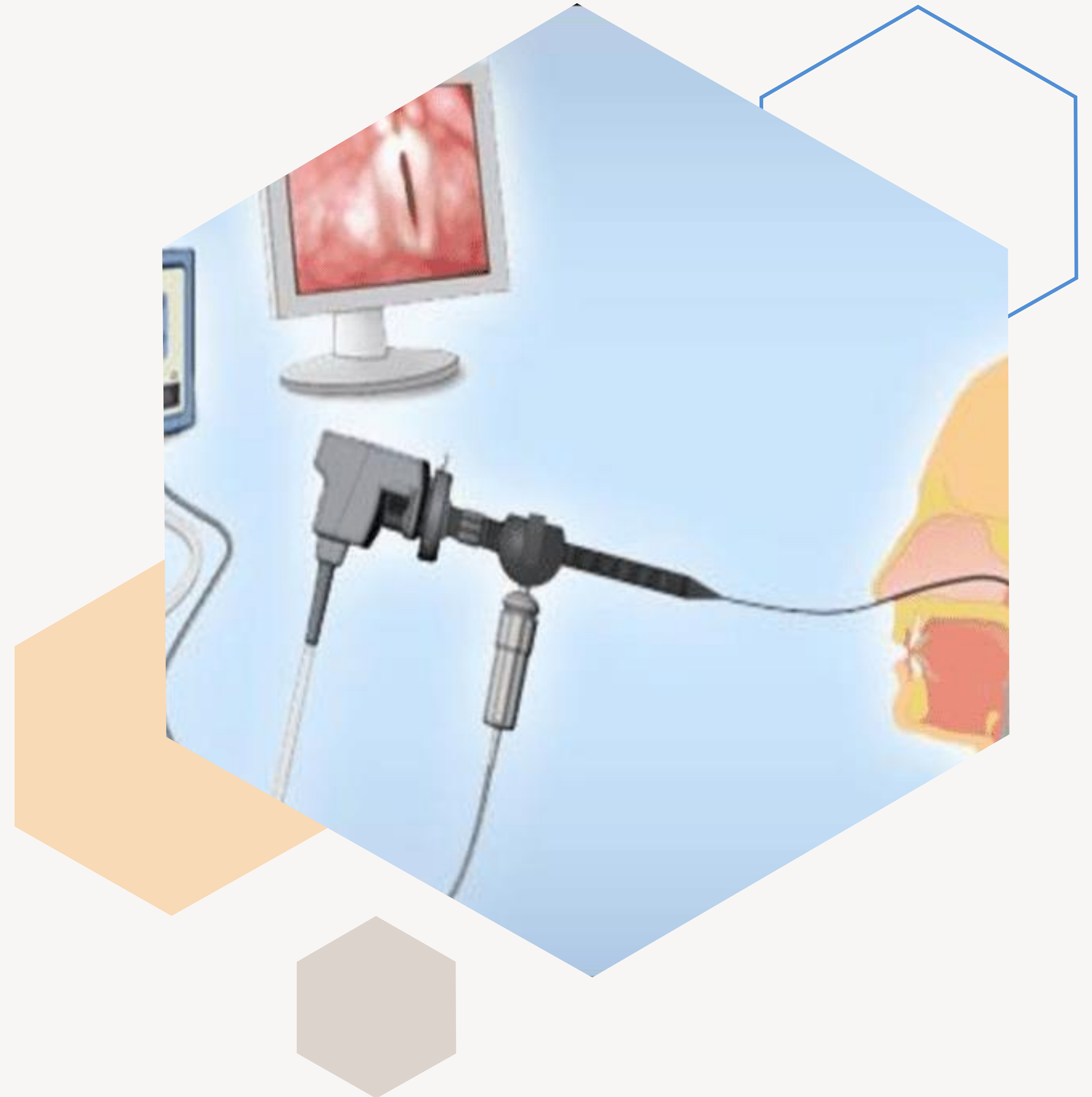
Integrated Care System
Nottingham & Nottinghamshire

Leadership Placement

Bethannie Hartley



AHPs4Notts

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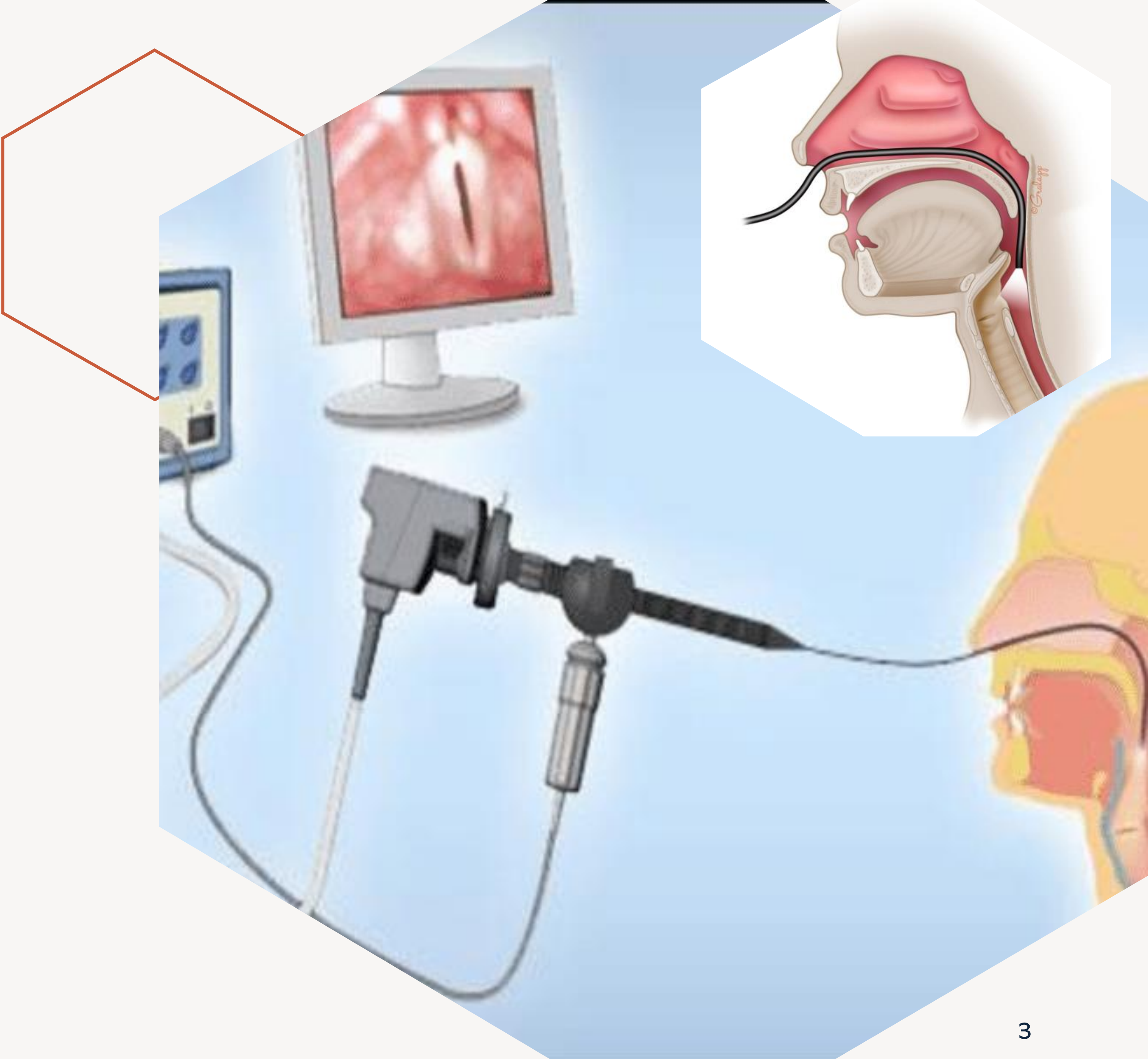
Introduction

