Welcome to the ECCF Newsletter 2015

ECCF Project Team: Jane Harris, Programme Director; Ann Rae, Educational Projects Manager; Carol Curran, Project Officer; Moira Bodsworth, Project Administrator, NHS Education for Scotland

Welcome to this year’s newsletter that includes articles from Fellows: Mahri Edgar, Dan Warrender, Marie Anne Smith, and Elaine Armstrong who share how ECCF has impacted on patient care and on their careers.

We hear from Dr Anna O’Neill, from Glasgow University, who shares her experience of ECCF since it started in 2007. Whilst Elaine Lawther, from the National Leadership Unit, shows how the Fellows are a valuable part of an Interprofessional Group.

In September we welcomed ECCF 2014; Stephanie Lyall shares her experience of applying for the Fellowship. We congratulate ECCF 2011 at the end of their 3-year Fellowship and look forward to seeing them again at the ECCF Celebration event on 29 April 2015. All stakeholders are invited!

Thanks to all contributors and also thanks to Mags Morrow, from ECCF 2012, for her editing skills.

We are delighted to announce recruitment to ECCF 2015. This opportunity is specifically for nurses and midwives early in their career from any clinical area in Scotland. We are also interested in hearing from nurses in Scotland who are also Reservists in the Defence Medical Services. Applications close on 31 March 2015.

Date for your diary

ECCF Celebration
29 April 2015
Stirling Court Hotel
E-mail: eccf@nes.scot.nhs.uk for more details.
**ECCF in Context**

Jane Harris, Programme Director, NHS Education for Scotland

Current health and social care policy in Scotland is starting to drive the changes that will transform health care: give children the best start in life; improve health across the lifespan and deliver safe, effective and person centred services that focus on meeting people’s needs in their homes and local communities.

The vital role of all NHSScotland staff in supporting and leading these changes is recognised in Everyone Matters: 2020 Workforce Vision, and with nurses and midwives accounting for over 40% of this workforce there is hardly an intervention or service in which they are not directly or indirectly involved. Together with their counterparts in the independent sector, these nurses and midwives are perfectly positioned to assert key roles within modern health and social care delivery, lead change, and make a real difference to the health and wellbeing of people in Scotland.

A central tenet of Setting the Direction, the outcome from the Chief Nursing Officer’s Education Review is that access to the best quality education and professional development is essential for the confident, competent and caring workforce that is required now and for the future. The Early Clinical Career Fellowship programme is an excellent example of this tenet in action. The programme offers a unique blend of formal postgraduate study, action learning and supported professional development provided by mentors in practice and the NMAHP team at NHS Education for Scotland.

It is already becoming evident that the ECCF approach to supporting postgraduate development early in nursing and midwifery careers can develop leadership skills and behaviours in key areas of practice and is an endorsement of the words of JFK (1963) ‘Leadership and Learning are Indispensable to each other’.

**Fellows Improve the Care of Patients**

Dan Warrender, ECCF 2012 Fellow, NHS Grampian

Following on from my article in the ECCF newsletter 2014, I have continued to develop significantly as a professional since beginning the Fellowship. I completed my MSc undertaking primary research to improving the Care of Patients with Borderline Personality Disorder (BPD) in acute mental health wards.

The study found that developing skills in Mentalization Based Treatment (MBT) increased nurses understanding of BPD and empowered them to communicate more effectively with patients.

I have now presented at one international and two national conferences in Edinburgh, Glasgow and Coventry respectively. I have created a two-hour presentation on BPD and MBT for student nurses; which I delivered with the intention of increasing the knowledge and understanding of a diagnosis that makes up a significant proportion of mental health inpatients.

I have a vision for further education and research into BPD, and have now gained a position as lecturer in mental health at Robert Gordon University. I am acutely aware that my current position has come as a direct result of the ECCF which facilitated my MSc, in turn leading to professional networking and conference presentations. Now at the end of my final year as a Fellow, I find myself in the unique position of being able to influence the learning of the future NHS workforce.
Starting the ECCF Journey
Stephanie Lyall, ECCF Fellow 2014, NHS Lothian

Being a newly qualified nurse can be challenging in itself; however, after completing the Flying Start programme and hearing about ECCF 2014, I was inspired to apply.

