health.

#20: Better Conversations: an inter professional training tool co-designed by patients and health care professionals.

Hamilton S., Datt D., Ali S., Aiumiwu E.

Whittington Health, Magdala Avenue, London N19 5NF

[*]*Corresponding author: sara.hamilton2@nhs.net*

Aims: In a time of limited financial resources, we are using innovation and technology to capture the resourcefulness of patients and frontline healthcare workers to improve healthcare. Adolescence represents a pivotal opportunity to enable young people with long-term conditions to fulfil their aspirations, as well as be empowered to make better decisions about their health[1]. Yet this age group are rarely involved in healthcare redesign[2].

Method: Our interdisciplinary team, drawing from the arts, technology, and healthcare, works with young people with long-term conditions and their families. We take a whole systems approach to improving the health and wellbeing of young people. Therefore, we work with frontline workers from healthcare as well as commissioners. Together, we:

- question the assumptions of users as the passive consumers rather than the active producers of care[3];
- renegotiate and restructure relationships between people who use services and professionals, which in turn empowers both parties;
- engage stakeholders across organisational boundaries to transform healthcare.

At time of increasing pressures on urgent care resources, we've taken the professionals out of the hospital to help them look not just at the symptom, but at the patterns that generate those symptoms. Young people, 86% of whom are from Black Minority Ethnic groups, have worked with us from concept, through to execution and are now presenting at conferences. We've used technology as a lever to change the dynamic between patient and healthcare provider to improve outcomes, efficiency and engagement.

Results: "Better Conversations" http://talklab.nhs.uk

This is multimedia intervention to improve the complex consultation process between a healthcare professional, a young person, and their carer. We created a coaching web-app for the healthcare professional, as well as posters and patient leaflets (Figure 1). Rolled out in three London hospitals, we present the qualitative evaluation from interprofessional training workshops and quantitative evaluation which is built into the app for health care professionals. Overall there was a significant increase in self reported scores of health care professionals to undertake more effective consultations with young people.

Conclusion: The work has had far reaching impact: Hilary Cass, president of the RCPCH presented 'Better conversations' to 200 children's lawyers and Maggie Atkinson, Children's Commissioner for England said it embodied 'genuine involvement of young people in designing health services'. By involving patients in service design instead of speculating on what the problem is, we believe we have co-designed interventions with greater impact. We have used design thinking to create user-friendly solutions that enable adolescents to take ownership for their health. In a time of financial austerity we have used innovation to mobilise the resourcefulness of frontline, patients, and families.

Key words: *Self Care; Coproduction; Consultation*

[1]Burnett, *et al*. (2011). Neuroscience & Biobehavioural Reviews.

[2]Hargreaves, D.S., *et al*. (2012). Journal of Adolescent Health, Do Young and Older Adults Have Different Health Care Priorities? Evidence From a National Survey of English Inpatients.

[3]Couter, A. (2011). Engaging Patients in Healthcare. Open University Press.

#17: Rethinking Transition: releasing the resourcefulness of patients to shape the education of health care professionals.

Hamilton S., Filali H., Fischer M., Craddock P.

Whittington Health, Whittington Hospital, Magdala Avenue, Highgate N19 5NF

[*]*Corresponding author: sara.hamilton2@nhs.net*

Aims: This project brought patients and healthcare professionals together to co-design resources to enable health care professionals to better support young people with long term conditions.

Background: Sally Davies, Chief Medical Officer of the NHS, highlighted the challenges children and young people face in the healthcare system, noting that compared to her peers, the UK is faring worse in terms of mortality, morbidity, and equality for young people dealing with conditions[1]. How we care for our young people, how we help them manage their health, and how we help them transition into adulthood, touches on virtually every other part of society. The message is clear: If we don't get this right, there is a lot that can go wrong'. "Transition" is the shift in responsibility for care from clinicians and parents to the young person – a process that healthcare professionals know is rarely as simple as moving from a paediatric service to an adult service. Unless the individual truly owns their care and feels supported in that ownership, it's unlikely that he or she will enjoy good health or wellbeing[2].

Methods: This work arose because young people with long term conditions said that transition services needed improving- therefore it was a bottoms up approach that aligned with national incentives from the top down. We brought patients (83% from Black Minority Ethnic groups and all aged <25 years) carers and health care professionals together to co-design resources with the purpose of enabling health care professionals to address what really matters to young people. Our existing trans-disciplinary team worked with young people and health care professionals to design fit for purpose resources - such as films, movement exercises and workshop designs. Dancers helped us develop resources to support embodied learning.

Results: Through our research and conversations with young people, their carers, and healthcare professionals, we found that four areas were particularly relevant to transition:

1. Building an honest, trusting relationship between clinicians and young people;
2. Fostering resilience and reinforcing well being;
3. Navigating tricky conversations;
4. Learning from lived experience and how to manage risk.

We put together a set of practical tools to help professionals support young people in developing those skills. Additionally, by honing their own skills in some of these areas, we demonstrated that healthcare professionals personally benefited in other parts of their working lives.

These materials are available on an open source basis, along with a programme of workshops specifically for young people called the Better Life Experiment on a website[3].

