

**NHS Education for Scotland:
Early Clinical Career Fellowships Pilot:
Case study evaluation**

Report

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July 2013

Acknowledgements

The author would like to thank all those who have contributed to this evaluation, especially the Fellows, and their line managers and clinical coaches who have given up their time to, be interviewed. Thank you also to those who participated in the celebration event and contributed by sharing something about their experience. We are also most grateful to the project team at NHS Education Scotland for their guidance during the study.

Disclaimer

The views expressed in this paper are those of the author and do not necessarily reflect the position or policy of NHS Education for Scotland.

Executive Summary

Introduction

The Early Clinical Career Fellowships (ECCF) is an investment in nurses and midwives at an early stage in their career in order to maximise their leadership potential both now and in the future. This evaluation focuses on the pilot programme (ECCF Pilot; n=98), which took place between December 2007 and March 2013. Subsequent cohorts commenced in 2011 and 2012 using a revised model to reflect lessons learned from the pilot. Over the next 3-5 years, NHS Education for Scotland (NES) is seeking to build an evidence base of the impact of investment in early nursing and midwifery careers. This report summarises the findings from an in-depth case study evaluation which captures participant's, clinical coaches' and line manager's experience of the ECCF pilot.

Approach

A review of literature relevant to the ECCF programme was carried out and helped inform the development of the interview schedules. Purposive sampling was used to identify Fellows for the in-depth case study evaluation. All Fellows who had submitted a completion form by April 2012 indicating they had successfully completed the fellowship and had graduated with Masters were invited to participate (n=21). This led to a convenience sample of four Fellows being selected for the case study evaluation. The Fellows' line managers and coaches were also approached. The case studies presented include interviews the four Fellows, and six line managers and coaches. This was considered sufficient with the resources available, to provide in depth discussion and a range of examples of experience and impact. Semi-structured interviews were conducted with four pilot Fellows and six of their line managers and clinical coaches. All participants signed a consent form. The aim was to gather detailed information on their experience of the ECCF, identify participant's development and career aspirations, and gather evidence of their learning and its application and impact.

An ECCF celebration event took place on 14 November 2012 and some of the outputs from the discussions, interviews and panel discussion are included to add further information and value to the study and discussion.

Literature review

As previously reported by Pearson and Machin (2010), we found that very little research literature existed in relation to similar programmes to ECCF, which are specifically targeted at graduate, recently qualified nurses and midwives. However evidence from leadership programmes, Masters Degrees and talent management programmes does demonstrate some impact and suggests that effective leadership and leadership development does impact positively on patient care.

The challenge for those who commission and deliver such leadership programmes is trying to prove their benefit and value for money. Knowledge and skills and gained may not result in immediate tangible outcomes and it can be difficult to determine the causal relationship between the programme and future clinical managerial success. The 'return on investment' is indirect, benefits including employee satisfaction, cost savings, leadership development, and employee retention. Signs of success of such programme programmes include, reduced staff turnover rates and recruitment costs, high levels of internal promotions and cross-department moves, good quality of internal applicants for jobs, diverse management talent, and high levels of staff engagement.

Evaluation of programmes similar to ECCF report that new skills learned such as self-awareness and empathy were fundamental for increasing self-confidence and thus developing ability to lead effectively in challenging and diverse circumstances. There was a significant increase in leadership behaviour following completion. An increase in participants' ability to change practice, communicate, work as part of a team, and to problem solve was reported. There was evidence of significant associations between positive leadership behaviours and increased patient satisfaction and reduced adverse events.

'Fast track' or 'high flier' programmes are often used in the business sector with the aim of creating the leaders of tomorrow. The literature suggest that the most successful ones have strong support of senior management and participants line managers, a strong focus on action learning, and encourage and expect participants to implement changes in their work environments.

The literature highlights that expectations of those on leadership programmes and others in the workforce need to be managed effectively to ensure individuals are clearly informed about their purpose and intent. Participants have an expectation that they will increase their knowledge and skills but also their chances of progression and promotion. It is suggested that needs to be development opportunities within roles, to improve and sustain job satisfaction and retention and equip individuals with transferable skills to move around organisations, often in a lateral manner. The literature also suggests that programmes need to be followed to support participants after completion.

Findings

The overall experience of Fellows and their managers and clinical coaches was very positive. Fellows undertook the programme to develop leadership skills, research and audit skills, and gain a greater understanding of the evidence base for practice. They had good support from their managers and clinical coaches although, like similar programmes as reported in previous literature, some experienced a little resentment from colleagues.

The vast majority of Fellows found the action learning one of the most important and valuable aspect of the fellowship. They developed a wide range of new knowledge and skills, including leadership skills, research and audit, negotiation, challenging and influencing skills, decision-making skills and knowledge of broader issues within the NHS.

The case studies provide some evidence of behavioural change as a result of the programme. These include:

- a desire for learning/ involvement in supporting learning and development
- ability to see the bigger picture
- increased confidence
- a desire to and ability to manage change
- improved interpersonal/communication skills
- a focus on the patient experience
- increased research and audit skills and a focus on quality improvement

There are many examples of how Fellow's learning had been applied to practice and of the changes in practice that had occurred, for example, improving the patient experience, introducing ward rounds, setting up group therapy for patients as part of Releasing Time to Care (RTC), introducing

protected therapeutic time, and using the Plan, Do Study, Act (PDSA) cycle to change patient handover. Fellows also used their research and audit skills, and there was a strong emphasis on supporting learning and development for others, for example, setting up journal clubs and teaching/ education sessions, encouraging and supporting others to apply for ECCF or other education, and teaching others led by outcomes from their dissertations.

There is some evidence that the changes in behaviour and application to practice were already having an impact on patients, colleagues and their organisation as a whole. For example, inspiring others to undertake further education, managing change and using evidence to challenge and change practice.

Although there were some concerns about limited opportunities for Fellows to progress in the current financial climate, some are already employed in promoted posts and they all have the skills to move on and grasp opportunities when they arise. Individuals are being equipped with transferable skills to move around organisations and offer added value, although not necessarily in an upward, hierarchical way. A number of suggestions were made for development, such as ongoing support, publishing of dissertations and consideration of the longer term evaluation of ECCF.

Implications for NHSScotland:

It is clear that ECCF Fellows have developed both their knowledge and skills, and their leadership potential. They have the skills to contribute to service development in NHS Boards and many may shape the future of NHSScotland. There is evidence that the Fellows are already having an impact on patient care and are keen to contribute to their organisations as a result of the programme. In the current financial climate, when promoted posts may not be readily available, NHS Boards need to consider how to best use these skilled, motivated and ambitious people and ensure a return on investment.

The importance of managing Fellow's expectations and increasing awareness of ECCF and its benefits within NHS Boards' is emphasised. It may also be beneficial to provide some kind of ongoing encouragement and advice for Fellows on completion of the programme would be interesting to explore ways of monitoring Fellows' career pathways and development, as well as their contribution to their organisation.

Limitations of study

This study is limited by the small number of participants (four Fellows, and six line managers and coaches) and the method of sampling where participants were essentially self selecting. However some of the findings from the case studies are reinforced by comments from the celebration event.

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1. Introduction

1.1 Background

The Early Clinical Career Fellowships (ECCF) is an investment in nurses and midwives at an early stage in their career in order to maximise their leadership potential, both now and in the future. The Fellowships are an opportunity for highly enthusiastic, talented and motivated nurses and midwives to develop personally, professionally and academically at an early stage in their career. The fellowships have the potential to have a positive impact on patient care delivery both now and in the future through focussed support and maximisation of leadership potential.

A pilot programme (ECCF Pilot; n=98), which commenced from 2007 is now in its final year, ending in March 2013. The initial commencement of the pilot stage of ECCF was evaluated by the University of Northumbria (Pearson & Machin, 2010). The findings and recommendations of the national evaluation, the views of the project Steering Group, feedback from NHS Board Leads and the Action Learning Set Facilitators, along with the lessons learned from the ECCF pilot, helped to inform a revised future model. The revised model was used in the recruitment of 20 fellows in September 2011 and a further cohort of 18 Fellows in September 2012.

In a description of the ECCF programme, Rae (2011) explains how the early clinical career fellowships programme can help nursing staff gain leadership skills right at the start of their career. Anecdotally, the Fellows are seen as suitable candidates for application to promoted positions, they are contributing at local and national level to nursing practice and professional developments, publishing in academic journals, and speaking at national conferences. They have also developed practice locally and are working with colleagues to make recommendations for improvements. Over the next 3-5 years, NHS Education for Scotland (NES) is seeking to build an evidence base of the impact of investment in early nursing and midwifery careers. This report summarises the findings from an in-depth case study evaluation of the ECCF pilot.

