



Personal Outcomes Stories during COVID: Learning from practice

June Gordon, dual role = NMAHP Practice Educator & Registered Dietitian, NHS Grampian

How have you been able to keep a focus on what matters to people during COVID?

My default is to focus on what matters to people and during COVID this was heightened; it was just as important to provide services that meet the needs of the individual at this time. The team that I worked with were a major factor in enabling me to keep this focus.

What have you had to do differently and what made this possible?

I was very quickly deployed back to my Practice Education role for 4 days/week instead of my usual 2 days in Practice Education and 2 days working clinically as a dietitian in paediatric diabetes. This was in response to the increased demand for induction training for new Healthcare Support Workers (HCSWs) employed to deal with COVID-19.

We had to rapidly change our induction processes for new start HCSWs to a virtual programme instead of our well-established face-to-face model. The numbers of new start HCSWs was increasing rapidly due to the anticipated numbers required. We had to create a virtual programme and new processes in a very short time scale whilst administering the new system and responding to staff queries both from the starts and diverse colleagues. We wanted to link in with NES resources developed for COVID-19 whilst making the learning relevant to NHS Grampian and straightforward for new start HCSW.

We developed a new face-to-face component of induction; “Fundamentals of Care” which we had never had the resource to develop and deliver. COVID-19 working provided a golden opportunity to trial this in small groups using social distancing guidance. Our aim was to provide it to those who required it determined on a self-assessment basis; the individual being the expert in their own confidence & capabilities around this component.

What made this possible was the team of people I found myself working closely with; all have a strong sense of integrity and believe in “doing the right thing” no matter the situation. All held true to this in what were difficult and stressful times for all. Excellent communication within the team was pivotal and was facilitated by great willingness and by whichever means was most appropriate; frequently virtually by telephone, email and ultimately Microsoft Teams; all used prolifically to ensure effective team-work.

What have you noticed that has been better?

The speed and willingness of all to work within and across organisations made this redesign and redevelopment possible. It enabled us to provide a timely service. We

communicated within and across teams and used existing and new networks to add the new face-to-face component on the “Fundamentals of Care”. The enthusiasm of all involved was communicated to our new starts; evidenced by feedback from evaluation forms, emails and from ad hoc comments midst training. We were able to communicate directly with new starts in advance to determine their training needs.

For the individual this means that they are being provided with the skills and confidence to carry out the relevant tasks in the area they will be working in. For the organisation this means that the training resource was being used appropriately; upskilling those who required it and allowing a timely throughput of HCSWs into the workplace. For the trainers themselves it gave a sense of achievement to be providing person-centred training despite the pressures of having to “get people through”.

How did this make you feel?

This made me feel very motivated and gave a sense of achievement both in terms of meeting the needs of the new HCSWs but also in the teamwork involved in doing so. It also made me feel more secure at a stressful time; in terms of being deployed from my clinical job at a point where I had just begun to feel settled and due to the stresses of the COVID-19 pandemic on work and family life.

What have you learned through this?

I have learned that staying true to my integrity and what I believe is “right” is vital and helps drive me through stressful times. It has also reinforced the value of working well as a team and how important that is to me in any work I do. The support of that team was integral. The team was diverse and from across different organisations; reinforcing that we should “celebrate the differences” that diversity brings.

Anything else you want to tell us?

For me, I’d sum it up in an anagram of “COVID”:

Communication (across sectors, with all new HCSWs, with immediate NMAHP team, wider NHSG teams and across organisations)

Open (to suggestion, to collaboration, to new ways of working and to listening)

Virtual (we had to redesign our programme to a virtual one but developed a new face-to-face “Fundamentals of Care” component midst COVID)

Individual (we still managed to tailor it to the individual)

Different (we worked in different ways, appreciating that everyone is different and has different needs)