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

How to cite:

For guidance on citations see FAQs

© 2012 The Authors
Version: Accepted Manuscript
Link(s) to article on publisher’s website:
http://issotl12.com/

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online’s data policy on reuse of materials please consult the policies page.

oro.open.ac.uk
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

ISSOTL12 Research on teaching and learning: integrating practices
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

Manager

Impact on Practice

Learner

Time

Organisation

Education provider

Impact on Practice

CPE

Pre-selection

Selection

During CPE

Post CPE

Time

© The Open University/Royal College of Nursing
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