

**Pilot of the mobile clinical skills unit:  
evaluation of the first six months**

**For NES Programme Board**

**28 September 2009**

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## 1. Executive Summary

As part of the Scottish Clinical Skills Strategy, NHS Education for Scotland (NES) have funded a Mobile Clinical Skills Unit to be used for the delivery of multi-professional skills education in remote and rural areas of Scotland, for a pilot period from January 2009 to December 2010.

The project is managed by the Clinical Skills Managed Educational Network (CS MEN), which is funded by NES and the Scottish Funding Council. The project is a collaboration: the physical facility is funded by NES, but the education is run in partnership with multi-professional education providers from across Scotland.

In the first six months of the pilot the mobile unit has completed 2-3 week visits to eight venues in Fort William, Wick, Oban, Stranraer, Shetland, Kelso and Orkney. Approximately 663 healthcare practitioners took part in at least one session of education on the unit. Where the venue has been able to prepare for the visit, approximately 150 people receive education over the two-week period.

**Table 1. Summary of visits**

Location	Health Board	Duration	Number of courses	Numbers (approx.) attending
Belford Hospital, Fort William	Highland	10 – 23 January	12	66
Caithness General Hospital, Wick	Highland	27 Jan – 9 February	10	30
Lorn & Isles Hospital, Oban	Highland	16 Feb – 4 March	14	150
New Galloway Community Hospital, Stranraer	D&G	5 – 20 March	3	17
Montfield Hospital, Lerwick, Shetland + 3 days at Yell Health Centre, Island of Yell	Shetland	17 April – 6 May	12	160
Kelso Community Hospital, Borders	Borders	18 May – 1 June	16	140
Balfour Hospital, Orkney	Orkney	2 June – 23 June	Est. 7	Est. 100
	<b>Totals:</b>		<b>74</b>	<b>663</b>

All of the first venues have requested further visits of the unit, and noted that they had learnt much from the first visit that would help them improve the organisation for subsequent visits. Most partners noted that, in retrospect, they would have liked to have pulled their programmes together and advertised them earlier.

In addition to the core visits, the mobile unit has also been showcased in urban areas, with the purpose of raising awareness of the facility and to increase the number of faculty from urban settings who deliver education through the unit. It had been showcased in 8 of the 14 territorial Health Boards by the end of June, and will visit the remaining 6 in the second six months of the pilot. A complete programme of the unit's activity in the first six months is attached as Appendix 1 to this document.

Over the first six months of the pilot, the unit was in use 71% of the time. Here 'in use' includes time in transit, but not maintenance and remedial/additional work that has been done on the unit in response to feedback from users on their requirements. The figure would be closer to 80% with this factored in.

All users of the unit, both trainers and course participants have been requested to complete an end-of-session questionnaire. Data from these questionnaires has been used throughout this report.

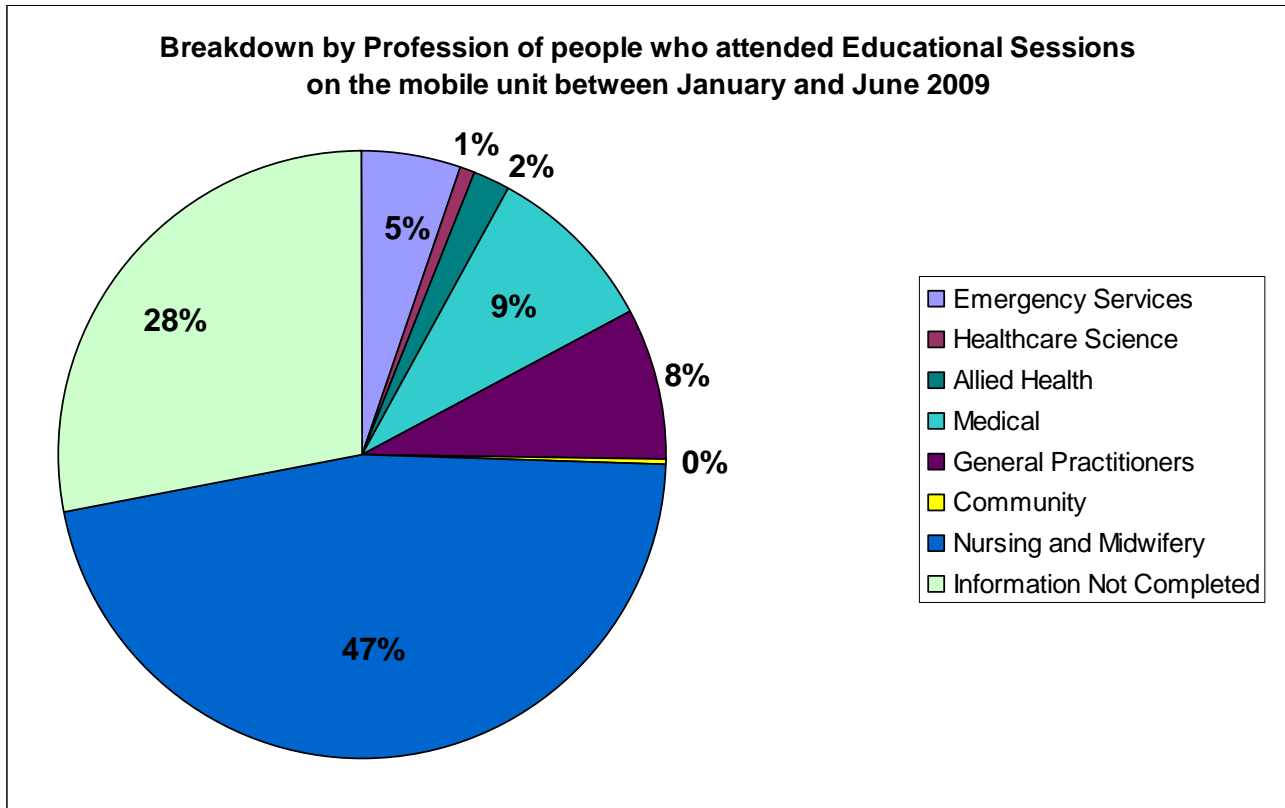
## 2. Analysis of participants in training

Many more staff have had access to education through the unit than would have had the opportunity to attend the same training had they needed to travel further for it, as confirmed by verbal feedback from the local hosts. It has still been an issue for local services to be able to release staff to attend the sessions, but because the cost of the pilot of the unit has been funded by NES, education has been more affordable and opened up to greater numbers of healthcare practitioners.

Local hosts and participants have also appreciated that the unit makes whole-team training possible, because it can be done on site, whereas it would never be possible for a whole team to be released at the same time to travel to central facilities. Comments have also been received from the evaluation forms appreciating the emphasis being on multiprofessional training for the whole team.

Not all respondents completed the section of the evaluation form that was about themselves, but from those that did, we have evidence that the use of the unit has been multiprofessional. Nursing and midwifery has been the professional group to get the most use out of the education in the first six months, which is perhaps representative of the workforce at the venues. We still have some work to do in bringing on other groups of stakeholders, including dentists, the public and increasing the number from Scottish Ambulance, and have been concentrating further on this with some success since June.

The chart below gives a summary of the professional groupings of people trained on the unit, and a more detailed breakdown by job description and venue is attached as Appendix 2 to this document.



### 3. Development of Trainers

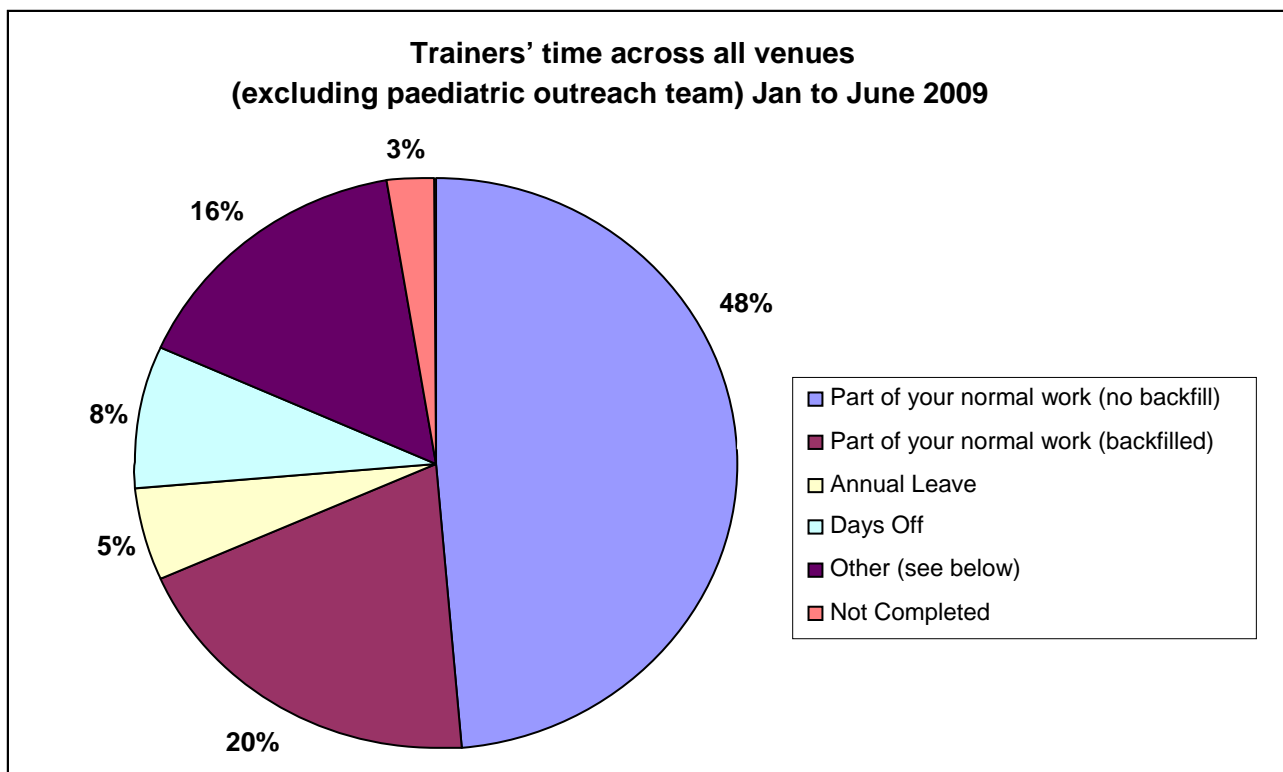
#### 3.1 Trainers' time

The success of the first six months of the project has been largely due to the enthusiasm of the trainers and their willingness to use their leave and days off to deliver education through the unit.

