Summary of a National Stakeholder Event

A partnership event developed and facilitated by NHS Education for Scotland, Glasgow Caledonian University and The Care Inspectorate.

Thank you to the people who shared their stories and to all the people who committed their time in coming and contributing enthusiastically to the event.

Photography courtesy of Kenny Munro, School of Health Sciences, Glasgow Caledonian University
Care Homes as a Learning Environment for Allied Health Professions

[SUMMARY OF A NATIONAL STAKEHOLDER EVENT]

INTRODUCTION

On the 21st June 2013, over 55 people from across organisations including Health, Education, and Social Care came together to listen, reflect upon and talk about care home placements for Allied Health Professions (AHPs) students in Scotland.

The aims of the event were:

• To understand the role of care homes in supporting AHP students to learn
• To share experiences about developing, supporting and participating in AHP practice placements within care homes
• To explore the mutual benefits of AHP placements for care home staff, residents and students
• To develop ideas from all stakeholders about how to further improve the quality and range of AHP practice placements within care homes.

To achieve the aims the day was structured into two parts. For the first part a range of speakers shared their perspectives on care home placements for AHP students. For part two, delegates were able to ask questions and discuss key points about care home placements in the form of a facilitated workshop session. This report provides a summary of the event and the outcomes from the workshop session.

The Morning Session – setting the scene.

Vincent McKay, Vice Dean of the School of Health and Life Sciences opened the event and warmly welcomed everyone to Glasgow Caledonian University. Jacqui Lunday Johnstone, Chief Health Professions Officer at the Scottish Government provided delegates with an understanding of the policy context that supports the development of care home placements for AHP students. She shared her vision about exploring the role of AHPs as agents of change in the care sector. Jacqui described the changing landscape of care and emphasised the need for greater shift towards personalization, partnership and mutuality.
Lynn Flannigan (Care Home Falls Lead) from NHS Lanarkshire shared her experience of working with Care Homes as a Physiotherapist in the care Home Liaison Team. Lynn’s main role is in providing education, training and advice as well as assessment and intervention for specific residents. The team has a key role in partnership working and making sure useful connections are made to support good quality care. This impacts on areas such as reducing unnecessary admissions to hospital, supporting discharge and health promotion.

Edith Macintosh, Rehabilitation Consultant with the Care Inspectorate provided an overview of the partnerships that have evolved between the Care Sector, Health and Education sectors in order to develop a number of pilot placements for AHP students across Scotland. This set the scene for hearing more about the range of experiences that students, care home staff, NHS staff and university tutors have had in relation to placements within the care home setting.

The Morning Session – stories and reflections from student placements in care homes

Sharing experiences of care home placements

A variety of video clips were used to share the reflections of physiotherapy students, care home managers and care home residents on two pilot placements developed by Glasgow Caledonian University.

Gillian McDonald, highly specialized physiotherapist from NHS Tayside and Kristie Stenhouse, Physiotherapist and Falls Coordinator from NHS Lothian both described their experiences of providing supervision to physiotherapy students in Care Homes.

Roana Dickson, lecturer at Glasgow Caledonian University provided an overview of the wide range of ‘non-traditional’ placements that occupational therapy students have accessed, including care homes and she invited Tommi Heeps an Occupational Therapy student to share his story of being on placement.

Amy Waering, lecturer in Diagnostic Radiography from The Robert Gordon University, described why they became involved in piloting short placements for students within care homes and shared a video clip of the students describing their experiences. Amy also reminded the audience of the significance of the date of the event in that it was not only national flip-flop day, but more importantly national care home open day!
The Afternoon Session – questions and answers

New technology was introduced to the event in the form of a ‘text wall’. Delegates sent their questions to a screen using their mobile phones and the panel selected a number to answer within the time available. Below is a copy of the questions posed by the delegates. Many more questions were posed than could be answered in the time available but they will be used to inform planning on the next steps.

