

Introduction of a structured new starter induction programme within an acute out-patient hand therapy department.

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Background and Methods

Increased anxiety was identified in junior staff/new starters working within a hand therapy department, specifically surrounding development of knowledge and skills in this specialist area.

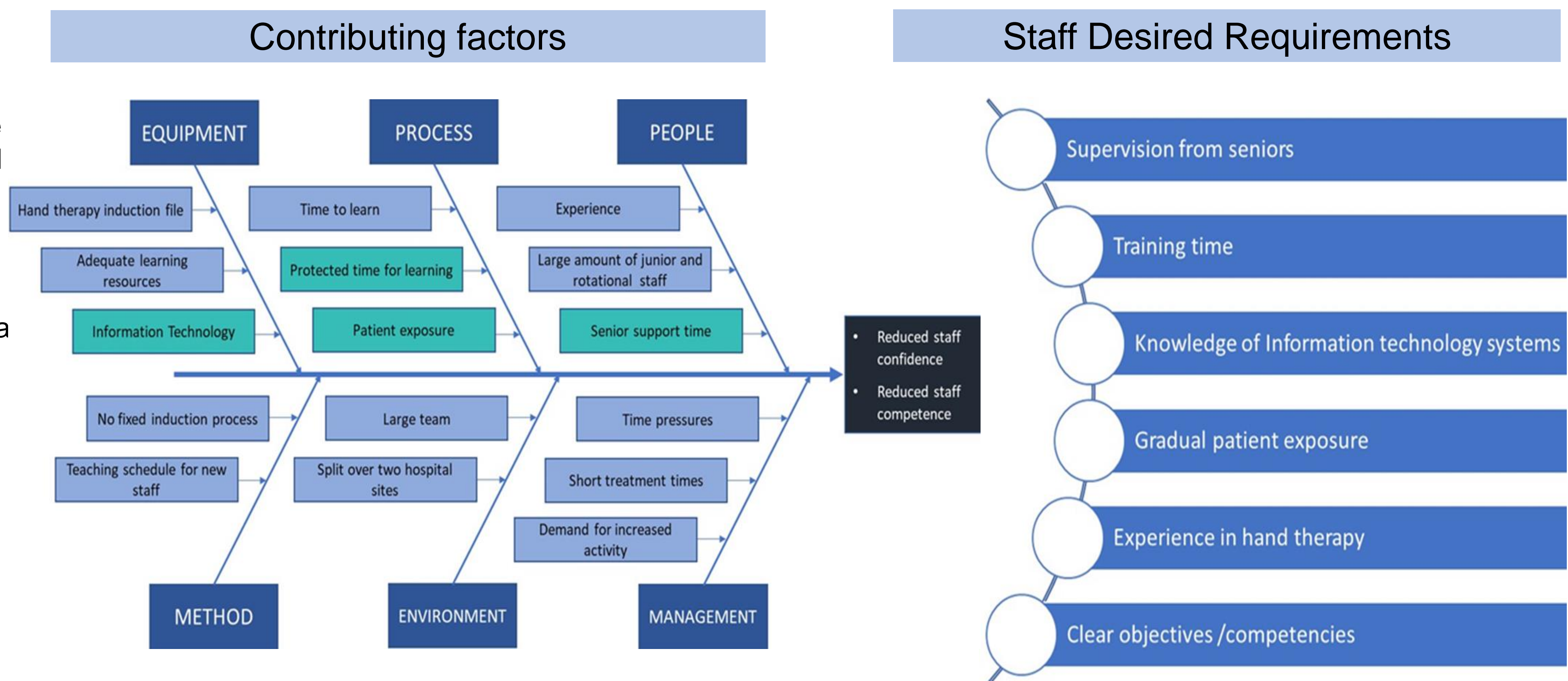
A previous quality improvement project reviewed staff confidence/competence within this acute hand therapy department exploring experiences, barriers and opportunities to aid role development in new starters.

A fishbone diagram was created outlining contributing factors.

Thematic analysis of questionnaires sent to the team identified a series of desired requirements from both senior and junior staff. These requirements, alongside; benchmarking another acute hospital, an internal focus group and a general literature search, formed the development a four-week induction program. This was to be piloted as a learning guideline for all new starters entering the department. The proposed induction would allow for variation of learning needs and offer a guideline to increase skill set for both supervisees and supervisors.