The application process involves a robust selection procedure, which is both nerve racking and intense. The first part of the application consisted of online aptitude and psychometric assessments that evaluate: how I perform tasks, react to different situations and also tests my numerical reasoning skills. I found this part of the application process particularly stressful and exhausting but I was determined to do well. I was ecstatic to get through to the final stages, which involved attending a competency-based interview, and felt this was a once-in-a-lifetime opportunity to show how passionate I was about being a nurse, the NHS, and enhancing my professional development. Hearing I was one of the final few to become a Fellow was an achievement in itself.

Since commencing the ECCF in September 2014, I have already benefited from working alongside a mentor and other experienced healthcare professionals, whose years of experience and advice is invaluable, as well as participating in action learning classes. Within this short period I have also seen positive changes to my clinical practice as a result of my ECCF experience.

It has inspired me to be more confident to challenge myself academically and I am looking forward to developing my leadership skills over the next few years. I feel privileged to have been given this opportunity and intend to make the most of this experience.
Professional and Academic Growth in Early Career
Dr Anna O’Neill, MSc Programme Director, University of Glasgow

At the University of Glasgow we have had in excess of 20 ECCF Fellows from the over the years on the MSc (Med Sci) Advanced Practice in Health Care programme.

The Fellows are a group who have been offered an outstanding opportunity for development at a pivotal stage in their careers. It has been fascinating to observe the maturation of these Fellows as they have both professionally and academically developed.

This professional and academic socialisation is facilitated through the different elements of ECCF, including academic study, clinical practice, Action Learning, Master Classes and Mentorship, as well their colleagues. The Fellows bring an extra dimension to the postgraduate student body as they are amongst professionals with varying degrees of experience and expertise. This cross fertilisation is a key element of the success of the progression of the Fellows and their peers.

The Fellows have identified key practice-based issues that have then evolved into research projects and a number have published and presented this work nationally.

My role as a researcher involves research from design to publication, with prospective and retrospective studies, audit and service evaluation. My role includes: seeking consent from patients, conducting audit, data analysis, and disseminating study results. The goal of our work is ultimately to improve service delivery by improving scientific and clinical knowledge while ensuring that the patient’s experience of research is positive.

I have had the opportunity to present work at the Royal College of Nursing research conference in 2014 and I am currently working on abstracts to disseminate research that I have been involved with.

I have also presented audit data internally, so that actions based on data collected is discussed by the multidisciplinary team. This helps to improve the quality of patient care and service provision.

Similar research roles have traditionally been undertaken by medics, so it has been a team effort to ensure that my development has both a nursing and research focus.

I would like to thank all those who have supported me to access networking and development opportunities at the Golden Jubilee National Hospital.

I have shadowed and liaised with specialist arthroplasty and acute pain teams, multidisciplinary professionals and research nurses. This multidisciplinary focus has been hugely rewarding and the team has embraced ECCF and value my nursing background.

ECCF/Research Role: Short Article
Marie Anne Smith, ECCF 2012 Fellow, National Waiting Times Board

ECCF has widened my horizons and allowed me to appreciate the diverse roles which nurses can undertake within the NHS.

ECCF equipped me with skills and confidence to take responsibility for my career and development and I have now been appointed to a Research Nurse position in Golden Jubilee National Hospital.

The transition from a clinical to research-based role in the early stages of my nursing career has been challenging but worthwhile. I left a busy ward with a large nursing team for a research environment and became the sole nurse in our orthopaedic research team.

The University staff are delighted to be actively involved in shaping tomorrow’s leaders and look forward to following their progress over time.
Before I joined NHS Education for Scotland, I was Financial Controller at a large territorial Board. Despite considering myself quite a good communicator (for an accountant!) it was clear when I moved into an interprofessional team how limited my positive exposure was to my clinical colleagues.

And I realised I wasn’t alone. Some of my nursing colleagues had few good conversations with accountants.

I have the great fortune of working with the NHS Scotland’s management trainees. This is a small group of individuals who come into NHS Scotland to train to become finance managers or general managers.

