BN: Lovely. Thank you. So, if you don’t mind just starting with describing your organisation and your role within that.

AP8: Yeah. So, I work for (name of location) Healthcare Trust in the community. I’ve been with the trust since (date) and so originally working in the hospital in cardiology and then in the (name of team). And then I joined cardiac rehab in June 2021, so work in the community and my area is (name of location). So, we’ve got a huge area from kind of the edge of (name of location) right down to (name of location) right down to (name of location). So, huge area to cover. And I care for patients who have had a cardiac event, so a heart attack, a heart surgery or stents put in and we do cardiac rehab with them, so that’s kind of my role.

BN: Thank you. And what motivated you to work within this role?

AP8: So, it’s very much a lovely research-based role that shows that if patients attend cardiac rehabilitation, so if they do our six-week exercise and education programme and then the benefits of that are just huge, so for their mental health, reducing blood pressure, reducing angina attacks. It reduces hospital admissions by thirty per cent, so increases fitness, can help with weight loss, you know, just the benefits are absolutely huge and I think a bit like everybody I’d worked in the (name of team) for (number) years and then when COVID hit I got redeployed to the respiratory ward, and I think coming back from that everybody’s mindset was a little bit different, and the NHS is very different and I think just I was just ready for a change. And this is just it’s such a fabulous job. It’s a job where you kind of nip yourself and think am I getting paid to do this.

BN: Ah, lovely.

AP8: Because it’s great. It’s a really lovely job.

BN: Ah, lovely. So, obviously we’ll be talking about the MECC core Train the Trainer training but also, I was wondering what other, have you received any other sort of MECC training before that?

AP8: Yeah, so I’ve been really fortunate to be honest. So, my first encounter with MECC, well going back even further, I attended a nursing conference a lot of lot of years ago, and there the trust had a display which was about becoming a health advocate within the trust, and I was like oh I’m definitely up for that. So, I joined that and then very quickly got embroiled in different meetings and different things and then was offered the MECC full day training, so I did that at (name of location) and just loved it and just thought what a great concept and obviously the way it grows, you know, from an interaction. And then moving forward, I didn’t get that much chance whilst in (name of team) to join the health advocate meetings and things, but since joining cardiac rehab I very much have, so and I’ve done the public health MECC training as well. It was called I’m an honorary member of the public health for a year.

BN: Oh right.

AP8: So, I did that and passed the exam and then I did the train the trainer. Now, the train the trainer, which I’m sure we’ll go onto in more detail, but and this is kind of my life, so I did the train the trainer on the Monday or Tuesday. No, on Thursday the 24th of November last year. First off, I was I had a viral illness, and I had no voice at all.

BN: Oh God.

AP8: But because if you don’t cancel within a set time your business is charged for it and all this, so I thought I’ll just go so I went and I had to write on paper and say I’m here, but I’ve literally got no voice.

BN: Oh God.

AP8: Wasn’t well at all, so did the training, they were absolutely brilliant because they just let us write everything, and the group I was with were so fab and it was really lovely. However, the next day (circumstances) so I literally did the training and then boom was hit with a (circumstances) and everything that goes along with that. So, I had to kind of just shelve that. It all feels like a bit of a blur that I did that in that week whilst being poorly and then (circumstances).

BN: Yeah.

AP8: So yeah, so since then I joined, we’re now called health and wellbeing champions instead of health advocates. The trust are fantastic in terms of health and wellbeing, I think, absolutely brilliant. So, I get involved in as much as I can. We did the step challenge this year, walked from virtually from Land’s End to John O’Groats. They do so many things, it’s absolutely brilliant, and obviously MECC is a huge part of that.

BN: Yeah. Oh, that’s great, and when you say the trust is really good, does that kind of come from like an organisational culture like your peers, or is it the leader or management or both?

