![NHS University Hospitals Sussex NHS Foundation Trust]

Clinical Educator Handbook
(Nursing and Midwifery)

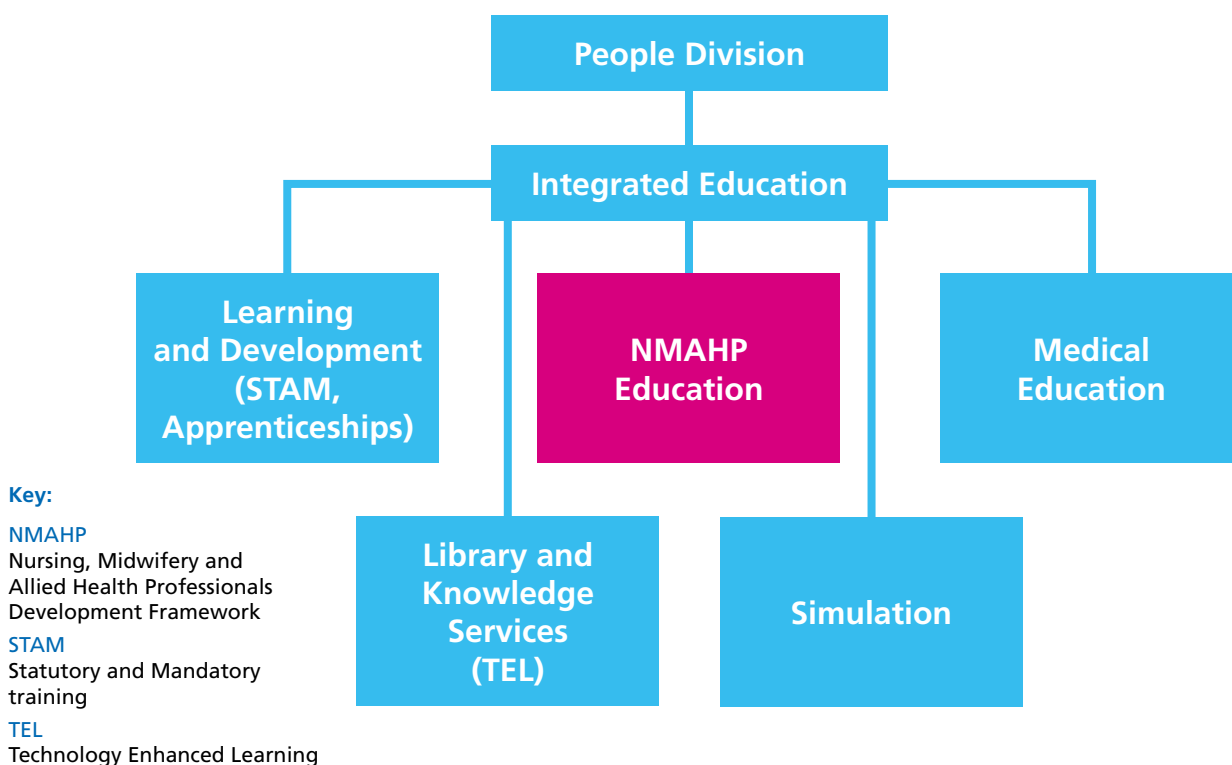### Empower | Equip | Educate

Contents

Introduction

University Hospitals Sussex NHS Foundation Trust values the role of the clinical educator. In this role, clinical educators ensure healthcare staff provide evidence based, safe and effective care. Clinical educators do this by using innovative and inclusive approaches to facilitating learning and assessment. Clinical educators also support promotion of the Trusts commitment to lifelong learning for all staff.
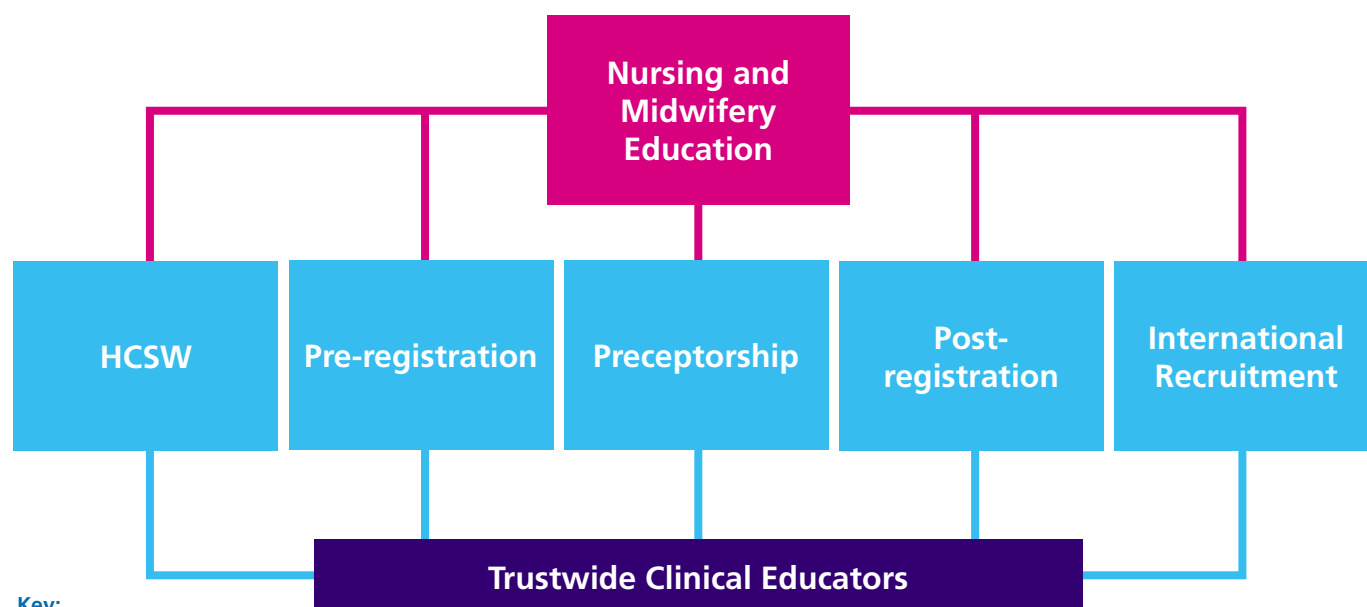
This handbook has been written to support clinical educators in all stages of their work, from recruitment, induction, professional development through to leading education and teams of clinical educators in the Trust. The handbook is also suitable for the line manager of a clinical educator to guide them and for senior staff when considering the creation of new clinical educator positions. The development of clinical educators in the Trust is based on the seven priorities as set out in the Educator Workforce Strategy (HEE 2023):