Expected Outcomes

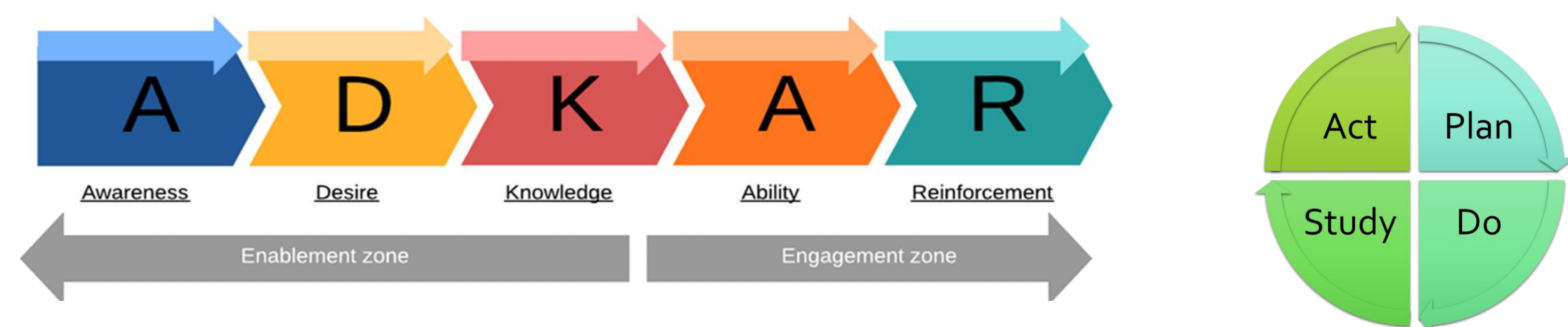
- Increase therapists' knowledge/skills/confidence/competence.
- Increase departmental productivity/trust capacity,
- Enhanced clinical practice/reputation/research on induction programs
- Mitigate risk



Pilot induction guidelines

Week	Task
1	<p>Orientation (tick box form) into department/team/annual and sick leave process etc. Ensure access to all computer systems, new starter file which includes access to hand therapy workbooks (A&P, common condition and healing time scales: fractures, ligaments, tendons. Review competencies for these clinical conditions, plus wound care -dressings/ sutures. Highlight resources for learning online /notes templates for documentation.</p> <p>Arrange weekly supervision session for 1 hour—review previous skills/ learning styles/ set learning goals / outline competences required .</p> <p>Resources - VARK Learning Style Questionnaire: How do you learn best? (vark-learn.com) Free Online Mumford and Honey Learning Styles Questionnaire (mint-hr.com)</p> <p>Block out weekly protected learning time (1 hour) plus admin time – this will be lead by supervisee depending on background with supervisor assistance/prompting. To be used for self-directed learning as seen fit – shadowing /time with dressing or DRs/splint practice/reading on common conditions. Shadow supervisor in all clinics.</p> <p>**supervisors can consider reviewing your own learning/teaching style using questionnaire for supervisors</p>
2	<p>Continue as above</p> <p>Joint sessions – supervisee to take lead on initial assessments/treatment as able with support. Review and plan for competencies/teaching</p>
3	<p>Continue as above</p> <p>Diary to open with space every 2x pts to catch up /reflection time /reduction of joint sessions as able.</p>
4	<p>Full dairy opening as per template – to be adjusted at the discretion of the supervisor. Last weekly supervision – move to monthly sessions / can be extended at supervisor discretion. Continue to plan/ address achieving competencies.</p> <p>**Review induction process in weekly supervision -what is working what could be changed /addressed</p> <p>**Shorten induction for more experienced staff – at supervisor discretion/completion of competencies.</p> <p>** Staff are encouraged to add to /update resources.</p>

Implementation of pilot induction



The ADKAR model (Prosci 2021) was used to implemented the change proposal. The first PDSA cycle piloted the induction at the start of a junior's rotation and was supplied to any new starters during the time period of 8 months. Anonymous quantitative/qualitative questionnaires were then sent to all staff within the department to gain feedback on its use.