Not all trainers completed the evaluation forms on the unit, but we have a representative sample, and some have called with verbal feedback about their experience of using the unit, which has been mainly very positive but with some operational and technical issues as they have used things for the first time.

In addition to the local trainers, some venues have arranged for specialists to come in and deliver the education they need (for example, Oban for sepsis, Fort William for adult retrieval from the EMRS team from Glasgow).

The unit has also been used for one or two days at each venue by the Paediatric Outreach teams from Edinburgh and Glasgow to jointly deliver their education day for the stabilisation and transfer of the sick child. These days have been very successful as the team have been able to deliver the same course locally around Scotland, and have got to know the unit and equipment well to enable them to use it to its full potential. A side-effect of this is that the local trainers have the opportunity to see the full potential of the equipment. The trainers' time and travel is funded by NHS NSS, to enable the delivery of education required to support the retrieval service. We would hope to see other national courses delivered through the unit in future.



**'Other' time was accounted for as follows:**

- Two people took half a session off normal work with no backfill
- One person took half a session with backfill and half without
- One person took half of the course as annual leave
- One person was there as an instructor on RCUK ALS Course
- One person used duty/study leave
- One person used days off but will get time back

### **3.2 Education for educators – building capacity**

A further aspect of the project is the training of educators at each venue to build local capacity in the use of simulation to nationally quality-assured standards. A two-day course is held at the Scottish Clinical Simulation Centre at Stirling for users of the unit, with the requirement that, where possible, at least two people from each venue complete that course before receiving the unit.

For the first visits to remoter venues, partners were either not willing to travel to Stirling for the course, or the Centre did not have the capacity to run the course before the visit to that partner. As a solution to these issues, the CS MEN's Regional Champion for the North has delivered 'training the trainers' courses at the venues over the first two days of the visit. This has been necessary for the partners to engage with the project and it is hoped that now they have had successful first visits, and are enthusiastic about the unit returning, they will be able to attend the course at Stirling.

To date, 9 people have attended the faculty development course at Stirling, and 37 trainers have been trained on site. A further 7 people are attending Stirling on 28 and 29 September 2009, and 5 have so far booked for the next time the course runs in January 2010.

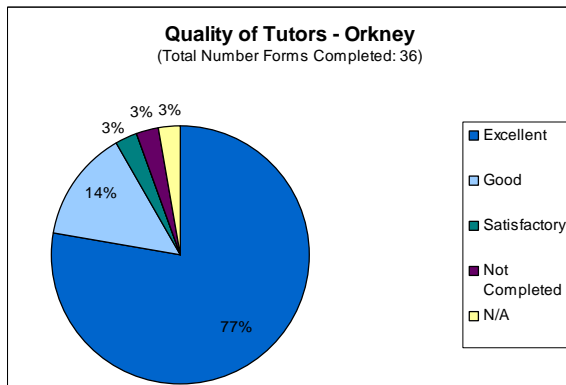
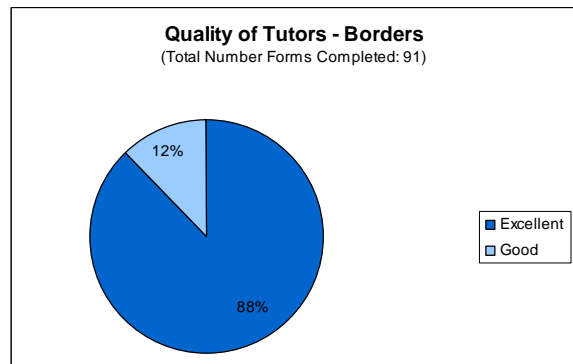
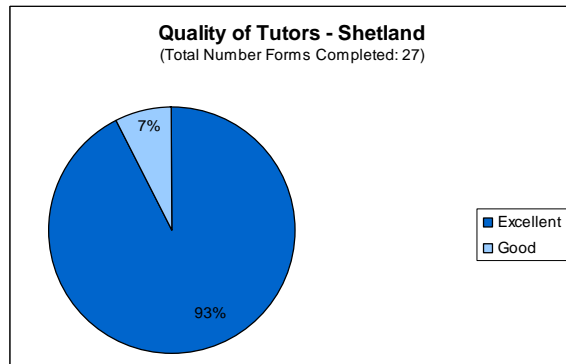
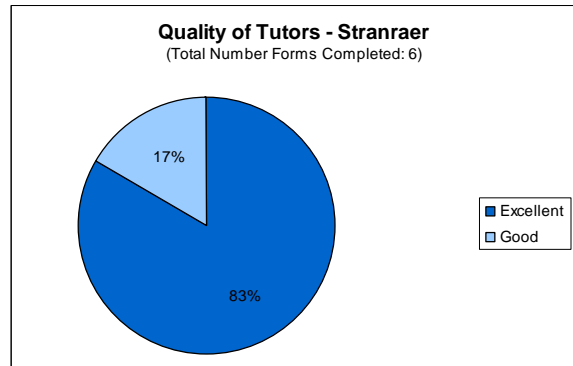
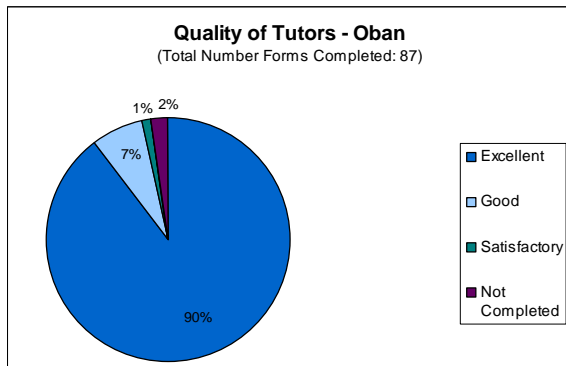
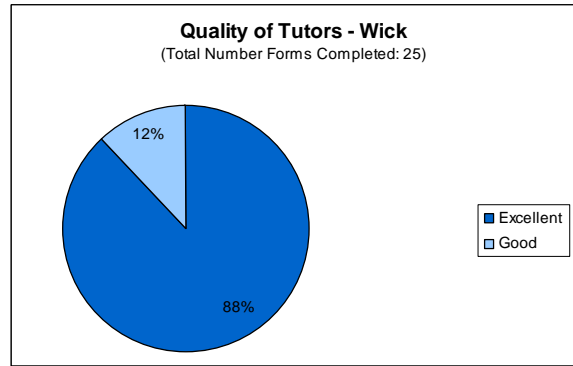
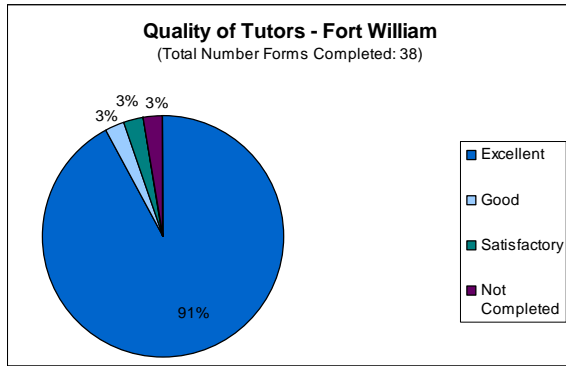
The key components of the course run by the Stirling Simulation Centre include:

- Identifying learning objectives for scenario training
- The use of SimMan to create realistic clinical scenarios
- Use of audio-visual equipment to assist debriefing
- Knowledge and application of facilitated debriefing skills.

Feedback from people who have attended the course has been very positive. For example, David Sedgwick, Consultant Surgeon at the Belford Hospital, Fort William, wrote to say: "Thank you for the opportunity of spending two days at the Simulation Centre..[the course] was a real eye-opener and, despite having been on an ATLS Instructor Course, I found the opportunity for learning skills regarding the use of a simulator was extremely valuable."

Obviously, this course is a tool to increase the standards of education delivered in remote and rural areas that reaches beyond the scope of the mobile unit project. Perception of the quality of tutors by those trained on the unit is already high for each venue, as evidenced by the ratings given to the trainers (below) but we are aware that there is room for improvement.

### 3.3 Participants' rating of educators at each venue



## **4. Educational Programmes**

### **4.1 About the education and training**

A broad range of skills education has been delivered through the unit, in sessions ranging from 2 hours (self revision skills stations) to three days (as a station on an ALS course).

Following a survey completed by 143 remote and rural practitioners, quality-assured skills packs were sourced or developed for requested skills. These include chest drains, IO needles, venepuncture, cannulation, urinary catheterisation, suturing, and central venous access. The packs have been made available to venues in advance of the visit to enable participants to work through the theory in advance of the visit, then to do the simulated practice session on the unit.

The categories of skills requested are: a) Emergency care adult; b) Emergency care child; c) Emergency care maternity; d) Generic skills; e) Communication skills; f) Clinical assessment; g) Patient management; h) Health promotion; i) Cross sector skills; and j) Procedural skills.