Priority 1: The educator workforce must be a key consideration in integrated workforce and service planning

Priority 2: Establishing and protecting educator time and resources

Priority 3: Introducing career frameworks for educators of all professions

Priority 4: Supporting the development and wellbeing of educators

Priority 5: Supporting improvement through defined standards and principles

Priority 6: Promoting the NHS aspirations to improve equality, diversity and inclusion

Priority 7: Embedding evolving and innovative models of education

Integrated Education Structure

Key:

NMAHP
Nursing, Midwifery and Allied Health Professionals Development Framework

STAM
Statutory and Mandatory training

TEL
Technology Enhanced Learning

Nursing and Midwifery education

```
                    ┌─────────────────────┐
                    │   Nursing and       │
                    │   Midwifery         │
                    │   Education         │
                    └─────────────────────┘
   ┌──────────┬──────────────┬──────────┬──────────────┬──────────────┐
┌──────┐  ┌──────────────┐ ┌──────────────┐ ┌──────────────┐ ┌──────────────┐
│ HCSW │  │Pre-registration│ │Preceptorship│ │    Post-     │ │International │
│      │  │              │ │              │ │ registration │ │ Recruitment │
└──────┘  └──────────────┘ └──────────────┘ └──────────────┘ └──────────────┘
          ┌──────────────────────────────────────────┐
          │     Trustwide Clinical Educators         │
          └──────────────────────────────────────────┘
```

Key:

HCSW
Healthcare Support Worker Program

Recruitment

According to the NHS Long Term Workforce Plan (NHSE, 2023) successful growth of the healthcare workforce will be contingent on there being more clinical educators who are fully trained to support the evolving learner and workforce needs. Recruitment is the first stage in achieving this aim but should also be viewed as an opportunity to evaluate the existing roles and to identify the need for additional educators. Throughout the stages of recruitment a fair process must be followed, in accordance with the Trust's recruitment policies and good practice guidance as related to equality, diversity and inclusion.

Template job descriptions and interview questions for Band 3 and above clinical educator positions are available from the Nursing and Midwifery Clinical Education Team. It is strongly recommended that clinical educators retain supernumerary status whilst in post and this is included in the job description and built into their job plan. The agreed titles for clinical educators in the Trust are presented in Table 1 and the essential criteria for Band 5 and above clinical educator positions is stated in Table 2. Currently, throughout the Trust there are varying titles and criteria used. Ideally, for all new positions the titles and criteria will be standardised. There is no requirement for an existing clinical educator with an alternative title to update these unless they wish to do so. In which case they should discuss this with their line manager.

Table 1: Clinical educator titles according to band

Band	Title	Option to add remit (examples only)
3	Senior Healthcare Support Work Clinical Education	(Clinical Skills)
4	Nursing Associate Clinical Education	(Healthcare Support Workers)
4	Assistant Practitioner Clinical Education	(Placement Support)
5	Clinical Skills Facilitator	(Practice Development)
6	Clinical Educator	(Preceptorship)
7	Senior Clinical Educator	(Post-Registration)
7	Practice Education Facilitator	
8a	Clinical Education Lead	

Table 2: Essential criteria according to band 5 and above

Essential criteria	B5	B6	B7	B8
PS/PA* or equivalent	🟩	🟩	🟩	🟩
Level 6 study	🟩	🟩	🟩	🟩
Level 7 study	N/A	🟧	🟩	🟩
Research/publication	N/A	🟧	🟧	🟩
In-house education programme	🟧	🟩	🟩	🟩
Post-graduate Certificate in Education	N/A	🟧	🟩	🟩
Leadership qualification	N/A	N/A	🟧	🟩