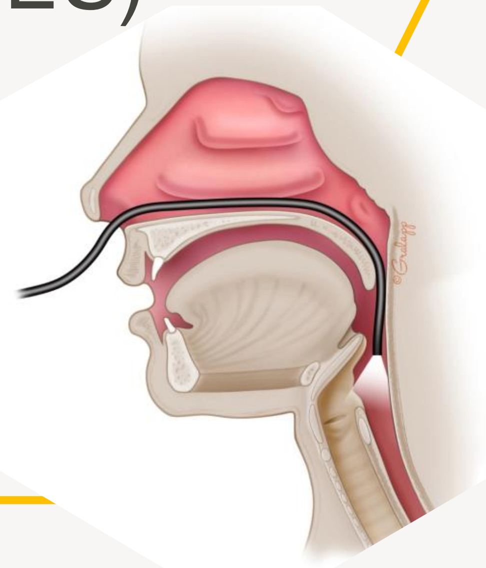


- 1/3 of the placement
- 5 placement days working on the project
- 1 clinical day observing a FEES assessment and VFSS assessment
- Plus: remote learning, background reading and additional learning tasks

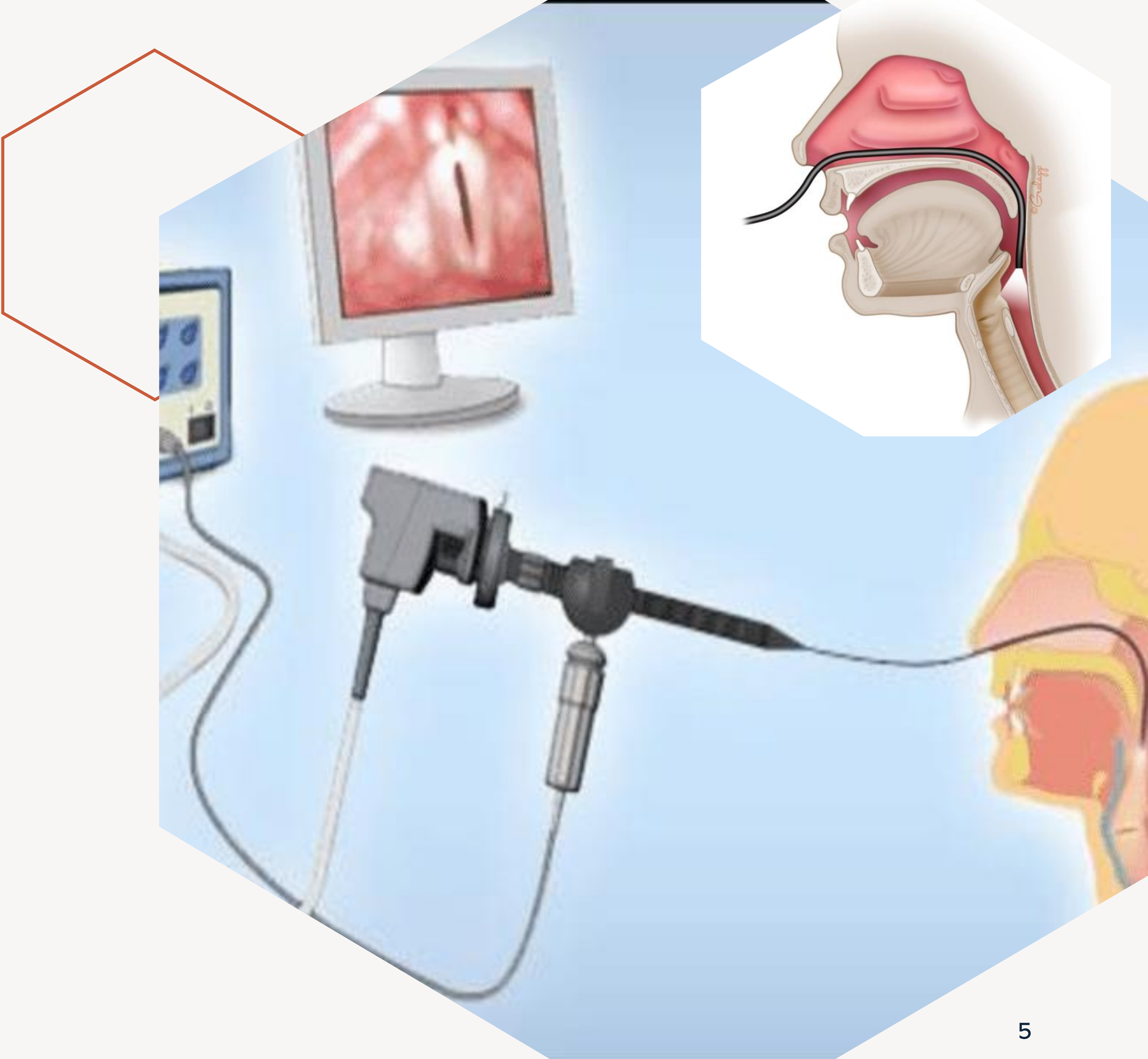
The Project

Aim: To obtain **patient feedback** on the **Fibreoptic Endoscopic Evaluation of Swallowing** (FEES) procedure

Population: Stroke patients and patients with other pathologies (e.g. TBI, Parkinson's, MS, etc.)



Project Background



1) I **searched the literature** (identifying useful papers by Langmore (2017), *Warnecke et al., (2009) and Farneti et al., (2017)).*
Limitations: little research on patient-reported outcomes of FEES (or swallow assessments generally).

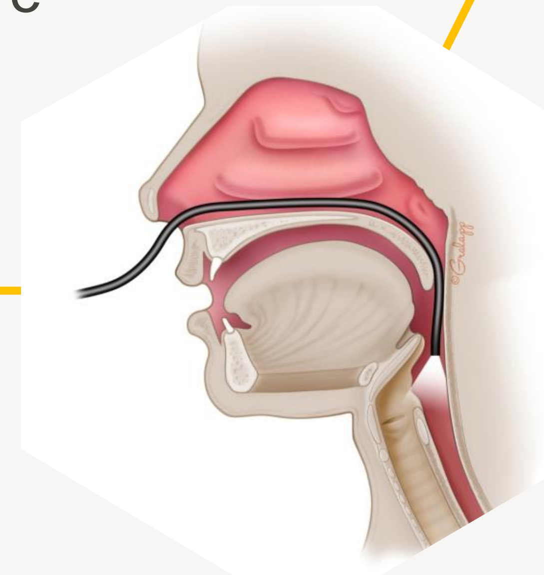
2) I created a **Gantt chart** to plan the project and schedule remote working (testing my slightly rusty IT skills!)

3) I **observed swallow assessments** of FEES and VFSS and used various scales to interpret the findings, draw conclusions and make recommendations.

Reflection: This gave me insight into the assessments, helped me compare the two and consider which would be most appropriate for different patients.

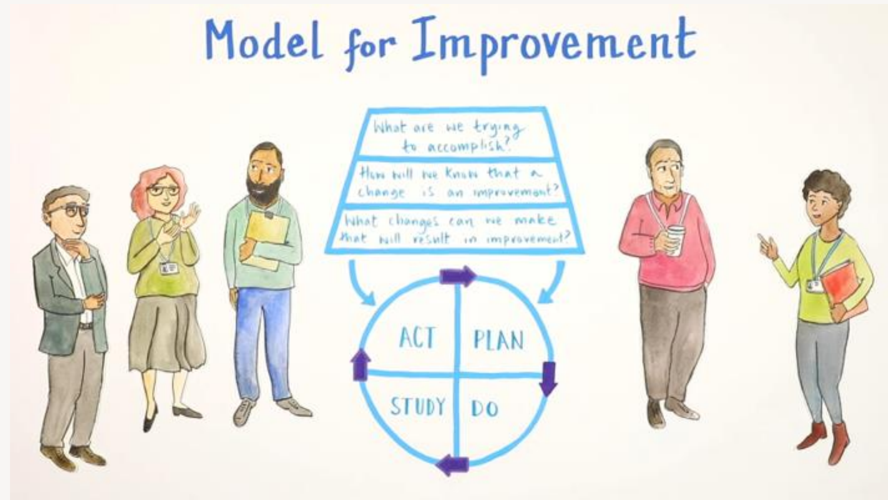
The Project

Aim: To obtain **patient feedback** on the **Fibreoptic Endoscopic Evaluation of Swallowing** (FEES) procedure



4) I completed **background learning**

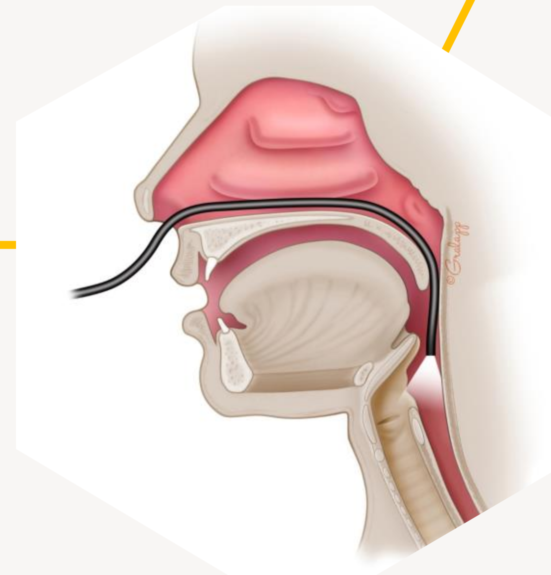
- **Quality Improvement (QI)** and **Plan Do Study Act (PDSA)** cycles



- **Survey design** (kindly helped by the work of previous students- I had little knowledge of survey design/creation beforehand!)
- Understanding **key terms** that are relevant to this project like **service improvement**, **quality improvement**, and the importance of **patient** and **service user involvement/satisfaction**.