#### ***Sessions run on the unit in the first six months include:***

##### **a) Emergency care adult**

- Airway management
- ALS
- Anaphylaxis
- BLS
- Chest trauma and chest drain management
- Critically ill surgical patient
- EMRS training day
- FY2 training: assessment of acute abdomen
- Head & spinal injury & large lacerations in A&E
- ILS
- Management of Diabetic Emergencies)
- Medical emergencies (SOB/chest pain/cardiac arrest)
- Multi-prof emergency workshop
- Resus updates
- Sepsis

##### **b) Emergency care child**

- Care of critically ill baby and child
- Neonatal Resuscitation & Transport
- Paed BLS
- Paed Outreach Study Day
- Paed trauma and IO needles

##### **c) Emergency care maternity**

- Maternal resus

##### **d) Generic skills**

- No courses

##### **e) Communication skills**

- Anaphylaxis
- Care of critically ill baby and child

Head & spinal injury & large lacerations in A&E  
Management of Diabetic Emergencies  
Maternal resus  
Multi-prof scenarios  
Neonatal Resuscitation & Transport

**f) Clinical assessment**

ALS  
Anaphylaxis  
Chest trauma and chest drain management  
Critically ill surgical patient  
FY2 training: assessment of acute abdomen  
Head & spinal injury & large lacerations in A&E  
Management of Diabetic Emergencies  
Multi-prof scenarios  
Practical ophthalmology  
Sepsis

**g) Patient management**

ALS  
Anaphylaxis  
Chest trauma and chest drain management  
Critically ill surgical patient  
FY2 training: assessment of acute abdomen  
Head & spinal injury & large lacerations in A&E  
Management of Diabetic Emergencies  
Multi-prof scenarios  
Sepsis

**h) Health promotion**

No courses

**i) Cross sector skills**

Clinical Governance meeting with workstations

**j) Procedural skills**

Airway management  
Cannulation  
Central Venous Access  
Chest drains  
Head & spinal injury & large lacerations in A&E  
IO access  
LMAs  
Male catheterisation  
Management of Diabetic Emergencies  
Paed trauma and IO needles  
Rapid sequence intubation  
Self revision skill stations  
Self-directed learning (Venepuncture & cannulation)  
Suturing workshop  
Urinary catheterisation including supra pubic  
Venepuncture

## **4.2 Quality Assurance of Educational Programmes**

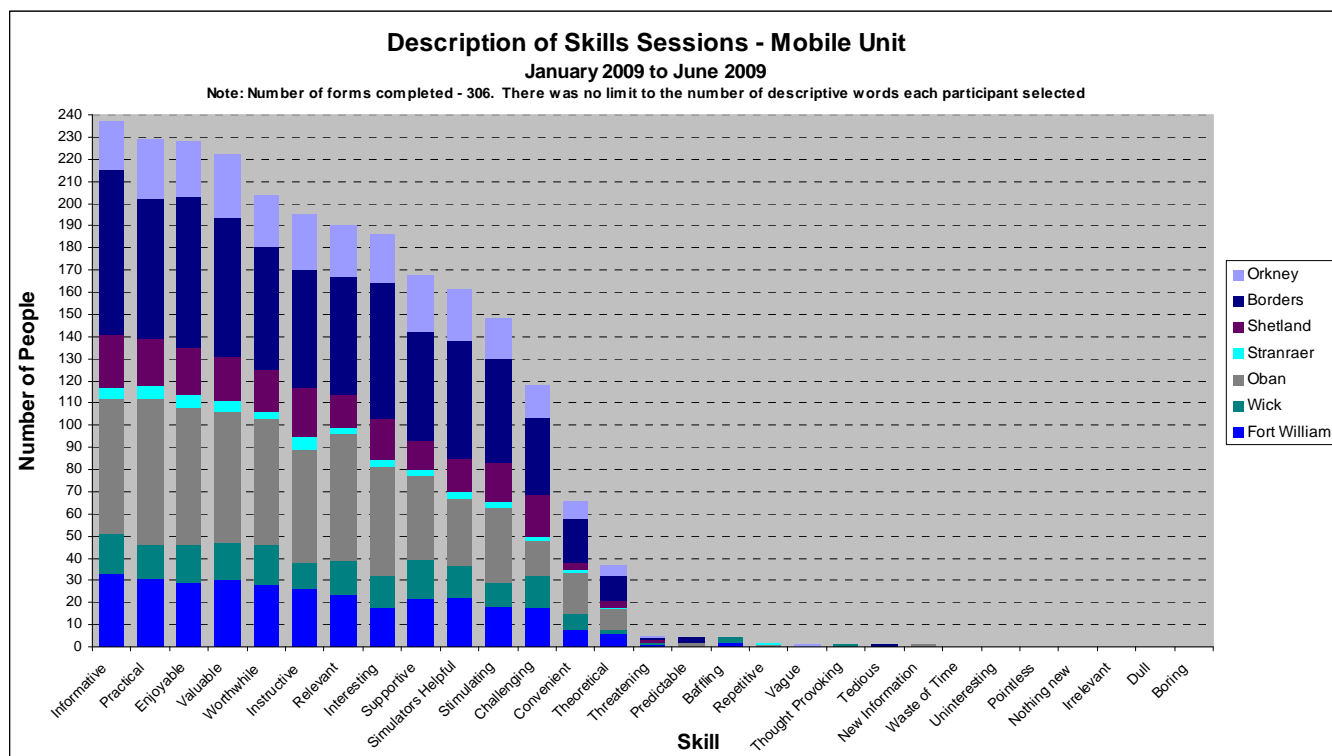
We have developed a one-page self assessment questionnaire (see Appendix 3), with nine principles that all sessions of simulated practice delivered on the unit should meet. These are:

1. Practice/simulated practice environments are supportive, safe and appropriate for the activity undertaken.
2. Mentors/Facilitators of Practice are appropriately qualified, provide high standards of skills teaching and engage in Continuing Professional Development.
3. Learning opportunities are well organised with a clear set of outcomes/objectives for the course/session.
4. Practice/Simulated practice teaching is underpinned by evidence and best practice.
5. Reliable and validated protocols are used to assess performance.
6. Debriefing - feedback is incorporated to promote safe rehearsal and consolidation of skills.
7. To enhance quality a range of multi-service feedback mechanisms are in place and used to refine the course/session.
8. Communication Systems are in place between skills providers and relevant stake-holders e.g. Educational Institutions/NHS Scotland/ Professional Organisations.
9. Practice/ Simulated Practice Learning is principle-based and courses/sessions are mapped against KSF/SCQF.

We are working towards ensuring that all education that is made available through the unit meets these principles in the longer term, whilst recognising that it is an additional challenge to local venues to provide training that meets all these standards.

Principles 5, 6 and 9 have proved the most challenging over the first six months of the pilot.

### 4.3 Participants' descriptions of skills sessions



### 4.4 Participants' comments on skills sessions

#### A selection of comments from the evaluation forms:

"Very enjoyable way of learning, relaxed supportive environment. I now feel much more confident in dealing with a sick child scenario - a very good learning tool." GP from Fort William Health Centre

"Real 'team' training valuable i.e. Medical and Nursing staff together." Staff Nurse from Caithness General Hospital

"Group organisation today was top class. We really value the efforts made by all of the Paed. team to get here and provide such excellent teaching" GP from Lorn Medical Centre

"Very enjoyable day and I'll be able to put some if not most of what's been learned today into practice". Staff Nurse from Lorn and Islands District Hospital

"The session was very informative and enjoyable". RGN from Lynn of Lorn

"Very enjoyable. Great team building". Consultant Anaesthetist from Shetland

"Thought the ECG theory was very useful and well explained...very enjoyable study day". Staff Nurse (Theatre) from Borders General Hospital

"Whole course was interesting, especially Cannulation Skills". Paramedic from Glentress Ambulance

"Excellent course with really good facilitators - provided a real opportunity to tap into the experts and gain up to date information and training". Minor Injury Nurse from Orkney

"Really flew past - enjoyable day, although really worried I felt very well supported throughout". Health Visitor from Stromness Surgery

## **5. Venues**

### **5.1 About the venues**

The success of the project depends almost entirely on the local venues. The first six months of visits were planned to allow all healthcare practitioners on mainland Scotland, and some of the islands to be within two hours' driving time of either the mobile unit or a quality fixed clinical skills education facility.

We wrote to Chief Executives and Medical Directors in August 2008 and asked them to nominate people to defined roles of one local host and two educators who could attend the two-day course in Stirling to learn to deliver high-quality simulation education through the unit. We then communicated with the nominated people, who took the organisation of the visit forward, usually, but not always, successfully.