Evaluation and Conclusion: We undertook qualitative evaluation following the delivery of the workshops to GPs, Paediatricians, CNS's, medical students and allied health care professionals. The evaluation confirmed that health care professionals valued guidance on how to nurture generic life skills in young people with long term conditions.

The involvement of young people from design through to delivery and presentation at national conferences has demonstrated the potential for patients to drive forwards improvement in services.

Key words: *Transition; Coproduction; Interprofessional*

[1]Coulter, A. (2013). Delivering better services for people with long term conditions: building the house of care. The Kings Fund, 1-28

[2]Davies, S. (2012). CMO's annual report: Our Children Deserve Better. Department of Health, 1-438.

[3]http://www.talklab.org.uk/

#23: Staff knowledge of diabetes care at an acute adult inpatient mental health centre.

Lightbody S., de Boisanger J., Baker E., Barnard M.

Whittington Health, Whittington Hospital, Magdala Avenue, Highgate N19 5NF

[*]*Corresponding author: sophie.lightbody@nhs.net*

Aims: Diabetes is more prevalent among individuals with mental illness and psychiatric co-morbidities can adversely affect diabetes self-care. We aimed to assess the care of patients with diabetes admitted to an acute inpatient mental health centre and to measure staff knowledge of diabetes management.

Methods: A 15 point questionnaire was devised and reviewed by a consultant endocrinologist and diabetes specialist nurse. This was distributed to staff on four adult inpatient mental health wards. Responses were collected from 15 nurses, 6 health care assistants and 3 doctors. Feedback was invited on the need for staff diabetes training.

Results: There was disparity among staff on how often capillary blood glucose should be monitored and where recorded. Staff had high awareness (>85%) of risk factors for diabetes such as waist circumference, ethnicity and family history. However, there was a lack of knowledge of the association of diabetes with mental illness (25% unaware) and with antipsychotic medication (46% unaware). A significant proportion were unaware of the link between hyperglycaemia and new antipsychotic medication (75% unaware). Alcohol was thought to cause hyperglycaemia by 54% of respondents. Feedback was positive regarding further education with 54% wanting training in diabetes management. An initial education session has been delivered to 40 mental health nurses with positive feedback received and plans for more input in the future.

Conclusions: There is potential to improve the care of patients with diabetes and mental illness in an inpatient setting. We plan to devise more structured patient diabetes care and to provide more education to staff. This could benefit patients' long-term health and reduce disease burden among the large population living with these two major chronic diseases.

Key words: *Diabetes; Mental Health; Education*

#13: Supporting Integrated Working in a local health economy

Shah P., Whyard J., Inzani M., Collins C.

Locality Team Project Manager, Haringey Clinical Commissioning Group

**Corresponding author: priyal.shah@nhs.net*

Background: As part of the Better Care Fund, Haringey CCG and Haringey Council are committed to work more closely together to provide person-centred, integrated care that promotes independence and self-management across the whole system. To develop integrated working, it is important to build the right culture and working relationships based on shared values and attitudes. The Institute of Public Care (IPC) was commissioned to lead a programme of Listening Events and training workshops to initiate the change in working practices in 2014-15.

Processes and methods: IPC delivered eight Listening Events, including one workshop specifically tailored to very senior staff at the Operational Group for Adults meeting. These workshops were an opportunity for staff from health, social, primary care and the voluntary sector to have an insight into the latest thinking about a new way of working and to have a say in the way it is developed going forward. The workshops included:

- Characteristics of 'good' integrated working arrangements, including the systems processes and resources required;
- The 'as is' picture of current pathways and approaches in Haringey: what works and doesn't work and the changes that might be needed for effective integrated working;
- The learning needs of staff to be able to affect the necessary changes for "good" integrated working in Haringey.

The staff views gathered during the Listening Events were analysed to identify key themes for learning or change. These were: Duplicated assessments and care planning; Silo working; Reactive care; Lack of Leadership.

To address these staff learning needs, IPC designed tailored workshops on: Joint Assessment and Care Planning;Understanding professional roles and building relationships; and Leadership training, through Action Learning sets, for middle managers

Challenges and learning points: One of the biggest challenges has been to release staff to attend these half day or full day workshops. These workshops were in addition to the mandatory organisation-wide training or role-specific training that staff have to attend. However senior management in all organisations agreed that these training sessions were important to support the future delivery of health and social care.

Summary of benefits, evaluation and further work: This programme included a very wide range of frontline staff including the voluntary sector. The value of the rich discussions generated, the shared informal learning between colleagues, the exchange of ideas, the networking and the motivation for change cannot be underestimated. Feedback from staff attending has been positive and constructive. A strong appetite for change was evident and staff wanted to see change being implemented and to a part of shaping it. The need for a deeper discussion on issues faced in Haringey was identified. Staff also wanted to understand the 'whole system' that contributes to effective integration so that they learn about each other's roles and have directories to enable them to contact one another easily. The feedback from the staff workshops has been used to develop further training programmes to help embed integrated working in Haringey.

Key words: *Integration; Culture change; Training*

#16: Improving the use of Inhalers within Islington Care Homes

Martin C., Murphy Y.

