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The Primary Care Nurse Education and Mentorship Pilot
Report to Health Education North West London

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College of Nursing Midwifery and Healthcare
December 2015



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ACKNOWLEDGEMENTS

The project team would like to acknowledge the input of the Primary Care Nursing Steering Committee (HENWL) and project steering group who guided the delivery of the pilot and whose insight ensured the success of this pilot. In addition, we are grateful to all the individuals who participated their time and enthusiasm throughout the pilot.

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INTRODUCTION

This Mentorship Pilot project was commissioned by Health Education North West London (HENWL) and was designed to support General Practice Nurses (GPN) and Primary Care in the implementation of Shaping a Healthier Future (2013).

The project aimed to pilot a model of education and skills development to enhance and extend the skills of GPNs in practice and support the shift of care from the hospital setting towards delivering care in the community and primary care setting (Shaping a Healthier Future, 2013). Following workforce planning forecasts we know that there will be a need to recruit 78% more nurses into Primary care over the next 5 years. Efforts to achieve this require a focus on developing knowledge and skills appropriate to primary and community care environments, ensuring a quality service is supported by safe practice.

This pilot set out to support and enhance the education and training of registered nurses as they transfer their skills from experienced roles in secondary care to new posts in primary care. In addition, the pilot has facilitated GPN's to function as mentors and develop leadership skills.

The project:

- 1) Identified experienced nurses with an interest in developing skills in primary care
- 2) Matched nurses to GPN mentors in general practice to support practice learning.
- 3) Developed GPN's as mentors and leaders.

METHODS

Phases

The Primary Care Mentorship Project comprised three concurrent phases. Phase one focused on recruiting qualified primary care nurses mentors who had completed the University of West London (UWL) NMC approved mentorship course to become 'live mentors'. This course was delivered at UWL and consisted of three face to face study days and three e-study days. In addition those attending completed a practical teaching assessment, competency assessment with a virtual student; an optional 2000 word essay was completed by those wishing to achieve academic credit for the module. Phase two involved the recruitment of registered nurses from secondary care to undertake the LondonWide Local Medical Committee (LMC) General Practice Nurse Course (GPNC) to acquire the foundation knowledge and skills to contribute to the Primary Care service. Phase three focused on auditing and supporting clinical placements for the mentees in a GP practice so they could gain practical experience. Mentees were required to do a minimum of 158 hours over a four-month period for theory and practice; mentors were required to commit up to 75 hours to facilitate mentee learning and development.

The project was evaluated using standard course evaluations and additional survey instruments devised specifically for the course (Appendix 1, 2, 6). Surveys were completed by mentors, mentees and feedback was sought from patients who had consulted the mentee.

Project Management

The project team (JFB, RO, GC and HL) met monthly to monitor progress and devise evaluation tools. A Project Advisor Group provided advice on recruitment processes and evaluation tools via email and telephone meetings.

Mentors and mentees were recruited using several approaches; GPN's who had completed courses at UWL were mailed directly and invited to apply for the mentorship course. Lead practice nurses in all eight Clinical Commissioning Groups were emailed and the HENWL Practice Nurse Steering Group member and Ealing CCG Nurse Representative disseminated information about the pilot to GPs in Ealing to build awareness and support recruitment. In addition RO gave presentations at the Practice Nurse Forum's across all eight CCGs and CCG Board meetings in Brent, Harrow and Ealing.

In addition potential mentors and practice managers were contacted via email, telephone and face-to-face meetings to explain the purpose of the course the expectations of general practices that wished to act as clinical placements for mentees. Potential mentees were interviewed on the telephone to ensure suitability and to ensure they understood the pay scales and terms and conditions of contracts in primary care before making a commitment to the course (Appendix 7,8). Existing experienced mentors were located and asked to 'buddy' a trainee mentor.

A strong partnership was established with the LMC to establish the content, timing and venue for bespoke study days. Study days, additional to the LMC course, for Ear Care, Childhood Immunisations and Cervical Cytology were scheduled at UWL for each cohort of practice nurse mentees; a six-hour leadership support programme for mentors and mentees was delivered in the workplace and at UWL.