1.2 Aims

The aim was to develop four in-depth case studies which capture participants', clinical coaches' and line managers' experience of the ECCF pilot to date and which would contribute to the development of a longitudinal cohort study to monitor the longer term impact of the ECCF. The specific objectives were to engage with a representative sample from ECCF fellows and those who support them to:

- establish a picture of participant's experience of completion of the ECCF pilot and any suggested potential improvements
- identify participant's development to date and their career aspirations
- gather evidence of their contribution to NHSScotland as a consequence of undertaking the ECCF
- establish a picture of clinical coaches' and line managers' perception of the ECCF fellowships and any suggested potential improvements
- examine the clinical coach/line managers expectations of the pilot, their role in supporting the programme and their perceptions of how participants have contributed to NHSScotland

1.3 Approach

In order to achieve these aims, the evaluation involved three stages:

1. A review of literature relevant to the ECCF programme was undertaken to build on the literature reviewed in the evaluation of the pilot programme by the University of Northumbria (Pearson & Machin, 2010). The literature review helped inform the development of the interview schedules and was updated throughout the project.
2. NHS Board clinical governance/clinical effectiveness leads were contacted to inform them of the project. Four Fellows from the pilot were chosen to provide detailed information on their experience of the ECCF, identify participant's development and career aspirations, and gather evidence of their learning and its application and impact. Purposive sampling was used to identify fellows for the in-depth case study evaluation. All Fellows who had submitted a completion form by April 2012 indicating they had successfully completed the fellowship and had graduated with Masters were invited to participate (n=21). A smaller sample of eight Fellows received a follow up invitation to provide a mix of NHS Board; gender; ECCF Cohort (either one or two) and clinical area. This led to a convenience sample of four Fellows being selected for the case study evaluation. The fellow's line manager and coach were also approached. The case studies presented include interviews the four Fellows, and six line managers and coaches. This was considered sufficient with the resources available to provide in depth discussion and a range of examples of experience and impact. Ethical approval was not required as this was a case study evaluation.

Semi-structured 1:1 face to face or telephone interviews were carried out with the four Fellows and six clinical coaches and line managers. All interviewees signed a consent form. Follow up emails were sent to gather further information and evidence where required and the case study summaries were sent to Fellows to check for accuracy.

3. An ECCF celebration event took place on 14 November 2012 which was aimed at sharing the experience of the ECCF fellows and discussing the impact of the fellowships on the delivery of quality patient care. Some of the outputs from the discussions, interviews and panel discussion are included to add further information and value to the study and discussion.

The findings were analysed according to the interview schedules and quotes used to illuminate the outcomes.

This study is limited by the small number of participants and the method of sampling where participants were essentially self selecting.

2. Literature review

This section reports on a review of literature relevant to the ECCF programme. It builds on a summary of literature from Northumbria University pilot programme evaluation (Pearson & Machin, 2010), some of which is included below.

However it is not within the scope of this project to undertake an extensive review of the literature. A primary review of the literature was conducted and was updated throughout as the study progressed. The NES project team members have a range of knowledge and expertise in the field which informed the individual search questions.

The literature search was carried out by the Scottish Health Service Centre Health Management Library using the following databases: Health Management Library database, ASSIA: Applied Social Sciences Indexes and Abstracts database, HMIC Health Management Information Consortium database, Emerald Management database and Health Business Elite database. A search was also carried out using via the Knowledge Network.

As this is a narrative review the literature has not been subjected to the rigorous selection procedures associated with the methodology of a systematic review and thus the quality of the literature cannot be guaranteed to the same degree as a systematic review. However the majority of the evidence presented here has been published in peer reviewed journals which provides a degree of assurance as to its validity.

The search terms used were:

- Leadership development AND (impact OR evaluation OR return on investment OR effectiveness OR ROI)
- High fliers
- Early career
- Fast track
- Rising stars
- Graduates AND (training OR management development OR leadership)
- Talent management OR talent pipeline
- Masters degree (nursing)

The previous review by Pearson and Machin (2010) found that very little research literature existed in relation to similar programmes to ECCF, which are specifically targeted at graduate, recently qualified nurses and midwives. In England, a programme with some similarities to ECCF was introduced to develop the leadership potential of selected newly qualified teachers. The programme provided participants with individualised coaching, mentoring and development activities. A qualitative study of the outcome of this programme suggested it was received very positively by the participants interviewed who valued the personalised nature of the programme. They suggested it was a highly supportive process and it had been influential on their rapid career progression. Any minor problems noted were identified as isolated incidents within an otherwise positive experience (Jones 2010).

Impact of leadership development programmes and Master's Degrees in nursing

As outlined by Rae (2011), the ECCF programme aims to help nursing staff gain leadership skills right at the start of their career. Nichol (2011) highlights the importance of knowing what the ultimate aim of leadership programmes is and the challenges for those who commission and deliver these programmes in trying to prove their benefit and value for money, as the important knowledge, skills and attitudes that individuals gain during these fellowships may not result in immediate tangible outcomes. Furthermore, it will be difficult to determine the causal relationship between a previous fellowship and future clinical managerial success, as motivated individuals have managed to secure high profile and influential posts prior to the inception of these programmes.

Exploring the return on investment in leadership development in a global energy company, Elden and Durand (2010) reported direct, clear and distinct return on investment payoffs in terms of improved productivity, efficiency (reductions in costs and cycle time) and health, safety and environmental concerns. They stressed however that effect on return on investment is indirect. Enhanced leadership is not a business result in itself, but it leads to better business results.

Cockerham *et al* (2010) reporting on a Fast Track Leadership Programme for paediatric nurses in the USA, suggest that it has resulted in multiple benefits including employee satisfaction, cost savings, leadership development, and employee retention.

Signs of success of talent management programmes, according to ISD (2010), include reduced staff turnover rates and recruitment costs, high levels of internal promotions and cross-department moves, good quality of internal applicants for jobs, diverse management talent with women and black and ethnic minority, staff well represented, strong pools of talent at all levels and high levels of staff engagement. Drennan (2012), in an evaluation of management and leadership outcomes from Masters in nursing degrees, found that graduates had gained significantly on their ability to change practice, communicate and work as part of a team and to problem solve. He found that graduates make substantial gains in leadership and management capabilities as a consequence of their higher degree and suggests that the process of completing a higher degree in itself develops higher order thinking skills that can be applied to senior clinical, managerial and educational positions within the health services. The higher the education level, the more likely a nurse is to use effective leadership skills (Cummings *et al*, 2008; Clement-O'Brien *et al*, 2011).

Prosser (2009) reviewed seven strands of evidence which, whilst 'not voluminous', is sufficient to show that effective leadership and leadership development does impact positively on patient care. The most significant finding is the positive change that took place in the leadership capabilities of clinical leaders. This was reflected in the improvements in service user care and clinical practice. An evaluation of the RCN Clinical Leadership Development (Cunningham and Kitson, 2000) found that on a number of leadership dimensions, ward sisters' and senior nurses' performance had significantly improved. There was evidence to show that patient care had also improved as measured by the way nursing care was organised; by patients' accounts of care they received and by documented improvements nurses carried out as a result of direct observation of care.

Sutherland and Dodd (2008) explored the effect of a clinical leadership programme on senior clinicians in NHS Lanarkshire in terms of key constituents for fostering leadership development, specific skills developed and impact this had on clinical practice. Participants articulated that new skills learned such as self-awareness and empathy, gained through active listening were fundamental for increasing self-confidence and thus developing ability to lead effectively in

challenging and diverse circumstances. In contemplating the longer-term impact of the leadership programme on clinical practice, a majority alleged anecdotal evidence was already tangible within the workplace, manifested in willingness to take on new roles and responsibilities, adopting a more proactive approach and being increasingly positive in embracing change. Skills such as coaching, mentoring and ability to negotiate more effectively had been developed through the programme, which were now used routinely within their role, both within their team as well as amongst peer groups.

A systematic review of nursing leadership by Cummings *et al* (2008) led to the conclusion that all studies investigating the impact of a leadership development programme found a significant increase in leadership behaviour following its completion. Curtis *et al* (2011) explored the role and impact of training and education on nursing leadership and concluded that where leadership has been effectively taught and integrated into nursing it has had a positive impact on practice.

Miller and Dalton (2011) in an evaluation of Kent, Surrey and Sussex Deanery's clinical leadership fellowship programme, found evidence of individual and organisation learning, with a reported growth in fellows' self-awareness and personal, increased understanding by the fellows of the NHS, its component organisations, with some, if limited, impact on patient outcomes. They were also contributing to the development of partnerships.

Fernandez and Fellow-Smith (2011) gathered feedback on a specialty trainee's management and leadership group. The majority of the group, 14/18 (77.8 per cent), reported that taking part had some impact on their further practice. They concluded that life experience and reflection on practice are valued, have a positive impact on the transition to a consultant post, and on the approach and attitude of trainees towards leadership and management.

Wong and Cummings (2007) reported evidence of significant associations between positive leadership behaviours and increased patient satisfaction and reduced adverse events, concluding that *"developing transformational nursing leadership is an important organisational strategy to improve patient outcomes."* Clegg (2000) also discussed the impact of leadership development on the quality of service provision: *"The noticeable improvement in staff morale had an immediate impact upon the quality of care. Poor practice was identified and stopped."*

According to ISD (2010), many organisations link their talent management activities closely to succession planning. They monitor the breadth and depth of talent pools regularly to determine where key skills and knowledge may be lacking.

Approaches to leadership development

The review by Pearson and Machin (2010) found a body of literature which focused on the business sector and the employment of graduates with leadership potential. These 'fast track' programmes are a planned set of experiences designed to accelerate the development of individuals in order to make their talents rapidly available to the organisation in which they work, and although ECCF is not a 'fast track' programme, there are parallels and lessons to be learned from such programmes.

