

# **Royal Bolton Hospital**

## **COLLABORATIVE WORKING AND LEARNING FOR JUNIOR DOCTORS**

**Supported by the North Western Deanery under the Blending  
Service with Training initiative**

### **Final Report** March 2001

**Project Co-ordinator  
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# ABSTRACT

The Blending Service with Training Project at the Royal Bolton Hospital was commissioned to link innovative improvements in Medical Education with the current agenda of quality in the NHS.

A programme of flexible modules which underpin clinical effectiveness and collaborative working, was designed and delivered to a team of junior doctors within the specialty of Thoracic Medicine and the Hospital Medical SHO's.

The junior doctors who accessed this Programme positively evaluated the contribution to their professional development and indicated that they would recommend the Programme to colleagues.

An integrated care pathway on the management of an adult in-patient with Asthma has been produced by the multidisciplinary thoracic medicine team and it is hoped that this Pathway will be piloted in the summer of 2001.

Following the evaluation of this Project, the Postgraduate Clinical Tutor is working with the Education Department to integrate elements of the Project Programme into the educational programmes of all the junior doctors at the Royal Bolton Hospital. This collaborative working also supports the development of multiprofessional training and education at the Royal Bolton Hospital.

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## **Project Steering Group**

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Dr Paul Baker (Postgraduate Clinical Tutor)	Royal Bolton Hospital
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Anne Gerrard (Project Co-ordinator)	Royal Bolton Hospital
Mr Steven Agius (Projects Co-ordinator)	NW Deanery

The Professional Development Advisors and trainers, from the Training and Development Department, Royal Bolton Hospital.

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All the junior doctors who participated in this Project.

The multidisciplinary staff who participated in the development of the Integrated Care Pathway.

# 1

## BACKGROUND TO THE PROJECT

The Government's commitment to Clinical Governance has been established in the White Paper entitled "*A First Class Service: Quality in the new NHS*".

Clinical governance can be defined as "... a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish". (A First Class Service: Quality in the new NHS Sept. 1998).

The Government, through health Policy, now requires every NHS Trust to embrace the concept of clinical governance so that quality is at the core, both of their responsibilities as organisations and of each of their staff as individual professionals.

Clinical governance needs to be underpinned by a culture that values lifelong learning and recognises the key part it plays in improving quality. Lifelong learning is an investment in quality and health professionals need the support of lifelong learning through Continuing Professional Development Programmes (CPD).

The Department of Health Document 'Continuing Professional Development: Quality in the new NHS' states the commitment of the Department of Health to lifelong learning. In this document the importance of such learning, being focused on the needs of patients, is emphasised, along with the recognition that Continuing Professional Development should also be a partnership between the individual and the organisation and hence concerned with the delivery of high quality NHS services as well as meeting individual career aspirations and learning needs.

Continuing Professional Development Programmes need to meet both the learning needs of the individual to expand and fulfil their potential, and to meet the wider service development needs of the NHS.

To engage in Lifelong learning is to see education and work as complementary rather than mutually exclusive.

Doctors, like other professionals, have an obligation to update their knowledge and skills through educational processes, which continue throughout their careers. Patients, health service managers and governments are pressing for reassurances that medical professionals will maintain their competence to practice in a rapidly changing environment. Continuing professional development emphasises self-directed learning, professional self-awareness, learning developed in context, multidisciplinary and multilevel collaboration, the learning needs of individuals and their organisations, and an enquiry based concept of professionalism. It also involves a widening of accountability to patients, managers and policymakers.

One of the aims of medical education is to encourage the pursuit of excellence in clinical care and this involves promoting the aims of Clinical Governance. Opportunities need to be provided for the junior doctors to acquire an understanding and develop skills to enable them to effectively use the tools of audit, research, critical appraisal and assessment of clinical risk.

