

Think CARER

Report 2014

Introduction

The aim of the Carer Information Strategy (CIS) carer training for NHS healthcare staff in Lothian programme is tied into the overall purpose of the NHS Lothian carer Information Strategy -

“To ensure carers are well informed and supported in their caring role by healthcare staff and local partner agencies.”

The strategy outlines that -

“Staff training will address general awareness of carer’s issues and assessment, carers’ rights and the specific issues faced by diverse groups of carers. Training will be offered at a range of levels and settings.”

The CIS carer training for NHS healthcare staff in Lothian has been delivered successfully since 2010. VOCAL has trained over 2640 healthcare professionals in community and acute settings across Lothian. Rebecca Caulfield, Training Co-ordinator (NHS Carer Information Strategy) started the role in January 2014 and is responsible for the design of the programme and delivery in Edinburgh, Midlothian and East Lothian (working in partnership with Carers of East Lothian). Carers of West Lothian are responsible for delivery in West Lothian. Training in 2014 was delivered by face-to-face training and via E-Learning.

Think CARER is an acronym used to cover the following points in the training:

- Consider who the carer is
- Awareness of all carers whatever their race, age, gender, lifestyle, issues
- Recognise their needs – carers are equal partners in care and have separate needs to patients
- Empower with information and communication
- Refer to carer centres, carer organisations and hospital carer support workers

The Think CARER programme is flexed to the audience and takes three different formats:

- Think CARER taster session – 15 minute session delivered to health professionals working in acute wards settings
- Think CARER team session – 45min to 1 hour session delivered to teams in hospital or community settings
- Think CARER student session – 1 hour session delivered to health students on campus or at VOCAL Carer Centre

The aim of the Think CARER training is as follows:

By the end of the session you will have examined each step of Think CARER by discussing

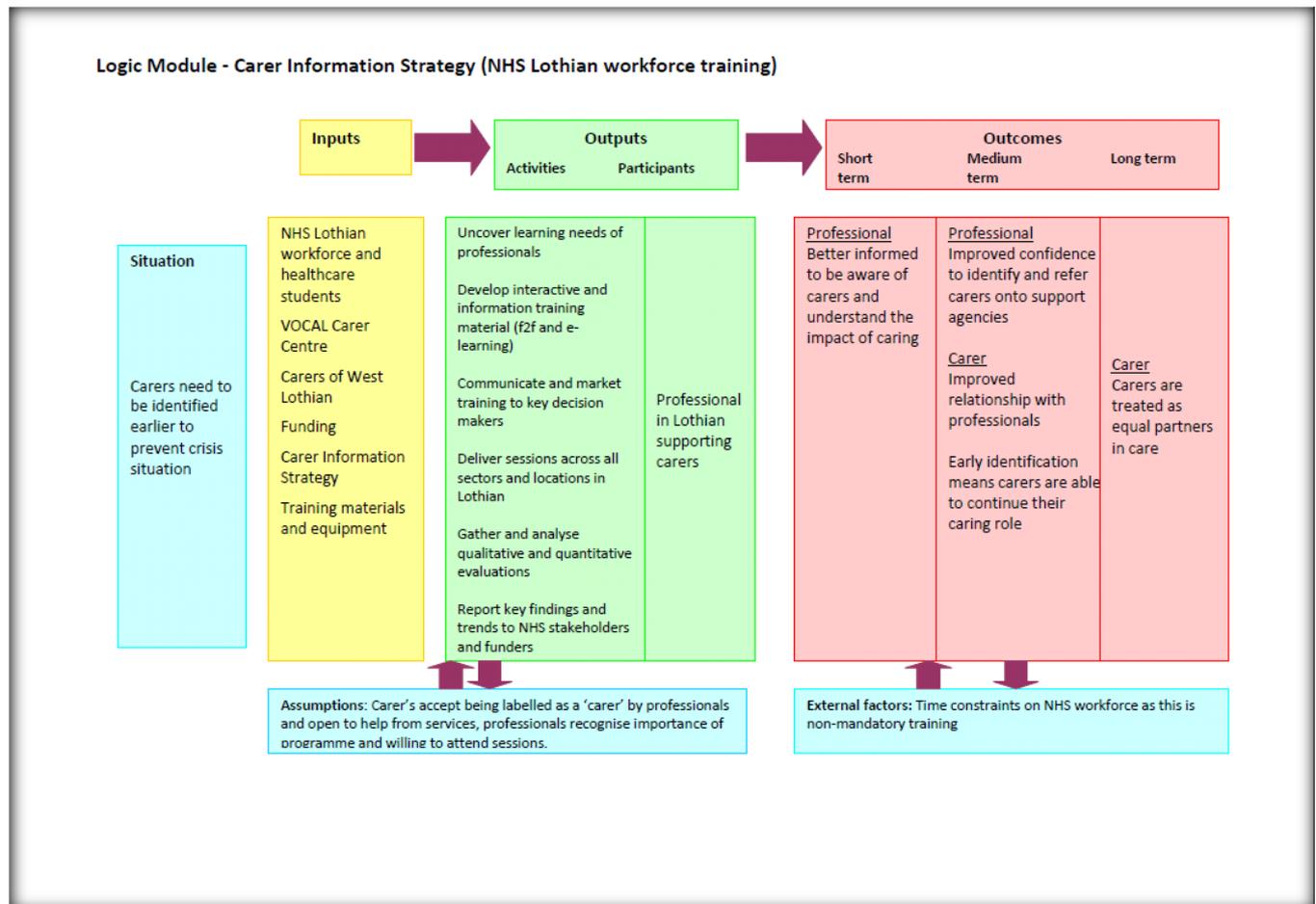
- Who carers are and how to identify them
- The reasons why they need your support
- Who to refer carers to

