

GM Synergy AHP Practice Learning Quick guide for educators

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Contents

- Definition and Principles
- Placement Structure and content ideas
- Coaching
- Student Preparation
- Other considerations
- FAQ's / Myth busting

Definition and Principles

GM Synergy is an alternative supervision model with 3 key principles

- Coaching conversations
- Peer learning
- Service development

It has been very successful in the nursing profession however transferring to AHP learning has endless possibilities due to the variety of skills, placement areas and opportunities available. It can be used within any placement environment, the message is there is no placement too specialist to take students.

Coaching Conversations

Coaching benefits both parties involved. For the learner it provides ownership of their learning journey, builds confidence, teaches them how to apply knowledge to practice and improves communication, motivation and performance. For the educator it improves leadership skills, sense of satisfaction, self awareness and improved questioning skills. Looking at the image below think about where your current style fits. Encourage students to use reflection models to demonstrate how they respond and adapt after these conversations.



Peer Learning

Learning from each other, with each other. This can be students of different professions, different years of study, different points within the placement. There are benefits to all these combinations. Sessions can be facilitated or not, clinically focused or general professional content. You may want to timetable in sessions as part of placement structure daily or weekly.

“I massively enjoyed working with other students independently from my educator as it gave me a chance to ask questions and brainstorm ideas before putting them into practice. Students together can make a strong team that work well together and benefit from a positive learning environment.”

Rion McKenna 2nd Year MMU Physiotherapy Student, Project Placement

“Initially it was unsettling to leave the students alone for such a long period of the day. But when we all met up they produced some excellent self developed reflection documents and detailed project plans that demonstrated their ability to gather information and plan independently”

Jane Hall, Clinical Educator CPEP Project Synergy Placement

Service development

There is great value in students understanding the structures that exist to support clinical services and evaluate activity. Non-clinical activity such as a service development project gives the opportunity to gather information, plan and execute tasks, then evaluate outcomes. This process mirrors the same steps used when assessing and treating patients and marking can be easily adapted.

Eg researching Quality Improvement methodology – demonstrates ability to plan intervention, creating aim statement mirrors SMART goal setting, baseline data needed to identify outcome measures

Eg Creating patient information leaflet – requires stakeholder involvement to plan need and content, production of draft reflects intervention carried out, gathering feedback demonstrates evaluation and planning next steps.

Eg Project planning – project aims replicate problem list/treatment plan, networking and collaborations demonstrate communication skills and MDT working, time management and task management skills challenged the same as caseload management

Ideas for possible projects

- Service Audit
- Patient Leaflets
- Social Media presence of team
- Develop induction resources
- Scoping/evidence review for new element of service or business case
- Presentation/article on leadership career pathways in your profession

All of these opportunities can be developed and individualized in your area to provide the best experience for students. Delegate tasks that relate to real life projects so students can contribute and become an asset. Remember to involve students in this development and evaluation to keep improving. More ideas for these placements [here](#) as part of HEE Webinar

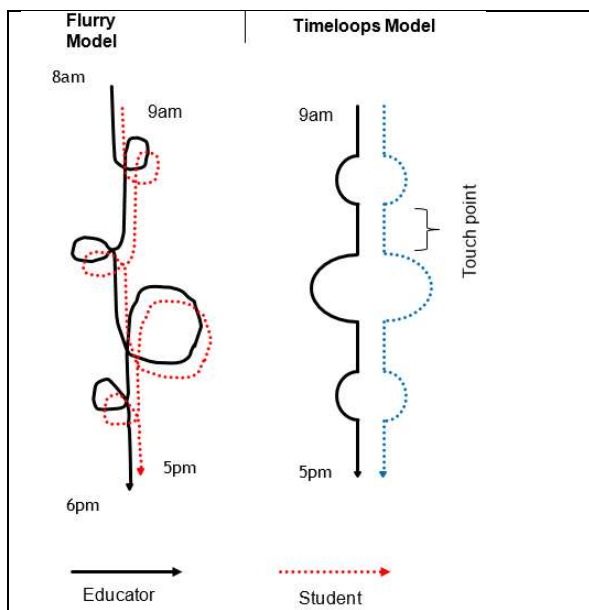
Placement structure and content ideas

There are common principles that are transferable. Your own practice learning environment will need to individualize the structure and content as you are the best judges of what opportunities and learning your area are can deliver.

Remember to involve students in this development and evaluation to keep improving. They will be keen to contribute and help shape learning for future students

- **Rota** – if space is a limitation consider shifts using extended days and 7 day services where possible. Alternating days or AM/PM split will mean less people in one place at the same time. This will require advanced planning and some rota templates are available to help structure the placement. This time spent planning beforehand will make everything run smoothly during placement.

- **Split patient facing/project** – Could your service be broken down further to focus on one element of the service which is then linked with a project to create a split placement? For multiple students different areas gives them the opportunity to educate each other and share experiences. Perhaps you work closely with another team or profession which would complement as a 1 day a week spoke shadowing opportunity. This allows for a varied placement whilst also freeing space and time for educators.