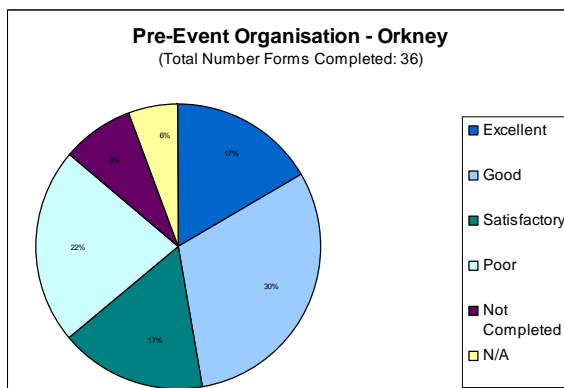
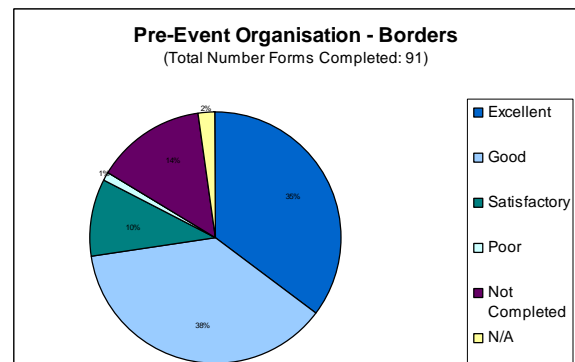
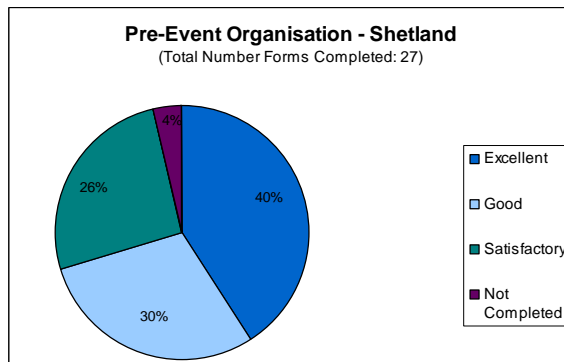
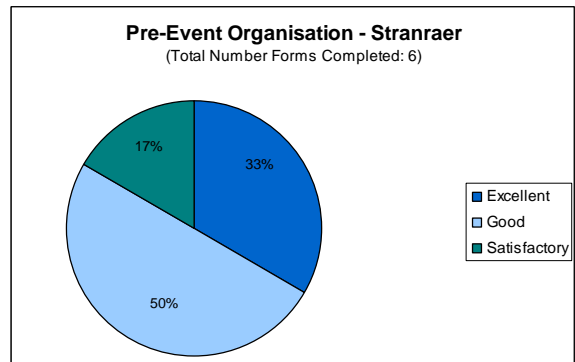
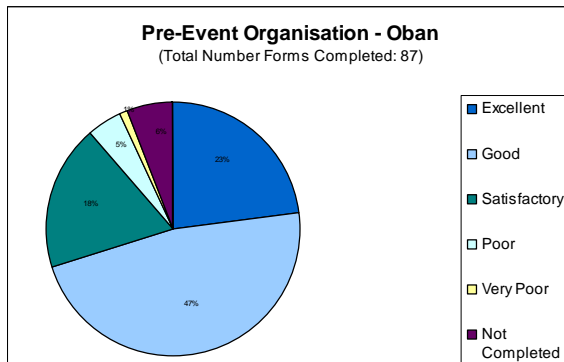
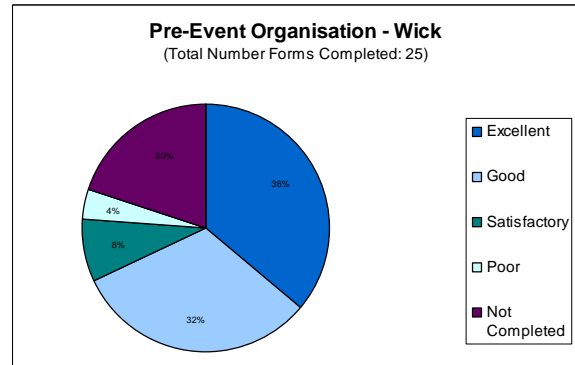
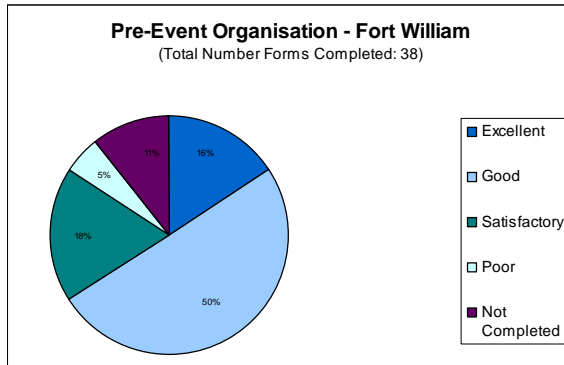
It should be remembered that this is a new project, and none of the local hosts or trainers had the time and resources required to organise and support the visit in their workplans. We capitalised on a great deal of goodwill towards the project, and appreciate that planning was largely done in people's free time. For the project to be sustainable in the longer term, we would recommend use of the unit be built into local delivery plans under workforce development.

Expectations about the project, both the CS MEN's about the partner's role and the local venues about the CS MEN's role, have been carefully managed with transparent, simple written documents circulated in the initial stages of planning. A 'Guide for hosts' and a 'Guide for trainers' have been used for each visit (available in Appendix 4), read by the hosts and trainers and discussed afterwards to make sure all concerned were clear about each role. The duties and responsibilities of each role are clearly communicated in the guides, and this has generally worked well so we shall continue in the same way for the remainder of the pilot.

In the follow-up conversations with the host and trainers at each venue, nearly all have felt that there were things they would do differently, and better, next time - the main point being that they would plan the programme and start the organisation for staff to attend training earlier.

From the evaluation forms, participants generally rated the pre-event organisation lower than the unit itself, or the facilities or quality of trainers, but this is not something that the CS MEN can improve as it is the role of the local partners to organise and advertise the programme. Even so, nearly all participants who completed the evaluation form rated the pre-event organisation at least 'satisfactory', as the charts for each venue demonstrate below.

## 5.2 Participants' rating of venue preparation

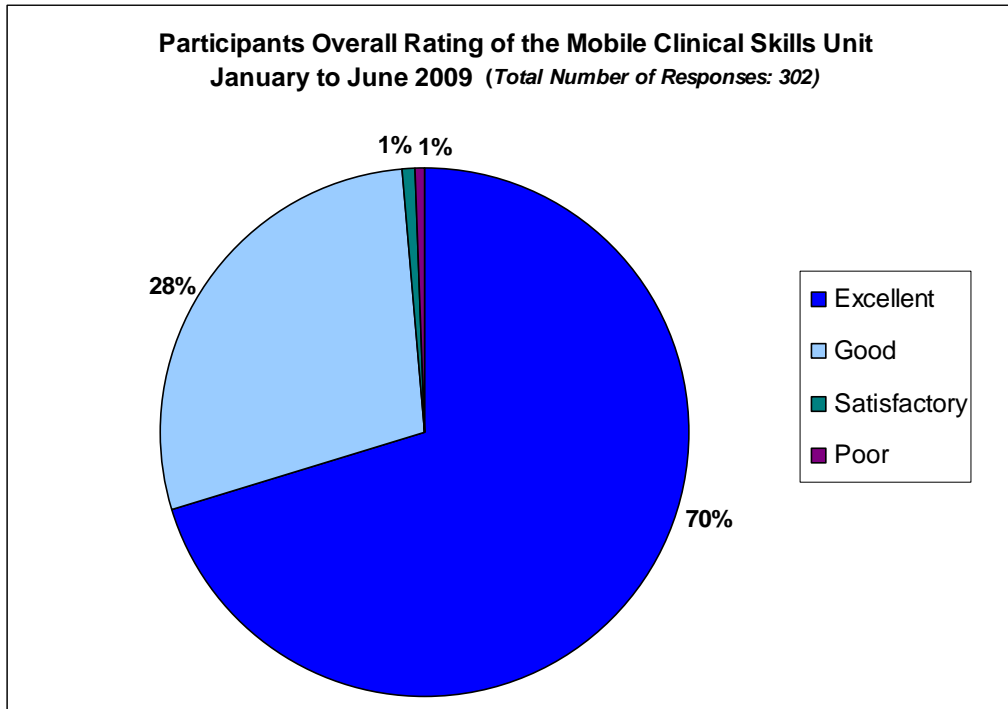


## 6. Mobile Unit

### 6.1 Participants' rating of the unit

70% of respondents gave the unit an overall rating of 'excellent', and a further 28% rated it 'good'. Only 2% rated it less than 'good', as illustrated in the chart below. This is in spite of the teething problems encountered by the first venues, and should be largely credited to the 'can-do' positive attitudes of hosts and trainers to the technical and functional problems. We have had some problems with the unit leaking, that it has taken two attempts to fix, so we would have expected fewer 'excellent' ratings than the unit was given by users. The ratings given to the unit from each separate venue are attached as Appendix 5.

In addition to data from the evaluation forms, verbal feedback has been that healthcare practitioners have been delighted with the facility, and encouraged by the visible investment NES is making to their skills education via the unit, which reinforces their feeling of being valued in the NHS workforce.



### 6.2 Participants' comments on the unit

A selection of comments from the evaluation forms:

"A wonderful facility". Charge Nurse from Caithness General Hospital

"Excellent training facility". Consultant Physician from Caithness General Hospital

"Excellent facilities". Nurse Practitioner from Lorn and Islands District Hospital

"Very valuable service". Staff Community Nurse from Isle of Mull

"I think the mobile unit will be extremely advantageous to staff working in rural and outlying areas". Staff Nurse from Campbeltown

"I appreciate this facility locally rather than having to travel". SR/ENP from Oban

"Just hope we will see the unit on a regular basis". Paramedic from Lerwick Station

"Fabulous Facility....." Midwife from Balfour Hospital

## 7. Costs of Design and Implementation

### 7.1 Cost of each visit

The average cost of each visit to date is £3712.31. However, this varies considerably between venues depending on how remote they are, with visits in mainland Scotland averaging around £3000, but visits to the islands costing in the region of £5000.

#### Assumptions:

1. The unit will complete twelve 2-3 week visits in a year, so a 12<sup>th</sup> of the annual cost of insurance and the operators licence has been allocated to each venue. (So O-licence £1,465 / 12 venues = £122.08, plus Insurance £6,000 / 12 venues = £500, a total of £622.08 each venue).
2. We contracted with Cebotec for garaging and the driver for the first six months to the return from Orkney, so this cost has been divided by 7 for the first 7 venues, with a 7<sup>th</sup> allocated to each venue (So driving/garaging/safety checks £12,052 / 7 venues = £1721.71).
3. Staff time – the Regional Champion for training trainers, and the core CS MEN staff who run the project - has **not** been costed into these summary costs.