TEXT WALL QUESTIONS

1. Can we have delegates list with contacts for post event networking please
2. Is there an indication that generic AHP training may be needed to meet the changing roles?
3. Can any of the care home providers indicate if there is a national plan or discussion on plans to employ ahps in C homes?
4. What do you feel the Care Home Education Facilitators can do to support AHP students?
5. Will there be any consideration of an AHP care home education facilitator role in line with the nursing role?
6. How do we ensure care home placements become the norm?
7. Do we need to consider a different approach to practice educators education to reduce ‘hanging on coat tails’ in ‘traditional’ placements?
8. What happens if students are not meeting their learning outcomes or failing the placement?
9. Several speakers mentioned importance of careful selection of both students and the care homes. Who or how do we identify and match a suitable home with a student? How important is this to a successful placement?
10. What intentions are there to embed the training/learning of students as fundamental practise of care home staff delivering on a daily basis
11. Is there a need to provide students with appropriate IT equipment Smart phones etc to aid communication and reduce isolation?
12. Examples of pilot of long arm supervision was supported by NHS Given current pressures can we assume there will be capacity to provide this?
13. What can we learn from the published literature about establishing placements in new settings?
14. Were there any issues when placements ended & therapy had to be discontinued as patient was making good progress? Did the students refer on?
15. Can you monitor bad care homes
16. From a Care Home perspective, what is the next step?
17. How do we sustain the impact if same care homes not used regularly
18. Is there a need to provide PE training for non AHP staff to assist with student assessment?
19. Did u get any resistance for any professional bodies?
20. How and what can we learn from other professions that have more experience of placements in care homes?
21. How much support do the AHP receive from the activities personnel? Is there close bonds and could the activities coordinator be an onsite mentor?
22. How can we ensure projects carried out are sustained?
23. What are the benefits to the care home for the 3 day radiography placement?
24. WHEN CAN WE DO IT AGAIN ?
25. How can we ensure Sustainability of model of long arm supervision
The Afternoon Session – workshop session

In the afternoon delegates divided into groups and took the time to consider 4 key questions.

We wanted delegates to first of all reflect on what they had heard in the morning sessions so we asked ‘When you think about all that has been shared with you today what was most powerful?’

Delegates then considered three further questions:

**Question 2: What could be done differently in the future that could improve the experience and build on successes?**

- “Better preparation – e.g. with communication skills”
- “Training from Care Home managers e.g. providing lecture to students”
- “Keep doing it”
- “Make sure it is coordinated”
- “Look at other mentorships/other mentors? Activity coordinators”
- “Improve education & Training for Care Home staff”
- “Leave something behind – an expectation”
- “Inter professional education, together in care home”
- “Take on a joint piece of work/project e.g. falls”
- “Check what’s in it for the care home – keep revisiting”
Question 3: What different opportunities, possibilities and innovative models could be considered?

- “Focus on Long term conditions – managing comorbidities”
- “Talking to older people, practice”
- “Use a ‘project’ model for placement”
- “Use evidence based practice – embed in modules; allow students to use in care homes; audit, look at service development”
- “Have education facilitators”
- “Make placements more standardised”
- “Use radiography model i.e. early in training programmes”
- “make sure definite benefit for Care Homes. Ensure quality learning experiences”
- “Holistic, health promotion models - podiatry example. Training for employees in care home CPD days for the staff”.  
- “Working together: upskill students then upskill/train staff. Student could impact their learning to change practice in care homes, can be very basic, difficult for care homes to access training and student can then facilitate this”
- “Develop an ‘App’ to support CPD”
- “Consider variables and learning contracts”
- “Is there a need for a rolling programme?”

Question 4: What could you do differently tomorrow that would support this initiative, and so improve the quality of care for older people in care homes?

- “Ensure Quality Assurance”
- “Bring care home mentors to Practice Educator AHP training days”
- “Use different models for placements e.g. Peer Assisted Learning, 2:1 model”
- “Develop education packs for carers and family”
- “Use organisations to support development of placements e.g. NES Care Home Education Facilitators for Nurses”
- “Need to identify areas willing to take student”.
- “Ask - what more would you like in the care home?”
- “Teach reablement - use stories”
- “Seek funding for a Practice Education Lead in care home sector”
- “Explore opportunities in my NHS board - write a paper on how it can be taken forward”
- “Think out of the box – consider skill mix in care homes”
- “Tell others about it, capture and show videos etc”
- “Workforce implications – share at strategic level”
- “Look at curriculum opportunities for dietetic student placements”
- “Consider ‘Care at home’ placements change fund money”
- “Contact the Care Home involved in a pilot and see if another placement is ready to be taken”
- “Would love to have dietetic students to work with CHEFs/support nutrition”
- “Ask if NES CHEF have a role in supporting AHP placements – will ask at next national meeting”
- “Highlight the need to link with care home staff pre-placement. Also invite care home staff to meet students in the University”
- “Develop role in the care home to use more Occupational Therapy skills”
- “Share outcomes from today with QMU Practice Placement Group”
Next Steps

Key messages emerged from the discussions at the workshop session and they have been grouped as follows.

