Clinical Leaders for the Future?

Evaluation of the Early Clinical Careers Fellowship Pilot Programme
Early Clinical Careers Fellowship (ECCF)

- An accelerated leadership programme
- Commissioned by the Scottish government in 2007
- Developed by NHS Education for Scotland
- Fellowships are being piloted in NHS Scotland on behalf of the four UK countries
- Within the *Modernising Nursing Careers* portfolio – the nursing workforce of the future
98* fellows have been appointed across NHS Scotland
41 fellows took up post in 2007/2008
57 fellows took up post in 2008/2009
Fourteen of the sixteen NHS Boards have fellows in clinical practice
Paediatric, Adult and Mental Health Nursing
Some working in primary care
Midwifery
**Study aim:**

The aim of this study was to systematically evaluate key features (*contexts*), activities (*mechanisms*) and *outcomes* of the Early Clinical Career Fellowships Pilot.

**Specific objectives**

- To describe and develop an understanding of the *contexts* of the ECCF Project,
- To describe and develop an understanding of the structure, organisation and running of the programme (*the mechanisms*),
- To explore the perceptions of those involved including: Fellows, mentors, managers, educationalists, coaches (*mechanisms and outcomes*)
- To identify, describe and assess a range of *outcomes* of the ECCF
Data gathering

- Review of policy and literature
- Application / interview data
- Questionnaire to Fellows (Sept 09)
- Focus groups with Fellows (Sept 09 and Mar 10)
- Questionnaire to Supporters (Dec 09)
- Focus group with Action Learning Set Facilitators (Mar 10)
- Fellow comparator group data – not accessible
84 Fellows consented out of 98 in post
66 Fellows responded to the questionnaire i.e. 67% response rate
Fellows responding came from all but three Health Boards
Numbers from individual Health Boards ranged from 17 to 1

Selection data available for 83 / 84 consenting Fellows
31 Fellows took part in focus groups
29 Supporters responded to their questionnaire (involved with up to 15 Fellows each)
Around 2500 newly qualified/registered nurses and midwives in Scotland in 2008 (i.e.~5000 eligible for ECCF)

Enquiries >400 (~8% of eligible)

189 initial applications (~47% of enquirers)

178 people took psychometric tests (eleven did not turn up on the day) (~94% of applicants)

174 were interviewed (four did not attend for interview) (~98% of those tested)

99 fellowships were offered and 98 took up post:

(57% of those interviewed; 52% of applicants; 2% of eligible recent registrants)
### Fellows’ previous work

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
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<tbody>
<tr>
<td>Manager/Supervisor</td>
<td>12</td>
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<tr>
<td>Shop/Bar work</td>
<td>10</td>
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<tr>
<td>Care Assistant/Support Worker</td>
<td>8</td>
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<tr>
<td>Auxiliary / Nursing Assistant</td>
<td>8</td>
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<tr>
<td>Clerical / Administrative / Receptionist</td>
<td>8</td>
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<tr>
<td>Financial Advisor / Accounts</td>
<td>6</td>
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<tr>
<td>Teacher/Instructor</td>
<td>3</td>
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<td>Customer Liaison</td>
<td>3</td>
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<td>Staff Nurse/ RMN (change of branch)</td>
<td>2</td>
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<tr>
<td>Youthworker/ Youth Advice</td>
<td>2</td>
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<tr>
<td>Armed Forces</td>
<td>2</td>
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<tr>
<td>No relevant work</td>
<td>7</td>
</tr>
</tbody>
</table>
The tree that never grew

Lose ourselves in the history of mine and steel and ships,
the glorious empire - somewhat shaming,
trade and tobacco lording
over golden and red sandstone
where the tree never grew,
the bird never flew,
the fish never swam,
the bell never rang.

mong stones balanced on stones
for height, splendour and fame
ancestors linger edge us on to chase
dreams defying stress and strains,
to build stronger and grander and higher,
resenting that the tree never grew,
the bird never flew,
the fish never swam,
the bell never rang.

Conversing with past we build our future,
limits expand with the universe.
Ideas from a far ebb and flow
through windows, doors open
for the drift into spaces between
where trees can grow,
birds can fly and sing,
fish can swim,
bells can ring,
and the ring binds us all together.

IEE Lees
27 Fellows (41%) felt that it had been easy or very easy to find out relevant information prior to their application.

'ECCF' did not appear on Google search which would have made it easier. (FQ)

- Practice Education Facilitator / Education Co-coordinator/Manager
- Project Lead visited my class at university
- Lecturer/ University sent link to request application form
- Email / letters sent out via Flying Start
- Advertisement
- Website
- Friend
70% of respondents viewed the tests positively

Fellow B: It was quite a robust application process as well, kind of gave me the impression that the competition was going to be pretty significant. (FG cohort 2)

Fellow A: There was stuff to do that just freaked me out completely, but I had a go. (FG cohort 2)
The majority of supporters commenting on recruitment and selection were content with the quality of Fellows they had encountered.