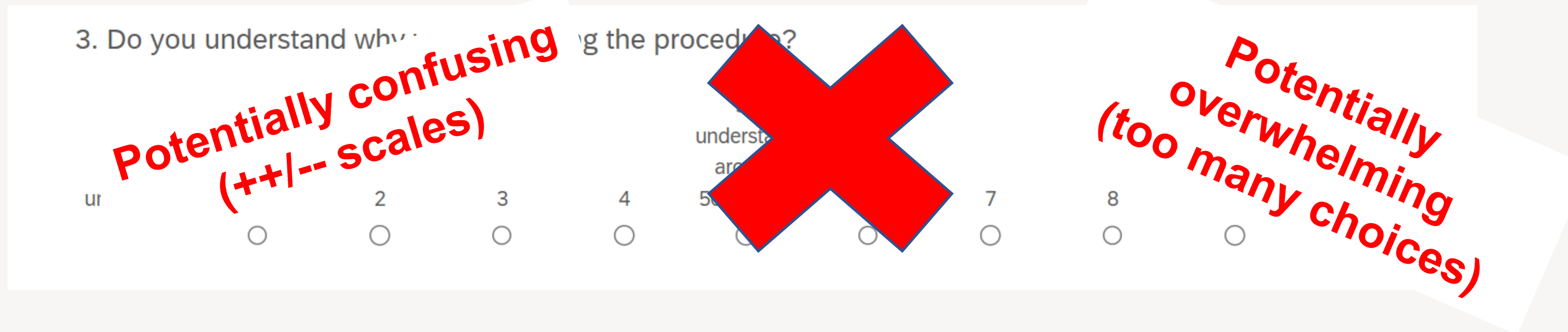
The Project

Aim: To obtain **patient feedback** on the **Fibreoptic Endoscopic Evaluation of Swallowing** (FEES) procedure



5) I created the **first drafts** of the survey (10 questions)

- **Draft 1:** Created using Qualtrics software to see how the survey may look and identify any potential challenges with design. This process helped us decide to use ordinal scale **categories** (e.g. 4 responses: *Not uncomfortable, Mildly uncomfortable, Moderately uncomfortable, Severely*

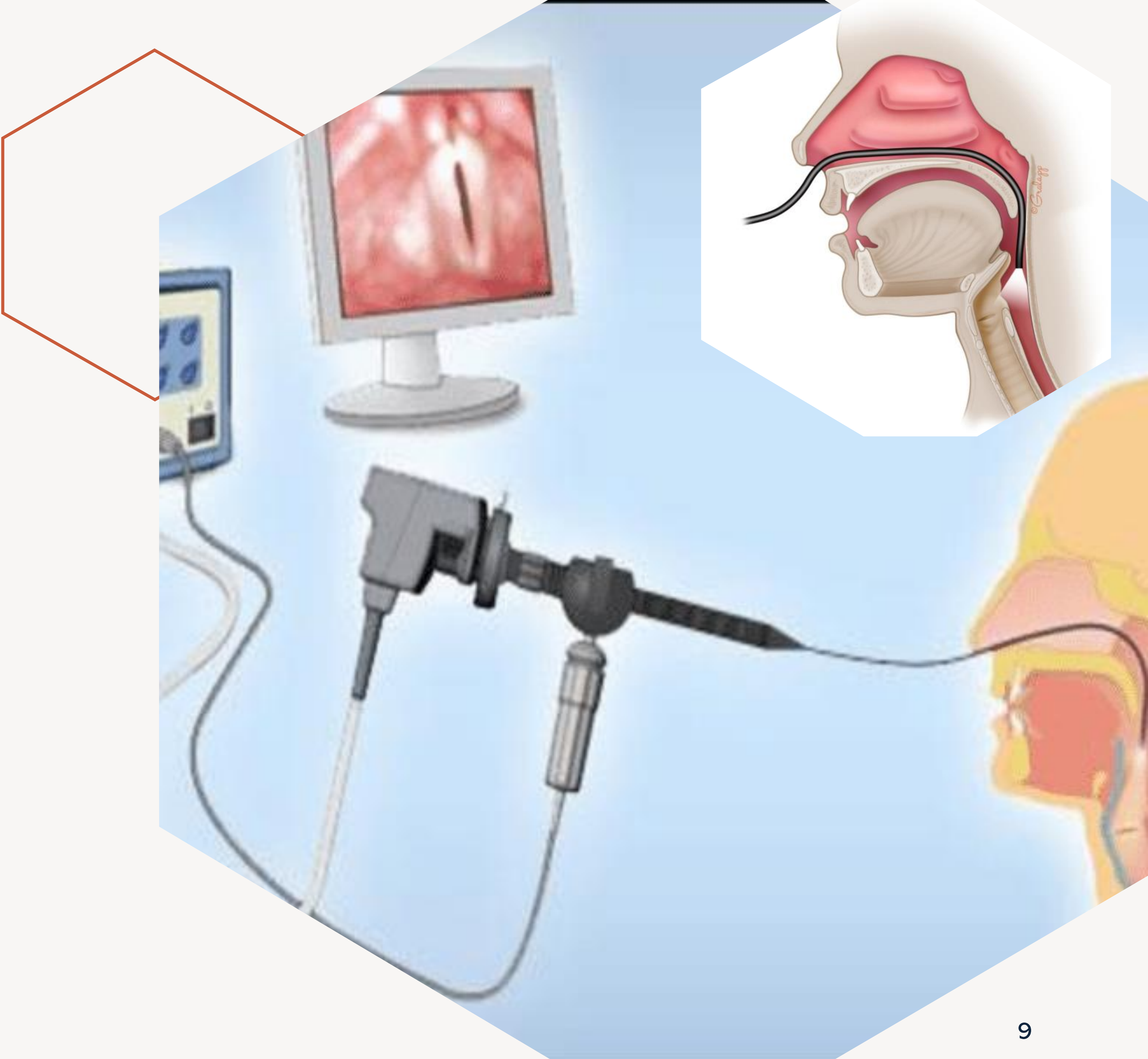


- **Draft 2:** Kindly created by a survey expert, who showed me how to build the survey (a skill for the future!).

The Project

Aim: To obtain **patient feedback** on the **Fibreoptic Endoscopic Evaluation of Swallowing** (FEES) procedure

Project Summary



Created a survey containing 10 questions- this survey had multiple drafts.

The following considerations were made when designing the survey and creating questions and responses:

- **Previous research-** questions and responses were initially modelled on previous work by *Farneti et al. (2017)* and *Warnecke et al. (2009),* then adapted for this survey. Responses, such as the discomfort rating in questions 4 and 5, mirrored those used by *Warnecke et al. (2009).*

- **Accessibility**- the **amount and type of questions and responses** and the **language used** were carefully selected to aid accessibility and avoid implying feelings. Reading *The Equality Act (2010)* and the *Accessible Information Standard (2016)* (GOV website) further developed my understanding.

