

Val Dimmock



“Encourage staff to see learning as something that happens every day”

Clinical skills leads must rethink their role – and how their trusts provide clinical training – if the NHS is to implement the recommendations of the Francis report and respond to the call by the Nursing and Midwifery Council to move from renewal to revalidation.

The Francis report highlights that having a knowledgeable, competent and confident workforce is key to delivering high-quality, safe patient care. Many acute hospitals have appointed clinical skills leads, senior nurses with a wealth of practical and theoretical experience, to lead training and development. Yet the Francis report indicates the NHS is still struggling to ensure staff develop and maintain skills.

This is not from a lack of effort on the part of clinical skills leads. In large part, it's because economic, regulatory and operational constraints mean most trusts find it difficult to release staff from clinical areas for training, which could become even more difficult if a nursing revalidation system goes ahead. Classroom-based training does not make the best use of learners' or trainers' time. In addition, clinical skills leads stuck in the classroom cannot spend time on the frontline helping staff brush up on skills or fostering a culture of learning simply by being visible.

A sea change in the way clinical skills leads approach our role is needed. We need to encourage staff to see learning as something that happens every day in the workplace, not something that takes staff away from it. More than that, we need to provide an environment where clinical staff can quickly and easily access training to meet immediate patient needs as well as for long-term development, without taking too much time away from clinical practice.

To achieve that, we must create a learning environment that allows staff to access self-study materials at work or at home, so they can learn the theory and move towards certification before they reach the classroom. Classroom sessions can then focus on practical elements – which will both reduce time away from clinical areas while increasing time spent on hands-on practice.

We also need to encourage hospitals to rota in protected learning time for each nurse every week, in the same way that doctors are allocated protected teaching time. Nurses could use that time to work towards certification before a classroom course, undertake training specified by their ward manager or maintain existing skills.

The final piece of the puzzle will be to provide an online learning environment with evidence-based material that can be customised or extended to take account of local policies and protocols. Ward/departmental managers should also be able to use the system to track training staff have received, set personal development plans, carry out performance reviews and evaluate the skill mix for workforce planning.

At Homerton University Hospital Foundation Trust, which has more than 3,000 staff and more than 120 student nurses and midwives, we have adopted an e-learning programme called Elsevier Clinical Skills. During a trial earlier in the year, clinical staff reported that the content was easy to access and intuitive to use, of a high quality and well explained, while the self-assessment options helped them test their own knowledge and prepare well for practical clinical assessments. Over the longer term, we expect it to improve staff productivity and allow us to get more from our training budget, while supporting trust-wide objectives around the quality of care and staff development. For patients the benefit is simply safer, higher-quality care from competent, confident nurses.

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