In Scotland, two practice educators worked with local health boards to develop the leadership skills of senior nurses via bespoke training programmes.

Developing leadership skills in senior nurses

In this article...

- Leadership qualities that senior nurse practitioners need
- Two training programmes to develop leadership skills
- The experience of two practice educators in Scotland

5 key points

1. In Scotland, practice educators support practice development by linking national resources with local knowledge.
2. Working in partnership is crucial when designing training programmes that will respond to local needs.
3. Blended learning combines face-to-face and online learning methods.
4. Online learning methods allow participants to interact and increase their confidence in using new technologies.
5. Conducting quality improvement projects is a good way for trainees to consolidate their learning.

Author
Christina Eyers-Young is NHS Education for Scotland nursing and midwifery practice educator at NHS Grampian; Catrin Evans is NHS Education for Scotland nursing and midwifery practice educator at NHS Highland.

Abstract

The development of leadership qualities among NHS staff is a priority throughout the UK. This article describes how two practice educators in Scotland developed leadership training programmes for senior nurse practitioners in two local health areas. The programmes were designed and delivered in partnership with the hosting territorial boards; they responded to local needs while drawing on national resources. In this article, the two practice educators describe the work undertaken, with the aim of sharing their experience with others who may want to set up similar projects.

Developing the leadership qualities of NHS staff at all levels is a priority throughout the UK (Francis, 2013; Keogh, 2013; NHS Scotland, 2013; Scottish Government, 2010). We are both practice educators (PEs) at NHS Education for Scotland (NES) and, in 2013, we were approached by senior managers who needed support to develop their workforce’s leadership skills. Organisational change and the redesign of services meant senior practitioners were required to demonstrate more clinical leadership skills to support senior charge nurses (SCNs), team leaders and senior charge midwives. In this article, we describe how we developed, for band 6 staff at NHS Grampian and NHS Highland, two leadership training programmes that fitted in with the broader agenda while responding to local needs.

Resources

NHS Scotland consists of 14 territorial boards, seven special health boards and a national healthcare improvement organisation. Territorial boards work at a local level and special health boards at a national level. NES is a special health board, which develops and delivers education for those who work in and with NHS Scotland (www.nes.scot.nhs.uk). The NES PE role was created in 2011, and all territorial boards now host an NES PE who works with the existing education infrastructure.

PEs support practice development by linking national resources with local knowledge. To develop the programmes, we drew on existing educational resources such as:

- Effective Practitioner (www.effectivepractitioner.nes.scot.nhs.uk), which provides work-based learning and support for nurses, midwives and allied health professionals in Scotland;
- The Knowledge Network (www.knowledge.scot.nhs.uk), a knowledge management platform for health and social care in Scotland;
- The NHS Scotland Quality Improvement Hub (www.qihub.scot.nhs.uk), a collaboration between special health boards and Scottish government health directorates, which aims to support the implementation of the Healthcare Quality Strategy (Scottish Government, 2010);
- The NES Nursing and Midwifery ePortfolio (Bit.ly/NHSESePortfolio), which enables staff to store evidence of their professional development for performance review, career progression and revalidation.
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BOX 1. TOPICS COVERED IN TRAINING PROGRAMMES
- Leadership and the role of the senior charge nurse
- Understanding and managing oneself as a leader
- Self-assessment based on the ‘pillars of practice’
- Professional development tools – how to access evidence and put it into practice
- Communication and critical decision making, including conflict resolution and caring or difficult conversations
- Networking including team building and maintaining relationships
- Resilience and emotional intelligence
- Quality improvement in practice
- Developing and managing person-centred services
- Facilitation of learning and how to develop others
- Supervision and its application in practice
- Action planning
- Quality improvement projects

BOX 2. EXAMPLES OF PROJECTS UNDERTAKEN BY COURSE MEMBERS
- Psychotropic monitoring within an acute patient setting
- Discharge assessment for falls
- Meaningful activities in specialist dementia units
- Improving a physiotherapy referral triage pathway
- Information sharing to support end-of-life care in the community

Educational approach
A multidisciplinary approach was adopted: the programmes were designed to accommodate staff from a variety of backgrounds, who could therefore widen their perspectives and develop networks. The programmes built on participants’ existing knowledge and skills, and used blended learning – that is, a combination of face-to-face and online learning. Both included a virtual community of practice (VCoP) that gave participants access to content, resources and a discussion forum. Both were also based on the four ‘pillars of practice’ from the NES Post-Registration Career Development Framework for Nurses, Midwives and Allied Health Professionals (www.careerframework.nes.scot.nhs.uk), which are:
- Leadership;
- Clinical practice;
- Facilitation of learning;
- Evidence, research and development.