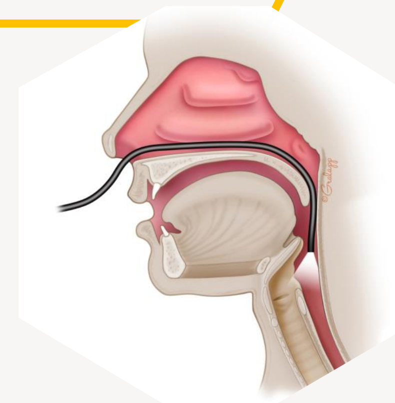
- **Survey length-** limiting the survey to **10 questions** was deemed most appropriate for the target population, considering their health and cognitive state. This mirrored previous work (e.g. *Farneti et al., 2017).*

- **Survey delivery-** initially, there were preliminary questions and post-FEES questions- however, this may have been **problematic** *(e.g. overwhelming the patient while they prepare for their FEES, having no staff available to support with the survey pre-FEES, difficulties with data storage if post-FEES questions could not be asked soon afterwards).* We decided that the 10-question survey should be asked **as soon as possible** following FEES assessment.

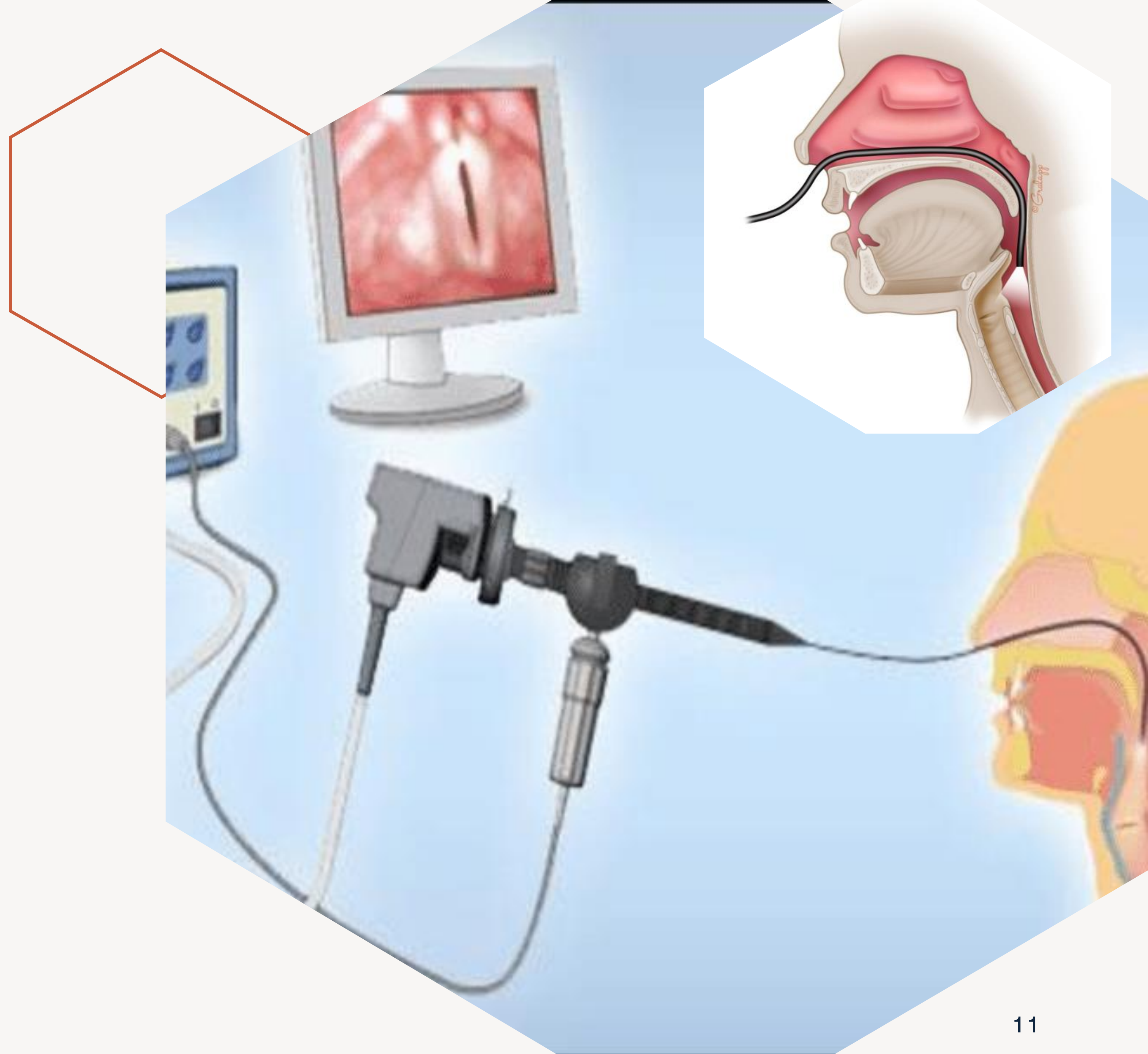
- **Options for additional or alternate responses**: added to several questions.

Pilot survey:

Obtaining patient feedback on the Fibreoptic Endoscopic Evaluation of Swallowing (FEES) procedure



Future Recommendations



Next steps:

1) **Edit** and amend the survey.

2) **Trial survey with colleagues** and gain feedback- amend survey where appropriate.

3) **Trial survey with a small sample of patients (pilot)-** review accessibility and delivery. Amend survey where appropriate.

4) **Expand survey delivery** to more patients, aiming for **25 patients** within **6 months.**

Consider having a “**Don’t know**” response for each question

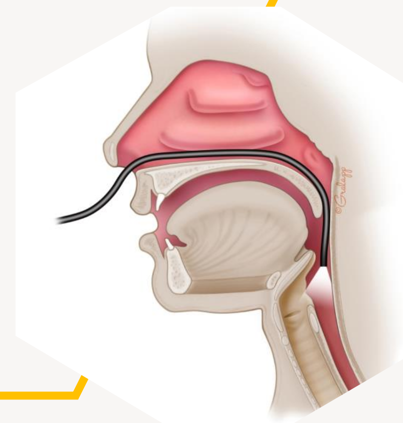
Considerations

Survey delivery

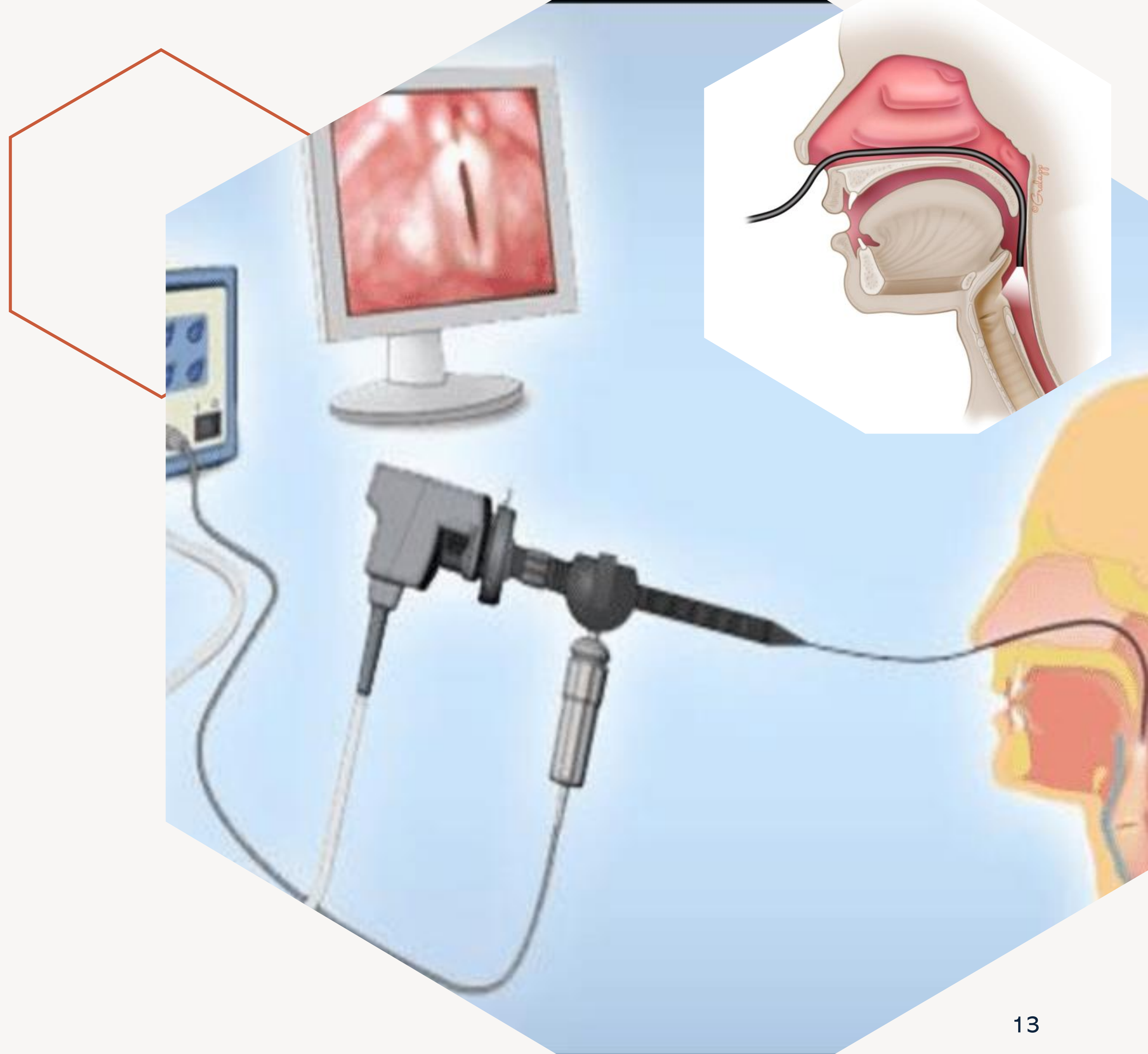
- **Method** of delivery (e.g. digitally on iPad/s vs. paper forms).
- **Delivery consistency-** are all staff delivering the survey in the same way?
- **Time** and **staff constraints-** particularly for patients who require additional support to complete the survey.

