



Technology Enabled Care Services (TECS) AHP Practice Learning quick guide for educators

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IT Procurement

Where possible, teams should procure their own equipment so the ownership and any future responsibilities stay within the local provider. Depending on the proposed placement structure and existing resources the need for exact numbers items will differ. For example a 2:1 student:educator model may require 3 remote workstations, one each for the 2 students and another for the educator if that does not already exist. Consider the whole set up for your proposed model.

Common equipment required for remote working are as follows with costing as per MFT IT dept as a guide (other trusts may differ)

Trust Standard HP 15 inch laptop (HP 850) + free bag £1,000	Mouse £10.00
Apple iPad 7th/8th Gen 128GB WiFi Only £490.00	Ipad Survivor case £30.00
Apple iPad 7th/8th Gen 128GB WiFi Cellular £590.00	Logitech Slim Folio 7th Gen iPad Keyboard Case 10.2-inch £100.00
Apple iPad 7th Gen. 64GB Mini WiFi £430.00	Apple Smart Keyboard & Folio keyboard case English (for 10.2" 7th Gen) £180.00
	Philips SpeechMike Premium LFH3500 £250.00
	ENCRYPTED USB STICKS £25.00
	USB C headset £55
Vmware VPN licence £130	Mobile phones (smart phone may be needed for 3 way telephone calls)

You may need to think now about what software applications are built into the laptop

Wearable Technology

As technology advances there are wearable options that may facilitate virtual shadowing, creating new learning environments and act as innovative teaching aids.

Hololens (Microsoft) Is a mixed reality headset with functions of video call link, hologram projection, wifi enabled.

Here are some healthcare examples of its use

Hololens example Morecombe Bay <https://www.youtube.com/watch?v=TrQ3AFKIO98>

Hololens example Alder Hay <https://www.uk.insight.com/content-and-resources/2020/case-studies/alder-hey-childrens-hospital-pioneers-remote-clinical-care>

Smart Glasses (various makes) have a camera embedded into the glasses to provide video link and so the option of virtual shadowing which may be suited to home visits, clinic with limited space, busy clinical environment. Learners can still experience patient consultations by shadowing remotely and with potential for multiple learners at once.

Procurement of licence/token

In order to access some clinical systems off-site a secure connection is required. This is commonly in the form of a VPN (eg VM Ware/Horizon or BMS SoftToken). There are sometimes a limited number of licences/tokens within a trust and a cost is charged per licence. It may be possible to re-allocate licences between students, please investigate this with your local IT department and investigate local on-going costs of this

Are there any alternatives to a VPN?

Some trusts have hosting software such as Citrix which provides a secure gateway to certain clinical systems. Check regularly with your local IT department if this is an option for your service. Usually access to trust e-mails and Microsoft Teams is still possible without a VPN connection.

Can students use their own devices?

This is possible however should not be the normal planned method of remote working for students if accessing clinical systems. Some trusts state that using your own device to access trust information should be done only in emergency situations or for very infrequent use. For a virtual project based placement a students own .ac.uk account will usually be adequate.

If not using clinical systems a web link may be available to access outlook e-mails remotely. This also applies to Microsoft teams. This may require the student to have a trust account set-up.

TIP: Setting up a Team with your student on Microsoft Teams is a great way to share documents and resources/links/pre-placement activities if they can't access a shared drive

Remote working help – check your trust Intranet for IT guidance about remote working. Also see governance section below for more information.

Software/Systems

Think about what systems your student will require access to. Include any when requesting the IT trust account and e-mail. Some questions you may want to think about are: Where will they write notes? What results or imaging might they need to view? Where will they find the patient's history? How will they communicate directly with patients?

Note writing: Existing examples suggest students e-mail clinical notes to educator with no identifying information and they then upload these electronic notes onto clinical systems.

Some common software systems are below

	<p>EMIS Web/EMIS Community</p> <p>Students may not get a smart card but will get a to log on access to enter information to the system (Without a smart card the only action students will not be able to do is enter a new referral). An e-learning package is provided and must be completed by students before a user account is provided. EMIS Mobile is a separate e-learning for services using the EMIS App. If sharing agreements are in place EMIS gives access to the patients GP record also as a source of information.</p>
	<p>Microsoft Teams</p> <p>To access a Teams meeting via a link embedded in an e-mail or invite, the user shouldn't require an account, they will attend as a guest. Your local IT department will provide access and a teams account alongside the trust account set up. Some trust have specific training packages or user guides. Remember MST has the facility to create a team as a place to chat, share files and resources as well as create surveys. General MST user information is available on the internet https://support.microsoft.com/en-us/office/microsoft-teams-video-training-4f108e54-240b-4351-8084-b1089f0d21d7</p>
	<p>Attend Anywhere is a virtual consultation platform which replaces the face to face element of out-patient consultations. You trust IT service may have a training module to complete and a user account may need to be set up via local IT. YouTube User guide</p>