Green = essential or working towards *PS = Practice supervisor
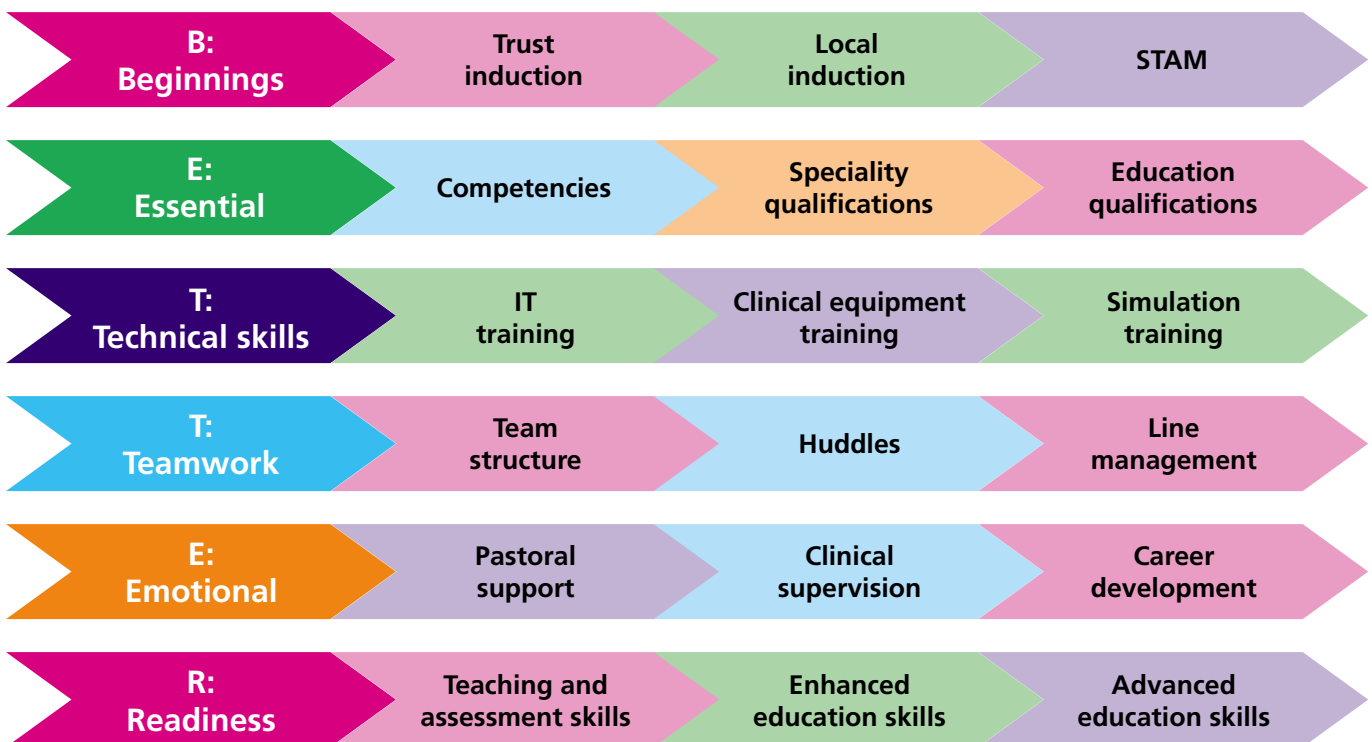Orange = desirable *PA = Practice assessor

Induction

Following successful recruitment, the clinical educator should be allocated a supernumerary induction period (typically 2 weeks). If the clinical educator is new to the Trust they will also participate in the corporate Trust induction. See page 7 for an example of a 2-week induction.

The line manager should complete the local induction checklist for all new starters (current and new to Trust employees). The checklist will cover expectations of the role and the specific activities to be undertaken by the clinical educator as determined by the job description. It will also cover the resources and logistics required to carry out the work e.g. uniform, id card, laptop etc.

Expectations of the clinical educator role

Below is an infographic based on the Trust vision **'Where better never stops'**.

B: Beginnings	Trust induction	Local induction	STAM
E: Essential	Competencies	Speciality qualifications	Education qualifications
T: Technical skills	IT training	Clinical equipment training	Simulation training
T: Teamwork	Team structure	Huddles	Line management
E: Emotional	Pastoral support	Clinical supervision	Career development
R: Readiness	Teaching and assessment skills	Enhanced education skills	Advanced education skills

2 week induction: example

Activity	Details
Work through local induction checklist	Part 1 Day 1 and Part 2 within 1 month
Meet and greet	• Local team/department (provide a structure of the Trust > Directorate > Division) • Nursing and Midwifery Clinical Education Team (ask for • the new staff member to be added to the distribution list for the Educator Network and the list of Clinical Educators in the Trust) • Other teams e.g. Research and Innovation, Learning and Development, apprenticeships) • External networks (clinical and/or education)
Review strategies	• Trust-wide (PFIS, Education, Research and Innovation, other as relevant) • Local (division/directorate specific)
Review policies/ guidelines/ documentation	• Trust-wide (clinical policies/guidelines, competencies, appraisal, study leave, training needs forecast) • Local (staff professional development plans, compliance monitoring of STAM, scope of practice)
Information technology	• Setting up M365 (calendar, OneDrive/SharePoint, Teams) • Clinical systems (access, activity tracker)
Review clinical education objectives	• Key Performance Indicators (see appendix 1 for template) • Work streams (team, individual)
Communication within the team	• Huddle date and time • Activity tracker • Contingency cover

Week 2: allocate time for the following activities:

Activity	Details
Set goals	• Short, medium and long term according to job plan
Technology Enhanced Learning	• IRIS • IT skills • Virtual Hybrid Learning Faculty • Simulation Faculty
Establish plan for maintaining clinical expertise	• Supernumerary time • Upskilling, training needs
Clinical supervision	• Request a mentor, coach • Access to a Professional Nurse/Midwifery Advocate
Professional development plan	• Review local induction starter checklist • Set date for 3 month review and appraisal • Identify competencies, qualifications to be achieved and timeframe

Uniform

The expectation is clinical educators will wear a uniform in their role. This should be the same colour uniform as their banding. As a clinical educator, wearing a uniform is more than just about following dress code policy, it is about setting a standard, being a role model as well as being practical. Wearing a uniform helps create a unified and professional appearance, making it easy for patients and colleagues to identify staff. Wearing a uniform can foster a sense of pride and belonging, as a reminder of the importance of the education work. On occasions it would not be appropriate or practical to wear a uniform e.g. travelling between hospitals, meeting offsite etc. In this case dress should be professional work clothes that continue to maintain a correct image and impression of the Trust and profession.