ICAT, Pharmacy department, Whittington Health, London N19 5NF

**Corresponding author: clare.martin14@nhs.net*

Background: The pharmacy integrated community ageing team (ICAT) service, comprising of two pharmacists, was initiated in January 2015 with the aim to review and optimise medication for older people within the Islington community. This includes people living in care homes as well as those living independently. Medicines play a vital role in maintaining health, preventing illness and managing chronic conditions, however, in order to see a benefit they must be used correctly. Whilst carrying out medication reviews it was identified there was significant scope to improve the administration of inhalers by healthcare professionals (HCPs). In addition to witnessing sub-optimal use of inhalers, a study showed that 91% of HCPs who teach patients how to use inhalers could not demonstrate the right technique (Simple Steps Education, 2013).

Introduction: An inhaler workshop was devised to raise awareness of the most common inhaler devices seen in practice, with the aim to improve the confidence and competence of staff with regard to correct inhaler technique. In addition, GP practices in Islington spend over £2.3 million each year (2014/2015) on respiratory medicines (ePACT, 2014/2015). Therefore the session also focused on ways to reduce waste, for example, identifying when to reorder a particular inhaler.

Method: Thirteen training sessions over a four month period were provided to carers, nurses and student nurses across eleven care homes and 96 HCPs attended. Each session was between 45 minutes and one hour in duration. Common indications, side effects and counselling points of inhalers were discussed. Placebo inhalers and spacer devices were utilised to facilitate practice based learning. Educational materials were provided including an inhaler summary sheet compiled by the pharmacists and a

competency assessment checklist obtained from Simple Steps Education (2013).

Results: A pre- and post-training questionnaire developed by the pharmacists was completed by 89% (85/96) of HCPs in attendance. Staff were asked to rank the frequency in which they helped with inhaler administration, 39% (33/85) reported that they often undertook this task. It was noted that prior to the training session only 18% of the 85 HCPs had received formal inhaler technique training in the last five years. Before the workshop, three HCPs rated their own ability to demonstrate correct inhaler technique as excellent, compared to 42 upon completion of the workshop.

Discussion and Conclusion: The workshops highlighted situations where administering inhalers to patients with cognitive impairment can be challenging. The sessions provided a forum to discuss ways in which to overcome these challenges. Care homes were offered numerous training session opportunities to enable as many staff to attend as possible. Staff were encouraged during the training session to take a 'train the trainer' approach in order for as many HCPs and hence patients, to obtain benefit from the workshop. Upon completion of the training, HCPs felt their confidence and knowledge in managing inhalers had improved and the feedback was positive.

Key words: *Inhaler; Pharmacist*

Simple Steps Education (2013). Available from: http://simplestepseducation.co.uk/training/. Accessed 16th June 2015. Islington Clinical Commissioning Group (ICCG). ePACT data for inhalers. 2014/2015.

#05: Transition to Parenthood; Supporting parents through effective communication.

Fertleman C., Clark M.

Whittington Health, Magdala Avenue, London London N19 5NF

**Corresponding author: c.fertleman@ucl.ac.uk*

Context: Transition to parenthood is a "High Impact" area for healthcare professionals (HCPs) working with parents[1]. Our "Transition to Parenthood: Supporting parents through effective communication" simulated learning training day provides seamless interprofessional learning and development for HCPs to review existing and develop new knowledge and skills through simulated learning techniques and realistic practice-based scenarios.

Description: This innovative training brings together different types of institutions (universities, NHS Trusts, professional Schools) and facilitators from different professional backgrounds (paediatric medicine, health visiting and nurse education) making this uniquely interprofessional and integrated in design. To date, three training sessions have been provided out of the twelve planned and have already successfully brought together general practice, health visiting, midwifery, child and adolescent psychiatry, dental health, paediatric medicine, paediatric nursing and psychological therapies - an unprecedented mix of subject specialists, representing the range of health services accessed by families. This training provides the opportunity for interprofessional collaboration, a better understanding of roles and therefore improving the quality of care to families. Continuous Evaluation Current evidence from written and verbal feedback has highlighted the relevance of "transition to parenthood" to HCPs daily work. Valued most of all is the opportunity to reflect on communication and counselling skills and receiving feedback from others. A key point identified by participants, and observed by the facilitators, has been the benefit of learning from other professionals in relation to communication style and alternative methods to conduct consultations. Our feedback has demonstrated the following learning outcomes: being able to better identify issues experienced by parents in the transition to parenthood; being able to match these issues with HCP roles and responsibilities; being able to reflect on where better active listening skills could be used with families; ensuring that participants (HCPs) can better use a range of communication skills to actively address the parenthood challenges faced by families. Participants also state that they have benefited from accessing current research on transition to parenthood made available in the purposefully designed pre-session workbook. The transferability of these factors to everyday practice will result in families accessing better quality of support from HCPs in their transition to parenthood which research suggests does not always occur[2]. Prior to receiving their certificate, participants are asked to submit a reflection on the impact this day has had on their practice of supporting parents in their transition to parenthood, which we will use to further enhance the programme and continuously improve resources available.

Innovation: This innovative training programme has brought together facilitators from a wide range of professional backgrounds, providing the opportunity for these HCPs to learn with from and about each other, directly aligned with the CAIPE principles[3]. Feedback strongly suggests that participants have engaged with, and have applied, current theory on supporting parents through the Transition to Parenthood. Concurrent interprofessional facilitator and participant feedback has shaped how the course has continuously developed, ensuring effectiveness in improving the care provided by professionals working with new parents.