Accessibility

- Review how accessible the survey is- future potential for an **aphasia-friendly** version?
- Are there any **problems** with the **survey software** (e.g. data collection/storage, accessing survey)?



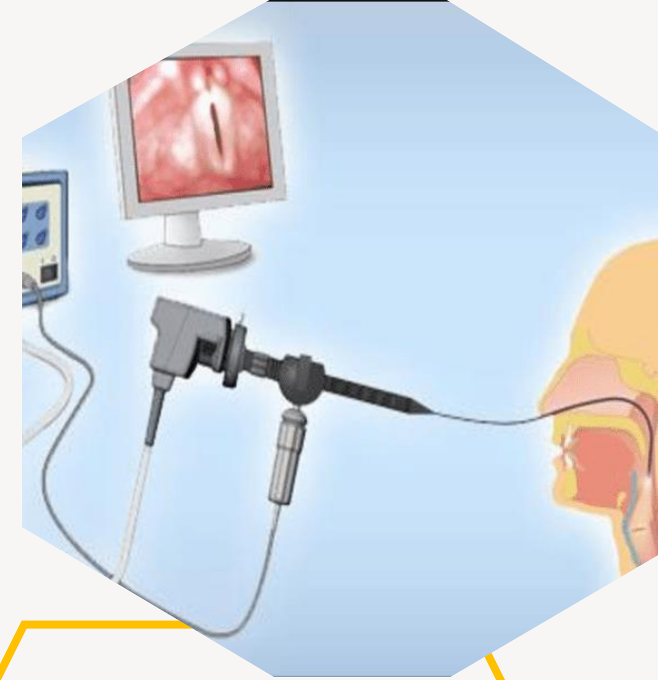
Additional Learning

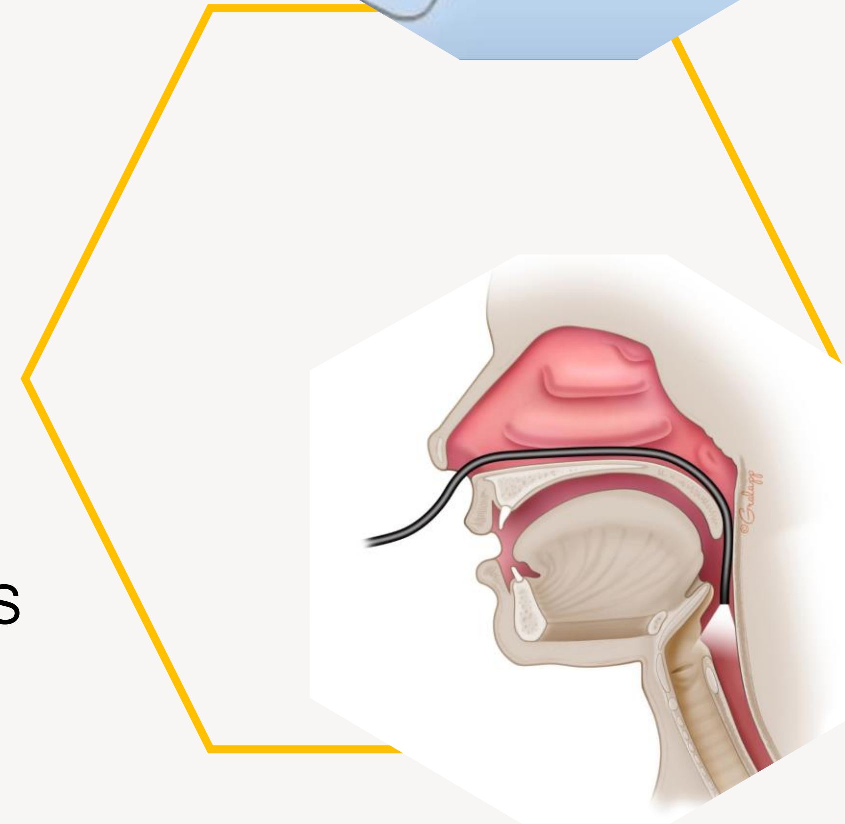


Some additional learning tasks included:

- Leadership task: emotional intelligence
- Learning styles (Honey & Mumford, 1986; Rosewell, 2005)
- Team roles (Belbin)
- Research around Allied Health Professionals (AHPs)
- Research around Integrated Care Systems (ICS)

Reflection: This learning broadened my understanding of how NHS systems work and encouraged me to think about my own working style.