Establishing appropriate practice learning environments for the students on the course involved formulating a guidance document for the practice learning hours and competences to be met whilst on placement (Appendix 9). Twenty two placements were successfully audited using the Practice Learning Collaboration Group (PLCG) April 2013 document (Appendix 10); this audit is valid for five years. Data collection tools for student, mentor and patient feedback were developed and piloted for use (Appendix 1, 2, 6,8).

While auditing was undertaken, legal contracts between UWL and GP Practice placements (Appendix 11) were prepared and indemnity insurance for the students established. This process took considerable time with some delay to the project.

RESULTS

Recruiting Mentors & Mentees

The intention was to recruit twenty one mentors to facilitate learning and this was achieved. Twenty mentors completed the programme and one person had to withdraw for personal reasons. Potential mentors were recruited throughout the pilot period; September 2014 (7), November 2014 (6) and February & March 2015 (6), May 2015 (1). Twenty Practice Nurses undertook training at UWL and 19 passed the course. One mentor failed and decided not re-submit. Three existing mentors in practice placements attended a mandatory annual update prior to accepting a mentee for placement.

Mentors recruited accorded to CCG:

CCG	Number of mentors recruited
Brent CCG	1
Ealing CCG	6
West London CCG	4
Hillingdon CCG	3
Harrow CCG	2
Central London (Westminster) CCG	2
Hounslow CCG	1
Hammersmith Fulham CCG	1
TOTAL	20

The pilot recruited 31 Mentees; September 2014 (9), February 2015 (9), March 2015 (12). Thirty mentees completed the course; one of those recruited was unable to continue the course as her adult nursing registration had lapsed although she was registered as a Midwife.

Mentees recruited to complete the LMC General Practice Nurse Course:

Date	Number of mentees recruited
September 2014	9
February 2015	9
March 2015	12
TOTAL	30

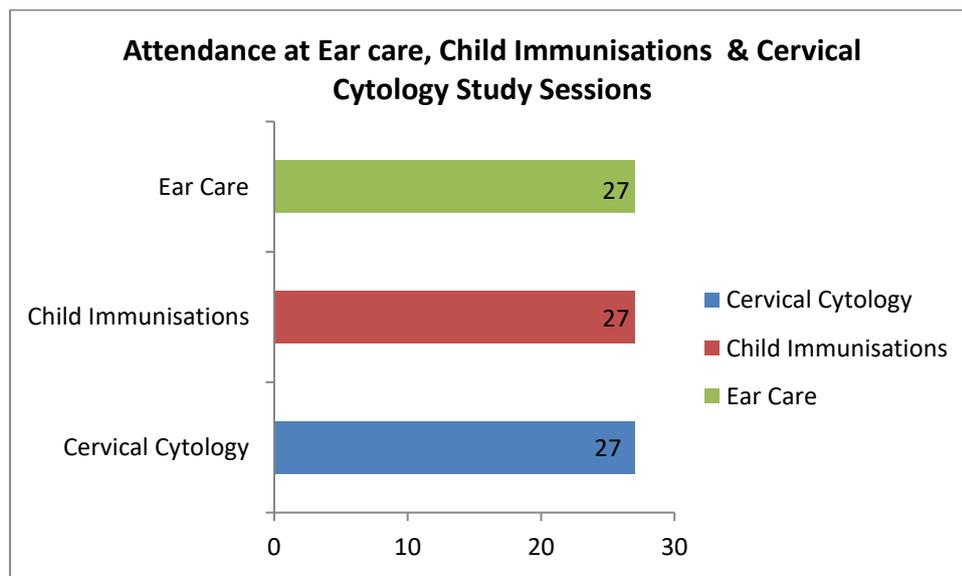
Of the 30 mentees who successfully completed the GPNC 18 secured a post in primary care; six were recruited as practice nurses as they commenced the GPNC; four were recruited during the GPNC and a further eight secured a post after successful completion of the GPNC. Of the other recruits, three failed to complete placements due personal circumstances; four have been granted extensions and will complete in March 2016 and five have decided to remain in secondary care as they don't feel the time is right for them to make that transition. One student failed the LMC competencies but has continued in Primary Care having secured a post in a GP practice where they are willing to support her continued development.