Challenges to implementation of induction

- Establish change without compromising treatment
- Updated Online resources and learning packs
- Hospital environments - large team over two sites
- Staff engagement
- Hospital Activity drivers
- Administration support

Strengths of induction guidelines

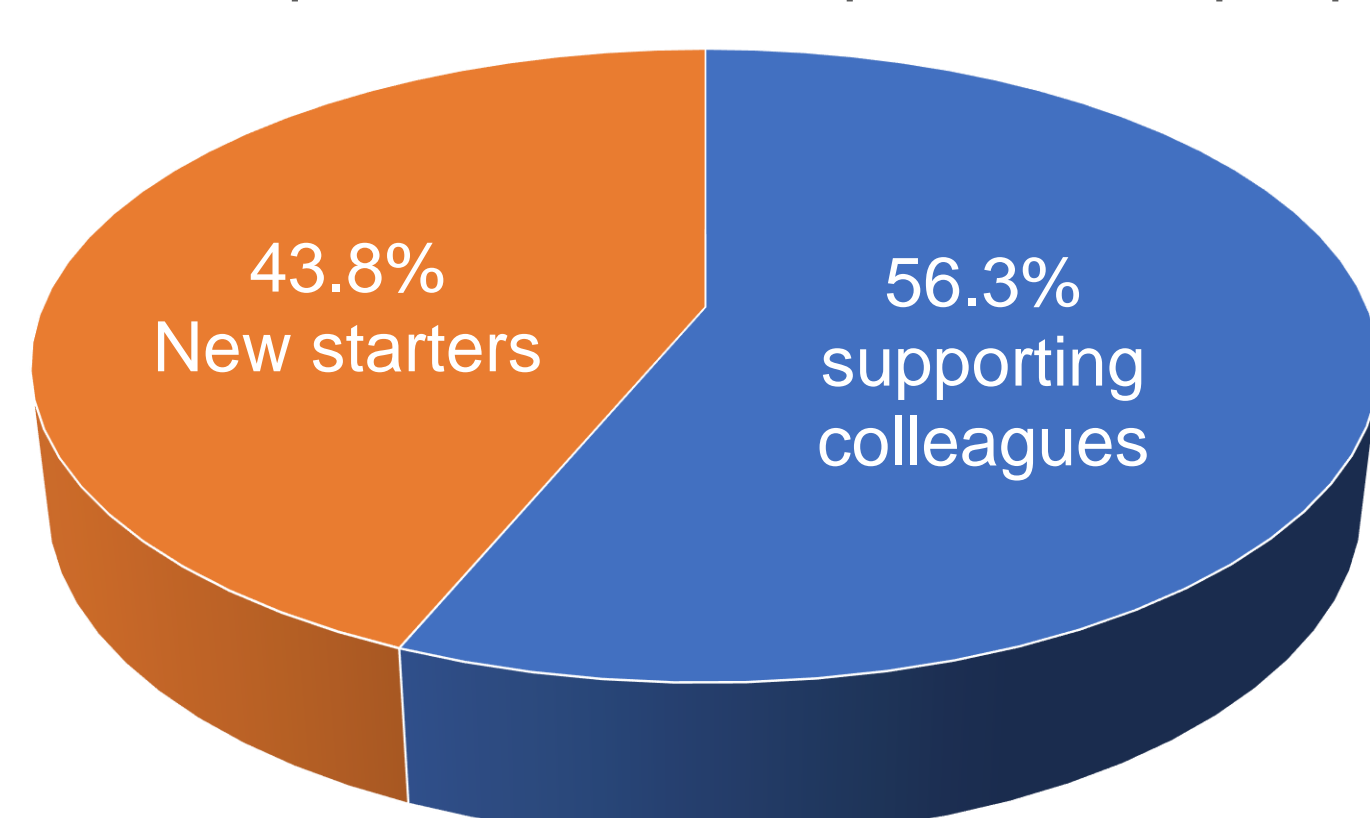
- Awareness of existing knowledge, life, and cultural experiences /learning styles.
- Encouraging experiential learning and reflection
- Increase staff skill set/CPD
- Structured template - flexible.
- Instil safe learning culture/ reduce practitioner uncertainty
- Andragogy to Heutagogy
- Increase staff confidence and morale – staff retention.
- Improve service delivery/ increase capacity
- Reduced risk of harm
- Offers research – centre of excellence