One said:
- [They should].. *allow the candidates at least two years in practice (post qualification) before they can apply.* (SQ)

But another commented:
- [They should].. *change the selection process to allow more to undertake.* (SQ)
Learning and teaching: Flying Start

- 81% had completed Flying Start at the point of the first questionnaire
- Most responses in the questionnaire or in focus groups were neutral about Flying Start
- Comments made by a small minority included ‘repetitive’, ‘condescending’ (FG3 mixed cohorts), and ‘unnecessarily complex’ (FG4 mixed cohorts)
Learning and teaching: Masters

- 85% (n=53) of questionnaire respondents were currently registered on a Masters programme
- 10% (6) said that they were due to start soon

- Advanced Nursing Practice
- Clinical Skills
- Clinical Governance
- Palliative Care
- Critical Care
- Advanced Midwifery
- Public Health
- Psychology and Mental Health
- Healthcare
- Research
- the Philosophy and Ethics of Mental Health
- Community Health
- Brief Psychological Interventions
Learning and teaching: Action Learning Sets

- Success of the ALS was dependent on the skill of the facilitator, and the process

- **Researcher 1**: Any parts of the programme, things that you would say are the best elements?

- **Fellow L**: Action Learning Sets, I think it helps prepare you for some of the challenges you get and not just with people you work with but with your patients as well. (FG3 mixed cohort)
Numbers (5–9)

Time out

Travel time

Juggling Masters study

Confidentiality

This method of learning has been challenging yet enjoyable. It is uncomfortable but has stretched me to think in different ways. (FQ)

Cohort One, they are self facilitating now in their Action Learning Set and I’m just there to provide feedback. (ALF2)
**Fellow G:** I think they make the difference, I think you could do the course and come out with a Masters but the Action Learning Sets give you the skills to actually change and help manage other people and things and kind of make more of your qualification rather than just having a qualification that says you are really good at something. (FG2 Cohort 2)

I find these so valuable and would have really struggled without them. At the beginning when things were a bit up in the air and none of us were sure what was happening ALS were a godsend. I would go as far to say I would have really struggled to continue without the support they gave me. (FQ)
Learning and Teaching: Master Classes

- 71% had attended at least one by Sept 09
- 10% had attended two

Topics attended:
- Patient Safety
- Infection Control
- Patient Experience
Time
Distance

*It is unfortunate that I have such a distance to travel (FQ)*

But for others

*I felt privileged as a newly qualified professional to learn from experts in the field. I found the discussion exciting and interesting. It reaffirmed my belief in the ability I have to challenge poor practice and employ evidence based practice. (FQ)*
Sometimes you're chatting to someone at these events and you've no idea that it’s [a senior nurse in a leadership position] or something that you're speaking to. So it does help and I've asked them for lots of different advice, both on the clinical practice and the career advice as well. Erm, it’s been really good for that.(FG3 mixed cohort)
Support mechanisms

Mentors
- 67% (45) of respondents said they currently had a mentor
- 39% indicated that their mentor had challenged their way of thinking
- 50% rated the mentorship they received as effective or very effective

  - *my mentor was very supportive and challenging, allowing me to explore my practice (FQ)*

  - *I try to be proactive in the things I want to achieve so I ask my mentor for such opportunities (FQ)*
Clinical coach

- 41% (27) of respondents currently had a clinical coach
- 37% felt that they had been challenged
- 39% felt that they had not
- 22% could not come to a decision

- 55% felt coaching was not effective
- 45% felt that it was

- I have found it useful to gain experience in other clinical settings whilst shadowing my coach (FQ)
Organisational support

- 69% felt that managers in their workplace were aware of their role as a Fellow
- 55% felt that their managers were supportive of their role
- 18% felt that their managers were not aware of their role
- 16% felt that they were not supportive

- My manager does not understand the ECCF and does not appreciate the long hours of study I put in, travel time and commitment. He fails to understand the benefits to the ward, my students and colleagues. This is the most challenging aspect of the programme (FQ)
Some respondents felt that their employing organisation had been very supportive:

- *The support I have received from my own health board employer has been fantastic and very very supportive (FQ)*

- *Managing time and resource is a two way process both with the ECCF and relevant manager/mentor & coach and it is crucial that the communication between correct individuals is clear (SQ)*
Status of ECCF

- Risk that the programme is viewed as elitist
- Peer support
- Legitimacy
- Colleagues viewing more positively
- Use as a resource

They're kind of scared of using that Early Career Fellow word out there because they're seen as different, they tend to use the Masters as currency, they find using Masters is easier to say to people but they really struggle... well I know my lot struggle with saying who they are in case it gets them into more trouble (ALF1)
Adequacy for ECCF

- Being prepared
- Lack of precedents
- Seen by some as separate to normal professional development
- Are the demands too great?