- **Model** – Look at the models below and see if the flurry model seems familiar. The educator gets in early to prepare the day, the student then shadows all activity 1:1 with the educator leading treatment sessions, explaining, debriefing then and at some point may say to the student *it's been a busy day why don't you go home early* because they cannot maintain this for the full day. This is exhausting for both educator and student. The model of touch points includes the student in the planning of the day and gives flexibility for time apart to work individually but then touch points for feedback and further planning.

- **Leadership/Project based placements** – Students of any level can gain core skills from a non-patient facing placement. Is there a medium term project they could lead or an element of a larger department piece of work they could contribute to? Use already existing training resources in your trust or National platforms to access education in Quality Improvement, time management, presenting skills. These are all transferable skills to adapt to patient interventions. Leadership focused placements could see students complete the [Edward Jenner Programme](#) or spend time at senior meetings to get exposure to the structure of the Trust and the operational management supporting services.

Coaching

Coaching is not new in the NHS. ***“Coaching is a focused relationship deploying techniques embedded in artful questioning and appreciative inquiry to help leaders unlock their full potential to achieve personal and professional success”*** NHS Leadership Academy



The GROW coaching model provides a framework for the core elements of an effective coaching conversation. It is a structured coaching method to help coachee identify a goal for each coaching session, work through what's getting in the way, brainstorm ideas and finally commit to taking action.

Video link GROW model (3 mins):

<https://www.youtube.com/watch?v=Fjw7vEUdIDE>

Video link: What is coaching? (1 min)

<https://www.youtube.com/watch?v=zsGHb4KCNO0>

At the time of writing there is ongoing development of online accessible North West educator coaching training

Image referenced from www.theimpactcoaches.com

Student perspective and preparation

Synergy placements are greatly beneficial if facilitated in the correct way, treating each student as an individual while enabling a cohesive learning environment. Have confidence that students will learn from each other and develop independently. Here are a few questions to show the student perspective of a Synergy placement:

Q How are students prepared at university for peer placements?

Universities prepares students in various ways like carrying out group presentations that require similar skills needed to work collaboratively in a Synergy style placement. Courses emphasize the importance of working as part of an MDT, so students are well prepared to work with other professionals in a collaborative manner. For example some universities host Inter Professional Learning sessions in which students from various healthcare disciplines meet in classes to network and complete tasks as part of a team.

Q What is the student opinion/expectations about the model?

It is a great opportunity to grow and critique aspects of your practice in a safe environment. Something you may not get opportunity to explore alone or in a busy clinical environment. It also gives students a comfortable way to practice clinical skills on their peers, work together on problem solving and create a unique support network. Teamworking is important, but students also prefer to be treated as individuals and not as a collective as although they may be working together, they will all have their own strengths, weaknesses and specific needs.

Q What benefits do non-patient facing placements have from a student perspective?

The opportunity to work on personal reflection and project planning tools that will be useful in subsequent placements and written university work. Focusing on the theory and methodology of service development are skills that would be more difficult to focus on in a busy clinical environment. It also offers opportunity to gain knowledge of the structures in place to support the clinical care given on the frontline and the background work that goes into sustaining the NHS! There are opportunities to network and present to different groups which is transferable to communication in patient-facing placements for example, when contributing within an MDT.

Q Will students have enough work to do in the self-directed time?

This will depend on how proactive the student is, but the majority of students go on placement to learn, so they will be keen to get involved. With the educator's guidance, the student will find ways to further their development and may even think of things the educator hasn't. Involve them in the creation of placement content ideas to give them ownership. For placements that are clinically based, self directed time is a great opportunity to reflect, practice skills, plan a week and research further CPD on topics of interest. This greater depth of understanding is vital to get the most out of the clinical experiences. Some students may not know of the possibilities that this time allows, that is where guidance and encouragement from the educator is crucial.

Other Considerations

Risk Assessments

If your department has a health and safety risk assessment consider including additional students at the next update of this. Factors such as more people in the building may need consideration. Make use of 7 day services and extended hours if your area does this to mitigate any risks. This flexible working is more experience of 'real world' expectations for students to experience. It will prepare them to be adaptable and flexible to changing situations.

Community Placements

The nature of community placements may require more planning and organization in the set-up due to considerations about space, home visits, car sharing, student shadowing. This model can certainly work and have great success in the community setting using options of multi-professional shadowing or blended technology placements as ways to overcome common barriers.

FAQ/MythBusting

“Students won't be able to achieve good marks if they don't treat as many patients”

Marks aren't decided from the number of patients a student treats – they are decided on how the student adapts to conditions (whether these are seen in a patient or an aspect of a project) that they are presented with. This could be a complex problem presented during a project-based task that the student needs to find resources and adapt the way they think to solve the problem and continue the task. If the student has not experienced any complex problems, create a complex case study or project problem for them to work on.

“The marking scheme is specific to patient assessment and contact”

For those interacting with patients, obtaining information from a subjective assessment may be easily achievable. For others that may not have access to patients, adapting the learning objectives to the placement and how to achieve them will be worthwhile. E.g., “obtaining information” this may be adapted to obtaining an understanding of the project you are working on and showing this in a presentation. The key skills can be extracted from the marking criteria and applied to a non-patient facing placement. For reference, the Chartered Society of Physiotherapy have made a general document for placement assessment that may be helpful to compare – CSP Common Placement Assessment Form.