Clinical Governance needs to be introduced as a strong and coherent concept in medical education so that it can become “... *a continuous theme throughout the lifelong process of learning in medicine and an accepted part of its culture.*” (Dr J Morrison, 1999)

In 1999, The *Blending Service with Training* initiative was launched as part of the Governments Modernisation fund. The overall aim of the initiative is to develop improvements in patient care by linking innovative improvements in medical education with the current emerging agenda of quality in the NHS.

The North West Deanery wished to use the initiative to encourage the development of best practice, multi-professional and multi-disciplinary working with individual projects being proposed by the Trusts themselves.

The Deanery provided the initial funding for commissioned projects as a pump prime for one year with the expectation that the individual Trusts would then develop a system to maintain the momentum of change in the following years.

Following a successful bid by the Head of Education, the Bolton Hospitals NHS Trust was chosen by the North West Deanery to run an innovative project, under the *Blending* initiative, to develop a programme of Collaborative working and learning which underpins clinical effectiveness and collaborative working for the junior doctors of the Thoracic Medicine Team.

This would also support the aims of training as outlined in *The Early Years, Recommendations on Senior House Officer Training* (December 1998) which states that two of the aims of training are to *Enhance their appreciation of the importance of evidence-based practice and clinical effectiveness*, and to *Further develop their understanding of the principles of Clinical Governance*. An expectation of the SHO, as stated in the above document is that they must *Demonstrate a commitment to continuing professional development and lifelong learning*.

# 2

## SCOPE AND AIMS OF THE PROJECT

The aim of the Project was to provide a link in the education of the junior doctors from the Thoracic Medical Team, with the current agenda of quality in the NHS.

By linking the themes from the white paper *A First Class Service* with the education of the doctors it was envisaged that quality improvements in patient care could be delivered.

The above links would be made through a Programme of flexible modules, which underpin clinical effectiveness and collaborative working.

At the time of the Project the majority of the dedicated/protected teaching time for the junior doctors was dedicated to clinical teaching. The Programme was designed to help the junior doctors acquire knowledge and skills that, linked with clinical practice, would enable them to develop and build upon best practice and ways of working.

The Programme was designed to reflect and encourage a partnership approach to care with the emphasis on multi-disciplinary team working. This would be evidenced in the production of an Integrated Care Pathway for an adult, inpatient, with acute asthma.

To maximise the opportunities for enabling quality, patient care, the junior doctors were to be given the opportunity to access a clinical leadership programme, (Leading an Empowered Organisation – LEO) alongside other members of the clinical team.

It was envisaged that skills and knowledge acquired through the Programme would be transferable to all areas of working for the junior doctors and would foster a commitment to continuous professional development and lifelong learning. It was hoped that the junior doctors involved in the Project would produce a Professional Portfolio to evidence their continuing professional development.

The measurable outcomes of the Project were that:

The identified junior doctors and members of the multidisciplinary team will have:

- Completed the modules of the Programme
- Completed LEO Training
- Been appraised and formulated a personal development plan with evidence of reflective practice
- Completed a professional portfolio
- All modules and LEO Programme will have been evaluated
- Production of an Integrated Care Pathway related to the Clinical Specialty.

# 3

## METHODOLOGY

A Project Co-ordinator was appointed and came into post in April 2000.

The responsibilities of the Project Co-ordinator were to:

- Assist with the development of the modules for the Programme.
- Identify and arrange the keynote speakers.
- Arrange the Project Programme.
- Support/facilitate course participants.
- Evaluate the Programme sessions/Project overall.
- Produce and present reports.

Administration and clerical support was provided by the Postgraduate and In-service Training departments.

Support for the Project Co-ordinator was provided by the Project Steering group, which included the Consultant Respiratory Physician (Specialty Tutor); the Head of Education for the Trust; the Hospital Postgraduate Clinical Tutor; and the Deanery Project Co-ordinator.

The Project Steering group met bi-monthly and monitored the progress of the Project against the agreed objectives of the Project plan.

The original, identified, pilot clinical team for this Project were the junior doctors of the Thoracic medical team and included the SpR, Staff Grade, SHO's and PRHO's. A total of fourteen junior doctors from the Thoracic Medical Team accessed the Project Programme.