Key words: *Mutli-Professional; Parent; Transition*

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#21: Evaluating the roll out of the Care Certificate in a local health area

Traynor M., Corbett K., Mehigan S.

Middlesex University, The Burroughs London NW4 4BT

[*]*Corresponding author: m.traynor@mdx.ac.uk*

Context: In December 2014 we were commissioned by Health Education North Central and East London (HENCEL) to evaluate the implementation of the Care Certificate within the Islington Community Education Provider Network (CEPN). The idea of the Care Certificate was developed from the Cavendish report into the training and regulatory needs of the country's growing, and at present unregulated, support workforce in health and social care. Islington CEPN approached the Care Certificate with a strong commitment to providing integrated training across the sectors where support workers are employed: the acute sector, community services, general practice, care homes and social services. The challenge is to devise and deliver a single input that both is relevant to workers in these sectors and dovetails with the varying in-house induction that support workers are given by their employers.

Methods: Our evaluation was qualitative in character and involved interviews with a selection of those involved in four different organisations across Islington:

- the manager or other person with lead responsibility for the Care Certificate;
- an assessor/assessors;
- a trainer/ trainers (both within the organisations and external providers);
- staff undertaking the Certificate;
- a supervisor(s)/mentor(s).

Recommendations: A dedicated, adequate and sustainable resource needs to be available to coordinate and quality-assure the continuing implementation of the Care Certificate. Clear attention needs to be given to the design of the Care Certificate so that it meets the requirements for HCAs from different organisations and sectors. Terminology regarding the Care Certificate and the various roles involved needs to be agreed across organisations and disseminated well. An effective forum for continued discussion across organisations and sectors needs to be maintained to deal with emerging problems and issues and could be essential if an integrated approach is to be maintained.

Key words: *Care Certificate; Training; Evaluation*

#14: Integrating Medical Education into a Sexual Health Service

Browne R., Valarche E., Dass K., Thamby R. Johnson E.

Whittington Health, Magdala Avenue, London London N19 5NF.

[*]*Corresponding author: ritabrowne@nhs.net*

Background: Whittington Contraception and Sexual Health services provide Contraception and Sexual Health care in a hub and spoke format over five sites. Patients self-refer, self-triage and then see the appropriate clinician for their concern. The clinical team consists of doctors, nurses and healthcare technicians. All clinicians working within the service actively manage patients according to the level of expertise and refer on when appropriate. The department is a training site for the Faculty of Sexual and Reproductive Healthcare and runs regular courses for the Diploma and clinical training for letters of competence in IUD and subdermal implant insertions.

Delivery: Over the past 2 years 18 clinicians have been trained for the Diploma, 14 for letters of competence and 87 had the Course of 5 assessments. The department has also run 3 Sexually Transmitted Infection Foundation courses (STIF) in the past 18 months and trained 65 doctors and nurses. These courses are developed by the British Association of Sexual Health and HIV. To complete the course, delegates have to work through e-learning modules as well as small group workshops. Training was delivered by doctors and nurses working in Whittington Sexual Health department. One course was an internal STIF course for all nurses and doctors working in the service. Training was delivered by medical and nursing staff in the department on a modular weekly basis. The course material was adapted where needed to cover the particular training needs for the department.

Feedback: Feedback was that it was very informative and excellent for team building and mean scores were 4-4.9/5. The department also ran a STIF competency assessment workshop for all healthcare technicians and provided competency based training for this assessment. A 'Fitters' forum for local GPs is also held quarterly and 46 local GPs have participated in this over the past 2 years. All specialty doctors and 2 nurses working in the service either have a Postgraduate award in Medical Education or a similar qualification ensuring that they have had training in delivering medical education, giving feedback and workplace based training and assessments. Currently the Band 6 nurses are working through the STIF intermediate competencies. An online survey of teaching experience of trainers in the department was carried out in 2014 (83% response rate; 15/18: 7 doctors and 8 nurses). All responders felt that their teaching experiences in the department had been positive and there were individual comments about benefits in terms of

confidence building, communication skills, CPD, updating knowledge, sharing experiences and better MDT working. Acknowledgements: All the doctors and nurses working in Whittington Sexual Health Department.

Key words: *Education; Sexual Health; MDT*

#15: Helicon Health Learning: The development of an innovative e-learning course to support anticoagulation and stroke prevention practitioners.

Coleman B., Patterson D.

Director of Education, 97 Tottenham Court Rd. London W1T 4TP

*Corresponding author: bridgetcoleman@heliconhealth.co.uk

Introduction: Since 2003, Whittington Health has developed and supported a distributed Anticoagulation & Stroke Prevention Service with doctors, nurses and pharmacists managing patients in primary and secondary care. These anticoagulation practitioners need to have the necessary competencies to safely manage those on warfarin[1]. Any gaps in competencies should be addressed by education. To meet this need, Whittington Health's Anticoagulation & Stroke Prevention Service has delivered a face-to-face (F2F) education and accreditation programme to over 150 practitioners over the past 12 years. However, healthcare professionals were finding it increasingly challenging to secure time away from work to attend these F2F sessions. As a way of meeting this challenge, in 2015, this programme was further developed and transferred to an on-line platform.