This report analyses the qualitative and quantitative data collected from those attending the Think CARER training face-to-face trainings sessions in 2014. It sets out **8 Recommendations** for the programme in 2015.

Logic Model

A Logic Model for the Think CARER training programme was completed in September 2014 after Rebecca Caulfield attended 'Introduction to Logic Modelling for carer groups' delivered by Evaluation Support Scotland.

The following model was created:



In the summary of this report the evaluation of the training programme will be measured against the outcomes set in the Logic Model.

Evaluation of the Think CARER programme

Recording data

The process for recording data was the Training Co-ordinator's own spreadsheets and records. The Session Tracker 2014, was the main tool used to plan and track the booking of sessions. It was found that while this was a useful tool to use day-day it was a difficult and time-consuming trying to analyse the data at the end of the year.

Recommendation 1

Session Tracker 2015 to be formatted into excel spreadsheet for easier analysis of data.

Number of sessions

In total 65 sessions were planned, with 57 actually completed – this in on average of 1 a week. Of the 8 that did not run, they were all taster sessions and the reasons were due to staff not turning up to training or cancelling at the last minute. Of the sessions cancelled the majority were rearranged and completed at a later date.

The total number of sessions is relatively low and this can be attributed to the Training Co-ordinator starting post in January 2014 and carrying out necessary re-refresh on the existing material, meaning the first quarter of the year had lower than expected number of sessions.

Recommendation 2

Increase the number of sessions in 2015, so that 120 sessions are planned with 100 completed to reflect time Training Co-ordinator has been in role.

Which sessions were run?

Think CARER Team sessions were the most widely delivered (as compared to student and taster sessions) with 26 session completed (46% of total sessions). Analysing where these sessions took place, 5 were delivered in the hospital setting (19%), 8 were delivered in the community (31%) and 13 were delivered in education (50%) – this large figure can be attributed to the participation in the rolling programme of Newly Qualified Nurse sessions. Hooking the Think CARER session onto existing sessions or protected learning time has proved successful and increases participant numbers.

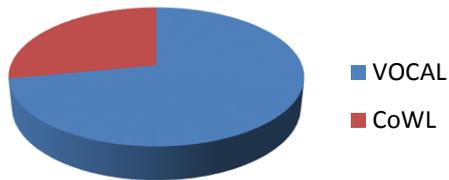
Think CARER Student session and Think CARER taster session had similar numbers at 16 (28% of total sessions) and 15 (26%). For the student sessions the majority, 12 (75%) were delivered at VOCAL and 4 on campus (24%). District Nurses in Edinburgh have been useful in referring their students onto VOCAL to attend sessions. For the taster sessions 10 (66%) were delivered in hospital/ward setting and 5 (33%) delivered in community.

