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

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

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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**
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
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