Roles and responsibilities

To differentiate between the clinical educator roles see table 3 for a summary of the typical roles and responsibilities for each band.

Table 3: Summary of typical roles and responsibilities according to band

Band	Typical roles and responsibilities
3	• Support delivery of healthcare support worker induction programmes • Facilitate care certificate completion • Facilitate local induction and competency preparation and assessment of healthcare support workers
4	• Facilitate local induction and competency preparation and assessment of of healthcare support workers and/or registered staff • Departmental training, upskilling and new ways of working
5	• Operational delivery of clinical education in a specific department/directorate or Trust-wide • Development of in-house education and competency
6	• Operational delivery for clinical education in a specific department/directorate or Trust-wide e.g. pre-registration education
7	• Coordinate shared learning from incidents and education development • Strategic overview of pre-registration education • Line management responsibilities
8a	• Strategic overview of clinical education in a specific division or Trust-wide • Quality assurance of education development • External networking with Higher Education Institutes, Integrated Care Board and NHS England • Line management responsibilities

Core knowledge and skills

For a clinical educator to be successful in their role and to support their ongoing development the following core knowledge and skills should be evident in their practice. Table 4 below outlines typical activities according to specific learners or learning needs:

1. **Knowledge and skill in clinical learning** i.e. creating a clinical learning environment, teaching and learning practices, writing session plans, blended/online/face-to-face delivery, completing annual reviews.

2. **Knowledge and skill in developing teaching materials** i.e. evidence based, meet Trust standards and in digital and printed format.

3. **Knowledge and skill in assessment processes** i.e. formative and summative assessment. Familiar with developing/using assessment criteria, documenting assessment decisions, providing constructive feedback and action planning.

4. **Knowledge and skill in evaluation processes** i.e. evaluation tools, annual monitoring of in-house module delivery.

5. **Knowledge and skill in professional development and assessing learning needs** i.e. assessing learning needs, writing learning agreements, planning and developing career pathways for individuals and teams (training needs forecasting) to meet workforce needs, coaching/mentoring, supporting capability/competency progression under the direction of the staff member's line manager.

Other knowledge and skills that the clinical educator will develop are related to both personal and professional development in the following key areas:

- Personal - academic study, report writing and presentations, information technology
- Professional - audit and research, practice development, policy / procedure writing and/or review, chairing meetings and line management duties.

Table 4: Typical clinical educator activities for specific learners

Learner	Activities
Healthcare support worker	Induction, care certificate sign-off, clinical skills training
Pre-registration	Clinical skills training, practice supervisor/practice assessor training, educational audits
Preceptor	Preceptor preparation, preceptorship programme delivery, Professional Nurse / Midwifery Advocate role
Registered staff	Bite-size learning, in-house study days, modules, speciality education, appraisal, career development, training needs forecast, clinical link faciliation

Documentation

A clinical educator will be expected to maintain accurate documentation and records. Adherence to Trust identity and branding guidance is expected. In addition, documents/records should comply with GDPR and Information Governance principles. Finally, the duration of records retention in the Trust should be followed. Contact the Nursing and Midwifery Clinical Education Team for examples of template documentation e.g. session plans, marketing material, activity tracker, professional development plans, staff induction and continuing professional development records.

Standard work processes and job planning

Where possible the process of completing a task should be documented as a standard work process. This should then be taught to new clinical educators and the process should be followed by all members of the team and reviewed regularly. Examples of standard work processes include checking staff compliance, completing a competency assessment, updating monitoring databases, leading huddles.

A job plan for a clinical educator outlines the responsibilities and tasks required to ensure effective use of time across a working week, it can also incorporate monthly and annual activities to be completed.

See appendix 2 for a standard work template and appendix 4 for a job plan template.

Development of a clinical learning environment

Clinical educators will often be responsible for working with their team to create an effective clinical learning environment for staff and learners. The role of student allocation/coordinator is not necessarily a clinical educator only role and can be undertaken by another member of the Team. Creating opportunities to share learning following patient safety incidents, encouraging staff to become clinical links and complete practice supervisor/practice assessor preparation are recommended activities to make the ward/department a positive clinical learning environment. Contact the practice education facilitators for guidance on developing a clinical learning environment.

Development of induction programmes

Clinical educators will often be responsible for devising and delivering induction programmes for new starters. This may include competency/proficiency assessment. Contact the Nursing and Midwifery Clinical Education Team for guidance on developing induction programmes.

Development of in-house education

Clinical educators will often be responsible for devising and delivering in-house education. This may include competency/proficiency assessment, offering shared learning following safety incidents and regular bitesize learning/bedside teaching. Contact the Nursing and Midwifery Clinical Education Team for guidance on developing in-house education and also submitting claims for Continuing Professional Development money. A helpful model to structure in-house education is basing the provision on one or more of the advanced clinical practice pillars; research, education, leadership and clinical.

Development of workforce

Clinical educators will often contribute to development of the workforce for example completing the annual training needs forecast and mapping current skills and future requirements to ensure the workforce in the team/department meet service delivery. The development of workforce may also include supporting staff from Band 2 to achieve higher bandings and qualifications. This will require knowledge of apprenticeship pathways, academic qualifications and typical career pathways within the speciality/department.

Monitoring and reporting

The cycle of monitoring clinical educator activity is typically set on an annual basis (academic, calendar and financial). Common activities to be completed on an annual basis include training needs forecast, in-house module reviews and divisional reports. Clinical educators may be expected to report on STAM compliance, in order to get access on IRIS for this use the following form: iris Elevated Access Request & Authorization Form (office.com) and tick department admin (grants access to your department's STAM compliance report). Another option is to request a scheduled report for other information on learners in your department: IRIS learning: iris Scheduled Report Request Form (uhsussex.nhs.uk) add the specific details of the report requested in the text box at the end.