AP8: I think it comes from both very much, so it was very evident in COVID but even before that, so as a trust we’ve got lots of staff networks, so we’ve got pain, we’ve got menopause, we’ve got autism. There’s about seven or eight, so they’ve got all these networks which are absolutely brilliant. The intranet is packed with resources. You can self-refer for physio, so if you end up with any type of injury. I recently had physio on a knee, and I mean I literally waited two weeks and got my first appointment. Absolutely brilliant. You can self-refer to psychology, staff psychology, and there’s so much. We’ve got a health and wellbeing hub at NSEC. I’ve been there this morning for my COVID and flu jabs and it’s just such a lovely environment and so much support out there, and they also offer, so I get through anything the trust are doing, so recently over the summer there’s been free surfing lessons.

BN: Oh right.

AP8: So, some of my colleagues have done that. I’ve signed up for I’m doing wreath making in November. But like all these activities, there’s so many and it’s just great. So yeah, so I think health and wellbeing is really high on their agenda looking after their staff.

BN: Oh, very good.

AP8: Organisational and certainly within my team.

BN: Yeah. Oh, that’s great. And obviously you said initially you really liked the MECC concept when you heard of it, do you think your attitude towards MECC has changed over time in any way with all the different MECC training you’ve received?

AP8: I think probably. And I think it’s been my mindset a little bit in talking to colleagues. I think I got led down a path kind of because I work in cardiac rehab, so when we see patients every contact counts and it’s what we do. So, we do a thorough assessment, so if you came into my clinic I would have an appointment with you for about an hour where I’d go through what had happened to you and then I would go through all your medication, check your blood pressure and things, go through any symptoms you’re having but then I would really get onto kind of our bread and butter which is looking at your lifestyle and I would assess all of your risk factors. So, and then I would give you the most up to date advice, so if you told me you were drinking a bottle of wine each night, I would give you all the British Heart Foundation booklets, all the information about alcohol intake, what’s recommended alcohol free day, and all of that. So, kind of every day we’re practicing MECC as part of our job, so then part of my having not delivered any further MECC training from doing the Train the Trainer course I feel a bit like I would be teaching my colleagues what they’re doing every day, every minute of every day.

BN: Yeah. Yeah.

AP8: Does that make sense? But then I try to kind of flip that the other day thinking but is that right, because should I still not do it and say I know youse are all experts in this, but just kind of highlighting the resources that are out there as well.

BN: Yeah.

AP8: So, and to be fair time has been a huge factor because we’ve had loads of sickness in our team so we’ve been really short staffed.

BN: Yeah, I bet. Yeah.

AP8: So yeah, so that’s kind of where I’ve been at with it.

BN: OK. Yeah, that’s interesting. So, what motivated you initially to do the train the trainer, would you say?

AP8: Well, initially my boss asked us because I’m the health and wellbeing champion and said (AP8) would you, I know you’ve done previous MECC training and you’ve done the public health training, so would you be the train the trainer for the team. I think she got pressure from above that somebody needed to do it. So, I said yeah, yeah makes sense, absolutely. So yeah, and to be fair I was interested in doing it and thought, and when I did the training that thought oh this is really good and you’ve got access to all the information, all the slides and stuff. I don’t think I’m a natural presenter and teacher so and to be fair to (name of principal trainer), who did the training, did say we appreciate that this is, you know, difficult for people and stuff and that, but I was aware there was a lot of support there as well.

BN: Right. OK that’s good. And so, had you ever delivered training or how did you feel about that whole training delivery side?

AP8: I was quite nervous. I was a bit nervous and still am in terms of technology so when I went to nursing school in (year) and I missed the day that they trained you on IT so I’m just learning all the time. So, I present at work, like last week I did a presentation to all my patient group at rehab and that was probably about 18 people there and beforehand I’m like oh I did feel a bit sweaty and bit nervous, but then once I start then I actually quite enjoy it and I think it would be same if I presented the MECC training. I think I would be apprehensive, one will my technology work, will this PowerPoint work and stuff, and two will my presentation skills be OK. But I think once I got going, I probably would feel quite comfortable and OK.

BN: Right. OK yeah, that’s good. So, can you remember what your motivations were like in delivering MECC training at the point of accessing the train the trainer. Sort of like signup stage to that training.