Recommendation 3

Continue to use protected learning and education time to target sessions and participate in more mandatory staff training

Who ran the sessions?

Who ran sessions



VOCAL delivered 22 Team (85%), 3 Taster (20%) 16 Student (100%) while Carers of West Lothian delivered 4 Team (15%) and 12 Taster (80%).

As this is a pan-Lothian programme 40 sessions took place in Edinburgh, 16 in West Lothian, 1 in East Lothian (VOCAL Midlothian and Carers of East Lothian co-delivered this session) and 0 in Midlothian.

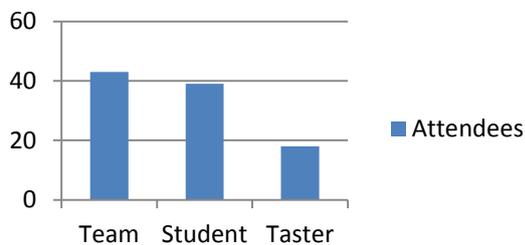
Recommendation 4

Increase the number of Think CARER taster sessions VOCAL delivers so that the programme is accountable to the number of acute wards in Edinburg, in Mid and East Lothian focus on community teams and departments.

How many attendees?

In total 740 NHS Lothian Health workers and students attended at Think CARER training session in 2014. The proposed number of attendees was forecast at 830, this equated to 89% attendee rate.

Attendees



A breakdown of sessions shows the team sessions were the most well attended, which is to be expected as this was the largest number of sessions delivered. Student sessions were next, which can be attributed to the fact that VOCAL delivered a session to 200 students within a lecture hall at Napier University. Lastly, the Taster session has the lowest, this might be explained by the fact the staff targeted for this session are the ones who find it the most difficult to find the time to get away from busy wards.

Recommendation 5

Continue to focus on the three strands of the programme, increase the number of taster sessions delivered slightly as they are the priority group for the training but the figures show that the team and student sessions deliver larger number of attendees per session so continue to deliver to meet demand.

Evaluation of Think CARER face-to-face sessions

Evaluation based on

Immediately after each session attendees are given a short amount of time to fill in a paper based evaluation form. For some students who attend the training at VOCAL, they are sent the evaluation form via survey monkey a day after they attend the session, this makes the recording of data quicker and would be the preferred method of evaluation but realistically the response rate would dip as most NHS professionals get limited time to access to computers.

The following evaluation is based on 473 completed forms (64% of total attendees). While the return rate is relatively high the feedback is entirely based on immediate response with no longer-term responses available for analysis.

Recommendation 6

There is no process at the moment in place for gathering long term feedback, which would analyse how the session is being put into practice. New long term evaluation methods need to be set up for 2015 including a short survey monkey questionnaire sent via email to a randomly selected group of past attendees asking about how the training is being put into practice. Follow up also with 4-5 attendees via telephone interview to gain a deeper understanding of impact of training.

Section 1 - Rate how comfortable you are at identifying carers prior and post session

By asking this question you get actual information about knowledge and skills of the workforce which can be measured before and after. This question is used as a tool by the trainer to find out the comfort rating in the room and flex the session to the participants. The majority of attendees rated themselves 3 and 4 prior to the session then all except 10 attendees rated themselves 4 and 5 afterwards (see table below). This shows a marked increase in comfort rating which is encouraging. It is surprising that so many rated themselves highly prior to the session, and shows that the workforce in the main part are able to identify who a carer is.

Rate Prior	Number	%	Rate Post	Number	%
0	5	1	0	0	0
1	4	1	1	0	0
2	33	7	2	0	0
3	175	37	3	10	2
4	182	38	4	120	25
5	43	9	5	312	65
DNR	39	8	DNR	39	8

Recommendation 7

Spend a small amount of time in the sessions explaining who carers are but focus more on how carers don't identify themselves and it is the role of health workers to help them discover this.