The Pilot clinical team was extended to include the Hospital Medical SHO's and in total thirty-three junior doctors accessed the Project Programme.

The original plan was for the Project Programme to be delivered through early evening sessions and opened up to include all members of the multidisciplinary team. It was felt that this time would allow the multidisciplinary team members to access the sessions outside of their clinical commitments.

Unfortunately, this original plan had to be changed when the junior doctors indicated that they would not be willing to attend the Programme sessions in their own time. Because of clinical/service commitments, the Programme had to be delivered utilising the dedicated teaching time for the Thoracic Medical Team (Tuesday's, 2pm – 4pm) and the protected teaching time for the Hospital Medical SHO's (Wednesdays, 2pm – 4pm). The implications for this affected the length and therefore content of the Programme, the availability of other disciplines to attend the sessions and the availability of keynote speakers for the Programme.



Further to this, a temporary suspension on Training & Development for the nursing staff of the Medical and Elderly Directorate (as a result of staff shortages), resulted in the Programme sessions being only attended by the medical staff.

An early constraint on the length of the first Programme (Appendix 1) was that the Programme had to be planned, arranged, delivered and evaluated over a period of fourteen weeks, which was the time from the Project Co-ordinator commencing in post to the junior doctors 'changeover' in August 2000.

Problems were encountered in securing keynote speakers for the Tuesday afternoon sessions at relatively short notice, and this affected the original, planned order of the Programme. To ensure that the programme was delivered in its entirety, the first programme had to be delivered utilising the Tuesday afternoon dedicated teaching sessions and the Wednesday afternoon protected teaching sessions for the Hospital Medical SHO's.

The benefit of this was that the Programme was extended to two groups of junior doctors – the Thoracic Medical Team and the Hospital SHO's. The reality of the situation was that the first Programme was not delivered in its entirety to either group as clinical commitments prevented each group from accessing the teaching sessions of the other group.

As no one junior doctor had attended the 1<sup>st</sup> programme in its entirety the planning of the second Programme needed to address this issue and explore ways of maximising the number of sessions that the junior doctors from the Thoracic Team could attend.

It was agreed at the steering group meeting that the second Programme (Appendix 2) would be delivered twice – once to the Thoracic Medicine Team, utilising the Tuesday afternoon teaching session, and repeated for the Hospital Medical SHO's.

The Programme for the Hospital Medical SHO's would commence following the September MRCP examination to allow for clinical teaching sessions before this examination date. By staggering the two Programmes it was hoped that the junior doctors from the Thoracic Team who missed any of the Tuesday afternoon sessions would be able to access the session when it was delivered to the Medical SHO's.

Keynote speakers were identified from multidisciplinary backgrounds to add credibility and diversity of experience to the Programme.

An evaluation form (Appendix 3) was distributed to those who attended the individual Programme sessions and was used to evaluate these individual sessions, both for content and appropriateness of the speaker.

The first Programme was evaluated overall, by means of a questionnaire (Appendix 4) that was distributed to the junior doctors who had attended any of the Programme sessions.

At the beginning of the second Programme, the junior doctors completed a pre-Programme questionnaire (Appendix 5) to assess their current level of knowledge and

understanding of the Programme topics and whether they perceived any benefits for them personally.

The junior doctors completed a second questionnaire (Appendix 6) at the end of this Programme, and comparison between the pre and post Programme self-assessment of their knowledge helped to evaluate the second Programme.

# 4

## RESULTS

The total number of junior doctors who attended sessions from either of the two Programmes was 38. Of these, 27 completed post Programme questionnaires, giving a 71% response rate.

The junior doctors comprised of PRHO's, SHO's and SpR's. Two staff grade doctors also attended some of the sessions. Three Medical Consultants and two medical students attended some of the Programme sessions, but did not complete post Programme evaluation questionnaires.

It is important for the reader to be aware that the 1<sup>st</sup> Programme was not delivered in its entirety to either the Thoracic Medicine Team or the Hospital Medical SHO's.