AP8: Yeah. I think at that stage my motivation was quite high and really our team morale was quite low, and I did think oh this could be a good thing to help kind of boost team morale. Unfortunately, within kind of 24 hours that all vanished because this is life, isn’t it? It throws these curve balls at you that you’re not expecting.

BN: Yeah. So, obviously I’ll probably be probing a lot about the training, but yeah, it’s absolutely fine if you don’t remember it.

AP8: Yeah.

BN: Because that’s fine. And so, can you remember what your expectations were from the MECC Train the Trainer course when you signed up?

AP8: You know what it is, and this happens to me quite a bit in life, I get asked to do something and say yeah, yeah, I’ll do that, that’s absolutely fine, and then life is so busy that until I’m actually walking across the car park into the training, and I think what have I signed up for. And then I’m kind of with my mug of tea thinking right, get your head into gear, this is where you’re at, you’ve got yourself in this situation so I think because work was so busy leading up to it I didn’t have much time to actually acknowledge what I was doing until I was actually in the room and then (name of principal trainer) started to do the presentation and then I thought oh wowser, this is what I’ve signed up for. But I did feel motivated to learn as much as I could on that day. I’m always a frantic note taker even when they say they’re going to send you the slides and stuff. I’m like frantically writing too, you know, so I’ve got the knowledge base. So yeah, so I think at that point I was very motivated to learn as much as I could from that training to be effective in delivering it.

BN: Oh, that’s good. And so what were your kind of overall reflections on the experience of the MECC Train the Trainer training?

AP8: It was a really good session. We had a really diverse group of people in there and people were very open and people were very open to the fact that they were going to struggle to then deliver it. So, because we had such a diverse group, so a lot of people worked in the community. There was one lady in particular, she was a very senior staff member who worked up, I think at (name of location), but she had people dotted around and she very much talked about the challenges of how she was going to deliver this training, cascade it to her team. And a lot of people felt the same. There was one lady, she was an occupational therapist who already was working above and beyond. In the eight hour shift she generally worked ten hours and you could just feel the stress in the room that everybody was kind of sat there like well, a lot of people like this is another thing. Oh my God, this is another thing I’ve got to do and I’ve already got a jam packed schedule and I’m already working above and beyond and now I’ve got this to do.

BN: Yeah.

AP8: And you could feel that, if that makes sense, throughout the room. And probably I was a little bit with that thinking oh my goodness, I’ve now got to deliver this as well, and I’ve got to deliver it to my peers who are already doing this. If that makes sense.

BN: Yeah. Definitely. So, was it mostly healthcare professionals that day?

AP8: It was all. It was at the trust so – I’m just going to put my headset on because my daughter’s just arrived back from uni and she’ll come bursting in and go Hi.

BN: Oh, that’s all right.

AP8: So sorry, I’ll just quickly get my headset on.

BN: No worries.

AP8: I thought she was at uni all day but hey ho. Hear me OK?

BN: Yeah. Lovely.

AP8: Yeah, fab. Okey dokey.

BN: So yeah, it was all healthcare in that training day.

AP8: Yeah. It was at the trust.

BN: Right.

AP8: So, it was all health professionals. Yeah, how worked for the trust in different roles. There was people from in ENSEC from the actual hospital and then there was the wider community. All different aspects from learning disabilities to occupational therapy, you name it, but all health professionals.

BN: Yeah. And what did you think about sort of the whole logistical side of it, so like the time, the day actually getting there, and also it being face to face compared to online?

AP8: The face to face was great, was really good because it was a lovely really interactive group because I’ve done quite a bit of training throughout COVID. I have to say, actually, the public health MECC training that I did, that was good because people did speak, but I’ve been on a lot of training on Teams where people just don’t speak. No cameras on and no communication, and I really struggle with that because I think God, we’re professionals. We’re like mature professionals and people won’t interact. And I get it’s the barrier with the technology so I thought it was absolutely great that it was face to face.