'Fast-track' graduates are high potential university graduates who, on entry to employment, are specifically recruited on to accelerated development programmes, with a view to their reaching senior management positions in less time than the norm for non-fast-track graduates or non-graduate managerial populations (Viney *et al*, 1997). They state that while only a minority of graduates may achieve senior management positions, career management practice has demonstrated that it is from this pool that the top management cadre commonly emerges.

'Fast track' or 'high flier' programmes are often used in the business sector who employ graduates with leadership potential and accelerate their development. A number of fast-track programmes also exist in the public sector, for example, the Graduate Management Trainee Scheme in the NHS in Scotland; the newly-initiated National Graduate Development Programme for management trainees in local government in England. Fast-track programmes are sometimes established with the express purpose of creating the leaders of tomorrow. For example, the National Graduate Development Programme in local government is designed to create the chief executives for next decade (Hartley and Hinksman, 2003).

According to Larsen (1997), management development is primarily aimed at an elitist group of individuals (high potential or fast-track employees). It is presumed that these individuals want to be part of the development scheme and that, individuals who have been through fast-stream selection and development, become successful in terms of promotion, performance etc.

Pollitt (2010) describes how the UK supermarket chain Sainsbury's, by concentrating on internal talent, saves on external advertising and recruitment, while helping to keep morale high among existing deputy managers using the Hothouse development programme to give its most promising deputy managers the skills they need to become store managers. It encourages participants to work and learn as a group and so build a support network. Throughout the programme, participants have a mentor and a "buddy", who is a newly appointed store manager.

Alimo-Metcalf and Lawler (2001) suggest that the development initiatives which appear best able to develop people and to transfer their learning are those which have a strong focus on action learning, use direct personal and business issues as the focus of activities and learning, encourage and expect participants to implement changes in their work environments during their participation in the initiative, and have strong support of senior management and the support of participants line managers. According to the CIPD (2010) *"the top team sets the culture that line managers can respond to and it is essential that they are on board with the talent and diversity agenda as they are the key influencers, decision-makers and guardians of the talent pipeline."*

Cross and Thomas (2008) discuss the importance of networks, emphasising that organisational leaders need to be ever more adept at exercising informal influence, at finding ways to learn faster than the competition and at stimulating creativity in others. These are consummately network behaviours.

Expectations from leadership development programmes

The literature review by Pearson and Machin (2010) highlighted that expectations of those on leadership programmes and others in the workforce need to be managed effectively to ensure individuals are clearly informed about their purpose and intent. This review supports that notion.

Participants in such programmes have an expectation that they will increase their knowledge and skills but also their chances of progression and promotion. Watkins (2011) reports on findings from a qualitative study which explores why British and German nurses embarked on a Masters in Nursing Studies programme and their expectations from such a programme. Nurses attended to upgrade their knowledge and skills above that of the pre-registration student, and nurses from both countries hoped that a MSc would increase their credibility and result in personal achievement. Both groups of nurses expected to gain insight into the evidence base for practice and how this could be utilised to improve their work.

There is evidence in the literature to suggest that 'fast-track' graduates have very little 'career clarity' (Arnold and MacKenzie-Davey, 1994), that is, the extent to which they could identify short-

term and long-term career possibilities in their organizations. Viney and Doherty (1997) suggest that organisations may be sending out confusing messages to fast-track recruits about the career opportunities available to them as, since many can no longer guarantee anyone a long-term career, they nevertheless expect fast-track recruits to stay with them for a significant proportion of their careers so that they could reap the benefits of the investment in training and development.

There may be a need to manage graduates expectations. Hilltrop (1995) suggests that communicating, and setting out more realistic expectations, could reduce the chances of people leaving an organisation within the first six months of joining. McDermott, Mangan and O'Connor (2006) examined participants' satisfaction of graduate development programmes and suggested a number of practical implications and recommendations, including the importance of monitoring graduate expectations and satisfaction levels.

Viney et al (1997) noted that employers in the business sector they studied, as hosts of leadership development programmes, had stopped using terms like "career". They suggested this term might give the impression of a job for life within the environment offering the development, when in the economic climate at that time job roles were more likely to be shorter term. It is suggested that what is needed from leadership development programmes are development opportunities within roles, to improve and sustain job satisfaction and retention. The aim should be to equip individuals with transferable skills to move around organisations offering added value, though not necessarily in an upward, hierarchical way.

Empirical studies show that participants in fast-track programmes may actually experience career frustrations to a fairly high extent (Harris and Field, 1992), and Larsen (1997) suggests that a high-flyer policy can raise expectations to a very high level and if business circumstances change suddenly, the most highly motivated can turn overnight into the most dissatisfied individuals and leave. According to Garrow and Hirsh (2009), it is important to manage expectations realistically from the outset. They suggest that the individual will closely monitor how the organisation delivers its side of the 'deal', although the organisation is often less diligent in doing the same. For example, if an individual coping with an intensive 'talent' programme then finds there are subsequently no promotional opportunities, they are likely to see the organisation as having broken its promise.

Talent management

CIPD (2006) defines talent management as "*the systematic attraction, identification, development, engagement/retention and deployment of those individuals with high potential who are of particular value to an organisation.*" Garrow and Hirsh (2009) suggest it is about positive things – doing things for your best people, investing in developing them, building on 'potential' and therefore about people's strengths. Also the term 'talent management' has the potential to span both meeting the needs of the organisation and benefiting the individual, which is in tune with the current sense of what human resources departments should be trying to do.

Chartered Institute of Personnel and Development (CIPD) research shows that good talent management is more not less important in difficult times (CIPD 2006). It helps organisations to respond with more resilience to the challenges of the recession, to keep future-focused and ready for recovery. Knowing where the talent lies in an organisation and being able to deploy it effectively has taken on even more importance than usual during the recession. Tight budgets, recruitment freezes and job cuts mean that organisations are having to look internally for the talent they need to weather the storm and prepare for the upturn (ISD, 2010). Cappelli (2008) suggests that organisations should seek to protect their investments by generating internal opportunities to encourage newly trained managers to "*stick with the firm.*"

Viney *et al* (1997) found that some organisations have changed their policies and practices to reflect a move towards shorter-term associations due to significant organisational changes in recent years, such as downsizing and restructuring, resulting in flatter structures. These new structures can no longer support hierarchical career paths, and there are fewer jobs to aspire to. They suggest that career development in the current climate will not only be about upward progression, but much more about building out from the core of jobs and taking opportunities when they come to do other things: *"Job growth and career development, without actually moving job, is the key point for future jobs; it is not going to be about hierarchical movement upwards in every case"*. However, they question even though organisations' expectations have changed, whether graduates' expectations have also shifted in the same direction.

Participants may need support in exploring opportunities for a lateral move or considering how they can use their new skills to progress elsewhere in the organisation, rather than waiting to move into 'dead men's shoes' (ISD, 2010). Improving the flexibility and transferable skills of staff so they can work in other departments is a common aim of talent management programmes. Organisations believe that managers with rounded leadership and management skills can thrive in different work environments. In common with the other organisations in this study, Sky gives no guarantees about promotion to employees in its talent pools (ISD, 2010). It recognises that there are always times when there are too few opportunities and so it looks at other things it can do to develop potential. For example, an employee may be asked to manage a project in another department.

Barber (2010) gathered information on how NHS leaders in NHS Yorkshire and Humber have made it to the top jobs. They found that all those who entered via a graduate or trainee scheme had progressed their careers solely within the NHS and those who started out in clerical roles had also remained within the NHS for the vast majority of their careers. All but one chief executive who entered via clinical routes had also joined the NHS very early in their careers and they too had advanced entirely within the NHS. Bank of New York Mellon (2010) and the National Skills Academy for Financial Services (NSAFS) offer a fast track to career success and job satisfaction. Three-quarters of the 110 employees who have taken part in the scheme over the last four years have secured more senior roles in the securities-services company. They also claim that the scheme has helped to create high staff satisfaction and loyalty, with nine out of ten people who have completed the programme remaining with the company.

It is suggested however that programmes need to be followed up after completion. Sutherland and Dodd (2008) reported that one conveyed shortfall of the NHS Lanarkshire leadership programme was lack of provision for "formal" follow up sessions after programme completion to support staff through continuous development, which graduates proposed on a quarterly basis. Faugier and Woolnough (2003) also assert that leadership development needs to be followed up to support participants after completion.

Summary of literature review

As previously reported by Pearson and Machin (2010), we found that very little research literature existed in relation to similar programmes to ECCF, which are specifically targeted at graduate, recently qualified nurses and midwives. However evidence from leadership programmes, Masters Degrees and talent management programmes does demonstrate some impact and suggests that effective leadership and leadership development does impact positively on patient care.

The challenge for those who commission and deliver such leadership programmes is trying to prove their benefit and value for money. Knowledge and skills and gained may not result in immediate tangible outcomes and it can be difficult to determine the causal relationship between

the programme and future clinical managerial success. The 'return on investment' is indirect, benefits including employee satisfaction, cost savings, leadership development, and employee retention. Signs of success of such programme programmes include, reduced staff turnover rates and recruitment costs, high levels of internal promotions and cross-department moves, good quality of internal applicants for jobs, diverse management talent, and high levels of staff engagement.