**Table 3. A summary of the cost of each visit**

<b>Fort William</b>	
Technical support (3 days R Barnes)	450.00
Travel costs to support visit (JM, JKS, RB journeys)	436.27
Fuel for trip Cebotec to Fort William	299.00
Plus shared costs	2343.79
<b>Total Fort William</b>	<b>3529.06</b>
<hr/>	
<b>Wick</b>	
Technical support (2 days G Clark)	300.00
Travel costs to support visit (G Clark journeys)	164.65
Travel costs for Driver to return/collect	216.19
Fuel	165
Plus shared costs	2343.79
<b>TOTAL Wick</b>	<b>3189.63</b>
<hr/>	
<b>Oban</b>	
Skills packs postage and travel to stock unit	93
Travel costs to support visit (G Clark journeys)	72.3
Fuel	110.00
Technical support (2 day equiv. G Clark & C Forbes)	300.00
Plus shared costs	2343.79
<b>TOTAL Oban</b>	<b>2919.09</b>
<hr/>	
<b>Stranraer</b>	
Travel costs to support visit (Technician journeys)	133.30
Fuel	184.00
Technical support (1 day R Barnes)	150.00
Post - welcome packs to Stranraer Parcelforce	25.09
Plus shared costs	2343.79
<b>TOTAL Stranraer</b>	<b>2836.18</b>

<b>Shetland</b>	
Travel to stock unit	20.99
Travel costs for driver to return/collect	295.7
Local driver to transport to Yell/rtn	620.47
Ferry (rtn)	918.00
Travel costs to support visit (Outstanding - estimate only)	580.00
Fuel	142.51
Plus shared costs	2343.79
<b>TOTAL Shetland</b>	<b>4921.46</b>
<b>Borders</b>	
Travel to stock unit	32.64
Travel costs to support visit (JKS journey to show Rod AV)	46.59
Fuel	130.00
Post - welcome packs to Borders Parcelforce	51.12
Plus shared costs	2343.79
<b>TOTAL Borders</b>	<b>2604.14</b>
<b>Orkney</b>	
Travel to stock unit (ST)	56.8
Travel costs for driver to return/collect	158.30
Ferry (rtn)	665.94
Travel costs to support visit (JM taxi & B&B) (Outstanding flight - estimate only)	300.00
Fuel	118
Plus shared costs	2343.79
<b>TOTAL Orkney</b>	<b>3642.83</b>

## 7.2 Summary of capital costs

### *Summary of capital costs (incl VAT, where applicable)*

Base unit	39,384.00
Customised pods	139,950.00
Physical unit, storage & signage	10,876.92
AV system & installation	27,889.27
Patient simulators	44,478.53
Part-task trainers	6,771.69
Other equipment/accessories	4,933.48
Couches, tables and chairs	2,851.08
<b>TOTAL capital spend</b>	<b><u>277,134.97</u></b>

## **8. Lessons Learnt - Operational Issues**

Most venues have noted they would have liked to have had their programme planned and advertised earlier, and that they will start preparing for the visit further in advance of the next visit. This is reflected in the participant feedback of rating the venue preparation. Although the venues did know the unit was coming and had the dates of the visit 5 - 10 months in advance of the visit, due to workload demands the planning for the visit generally didn't become a priority until close to the time of the visit. The visits to the Borders and to Shetland are the notable exceptions to this as they were able to plan further in advance. A typical quote from a GP in Orkney: *"I think this is the first visit of the skills bus, we weren't quite sure what to expect but I think we will use it more effectively next time"*.

The venues have found that the presence of the unit on site has made it much more viable for staff to be released for training, as they do not need to fund travel or accommodation and they save on the amount of backfill required to release people to travel. However, they have all noted the problem of Health Boards being able to release people, with some people having to pull out of sessions at short notice.

The unit is operated under UK drivers' hours as a condition of our Operational Licence. This restricts the number of hours the driver can work in one day, and the periods of time he can drive for in one sitting. We now know to allow at least two days' travel to and from venues that require a ferry crossing, and have learnt not to underestimate the time required for longer journeys on the mainland. The unit is mobile, but not as easy to move as partners sometimes expect, so we continue to work with venues to manage expectations about the facility.

We have learnt that the periods of school holidays are best avoided in visits to more remote areas, so have begun using these periods to showcase the unit at conferences and will, in time, plan to use the unit in less remote areas during the school holidays (for example, we've had requests from Paramedics in Fife to have access to the unit and that would be an appropriate time). NES funding for the 2-year pilot is allowing trial and error to determine the optimal use of the unit, and much has been learnt in the first six months.

## **9. Dissemination**

### **9.1 Publicity**

Host NHS Boards have issued press releases to their local media and we are aware of coverage in the following:

*Print:*

Lochaber News  
The Oban Times  
The Shetland Times  
The Courier (Dundee)

*Radio:*

BBC radio Shetland  
Local radio at Kelso

*Television:*

ITV Borders (at Kelso)  
BBC Grampian (Aberdeen)

*Internet:*

Article on BBC website  
Article on ITV website  
Article on University of Aberdeen website  
Article on University of Dundee website  
Article on University of Edinburgh website

## **9.2 Conference papers**

### **Oral presentations**

2<sup>nd</sup> International Paediatric Symposium and Workshop, Florence, Italy, 22-23 April 2009.

Title: Paediatric Resuscitation and the New Scottish Mobile Clinical Skills Unit: A Marriage Made in Virtual Heaven

Audience: those with responsibility for education of those involved in paediatric healthcare

Authors: David Rowney, Heather Blyth, Sandra Stark, Neil Spenceley, Margaret Currer, Mark Davidson, Jennifer Scarth, Jon McCormack, Jeanette Stevenson, Jean Ker. Presented by Rowney D.

5<sup>th</sup> out of Hours/Unscheduled Care Annual Conference, Dunblane, 31 March 2009.

Title: Supporting unscheduled care with scheduled training. Plus showcase of mobile unit.

Audience: 130 OOHs practitioners from across Scotland

Authors: Morse J. and Stevenson J. Presented by Morse J.

Scottish Intensive Care Society (SICS) Annual Scientific Meeting, Cumbernauld, 22 - 23 January 2009.

Title: Paediatric Resuscitation and the New Scottish Mobile Clinical Skills Unit: A Marriage Made in Virtual Heaven

Audience: health care professionals working in Critical Care

Authors: David Rowney, Heather Blyth, Sandra Stark, Neil Spenceley, Margaret Currer, Mark Davidson, Jennifer Scarth, Jon McCormack, Jeanette Stevenson, Jean Ker. Presented by Rowney D.

### **Poster presentations**

Transfer and Retrieval Conference 2009, hosted by the Emergency Medical Retrieval Service, Glasgow, 7 May 2009.

Title: Transfer and retrieval education in remote and rural settings in Scotland: the availability of the mobile clinical skills unit.

Audience: those undertaking adult, paediatric and neonatal retrievals including doctors, nurses, paramedics and managers.

Shifting the Balance – New Roles and New Models of Care. Annual conference of NHS Highland and Launch of 'Delivering for Remote and Rural Healthcare' by N Sturgeon MSP. 13 May 2008.

Title: The Scottish Clinical Skills Strategy: Partnerships for Care

Audience: 300 staff from NHS Highland

### **Project showcases**

The mobile unit has been showcased at:

5<sup>th</sup> Out of Hours/Unscheduled Care Annual Conference, Dunblane, 31 March 2009

Ninewells Hospital and Medical School, Dundee, 24 June 2009

Scottish Association of Primary Care, St Andrews, 9 July 2009

Royal Infirmary Edinburgh, 11 August 2009

Scottish Clinical Skills Network annual conference, Glasgow, 10 and 11 September 2009

### **9.3 Development of Evaluation Programme**

All trainers and participants are requested to complete an evaluation form (attached as Appendix 6) at the end of each session to gather their feedback about the session, and any areas for improvement. These questionnaires aim to measure level 1, Reaction, of Kirkpatrick's model to measure impact.

A limited amount of personal data (name, role, place of work and email) is also collected, though this section is optional for the participant to complete. Where they have given their contact details, a follow-up survey is administered several months after the education they attended, to ask participants about the lasting impact, if any, that the education has had on their clinical practice. Whilst recognising the limitations of self-reporting to measure impact, this seems the best option available considering time and resource constraints, and aims to measure levels 2 and 3, Learning and Behaviour, of Kirkpatrick's model.

## **10. Next steps and challenges**

NHS Education for Scotland have funded a Project Officer to support the unit for one year. Sarah Thompson took up this post on 1 June 2009 and it is a priority to secure further funding for the post if the project is to continue past June 2010 to reach the end of the pilot at December 2010.

As Scottish Ambulance review their education strategy we are working with NES and Scottish Ambulance to explore the possibility of 5 to 7 Scottish Ambulance staff to be trained up to drive the unit and to deliver education through it at each venue.

We have key groups of stakeholders still to engage in the project, or to engage to a greater degree than has been possible in the first months. These include members of the public for BLS, dentists and Scottish Ambulance. Since June we have made progress with each of these stakeholder groups.

We are continuing with our approach to capacity building by ensuring local trainers attend the two-day course at the Scottish Clinical Simulation Centre at Stirling, before they deliver education through the unit.

Having shown the value of the unit to staff at Rural General and medium-sized hospitals throughout remote and rural Scotland, we are focussing on remoter venues for the second six months. This poses more logistical challenges but we have the confidence and learning from the first six months of the pilot as a guide, and the educational opportunities are highly valued by healthcare practitioners in these areas.

The ability of Health Boards to release people for training is a challenge for the local hosts - even when there's a fantastic facility on their doorstep! The mobile unit increases the number able to attend due to the savings from the amount of time to backfill and travel and accommodation costs, but it is still a real issue for the local venues.