BN: Right.

AP8: We were downstairs in a huge room. It was comfortable. I think we got tea and coffee, I’m pretty sure. So it was great.

BN: Oh great.

AP8: It had two big screens with all the presentation on, because I remember I loved the inequalities bus that it showed you the health inequalities and stuff. So yeah, so really positive.

BN: Oh great, so you would say it maybe makes a difference being face to face compared to online.

AP8: I think there’s pros and cons for each. I think obviously when you do face to face and it was a half day you’ve got to get there, you’ve got to travel home etc. so you’ve got that aspect of it. Certainly that day, as far as I know, everybody who was down to do the training turned up because the room was full, we had big tables and each table had several people on. So, I get Teams saves a lot of time and maybes you do get a higher percentage of people turning up because it is on Teams, it’s the click of a button so I can see pros and cons for both, but me personally, I learn much better in a classroom environment and networking with colleagues. I think that is you can’t put a price on that. It’s so valuable.

BN: Yeah, definitely. And so, can you remember anything you liked about the training?

AP8: I thought that there was (name of principal trainer). I think he’s called (name of principal trainer) who did the—

BN: Yeah, I think so. (name of principal trainer), yeah.

AP8: (name of principal trainer), is it?

BN: I think so.

AP8: I’m terrible with names. So, (name of principal trainer)—

BN: Or maybe it’s (name of principal trainer).

AP8: He was great. He was very relaxed, very confident. He knew his stuff, so his presentation skills were great. He had support from a gentleman who was just covering the health and wellbeing team at that time, and he was absolutely lovely. I felt they were very enthusiastic about the training. I felt like they were very supportive. I mean they were very supportive of me that day because in hindsight I so shouldn’t have went in, I was so poorly. I was literally in a sweat and with no voice. And they were just great and so yeah, I found it a positive experience.

BN: Oh, that’s excellent. And so, is there anything you didn’t like so much or that you would want to change if you did it again?

AP8: I don’t think so. I think the timing was OK. It wasn’t too long. There was plenty kind of mix within it, so (name of principal trainer) would present then there would be some interaction. We had some paper on our table where we had to do different drawings and things and interact so and you were chatting with your peers, so it was quite, you know, it kept you interested.

BN: OK.

AP8: And like I say, the timing of it, it wasn’t too long.

BN: Yeah.

AP8: You knew you then had the afternoon to catch up on your work and stuff.

BN: OK great, and what did you think in terms of the relevance and the suitability of the training to your particular role?

AP8: Yeah, yeah, I thought it was really good and I thought they very much, because I think as a health professional when you’re told they’re introducing something new like MECC, straight away you’re like oh my God, and you think do I need to be an expert in everything MECC, you know. So, if you today said to me I’m just desperate to stop smoking, all I need to do is have that little conversation with you and if I can signpost you in the right direction I don’t have to have all the facts and figures and knowledge and prescribe you nicotine replacement therapy and I think it’s just understanding that, and they made that very clear that you don’t have to be an expert. We’re giving you the tools to then signpost people.

BN: Yeah.

AP8: So that was really good. I forgot the question, I’m sorry.

BN: No, no, that’s perfect. Yeah, so do you think there was anything you took away in terms of your motivation, your knowledge, your confidence to go and deliver MECC training?

AP8: I think probably within the first couple of minutes of after doing it you think oh, I can do this, this is really good, but then as time goes on your confidence does fade, it wanes away the less you have to do with it. I think one of the big things I did take away from it is using MECC with my colleagues more, because you use it every day. We do with our patients, you know, but I think being there for your colleagues and picking up on little things and then signposting them, I think that was a definite positive, so I think that’s a big positive I took away more than being confident in delivering the training to my team.

BN: Delivering it, yeah. So, obviously you mentioned earlier that you kind of feel like your colleagues do it anyway, were you kind of thinking that during the training as well or has that been something that’s kind of been a barrier more as time progressed?