Methods: The existing F2F material was critically reviewed to ensure it was current, relevant and appropriate for its intended audience. Draft content was divided into discrete topics, framed around clear learning aims and objectives. Formative evaluation was then conducted in two stages. Firstly, this learning material was sent to experts for content-testing. They were invited to review the material and to give their views by completing a short on-line survey or by annotating the material with suggested changes. Following their feedback, a second draft was then sent to healthcare professionals who had little or no experience of anticoagulation management for user-testing. In addition to being given a short on-line survey to structure their views, they were also asked to answer the multiple-choice questions (MCQs) at the end of each topic to determine if that topic's learning objectives had been met. Following this formative evaluation, the revised final content was transferred to an on-line platform (Coracle).

Results: Content-testing of draft learning material was conducted by 2 to 5 experts per topic. Over half of their comments related to improving the accuracy and depth of the material. User-testing was conducted by 2 to 5 inexperienced professionals per topic. All participants met the topics' learning objectives, felt that the material was clear and that the scope was appropriate. The resultant e-learning course comprised 13 topics with a total indicative learning time of 10-12 hours (FIG). Learning material included textual content, images, animation and videos. Reflective exercises were included, with users encouraged to share their experiences on the site's forum. Post-topic MCQs and case studies were integrated into the course to fulfill accreditation requirements.

Conclusion: To our knowledge, this is the most comprehensive anticoagulation and stroke prevention e-learning course for healthcare professionals available in the UK. E-learning produces comparable results to traditional continuing education[2]. However, the acceptance of e-learning is dependent on the user's ability to access and use the material, its quality and attractiveness and download speeds. These are currently being evaluated and initial results are positive. To make learning as flexible as possible for busy healthcare professionals, the course can now also be accessed on tablets and smartphones via an app, with progress synched automatically once the user has data connectivity.

Key words: *Anticoagulation; e-Learning*

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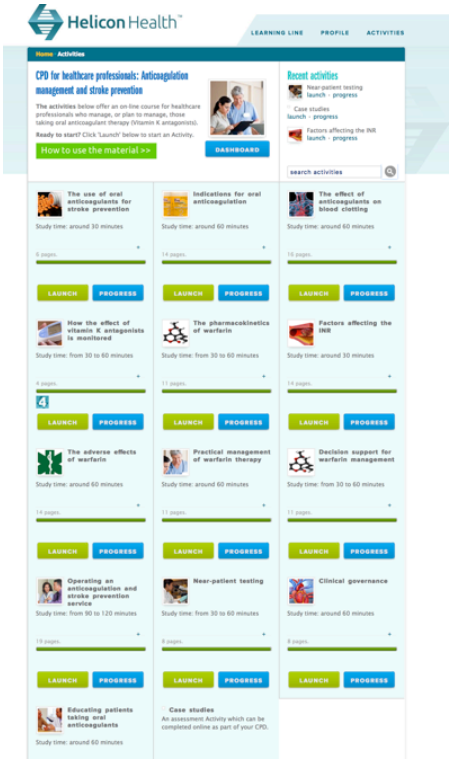

#12: The UCL Pre-Hospital Care Programme - Novel education for the modern doctor in training.

Dr Bulford S., Clear-Hill M., Brennan N.

UCL Medical School, Gower Street, London. WC1E 6BT

[*]*Corresponding author: samuel.bulford.09@ucl.ac.uk*

Introduction: University College London (UCL) medical school has introduced a new curriculum. Designed to train a modern doctor, this curriculum afforded interested parties the opportunity to offer new and varied clinical placements. Elsewhere in the UK, the post-graduate specialty of pre-hospital emergency medicine was hosting its first senior registrar trainees. These two factors inspired a group of medical students to formulate the UCL pre-hospital care programme – a series of five student modules, hosted by The Whittington Hospital, which run within the main medical school curriculum.

Methods: Applicants underwent interview before successfully joining the programme. Prior to programme activities, students completed a quantitative and free-space questionnaire. Programme activities included observer shifts with allocated mentors from our training partners, the London Ambulance Service and the Wembley National Stadium medical team. Students also attended monthly academic forums and clinical skills evenings, both of which hosted by external pre-hospital clinicians. In addition, students completed a reflective log and an extended academic essay. All programme components were entirely supervised by fellow students. At the end of the programme, students completed an identical questionnaire.

Results: Students were overwhelmingly positive about their time spent on the programme. Questionnaire feedback demonstrated an increase in confidence when communicating with both patients and fellow professionals, and that students learnt about effective and less effective communication styles. This feedback also demonstrated that students learnt about the strengths and limitations of their pre-hospital colleagues, and about the journey a patient may embark upon when unwell. Students stated that their professional behaviours changed to become increasingly collaborative and holistic regarding their contribution to the inter-disciplinary, and indeed they developed a positive sense of professional identity. Finally, students felt that exposure to pre-hospital care should be a mandatory part of the curriculum and that this type of programme confers tremendous value to every medical student.

Discussion: The results demonstrate that this student devised and led, novel educational intervention confers great value to the training doctor. This echoes previous examples of similar pre-hospital student involvement (1,2,3). In the future we hope to ascertain how students perform in OSCE examinations compared to their peers. We also hope to interview past students so as to gauge how participation in the programme has affected their later clinical practice. We believe consideration should be given to increased pre-hospital care student opportunities and we believe the UCL programme, hosted by The Whittington Hospital, offers a sustainable, replicable model in order to do so.