Evaluation of programmes similar to ECCF report that new skills learned such as self-awareness and empathy were fundamental for increasing self-confidence and thus developing ability to lead effectively in challenging and diverse circumstances. There was a significant increase in leadership behaviour following completion. An increase in participants' ability to change practice, communicate, work as part of a team, and to problem solve was reported. There was evidence of significant associations between positive leadership behaviours and increased patient satisfaction and reduced adverse events.

'Fast track' or 'high flier' programmes are often used in the business sector with the aim of creating the leaders of tomorrow. The literature suggest that the most successful ones have strong support of senior management and participants line managers, a strong focus on action learning, and encourage and expect participants to implement changes in their work environments.

The literature highlights that expectations of those on leadership programmes and others in the workforce need to be managed effectively to ensure individuals are clearly informed about their purpose and intent. Participants have an expectation that they will increase their knowledge and skills but also their chances of progression and promotion. It is suggested that needs to be development opportunities within roles, to improve and sustain job satisfaction and retention and equip individuals with transferable skills to move around organisations, often in a lateral manner. The literature also suggests that programmes need to be followed to support participants after completion.

3. Findings from the case studies

The findings from interviews with four ECCF Fellows and six of their line managers and clinical coaches are presented under six headings, headings two to five using an adaptation of Kirkpatrick's 4-step process for evaluating programmes.

1. Fellows' profiles
2. Fellows' and their managers/clinical coaches experience of ECCF
3. Learning – what was learned by Fellows?
4. Changes in behaviour/ application of learning – was behaviour changed due to the learning that took place?
5. Impact - did the change in behaviour affect the organisation?
6. The future – Fellow's aspirations

3.1 Fellows' profiles

Table 1 below provides a summary of Fellow's professional background and development.

Table 1: Fellows' profiles

Fellow 1 got a job straight away after qualifying and completed Flying Start in first 6 months. There was no real challenge and needed something else to "*set me apart*", and since they were still in 'studying mode', thought this would be a good time to do a Masters. They hoped to gain additional skills and self satisfaction and be able to apply new skills in the workplace and be able to teach others at a local level. They were interested in the reasons behind processes and guidelines e.g. randomised control trials and also hoped it would open doors.

Fellow 2 had also completed Flying Start in first 6 months and wanted to continue with education and benefit from clinical coaching and the action learning set network. As "*my unit wasn't really academically focused I was keen to be with like minded people.*" They hoped to be a better nurse and wanted to know about nursing and processes and gain the tools for promotion later on.

Fellow 3 came across ECCF by chance when looking for jobs following completion of pre-registration nurse education. Having secured a job, "*my employers agreed to support me through ECCF.*" It was seen as an opportunity for leadership development and developing change. It would also mean gaining a Masters. It was hoped that having higher education would creates opportunities for involvement in senior charge nurse work activities and see the whole picture of nursing. They wanted to continue at the forefront of learning and be aware of new policies/new things.

Fellow 4 started nursing later in their career and at the end of their degree spoke to staff at the university as not sure what they wanted to do. Jobs were difficult to obtain and "*I was keen to do a Masters.*" But it was not just about the qualification. It sounded like there was 'extra' via ECCF; it included a support system and "*I would get more out if I was prepared to put more in.*" I loved the idea of doing something important/lasting, making a change for patients and getting the tools to do that."

All fellows undertook the programme within one year of qualifying and applied for a number of reasons. They wanted a challenge, something to set them apart and the tools for promotion. They felt that because they were used to studying that it was good to just carry on. There was a large focus on developing leadership skills, research and audit skills, understanding the evidence base and improving nursing/ implementing change.

"I wanted a skills update and refresher and to take my knowledge and skills to another level. It was a good time to do it as I was used to studying etc. Others in my class found the step up more difficult." (Fellow)

"It was an opportunity for leadership development/ developing change – that's what I wanted to do." (Fellow)

3.2 The ECCF experience

3.2.1 Fellows

All Fellows completed Flying Start before they started ECCF or as an integral part of the first year of the fellowship¹. They all attended Masterclasses and Action Learning Sets (ALS). All Fellows found the Materclasses very useful and very topical, e.g. patient safety, infection control, skills in CV writing etc. Most found it a struggle to find time to attend and one commented that initially they had too far to travel, but that had now been addressed.

"They were excellent to start with then struggling to get time to go". (Fellow)

Most fellows found the ALS extremely valuable and often it was the favourite part of the programme.

"You could see what was happening nationally and the facilitator had great awareness of national issues. And we had a wide range of people." (Fellow)

"ALS was the big thing for me; it helped me get out of lazy and self pitying way of thinking". I learned what people do is not about me, it helped lift me, helped see things with more clarity which meant I was more productive."(Fellow)

Fellows experienced a range of other learning and development opportunities during the programmes, such as meeting and/or working with experts, acting up for senior staff, involvement in audit and service redesign, attending conferences, networking etc.

"Myself and a small group of other fellows were asked to attend for the day the Delivering the Future event. The event was run as part of a national programme to develop future strategic clinical leaders in NHSScotland. Those who attended comprised of nurse clinical leads, consultants etc. This allowed the ECCF fellows to liaise with people who were in a strategic position in NHS Scotland and learn from their experiences. It was also a good opportunity to network."(Fellow)

Support

Fellows generally had good support from clinical coaches and line managers. All appeared to build positive relationships and emphasised the importance of having the right people to support them.

"My clinical coach and line manager were my biggest support. It was hard in the final year and they supported me an emotional capacity." (Fellow)

¹ Completion of Flying Start NHS during year 1 was part of the pilot for some fellows however, completion of Flying Start NHS is now a compulsory requirement for recruitment to ECCF 2011 and ECCF 2012 cohorts

"My clinical coach was a good resource. We looked at larger issues in the NHS." (Fellow)

In some NHS Boards, there was a good awareness and support from senior staff, whilst others appeared to know little about the programme. This was reported by both Fellows and managers/coaches.

"It's supposed to be high profile but no one at higher level seemed to know what ECCF was and why we were doing it. There is not enough recognition" (Fellow)

"My Board was very supportive." (Fellow)

Reactions of others

Fellows experienced variable reactions from others.

"There was some animosity in the workplace – why is such a junior staff nurse getting all this?" (Fellow)

"There was no resentment in my area; everyone was excited about what I was doing" (Fellow)

Table: Overall challenges

Fellow 1: *The main challenges were funding issues. At the start I didn't really know how to claim travel expenses as the money was not clearly labelled in the Board. Meetings with my line manager were on a more informal capacity either on a daily or weekly basis, workload dependant. My clinical coach and line manager were my biggest support and I also had great support from the University, although I felt that no one at a higher level seemed to know what ECCF was and why we were doing it. ALS was great support and my facilitator had great awareness of national issues. Overall it was a positive journey and experience.*

Fellow 2: *The hardest bit of ECCF was my dissertation. Interviewing NHS staff and carers and getting my research through the Ethics Committee was a challenge. Time factors were also an issue but my manager was very supportive. I found the ALS good to sound out ideas and get external advice. Everyone was excited about what I was doing.*

Fellow 3: *I didn't find too many challenges with ECCF. My NHS Board was very supportive but I believe the day off is very important. My clinical coach and head of department helped me most.*

Fellow 4:

The main challenge I experienced was other nurse's perceptions about people doing masters; some colleagues do not agree with it. But I learned to deal with it, although felt a little embarrassed at times. I enjoyed the work; it was hard but not impossible, and I enjoyed the challenges. My partner was my biggest support. ALS facilitator was great and my clinical coach was a good resource who was able to help me look at larger issues in the NHS/NHS policy.

For all the Fellows it appeared to have been a positive journey and positive experience. In addition to the learning which took place, it provided them with opportunities they would not otherwise have had.

"The development has been massive. Despite some little frustrations I wouldn't be where I am now without ECCF. I'm really grateful for the opportunity I was given." (Fellow)

"Having the opportunity as a junior nurse to voice your thoughts though channels normally only open to more senior staff – opens up avenues of communication. Through the masterclasses you are liaising with people you would not normally have access to. It means that later on you already know who to look for. Without ECCF I wouldn't be as open and aware." (Fellow)

3.2.2 Managers and Clinical Coaches

Some of the managers/clinical coaches appeared a bit unclear about what their own or their NHS Board' original expectations of the Fellows were, whilst some were more clear. Some were unclear about their role and NES expectations. But most appeared to 'work it out' and the additional information from NES together with the clinical coach network/ support which was launched at a later stage in the pilot was invaluable. However it would appear that the Fellow's line managers may not have received the same information and support.

"The additional information from NES was invaluable. I had been a mentor but not a coach. Guidance on NES regarding coaching really helped me focus on how to do the challenging bit. Standing back etc. It was particularly valuable in the first year. Am I doing the same as others etc? At this point the clinical coach network/ support was launched and it was invaluable."

"I knew little about it, I got stuff from the Fellow. We met with Human Resources Department, they didn't know much either. So I was flailing around a bit. It would have been useful to have some information in advance."