AP8: Yeah. I think during the training I thought oh right, this will be good, I’ll deliver it, I’ll separate the team and kind of deliver it twice and thought yeah, yeah, this will be good. And then as time went on and I kind of thought about it and watched the team and interactions and different things, because there’s some really experienced members within my team, and then I think I got much less confident and thought, you know, it’s like teaching your granny how to suck eggs, like this doesn’t feel right, it’s what they’re doing day in and day out. So, I think confidence dropped off quite quickly.

BN: Right. Yeah. That makes sense. And did you feel sort of confident in the knowledge that you’d learnt and the ability to communicate that?

AP8: I have a bit of trouble retaining information so I kind of thought oh golly, how am I going to remember all of that, but then I did. I joined the NHS is it the Future NHS forum, then it’s just whatever it is where you can log in and all the information is there.

BN: Yeah.

AP8: And then I have attended a couple of the support sessions I joined maybes in January, March time where, now I’ve forgot his name, he’s a younger man but (name of principal trainer) and this other gentleman—

BN: (name of regional MECC at scale coordinator)?

AP8: (name of regional MECC at scale coordinator), were on, and so I know that if I was going to deliver it, if I’d got in touch with (name of regional MECC at scale coordinator), (name of principal trainer) that they would signpost us a hundred per cent in the right direction. Right (AP8), this is where the slides are available, you know, etc. etc. So, I do feel that the support would be there.

BN: OK. That’s great. And what did you think of those support networks that you went to, you know, those peer support meetings?

AP8: Really good the first one I went to. Again, as I explained earlier, I had very much I’m just from one thing to the next, and so this day I finished in clinic in time to be able to join it so I thought oh I’ll just quickly join, went on and then there was only me and (name of regional MECC at scale coordinator) and (name of principal trainer) there initially that I was thinking oh no, I’ve joined this, I haven’t delivered any training, it’s just me, and I was just like oh my God what have I done to myself again. But then other people came on but again that was one of those sessions where people did have their cameras on but just weren’t communicating very much.

BN: Right.

AP8: So, I felt like I did a lot of talking. I think I don’t like…I always feel sad for people when they’re presenting and I check and nobody gives any feedback or anything, so I will try and interact and just be professional.

BN: Yeah.

AP8: But I did think really supportive. I felt like if I needed support, it was there.

BN: OK. That’s excellent, and so do you think it would be feasible or better in any way to have those meetings in person to kind of stop that barrier of communication?

AP8: Yeah. I think it possibly would, but then being realistic I don’t think it could happen because people on that meeting were from all over. Would I be right in saying even (name of location)?

BN: Yeah.

AP8: And I think (name of location), so it was geographically, and that’s where Teams is just fantastic, isn’t it?

BN: Yeah.

AP8: So, I think getting those people together. Obviously, you could do it, having support groups where it would be say for (name of organisation) staff who’ve done the training and then hopefully you could get together in a room, but certainly that support group it was geographically that would be hard to get people together.

BN: Yeah. Yeah. And so obviously you mentioned the Future NHS and the resources. What did you think of the resources in helping you to go on to deliver training?

AP8: Yeah, the resources that are there, I think, are really good, and then each Monday morning I have a kind of email update of what’s been going on, on the forum and stuff, so if there’s been any changes or people are asking where slides are and stuff the support all seems to be there. I’ll be totally honest and say I haven’t looked at the slides for months to see what resources are there now, but certainly from what we were presented I thought the resources were really good.

BN: Yeah. Oh, that’s really good. Is there any further resources or support that you would want to help you?

AP8: Again, I don’t think so because our health and wellbeing team network are great so if ever I’ve got any doubt I just reach out to them and where can I signpost, what’s the best route, etc. And our intranet at work’s really good as well. It’s just packed with information, so I do feel like I’ve got a lot of the information that I need, and my colleagues.

BN: Yeah.

AP8: My colleagues are brilliant, absolutely great.