Key words: *Pre-Hospital; Innovation; Education*

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#06: Junior Doctors' Prescribing Training and Assessment by Clinical Pharmacy Team.

Begovic M.

Whittington Health NHS Trust, Magdala Avenue, London, N19 5NF

[*]*Corresponding author: maja.begovic@nhs.net*

Background: On joining the Trust, all foundation year 1(FY1) trainee doctors are required to pass prescribing assessment before they can prescribe unsupervised. Assessment is conducted during the induction week, before a doctor needs to start prescribing unsupervised in the Trust. It follows one full day (or 2 half days) of prescribing training by clinical pharmacy team. This assessment is currently for FY1s only. It may be extended in the future to all doctors who have not previously worked for the NHS.

Aims of training: To Achieve required level (80%) in the Whittington Prescribing Skills Assessment. To Keep safe prescribing practices at the forefront of safe clinical practice. To Understand the key role that the pharmacist plays in delivering safe clinical care and the importance of effective liaison with pharmacy colleagues.

Objectives of training: To understand: IV prescribing - The rationale behind the rates, dilutions and compatibilities of intravenous medicines, and where to find information; Basic pharmacokinetic principles especially with respect to gentamycin and vancomycin monitoring; Anticoagulant prescribing (using BNF and local guidelines); To know the difference between different formulations of oral morphine and the implications for prescribing; How to write a prescription for a controlled drug; How to adjust doses in renal impairment; How to prescribe unusual dose regimens on a drug chart; The process in clinical environment for documenting allergies; The drugs that are contraindicated in patients with penicillin allergies; To be able to write prescriptions according to guidelines for prescription writing in the BNF and local practice; Interpret drug dosing information in the BNF; Calculate infusion rates

of commonly prescribed medicines; Prescribe oxygen; Carry out simple calculations, find the right diluent, and write prescriptions for intravenous infusions.

Training provided: Six training sessions are provided, by pharmacy department, prior to assessment. These cover:

- Medication safety and prescription writing (including controlled drugs prescription writing);
- Prescribing in penicillin allergy, and basic therapeutic drug monitoring (gentamycin and vancomycin);
- Prescribing in renal impairment;
- Prescribing IVs;
- Prescribing oxygen;
- Anticoagulant prescribing and drug interactions.

Outcomes: On average 75% of FY1s pass the prescribing assessment following initial training. The remainder receives additional training individually or in small groups, and 100% pass on second attempt. The training sessions are delivered by clinical pharmacists and promote interdisciplinary training and working practices.

Key words: *Junior Doctors; Prescribing; Assessment*

#04: Developing a workforce for Integrated Care - the Integrated Care Experience

Evans K., Wilson K., Mehigan S., Finch J.

Whittington Health / Islington CEPN, Jenner Building, Whittington Hospital, Magdala Avenue, London, N19 5NF

[*]*Corresponding author: karen.evans11@nhs.net*

Context: The aim of this paper is to present on the development and evaluation of a project that was set up to expand student nurse placements in primary and community care to equip student nurses with the knowledge, skills and desire to undertake the more flexible roles needed to deliver integrated care across a variety of settings. This project reflects strong partnership working between a HEI and a local NHS integrated Care Organisation and Community Education Provider Network (CEPN). This project is designed to meet several local and national needs. One of the key objectives of the HEE mandate[1] was to 'deliver the workforce development commitments required of it in Transforming Primary Care'. In March, the 'Shape of Caring Review' suggested the need for a separate pre-registration pathway, enabling registration as a Community Nurse. This project also relates to many of the priorities set out in the Five Year Forward Review[2].

Overview of Project: It is proposed that by expanding student nurse placements in primary and community care, students will be equipped with the knowledge, skills and desire to undertake the more flexible roles needed to deliver integrated care across a variety of settings. Depending on the structure of these placements, it is also possible that students will gain specific skills in managing patients across several different care pathways, such as Long Term Conditions, Minor Illness, Complex Care, Dementia Care.

Proposed Outcomes of the Project:

- Explore the development of more innovative curriculum models to enable a flexible approach to the ways in which placement opportunities are accessed and reflect 'new care models';
- Work with the relevant stakeholders in developing further interprofessional experiences for students by building on current work and expanding partnership working with other healthcare professionals, care homes and the voluntary sector;
- Raise the profile and promote the value of out of hospital placements by breaking down barriers in how care is provided;
- Enable the development of more flexible working practices to utilise capacity effectively;
- Challenge current practice to enable new ways of thinking and enhance the quality of care;
- Contribute to prevention and public health.

Working with lead clinicians within Whittington Health and specifically Islington CEPN, we have identified a number of care pathways which offer students the opportunities to experience care delivery in a number of healthcare settings, and also meet with current CEPN workforce development priorities. Such pathways include (for example) Long Term Conditions, Frailty, Dementia, Health promotion and First Contact / Urgent Care.

Key words: *Student Nurse; Integration*

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#08: Training provided by hospital pharmacist across other disciplines and settings

Begovic M.