	More information: https://www.youtube.com/watch?v=6lzAg0SHKFo and https://www.youtube.com/watch?v=o-64JK4nLuE
	AccuRx is an NHS Digital approved software for communicating with patients. It can be used to send text messages, links to websites, PDF leaflets or send a link to a video consultation. You will need the patient's NHS number, DOB and phone number to contact patients. There is a test account which can be useful for video consultations (eg clinician to clinician) or testing templates where any mobile number can be added. Anyone with an NHS.NET or nhs.uk e-mail account can access this system https://fleming.accurx.com/login
	Cisco WebEx – Another video conferencing software package. Online help: https://help.webex.com/en-us/nrebr3c/Get-Started-with-Cisco-Webex-Meetings-for-Hosts

Governance and User Account

In general when a student is on placement the same trust policies and procedures are applied as they would for a permanent member of staff. The universities provide essential/mandatory training and prepare the students for the workplace environment. This is available via e-learning for health (<https://www.e-lfh.org.uk/>) but additional local training may be an optional part of your placement induction. In most places students are set up with a trust ID and e-mail account whilst on placement via IT.

Policies

In recent times there may have been an update or creation of a **remote home working policy** within your trust. Please locate this and ensure you follow the directions. It is a really useful guide to roles and responsibilities and practicalities of home or remote working.

Risk Assessments

It may be appropriate to carry out a remote/home working risk assessment or similar. Within this consider

- Can the workstation be overlooked?
- Is the screen to be left clear when away from desk?
- Is there wi-fi connection?
- What is the supervision structure?
- Has introduction to digital software been provided?
- Is a display screen environment (DSE) assessment additionally required?

Information Governance (IG)

Up to date IG training is part of mandatory and statutory training for staff. Students will have completed IG training before entering placement. This is via e-learning for health (<https://www.e-lfh.org.uk/>) provided by Health Education England or equivalent. Investigate at your local trust if you think additional IG training is needed as part of student placement, local IG tams will guide on this. HEE have a series of quick guides which includes IG. Check the practice education resources page for updates.

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

Health Education England TECS Quick Guide:

<https://www.hee.nhs.uk/sites/default/files/documents/AHP%20Technology%20Enabled%20Care%20Services%20%28TECS%29%20Practice%20Based%20Learning%20Guid.pdf>

Consent

The same patient consent practices apply to students shadowing either face to face or remotely. Verbal consent would be the preference once the situation of remote shadowing has been clearly explained and understood by the patient. This is to be clearly documented in the notes. If video recording is taking place eg to watch back or for use as an education resource, there are often trust specific consent forms to be signed by the patient.

Other Paperwork

Some trusts/workplaces may have an agreement in place for home working or loan of trust equipment to be signed by the worker. If you feel your work environment has specific elements or requirements perhaps you could create a local team or service Standard Operating Procedure (SOP) to outline local arrangements. These are options to consider.

Remote Placement Structure

There are common themes of learning structures when considering TECS/TELS such as direct patient contact (eg consultations), indirect clinical activities (eg. note writing) or remote learning (eg. e-learning). It will be up to you to create a learning environment that provides the best possible experience for your learner. The culture change within clinical education is allowing placements to be innovative and incorporate new opportunities to develop more varied skills required by a healthcare professional. We are preparing the workforce of the future to establish skills such as adaptability, digital literacy, problem solving which are hugely valuable.

Clinical Hours

Some AHP professional bodies set out specific requirements for clinical hours. Clinical hours doesn't necessarily mean patient contact hours. There is 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 website: <https://www.hee.nhs.uk/our-work/allied-health-professions/helping-ensure-essential-supply-ahps/placement-expansion-innovation/current-placement-expectations-ahp-regulators>

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

Placement Content

A placement template might be useful to identify the range of learning opportunities for your specific area. If using a blended approach with a 2:1 3:1 model you may rotate student clinical base through the week to mix face to face interaction and virtual. Do not underestimate the value to the student of reflection time and peer learning – this can be very powerful and students will be keen to research and fill their knowledge gaps. There are some useful links above to learn from other successful TECS placements. Use your MDT colleagues and networks to facilitate continued development. You may want to create some example case studies, videos or workbooks to start them off. Think big and go for it!

