BN: So, if you don’t mind, if we could just start if you kind of talk through your organisation and your role within it?

NA3: OK. So, I’m a (name of role) employed by the NHS. That’s Newcastle upon Tyne Hospitals Trust, which is hosted by the local (name of network), (name of body). Deployed to (name of location) local authority.

BN: OK.

NA3: To sort of support, establish research infrastructure and capacity within these local authorities.

BN: OK.

NA3: So, sort of working between three different organisations if I would put it across the region. So, my work mainly is to ensure that we have the right infrastructure to be able to set up research. We have the right systems to be able to conduct research, so primarily that is the nature of my role and that is what I do on a day-to-day basis.

BN: Oh fab, thanks, and what motivated you to work within this role?

NA3: As you may be aware, I’m also writing up for my PhD. Research has been something that I’m very much passionate about and my passion was to be able to make or create change or make an impact, and now by background I’m a nurse clinician so I drifted from clinical care to public health practice primarily because I believe, which is also a fact, that the impact on public health practice is far wider than clinical practice. To give you one practical example, if you treat the patients, the affects or the impact relies with only the patients, but if you put in a public health intervention it involves usually two or more people within the community. So, I was driven by that motivation to sort of ensure that the work that I do has a more wider impact in practice, and hence and went into public health practice, and my curiosity to do research and having to pursue a PhD and all of that obviously gave me an insight as to more wider determinants of health and how much do the local authority place and how much evidence we require to be able to inform the practices within the local authority setting or within the non-NHS setting. And hence I felt that that was a perfect role for me to be able to demonstrate that impact and hence when I had to do that job that I’m in at the moment.

BN: Sounds great. So, when you say you’re kind of in between three organisations, where are you kind of mostly day to day? Who do you kind of feel most aligned with day to day?

NA3: That’s a very interesting question. I’ve had that, depending on the situation, it’s now, so today I’m at the local authority office. Yesterday I was at (name of location) for work for the (name of network).

BN: OK.

NA3: Today, I’m at the local authority in (name of location). They [03.40 unclear] work. So, usually may depend on the task. But by my post, these are my employers and then I’m deployed here to sort of support them in the work. So, I sort of tend to do work or carry out tasks which involve the (name of network), and also the local authority.

BN: Yeah. OK.

NA3: Yeah, so I try to have the balance of the two, but also depending on what the responsibilities are and what tasks that is where I have to do other work as expected. Sorry, my voice is a bit funny. It appears I’m having a bit of a cold.

BN: Oh no.

NA3: And then to show sincere apologies. I hope you get a good voice to be able to get the data you need.

BN: Oh yeah, it’s absolutely fine, yeah thank you. So, what is your kind of existing knowledge around MECC, Making Every Contact Count?

NA3: If I’m very honest, I’d heard it in a flash of Making Every Contact Count. And then when I met you at the Fuse event then you mentioned MECC again and that you more attention the fact that had Making Everything Count or something.

BN: Making Every Contact Count, yeah.

NA3: Every Contact Count, yeah, and that was it. But to be fair, or to be honest, either than the information sheet that you provided I don’t think that I have very much detailed information about this project, if I be honest.

BN: Yeah. OK. So, you just kind of when you say you’ve heard it, what do you…can you remember where you hear it, or what you heard about it?

NA3: I think it was one of the webinar series, one of the webinar events that I attended. I’m not sure if it was a [05.35 unclear] event also but one of the online webinar series that I attended and I think there was someone suspected to have done a presentation, but I’m not sure I stayed in for that presentation because I had another meeting, so I stayed in for part of it and clearly I remember that they said it was going to be something on MECC with some very fancy logo and designs. The logo and stuff, I think that was all I remembered. So, as soon as I hear that, that obviously dawned on me that I’ve heard MECC before.

BN: Right.

NA3: And Making Every Contact Count, but not much information about it, if I be very honest. Yeah.

BN: Yeah. So, quite kind of just a vague idea. You don’t really have any thoughts around it or anything like that?

NA3: That’s right.

BN: Yeah. OK. So, as part of your role, I suppose, or have you ever sort of delivered training before of any type?

NA3: Yes. I’ve developed and I’ve trained. You may be aware, you can’t be a researcher without training. You can’t be a researcher without dissemination. So, I think I’ve done some few workshops and trainings within staff also key in the [06.59 unclear] of what research may entail. Also, I’ve discussed disseminators [07.05 unclear] on finance, just to sort of explore conversations around key elements or key issues that may require some research studies within the local authority. They are sort of having to have these kind of conversations with staff around that. So, but that is it. Within this current role, my previous and other roles have developed lots of training.

BN: Right.

NA3: When I worked [07.31 unclear] I was their head of training. Yes, I was the head of training, in service training.

BN: OK.