‘For any ambitious individual who is keen to effect change and reach their potential ECCF appears to be providing the correct tools so far’. (FQ)
Environment

- Some areas were very supportive – valuing the rich resource the process could bring in making service improvements to care
- For others their experience was not so positive:

  *I cannot believe how negative and unsupportive many of my colleagues and one of my managers have been. They seem to forget that there is a person involved and do not care how their comments and lack of support make you feel. To my colleagues I play down the ECCF and they do not really know what it is about. It makes life easier for me.* (FQ)
Role support

- Fellows in remote and rural areas had to travel a great deal to access peer learning opportunities.
- Staff shortages could lead to difficulties in justifying absence from the clinical setting.
- Finding ways of managing:
  - Fellow K: Over the duration of the whole ECCF and being at work, what I find is difficulty ... not conflict but a tension at work with those who perceive that I'm getting some kind of extra unfair advantage which Action Learning Sets are helping me try to deal with, try and be a bit more positive in how I deal with it rather than just feeling hard done by a lot of the time (FG3 mixed cohorts).
Role support

- Need to improve information flow & communication
  - Excellent support in one Board attributed to a senior level champion at board level
  - Regular meetings between ECCFs in that setting and the champion
  - Other Fellows suggested this would be an ideal way to give a message to all staff that the programme was important
Facilitated role development

- Boards could ask ECC Fellows to undertake a particular project on their ward which would benefit the patients and enable fellows to clearly see the application of theory into practice in a well supported way (FQ)

- If a colleague approaches them with a problem or an issue instead of ..... you know if it’s appropriate they will ask open questions, they’ll get then the colleague to engage in some reflective thinking. So it’s [ALS] not just something they see for themselves, it’s something, an approach that they can use in their day to day clinical work as well(ALF3)
Future role development

- In the short term (2 years) 85% (56) saw themselves working as a nurse or midwife in the same NHS Board
- 29% (19) thought they would still be there in five years time
- 18% (12) thought they would still be there in 10 years time
- 88% (58) felt that they would still be in a clinical role in two years time
- 53% (35) saw themselves still in a clinical role in five years time
- 25% (16) thought that even in 10 years time they would still be in a clinical role
Would like to be in a position where I could influence change. Although I am new to nursing I have lots of varying experience previous to nursing which is often not recognised. Sometimes it’s like hitting your head off a brick wall, the attitude is very much you need to have been a nurse for at least 15 years before you are taken seriously. I find this quite depressing and feel I may change profession in the future simply because of this kind of attitude. (FQ)

Fellow L: I want to be a kind of agent of change who is an expert within the area but I'm not particularly ambitious for status above that (FG3 mixed cohort)
Supporters’ verdicts

- An excellent programme and I wish it was available when I was a newly qualified nurse (line manager)

- ECCF is an excellent idea, other mentors and I have noted that the fellows are of calibre that inspires confidence among us "old school" (pre project 2000) nurses (mentor)

- It's just a shame that this did not start up years ago as there are many motivated qualified staff members who would have benefited from this. (academic)

- A worthwhile development that needs to be developed and built upon to identify, support and sustain new leaders in the future. (clinical coach)
Recommendations

1. Greater clarity on the status of ECCF as a programme or of the Fellowship as a transitional role needs to be established
2. Pre programme preparation for all involved, in relation to roles and expectations, building on developments already made by the ECCF project team
3. Opportunities for support and professional development offered by the Action Learning Sets should be built upon
Recommendations

4. Frame the ALS and Master classes as interprofessional learning opportunities
5. Build up more focused support and information for supporters, particularly greater clarity about their role and responsibilities, and what is expected of the relationship with the Fellow
6. Supporter roles might be streamlined
Recommendations

7. In the recruitment and selection of supporters to the Fellows, the benefits to staff of being involved should be made more explicit.

8. A board level champion in each NHS Board would help in ensuring provision of essential organisational support.

9. Fellows need to be supported to take responsibility and commit to their own learning, using resources available to find ways of managing time for study and consolidation of learning, in a way that does not compromise their practice role and its development.
Recommendations

10. There needs to be an effective administration and information sharing system
11. Career guidance for Fellows should be explicit and targeted
12. The programme has had many successes, but further research is needed, both longer term follow up and comparison with peers
13. The programme should be mainstreamed throughout Scotland and consideration given to its transferability to the wider UK context
I feel very proud to be a part of this programme and hope that the project is looked favourably upon with regards funding in years to come as without the financial support and added encouragement from the ECCF programme I would not be undertaking this current progression in my career. (FQ)

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