E learning

Your trust may be able to set up an e-learning account for students as non-permanent staff. There may be leadership modules such as time management, dealing with stress, SMART objective setting which may be a useful adjunct to other learning.

Set Up Checklist

- ✓ IT user account request
- ✓ Software systems access
- ✓ Pre-placement Teams or equivalent set up with resources
- ✓ Send student TECS placement introduction resources
- ✓ Risk Assessment Paperwork (if using)
- ✓ Know who your IT help contacts are and how to access them
- ✓ Have a placement structure and keep adding as placements go on

Student Perspective

Many students are aware of the rapid development of digital tools to deliver healthcare in the current climate. More than ever before, students are embracing these new ways of working within practice based learning and being involved and gaining digital skills now prepares them for the roles they will move into when qualified. Here are student responses developed whilst on a 100% virtual leadership placement to answer some queries raised by practice educators.

“Students won't have enough to do at home”

A local GM survey tells us that students are very willing to work remotely as part of their placement. However, preparation is needed to plan how the students can gain as much experience and meaningful activity as possible. You may prepare activities such as case studies, workbooks, reflection templates but students will soon be motivated to research their own areas of interest. Experience so far has been there is more than enough work to fill a working week.

“ Students are missing out on patient contact”

There are many benefits from a placement being online like communicating virtually which means really developing verbal instruction skills for patient consultations. Students will be in charge of their day which develops good time management skills in order to keep focused on a particular objective while being efficient with time. Universities have an overview of the student placement profile and welcome the variety of including TECS based placements alongside existing traditional face to face practice.

“Do you see any problems with using your own WIFI at home?”

Using WIFI from home is commonplace for students to complete university work, lectures and video conferencing. However, it may be worth considering your options for a different working environment, discuss with the university what options are available.

“How do students feel about having trust IT equipment in their possession on placement – are there any worries?”

There are very little. Students are responsible for their own equipment and in the context of placement understand their responsibilities as a healthcare professional. In the unlikely event of a device being damaged or lost in the student possession it is expected the same course of action for a staff member would follow.

“Any concerns or comments about not having direct supervision from educator as much as a face-to-face placement?”

Face-to-face interaction will completely depend on student and educator model in the placement area and there is wide flexibility about this. It is possible to build a good relationship via a 100% remote placement as regular contact time should be planned and free from distractions. Students are encouraged to take the initiative to feedback their contact needs, whether these are once a week or twice a day, this depends on the learner and their independence. Self guided reflection time is where the development and depth of understanding will happen guided by the educator during the contact. Use others in your team and gain feedback too, perhaps share your diaries, include peer learning.

“What does the university provide to prepare students for TECS placements?”

Modules such as Inter-Professional Learning are used to create a multi-disciplinary approach to the way that students learn. Many TELS learning opportunities already exist and students have a good level of digital literacy. There is growing awareness of placement innovation and students are motivated to be included in these new opportunities. By exposing learners to these ways of working now we are preparing for them for new working practices as a qualified professional.

“Is the student home environment suitable for working from home and if not, what are your options to adapt?”

Home workspace must have clear background, not be overlooked and quiet/private. Especially if there will be patient contact. If there are concerns talk to the university who will likely be able to book a suitable workspace.

“How can students demonstrate all the learning objectives on a TECS placement?”

The learning outcomes still apply and can be easily adapted to allow for TECS placement content. Regular feedback is key either over e-mail, document sharing or video conferencing for 1:1's. The same process of information gathering, task execution and evaluation exists if treating a patient or working on a project. Think of the variety of ways students have demonstrated these skills and the products of this work. It may be easier than you may think, especially if they keep a diary or record of tasks. Use coaching conversations to discover thought processes for evaluation and future change.

Useful Links

Useful Links

Health Education England 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>

Health Education England TECS Webinar link: https://www.youtube.com/watch?v=wplm_qAxZuw

Connect Health 8 point guide for setting up virtual placement:

<https://www.connecthealth.co.uk/blog/virtual-student-placements/#:~:text=%20Connect%20Health%E2%80%99s%208-point%20guide%20to%20setting%20up,students%20access%20to%3F%20How%20will%20you,..%20More%20>

NHS England (video consultations guide) <https://www.england.nhs.uk/outpatient-transformation-programme/video-consultations-in-secondary-care/>

Cheshire and Merseyside placement examples webinar:

<https://www.youtube.com/watch?v=oMIB927hQnY>