In addition, it is important that clinical educators report on impact of their role. This will require establishing what to report on and who to report to. Appendix 3 provides a Clinical Education Annual Report template. Reports may also be required at directorate, divisional and Trust level. Suggestions of reporting mechanisms, measuring and presenting impact are as follows:

1. Key Performance Indicators e.g. positive evaluations/feedback, impact on patient care, income generation (reported at individual and/or team level to directorate/Trust-wide)

2. Publication of activity e.g. in journals, education forums

3. Presentation of activity e.g. poster, presentation at conferences, networking events

4. Research of activity e.g. audit, quality improvement and empirical research

5. Monitoring quality according to the HEE Quality Framework (2021)

Templates and further information on each of these processes are available from the Nursing and Midwifery Clinical Education Team

Professional Development

The professional development of clinical educators is a tripartite responsibility between the clinical educator, their line manager and the Nursing and Midwifery Clinical Education Team. Clinical educators should be assured that they can have a fulfilling and progressive career as an educator in the Trust. See the infographic below representing the wide range of development opportunities available to clinical educators.

The development of clinical educators in terms of their clinical and educational expertise is a necessary and valued aspect of the role. It is underpinned by **ongoing reflection of performance in the role.** The Trust talent management approach ensures that staff who begin a career as a clinical educator will be supported to develop within their band and progress to higher bands. Staff are encouraged to take on new challenges in their current position to widen their role and responsibilities. **3 key areas of professional development** are outlined in the next pages; teaching and assessing opportunities, understanding your learner and the education environment and academic study and qualifications.

Academic Study

Leadership

Networking

Simulation Training

Train the Trainer

Supervision/ Mentoring

Quality Improvement

Clinical

Research/ Audit

Teaching and assessing opportunities

Exposure to varied teaching and assessing opportunities is key to role development. Membership of forums, networks and professional organisations is a great way to share best practice and ideas for teaching and assessment.

1. Teaching and assessing within the team, the Trust and external e.g. Higher Education Institute
2. Teach and assess on a range of specialty specific/generic subjects
3. Participate in simulation training
4. Conduct peer observation of teaching/assessment (both as the reviewer and the reviewee)
5. Develop facilitation skills e.g. action learning sets
6. Implement virtual and e-learning teaching into your practice
7. Undertake competency/proficiency assessments of learners
8. Arrange membership of local, regional, national, and international education forums/networks

Understanding your learners and the education environment

1. Complete equality, diversity and inclusivity training
2. Develop understanding of learning support plans and the Access to Work scheme
3. Develop knowledge of HEI programmes (pre-registration, enhanced clinical practice, advanced clinical practice and apprenticeships)
4. Maintain awareness of (new) services/roles and associated education requirements, workforce planning
5. Develop familiarity with the funding process (how to access/apply) and study leave
6. Serve as an officer, board member, or committee member for education related committees
7. Participate in/coordinate events sponsored by the organisation e.g. education conference, staff conference.
8. Attend external education/specialist conferences

Neurodiversity and learning

Neurodiversity refers to the natural variation in human brain function and behavioural traits, encompassing a range of conditions such as autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), dyslexia, and more. Rather than viewing these conditions solely as deficits or disorders, a clinical educator has an important role in promoting an understanding amongst their team that they are part of the normal variation in the human population. Embracing neurodiversity means recognising that these differences can bring unique strengths and perspectives.

Impact on learning

Neurodiverse individuals often experience the world differently, which can affect their learning processes. For instance, learners with dyslexia may excel in creative thinking but struggle with reading and writing tasks. Those with ADHD might demonstrate exceptional problem-solving abilities yet find it challenging to maintain focus on traditional tasks. Understanding these diverse learning profiles is crucial in clinical education, where the traditional one-size-fits-all approach can inadvertently disadvantage neurodiverse learners.

Educators play a key role in creating inclusive learning environments that accommodate these differences. This involves implementing teaching strategies that cater to a variety of learning styles, such as using visual aids, providing written instructions alongside verbal explanations, and offering flexible assessment methods. By using the strengths of neuro-diverse learners and providing appropriate support for their challenges, educators can help all learners succeed in their professional practice and development.

Recognising and supporting neurodiversity in learning not only benefits the learners but also enriches the clinical environment. It fosters a culture of acceptance and innovation, where future healthcare professionals work effectively in diverse teams and with diverse patient populations.

Reasonable Adjustments

Reasonable adjustments are modifications or accommodations made to support the needs of neurodiverse individuals, ensuring they have equal access to education and training opportunities. In clinical education, these adjustments are essential for creating an inclusive learning environment where all learners can thrive, regardless of their neurological differences.

Examples of Reasonable Adjustments

1. Extended time: Providing additional time can help learners who may need more time to process information or who have difficulty with time management due to conditions like ADHD.

2. Use of assistive technologies: Tools like speech-to-text software, audio books, or specialised apps can support learners with dyslexia or other learning differences in reading and writing tasks.

3. Quiet study spaces: Providing access to quiet, low-stimulus environments can help learners with sensory sensitivities or who are easily distracted.

4. Flexible scheduling: Allowing flexible schedules or placement hours can accommodate learners who may have varying energy levels or require regular breaks.

5. Customised instructional materials: Offering materials in multiple formats (e.g., visual aids, audio recordings) caters to different learning preferences and needs.

Legal considerations

Reasonable adjustments are not just best practice but a legal obligation under the Equality Act (2010) which requires employers to provide appropriate accommodations to ensure that people with disabilities, including neurodiverse conditions, are not at a disadvantage.