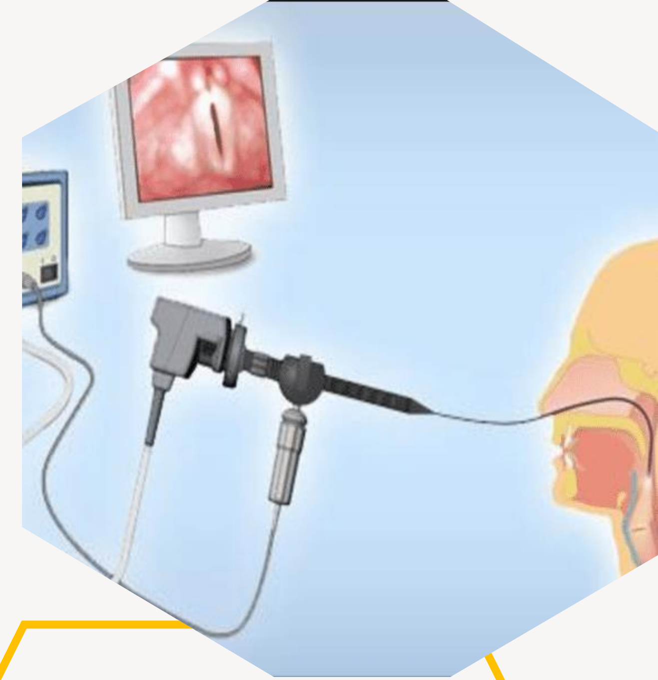


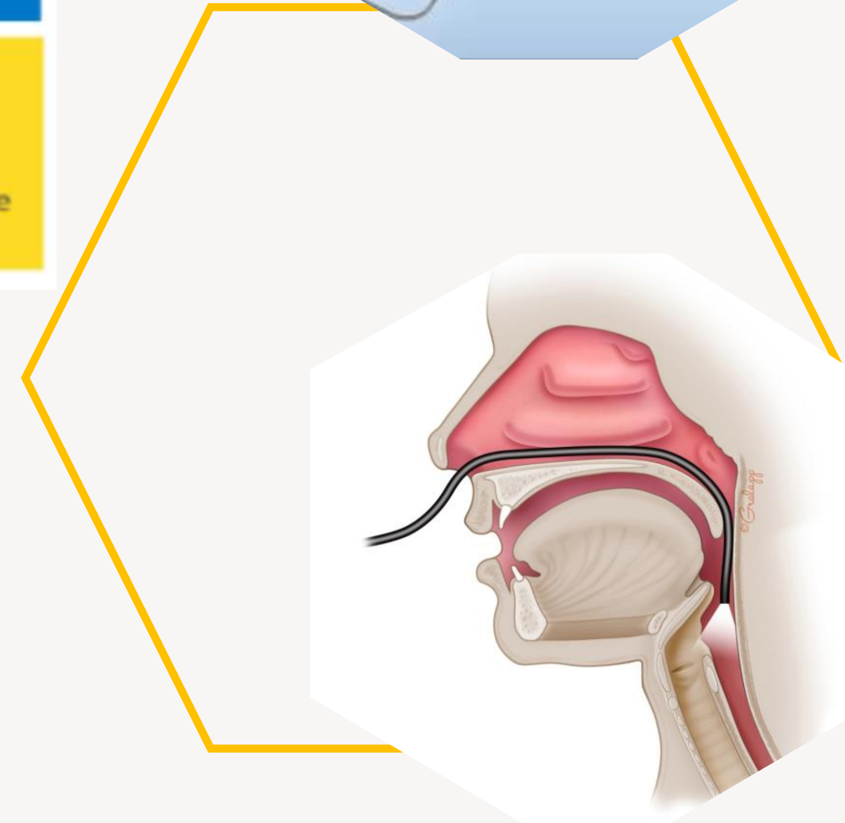


Leadership tasks: Emotional Intelligence

Findings:
Goleman (1995) described the emotional intelligence framework of 5 simple categories:

Emotional Quotient (EQ) is the measurement used to assess a person's **emotional intelligence.** EQ develops throughout our **lifetime.**





Reflection:

- EQ can continue to develop across categories; it is key to **develop an awareness of each category**, **reflect** on experiences and **work on improving EQ**.

Learning styles (Honey and Mumford, 1986; Rosewell, 2005)

(*learning model based on the work of Kolb*)

Findings:

- I thought I would be a "**Reflector**", but after completing the self-assessment, I came out as a "**pragmatist**" (which I can definitely agree with elements of).

Reflection:

- Self-assessments can be influenced by many factors (e.g. the day you complete them on) and may not always be 100% accurate.

REFLECTOR

Honey & Mumford
Learning System

ACTIVIST

Can I have a think about that?

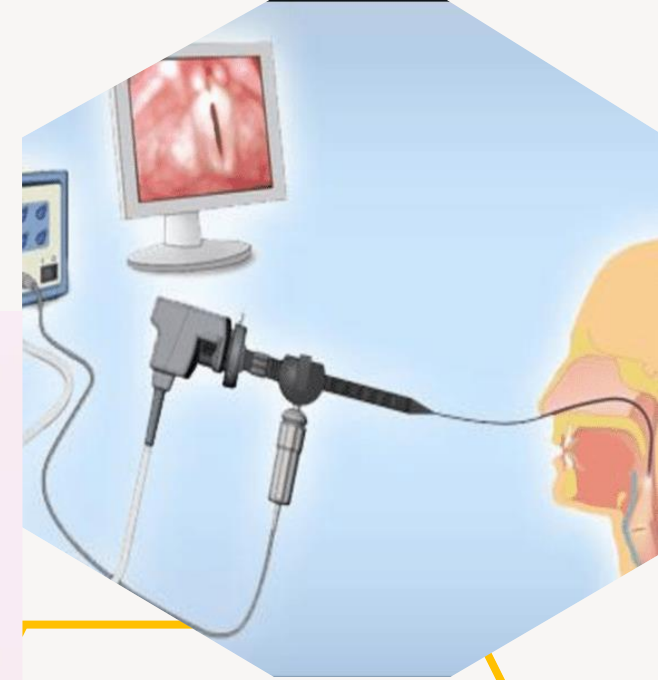
Can I have a go at doing this now?

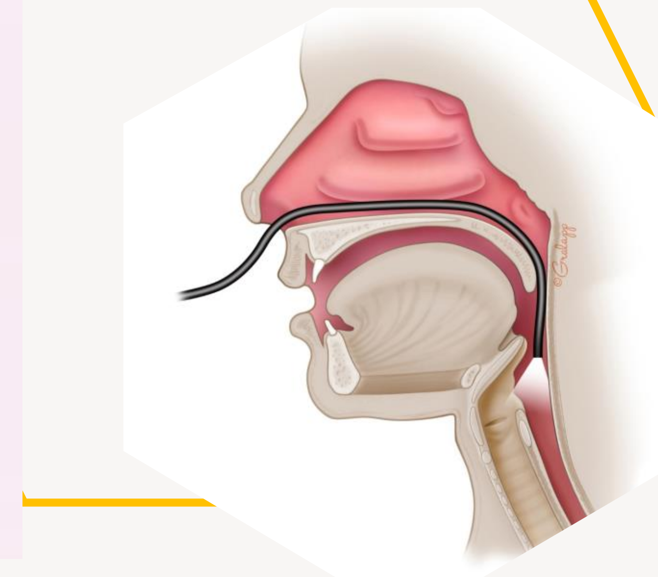
How does this work in the real world?

Why does this work like that?