Most managers/clinical coaches did not have clear expectations about what Fellows would contribute to the organisation. Their focus was on their role, making sure they got it right and offering support.

"I'm not really clear about my expectations or the Boards expectation of the Fellow's contribution to the organisation. I was clear in the support I could offer and the challenges." (Manager/Coach)

"I was hoping that they would become an expert in research and evaluation and be able to translate into day to day experience – and share knowledge." (Manager/Coach)

Both managers and coaches reported that being open, honest and transparent with each other was important. They also reported their important role in challenging and helping them gain a greater understanding of wider organisational issues.

"My expectation of my role was that I would help her gain a better understanding of the organisational fit Signposting, why etc."

"I would be like a critical friend helping to question her thinking."

Clinical coaches'/managers' experiences of senior management/organisational support concurred with those of the Fellows.

"There was real support at senior management level."

"I think there was a bit of disconnection between what was happening at NES and what happening locally. It wasn't a regular topic for feedback at senior staff meetings. We didn't even know who the other Fellows' were– we had to seek our local contact out. It's a local issue but I don't think specific to our Board."

Some managers and coaches also reported a mixed response/reaction from other staff.

"There was a bit of jealousy there, a few gibes and criticism – maybe more from senior staff? We discussed this and despite early uneasiness the Fellow learned not to take it personally."

They also reported positively on the programme and on the positive impact it had on them.

"For me it's been a learning experience and helped me grow my own ability – went on and did more training coaching."

"It motivated me as well."

3.3 Learning

A wide range of new knowledge and skills were developed as reported by both Fellows and their managers/coaches including:

Leadership skills

"I learned about the benefits of good leadership and how I can lead as a band 5". (Fellow)

She challenged herself academically and used every opportunity available and demonstrated leadership at band 5." (Manager/Coach)

Engaging with research

"I have widened my knowledge of the research process and refined and developed my research skills." (Fellow)

"She already had research skills but they were fine tuned." (Manager/Coach)

"I have developed skills in literature review, engaging with research, what's valuable/ valid – I'm able to analyse properly." (Fellow)

Social and political factors

"My knowledge has improved, e.g. knowledge of social and political factors. Understanding the drive for change, main agendas etc. (Financial drivers, service user's agenda). Understanding the value of extra work we are asked to take on." (Fellow)

Negotiation, challenging and influencing skills

"I developed my skills of facilitating meetings and offering advice and support to my colleagues and I developed a great deal of these skills through my attendance at Action Learning. Attendance at these ALSs raised my awareness of using emotional intelligence to my benefit to ensure my communication with colleagues was safe and effective." (Fellow)

Decision-making skills

"She has increased confidence in decision making and challenging." (Manager/Coach)

Knowledge of physiological and clinical issues

"She has a greater strategic understanding and understands the bigger picture." (Manager/Coach)

Knowledge of government policies

"As a band 5 you don't take the time to look at policy. What does this mean to me?" (Fellow)

3.4 Changes in behaviour/application of learning

Fellows reported a variety of changes in both their attitudes and practice. This was supported by managers and coaches.

Seeing the bigger picture

Both managers and Fellows reported that the programme had widened their horizons and they were much more able to see the bigger picture. In most cases this had an effect on their attitudes.

"I feel that change in attitudes was the big thing for me. It let me see problems faced by others and see the bigger picture; where funding, policies etc come from. It also helped me see the bigger picture of my organisation. You become less cynical – I'm less cynical." (Fellow)

"I don't just now focus on my band 5 job. I now understand things more widely including pressures and direction in the NHS." (Fellow)

Increased confidence

Confidence appeared to be greatly increased as reported by the Fellows and their managers/coaches. This has resulted in an increased ability to question and challenge, better communication and inter-professional working.

"Within the department, if I come up with an idea I have the confidence to say something. I now focus more on patient experience and don't just accept things." (Fellow)

"I'm amazed how confident I am now. I don't give up. I am resilient and surprised at that. Never thought I would be so ambitious. Never thought I would have the confidence to talk to anyone – my communication has improved." (Fellow)

"Without a doubt the ECCF was central to development of confidence, ability and, communication. She is prepared to take responsibility." (Manager/Coach)

"She puts herself forward; others wait to be told what to do." (Manager/Coach)

Improved interpersonal/communication skills

Fellows and managers/coaches both reported that communication skills had developed and this had led to improved interpersonal relationships and team work.

A very good communicator – shares info (there is a poor culture of that). Good at liaising with other professionals." (Manager/Coach)

"ECCF has improved relationships. When things are not right I am more accepting of other people's ways of being. I try to give a lot of myself and speak to them as people; trying to be a normal person with them instead of getting frustrated and annoyed." (Fellow)

Patient experience

Increased communication skills and awareness of evidence and policy drivers has resulted in an increased awareness of the importance of the patient experience and how to improve it.

"I am more confident for example when I speak to relatives. I used to shy away from asking difficult questions. I like to have the theory to back me up e.g. discussing suicide. By engaging with, and applying research I am a better nurse." (Fellow)

"I am more aware of importance of patient experience. I'm more aware of the reasons why patients complain – I have more knowledge to explain the reasons/ rationale to them. I'm able to explain processes, principles and drivers." (Fellow)

A desire for learning/ involvement in supporting learning and development

"I developed a real desire for learning, a desire to implement change, and a desire to use time and money wisely." (Fellow)

"I got involved in teaching within the department." (Fellow)

"She was insightful – She was involved in up skilling others and promoting education." (Manager/Coach)

Table 1 below demonstrates some of the ways Fellows have supported learning and development within their organisation.

Table 3: Examples of supporting learning and development

<p><i>As part of my Masters I undertook a module in Education for Professional Practice. This has supported me in becoming involved in local teaching within my work place. At times this involves me undertaking local, small group teaching sessions often informally on a weekly to monthly basis. On a more formal level while undergoing my Masters I played a vital role in supporting the facilitation of clinical skills at the university to junior nursing students. More recently I have been asked by my nurse manager to undergo a further teaching module to help implement formal education of junior nursing staff. My role will involve me delivering 'Triage Training' which will enable junior nursing staff to work through a competency base programme which at the end will allow them to undertake Triage within the department.</i></p>
<p><i>The results of my dissertation revealed that mental health nurses had a strong interest and commitment for palliating dementia. However they feel that they lacked suitable training and that a great deal of training that could be accessed was more pertinent to malignant illnesses and didn't always take into account the complex needs of people with dementia in their final stages. My dissertation was distributed to senior managers in the Community Health partnership I work in</i></p> <p><i>At the same time I began my new role where one of my biggest projects is to facilitate and promote improvement in physical healthcare provided to mental health patients. It was agreed that I could create a training package that focussed on the palliative care needs of people with dementia and simultaneously facilitate the introduction of the Liverpool Care Pathway to wards which required support with this.</i></p> <p><i>A great deal of the training development was led by the outcomes of the dissertation therefore meeting the needs of mental health nurses and allowing them to take some ownership of how the training and development of palliative care for people with dementia progresses</i></p>
<p><i>A journal club had existed in the past but had fallen by the wayside. Through discussion with colleagues they were keen to reinstate this but did not know how to access relevant literature. We decided on a monthly meeting that would give participants time to read the suggested article and think on how this was relevant to our practice and if we could adapt our practice and if so how.</i></p> <p><i>I had a role in facilitating this club and part of my role in this was to teach people how to search for literature online, how to get an Athens account and ways in which literature may be reviewed meaningfully for validity</i></p> <p><i>Although the group's success was prone to peaks and troughs dependent upon staff availability and how busy clinical areas were, many of the participants felt they had gained from attending this group. Some felt inspired and better equipped to think about further education to enhance their practice. Other benefited from using this group as a platform to develop their own leadership skills and to take a more active role in quality improvement projects. The group created and maintain a learning culture on the ward in a time where continuous development and education is increasingly valued and seen as a part of the nursing role.</i></p>
<p><i>In wards I set up a monthly education event for everyone and I was given the leeway to do this. Topics have included:</i></p> <ul style="list-style-type: none"> <i>• Scottish Recovery Indicator/ network</i> <i>• Rights, Relationship and Recovery plan for Mental health</i> <i>• Nursing interventions</i>

Managing change

The Fellows all appeared to be passionate about change, and able to implement and manage changes for the benefits of patients and their organisation.

"I have learned that I care more about change than I realised. Nurses can have a role in creating and implementing change. Age is not a barrier if you present yourself in a knowledgeable and confident way." (Fellow)

"The Fellow developed the skills to manage change in a non-threatening way." (Manager/Coach)

Changes in practice

Fellows found it challenging to actually identify specific changes in practice that had occurred as a result of their learning, although they were confident that changes had taken place. For example:

"My learning has resulted in a change in practice in a number of areas, including using the SENSES Framework and emotional touchpoints. The time I spend with different patients is more value – better social engagement. There has been a change of culture." (Fellow)

Table 2 below demonstrates some of the ways Fellows have implemented changes in practice within their organisation.