Whittington Health NHS Trust, Magdala Avenue, London, N19 5NF

[*]*Corresponding author: maja.begovic@nhs.net*

Context: Pharmacists have long provided education sessions for professional groups within pharmacy settings. Increasingly this has been directed to other healthcare professionals in order to share unique knowledge and skills regarding medication and medicines management. This abstract lists some of the training provided by one pharmacist, who works across hospital and community services in Whittington Health NHS Trust.

Training Staff in District Nursing (DN) Service: In 2013 DN Liaison Pharmacist role (0.3 FTE) has been introduced to support safer medicines use and safer management of patients' medicines in domiciliary settings who are under the care of Whittington Health DN service. Pharmacist's role is to provide support and education sessions to DN service staff regarding the safe use of medicines. Training provision includes Medicines Management (MM) training to all new starters in DN service, including nursing staff of all grades, matrons, assistant practitioners, healthcare assistants, pharmacy technicians and phlebotomists. The training covers various aspects of MM, such as: transcribing MAR charts, obtaining medication, appropriate storage, expiry dates, medicines administration (covert administration, crushing), CD recording, disposal, reporting of adverse drug reactions, reporting of errors and near misses, use of BNF, and sources of information on medication, theory training on insulins and oral antidiabetic drugs for HCAs and pharmacy technicians within DN service. Additional training for DN staff following medication errors is also provided.

Training Staff in Social Care Settings: Training in medicines management in wider community setting is also provided periodically for all grades of staff at a "respite unit" jointly managed by Social Services and Whittington Health. Pharmacy has delivered a number of training sessions for nurses regarding transcribing of MAR charts for respite service users, and MAR chart transcribing is now done by nursing staff who have been trained and competence assessed. This type of training on Medicines Management in social care settings for social services staff is also provided to residential homes for adults with learning difficulties, with the aim of enabling residential social service care staff to take larger role in medicines management of their more complex patients.

Training Physiotherapists: As part of the Musculoskeletal Chronic Pain service, training on pain medication is provided for the MSK team physiotherapists and Extended Scope Practitioners. The aim is to increase the multidisciplinary team (MDT) knowledge of pain medication to improve provision of medication advice to patients, and to support MDT working and professional development. Physiotherapists can now train to become Independent Prescribers and training and shadowing opportunities are given to physiotherapy colleagues to spend time with pharmacists Independent Prescribers. The education and training sessions have helped us forge stronger links with other professional groups in healthcare and social settings, and contribute to the development of inter-professional working across the organisation.

Key words: *Training; Pharmacist; Nursing*

#09: Drug Wise - drug, alcohol and tobacco education for primary schools.

Martin S.

Islington Council, Laycock Street, N1 1TH

Corresponding author: sally.martin@islington.gov.uk

Background: The asthma lesson plan for primary schools was developed by the Islington Health and Wellbeing Team, Islington Council, in partnership with Whittington Health and 'Speak up for Asthma'. It is integrated within the Islington Drug Wise resource, which supports primary teachers to teach effective drug, alcohol and tobacco education and help pupils gain the knowledge, skills and attitudes to develop healthy behaviours in their current lives and for the future.

Drug, alcohol and tobacco education is one part of a school's curriculum programme for PSHE (personal, social, health and economic) education. The asthma lesson plan has been created for pupils in either Years 2, 3 or 4 as it links with topics on medicines (Year 2), tobacco (Year 3) and making choices (Year 4).

Key words: *Asthma; Primary Lesson*

#07: The impact of introducing a clinical skills drop in session for first year student nurses on placement

Dexter A., Cox G.

Education and Development, Whittington Health NHS Trust, Magdala Avenue, London, N19 5NF

Corresponding author: alison.dexter@nhs.net

Background and Aims: The project focused on first year pre-registration nurses undertaking their first in hospital clinical placement. The study focused on students from all fields of practice having either had 4/52 theory and 12 hours clinical skills simulation practice or 8/52 theory and 24 hours clinical skills simulation practice. Previous placement evaluations from past cohorts of students suggested that they lacked confidence in taking manual BP readings and worried about their competence when performing the task. The project aimed to build confidence in students whilst on their first placements,

and act as preparation for their upcoming clinical skills assessment on their return to university. Students previously reported routine use of electrical equipment to monitor BP in placement areas thereby limiting their ability to practice performance of manual BP monitoring. A study conducted by Morgan[1] suggested that students should be taught the correct procedure for clinical skills in a skills laboratory, as factors such as the busyness of the wards and mentors within clinical placements led to the students seeing the skills performed differently. The skill was assessed using the marking criteria in accordance with Middlesex University's NIP1002 module. Stiggins[2] 'essential assessment actions' suggest that in order to facilitate assessment literacy for the student to progress, they must have a clear understanding of what is required of them. Thereby our aim was to aid students to develop their clinical skills in a non-threatening environment.

Design: The smaller groups enabled student nurses to practice on each other with tutors present. In line with the assessment literacy paradigm, student nurses became the assessors. They peer reviewed their colleagues practice using the University module criteria for manual BP measurement that they would later be assessed on during their summative theory assessment. The process was overseen by clinical practice educators who supervised and questioned students regarding the procedure and related theoretical knowledge. This would fall in line with assessment literacy paradigm - *i.e.* repetition of an assessment type to increase skill fluidity and clinical competence.