**Table 1**

### Number of completed post programme questionnaires

	1 <sup>st</sup> Programme	2 <sup>nd</sup> Programme
Thoracic Medicine	6 (75%)	7 (100%)
Medical SHO's	7 (63.6%)	7 (58.3%)
Combined Total	13 (68.4 %)	14 (73.6%)

**Table 2**

**Numbers of junior doctors who attended sessions from the 1<sup>st</sup> Programme**

<b>1<sup>st</sup> Programme Session</b>	<b>Attendance No's</b>
Methods of Continuing Professional Development	5
Appraisal Process	9
Development of Portfolios & Personal Development Plans	8
Professional Accountability & Continuing Professional Development	6
Clinical Risk Management	6
Clinical Governance	4
Systematic & Targeted Literature searches	7
Critical Appraisal Skills	6
Managing Change in Practice	9
Clinical Audit & the Audit Process	6

**Table 3**

**Numbers of junior doctors who attended sessions from the 2<sup>nd</sup> Programme**

<b>2<sup>nd</sup> Programme Session</b>	<b>Thoracic</b>	<b>Medical SHO's</b>
Introduction of Project to junior doctors	4	9
Clinical Governance	5	8
Professional Accountability & CPD	3	6
Clinical Risk Management	3	9
Appraisal Process	4	3
Development of Portfolios & PDP's	4	11
Systematic & targeted Literature searches	2	4
Critical Appraisal Skills	5	9
Care & Responsibility	5	6
Clinical Audit & the Audit Process	5	3
Integrated Care Pathways	4	5
Managing Change in Practice	5	

The following results are based on the responses of those 27 junior doctors who completed the Post Programme questionnaire.

**The following reasons were offered by the respondents as to why they were not able to attend some of the Programme sessions:**

**Table 4**

<b>Reasons for not attending some sessions</b>	<b>1<sup>st</sup> Programme</b>	<b>2<sup>nd</sup> Programme</b>
<b>On Call</b>	<b>13 (100%)</b>	<b>11 (78.5%)</b>
<b>On Holiday</b>	<b>10 (76.9%)</b>	<b>10 (71.4%)</b>
<b>Did not feel that the Session was relevant to my Development</b>	<b>2 (15.3%)</b>	<b>0</b>
<b>Others (Specify)</b>	<b>5 (38.4%)</b>	<b>4 (21.0%)</b>

The 'Other' specified reasons for not attending some of the Programme sessions included:

*"On nights"*

*"Busy during the day with unwell ward patients"*

*"Only on secondment from A&E for limited time"*

*"Family bereavement"*

*"Sometimes too busy with ward duties + no one else to delegate to"*

**The respondents were asked if they felt that any of the sessions had contributed to their professional development:**

**Table 5**

	<b>1<sup>st</sup> Programme</b>	<b>2<sup>nd</sup> Programme</b>
<b>YES</b>	<b>11 (76.9%)</b>	<b>12 (85.7%)</b>
<b>NO</b>	<b>0</b>	<b>0</b>
<b>DON'T KNOW</b>	<b>2 (15.3%)</b>	<b>1 (7.1%)</b>
<b>DID NOT REPLY</b>	<b>0</b>	<b>1 (7.1%)</b>

**The junior doctors were asked to comment on which sessions they felt had contributed to their professional development and why. Their comments included:**

*“Practical application – both more concentrated & focused in things already known + also in brand new topics”*

*“Further awareness of Audit”*

*“All will in future (contribute to professional development) As of yet – research”*

*“clinical governance re interviews”*

*“The Portfolio session was useful as an awareness of something I will need for the future”.*

*“Professional development and clinical governance will be useful for interviews”*

*“Integrated pathway –treatment of acute asthma – steps into actually making a pathway”*

*“Audit + clinical Governance – will become integral part of working life.*

*Critical Appraisal – useful”*

*“Appraisal process – much helped with education supervision process”*

*“Clinical Governance – finding out what it is exactly”*

*“Clinical Audit – I have just completed one before the talk – would have been useful beforehand”*