The programme has been running since 2005 and had a set up which gave the trainees an opportunity to learn alongside medical colleagues. So far, so good.

Then I came across ECCF and thought that we should see what we could do if we blended accountants, managers, doctors, nurses, midwives and allied health professionals.

That worked so well we invited some psychologists and pharmacists to join in! We call this group the Interprofessional Learning Group (ILG).

The ILG is now in its third year and has been expanded to allow more people to participate.

It provides an amazing opportunity for individuals to get to know each other, and to understand each other, at an early stage of their careers.

This can only be positive in terms of outcomes for our services and the people we care for.

An extra plus is that ECCF colleagues and medics in training helped me with an induction programme for the new trainees. The trainees have been left inspired by two amazing ECCF Fellows who have worked with them over the last two years to help them understand what working life is like for clinical staff.
Knocking on the Door
Mahri Edgar – ECCF 2011, NHS Fife

I would like to share some of the opportunities I have had as part of ECCF that have helped my personal and professional development.

ECCF National Steering Group Member
Becoming a member of this Group gave me a real insight into the strategic planning and political driving force behind projects such as ECCF.

I’m not sure I appreciated the value of my being part of this at first but as my confidence grew and I learned to contribute more fully I could see the importance of having a Fellow on the Group. As a Fellow, I had insight to offer of the recruitment process and all aspects of the Fellowship that the other members did not have.

As a result of being part of this Group, I became aware of the bigger picture behind services and such programmes.

I would encourage all Fellows to gain experience of strategic groups.

Speaking to new Fellows at ECCF Induction
Public speaking is quite an art, one that I am not always comfortable with yet but I do think taking opportunities, such as speaking to Fellows as a group, is a good learning opportunity. While preparing for the talk, I was able to reflect on my feelings of each aspect of the Fellowship and examine my own learning and development.

I felt quite safe in the environment as my audience were like-minded individuals with the same ambitions and fears.

Charting my career to third year student nurses
I was invited, along with two other practitioners, by a tutor from Dundee University to speak to third year nursing students. The remit of the day was to illustrate different career paths that are available.

I enjoyed doing this session at the university and it whetted my appetite for teaching and led me to consider professional roles that have a formal teaching element to them.

In my experience, being a Fellow will not open doors for you, it will show you different doors. You need the self belief, motivation and knowledge to knock on the door and walk through.
One of the main reasons that made me apply for an Early Clinical Career Fellowship was my desire to make changes in my clinical area. After qualifying as a mental health nurse, I recognised very quickly that we do not always listen to the service user.

The motivation for my topic was inspired in light of policy expectations promoting greater patient involvement in their care and treatment as experts through their lived experience. One of the master classes I attended was about self-management as a concept. This was of great interest to me as self-management is a key component of the recovery process for individuals living with mental health problems. The professionals that delivered the talk reinforced my belief that to fully embrace change and empower service users’ self-management is the way forward.

My dissertation focused on service users’ perception of self-management.

I advertised through the Scottish Recovery Network to recruit my sample group, meaning that it was national rather than local. The sample group was selected on a “first come” term to avoid bias in selection. The first twelve were interviewed using semi-structured interviews. Each interview was recorded and transcribed verbatim.

The findings were of great interest as they identified that there are many barriers to support self-management in mental health. The participants suggested that they do not always feel empowered to make decisions. The majority of participants clearly noted that they were the experts through their own lived experiences. However, their views were often ignored by the professionals they were working with.

It was suggested that when service users are supported by individuals who have lived experience of mental health (peer support workers), their voices were heard; thus empowering them to make decisions in relation to their care and treatment.

As professionals we must embrace change so that we can support a future in which the service user is at the forefront of their care and treatment, thereby supporting self-management. I continue to strive to make changes within my new area of work, and further afield, by campaigning for change and clear partnership working between professionals and the service users. To fully support partnership working, professionals need to keep service users fully informed of their choices and support them to take ownership of their health.

Access the ECCF web pages at:

Comments, suggestions, and questions are welcome.
Please contact the ECCF Project Team by emailing: ECCF@nes.scot.nhs.uk