



Enhancing the impact of continuing professional education on practice: Whose responsibility is it?

Dr Liz Clark and Professor Jan Draper
Faculty of Health and Social Care
The Open University, United Kingdom

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Overview of presentation

- Project context
- Development of the Impact on Practice (ImP) framework
- Project outline
- Main findings
- Implications



Project context

- **Significant global investment** in continuing professional education (CPE)
- Lots of **rhetoric** about the benefits of lifelong learning to patient care yet **little robust evidence**
- Lack of clarity about the **responsibility** for ensuring **return on investment**
- Financial pressures will further increase the requirement to demonstrate **value for money** and **quality outcomes** for patients/service users



Context: student self-report data

- *'I've developed an end-of-life care package for patients in my clinical area.'*
- *'Improved practice in our deep vein thrombosis service has impacted on patient care as a result of my learning.'*
- *'I've got my dream job ... I still find it hard to believe that I'm actually doing what I've only dreamed about doing for so long. It's a brilliant feeling to be able to go home at night with my head still buzzing with ideas of ways to improve older people's care.'*



Context cont.

- Limitations of existing evidence base:
 - the studies tend to be **short-term, small-scale, programme-specific** and confined to a **single locality**
 - **over-reliance on learner satisfaction**
 - **use of retrospective methods** (errors of recall and bias)
 - **assumed benefits** to patients/service users
- What is **meant** by impact on practice?
 - levels and frameworks
- These **complexities** have led to **lack of progress**