Implementing reasonable adjustments

Effective implementation of reasonable adjustments requires collaboration with the learner. It involves understanding the individual needs of each person and maintaining open communication to adjust support as necessary. Importantly, these adjustments should aim to empower learners to demonstrate their abilities and succeed. Additional information is provided in the resources section at the end of the handbook and the Nursing and Midwifery Clinical Education Team are also available for further advice and support.

Educational qualifications and academic study opportunities

1. Practice Supervisor/Practice Assessor Preparation (In-house) – direct funding. Non-accredited. The preparation for healthcare professionals who have not undertaken any mentoring or practice educator training. The 2 day preparation will cover how to supervise and assess students and evidence this through an assessment of learning. See IRIS page for further information and sign-up Practice Supervisor and Practice Assessor Preparation (PSPA). Generally deemed suitable for essential study leave (line manager should check the job description and include this in the annual appraisal for the clinical educator).

2. Diploma in Education (external provider) - apprenticeship only. 120 credits level 5. Courses specific to healthcare education and simulation are available. The diploma will give the clinical educator the theory and practice of educating healthcare support workers and devising and delivering clinical skills training. Typically a Band 3, 4 or 5 clinical educator would be expected to undertake this after a year in post. Contact the Nursing and Midwifery Clinical Education Team for further advice / information. Generally deemed suitable for essential study leave (line manager should check the job description and include this in the annual appraisal for the clinical educator).

3. Train to Educate and Assess in Clinical Healthcare (TEACH) (in-house) – direct funding. Accredited 20 credits level 6. The programme will provide an introduction to the role of the clinical educator, outline the principles of educational theory and practice within a healthcare setting in order to meet the education standards and fulfil activities of the role. Suitable for any band, to be commenced within 6 months of being in post. Contact the Nursing and Midwifery Clinical Education Team for further advice/information. Generally deemed suitable for essential study leave (line manager should check the job description and include this in the annual appraisal for the clinical educator).

4. Post Graduate Certificate in Education (External Provider) - apprenticeship or direct funding. 60 credits level 7. Courses specific to healthcare education and simulation are available. The PG Cert will give the clinical educator the theory and practice of educating healthcare professionals. Typically a Band 6 clinical educator would be expected to undertake this after a year in post and would be required to have started this course in order to apply for an advanced clinical educator position. Contact the Nursing and Midwifery Clinical Education Team for further advice/information. Generally deemed suitable for essential study leave (line manager should check the job description and include this in the annual appraisal for the clinical educator).

5. Masters in Education (External provider) - apprenticeship or direct funding. 180 credits level 7. Courses specific to healthcare education and simulation are available. The MSc will give the clinical educator advanced knowledge and skills and the opportunity to undertake research. Typically a Band 7 or 8a would be expected to undertake this after a year in post and would be required to have started this course in order to apply for Clinical Education Lead position. Contact the Nursing and Midwifery Clinical Education Team for further advice/information. Generally deemed suitable for discretional study leave (line manager should check the job description and include this in the annual appraisal for the clinical educator).

6. Advance HE award four categories of fellowship that recognise your role in teaching and/or supporting higher education learning: Associate Fellowship, Fellowship, Senior Fellowship, Principal Fellowship. These four categories reflect the diverse roles of those who teach and support learning in higher education, from positions where teaching and learning is only part of the role, to senior professionals with strategic impact on teaching and learning at an organisational, national or international level. Generally deemed suitable for discretional study leave (line manager should check the job description and include this in the annual appraisal for the clinical educator).

7. Simulation faculty - days the simulation team provide scheduled and bespoke workshops and study days to teach staff the principles and practice of simulation. Staff will be able to develop scenarios, run simulation with varying levels of fidelity (authenticity) and debrief. Following training, staff will be able to run their own simulations insitu within their own department/ward or within the simulation centres either independently or in collaboration with the simulation team.

8. Clinical/speciality education to support your ongoing development in the clinical speciality, you will have the opportunity to complete relevant courses, modules, study days and attend conferences. Contact the Nursing and Midwifery Clinical Education Team for further advice/information. Generally deemed suitable for discretional study leave (line manager should check the job description and include this in the annual appraisal for the clinical educator).

9. Train the Trainer - specialist skills are commonly taught by tertiary experts. However, sessions with these experts are infrequent and limited. Therefore, a common model used is Train the Trainer. Once completed these sessions help the clinical educator to confidently and competently deliver the education to maintain staff knowledge and skills. Contact the Nursing and Midwifery Clinical Education Team for further advice/information. Generally deemed suitable for discretional study leave (line manager should check the job description and include this in the annual appraisal for the clinical educator).

10. Professional Nurse/Midwifery Advocate training provides those on the programme with skills to facilitate restorative supervision to their colleagues and teams, Full details are available on the IRIS page: Professional Nurse Advocate (PNA). Generally deemed suitable for discretional study leave (line manager should check the job description and include this in the annual appraisal for the clinical educator).

Line management

A senior clinical educator may take on line management responsibilities for other educators in their team. The aim would be to develop and enhance their leadership skills alongside their clinical and education expertise. Various line management training and leadership courses are available on [Management and Leadership Training offers](#). Clinical educators may also be involved in leading or supporting change management processes.

Leadership development opportunities include:

- Shadow other senior clinical educators/clinical education leads in the Trust
- Create networks with other senior clinical educators within and outside the Trust
- Arrange for a mentor/coach
- Complete MSc in education and/or leadership

Development and support for clinical staff who engage in education

Numerous staff in the Trust take on informal/adhoc education roles. Subject matter experts; clinical specialists and advanced clinical practitioners have an expectation to deliver education as part of their role. The following development opportunities are available.