Table 4: Examples of changes in practice

<p><i>During masterclasses and action learning, I became aware of the work on Compassionate Care and at the same time I was doing a leadership module and had learned a great deal about change management. We tried to take more time to get a better feeling for the patient's experience whilst on the ward. I took a leading role in facilitating a working group on the ward to examine how we develop psychosocial activity on the ward. This included anxiety management programmes, reminiscence therapy based activity, discharge preparation and symptom management which also allowed the ward to look at recovery focussed interventions more effectively than we had done before. Very quickly patients were able to tell us that they felt more valued whilst in hospital and felt their overall experience of being in hospital had been therapeutic .</i></p>
<p><i>ECCF taught me about new policies and drivers and gave me the opportunity to find out what was out here. Then I was allowed to get involved in things. For example, Releasing Time to care (RTC) was being introduced in my area and because I was on the ECCF, I was asked to introduce it with the SCN. We drove it forward together. As a result we introduced ward rounds, protected therapeutic time and set up group therapy for patients.</i></p>
<p><i>In the substance misuse unit we now have some protected therapeutic time. We have two hours with:</i></p> <ul style="list-style-type: none"><i>• no doctors rounds</i><i>• only 1 person answering phone</i><i>• no administration</i><i>• time for any patients and patients know this</i> <p><i>We also have anxiety management groups and designated staff go into town with patients</i></p>
<p><i>My new knowledge of the Scottish Patient Safety Programme (SPPS), gained during ECCF, led me to look at patient handover which:</i></p> <ul style="list-style-type: none"><i>• Relies on a clear and comprehensive system of communication</i><i>• Transfer of critical information</i><i>• Ensure seamless continuity of patient care and safety</i> <p><i>We had moved from paper based system of to a computer based system for patient charts and found navigating between screens difficult. So we designed at patient handover sheet. We used PDSA cycle to do this. I brought people on board and it's still used.</i></p>

Research, audit and quality improvement

All Fellows had reported an increased knowledge of research and audit and there is evidence that this knowledge is being applied in practice.

"I would not have had the skills to take on a new role without ECCF. (Audit) The opportunity came up and I thought, why not! I encourage others to become involved." (Fellow)

"She was flexible and keen to expand her role in terms of the redesign – she took a lead. She was efficient in capturing and organising data."(Manager/Coach)

There has been an increased understanding and skills in research methodology. Challenges practice – looks for evidence base. "(Manager/Coach)

Table 3 below demonstrates some of the ways Fellows been involved in research and audit within their organisation.

Table 3: Examples of audit

<p><i>During ECCF I had the opportunity to be involved in a pain audit. This involved designing an audit too and collecting data on a weekly basis and then feeding back to my nurse manager on a monthly basis. This was implemented to evaluate clinical practice and ensure adequate pain relief and documentation of pain and analgesia while within the Accident and Emergency department (A&E), as typically of any A&E department. a proportion of complaints from patients and their families are regarding pain management.</i></p>
<p><i>In my new place of work there was a lack of approved fast track policy for management of patients with a fractured neck of femurs – waiting 3-4 hours not being seen. I approached nurse consultant. I looked at evidence base in other centres and came up with a protocol. I have since been approached by the Nurse Consultant to design and undertake an initial audit of current practice and then evaluate to see if there is any areas of clinical practice that could be improved based on the findings of the audit.</i></p>
<p><i>Ward Watcher is a national (Scottish) surveillance and audit tool used across all intensive/high dependency units in Scotland, and is co-ordinated by the Scottish Intensive Care Society Audit Group which is part of Information and Statistics Division. The purpose of it is to improve the quality of care in these areas. My role is a temporary secondment which involves me collecting and verifying the data our nurses and doctors enter about our patients. Furthermore, project work is part of the role, all with the aim of monitoring and comparing care episodes and outcomes for patients in Critical Care, across Scotland. Specifically, a project I am interested in carrying out is to evaluate our approach to 'intensive care delirium' and outcomes for patients of varying post-codes to look at the impact of public health issues.</i></p>
<p><i>In my current role I also support and advise on clinical audit encouraging various clinical professions to participate in audit and quality improvement work through facilitating a audit group sessions that teach participants about successful auditing and how to create audit standards and criteria. I then carry out audit "surgeries" where projects can be discussed as a group or on a 1:1 basis. The main aim is to empower clinicians at all levels to become involved in quality improvement work and realise that the world of audit isn't as scary as it seems.</i></p>

3.5 Impact

The impact of ECCF is difficult to measure at this stage as the pilot group have only recently completed the programme. However there is some self-reported evidence that the changes in behaviour and application to practice outlined in the previous section have had an impact and certainly have the potential to impact in the future. For example as one Fellow states: *"We have introduced simple measures that have long term benefits"* All of what was reported by Fellows was backed up by their managers and coaches which strengthens the evidence of the reported impact.

Impact on patient care delivery

"You can really see the positive impact on patient care delivery." (Manager/Coach)

"I think we have improved the patient experience – I learned about compassionate care during an ECCF Masterclass – I am more aware of how patients are feeling and why they sometimes feel under valued/ not listened to. We aim to make their day better. I am more focused on making time." (Fellow)

"I look at how best to do things. I worked with a dietician to develop a hydration assessment tool which is now being used in all mental health areas in my Board." (Fellow)

"I feel that both intellectually and personally I can channel new knowledge and skills into projects which improve patient care." (Fellow)

"The Fellow used the dissertation to increase awareness of issues and change practice, e.g. care of the dying, pain assessment, ethical issues. It's had an impact." (Manager/Coach)

Impact on colleagues

All Fellows reported an impact on their colleagues and this was supported by managers and coaches.

"Others saw what I was doing and are aware of the benefits – it's helped others who now think perhaps I can do that." (Fellow)

"As a result of programme a few more of my colleagues are now interested in research and how they can be involved." (Fellow)

Impact on the organisation

"I am working in change management now and using my leadership skills." (Fellow)

"I have the skills to affect and shape the future e.g. audit, liaison, communication and confidence and now using these skills in a band 6 post." (Fellow)

"The Fellow is now involved in shaping standards and education." (Manager/Coach)

Impact on performance

"I bring in so much more; people feel safe and confident in my care – and the family. I have a friendlier manner and they are reassured." (Fellow)

"I am continuing to use the skills I have developed. I can help change happen and facilitate it." (Fellow)

"ECCF supported my ability to challenge and make decisions." (Fellow)

Impact on use of evidence to inform practice

"I feel I have empowered colleagues to undertake and become more involved in research/audit." (Fellow)

"I now have the ability to drive forward changes for organisational and patient benefit." (Fellow)

"The Fellow challenges practice – looks for evidence base." (Manager/Coach)

3.6 The future

Leadership potential

Fellows and their managers/coaches reported that leadership skills and potential was greatly improved as a result of ECCF

"By undertaking the ECCF and master's level education I feel I have developed and refined my leadership and research skills to help support change." (Fellow)

"Big leadership potential – it has had huge impact." (Manager/Coach)

Aspirations

Fellows appeared very motivated, ambitious and keen further their career/put something back into the NHS. There were also concerns however that at present, there were limited opportunities for them to progress.

"My career aspirations have changed as I became aware of other options. Since completing ECCF I have been successful in securing a promoted post in quality improvement. I am going back to University to undertake post graduate degree in quality improvement." (Fellow)

"Frustration possibly as doors are closing and there are not promoted posts available." (Manager/Coach)

Some have found that there are currently limited opportunities within NHSScotland. However they feel they have the skills to move on when opportunities do arise.

"I applied for a band 6 post with more responsibility. It was a new position. I wouldn't have had the opportunity without masters/ ECCF. One hundred percent would not have got this post without ECCF. I gave me an extra tick on my curriculum vitae and preparation for interview." (Fellow)

"I'm not sure ECCF has been thought through. What are we going to do with these people afterwards? There is nowhere now for me to go. It is clear where ECCF is coming from but not where it is going. I want to be able to use it." (Fellow)

3.7 Summary of findings from the case studies

All four Fellows completed Flying Start before they started ECCF or as an integral part of the first year of the fellowship. They all attended Masterclasses and Action Learning Sets (ALS) which they found very useful and experienced a range of other learning and development opportunities during the programmes, such as meeting and/or working with experts, acting up for senior staff, involvement in audit and service redesign, attending conferences, networking etc.

For all the Fellows it appeared to have been a positive journey and experience and they had good support from clinical coaches and line managers. Awareness and support from senior staff was variable.

Some of the managers/clinical coaches were initially unclear about their role and NES expectations, but most appeared to 'work it out'. Both managers and coaches reported that being open, honest and transparent with each other was important. They also reported their important role in challenging and helping them gain a greater understanding of wider organisational issues.

Knowledge gained during the programme including knowledge of physiological and clinical issues, and government policies. A wide range of skills were developed including leadership, negotiation, challenging and influencing, and decision-making skills, as well as engaging with research. Fellows and their managers/coaches reported that leadership skills and potential was greatly improved as a result of ECCF.

Both managers and Fellows reported that the programme had widened their horizons and Fellows reported a variety of changes in both their attitudes and practice, including an ability to see the 'bigger picture', increased confidence and increased communication skills. All Fellows reported an increased knowledge of research and audit and there is evidence that this knowledge is being applied in practice. A number of examples were given that demonstrated how Fellows became involved in audit and had supported learning and development in their own areas of practice. The Fellows all appeared to be passionate about change, and able to implement and manage change for the benefits of patients and their organisation.