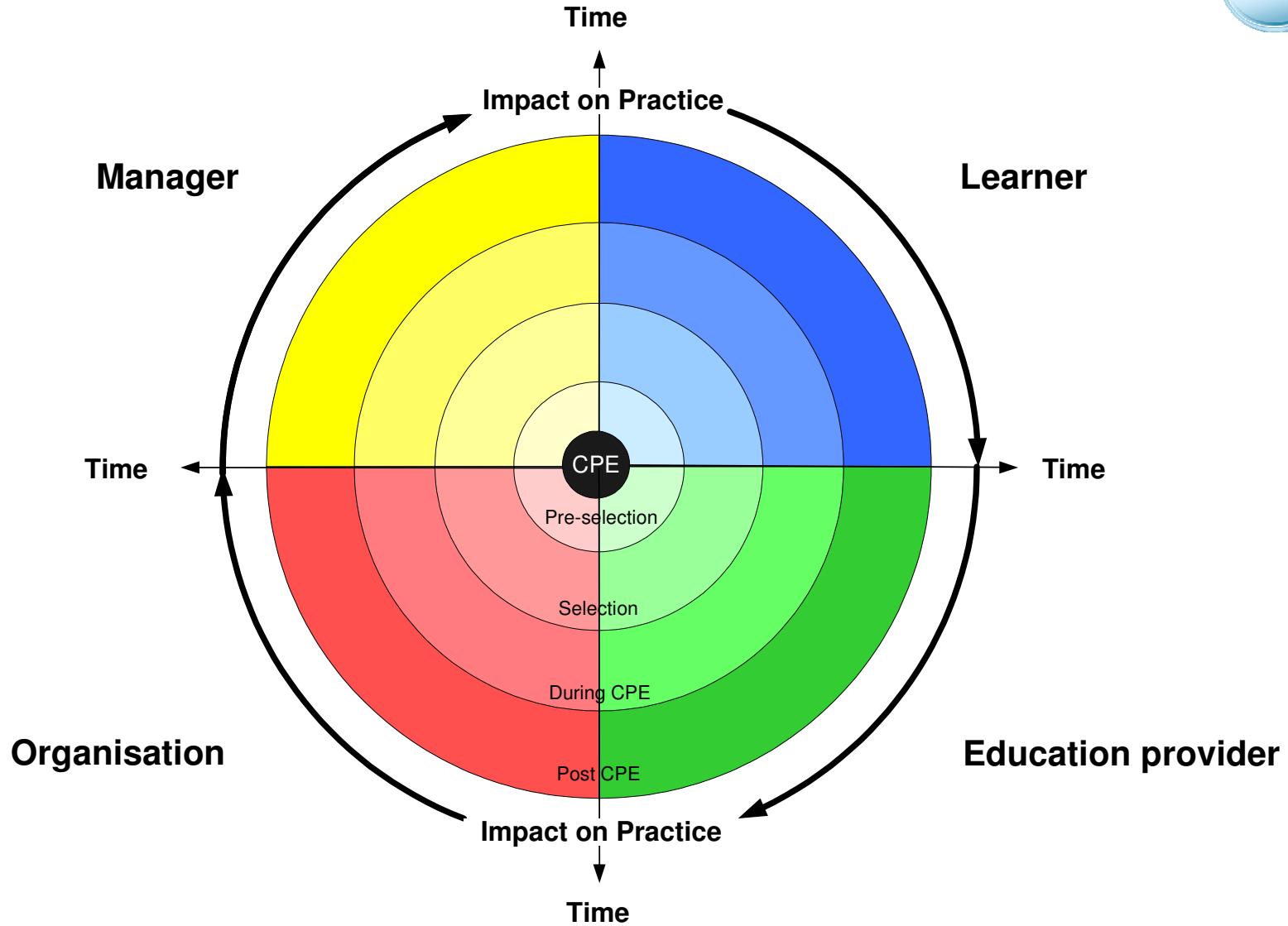


Development of the ImP framework

- **Structured literature review** (health care, social care and education literature). Key themes emerged:
 - organisational culture
 - role of the manager
 - link between education provider and organisation
- Contributions from an **Expert Advisory Group**
- **In-depth conversations** with key stakeholders to develop/refine the framework
- Series of **interactive conference presentations and workshops**



The ImP framework





Feedback on the ImP framework

- ImP framework was disseminated/discussed at a number of conferences
- Initial feedback was that it is **easy to understand, user friendly, flexible** and the potential to apply more widely
- Need for a more **systematic** evaluation to explore stakeholder perceptions of the **need for and utility of** the ImP framework



Project outline

- **Conventional methods** do not easily lend themselves to complex, real-world evaluation
- Methodological intent of realist evaluation (RE) is to create a **more holistic picture** of the phenomenon under investigation (Pawson and Tilley, 1997)
- **Influence of the real world** is not eliminated and is regarded as influential in the evaluation process
- RE emphasises the importance of context and tries to find out **why things work, for whom and in what circumstances**



Project outline

- We adapted RE methodology to explore stakeholder perceptions of the need for and utility of the ImP framework in one self-selected county workforce group in England; all the trusts and education providers were invited to participate
- Worked with **three NHS trusts**: two hospital trusts and one primary care trust and **two higher education providers**



Project outline: data collection

- Two rounds of **semi-structured telephone interviews** with four groups: self-selected post-registration healthcare students, managers, module leaders and NHS trust Board members
- **Round 1** interviews focused on the factors relating to pre-selection and selection processes (**n=41**)
- All interviews were digitally recorded and transcribed
- **Round 2** interviews explored the themes that emerged from the initial interviews and the factors relating to the module experience and follow-up, with the same individuals as for Round 1 (**n=32**)



Project outline: data analysis

- Data were analysed using NVivo
- Thematic content analysis was initially undertaken separately for each stakeholder group and each round of interviews
- The RE guiding principle of ‘what works’ and ‘what does not work’ was used to search for meaning across all the data
- Four cross-cutting themes were identified from the combined data



Main findings: Four key themes

- **Organisational context**

Strategic approach to CPE

Culture and process relating to workplace, education provider & shared

- **Partnership working**

Education provider led

Workplace led

Joint

- **Supportive learning environment**

Workplace

Education provider

- **Attributes**

Learner

Manager

Educator

Shared



Theme 1: Organisational context

Strategic approach to CPE

What works

- Organisational commitment to CPE
- Service users informing organisational strategy
- Ring-fenced CPE funding and clarity about its allocation
- Effective staff appraisals that address both organisational and individual needs
- Planned change vs acquiring new knowledge