Contact the Nursing and Midwifery Clinical Education Team for more information:

- Participate in Train the Trainer sessions (see above)
- Request peer observation of teaching from the Nursing and Midwifery Education Team
- Become a Clinical Link Coordinator
- Complete the Clinical Education Development Programme

Support

As a staff member the clinical educator will benefit from the support available from the Trust's human resources and health and wellbeing services. Clinical educators should schedule regular meetings with their line manager who can offer both managerial and education development. Clinical educators should be identified to the Nursing and Midwifery Education Clinical Team so that regular check-ins can be facilitated. Any line manager, who does not have an education background/qualification should should liaise with the Nursing and Midwifery Clinical Education Team to provide additional mentoring and support for the clinical educator to the Nursing and Midwifery Clinical Education Team. Typical support includes but is not limited to the following:

Support from line manager	Support from Trust/ Nursing and Midwifery Clinical Education Team
Weekly team huddles	Incident management and debrief
Monthly 1:1s (work stream progress, personal/professional development)	Health and Wellbeing
Annual appraisal and 6 monthly review	Clinical supervision/Mentoring
Reflection/revalidation	Coaching/Action Learning Sets

Information technology

The use of information technology is a core skill of the clinical educator. Knowledge of technology enhanced learning (TEL) tools is available from the TEL team. Editing access to IRIS (the Trust's learning management system) will be an important skill to develop. The Nursing Education Hub on IRIS is a great resource for clinical educators. Other resources available include videoing and VR use. Further information, webinars and e-learning is available from the NHS Community of Practice - Virtual and Hybrid Learning Faculty. The TEL team and Nursing and Midwifery Clinical Education Team are also available to support and set up technology requirements.

Issues with supernumerary status

A clinical educators' prime responsibility is to manage education and training rather than service delivery. The Trust is committed to enabling and protecting clinical educators, to support and champion education and training, and the resultant patient safety benefits. Education and training are recognised as essential elements of service, not as something to be sacrificed.

To fulfil their role, a clinical educator should have supernumerary status especially when working clinically as their focus is on the support and education of colleagues rather than direct service delivery. If service delivery requires a clinical educator to be counted in the numbers the standard operating procedure should be followed see Appendix 5.

Issues with cancelling delivery of education

The decision to cancel scheduled education or training can only be made at Divisional Director level. Similarly, redeploying staff from scheduled education or training can only be made at Divisional Director level, full details are available in the Emergency preparedness, resilience and response section of the intranet. Preceptorship except in the event of a major incident is exempt from cancellation.

Issues with role expectations

A clinical educator is not responsible for managing the capability of staff. This is the line manager responsibility. A clinical educator may be asked to contribute to actions as set by the line manager. If the clinical educator has devised an induction programme, any deviation from this for an individual staff member (e.g. length of supernumerary status, additional support/training) should be clearly documented as evidence to support a capability discussion by the line manager. Further resources on the clinical educator role in relation to capability are available on request from the Nursing and Midwifery Clinical Education Team.

If the clinical educator is not getting support from their line manager for their role, they can discuss the issue with the Nursing and Midwifery Education Team. Any line manager, who does not have an education background/qualification should refer the education development of the clinical educator to the Nursing and Midwifery Clinical Education Team who will be able to offer mentoring.

References

Health Education England [HEE]. (2021) 'Quality Framework', London: HEE. Health Education England (HEE) Quality Framework from 2021 - Publications

Health Education England [HEE]. (2023) 'Educator Workforce Strategy', London: HEE. Educator Workforce Strategy (hee.nhs.uk)

NHS England. (2023) 'Long Term Workforce Plan', London: TSO. Long Term Workforce Plan

Resources

Health Education England (2021) Professional Development Framework for Educators

NHS England (2019, 2021) The NHS Patient Safety Strategy

NMC (2023) Standards for Student Supervision and Assessment

NHS England » Reasonable Adjustments

Guide to practice-based learning for neurodivergent students | NHS England | Workforce, training and education (hee.nhs.uk)

Apprenticeships - University Hospitals Sussex NHS Foundation Trust

Education networks:

NHS Futures is a collaboration platform for health and social care practice and education

Clinical Nurse Educators Network: CNE Network

Centre for Advancement of Interprofessional Education: CAIPE

Association of Advanced Practice Educators: AAPE UK

Advance HE: Advance HE

Simulation resources:

Association for simulated practice in healthcare: https://aspih.org.uk/

Simulation authoring: iRIS – The Intuitive, Collaborative,Simulation Authoring Platform

SimComm Academy: www.simcommacademy.com

Evison Medical: evisonmedicalservices@gmail.com

Afta Thought: www.aftathought.co.uk

Actors for simulation:

Playout Theatre Company: www.playout.co.uk

Sim actors https://simactors.co.uk/medical-simulation-1

Frontline communication: https://frontline-communication.com/

Casualties Union: www.casualtiesunion.org.uk

Appendix 1 – Key Performance Indicators

KPI	True North Objective	Criteria/metric	Outcomes

Examples of Performance Metrics:

- **Program participation and completion rates:** measure the number of staff attending and completing educational programs
- **Staff competency assessments:** track improvements in clinical skills and knowledge through pre- and post-training evaluations
- **Feedback and satisfaction surveys:** gather and analyse feedback from participants to assess the quality and impact of educational programs
- **Compliance rates:** ensure all staff meet mandatory training and certification requirements
- **Professional development:** monitor the career advancement and professional growth of staff participating in educational programs

Appendix 2 - Standard Work Process

Title of standard work:			
Who performs the standard work:		When is the standard work actioned (trigger):	
Date written:		Owner:	
Date reviewed:		Reviser:	