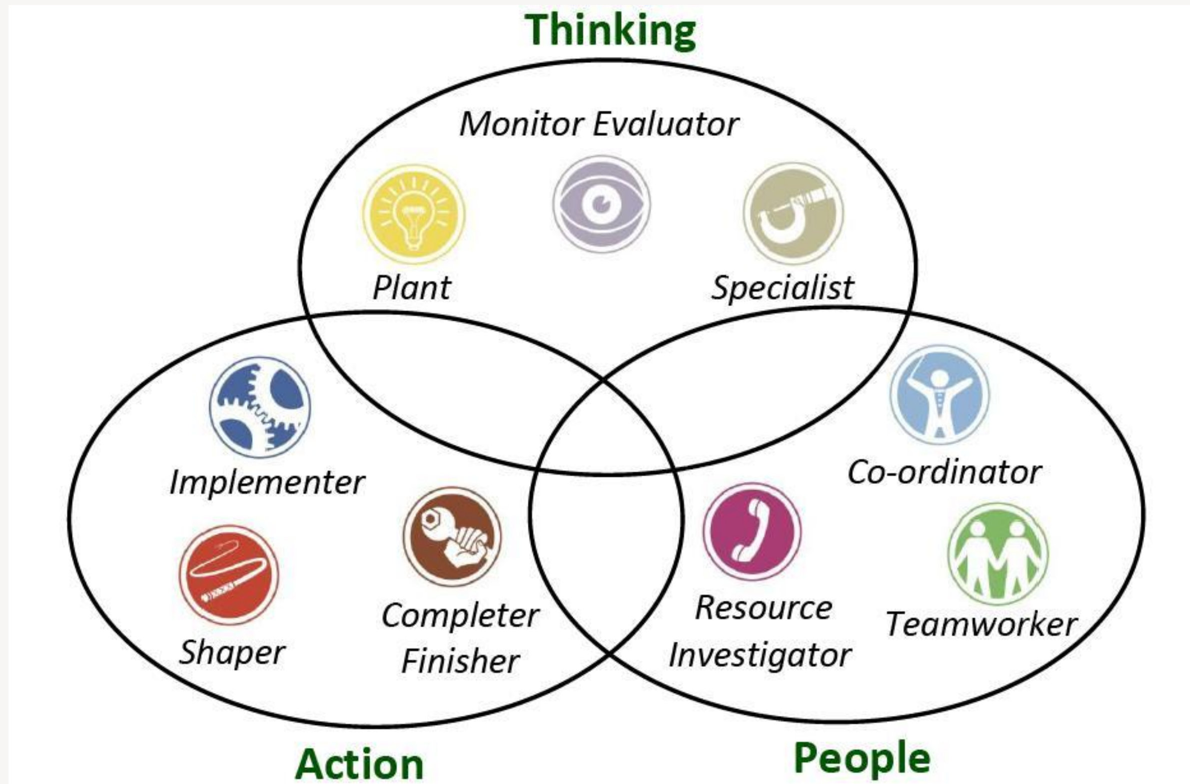
PRAGMATIST

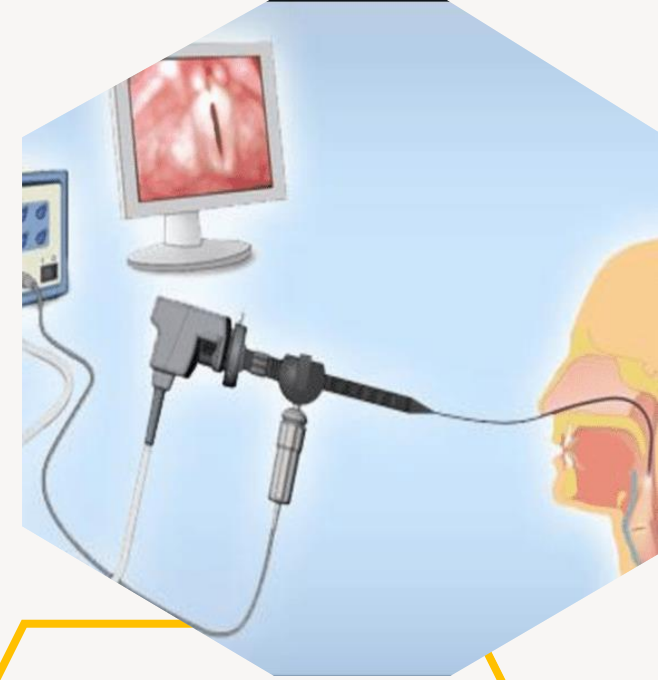
THEORIST





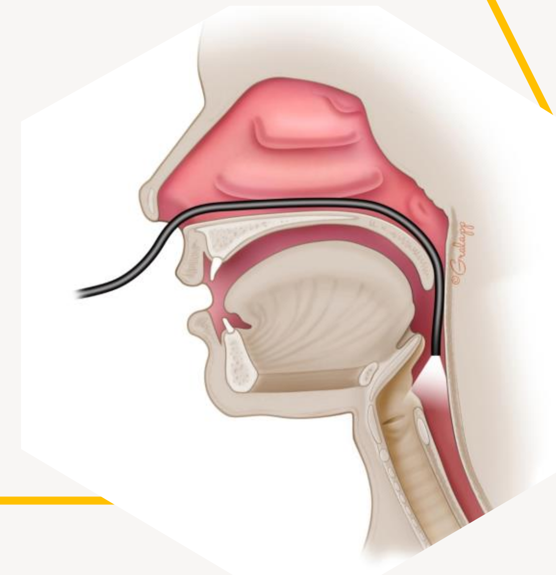
Team roles (Belbin, 2010)





Findings:

- Naturally, I am **most comfortable** in a "**Co-Ordinator**" role or "**Teamworker**" role (People).
- **Most uncomfortable** in a "Specialist" role (imposter syndrome!) and "Monitor Evaluator" role.
- I have been in various roles across different situations (e.g. "Plant") and can identify the roles of others in a team.



Reflection: Enabled me to identify the contributions and weaknesses of each role.

Additional research into:

- Allied Health Professionals
- Integrated Care Systems

Allied Health Professionals (AHPs)

- **14 AHPs-** the largest workforce in the NHS. Including: *Art Therapists, Drama Therapists, Music Therapists, Chiropodists/podiatrists, Dieticians, Occupational Therapists, Operating Department Practitioners, Orthoptists, Osteopaths, Paramedics, Physiotherapists, Prosthetists and Orthotists, Radiographers, Speech and Language Therapists.*
- The ***NHS Long Term Plan*** acknowledges the essential role for AHPs in **supporting the NHS to meet demand.**
- **Strategy for the next 5 years: The AHP Strategy for England: AHPs Deliver.** This captures the voices of diverse people/communities and gives the AHP community at a system, team and individual level permission and authority to act and fully realise their transformative potential.

Integrated Care Systems (ICSs)

- ***Partnerships of organisations*** that come together to **plan** and **deliver** **joined-up health and care services**, and to **improve the lives of people** who live and work in their area.
- **42 ICSs established in England**, following creation of the *Health and Care Act (2022).*
- ICSs are made up of:

a) **Integrated Care Boards** (decide how NHS budget is spent and develop improvement plans)

a) **Integrated Care Partnerships** (bring NHS together with other key partners like local authorities to improve health/wellbeing in their area)

Summary

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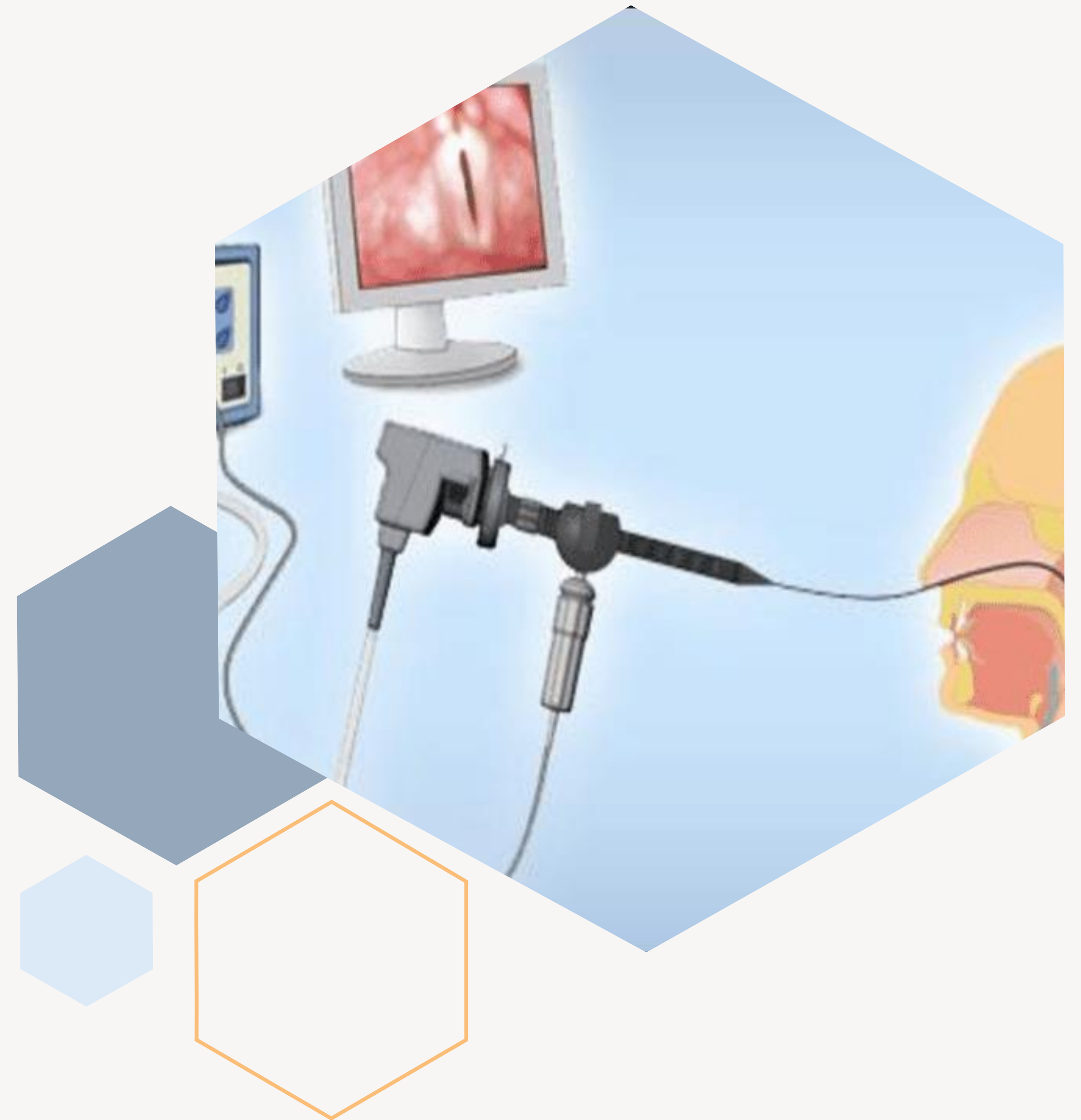
Final reflections

Key learning outcomes:

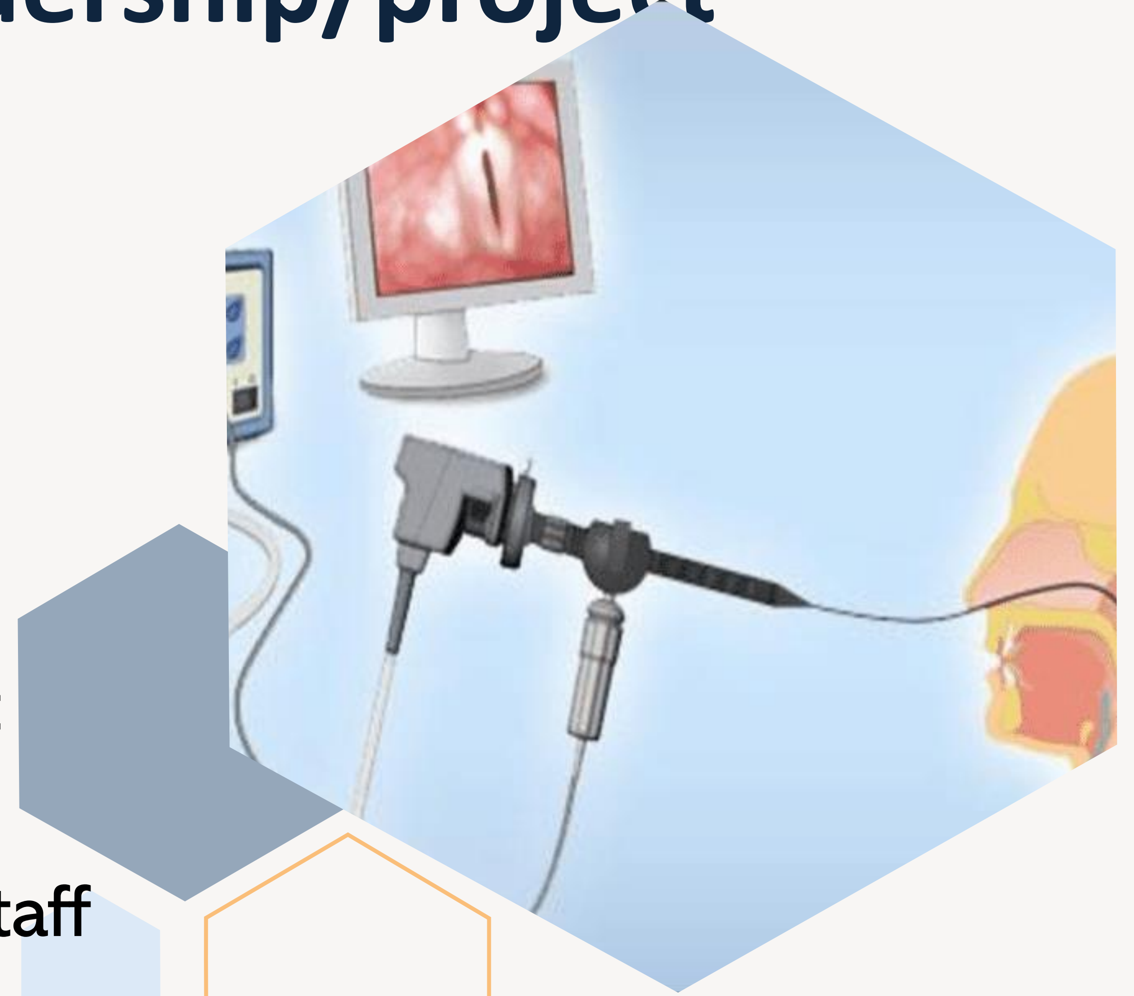
- Improved knowledge of *Quality Improvement, PDSA cycles, Service Improvement* and the importance of *patient and service user involvement/satisfaction*.
- Improved confidence and skills in developing surveys.
- Improved awareness of potential challenges that may occur when collecting patient feedback via surveys within this population.
- Improved awareness of my own strengths and areas for improvement; Super helpful when **applying for jobs!**



Would I recommend a leadership/project placement?

Absolutely, **yes!**

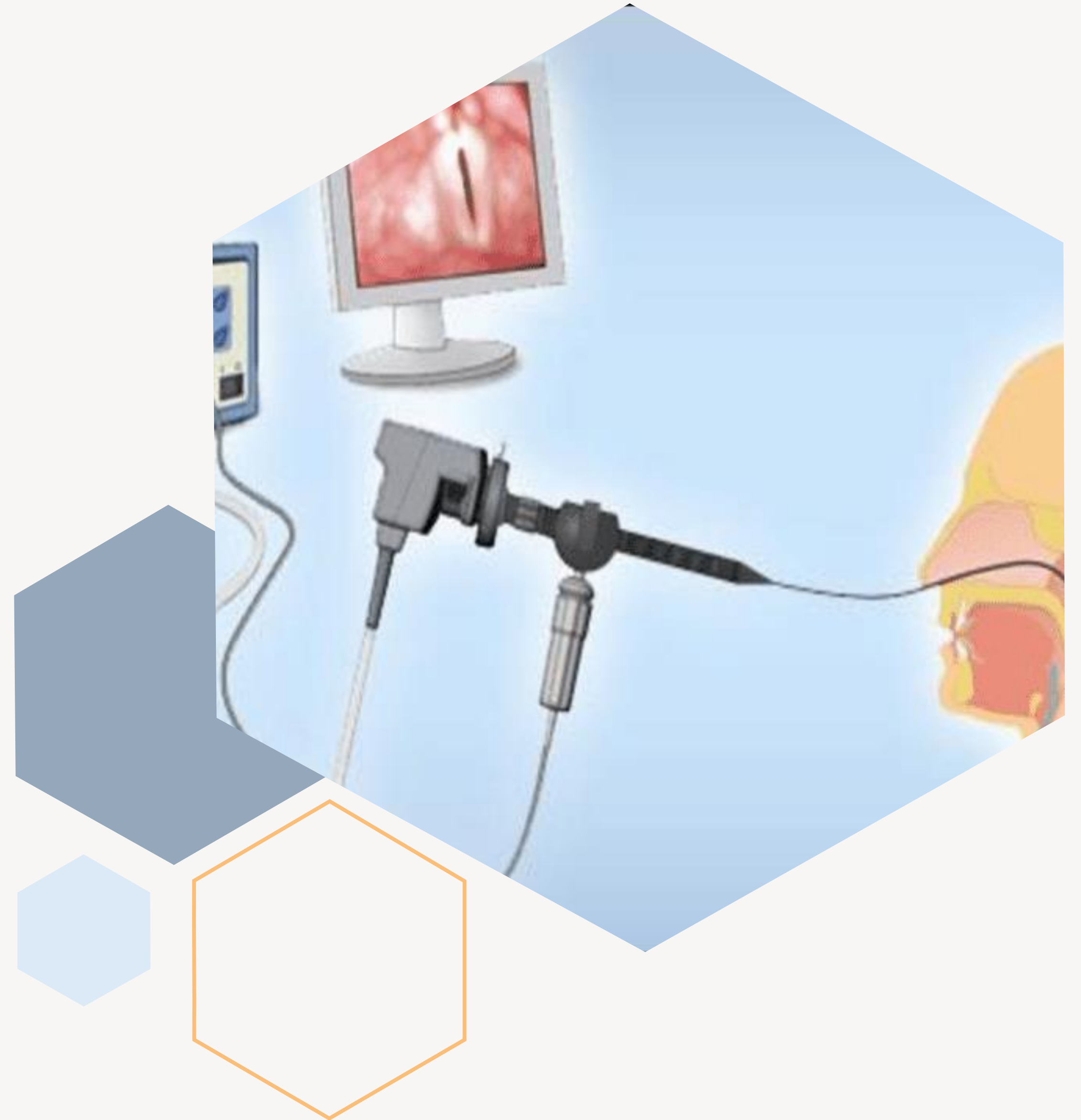
- Skills applicable for future jobs
- Remote learning experience with regular check-ins
- Very interesting and a unique placement experience
- Benefitted NUH; patient-related, saved staff valuable time
- Clinical benefits- guides future considerations/changes within NUH



But…

It may be challenging to manage various placements/strands within the same weeks.

Any questions?



Thank you for listening!

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