What does not work

- CPE not connected to the 'day job'
- Lack of clarity about what CPE is available and funding
- Lack of expectation re. follow up
- Lack of understanding of individual's ability to initiate change
- Inadequate feedback from managers



Theme 1: Organisational context

Culture and process

What works

- Managers supporting students' use of new knowledge in practice (WP)
- Flexible provision to accommodate clinical demands (EP)
- Effective module evaluation (EP)
- Theory to practice and practice to theory (S)
- Celebrating achievement (S)

What does not work

- Organisational barriers that inhibit change (WP)
- Lack of transparent and equitable selection processes for CPE (WP)
- Online evaluation with poor response rates (EP)



Theme 2: Partnership working

What works

- Ability to respond to service needs (EP)
- Timely dissemination of course information to appropriate people (EP)
- Locally provided induction to include managers (EP)
- Service engagement in curriculum development, monitoring and module evaluation (WP)
- Shared commitment to maximise use of new knowledge in practice (Jt)

What does not work

- Knee-jerk reactions to service demands (EP)
- Lack of guidance for managers re. module content/requirements (EP)
- Lack of information from EP about who has/has not successfully completed modules (EP)
- Module evaluations that don't take account of impact on practice (Jt)



Theme 3: Supportive learning environment

What works

- Transparent and equitable allocation of study time (WP)
- Manager's support + supervisor/mentor/critical friend (WP)
- Opportunity for students to learn from each other (WP)
- Clarity about module requirements and academic levels (EP)
- Guidance on support available from tutors, etc. (EP)

What does not work

- Managers weighed down by clinical priorities (WP)
- Inequity of study leave (WP)
- Negative impact of studying on days off affects ability to recover from job demands (WP)
- Inflexibility of education providers in relation to attendance and deadlines (EP)
- New students unprepared for the amount of work required (EP)



Theme 4: Attributes

What works

- Keen students with positive attitudes to learning and change (L)
- Willingness to take responsibility for sharing learning (L)
- Manager's enthusiasm for CPE (M)
- Manager who is open to change and leads by example (M)
- Skilled facilitators of learning (E)
- Fostering a questioning/critical approach to practice (S)

What does not work

- Students who don't want to learn, are frightened of studying or lack confidence (L)
- Students with poor language, IT and time management skills (L)
- Reluctance to seek help and/or share knowledge (L)
- Managers who lack time and/or skills to facilitate changes in practice (M)



Implications

- Need for integrated thinking that ‘stitches together’ service needs, education commissioning and learning provision
- Importance of effective communication and partnership working between service and education providers
- Education provision that is sufficiently flexible to accommodate workplace demands
- Effective appraisal systems that focus on organisational as well as individual needs
- Transparent recruitment and selection of individuals to undertake CPE



Implications cont.

- Importance of ongoing support, including the crucial role of the manager
- A focus on planned change rather than the acquisition of new knowledge; an expectation that there will be follow-up about how learning is being used to benefit patient/service user care
- Feedback from service managers about their CPE requirements and the appropriateness and benefits of the CPE undertaken
- Taken together, the findings suggest that perhaps we need **to do less better**



Reflections on the use of RE

- With its emphasis on contextual sensitivity, RE enabled us to explore factors that enable/constrain the impact of CPE on practice
- The organising principle of ‘what works’ and ‘what doesn’t work’ was helpful and reflects Ellis and Nolan’s (2005) concepts of ‘best practice’ and ‘poor practice’
- Other aspects of RE such as ‘context’, ‘mechanism’ and ‘outcome’ were more difficult to apply – in particular the distinction between ‘context’ and ‘mechanism’
- Education evaluation involves complex interventions and RE may offer a useful methodology



Contact details

Liz Clark: liz.clark@open.ac.uk

Jan Draper: jan.draper@open.ac.uk