Evaluation: A group interview was conducted with the participants to discuss the experience of the training and whether this assisted bridging the theory practice gap[3]. Early indicators monitored through the use of a Likert scale questionnaire would suggest that student confidence in the skill of blood pressure monitoring increased with practice and attendance at the sessions. The students have begun to feedback their enjoyment at being able to follow up learnt skills, from their initial teaching in University, to practice in the simulated group sessions, and follow through into their clinical areas, feeling more confident to undertake the skill on a service user.

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#18: A pilot for an Integrated Consultant-Led Service on a Mental Health Unit.

Blacking M., Stern M., Bielawski C., Barnard M.

Camden & Islington NHS Foundation Trust, Highgate Mental Health Centre, Dartmouth Park Hill, N19 5NX

[*]*Corresponding author: munira.blacking@nhs.net*

Background: This report sets out a service development and improvement project that looks to improve the delivery of patient care, physical health outcomes of inpatients with serious mental illness (SMI) and provide inter-professional education. 'No Health Without Mental Health' (DOH[1]), recognised that mental health was to be a key public health issue due to people with mental health problems having their physical health needs unrecognised or poorly managed. Inpatients to mental health units have longer admissions compared to general hospitals, with longer admissions, often compulsorily under Mental Health Act, for those with a diagnosis of SMI. SMI is associated with significant reductions in life expectancy due to physical health conditions (up to 20% less). In considering longer admissions to mental health units, inpatients must have equal access to clinician time as they could expect to have in the community, and treatment from a clinician with the required competencies. This is particularly important for those who also have co-morbid long-term conditions of diabetes, asthma, COPD, ischaemic heart disease, or obesity. However, the historical uncoupling of acute hospital trusts and mental health trusts have resulted in a reduction of inter-professional communication and learning opportunities for healthcare professionals across the different specialisms. Good management of physical health problems can make a significant contribution to the effectiveness and efficiency of mental health hospitals and improve the outcome for patients. Managing someone's physical and mental health needs in parallel optimises their outcomes. Much work at the interface of physical and mental health services has concentrated on delivery of health promotion and primary care, and improving links in liaison psychiatry. However, at the tip of the 'symptom iceberg' - prevalence of significant symptoms in the community that were not referred for professional advice - results in possibly the first detection of very complex clinical issues at the point of admission to a mental health unit. These complex cases demand a high level of clinical expertise and experience.

Design: This innovative pilot service has delivered an integrated secondary-care service to the mental health unit. A potential budget from the Medical Directorate was allocated to start a service, provided by senior and experienced clinicians at Whittington Hospital -to deliver a clinic on-site with teaching at Highgate Mental Health Centre (HMHC) and an allied telephone advice line. A pilot service started on 19 November 2014. The clinic is provided by Whittington Health consultant physicians with accreditations in general medicine, elderly medicine, respiratory, diabetes and endocrinology, with specialisms in Parkinson's disease, Integrated Medicine and education. The telephone advice line is provided by Whittington Health consultants in general and elderly medicine and GPSI in elderly medicine. The population seen, often detained under MHA or DOLS, has multiple medical comorbidities at earlier onset and increased

tobacco dependence comparative to the general population. A variety of health professionals - HCAs, RMNs, Core Trainees and Speciality Registrars in Psychiatry and Elderly Medicine - have attended for case-based teaching. The advice line is used for discussion of clinical queries in between clinics.

Key words: *Mental Health; Integrated; Secondary Care*

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#22: An Evaluation of the Islington Community Education Provider Network Super Hub

Corbett K., Odelius A., Traynor T., Mehigan S.

School of Health and Education, Middlesex University, The Burroughs, Hendon, London NW4 4BT

[*]*Corresponding author: K.Corbett@mdx.ac.uk*

Context: 'Super Hubs' are novel initiatives which have arisen in order to aid various workforce developments and service improvements for promoting creative thinking and practice. The Islington Super Hub is a workstream of the Islington Community Education Provider Network (CEPN) which aids the learning and development of community nursing and new apprenticeships: 1). In this paper we report on the findings from a realist evaluation; 2). of the Islington Super Hub using data from a range of provider organisations.

Design: The following areas of direct relevance to the Super Hub's activity will be analysed: i) the factors enabling nursing staff to transfer between sectors; ii) the variety of current preceptorship and induction programmes supporting newly registered nurses moving into community roles; iii) the current links between primary/secondary care for strengthening inter-sectoral working and the core training needed for hospital-based nurses to support patient journeys; iv) the practice learning experiences of specialist practice community nurses, such as General Practice Nurses, District Nurses and Health Visitors as well as non-specialist practitioners and health care assistants; v) the current approaches for sustaining practice-based learning for enhanced learning/ development; vi) the current approaches to multi-professional education across localities which contribute to establishing robust community focused multi-professional collaborative educational approaches; vii) the availability of student nurse placements in community settings and the associated mentorship capacity.

Our analysis concludes with critical reflection on the relative merits of the Super Hub's programme of learning and development which aims to promote creative thought/ practice and the contextual factors surrounding the newly emerging apprenticeship roles.

Key words: *Realist; Evaluation; Creativity*

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