This enabled us to focus on aspects of practice that were transferable across the NHS and on areas for development that were not exclusive to a particular skill set.

Design and delivery
How the programmes were delivered was influenced by geography and infrastructure. At NHS Highland, the workforce is spread over a large area and many staff members work as lone practitioners, often in multiple roles. The programme was, therefore, delivered through one face-to-face contact day each month over three months, with directed learning every week via the VCoP. This helped learners plan their attendance and gave them time to reflect on, and integrate, the learning.

One contact day took place via web conferencing, which was a good way of getting learners to explore this online resource. The other contact days took place in a central location with everyone attending. As participants came from a variety of backgrounds, the sessions enabled them to gain insights into other people’s roles as well as being an opportunity to network.

At NHS Grampian, staff are also dispersed, but the existing infrastructure makes it easier to access a central location. The programmes were, therefore, delivered in the largest hospital in the region over three full days. Staff were expected to attend all three days but, as the schedule was flexible, these did not need to be done on consecutive days. In contrast with the NHS Highland programme, staff came from the same clinical teams or divisions. The sessions were, again, an opportunity to network and build relationships.

Programme delivery was also influenced by the educational infrastructure in place. At NHS Grampian, there is an established practice and professional development team, so the programme was incorporated into the existing structure. At NHS Highland, the educational infrastructure is less developed, which means the PE has to liaise more with the senior management team.

In the current climate, there is often an issue with practitioners spending time away from clinical practice – nurses, midwives and allied health professionals spending time away from clinical practice”

Better support their SCNs, not to improve individual or team performance.

Learning needs and content
Scoping exercises revealed that staff in both areas had similar learning needs:
- Leadership styles;
- Awareness of national and local policy drivers and strategies;
- Self-awareness and self-assessment;
- Communication (includes managing conflict and having caring conversations);
- Team management and team building;
- Decision making;
- Networking, peer support and sharing of good practice;
- Quality improvement;
- Practical skills, such as bleep holding.

The programmes focused on personal, professional and practical elements of leadership development. They offered an introduction to leadership and the skills listed above, while encouraging participants to identify their knowledge gaps and use the programme resources to continue their professional development. Box 1 shows the topics covered.

Responding to local needs
The programmes were designed and delivered in partnership with our host boards. As NES PEs, our role includes helping

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boards to ensure the sustainability of the work undertaken. Local education staff were aided to continue the programmes in the long term, which provided them with learning opportunities. Gillian McKenzie-Murray, a professional and practice development facilitator, said that “being involved in the ongoing development of the band 6 programme has enabled me to consider how we use national initiatives to support local learning more effectively”.

Designed in close partnership with each area, the programmes were responsive to local needs. At NHS Grampian, for example, the programme included a full day, facilitated by local educators and SCNs, focusing on practical requirements such as how to use quality improvement tools. NHS Highland built on this, asking participants to complete a quality improvement project in their clinical area (Box 2 lists a few examples). Future programmes at NHS Grampian will also include quality improvement projects.

Positive feedback

Formal feedback was obtained using online questionnaires, focus groups and post-course interviews with managers. Informal feedback was obtained through discussion and the various learning activities during the programme. All participants were given an opportunity to give feedback, which has been positive. Participants appreciated the opportunity to network and share practice.

Many said the programme should be mandatory for all band 6s. Participants felt better equipped to fulfil leadership responsibilities as the programme had provided insights into the role of SCNs. Many felt more confident and self-aware after the sessions on communication, decision making and resilience (Box 1).

Conclusion

To date, almost 170 practitioners have completed the programmes. These are now fully integrated into each health board’s educational infrastructure and offered to band 6 practitioners throughout the regions. We found that this was a great experience of a mutually beneficial partnership between NES PEs and local health boards. We hope others who want to set up similar projects elsewhere will benefit from our experience. Box 3 contains five recommendations that we would like to share with all those interested.

References

For more on this topic go online...

- Identifying the learning needs of senior nurses
  Bit.ly/NTLearningNeeds

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