Although the impact of ECCF is difficult to measure at this stage, there is some self-reported evidence that the changes in behaviour and application to practice have had an impact, and certainly have the potential to impact in the future. All Fellows reported an impact on their colleagues and this was supported by managers and coaches. Fellows appeared very motivated, ambitious and keen further their career/put something back into the NHS and whilst some have found that there are currently limited opportunities within NHSScotland, they feel they have the skills to move on when opportunities do arise.

4. Key messages from ECCF celebration event

A Celebration of the ECCF for Nurses and Midwives in NHS Scotland took place at the Beardmore Hotel and Conference Centre on 14 November 2012. Professor Angela Wallace, Chair of the ECCF National Steering Group described the ECCF as *"an exciting and unique opportunity. It was fantastic to be developing something that was for the future and succession plan for leaders of the future. It is rooted in caring for patients, making patient care safer and being much more focused on improving practice."* She said that Fellows were showing increased leadership already. *"ECCF is about managing the amazing talent that we have. Each fellow will tell powerful stories about the challenges faced but also the great support mechanisms they have experienced to get them through that and be really resilient leaders."*

The programme (appendix 2) included a 'round table' opportunity for delegates to meet and hear from the Fellows as well as an ECCF Stakeholder panel discussion. In addition, interviews were carried out with a number of participants and delegates were invited to contribute by sharing something about their experience through a form that was included in the delegate packs. A summary of key points from these activities is outlined below and supplements the findings from the case studies.

Feedback from 'round table' discussions

Experience and benefits of ECCF

Fellows undertook the ECCF programme to continue their learning, develop their career and *"get a qualification that I thought would take years to get."* They saw it as an opportunity to develop skills and move on. Participants reported as follows:

ECCF was a highly positive experience

"ECCF motivated me and gave me a reason for doing what I was doing." [Implementing a project which was the subject of their dissertation]. (Fellow)

"It is nice to keep in touch with the Fellows after they complete and to watch them flourish, prosper and develop their careers." (ALS facilitator)

ECCF gives you more resources to support others

"Combining ALS with university knowledge and working in practice was a framework to motivate you to strive for a career and aspire to lead others." (Fellow)

ECCF supports personal growth

"It's about learning about self, leadership skills, looking at strengths and weaknesses and using those to your advantage, furthering career, building partnerships." (Fellow)

"Thank you for the opportunity. I had no idea how much I would grow personally, professionally and academically as a result of this process." (Fellow)

ECCF enhances confidence and practice

"These Fellows are the future of our profession." (Nurse Director)

"ECCF has given me the confidence that I have the knowledge base to challenge practice issues." (Fellow)

Most found the action learning invaluable, and the most important and valuable aspect of the programme. A minority felt that action learning was not for them. Fellows learned skills that they have used in lots of different contexts, especially leadership

"ALS was invaluable in developing skills to prepare the Fellows individually, to take on extended and leadership roles to deal with responsibility, conflict, challenging practice and developing self" (Fellow)

"The significant improvement in both my confidence and communication skills is a result of ALS." (Fellow)

Many felt that the role of NHS Board co-ordinators is crucial in getting experiences at a higher strategic level. Some felt that ECCF is still not fully understood or widely supported and it would also be good if ECCF was marketed at all levels of management in NHS Boards. ECCF Fellows need to be supported to spread their knowledge.

Learning

Fellows and others reported:

- increased knowledge and skills that can be used in everyday settings to the benefits of patients, colleagues, students and other professionals
- increased awareness of policy/political drivers
- increase in confidence
- ability to assist other members of staff who are undertaking a degree, thus developing teaching skills
- more confidence in challenging situations and people as a result of ECCF and in particular action learning

Impact of ECCF

Reported impact included:

- Fellows able to apply learning to practice
- ECCF changed practice and increased leadership skills
- Fellow had used dissertation results to make local changes. Presented at a conference.
- report by manager that when they want things done they go to an ECCF Fellow

"I use the knowledge and skills I have gained through ECCF on a daily basis to enhance patient care." (Fellow)

"They have practice at the heart of what they do and they really want to make a difference. They want a body of knowledge that will be transferrable into making a difference in practice." (Lecturer)

The future

Some Fellows reported that they were returning to university for further study and others were more clear about their future career paths, for example a career in education. Discussion about promotion and current opportunities highlighted the need for lateral movement.

"It doesn't always have to be a 'straight up move, there are lots of different ways in which Fellows will be involved in influencing care." (Mentor)

"These are the people that will shape the future: We are supporting them to be critical and analytical and not to be afraid to bring new ideas and not be afraid to challenge." (Mentor)

There was discussion about how the Fellows could be supported following ECCF, especially given that promoted posts are not currently widely available. It was felt that there were other ways of supporting the Fellows in the posts they are in, and the fellows who had completed would be able to support those currently undertaking the programme.

"Continuing with action learning in the NHS Boards will help support people and it is important not to lose the talent we have. There are loads of opportunities within organisations to promote nursing and there is still a lot of research to be done, and we should be using the Fellow's skills to take that forward." (Lead Nurse)

It was stressed that ECCF was *"not a ticket to get promotion"*, but it demonstrates to Boards a level of competence, confidence and motivation. It is a competitive environment and we can't *"knit"* posts. But Fellows have had the opportunity to gain a broader knowledge outwith their own area of practice. Because of the skills and knowledge gained, they are or will be often called upon to manage projects, represent the Board at a meeting etc and that opens up doors.

"Fellows need to be supported in the posts they are in. When you invest in good people you always loose them, but that's a particular joy because you see them getting on." (Associate Nurse Director).

Fellows were encouraged to maintain links with their academic institutions. The national ECCF network helps Fellows keep in touch, share information and opportunities and identify strategic ways they can be involved. There was discussion about the possibility of creating posts between the NHS and higher education especially around core themes such as the older people's agenda

Suggestions from the celebration event include:

- Fellows should be encouraged to publish findings from their dissertation and be given advice and support in doing so
- can 'action learning' be facilitated post programme?
- one of the Fellows felt band 5 nurses should be represented on steering groups/committees
- there needs to be more consistency of ECCF co-ordinators in NHS Boards
- include ECCF dissertation summaries on website. They could be stored and accessed by other Fellows and managers etc
- ALS facilitator states *"the importance of action learning has been loudly reinforced today. Is reducing the number to four per year a decision that should be revisited?"*
- it was suggested that NHS Boards need to look at how they evaluate the programme and how they measure success, not only with those who have completed ECCF, but perhaps building something in to track Fellow's experience and development. Could this be looked at with the Board leads so there is consistency?

5. Discussion

The overall experience of Fellows and their managers and clinical coaches was very positive. Fellows undertook the programme for a variety of reasons, but mostly to develop leadership skills, research and audit skills, and gain a greater understanding of the evidence base for practice. They saw it as an opportunity to develop skills to help them move on, and being able to continue education at an early stage, when they were in the way of studying, was seen as advantageous. This supports the reviewed literature where participants in similar programmes have an expectation that they will increase their knowledge and skills but also their changes of progression and promotion. (Watkins, 2011)

Support was generally very good, although some Fellows and managers/coaches felt there could be more awareness and support from senior management and some Fellows experienced a little resentment from colleagues. This is similar to the findings of the pilot evaluation by Person and Machin (2010) where *"communication between Health Boards and NES was seen as a key mechanism for change. Colleagues can also be significant for a newly qualified professional. 40% (26) of Fellows indicated that they could not be sure whether colleagues in their workplace were aware of their role as an ECC Fellow. 28% (18) felt that colleagues did comprehend their role, 32% (21) that they did not."* The literature suggests (CIPD, 2010) that *"the top team sets the culture that line managers can respond to"* and it vital therefore that senior managers are 'on board' with and supportive of the programme. As with the pilot evaluation (Person and Machin, 2010), where 34% of mentors were not clear about their role, some managers in this study also appeared to be a little uncertain about their role. It would appear however, that this had been partly addressed by the clinical coach network. Perhaps more support and information for managers could be considered.

Whilst, for a minority, action learning was not for them, the majority of Fellows found the action learning one of the most important and valuable aspect of the fellowship. This supports the suggestion by Alimo-Metcalfe and Lawler (2001) that the initiatives which appear best able to develop people and to transfer their learning are those which have a strong focus on action learning.

A wide range of new knowledge and skills were developed including leadership skills, research and audit negotiation, challenging and influencing skills, decision-making skills and knowledge of broader issues within the NHS.

There is clear evidence that changes took place in Fellow's behaviour as a result. These included:

- a desire for learning/ involvement in supporting learning and development
- ability to see the bigger picture
- increased confidence
- a desire to and ability to manage change
- improved interpersonal/communication skills
- a focus on the patient experience
- increased research and audit skills and a focus on quality improvement

The knowledge and skills developed are similar to those identified in the literature on leadership and masters programmes. They include increased self awareness and confidence, the ability to lead and challenge effectively, being increasingly positive in embracing change, increased understanding of the NHS, and the development of skills such as coaching, mentoring and ability to negotiate. (Sutherland and Dodd, 2008; Cummings *et al*, 2008; Miller and Dalton, 2011)

In addition there were many examples of application of their learning and changes in practice that had occurred. For example, improving the patient experience, introducing ward rounds, protected therapeutic time and set up group therapy for patients as part of Releasing Time to Care, introducing protected therapeutic time and using the Plan, Do Study, Act cycle to change patient handover. Fellows also used their research and audit skills, getting involved in or leading audit in their clinical areas.