Attendance at additional study sessions:

Leadership study sessions:

Delivery of Leadership Sessions for mentors and mentees was delivered over three 2 hour sessions. 8 mentors and 12 mentees attended.

Ear care, Child Immunisations & Cervical Cytology study sessions:



Patient Experience Feedback

	Positive	Needs Improvement	YES	NO	Additional Comments
How was your overall experience with the trainee practice nurse?	34/34				“Excellent”
From your experience did the nurse have the knowledge and skills to ‘treat you’?			34/34		
Did the nurse treat you with dignity and respect throughout the consultation?			34/34		
In your opinion how do you feel about your practice being involved in training student nurses?	34/34				“This is a wonderful idea. How else will they become competent practitioners”

Of the 34 patient experience feedback forms we received back, they were all positive. All patients stated their overall experience with the trainee practice nurse as being ‘positive’.

Additional comments were also stated:

“NW was very presentable, knowledgeable and fun to be with during my visit to the clinic”.

“She was great. There needs to be more like her”.

“She made me feel at ease during my diabetic review”.

EVALUATION

All mentees and mentors were asked to complete online surveys to evaluate the pilot towards the end of their placements (**See separate attachment for survey results: Appendix 3 & 4**). The response rate for the Mentee survey was 25/31 (80%); Mentor survey 18/21 (85%).

Ninety two percent of mentees reported a high overall satisfaction and commented on the informative content of the study days and supportive nature of the lecturers and mentors. Elements of the LMC course were evaluated for how they assisted mentees to meet the GPNC competences; the flexibility of the course was deemed helpful (15/25) or extremely helpful (10/25); face to face study days were viewed as helpful 9/25 or extremely helpful 15/25; online learning was also evaluated as helpful 10/25 or extremely helpful 15/25. When asked if completing the LMC course would have prepared them adequately to work as a Practice Nurse 16/25 felt that this was sufficient, with 9/25 indicating to the contrary. Almost all students (24/25) said that they would recommend both the LMC Course and additional study days and the practice experience to a colleague who was considering becoming a practice nurse.

Mentees reported that they were able to build a positive working relationship with their mentor (23/25); mentors reported as approachable (23/25) Accessible (18/25) Supportive (20/25) experience (20/25) and motivating (19/25). One student reported a negative experience with their allocated mentor. The most useful elements of being mentored were reported as supervised practice (22/25) and observing the mentor (22/25).

Mentors also reported that their experience of the pilot project was positive 12/18 with 6/18 identifying that some improvement was required. Acting as a mentor was reported as impacting on workload by 12 of the 18 respondents with some mentors indicating that some clinic time was lost and that 'backfill' was difficult to organise. Sixteen respondents reported that the mentorship course was good (13) or excellent (3) preparation for the role. Most mentors found the mentor buddy system helpful and supportive. Of the 18 mentors 15 indicated that their GP practice would continue to support learners and that they would want to act as mentors again; in addition they felt that the mentor/ mentee relationship was positive (16/18) and had enhanced student learning and, similar to the mentee responses, that the most useful elements of the programme for mentees had been supervised practice and observation of practice.

The evaluation feedback has allowed us to streamline the recruitment process by ensuring all students are vetted immediately on enquiry. The recruitment process requires applicants to fill in a questionnaire and have a telephone interview to assess commitment to the course. This ensures we do not recruit unsuitable candidates. (**See separate attachment: Appendix 7,8**).

All practice placements found this opportunity an enjoyable experience; it gave them an insight as to how they could develop into a potential training hub for all members of the multi- disciplinary team.

Following on from the pilot, three of twenty two practice placements have been unable to commit to taking on a student due to practice commitments for project 'My Next Step Transition to General practice nursing' which commenced in November 2015. However, they remain keen and have requested to be considered for the next intake (January 2016).

