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Background:

- The NHS is required to grow nursing numbers to serve future population demands^{1,2}.
- Through strategic workforce planning, professions, organisations and teams are to be responsive to these needs, despite potential operational challenges.
- Cancer impacts **one in two** individuals³; educating the future healthcare workforce to understand the disease and impact on patients and their care needs is required.
- All nursing specialists will likely be required to provide optimal care to patients who are, or have been, affected by cancer in some way.
- The project addressed Health Education England's reform in clinical education⁴, adapting to the new COVID era, whilst still providing quality learning experiences for learners.
- An innovative and effective placement model, developed during the COVID-19 pandemic by a diverse project group⁵, was adapted to inform and educate pre-registration nurses and allied health professionals (AHPs) about **oncology pathways**.
- The placement opportunity was offered across the Greater Manchester region.

Method:

Multi-disciplinary teams across the system of care engaged and collaborated to formulate a spiral curriculum, embedding a patient centric approach. SMEs, supported by the clinical educational team, focused on the **must, should and could** of knowledge to be shared with learners to generate interactive teaching and learning materials across the oncology pathway. SMEs were supported in sharing their narrative and patient case studies in the digital learning environment. Additionally, developmental opportunities were provided for SMEs and online facilitators. Service user involvement was integrated into the programme through sharing lived care experiences.

Pre-placement introductory sessions were held, allowing for the introduction of a **coaching framework** to align expectations across learners and facilitators, and support learner progression. The clinical placement was delivered using the Microsoft Teams digital platform and took place over a two-week period. All learners were supported in accessing the digital platform and in maintaining an effective learning environment through wellbeing resources, allocation of a learning coach and reasonable adjustments. Learners undertook daily personal reflections and provided feedback to peers and facilitators.



Fig. 1



Fig. 2



Fig. 3



Fig. 4



Fig. 5

Figures 1-5: Sample posters created by the learners at the end of their two-week placement, demonstrating their learning and development

Results: Innovation

A total of 344 learners across four cohorts accessed the placement utilising a novel approach to increase placement capacity in the region while maintaining biosecurity measures in a physical clinical environment. Workforce training demand was reduced through knowledge frontloading to support subsequent rapid learner integration in clinical placement. Over eighty percent of the learners were nurses; the remainder were AHPs, building on the norms of traditional placement models through the socialisation of learners across different programmes of study. The programme focussed on clinical conversations and learner-led feedback, to complement traditional formats of information giving. Learners self-assessed their personal development, showing an average of **40% learning gain** across eight professional capabilities.

Collaboration

Key voices from across the oncology pathway, including service users, were represented to provide learners with a comprehensive and representative placement. Collaboration across Higher Education Institutes, learners and SMEs promoted an adult-adult learning environment in which learner potential could be maximised. This placement model encourages working outside of professional silos, promoting educational ownership and awareness of future career opportunities within healthcare.

Equality

Accessibility to the placement was enhanced through the use of a digital platform and not limiting to one professional group, year of study or nursing specialisation. All learners were allocated a learning coach as a point of contact and were provided with an interim and final feedback report to support their development.

References:

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2. Winchester, N., 2022. *The nursing workforce: Royal College of Nursing report*. [online] House of Lords Library. Available at: <<https://lordslibrary.parliament.uk/the-nursing-workforce-royal-college-of-nursing-report/>>
3. World Cancer Research Fund. 2022. *UK Cancer Statistics and Data | World Cancer Research Fund UK*. [online] Available at: <<https://www.wcrf-uk.org/preventing-cancer/uk-cancer-statistics/>>.
4. Health Education England. 2021. *HEE welcomes NMC recommendations for education reform*. [online] Available at: <<https://www.hee.nhs.uk/news-blogs-events/news/hee-welcomes-nmc-recommendations-education-reform-16>>.
5. Sanneh, A. and Doherty, W. (2022) Creative provision of radiotherapy clinical placements. Available at: <https://society-of-radiographers.shorthandstories.com/creative-provision-of-radiotherapy-clinical-placements/index.html> (Accessed: 01/09/2022 2022).

Conclusions:

- Increased clinical placement capacity for pre-registration learners across Greater Manchester.
- Increased accessibility to oncology nursing and provided equality by utilising digital and tailored educational methods.
- Championed Health Education England quality standards for cultivating a positive and effective clinical learning environment.
- Socialisation of students into a safe space supports learning to improve patient care experiences.
- Increased staff motivation and innovation to support and modernise teaching and learning in practice for a modern workforce.
- Created an environment that promotes new ideas to be generated, shared and supported.
- Enabled full systems of care to be explored and valued all contributors.