NA3: So, I sort of designed training around health conditions that needed staff enhancement, that needed further development and skills to be able to support staff to have a better or a more proactive hands-on experience in delivering services within clinical setting. I did quite lots of those kind of train the same models but my current role has just been a bit minimal as well, either than just a lot more of dissemination of research findings and processes and also some formal trainings with some few colleagues, so conversations around key things and how they can achieve some key milestones as far as work is concerned.

BN: OK. So, is delivering training in this role anything you would be interested in?

NA3: Delivering training in this role? Yes. It’s something that I would be interested in. Why, because like I did mention we can’t be a researcher without training be part and parcel. You’ve got to train, you’ve got to be trained. These are two basic things.

BN: Yeah.

NA3: I’m sure as part of where we’re going, we’re going to now, we’re going through training and then having to impact you’ve got to train.

BN: Yeah.

NA3: You’ve got to be able to influence so that is definitely the part and it’s something that I’m always very much interested. I see some form of dissemination; it could be looked at in diverse ways. One could be training as well. Dissemination of key findings may originate into or may result in further training. Maybe a service evaluation is carried out on a particular service, then the findings probably so just the need for further training around certain sites. So, if you have the expertise as a researcher what do you do? You organise the training and facilitate it. So, it may depend on the study and how that is looked at.

BN: And so, I suppose, this might be a bit more difficult to answer because you’ve got sort of a vague idea around MECC, but is becoming a MECC trainer, would that be anything you would be interested in going to as training to be a MECC trainer?

NA3: Yes, it’s definitely something that I’ll be interested in. If I’m very honest, the name itself MECC and Making Every Contact Count, is catchy.

BN: Yeah.

NA3: OK. So, and obviously in public health practice there are some key words that are consistently used across practice. And service delivery, there are some keys words that are consistently used, and these are priorities for anybody delivering services. And to say that Make Every Contact Count, that contact could be a participant, could be a customer, could be whatever, so what that means is that looking at that word in a more open and simple understanding, making everyone feel important, making everybody a priority, make everybody necessary, so that in itself is an essential part of practice, and for me, yes, key components of activities that would enhance making customers, making participants, research participants, making individuals count and feel important in the work that we do is definitely something that I will be more than happy to be part of.

BN: OK. And how would you feel about delivering MECC training once you’d done the training?

NA3: I think that being trained it gives you the right skills and knowledge and experience to deliver. So, whilst you’ve had the right and adequate training, I should be more than happy to support in these trainings whilst it creates the desired impact that [12.11 unclear] that should be OK with me.

BN: Yeah. Oh excellent. OK just finding my place. So, is there kind of anything that’s stopped you from looking into MECC a bit more and becoming a MECC trainer, or has it sort of been so far on the periphery?

NA3: I’ve not personally looked at it into details. Why not, because probably I’m not interested, but probably because I’ve not had a lot more details but the information about it. As you mention in your introductory conversation, one of the most important things to be able to sort of understand what it’s level of impact would be like and how that can be very much tied to my job role, or even if it’s something that needs to be done within the regional level whilst it’s every day and it’s that there’s a desired impact that can very much be linked to what I do. I want to believe probably my line managers should be happy to allow me to engage in some of these impact related work, particularly if it’s very much tied to my work as a (name of role).

BN: Right.

NA3: Within the local authority.

BN: Yeah.

NA3: Yeah.

BN: And so, in your kind of head what do you think would be in scope of your role and what might be out of scope of your role?

NA3: It may be a very difficult answer to give, if I be very honest. Just like any other job, whilst it’s advertised there would probably indicate a little clause to say that in addition to other roles that may be deemed necessary you may be assigned other roles that may be deemed necessary within the organisation. So, that is very much actually covered in my role. So, aside the key day to day responsibilities that are in the appointment letter, there’s really something that has to do with desired impact that I’m assigned to or that I want to engage in that I can demonstrate how my data is linked to the training. I think that’s potentially I could be given the opportunity to explore or support in that capacity.

BN: OK.

NA3: And I know that answers your question.

BN: Yeah. And you think your manager would support you if you could make that sort of case for it.

NA3: Absolutely.

BN: Yeah.

NA3: That probably I would say that should not be a problem. Whilst that is something that I am able to demonstrate, that shouldn’t be a problem at all.

BN: Yeah. Oh, excellent. And do you have any thoughts about the train the trainer model? Have you done any sort of train the trainer before?

NA3: In my previous job as a clinician, I had a trainer of training models. So, I went on quite a couple of them.

BN: Right.

NA3: On one on tropical disease, one on malnutrition related stuff for clinicians. I went on a train the training model. And on the training trainer model what I was done within that context was for then for us to be equipped with the relevant skills and expertise at the time and then in facilities or in organisations that we wanted those impacts to be we then trained, identified resource persons from those organisations to carry out the training.