BN: Oh great. So, it sounds like yeah, you’ve got the resources, the support, the knowledge, but it’s more that you feel like your colleagues just don’t need it or—

AP8: Yeah, and maybes I just need to ask them. Because I’ve never asked the question and said look guys, I did this training in November, would you like me to present, you know, cascade the training to youse guys. Maybes I just need to do that because I’ve never done that. Our service has gone to Panel, I don’t know if you’ve ever heard of this, it’s a bit like you know when Ofsted come into schools.

BN: Oh right.

AP8: So, it’s a bit like that in our service, so we’ve got our Panel tomorrow, no Thursday, and the work that’s gone into this has just been phenomenal so like I say, everybody is pretty stressed working really, really hard, so I would have to get my timing right, so maybes after Panel as long as that goes OK had a team meeting, which we’ve got one in November, I could maybes say look guys, I did this, would youse be interested in me presenting to you and I would just do it on Teams because geographically I work (name of location) but our team covers (name of location) as well. So, they’re right up as far as (name of location). I’ve got colleagues in (name of location). Literally it’s huge, so Teams would be the best way to do the training.

BN: Right. And do you think you’d change or amend the training in any way to suit your audience?

AP8: I think I would have to, yeah. Yeah. And I would think I would have to acknowledge their expertise and acknowledge that they’re doing this day in and day out. I would be very open and say the one thing I took away from the training is using it more with my colleagues, you know, with my peers, even I guess with family and friends, not just patients. You know, using this, that is one thing I certainly took away from the training. So, maybes it’s something that would hit home with them as well.

BN: Yeah. And do you feel like you’d be able to amend the training to suite your audience?

AP8: I think I would probably reach out to (name of principal trainer) or (name of regional MECC at scale coordinator) and just ask for some guidance and help to make sure I was delivering it correctly. Because that was one thing on the training that obviously that is expectation that the training you cascade is of a certain level, you know, it’s safe and it meets their expectations, so I think I would probably ask for help.

BN: Right. But and you feel like you could do that much?

AP8: Definitely. Yeah.

BN: Yeah.

AP8: Yeah, definitely.

BN: Oh, excellent. So, if we kind of go back to the training itself, what did you think in terms of the approach it took and set in with your learning self and how you learn?

AP8: I think it was really good because I very much prefer learning from somebody talking and teaching and something and having a discussion about it and having visual aids, which I thought the visual aids were great. Like I say, I can picture now kind of the bus which showed like life expectancy throughout (name of location) and so I thought the visual props were really good and really brought it home. I’m aware that I work in a part of the country where the health inequalities are really evident, you know. I go to (name of location), and the life expectancy of people is in their eighties, and then you travel for five minutes down the road and in the (name of location) and life expectancy is so much less. The gap in life expectancy is greater than the miles you’ve travelled and it’s hard getting your head around stuff like that, so then having this visual aid that showed all of that I thought was absolutely brilliant. I thought it was really good.

BN: Oh, that’s great, and yeah, how did you feel about the bit that in terms of teaching you how to teach it?

AP8: I feel a bit vague with that, but I know (name of principal trainer) kept saying about it and saying, you know, you’ll have the resources and just you must practice. He kind of gave us tips so said don’t just go in cold turkey, you need to practice with family or whatever. You need to time yourself. You need to practice with the technology. If you’re doing it in a classroom you need to book that well in advance. You need to let us know well in advance that you’re going to do the training. So, you give all the tips of the trade and, you know, of what, you give examples of what went bad for him when he was presenting, what went good for him. So, they did very much give you those, try to give you those tips so you could develop the skills to be a good teacher.

BN: OK. Great. And is there anything you’d want to change about that?

AP8: I don’t know if it would be quite good to practice, you know. Like if you did the train the trainer and then say right, like have another session where you did actually like develop a little PowerPoint. I don’t know, even just three or four slides and say right, you’ve been with this group before. Right, let’s practice your presentation skills and have some feedback from that type thing. Maybes that could be something that would help.

BN: Yeah. OK. Yeah, that’s interesting. And so, obviously you haven’t managed to cascade it yet, have you kind of had plans to cascade it up until now?