Appendix 1
Course Evaluation Questionnaire



Training Sessions for Nurses New to Primary Care
Primary Care Nurse Education and Mentorship Pilot
Evaluation Questionnaire

Training Session attended: Ear Care, Cervical Cytology, Childhood Imms (please circle)

Date:

Nurse Educator:

Employer area (please tick) Do not name your Employer:

Primary Care	Community	Other (specify)
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CCG

The training Sessions were funded by Health Education North West London (HENWL) for nurses wanting to work in primary care. Your responses to this questionnaire will allow nurse educators to understand your experience of the training session you attended. Please help by filling in this form. Your response will remain anonymous.

Before you respond: consider that the relevance of the Update Session may not be now but how it may influence your practice in the coming months:

‘The Update Session that I attended was Please circle:

Highly relevant in enabling me to do a better job.’	Relevant in enabling me to do a better job.’	Of limited relevance in enabling me to do a better job.’	Of no relevance in enabling me to do my job.’
-----------------------------------------------------	----------------------------------------------	----------------------------------------------------------	-----------------------------------------------

Please indicate what you liked about this Training Session in enabling you to do your job better:

Please indicate what you thought was least relevant about this Training Session in relation to your job:

Please use this space to make any other comments which you feel may help nurse educators to improve the delivery of this Training Session.

Continued on back

What additional topics, training, or courses would you like to be made available for you in the future?

How often do you feel Update Training Sessions of this type should be made available?

Additional comments?

Please comment about the following statements:

Please tick appropriate column.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Question Not Applicable
1. The content of the Session was interesting						
2. The teaching sessions were helpful in furthering my understanding of the subject						
3. The information learned in this session will help me to improve my ability to provide care for patients where I work						
4. The information learned in this session will help me to improve my skills and competency as a primary care nurse						
5. The teacher of this session was knowledgeable about the subject						
7. The teaching environment was satisfactory						

Thank you for your time in completing this form

Appendix 2

Post Evaluation Survey templates for mentor and mentee- See attachment

Appendix 3

Mentee Post Evaluation Survey Results – See attachment

Appendix 4

Mentor Post Evaluation Survey Results- See attachment

Appendix 10

Practice Learning Collaboration Group (PLCG) April 2013 document - See attachment

Appendix 11

Practice placement contact between UWL and placement- See attachment

Appendix 5

Number of Post evaluation surveys completed by mentors and mentees

Table of mentors and mentees as of 23/03/15								
	SEP/NOV INTAKE	No. OF POST EVLAUATION SURVEY RESPONSES RECEIVED	FEB INTAKE	No. OF POST EVLAUATION SURVEY RESPONSES RECEIVED	MARCH INTAKE	No. OF POST EVLAUATION SURVEY RESPONSES RECEIVED	MAY INTAKE	No. OF POST EVLAUATION SURVEY RESPONSES RECEIVED
No. of MENTORS	13	8 out of 13	3		3		1 (would have been 2 but 1 dropped out from course)	
No. of MENTEES	9 (would have been 10 but 1 unable to continue due to no regisdtration with NMC)	5 out of 9	9		12		0	N/A

Appendix 6
Patient Experience Feedback Form



Patient Experience Feedback Form

Your GP Practice is taking part in a Primary Care Nurse Education and Mentorship Project facilitated by the University of West London and funded by Health Education North West London. The project aims to advance the skills of nurses in general practice and primary care.

We would be grateful for your feedback on your experience with your trainee practice nurse which will be used as part of the evaluation for this project.

Thank you for taking the time to complete this patient experience feedback form.

1) How was your overall experience with the trainee practice nurse?

Positive

Needs improvement

If needs improvements please explain:

.....
.....
.....

2) From your experience did the nurse have the knowledge and skills to 'treat you'?

Yes

No

If No what could have been improved?

.....
.....
.....

3) Did the nurse treat you with dignity and respect throughout the consultation?

Yes

No

4) In your opinion how do you feel about your practice being involved in training student nurses?

Positive

Needs improvement

If needs improvement why and in what?

.....
.....
.....

Thank you. Your feedback will help us with research being carried out across North West London on nurse training.

Please hand this form back to your practice nurse.