BN: OK.

NA3: And then that was done and very much supervised by us.

BN: OK.

NA3: Yes.

BN: So.

NA3: So, and to give an example, so let’s assume that MECC, something on MECC training, right, you are the head of MECC training, I am working within the local authority, so as a trainer of trainees I am invited by you to participate in the training. I come to the local authority, and I say the local authority is quite vast. I cannot run this training for (name of location) local authority. I am going to identify five key people who I would train to further disseminate this training across the various directorates in (name of location) and in (name of location), and then I would only do the facilitation, or I would do the monitoring. That I would do the context of the trainer of trainee model that I’d used in the past.

BN: Right.

NA3: I am not sure if that’s different from yours or it is very much same.

BN: No. Yeah, similar. So, did you actually deliver the training to trainees?

NA3: Yes.

BN: OK.

NA3: So, in some [17.44 situations] what you do is you deliver the training to trainees so that your other people that you’re trained to also become facilitators are able to learn from your training.

BN: Yeah.

NA3: In that regards.

BN: Yeah. And so, and as well you mentioned about your role as a clinician. Were you a trainee for those when you did train the trainer?

NA3: Yes. I was a trainee for a project on what we call (name of programme).

BN: OK. And how did you sort of find that experience of doing the train the trainer, becoming a trainer?

NA3: Yeah, it was quite insightful. One I saw it as a double edge learning where I learnt from the key facilitators, and I also learned in delivering the service.

BN: Yeah. OK.

NA3: Yeah, so a bit more of a double edge.

BN: Right.

NA3: So, we learn when delivering training you get to learn as well.

BN: Yeah.

NA3: You may learn certain things, just learning from, just like being a teacher you learn in a college, you become a teacher and you also learn to teach and teaching you learn as well.

BN: Yeah.

NA3: So, in that context.

BN: Yeah. And for you becoming a trainer, can you remember whether you liked the approach that they took in terms of your learning style or what kind of training you would want to have to help you become a trainer?

NA3: Yes. So, I remember one of the things that we had to do at the time was the key project owners had defined the training context specific around the particular key issues that we needed to discuss, and we needed to learn. And that obviously was in some presentation, so PowerPoint slides where we’re taken through the key context and what we needed to do. Also, in those sessions we had some scenarios where individuals acted as potential participants and others acted as trainees.

BN: OK.

NA3: And whatever they shall learn and could have been like, that was one model.

BN: Uh-huh.

NA3: There were others, there were some other stories or lived experiences of other people sharing how previous similar trainings has [20.34 unclear] the best out of them. So, some of the things that you may not be expecting to be phased which depending on the nature of what you are going to deliver, some topics are extremely very sensitive and may require a different approach. But depending on the nature of the topic and the participants as well, that sort of gives you an idea about this nature of the training. But what happens is that we had opportunities to get people share their lived experiences on very similar trainings that had carried out with very similar theme or steady context.

BN: OK. So, sort of like a peer support kind of thing.

NA3: Absolutely.

BN: And how did you find that in terms of helping you then go on to deliver?

NA3: That was very insightful. Like I mentioned, it was very insightful in the sense that it was much easy for you to be able to play back some of the experiences and discussions that were shared whilst you’re going through the trainer of trainee programmes through [21.45 communities] here.

BN: And is there anything else you found useful during those sessions to help you go on and deliver?

NA3: Yes. The content. Learnt a lot more knowledge wise, so if you’re doing a lot more stuff or whether I was doing also malnutrition I learnt a lot more up to date facts about (name of programme) which is also very relevant.

BN: Yeah.

NA3: Again, communication, how best to be able to elaborate your point in a more effective and efficient way. Also, so something that I learnt. Again, interaction which your participants just like the classroom session.

BN: Yeah.

NA3: And how much you can make it very interactive, how much you could make it very interesting to whip the interest of everyone.

BN: Yeah.

NA3: How much you need it to make it more participatory, to make it more comfortable for individuals to ask questions that they want to ask. Then also to seek further clarifications or something I learnt.

BN: Yeah. And did you mention before that during those train the trainer sessions you did sort of a role play of how those, you going on to deliver would go, is that what the role play was of?

NA3: That’s right.

BN: OK. And did you find that was helpful in any way?

NA3: Yeah, it was helpful. So, you had people playing the devil’s advocate and others playing the role of an angel.

BN: Yeah.

NA3: So, with the devil’s advocate trying to get in it’s a bit weird and to see how you can, you would have advised or supported yourself if you’re in that situation, and then you become the angel of finding solutions to that problem without any chaos.

BN: Yeah.

NA3: That was the nature of the programme.

BN: OK. And when you have been going to those training sessions is there anything that you haven’t found to be very useful in terms of the way you learn?