There was a strong emphasis on supporting learning and development for others, for example setting up journal clubs and teaching/ education sessions, encouraging and supporting others to apply for ECCF or other education, teaching others, led by outcomes from their dissertations.

As the literature suggests (Nichol, 2011), it can sometimes be difficult to determine the causal relationship between such programmes and future clinical managerial success and impact is difficult to measure, especially at such an early stage. However, there is some evidence that the changes in behaviour and application to practice were already having an impact on patients, colleagues and their organisation as a whole, and as Drennan (2012) suggested, graduates gained significantly on their ability to change practice, communicate and work as part of a team and to problem-solve.

As with other nursing and midwifery graduates (Drennan, 2012; Edge *et al*, 2010; Cummings *et al*. 2008; Clement-O'Brien *et al*, 2011), there appears to have been an increase in Fellow's leadership potential. They all appeared very motivated, ambitious and keen to further their career/ put something back into the NHS. It has been suggested the development of leadership skills has an impact on quality of patient care and can help improve patient outcomes. (Clegg, 2000; Wong and Cummings, 2007)

However there were also some concerns about limited opportunities for them to progress in the current financial climate. Fellows did understand that this was the case, and their understanding may be partly due to their increased awareness of and ability to see the bigger picture, which was frequently reported. They have the skills to move on and grasp opportunities when they arise. The literature suggests that this is a common concern in the present economic climate (Viney *et al*, 1997; Harris and Field, 1992); Larsen, 1997) and also highlights the importance of ensuring that participants have realistic expectations. (Hilltrop, 1995; McDermott, Mangan and O'Connor; 2006; Garrow and Hirsh, 2009)

The ECCF, however, was never presented as a 'fast track' programme and no tickets to promotion were promised. The literature stresses the importance of good 'talent management' in the current climate, and the need to generate opportunities and consider how they can best use their new skills of the people they have invested in. There needs to be some lateral thinking. (Viney *et al*, 1997; ISD, 2010). The celebration event generated much discussion about this subject and the need to find ways of supporting the Fellows in the posts they are in. The Fellows will have opportunities as a result of the skills and knowledge they have developed. Despite the current perceived lack of promotional opportunities, two of the Fellows are already employed in promoted posts and the literature supports the notion that a high percentage of participants do make it into the 'top jobs'. Individuals are being equipped with transferable skills to move around organisations, offering added value, although not necessarily in an upward, hierarchical way.

6. Summary and conclusions

The findings suggest that, as a result of the programme, ECCF Fellows appear to have developed both their knowledge and skills, and their leadership potential. They have the skills to contribute to service development in NHS Boards and many may shape the future of NHSScotland. There is evidence that the Fellows are already having an impact on patient care and are keen to contribute to their organisations. In the current financial climate, when promoted posts may not be readily available, NHS Boards need to consider how to best use these skilled, motivated and ambitious people and ensure a return on investment. However the Fellows themselves are responsible for their own continuing development and career pathway.

We suggest management of Fellow's expectations of the programme is important. It may also be important to increase the NHS Boards awareness of ECCF and its benefits, ensuring continuing buy-in and support from senior management for Fellows, both during and following the programme. It would appear that support and advice for mentors has been implemented, and similar advice for Fellow's line managers should be given some consideration.

It may be beneficial to provide some kind of ongoing encouragement and advice for Fellows on completion of the programme, for example on publishing their dissertation and career development. In addition, it would be interesting to explore ways of monitoring Fellows' career pathways and development and their contribution to their organisation.

Limitations of study

This study is limited by the small number of participants and the method of sampling where participants were essentially self selecting. However some of the findings from the case studies are reinforced by comments from the celebration event. The fellows' perceptions were validated by also seeking the views of their mentors and coaches.

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Appendix 1: Interview schedules

NHS Education for Scotland Early Clinical Career Fellowships: Case study evaluation

Interview Schedule for Participants

Introduction

Thank you for agreeing to participate in this interview about your experience of your Early Clinical Career Fellowship (ECCF). I am working with NHS Education for Scotland (NES) to develop four in depth case studies which capture participant's, clinical coaches' and line manager's experience of the ECCF pilot to date and which will contribute to the development of a longitudinal cohort study to monitor the longer term impact of the ECCF.

I would like to ask you a few questions about your experience of the ECCF pilot and capture some stories about changes that may have occurred as a result of your participation in the programme

Confidentiality

NES consent form signed

Participant name, NHS Board, background
Dates started and completed

Expectations

1. What made you apply for the ECCF?
2. What did you hope to gain from it?
3. What did you hope to contribute to your organisation, during and following the ECCF?

Professional development

4. What learning and development did you undertake during your fellowship?
 - Flying Start (year 1)
 - Master's degree at a University (year 2 and 3)
 - Master classes (periodically during the programme)
 - Action Learning Sets (ALS)

- Other

5. How relevant and useful were the above / how could they be improved?

Experience of ECCF

6. What have been the main barriers/challenges?

7. Who/ what has helped you most?

Your learning

8. What are the most important things you have learned? (probe for examples)

9. Can you give me examples of changes that have occurred in:

- your attitudes/ attitudes of others?
- improvement in your knowledge/ knowledge of other?
- increase in your skills/ skills of others?

Application of knowledge

10. Can you give me examples of changes that have been made as a result the learning that took place? (attitudes, behaviour, attitudes, approaches, practice)

11. As a result of the Fellowship, how have you contributed to:

- your organisation
- patient care delivery
- colleagues

12. What effect do you think the experience has had on:

- your job performance?
- career development/aspirations/opportunities?

13. What are your current career aspirations

14. What are your future learning and development needs?

15. What is the most important thing you have learned about yourself?

16. What impact has your learning and experience of ECCF had on:

- colleagues?
- your organisation?
- your performance
- your leadership potential
- your use of evidence to inform practice
- patient care delivery
- *Request evidence/ follow up as appropriate*

17. Do you have any further comments or suggestions?

NHS Education for Scotland

Early Clinical Career Fellowships:

Case study evaluation

Interview schedule for clinical coaches and line managers

Introduction

Thank you for agreeing to participate in this interview about your experience of your Early Clinical Career Fellowship (ECCF). I am working with NHS Education for Scotland (NES) to develop four in depth case studies which capture participant's, clinical coaches' and line manager's experience of the ECCF pilot to date and which will contribute to the development of a longitudinal cohort study to monitor the longer term impact of the ECCF.

I would like to ask you a few questions about your experience of the ECCF pilot and capture some stories about changes that may have occurred as a result of your participation in the programme

Confidentiality

NES consent form signed

Participant name, clinical coach/ manager name

Describe role in supporting the participant

Expectations

1. What did you expect the ECCF to contribute to:
 - the participants professional development?
 - your organisation?

Experience of ECCF

2. To what extent were your expectations met of ECCF met?
3. What have been the main barriers/challenges?
4. Do you have any suggestions for improvement of ECCF?

Application of knowledge

1. Can you give me examples of changes that have occurred in the participant's:
 - attitude?
 - knowledge?

- increase in skills?
2. Can you give me examples of changes that have been made as a result the learning that took place? (attitudes, behaviour, attitudes, approaches, practice)
 3. As a result of the Fellowship, what impact do you think the experience has had on:
 - their performance
 - their leadership potential
 - their use of evidence to inform practice patient care delivery
 4. How do you think the fellow can contribute to patient care delivery; organisation; and the nursing/midwifery profession in the short (2yrs) and medium term (5yrs)?
 5. Do you have any further comments or suggestions?

Appendix 2: ECCF celebration event programme



Early Clinical Career Fellowships



Celebration of the Early Clinical Career Fellowships for Nurses and Midwives in NHS Scotland

Beardmore Hotel and Conference Centre, Beardmore St, Clydebank G81 4SA

14th November 2012

Programme

11.00 Registration and Coffee

11.15 Welcome: *Prof. Angela Wallace, Executive Nurse Director of NHS Forth Valley and Chair of National Steering Group*

11.20 Opening Comments – *Dr Lindsay Burley, Chair of NHS Education for Scotland*

11.30 Address by the Alex Neil, Cabinet Secretary for Health and Well being

11.45 The Journey so Far: *Round table opportunity for delegates to meet and hear from the fellows*

12.30 Lunch, networking and market place

1.15 ECCF in NHS Scotland: The future looks bright
Angela Wallace, Executive Nurse Director of NHS Forth Valley and Chair of National Steering Group

1.45 ECCF Stakeholder Panel Discussion *led by Liz Jamieson, Programme Director and Ann Rae Educational Projects Manager, NHS Education for Scotland*

2.45 Congratulatory closing remarks *Angela Wallace, Executive Nurse Director of NHS Forth Valley and Chair of National Steering Group*

This event will be videoed and photographs will be taken – consent will be sought at registration

Contact details for the ECCF Project Team: eccf@nes.scot.nhs.uk