Section 2 – Please read the statement in each row and tick the appropriate column

1=Disagree 5=Agree	a)The training has increased my knowledge and understanding of the role of carers and the impact of	b)I have increased knowledge in carers support networks and agencies including the services	c) In the future I feel more confident to signpost and refer carers to relevant support agencies	d) The training will help me manage situations with carers more positively	e) I would recommend this training to other healthcare professionals
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Rate	caring		VOCAL offers							
	No	%	No	%	No	%	No	%	No	%
1	0	0	0	0	0	0	0	0	0	0
2	7	2	3	1	2	1	1	1	0	0
3	33	8	12	3	21	5	16	3	14	4
4	103	26	101	26	133	34	137	35	90	23
5	249	64	276	70	236	60	238	61	288	73

In the table above the highlighted numbers show the highest number of ratings, this is very encouraging data as for each statement the majority of the attendees ticked box number 5 meaning they agreed with the statement.

This is shown most clearly, where 73% of all attendees would recommend this training to other healthcare professionals – which is a good testimonial of the session. The lowest number agreed with the statement that in the future I feel more confident to signpost and refer carers to relevant support agencies; this shows that while the training is deemed useful, putting it into practice is still a worry for staff. This reflects the need for long term evaluation to learn more about this to then be able to answer it with the training content.

Section 2 – One thing I will do differently as a result of the training

All the comments have been collated in an excel spreadsheet. By reading through each comment and highlighting similar themes I began to visually see patterns emerging in the comments, I then counted the groups of comments so I could quantify them numerically. From this I could also see the different patterns within the different types of training.

This list starts at the topic most people commented on to the least comments with an example comment that illustrates the general theme.

No of comments	Theme	Example comment
97	Refer/sign post/inform carers onto relevant carer support agencies	<i>“Refer carers to services if needed, I was unsure of how to do so or what services were available before I attended this session.”</i>
78	Be aware or have awareness of carers	<i>“Be aware of patients who are carers and be aware of the family situation.”</i>
51	Communicate with/involve and include carers	<i>“I will involve carers into conversations more in order to make them feel important and continue to care.”</i>
36	Identify and recognise carers	<i>“Recognise carers better and look for signs that they may need support...work in partnership with them.”</i>
28	Have more of an understanding of carers	<i>“Appreciating the role of carers within the patient's everyday life and how their knowledge can improve holistic, individualised carer for the patient to improve care outcomes and patient/carer satisfaction.”</i>
22	Feel more confident to engage with carers	<i>“Feel more confident in opening up a conversation with a carer about their own health etc. be able to refer to appropriate places.”</i>

It is encouraging that most comments are about **referring** onto carer support agencies as it is highlighted in the training that it is difficult for NHS professionals to get the time to talk to carers but the power lies within them to refer carers onto places that have the time and expertise to support

them. Interestingly in the student sessions the comments have more emphasis on *'knowing who to refer to'* or *'knowing how to refer'* rather than the actual practice of referring, this makes sense as the majority of students are not yet in full-time working practice so the notion is theoretical compared to those attending team and taster sessions who are in a practice setting.

The majority of comments about **communicating with/involving and including carers** and **having more of an understanding of carers** come from the student and team session. This reflects the fact that these sessions are longer than the taster session and more time is spent discussing the impact of caring and the benefits of working in partnership. The majority of comments from the taster session are about **awareness** of carers, which relates directly to the content of the session. As it is only a short 15 minute session the emphasis is directed to awareness of carers and referring them on.

It was surprising that more people did not comment that they felt more **confident** to engage with carers as the comfort ratings show that there is a general increase in comfort rating in identifying carers in section 1 of the questionnaire and 94% of participants agreed or strongly agreed that *'In the future I feel more confident to signpost and refer carers to relevant support agencies'* in section 2. It may be that confidence comes with practice and this can be measured more realistically by collating longer term evaluation (a question around this will be included in the long term survey monkey questionnaire).

Recommendation 8

Gather more information on whether the training is increasing NHS professional confidence to engage carers by collating data in long-term evaluation.

Section 3 – Other comments about the training

This question was left as an open, non-specific question to allow attendees a place to write comments that are important to them. 144 comments were left, which is a relatively small amount compared to the total number of feedback forms collated – 473. It shows that attendees are rushing to finish this and this is the last question, often just gets left blank.

The comments centre around four main themes; **how the attendees found the content of the session, the format of the session, the delivery of the session and some constructive feedback comments.**

Content of the session

The word used most often to describe the content of the session was **informative** (44 comments).