## Appendix 1

### *Schedule of the first six months of the pilot, showing Health Board, venue and activity*

Date		Place/ Health Board	Activity
Monday	5	Jan-09	Renault dealer
Tuesday	6	Jan-09	
Wednesday	7	Jan-09	
Thursday	8	Jan-09	
Friday	9	Jan-09	Fort William
Saturday	10	Jan-09	(Belford Hospital)
Sunday	11	Jan-09	
Monday	12	Jan-09	NHS Highland
Tuesday	13	Jan-09	
Wednesday	14	Jan-09	
Thursday	15	Jan-09	
Friday	16	Jan-09	
Saturday	17	Jan-09	
Sunday	18	Jan-09	
Monday	19	Jan-09	
Tuesday	20	Jan-09	
Wednesday	21	Jan-09	
Thursday	22	Jan-09	
Friday	23	Jan-09	
Saturday	24	Jan-09	
Sunday	25	Jan-09	
Monday	26	Jan-09	
Tuesday	27	Jan-09	
Wednesday	28	Jan-09	
Thursday	29	Jan-09	
Friday	30	Jan-09	
Saturday	31	Jan-09	
Sunday	1	Feb-09	
Monday	2	Feb-09	
Tuesday	3	Feb-09	
Wednesday	4	Feb-09	
Thursday	5	Feb-09	
Friday	6	Feb-09	
Saturday	7	Feb-09	
Sunday	8	Feb-09	
Monday	9	Feb-09	
Tuesday	10	Feb-09	
Wednesday	11	Feb-09	
Thursday	12	Feb-09	
Friday	13	Feb-09	
Saturday	14	Feb-09	
Sunday	15	Feb-09	
Monday	16	Feb-09	
Tuesday	17	Feb-09	
Wednesday	18	Feb-09	
Thursday	19	Feb-09	
Friday	20	Feb-09	

Saturday	21	Feb-09		
Sunday	22	Feb-09		
Monday	23	Feb-09		Resus updates (am) Head & spinal injury & large lacerations in A&E (pm)
Tuesday	24	Feb-09		EMRS
Wednesday	25	Feb-09		ALS
Thursday	26	Feb-09		ALS
Friday	27	Feb-09		ALS
Saturday	28	Feb-09		
Sunday	1	Mar-09		
Monday	2	Mar-09		Rapid sequence intubation (am) sepsis (pm)
Tuesday	3	Mar-09		Paed Outreach Study Day
Wednesday	4	Mar-09	From Oban to Falkirk	
Thursday	5	Mar-09		Fix leaks
Friday	6	Mar-09		Fix leaks
Saturday	7	Mar-09		
Sunday	8	Mar-09		
Monday	9	Mar-09	From Oban to Stranraer (New Galloway Community Hospital)	Transport & set up (delayed from 4 Mar)
Tuesday	10	Mar-09		
Wednesday	11	Mar-09	NHS Dumfries & Galloway	Paed Outreach Study Day
Thursday	12	Mar-09		2 x half day multi-dis workshops/open days
Friday	13	Mar-09		
Saturday	14	Mar-09		
Sunday	15	Mar-09		
Monday	16	Mar-09		
Tuesday	17	Mar-09		
Wednesday	18	Mar-09	From Stranraer to Falkirk	Transport (earlier than planned - was the 20th but unit not being used)
Thursday	19	Mar-09		Fit cupboards
Friday	20	Mar-09		Fit cupboards and fix leaks
Saturday	21	Mar-09		
Sunday	22	Mar-09		
Monday	23	Mar-09	Stirling Royal Infirmary	Trainers course at Stirling
Tuesday	24	Mar-09	NHS Forth Valley	Trainers course at Stirling
Wednesday	25	Mar-09		
Thursday	26	Mar-09		
Friday	27	Mar-09		
Saturday	28	Mar-09		
Sunday	29	Mar-09		
Monday	30	Mar-09		Inactive (Easter School Hols)
Tuesday	31	Mar-09	Dunblane Hydro	Out of Hours conference
Wednesday	1	Apr-09		Inactive (Easter School Hols)
Thursday	2	Apr-09		Inactive (Easter School Hols)
Friday	3	Apr-09		Inactive (Easter School Hols)
Saturday	4	Apr-09		Inactive (Easter School Hols)
Sunday	5	Apr-09		Inactive (Easter School Hols)
Monday	6	Apr-09		Transport to safety check
Tuesday	7	Apr-09		Inactive (Easter School Hols)
Wednesday	8	Apr-09		Inactive (Easter School Hols)
Thursday	9	Apr-09		Inactive (Easter School Hols)
Friday	10	Apr-09		Inactive (Easter School Hols)
Saturday	11	Apr-09		
Sunday	12	Apr-09		
Monday	13	Apr-09		
Tuesday	14	Apr-09	From Falkirk to Aberdeen	Set up

Wednesday	15	Apr-09	(ARI)	Film for DVD
Thursday	16	Apr-09	NHS Grampian	Jerry - showcase
Friday	17	Apr-09	From Abdn to Shetland	Transport & set up
Saturday	18	Apr-09	(Montfield Hospital)	Arrives 7.30 am - John to show Scott deployment
Sunday	19	Apr-09		Open day incl BLS 2 - 4 pm, train trainers 5-7.30
Monday	20	Apr-09	NHS Shetland	Jerry - training trainers (9-1pm, 2-5pm, 6.30-8.30pm)
Tuesday	21	Apr-09		Jerry - training trainers (8.30am - 12.30pm, 1-3pm)
Wednesday	22	Apr-09		Open day - staff
Thursday	23	Apr-09		Open day - public
Friday	24	Apr-09		ILS
Saturday	25	Apr-09		
Sunday	26	Apr-09		
Monday	27	Apr-09		(Public holiday Shetland)
Tuesday	28	Apr-09		Paed Outreach Study Day
Wednesday	29	Apr-09		Paed Outreach Study Day
Thursday	30	Apr-09	Montfield to Yell	Clinical Governance mtg 12-2pm, then travel
Friday	1	May-09	Yell GP Practice	? "Do requested courses"
Saturday	2	May-09		Patient support group to visit
Sunday	3	May-09	Yell to Montfield	
Monday	4	May-09		Public hol
Tuesday	5	May-09		BLS train the trainer annual update, 10am - 6pm
Wednesday	6	May-09	From Shetland to Falkirk	Transport
Thursday	7	May-09		Transport
Friday	8	May-09		
Saturday	9	May-09		
Sunday	10	May-09		
Monday	11	May-09		
Tuesday	12	May-09		
Wednesday	13	May-09		JKS and ST to stock unit
Thursday	14	May-09		(Left free for safety check but since moved to new schedule)
Friday	15	May-09	To Kelso	Transport & set up - film for DVD
Saturday	16	May-09	(Kelso Hospital)	
Sunday	17	May-09		
Monday	18	May-09	NHS Borders	Set up
Tuesday	19	May-09		Paed Outreach Study Day (9.30am - 4.30 pm)
Wednesday	20	May-09		Paed Outreach Study Day (9.30am - 4.30 pm)
Thursday	21	May-09		Intermediate Life Support (9.30am - 4.30 pm)
Friday	22	May-09		Ward 15 - Adult BLS/AED, Paed BLS, Anaphylaxis (9.30am - 4.30 pm)
Saturday	23	May-09		
Sunday	24	May-09		
Monday	25	May-09		Management of Diabetic Emergencies (10 am - 12 pm, and 2 - 4 pm)
Tuesday	26	May-09		Venepuncture/Cannulation
Wednesday	27	May-09		Urinary catheterisation including supra pubic am, Neonatal Resus pm
Thursday	28	May-09		IO access, LMAs (9.30 am - 12.30 pm and 13.30 - 16.30 pm)
Friday	29	May-09		Ward 15 - Adult BLS/AED, Paed BLS, Anaphylaxis (9.30am - 4.30 pm)
Saturday	30	May-09		
Sunday	31	May-09		
Monday	1	Jun-09	From Borders to Falkirk	Transport. ST to stock unit
Tuesday	2	Jun-09	To Orkney	Transport
Wednesday	3	Jun-09	(Balfour Hospital)	Jerry - training trainers
Thursday	4	Jun-09	NHS Orkney	Jerry - training trainers
Friday	5	Jun-09		
Saturday	6	Jun-09		
Sunday	7	Jun-09		

Monday	8	Jun-09		? Incomplete info
Tuesday	9	Jun-09		? Incomplete info
Wednesday	10	Jun-09		? Incomplete info
Thursday	11	Jun-09		Practical ophthalmology
Friday	12	Jun-09		? Incomplete info
Saturday	13	Jun-09		
Sunday	14	Jun-09		
Monday	15	Jun-09		? Incomplete info
Tuesday	16	Jun-09		Paed Outreach Study Day
Wednesday	17	Jun-09		Paed Outreach Study Day
Thursday	18	Jun-09		Skerryvore Practice Training
Friday	19	Jun-09		Maternal resus
Saturday	20	Jun-09		
Sunday	21	Jun-09		
Monday	22	Jun-09		Neonatal Resuscitation & Transport (11:45 pm ferry)
Tuesday	23	Jun-09		Transport
Wednesday	24	Jun-09	NHS Tayside (Dundee, Ninewells)	Jean to showcase
Thursday	25	Jun-09		
Friday	26	Jun-09		

## Appendix 2

### *Breakdown by profession of people who attended education sessions on the unit*

Profession / job title	Fort William	Wick	Oban	Stranraer	Shetland	Borders	Orkney	Totals
<b>Emergency Services</b>								<b>16</b>
Ambulance Contractor					1			1
Ambulance Technician					1	14		15
<b>Healthcare Science</b>								<b>3</b>
Clinical Coordinators			2					2
Phlebotomist			1					1
<b>Allied Health</b>								<b>6</b>
Operating Department Practitioner	6							6
<b>Medical</b>								<b>27</b>
Consultant Anaesthetists	1	1		2	1			5
FT STA			1					1
FY 1	2		2					4
FY 2	4		1					5
Medical Student	5	2	2		2			11
ST 3 Paediatrics						1		1
<b>General Practitioners</b>								<b>25</b>
GP	1		4			2	3	10
GP Fellow							1	1
GP Locum					1			1
GP Restart			1					1
GP Returner			2					2
GP S1 Acute Medicine							2	2
GP ST Programme Director	1							1
GP ST1	1			1			4	6
GP ST2						1		1
<b>Community</b>								<b>1</b>
School Health Coordinator							1	1
<b>Nursing and Midwifery</b>								<b>145</b>
Anaesthetic Nurse			1		1			2
Charge Nurse		2					1	3
Community Staff Nurse			3		1	1		5
Emergency Nurse Practitioner			3					3
Enrolled Nurse					1			1
Evening Nurse						1		1
Health Care Assistant			2					2
Health Visitor							1	1

Hospital Children's Nurse					1			1
Hospital Practitioner				1				1
Incontinence Nurse						1		1
Infection Control Nurse			2					2
Midwife			4				5	9
Minor Injury Nurse							1	1
Nurse						1		1
Nurse Auxiliary						5	2	7
Nurse Practitioner			2				1	3
Practice Nurse			2		1			3
Registered General Nurse			1			1		2
RSCH Nurse						1		1
Senior Charge Nurse					1			1
Sister			2			3		5
Staff Nurse	6	9	19		4	39	2	79
Student Nurse	3	1	1					5
Treatment Room Nurse						2		2
Unscheduled Nurse Manager						1		1
Ward Sister			1			1		2
Information Not Completed	8	11	28	2	11	15	12	87
<b>Totals</b>	<b>38</b>	<b>26</b>	<b>87</b>	<b>6</b>	<b>27</b>	<b>90</b>	<b>36</b>	<b>304</b>

## Appendix 3

### Images of QA self-assessment questionnaire for use on the mobile unit

**CLINICAL SKILLS  
Managed Educational Network**

## Quality Assurance self-assessment questionnaire for individual courses

**Pilot Phase Trial – we are working towards every education session on  
the mobile unit meeting these standards**

**Guidance Notes:**

Self evaluation is a critical element of quality assurance and should demonstrate that skills providers meet intended outcomes and demonstrate how areas for improvement are dealt with.