#	Major steps	Details (if applicable)	Diagram, work flow, picture, time, grid
1.			
2.			
3.			
4.			

Appendix 3: Clinical education annual report

Clinical Education Annual Report TEMPLATE.docx

Appendix 4: Job plan for a clinical educator

Reports to: _____ Name: _____

Job title: _____ Department: _____

Responsibilities and duties: **examples given below**

1. Clinical Education
- Develop and implement clinical education programmes
- Conduct orientation programmes for new starters
- Deliver in-service training sessions on clinical procedures, patient care standards, and use of medical equipment
- Provide ongoing education to ensure compliance with current clinical guidelines and best practices

2. Practice Development
- Quality improvement initiatives
- Implementation of evidence-based practices e.g. new clinical guidelines or protocols, new technologies
- Staff development e.g. preceptorship, clinical links, clinical supervision, professional nurse advocate
- Research projects / clinical audit
- Policy creation / revisions

3. Evaluation and review
- Evaluate the effectiveness of educational programmes
- Monitor and assess the clinical performance of staff and provide constructive feedback

4. Mentoring and line management
- Act as a mentor for clinical staff / provide individualised coaching and support for staff
- Promote a positive learning environment
- Manage direct reports

5. Research and innovation
- Stay updated with the latest clinical practices, guidelines, and research
- Conduct and participate in research projects aimed at improving clinical education and patient care
- Disseminate research findings through publications and presentations at conferences

6. Compliance and Quality Assurance
- Participate in quality assurance initiatives to improve clinical education and patient care outcomes
- Maintain accurate records of educational activities and staff competency assessments
- Maintain own professional development for role

7. Administrative Duties
- Develop and manage the education budget
- Schedule and coordinate educational activities and events
- Prepare reports on educational activities and outcomes for senior management

Weekly schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Training to Educaton session (4 hrs)	Mentoring/line management (3 hrs)	Admin tasks (1 hr) Evaluation and review (2 hrs)	Training to Educaton session (4 hrs)	Research and innovation (2 hrs) Training session (1 hrs)
PM	Mentoring/line management (2 hrs) Admin tasks (1 hr)	Training to Educaton session (4 hrs)	Compliance and assurance (3 hrs) Professional development (1 hrs)	Professional development (3 hrs)	Admin tasks (2 hrs) Mentoring/line management (2 hrs)

Monthly:

- Review and update educational materials
- Attend department and interdepartmental meetings
- Evaluate program effectiveness and make adjustments

Quarterly:

- Conduct learning needs assessment (training needs forecast) and program planning
- Report on educational activities and outcomes to senior management

Further advice and templates are available from the Nursing and Midwifery Clinical Education Team.

Appendix 5: Standard Operating Procedure

Redeployment of Clinical Educator

Approved by: Integrated Educator Director, Head of Clinical Education, Chief Nurse Nursing, Midwifery and Allied Health Professions Board.

Date approved: 12th August 2024   **Date of review:** 12th August 2025

Version control: V.1

Version	Status	Date	Updates / Changes
0.1	Draft	1st July 2024	Reviewed, submitted for approval
1.0	Live	12th August 2024	Changed to Nursing and Midwifery only

Objective

To outline the process for redeploying a clinical educator, ensuring that the transition is efficient and that the clinical educator is prepared to resume clinical responsibilities.

Scope

The status of the clinical educator in the Trust is supernumerary. This ensures they can commit fully to their role. This procedure applies to all clinical educator roles who are requested to be redeployed from their clinical education activity to service delivery/direct patient care. This SOP covers a minimum period of redeployment of 2 or more hours.

Responsibilities

Role	Responsibilities
Clinical educator	To report any planned or unplanned change to supernumerary status to their line manager
Line manager	To review and agree any planned or unplanned change to clinical educator supernumerary status
Nursing and Midwifery	To monitor any planned or unplanned change to clinical educator supernumerary status

Process

A. Line manager must confirm the following:
    a. no other suitable staff member is available
    b. the specific role the clinical educator will fulfil
    c. the period of redeployment

B. Line manager must undertake a sense check conversation with the clinical educator as to the suitability of the specific role the clinical educator will fulfil and the impact on education activities during the redeployment period. Where the decision is supported by both parties on the proposed redeployment continue to C. Where the conversation reveals that the clinical educator is unsuitable then step A will be repeated and the Line manager must look at other specific roles the clinical educator could fulfil, alternative staff for redeployment or a combination.
C. Line manager must confirm and agree with the clinical educator the duration/period of redeployment.
D. Line manager must report redeployment of the clinical educator to the Nursing and Midwifery Education Team using the following form: https://forms.office.com/e/Ccw7vhv0mX
E. Line manager must record redeployment on SafeCare
F. Line manager must record redeployment on HealthRoster
G. Clinical educator must list the activities that will not be carried out during the redeployment and where possible delegate any that should continue.

H. Redeployment must match the normal clinical educator contract in the following areas:
    a. Working hours
    b. Location
    c. Health and Safety requirements
    d. Human resources policies

I. Redeployment is likely to deviate from the normal clinical educator contract in the following areas:
    a. Shift pattern
    b. Role

J. During and at the end of the redeployment period the line manager should maintain a support system to address any ongoing issues or challenges the clinical educator may face during the redeployment or on resumption of their normal clinical educator activity. For example, extension to the agreed redeployment period.
K. If the clinical educator is not satisfied with the redeployment decision or any issues arise in this process the clinical educator should raise this with their matron or equivalent and contact the Nursing and Midwifery Clinical Education Team for advice and support.

Review and updates

This SOP should be reviewed annually or as needed to ensure it remains current with organisational policies and clinical practices.