“What if the students clash or don't get along”

Some people may prefer to work individually, but unfortunately to work in a healthcare setting there will be some element of working with other people and for this to work effectively, a happy working environment is important. If the students are clashing, consider having a discussion with them individually and ask them do they want to be brought together to discuss the problem with the educator. From this point, it is important that the students are gradually introduced to working together in a way that makes them more comfortable, so organising tasks that involve working as a team may be more useful as the placement goes on.

Students won't be prepared for work when qualified if they don't have enough patient experience

A band 5 practitioner many skills outside the clinical skills required to work with patients including leadership skills, communication, problem solving and presenting skills, time/case management and team working. These are all skills that can be obtained while on a non-patient facing placement that will contribute to becoming a qualified healthcare professional. It is also up to the student whether they are proactive to go and get these skills, as it would be in the case of getting clinical skills.

“We are diluting the placement experience for students”

It is gaining a different spectrum of skills – albeit not the ‘normal’ set of skills but a well-rounded healthcare professional arguably shouldn't just have a ‘normal’ set of skills. It is a great opportunity for the student to set themselves apart from other students in having a new set of skills. Use this time as an opportunity to learn new skills, addressing weaknesses and developing as a better clinician. There are plenty of clinical skills like leadership, communication, time management, reflection, workload management and other soft skills that can be gained in this style of placement.

Support on placements within GM trusts

Within your trust there are Practice Education Facilitators (PEF's) who are available to assist you with providing student education. Some trusts have specific AHP PEF's in post. Please see below for some PEF contacts in your local trusts

Bolton NHS Foundation Trust - E-mail: Philippa.hill@boltonft.nhs.uk Tel No: 01204 390798

Greater Manchester Mental Health NHS Foundation Trust Email: Diane.Boyce@gmmh.nhs.uk Tel No: Tel: (0161) 358 2442

Northern Care Alliance NHS Group – (Salford Royal) E mail: Julianah.Oluwasakin@srft.nhs.uk Tel no: Tel No: 01612065218

Manchester University Foundation Trust Email: Justyna.Styczen-O'Keefe@mft.nhs.uk Tel No: Oxford Rd: 0161 701 1858 Wythenshawe: 0161 291 5644/3575

Tameside and Glossop Integrated Care NHS Foundation Trust: Email: Victoria.grundy@tgh.nhs.uk Tel No: 0161 922 4209

Wigan, Wroughtington and Leigh NHS Foundation Trust: E mail: Anna.Quinn@wwl.nhs.uk Tel: 01942 822590

Clinical Hours

Some AHP professional bodies set out specific requirements for clinical hours. Clinical hours doesn't necessarily mean patient contact hours. It is time to redefine what is meant by clinical practice and have flexibility to add in non-patient facing tasks which provide more opportunities and a larger variety of ways to meet learning outcomes. Below are some ideas of tasks where learning outcomes can be achieved

“A practice placement is where students apply and consolidate their learning, bringing together academic theory, workplace practice to develop skills and competences needed to register”

Health Education England

Learning Outcome	Direct patient example	Indirect examples
Gathering and analysing information from a range of sources	Review GP records, admission notes, previous assessment or treatment, MDT summaries, clinical systems, test results, imaging	Guidelines, strategies, white papers, networking, introductions, interviews, focus groups, surveys, webinars, literature, data/activity, e-learning modules
Practice effectively with application of current knowledge in the context of placement setting	Patient assessment, treatment sessions, ward rounds, MDT, home visits, communication with relatives/carers, treatment plans	Delivery of presentation, project planning templates/plans, quality improvement methodology, meeting attendance and participation, written work such as newsletter/blog.
Evaluation, problem solving and planning	Problem list, treatment plan, supervision and discussion with senior,	Project evaluation, project objectives, data/charts, presentation, reflection (personal and professional), written report, PDP template, verbal feedback, SWOC

(These learning outcomes have been adapted from the new physiotherapy common assessment form due to launch Sept 2021 www.csp.org.uk)

Current placement expectations of AHP Regulators and Professional Bodies can be found at HEE [here](#) with individual profession details.

Useful Links

Health Education England [Practice Learning Resources https://www.hee.nhs.uk/our-work/allied-health-professions/increase-capacity/ahp-pre-registration-student-practice-based-learning-programme/practice-based-learning-resources](https://www.hee.nhs.uk/our-work/allied-health-professions/increase-capacity/ahp-pre-registration-student-practice-based-learning-programme/practice-based-learning-resources)

Salford University GM Synergy <http://hub.salford.ac.uk/gmsynergy/>

North West Leadership Academy: <https://www.nwacademy.nhs.uk/>

Edward Jenner Programme <https://www.leadershipacademy.nhs.uk/programmes/the-edward-jenner-programme/>

CSP Common Placement Assessment Form: <https://www.csp.org.uk/professional-clinical/practice-based-learning/common-placement-assessment-form>