- e.g. *"Very informative and interesting, has empowered me to approach carers with knowledge and be able to give them information."*

Other words used to a lesser extent included beneficial, worthwhile, great, good, helpful, interesting, useful. This is a good indicator that the content included in the session is useful information that can be used in their every day practice.

Format of the session

The word used most often to describe the the format of the session was **interactive** (21 comments)

- e.g. *"Very interactive which I feel helps me to understand and retain new knowledge."*

The session has been refreshed to include more interactive elements where possible so it is encouraging to see that attendees have commented on this. The session should mirror all learning styles and interactive elements have appealed to those with this style for learning.

Delivery of the session

There are 34 comments on the delivery of the session, focussing on the **style of the trainer**

- e.g. *“Rebecca was really interesting and articulate, great presentation and group work was relevant too.”*

A trainer’s individual delivery style is not always going to suit everyone’s style but it is part of the training role to be able to flex the style of delivery to the attendees learning styles so it is encouraging to get this overall feedback.

Constructive comments

14 attendees noted constructive comments these included:

- More information on Carer assessment
 - At the time the carer assessment form in Edinburgh was being updated, so had little information on it. I now have an example to show
- Session was too quick/rushed
 - This relates specifically to Newly Qualified Nurse session which was originally allocated 30 minutes, it was noted by the session leader and attendees that this was not enough time to cover this important information so the session time was increased to 45 minutes and received no further feedback relating to feeling rushed
- Videos of poor quality and difficult to hear
 - The existing videos are poor quality so two new videos have been produced and will be used widespread through the programme
- More hand-outs needed
 - This relates specifically to a lecture at Napier where more students than expected turned up, know for the next lecture to produce more than allocated amount

Anecdotal feedback (non solicited)

Some anecdotal feedback was also sent direct to the trainer via email, one example of this shows how the training influenced their practice resulting in improved outcomes for the carer.

Dear Rebecca

You gave a talk on Tuesday 20 May to HNC Healthcare Students at Edinburgh College. I was one of them! I really enjoyed your session and wanted you to know that I came across a situation the very next day at work where I was able to use the information you had passed on.

Your valuable talk meant that I looked at the situation differently and was able to help the exhausted and stressed-out carer to think about her own situation and accessing some help to deal with it.

Your session is a really valuable one and I hope you'll be able to present it to other HNC students.

Kind regards

Alison Gillies, HNC student

Summary and recommendations

Overall the feedback evaluated throughout the report is overwhelmingly positive and encouraging as the project is in the first year after a refresh of all content and materials.

From the detailed findings in the report, the evaluation of the training programme is measured against the outcomes set in the Logic Model (below):

Outcome	Met	Rationale
Short term <u>Professional</u> Better informed to be aware of carers and understand the impact of caring	Yes	<ul style="list-style-type: none"> - 90% of participants rated themselves 4 and 5 out of 5 at how comfortable they felt at identifying cares after attending a Think CARER session - 90% of participants agreed or strongly agreed that <i>'The training has increased my knowledge and understanding of the role of carers and the impact of caring'</i>.
Medium term <u>Professional</u> Improved confidence to identify and refer carers onto support agencies	<u>Part</u>	<ul style="list-style-type: none"> - 94 % of participants agreed or strongly agreed that <i>'In the future I feel more confident to signpost and refer carers to relevant support agencies'</i>. - More data needs to be collated in long term evaluations of the programme to see how this confidence is being out into practice
<u>Carer</u> Improved relationship with professionals	<u>Part</u>	No data on this – include a question on next VOCAL carer survey
<u>Carer</u> Early identification means carers are able to continue their caring role	<u>Part</u>	No data on this – include a question on next VOCAL carer survey
Long term <u>Carer</u> Carers are treated as equal partners in care	No	Difficult to measure and no data on this locally – Future Scottish Government statistic and reports may be able to measure and report on this in the future

The report sets out 8 key recommendations that will influence the planning and running of the Think CARER programme in 2015. The Training Co-ordinator will ensure that the recommendations are taken forward and reviewed six months into 2015. They will then again be reviewed and new recommendations made in the Think CARER report 2015.

The recommendations are as follows:

Recommendation 1

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Recommendation 2

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