# HEDigital Personas

Enhancing Digital Capability, Digital Literacy and Digital Maturity in Nursing and Midwifery

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To support implementation and adoption of the Digital Health Capability Framework

#### **Digital Personas:**

- Role specific
- Identify skills gaps
- Personalise training and development
- Targeted support
- ► Enhance adoption of digital tools
- Foster an environment of continuous improvement and evaluation

# HE Archetypes

Archetypes provide a common language and framework for understanding and analysing characters and themes

#### **Common Archetypes:**

- ► Shapers e.g. leaders, educators, policy makers
- ▶ Drivers e.g. eHealth and Digital Health colleagues
- ► Creators e.g. Clinical specialists, software engineers, data scientists
- ► Embedders e.g. IT teams, Clinical Engineers, CSO
- ► Users e.g. frontline healthcare professionals

NB: We have been focusing on the 'user' archetype

# F Creating the personas

3 well attended multi-professional workshops have been held

#### Data Collection is aimed at:

- Demographic data on the health staff
- Identifying current digital capabilities and skills required in the role
- Exploring the attitudes, perceptions, and barriers towards digital technologies
- Analysing learning preferences and styles
- Creating representative digital personas reflective of the role

3 workshops

4 questionnaires design

1 approach to interview with direct reports

# HE Challenges

Well received and informative sessions....lots of discussions and opinions

#### Clear challenges:

- Not been done properly before
- Some iterations available in the NHS.
- There are lots of conflicting ideas on how the personas should be used
- Where is the information going to be held
- Lack of governance
- The evolving nature of personas, which necessitates the need for regular reviewing and updating.
- Validation of the persona



### ROLES & RESPONSIBILITIES

- Leadership and Management
- Clinical Oversight
- Staff Development
- · Quality Improvement
- Resource Management
- Regulatory Compliance
- · Collaboration / Communication
- Patient Advocacy
- · Ethical Practice

#### PRIORITY LEARNING

- Digital Health Governance
- Data standardization
- SNOMED CT
- How to develop a digital workforce
- Using data and digital for to improve evidence based care
- Digital Documentation

#### COMMUNICATION

Email

Video Conference

Phone

Face to face

#### DIGITAL HEALTH CAPABILITY

Digital Professionalism

Leadership & Advocacy



Data & Information Quality



Information Enabled Care



Technology



#### **PAIN POINTS**

- Multiple data required for decision making - often excel based
- Quality Care Metrics how Nurses audit, record and display information
- Very few clinical systems available to Nurses. The ones that are available do not integrate

## DATA & SYSTEMS REQUIRED FOR ROLE



















## ROLES & RESPONSIBILITIES

- · Communication within MDT
- Managing referrals, discharge summaries, release forms etc.
- · Face to face client contact.
- Blood samples
- Vaccinations
- Wound care
- Assessments

#### PRIORITY LEARNING

- How to manage my caseload more efficiently using technology
- More training on the available systems
- · Digital Documentation
- · How to share information safely
- Video enabled care
- Telehealth

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#### DIGITAL HEALTH CAPABILITY

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#### **PAIN POINTS**

- Very few systems available to support practice
- Poor internet connection
- Lack of computers
- Systems we do have fail often

## DATA & SYSTEMS REQUIRED FOR ROLE





# HE Next Steps

- Scoping was concluded and fed back
- Recommendations
- Digital
  - Individual Personas
  - Data repository
  - Digital System repository
  - Learning repository
- Strategic
  - Self Assessment
  - PDP
  - Career aspirations
  - Interview process
- ► Governance via the approved ERB Digital Health recommendations for Nursing.
- (Building Digital Health Capability for our Clinical Workforce working group)
- Funding, project plan, terms of reference, key stakeholders



# Any questions?