AP8: I kind of it was on my agenda when I, because I was off work until I came back after the New Year, after (circumstances), so I had it on my to do list and then it just kept getting pushed because I had also just completed and audit. So, I had to write my report for that as well as my workload and stuff. So, then it didn’t really come back to the fore until I had my appraisal in July and I said to my manager I’ve done the train the trainer, the MECC Train the Trainer training, in November and haven’t done anything with that, but I’m not sure that I need to because I feel like the team do that day in day out and she just kind of agreed and said yeah, that’s fine, and then it wasn’t till afterwards and then I thought after my appraisal that I was thinking I’m not sure that was the right thing to do. And part of us felt relieved that I had kind of been given the get-out-of-jail-free card.

BN: Yeah.

AP8: If I’m honest, I was like phew, God that’s off my agenda, it’s off my to do list.

BN: Yeah.

AP8: But then part of us, you know, you reflect and stuff, don’t you, and think was that the right decision. So, I think possibly, like I say once everything settles down at work maybes I need to ask the team would you like this and I would be very open and honest with them and say this is going to be my first time presenting this, you know, so bear with us type thing.

BN: Yeah. And so, because that’s what I was going to ask about, sort of the support from your leadership and management to delivering the training. Was that the only time they’d mentioned it, or have you had any support from them?

AP8: Yeah. That’s the only time, I think, to be fair, like everybody, my manager, is really busy. They’re really supportive. Like I say, I get fab support from attending my health and wellbeing meetings etc. etc. You know, I got support for doing this straight away no problem. But I think because her to do list is always so long, she’d forgot about it and there was kind of no expectation, you have to then present it within three months, six months or whatever. I know there’s a trust expectation because we were told that at the training, but certainly from my manager there was no expectation and when we discussed it at appraisal, she just said oh that’s fine.

BN: Right.

AP8: So, there was no pressure at all.

BN: Yeah. And do you think that would have been helpful if it had been a bit different?

AP8: Yeah maybes. If she had said well actually (AP8), I think the team could benefit from it, I think it’s something I would like you to do, let’s make some time, let’s subdivide the team into however many groups and give it a go type thing. But I think probably she hadn’t thought about again either, I think, and I think this is the problem a little bit, so obviously last September, October she gets an email or whatever from management saying you have to have a MECC Train the Trainer, so she quickly sends out an email, (AP8) will you do this, we need to tick a box, yes, I’ll do it. So that box is ticked. I’ve done the training, tick the box. I do feel it is a bit like that in the NHS. You know, you’re constantly getting this right, we need an infection control link nurse, who’s going to do it? Right, you do it, right fine, you attend their meetings and it’s just tick, that’s another job done. Because the work pressures are phenomenal.

BN: Yeah.

AP8: Are just huge and getting more so.

BN: That makes sense, yeah. And so, was there ever anything like an implementation plan of delivering MECC training that you trust?

AP8: There was an expectation that we were told in the training that you’ve been given time to do this training so the expectation is you will deliver this training. I can’t remember the numbers and the dates but for instance say you will deliver at least once within three months or something, because I remember everybody in the room kind of everybody was like side eyes looking at each other like oh my God, what have we done.

BN: Yeah.

AP8: But then to be fair I’ve not then had any more pressure, although I did get an email asking us if I would take a telephone call off someone. It was back January, February to discuss if I had delivered the training or not.

BN: Oh right.

AP8: So, I was like yeah, yeah, so I got this phone call, it was someone within the trust and she said, she wanted to know if I’d delivered the training, if I had great, how had it went, if I hadn’t why I hadn’t. And of course, straight away, because this was just in January, I was like I did the training then (circumstances) the next day and she was just like I’m so sorry. I’m sorry. I don’t need to follow this up anymore and kind of just moved on. So, that was the only little kind of bit of pressure from the trust.

BN: Right. OK yeah.

AP8: And there was certainly no plan put in place from my department.

BN: Right. OK. That’s interesting. And what do you think about the Train the Trainer model for delivering training and ultimately encouraging MECC conversations?