A named person i.e. the person responsible for the skills session or course should under take the self-assessment using this proforma.

The proforma should be completed with a rating for each principle of met or not met.

Where the principle is not met and improvement is required a statement of action to be taken should be made with a stated date for review.

Self Assessment Proforma:		Job Title:		
Reviewer: Name:				
PRINCIPLE	ACHIEVED RATING MET OR NOT MET AS APPROPRIATE ✓		SKILLS PROVIDERS EXAMPLE OF EVIDENCE	
1. Practice (simulated practice environments are supportive, safe and appropriate for the activity undertaken.	Met	<input type="checkbox"/>	Not Met <input type="checkbox"/>	
2. Mentors/Facilitators of Practice are appropriately qualified, provide high standards of skills teaching and engage in Continuing Professional Development.	Met	<input type="checkbox"/>	Not Met <input type="checkbox"/>	
3. Learning opportunities are well organised with a clear set of outcomes/objectives for the course/session.	Met	<input type="checkbox"/>	Not Met <input type="checkbox"/>	
4. Practice/Simulated practice teaching is under pinned by evidence and best practice.	Met	<input type="checkbox"/>	Not Met <input type="checkbox"/>	
5. Reliable and validated protocols are used to assess performance.	Met	<input type="checkbox"/>	Not Met <input type="checkbox"/>	
6. Debriefing - Feedback are incorporated to promote safe rehearsal and consolidation of skills.	Met	<input type="checkbox"/>	Not Met <input type="checkbox"/>	
7. To enhance quality a range of multi-service feedback mechanisms are in place and used to refine the course/session.	Met	<input type="checkbox"/>	Not Met <input type="checkbox"/>	
8. Communication Systems are in place between skills providers and relevant stake-holders e.g. Educational Institutions/NHS Scotland/ Professional Organisations.	Met	<input type="checkbox"/>	Not Met <input type="checkbox"/>	
9. Practice/ Simulated Practice Learning is principle based and courses/sessions are mapped against KSF/SCQF.	Met	<input type="checkbox"/>	Not Met <input type="checkbox"/>	
Areas Identified for Improvement: Action: Date of Review:				

## **Clinical Skills Mobile Unit** **‘Guide for Hosts’ in the pilot phase**

### **1. Introduction**

For the mobile unit to work effectively, it needs to be in partnership between the Clinical Skills Managed Educational Network (CS MEN), local venues and the HBs responsible for staff development. The CS MEN has a role in quality assurance and is working towards equity of access to educational opportunities, but we encourage local ownership of the unit and want the use of the unit at each venue to be determined by local needs and priorities. Over time, as capacity is built in staff trained to use the simulation equipment on the unit at each venue, we expect the unit to be used as a facility that is booked and used by local people to meet local needs, with the role of the CS MEN being mainly one of quality assurance.

### **2. Responsibilities of the Host**

#### **Prior to the visit**

- Identify a suitable place to park the unit and to make the necessary arrangements for this. You will require the following;
  - Large flat area, approximately 10metres long x 3metres wide x 4metres high
  - Access to power supply – for 32 amp plug, in compliance with Health & Safety regulations
- Please also supply CS MEN with the following details;
  - Mobile number for host/or emergency contact. This will be given to our driver, should he have any problems on arrival
  - Location details, including map of where the unit will be parked
- Arrange for the bins to be emptied and the classroom cleaned each day. Please provide your own Sharps Bins.
- Lunches will need to be arranged (and paid for by the HB) for full day courses.
- The unit will be fully stocked for each venue and a list of all the equipment and sundries will be sent to the host 6 weeks in advance of the visit. Additional sundries/consumables will need to be provided by the venue.
- Liaise with the CS MEN office (Sarah Thompson) regarding the programme of courses available through the unit, an Equipment Guide will be sent to assist with developing your programme. Hosts are welcome to take a lead in what the unit is used for, but we need to ensure all courses have been through our/a recognised QA process.
- Liaise with the CS MEN office (Sarah Thompson) regarding the registration of people on courses – we need to build a database of who has benefitted from using the unit for the feasibility study.
- Welcome packs will be onboard the unit and need to be distributed to all using the unit (trainers and participants) – and add your own information to these packs as you wish.

### **On arrival of the unit**

- Please ensure you/someone is available to meet the unit on arrival to make sure the unit is parked in the correct location and to assist with the electricity hook up. The driver will also need to meet again a couple of hours later to hand over the keys, once set up has been completed.
- Fill the water bottle.

### **During the visit**

- Be the key holder for the unit and look after its security (where applicable by asking the venue's own site security to keep an eye on it). You will be given two sets of keys, one is the drivers set – please **do not** give this set out, keep it for the driver to collect at the end of the visit.
- The sink on the unit runs from water bottles which are stored underneath. Please arrange for someone to check the water levels daily and refill as necessary. The waste water bottle will also need to be emptied periodically.
- Ensure the unit is opened in the morning, and locked in the evening as people leave (it should never be left unlocked and unattended at any point in the day or our insurance is invalidated).
- Ensure the Unit is clean and ready for use each day.
- Be the point of contact for the CS MEN office and for users of the unit regarding any issues that arise when the unit's in use.

### **Each course/session**

- Ensure notice is given at the start of each course regarding location of the nearest toilets, where to meet if there's a fire, where tea/coffee/lunches will be served.
- Ensure welcome packs about the unit are distributed to everyone using the unit at the start of each course.
- Ensure all users of the unit (trainers and participants) complete the evaluation/feedback forms in their packs at the end of the course/session.
- Take care of practical details for catering.
- Be the point of contact for the trainers when they arrive at the location, and ensure they have everything they need.

### **On departure of unit**

- Ensure the unit and all the equipment is clean and leaves in the same condition it arrived.
- Remove and empty sharps bins.
- Let the CS MEN office know when you think you'd like the next visit of the unit to be.

## **3. Contacts**

- **Sarah Thompson, Project Officer – Mobile Unit**  
Office: 01382 740220  
Email: s.l.z.thompson@dundee.ac.uk
- **Jeanette Stevenson, Educational Projects Manager**  
Office: 01382 740220  
Email: j.k.z.stevenson@dundee.ac.uk

## MOBILE CLINICAL SKILLS UNIT EXAMPLE TRAINING PLAN

Week Commencing	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
12 Oct	<b>9am – 5pm</b> Paediatric Retrieval Study Day	<b>9am – 12pm</b> Anaphylactic Shock Training  <b>1pm – 5pm</b> Adult BLS/AED Paediatric BLS	<b>9am – 12pm</b> Male Catheterisation Training  <b>1pm – 5pm</b> Venepuncture and Cannulation Training  <b>6pm – 7pm</b> Guides/Scouts BLS	<b>9am – 12pm</b> Adult BLS with airway adjuncts  <b>1pm – 3pm</b> Minor Injury including suturing  <b>4pm – 6pm</b> Self Learning Sessions	<b>9am – 12pm</b> IO Access  <b>1pm – 5pm</b> Central Venous Access Insertion	<b>10am – 12pm</b> Heartstart Course
19 Oct	<b>9.30am – 4.30pm</b> Immediate Life Support  <b>6pm – 8pm</b> Dental Nurse BLS	<b>9am – 5pm</b> Maternity/Neonatal Training	<b>10am – 12pm</b> Chest Drains  <b>1pm – 3pm</b> Airway Management  <b>4pm – 6pm</b> Self Learning Sessions	<b>9am – 5pm</b> Self Learning Sessions  <i>Examples:                      Venepuncture                      Male Catheterisation                      ABG Gases                      Suturing                      Cannulation</i>	<b>10am – 4.30pm</b> Management of a trauma patient	

## **Clinical Skills Mobile Unit Guide for Hosts - Checklist**

- Identified location for Mobile Skills Unit**
- Access to Power (32amp connector)**
- Organise Trainers**
- Develop and publish Training Plan – Take Bookings**
- Daily cleaning of Unit, removal of sharps bins and water bottles**
- Emergency Contact Person** *(sent to Managed Educational Network)*
- Sourced Consumables for Education Sessions**
- Identified Person to meet Mobile Skills Unit on arrival**
- Organise Refreshments** *(if required)*

## **Clinical Skills Mobile Unit**

### **Guide for Trainers in the pilot phase**

#### **Introduction**

For the mobile unit to work effectively, it needs to be in partnership between the Clinical Skills Managed Educational Network (CS MEN), local venues and the HBs responsible for staff development. The CS MEN has a role in quality assurance and is working towards equity of access to educational opportunities, but we encourage local ownership of the unit and want the use of the unit at each venue to be determined by local needs and priorities. Over time, as capacity is built in the numbers of staff at each venue trained to use the simulation equipment on the unit, we expect the unit to be used as a facility that is booked and used by local people to meet local needs, with the role of the CS MEN being mainly in quality assurance.