NA3: Not that I can remember, if I be honest. But that maybe individual specific. I like have taught before and I like very interactive sessions. There was no way my student would ever sleep in class. Even if you would have worked a night shift and you stayed in my class there’s no way you can sleep because my sessions are usually very interactive, and that keeps everybody on. So, for those session that I attended were quite interactive.

BN: OK.

NA3: And I consider them fantastic.

BN: Yeah.

NA3: And that’s what I said, it is something that maybe based on individual experiences and perceptions. But for me, I don’t like to stay for more than one hour having to listen to long conversations and talks then it could be boring.

BN: Yeah.

NA3: Very attractive. The content could be rich, but that could be boring for me.

BN: Yeah, definitely. And when you have been to those, have you ever sort of had then refresher training, or do you think that would be useful?

NA3: Yes. We’ve had refresher trainings as well.

BN: OK.

NA3: Yeah. We’ve had refresher trainings. We all have to update ourselves on those trainings and also had more information than we come up to in regards to that.

BN: OK.

NA3: Yeah. And refresher trainings are always very essential but to plan it when you’ve had a bit of a break from delivering that training to another.

BN: Yeah.

NA3: Because the world is so busy now and it’s difficult to be able to have everything stored in your head.

BN: Yeah. So, they have been useful would you say in helping you go on to deliver training.

NA3: Very useful because it’s giving us, usually comes with a lot more of up-to-date information around some of the key things that you are going to do and also some reminders as to how you did some things in the past that you obviously would have forgotten about.

BN: Yeah.

NA3: And these are so many things I can’t stop.

BN: Yeah. And what about, and you kind of mentioned the peer support during the sessions, but have you ever been to sort of kind of like peer support sessions to help you go on to deliver, or do you think those would be useful to kind of share experiences, knowledge, information?

NA3: I’m not sure I’m clear with your question, sorry.

BN: So, in those kind of in the train the trainer training you’ve done, have you then had the option to go to sort of peer support meetings where you would share experiences and practice and things like that?

NA3: No. We’ve just had an evaluation.

BN: Right.

NA3: Which is just a sheet of paper with some key questions to complete every ten to the project [27.09 owners].

BN: OK.

NA3: So, say you finish with your training, and you say all right, (NA3) making the rest, you have a sheet of paper, can you please complete this and then you have that then.

BN: OK.

NA3: Then you take it away, yeah.

BN: Yeah.

NA3: But I’ve had opportunity to sit down to share. It maybe, maybe not information conversation where probably a colleague will say oh this programme that we did, that was very interesting. I learn A, B, C, D in that order either than that’s not—

BN: Right.

NA3: [27.38 negative] or.

BN: Do you think that would be useful?

NA3: I think to be useful, but again, like I mentioned, may depend on the context. So, like I mentioned, I will not be surprised that wasn’t done because maybe people shared lived experiences as part of the session. But I think that’s definitely something that will be important because people may have different participants or customers that you engage in and it’s nice, you always have knowledge being shared across board for you to learn from other context and the individuals they had went about things in a different way.

BN: Yeah. Definitely. Well, that was everything I had to ask you. Is there anything you wanted to add?

NA3: So, what are you looking forward to training wise as far as MECC is concerned?

BN: Looking forward to?

NA3: Yes.

BN: Oh—

NA3: Outcomes.

BN: Outcome?

NA3: Any outcome.

BN: Yeah. Hopefully it will be to reevaluate the training whether the train the trainer model is the right model for MECC, whether that should be the only option for people who want to do the training, or there should be other options. How it should be amended in terms of frequency but also like the learning approach that’s taken during it. So yeah, that’s kind of…and also accessibility, is it accessing the right people. Yeah. Hopefully will answer that.

NA3: That sounds good. Anyway, I hope my responses were useful. I wasn’t sure. I didn’t have much in depth knowledge about MECC.

BN: Oh, it’s OK.

NA3: But I still feel that once I’m within the local authority my not having knowledge may also be some component of the evaluation or conversations that you can drive from your study.

BN: Yeah. Oh definitely.

NA3: That’s why I still volunteered, yeah.

BN: Yeah.

NA3: Because sometimes it’s not always about the positives. The negatives are also in session in every evaluation or study that maybe I’m sure probably you would have assume that maybe a lot more of us would hear and know much about it. Where people didn’t know about it that also gives you an indication of something.

BN: Yeah.

NA3: And how the training can expand. So, I’m really sorry if my responses have not been so useful [30.10 unclear].

BN: Oh no. Not at all.

NA3: It’s not important to share my few thoughts on it if that’s fine.

BN: No, it’s been so helpful, thank you so much (NA3), I really appreciate it.

NA3: Not a problem at all.

[End of recording]