Limitations of induction guidelines

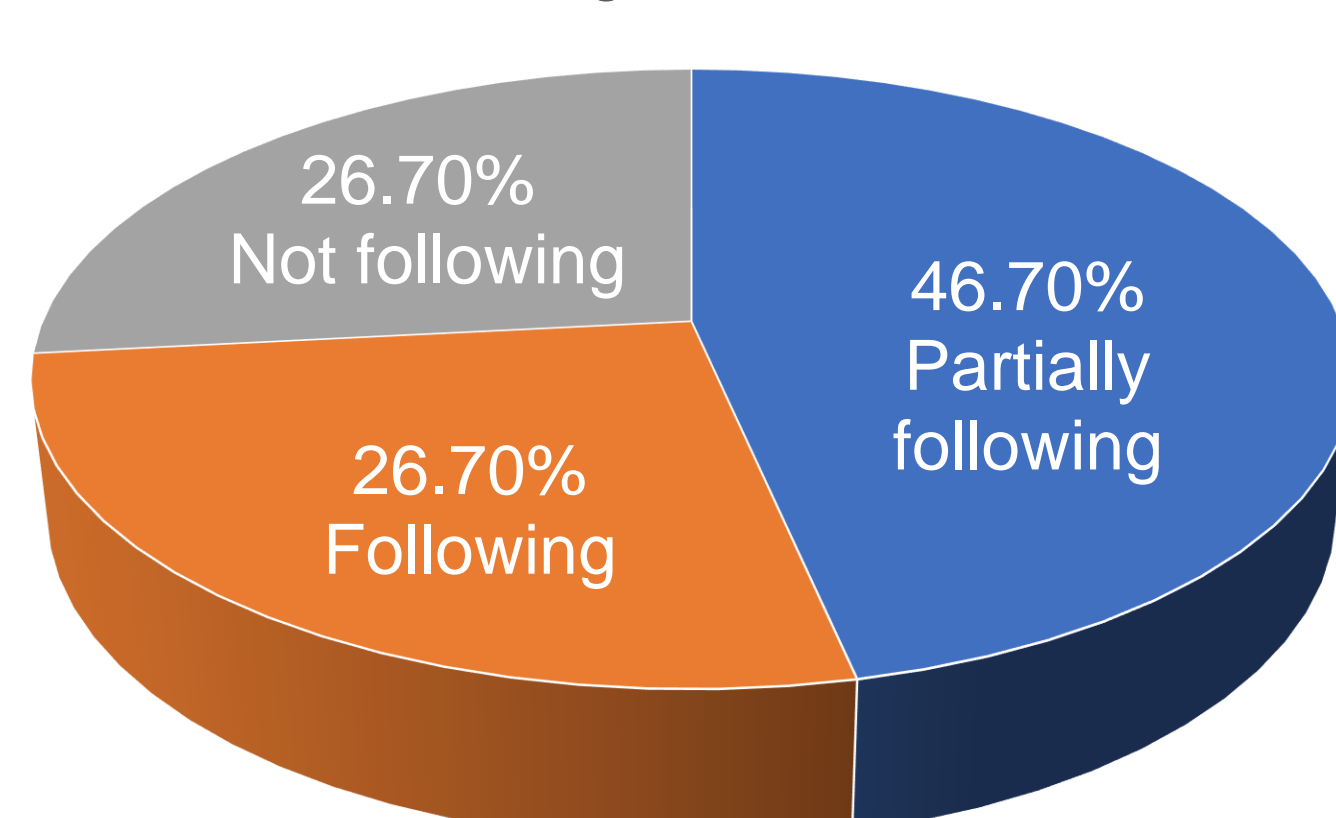
- Minimal evidence on requirements
- Department demands –pts volumes
- Adherence to the induction - sickness/leave.
- Too Prescriptive – will it sufficiently allow development?
- Diary management concerns
- Unintended consequence – initial reduction in capacity

Results

Responses- 16 out of possible 25 people



Following the induction?



Reasons for partial use /not using were related to unawareness, unavailable resources, time constraints/sickness and or annual leave.

Reasoning using were related to the clear structure/content and emphasis on individual learning.

Conclusion

Following the feedback from the pilot

The second PDSA cycle will consider the following:

- **Increase staff awareness/communication.** It has since been presented again during department training and will be sent via email before new starters arrive.
- **Making the induction accessible,** ensuring time is allocated as per guidelines, not lost during leave. This may require forward planning and allocation of supervisors before the new starter arrives.

Recommendations

- A sub-team has since been recruited to developed checklists for orientation and to review competencies on common conditions plus review supervision documentation.
- Creation of a specific file plan on a shared drive, including all relevant documentation.

A further questionnaire will be repeated after the next rotation and results reviewed and adaption made.

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