#### **Prior to visit**

- Each venue will have a local 'host', who will greet and take care of you at the venue. Liaise with local 'host' or CS MEN office as appropriate regarding your course and the appropriateness of the mobile unit to be used for it.
- All education given through the unit needs to have been through the CS MEN or another recognised quality assurance process. Please speak to Jeanette Stevenson in the CS MEN office regarding this.
- An equipment list of the main items is attached as an appendix to this document. Please ensure that all the equipment you need is available on the unit. Advise the CS MEN office (Sarah Thompson) if there is equipment you would wish to use that the unit does not have, so we can note this in case funds become available in future.
- Discuss consumables for your course/session with the CS MEN office (Sarah Thompson). Consumables for your course/session may not be available on the unit. Consumables need to be provided by local HBs as the CS MEN does not have funding for consumables. It will be possible for the CS MEN to stock the unit *if* sufficient notice of your requirements (full list of requirements, suppliers and product codes) is given, and for the CS MEN to be reimbursed by a small fee paid by course participants but this would need to be arranged by the local host.

#### **During the visit**

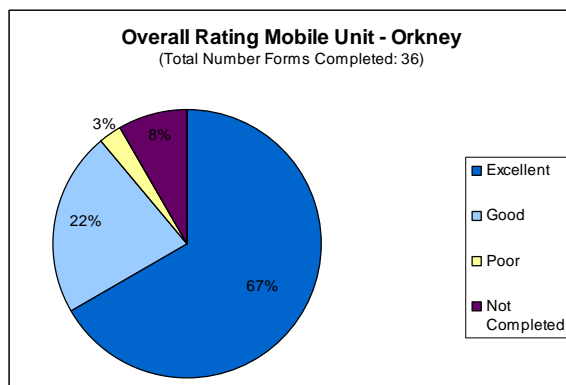
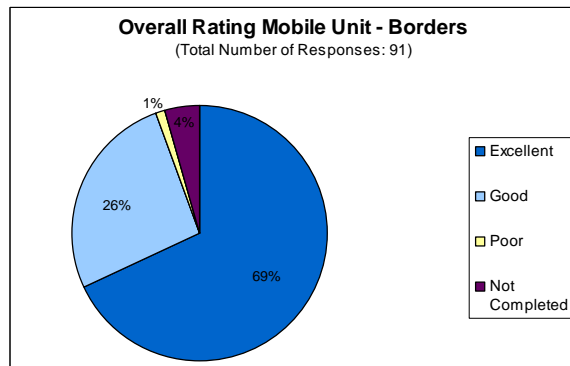
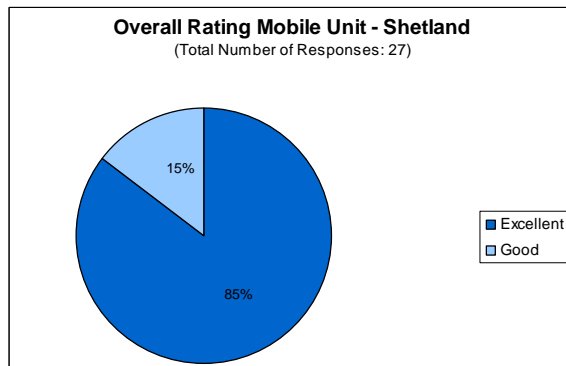
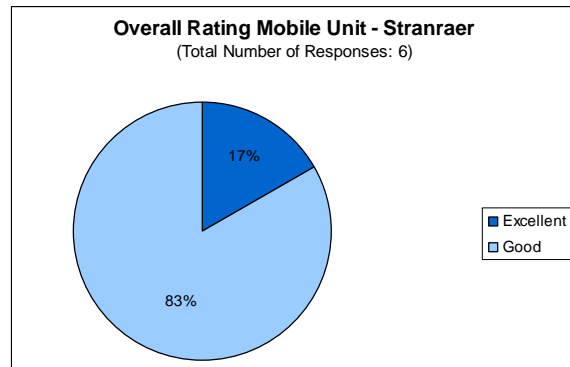
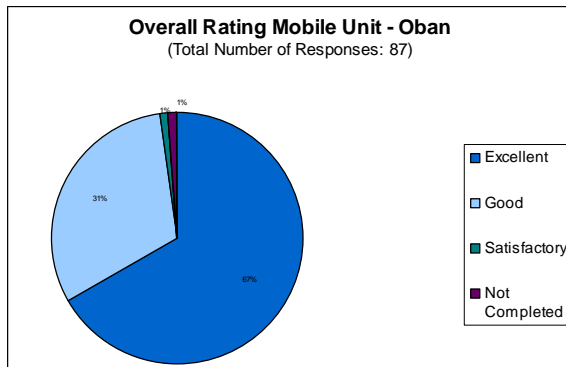
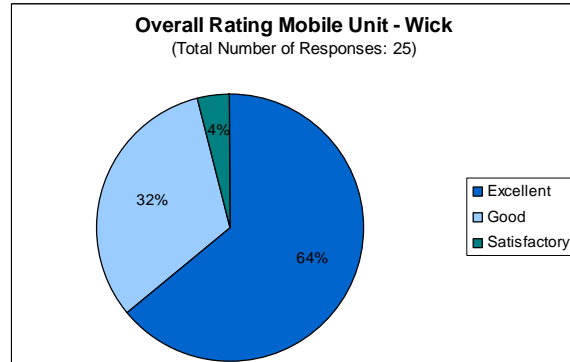
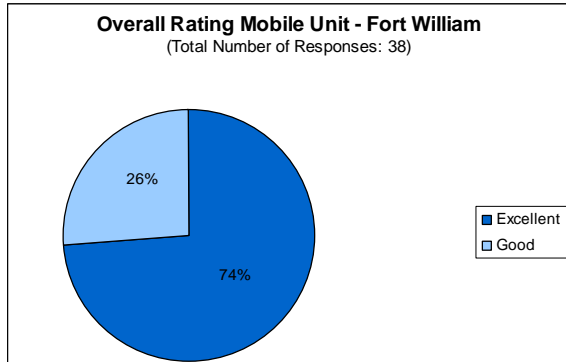
- The local host will be responsible for ordering tea/coffee/lunches, and will be present at the start of each session to give Health and Safety information, where the nearest toilets are, where refreshments will be served, etc. They will also be responsible for ensuring bins are emptied and the unit is cleaned, and for unlocking it and locking it up. Please do not leave the unit unlocked and unattended at any time as that would invalidate the insurance.
- Notify the local host regarding any issues that arise when the unit is in use – the local host will be able to help, or liaise with the CS MEN office if necessary.
- Ensure all users of the unit (trainers and participants) complete the evaluation/feedback forms in their packs at the end of the course/session. Hand these to the local host or leave in the pink folder in the control room.

#### **On departure of unit**

- Feedback to the CS MEN office anything you think needs addressing, or notes of what worked well.

## Appendix 5

### From each venue - participants' rating of the unit



## Appendix 6a – Evaluation form for participants

### Evaluation of the Mobile Unit

Before you leave today we would be grateful if you would take the time to complete this evaluation form. This will help us to improve our services to you and ensure that future programmes for the mobile unit meet your needs.

#### Session attended

Date: \_\_\_\_\_ am  pm  all day

#### Overall Rating

	Excellent	Good	Satisfactory	Poor	Very Poor
1. Overall rating of the unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Quality of Programme Organisation and Venue

	Excellent	Good	Satisfactory	Poor	Very Poor
2. Pre-event organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Organisation on the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Meals/refreshments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Mobile unit facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Quality of equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Quality of tutors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Your Expectations and Realisations

8. What was your main goal for the meeting? In general, did the meeting accomplish this?

9. What were the most interesting or useful aspects of the programme?

10. What were the least useful aspects or those that need most improvement?

11. Circle the words which best describe this skills session. Use as many descriptors as you wish or feel free to add in others:

- boring                      practical                      instructive
- enjoyable    threatening    tedious
- informative                      vague                      irrelevant
- uninteresting                      valuable                      pointless
- relevant    worthwhile    repetitive
- nothing new                      waste of time                      interesting
- dull                      theoretical                      stimulating
- challenging                      predictable                      baffling
- convenient                      supportive                      simulators helpful

**Future Visits of the Mobile Unit**

12. Do you have any suggestions for workshops or programmes that you would like the Clinical Skills Managed Educational Network Mobile Unit Steering Group to organise? Any particular issues to do with teaching and learning that you would like to have more information about?

13. Any other comments?

**Contact Information (Optional)**

Name: .....

Job title: .....

Place of work and email address:  
.....

The mobile clinical skills unit is funded by NES and managed by the Clinical Skills Managed Educational Network, who gratefully acknowledge the support of the Project Steering Group and the team in the Clinical Skills Centre at the University of Dundee

## Appendix 6b – Evaluation form for trainers

### Evaluation of the Mobile Unit – Educators/trainers

Before you leave today we would be grateful if you would take the time to complete this evaluation form.

#### Overall Rating

	Excellent	Good	Satisfactory	Poor	Very Poor
1. Rating of using the unit today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Potential rating of using the unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Your Time

2. In the pilot phase of the project we want to establish where educators' time has come from, to enable us to look at how the unit could be sustained in the longer term. Was the time you spent on the unit:
- Part of your normal work (without your job being backfilled)
  - Part of your normal work (with your job being backfilled)
  - Taken as annual leave
  - Other (please specify): \_\_\_\_\_

#### Your Expectations and Realisations

3. Did you have / could you find everything you needed to run your session? Was anything missing?
4. Was it clear how to use everything? Did you use the instruction cards for the equipment? Were there any additional instructions you needed?
5. Where did your expectations about the unit come from (please tick all that apply)?
- General information circulated by the NHS Board
  - General information circulated by the venue
  - Personal contact made from people at the venue
  - Personal contact with the Clinical Skills MEN team (likely Jean Ker/Jeanette Stevenson/Jerry Morse)
  - Posters advertising the visit
  - The Clinical Skills MEN website
  - Other (please specify): \_\_\_\_\_