Appendix 7
Telephone Interview Checklist



Health Education North West London

Primary Care Nurse Education and Mentorship Pilot

Mentee Recruitment Checklist

Date of telephone interview:

- Name:
- Place of work:
- Home address:
- Email address:
- Contact number:
- Registered Pin Number as RGN with NMC:
- Qualified since:

	YES	NO	ADDITIONAL COMMENTS
Introduced the Practice Nurse and Mentorship Pilot Project funded by HENWL			
Discussed what the LMC course will consist of (8 online modules and 2 face to face study days)			
Participant has confirmed they are eligible to work in UK			
Participant has confirmed they have been a RGN with the NMC in the UK for over 2 years			
Participant confirmed they have no 'recent' cautions or convictions (DBS)			

<p>Chat with candidate to ensure they fully understand the terms and conditions of employment and that they will not carry over any benefits accrued in the NHS.</p>			
<p>Chat regarding motivation for changing to primary care.</p>			

Data Protection Notice

The Primary Care Nurse Education and Mentorship Pilot is commissioned and funded by Health Education North West London (HENWL). The University of West London may have to provide some of your personal data such as your name and work email addresses to HENWL and/or Clinical Commissioning Groups if requested by them. This is to enable HENWL to assess the effectiveness of the Primary Care Nurse Education and Mentorship Pilot and to notify you of future training opportunities.

By participating in the Primary Care Nurse Education and Mentorship Pilot you confirm that you understand and agree that your personal data may be processed for these purposes and disclosed to HENWL and Clinical Commissioning Groups.

Appendix 8
Application Form



Health Education North West London

Primary Care Nurse Education and Mentorship Pilot

Mentee Recruitment Application

Name:
Place of work:
Home address:
Email address:
Contact number:
Registered Pin Number as RGN with NMC:
Qualified since:

- 1) What is your current job role?

- 2) What is your work history?

- 3) What is your motivation to move into primary care from Secondary care?

- 4) What transferrable skills do you have that you can feel can be transferred into Primary Care?

- 5) What existing knowledge and skills would you like to strengthen through working with a mentor in Primary Care?

Appendix 9- Breakdown of hours (time commitments of mentee and mentor)



Breakdown of hours (time commitments of mentee and mentor)

Module	Mentee observation time and time commitments	Hours	Mentor teaching time commitment	Hours
1. Consultations	Observation.	20 hrs	Carrying out	20 hrs
2. Emergency situations			Going over differences between Secondary and Primary care	2 hrs
3. Infection Control			Going over differences between Secondary and Primary care	2 hrs
4. Cytology	2 sessions observing	6 hrs	5 observed and 20 alone (with mentor present)	3x3 hr Sessions (9hrs)
5. Immunisations	2 Observed sessions	6 hrs	Do x2 observed sessions	6 hrs
6. Ear care	1 Observed session	3 hrs	2 sessions being observed	9 hrs
7. Travel Health	3 Observing sessions	9 hrs	2 sessions observed	6 hrs
8. CASH and Family Planning.	Observe 2 sessions. Facilitate then in an FP Clinic. Observe sessions during normal consultations.	12 hrs	CASH Observe a basic pill check. Do enough to equate to 1 observed session	3 hrs
Wound Management	1 session with Tissue Viability nurse Observed in practice or 2 sessions in a dressing clinic with the district nurse.	8 hrs	Observed and assessed	2 hrs
Health promotion and screening	Observing during consultations. Pick out Health promotion issues.	In consultations 10 hrs	Discuss with mentor	Hrs with consultation hours.

INR training session	Lecture at the University and sit in on a session with a provider practice.	3 hrs	Only observe a session	
Time with other members of the practice staff. Admin GP Pharmacist Practice manager	observation	10 hrs		
Learning Clinical system	Learning with mentor Protected time	6 hrs	Teaching clinical system and completing competency paperwork. Writing out programme	16 hours
		93 hours in practice 1 days cervical cytology 2 days immunisation course 1 day ear care course		75 hours mentoring

Mentor 75 hrs commitment: 65 hours with the student and 10 hours of planning and facilitation.

Mentee: 65 hrs and 93 hrs = 158hrs. Not all in the practice. (9 hrs per week over 16 weeks)

These hours are a guide and can be shortened if the student meets all the learning outcomes.

If the student is having difficulties and objectives will not be met within the allocated time please let the University know.