- **Tell others about it**

  The ‘stories’ from the morning provided information and inspiration for new ideas about how placements for AHPs can be developed and an initial step will be to develop resources from the video clips, so that they can be shared with a wider audience. There is learning to be shared about what can make the placements successful and what the challenges are.

- **Continue to develop the placements and test new models**

  Delegates identified the need to continue to develop new pilot placements and partnerships and some delegates have already begun to take steps to plan new placements. There was support for expanding this to other AHP groups such as dietetics and podiatry and delegates also felt that an interprofessional placement model would work well. Another model that delegates would like to see developed is a ‘project-focused’ model where placements would be shaped around a national initiative such as the management of long term conditions or the management of falls. Delegates also discussed how to embed the placements within pre-registration programmes. The care homes that have already had placements need to be revisited to consider whether there is now scope to have a rolling programme of placements. How supervision of the placements can be managed was raised in both the text wall questions and during the workshop session.

- **Take a strategic approach and build/strengthen new partnerships**

  Strategic direction for this initiative can be developed through the AHP Practice Education Facilitation programme. This should include more engagement with stakeholders such as Scottish Care. The governance, quality assurance and formalising agreements for managing placements all need to be considered. The links with Care Home Education Facilitators (CHEFs) who provide support to nursing students and care home staff nationally need to be strengthened – their help and expertise should be enlisted. Having a national lead post to develop this work stream for AHPs was suggested as a key step to advance AHP practice education within the care sector.

- **Consider the educational implications**

  Delegates raised the importance of preparing care home staff for the role of ‘mentor’ or ‘practice educator’ and suggested that staff could be invited to attend existing practice educator training sessions where possible. There is scope for students to support the education of care home staff through, for example, providing training sessions. Preparation of students for placement could be enhanced by inviting care home staff into universities to meet/provide lectures to students. The importance of students going out to a care home for a pre-placement visit where possible was highlighted. There are educational implications in terms of preparing students for communicating with residents with dementia.

- **Keep in mind the benefits to the care homes, including the staff and the residents**

  Delegates were keen that care home staff would be properly supported to provide high quality placement experiences that would be of benefit to students, staff and the care home residents. The learning experiences to date have been positive and residents have benefited from the input of students but how this can be maintained when a placement ends is an important consideration. Those planning placements should ask about the benefit to the residents and staff within care homes and how to ‘leave something behind’.
Conclusion

The stakeholder event was successful in bringing together a wide range of voices and ideas from across Health, Education, and Social Care. Placements’ for AHPs in care homes is a new initiative within Scotland and to date the stories about the learning gained in pilot placements have been positive and inspiring. Feedback from delegates indicates that there is now a need to develop more placements in a strategic manner that will continue to be mutually beneficial for all sectors. The stakeholder event has also helped to identify opportunities for new partnership and collaborative working.

Reshaping Care for Older People (Scottish Government 2011) indicates that we need to change how we deliver care if we are to be able to support the needs of an increasingly ageing population AHPs as agents of change in health and social care. The National Delivery Plan for the Allied Health Professions in Scotland, 2012–2015 (Scottish Government 2012) emphasises the impact that AHPs can make in supporting older people to live at home or in homely settings for as long as possible but stresses the need to work in partnership and across sectors. Providing opportunities for AHP students to learn within care homes and in the wider context of ‘care at home’ services will mean that new skills, knowledge, and understanding of how to care for and support older people will be appropriately developed in the future AHP workforce.

Following on from the stakeholder there is a need to develop a new strategic direction via the AHP Practice Education Facilitation Programme, to cultivate new partnerships to develop additional models of placement, and to consider how to support the educational implications for developing high quality placements for AHPs in the care sector.