AP8: Yeah, well I’m not unfamiliar with it because years ago me and my colleague did it for venipuncture and cannulation.

BN: Right.

AP8: So, then we did the training, given the workbooks and then we trained new staff as they came into the department. And it worked really well. You had the work booked so you knew what they had to achieve, how many times they had to be supervised, etc. etc. It was very I don’t know, maybes I’m a bit old fashioned in that, you know, you’ve got this workbook and the person who’s learning the skill has to tick the workbook and, you know, get every cannulation signed off and stuff. So, it’s just easy to follow, so I’m not unfamiliar with the model. With regards to MECC, I think it’s a hard one because I think it’s time. It’s the time pressure when everybody is working so, so hard. And again, we’re flying into winter now and already the hospitals are ramping it up getting busier and busier as well as trying to deal with waiting lists from COVID.

BN: Yeah.

AP8: So, I think it’s really difficult. It’s pressure on the staff.

BN: Yeah.

AP8: They were already pressured.

BN: Yeah. Yeah. That’s interesting. So, the other train the trainer you did was so successful what do you think it was that made it so successful compared to this current train the trainer delivery?

AP8: I think probably because then the teaching side of it was in the department where you’re actually doing your job. So, because it was venipuncture and cannulation every day, we’d have a list of patients who came to (name of team) for a procedure who only did cannulated. So, if we had somebody new to the team who’d need to learn that skill, and then as a team of nurses we will be like right, you know, Beth today is doing all the cannulations, (AP8) is going to supervise her and assist her, sign off her workbook, so it was kind of engrained within your work and the workbook was always there on the table, and you witnessed her do it you signed and what went right and stuff, so I think it was just so easy, if that makes sense.

BN: Right. Yeah. It wasn’t something extra.

AP8: No.

BN: Like MECC is.

AP8: It’s the word extra, yeah, that is I think probably a bit of a barrier. And people don’t mean for it to be. If people really at the time think wow, this is great, and love the concept of it, it’s just in the real world that extra sometimes is just the extra bit you haven’t got time for.

BN: Yeah. No, that makes sense. And so, is there any kind of strategies you think would help with cascading MECC training?

AP8: It’s hard really because I think they’ve tried to put the strategies in, in terms of supporting things. I don’t know, maybes it’s managers need to understand more that time needs to be given to the trainers to cascade the information. It’s really tricky. I think it all comes down to time and workload.

BN: Yeah. That makes sense. And so, because there’s a couple have kind of come out of previous literature that I’ve just kind of, or ask you just what you think of them, I suppose, or whether they will be helpful. So, what about kind of refresher MECC Train the Trainer sessions?

AP8: Yeah. I think that would be really good. I think for me personally, to be perfectly honest with you Beth, I think I could do the full training again. Train the Trainer that half day, because I think to do something like that and then have what happened the next day, trying to retain that, and it’s hard to try and go back to it, in my head.

BN: Yeah. Right, so that would be helpful.

AP8: Yeah. Yeah. Yeah, definitely.

BN: OK. And what about, well I suppose we kind of mentioned the peer support networks to share experience, knowledge, things like that. Do you think that would be helpful [42.11 unclear]?

AP8: Yeah, definitely. Yeah, absolutely. I think after someone’s done – I would love to hear like the lady at (name of location) who was really enthusiastic but she had a lot of challenges in how she was going to deliver it and things, I think then, you know, if you then got the chance to be in a peer support kind of group afterwards and say right, did you manage to do it, how did you overcome these obstacles, how did you have the time, etc. etc. I think that would be brilliant. It would be really good and quite motivational.

BN: Yeah. Yeah, that makes sense. Well, that’s everything I had to ask you. Is there anything you wanted to add, you kind of feel you had in mind before the interview that we haven’t gone over?

AP8: No. I think it’s what I kind of expected. I just I hope it’s been helpful.

BN: Oh, it’s been so helpful. Yeah, thank you very much. I’ll stop recording.

[End of recording]