*“Electronic searching – now I can find something rather than nothing”*

**Learning materials, in the form of handouts, were provided at some of the Programme sessions. Each junior doctors was also given an A4 ring binder file, with which to commence a Professional Portfolio of evidence of continuing professional development. The following documents were included in this folder:**

The NHS Plan. A Summary (DOH July 2000)

Revalidating Doctors, Ensuring Standards, Securing the Future. Consultation Document (GMC July 2000)

Supporting doctors, protecting patients. Consultation paper. (DOH Nov.1999)

Strategy for continuing education & professional development for hospital doctors & dentists. ( SCOPME 1999)

A First Class Service Quality in the new NHS (DOH Sept. 1998)

The following articles were also included:

Hemmington N (1999) Attitudes to CPD: Establishing a Culture of Lifelong Learning at work. [online] Accessed May 2000 Available from [www.openhouse.org.uk/virtual-university-press](http://www.openhouse.org.uk/virtual-university-press)

Lester S (1999) Professional bodies, CPD and informal learning: [online] Accessed May 2000 Available from [www.openhouse.org.uk/virtual-university-press](http://www.openhouse.org.uk/virtual-university-press)

The junior doctors were asked to state how they had utilised the learning material provided.

None of the junior doctors commented that the learning materials provided had not been useful, or that they had been discarded. Their comments included:

*“Kept for future reference”*

*“Planning to read them!”*

*“Reread at home”*

*“Used in critical appraisal / Med. line searches / etc.”*

*“Read at time of sessions, still have them but still need to go back through them”*

The respondents were asked if they would recommend this Programme to colleagues and to state the reason for their answer:

**Table 6**

	1 <sup>st</sup> Programme	2 <sup>nd</sup> Programme
<b>YES</b>	<b>9 (69.2%)</b>	<b>10 (71.4%)</b>
<b>NO</b>	<b>1 (7.6%)</b>	<b>4 (28.5%)</b>
<b>DID NOT REPLY</b>	<b>3 (23.0%)</b>	<b>0</b>

The 19 junior doctors who indicated that they would recommend the Programme to colleagues offered the following comments:

*“It is definitely important that the new generation of doctors know about Clinical Governance, Clinical Audit etc. as it will be the way forward for the NHS”*

*“Important Issues discussed”*

*“Because it highlights important issues which will be relevant to all of our careers in the future”*

*“Eye opening experience and an education on what will be expected of doctors in the new NHS”*

*“Useful introduction, broader aspect of Medicine”*

*“Now have detailed understanding of lots of issues that I knew I should know about [ + some that I didn’t] + practical applications”*

*“Need to be aware of issues such as clinical governance. Prior to course I didn’t really understand the concept and now do”*

*“Good for CV + general alround interest”*

**Of the five junior doctors who indicated that they would not recommend this Programme to colleagues, their reasons concerned the timing of the Programme and not the content . Their comments included:**

*“Interfering too much with clinical teaching & day to day work. Needs to be balanced with MRCP & clinical teaching”*

*“I think all elements of Project are important + interesting but that it is too much all at once to have them weekly for 10-12weeks. If they were spaced monthly through a year it would be better”*

*“Too long – ate into teaching time”*

**The junior doctors were asked to indicate which Programme sessions they had most enjoyed and least enjoyed.**

The following are some of the reasons offered by the junior doctors as to why they had **most** enjoyed the following sessions:

**Portfolio Development**

*“Easy to see relevance”*

*“Learnt the most”*

**Critical Appraisal Skills**

*“Relevant to things I do now”*

*“Did not know anything about it and was interested in finding out about it”*

**Care & Responsibility**

*“Useful + fun”*

**Systematic & Targeted Literature Searches**

*“Relevant to things I do now”*

*“Helpful in future work. Interactive. Taught me something I didn’t know”*

**Managing Change**

*“Fun – interactive”*

*“Very different”*

**Appraisal Process**

*“Because we know absolutely nothing about the topic....”*

**Clinical Audit**

*“Relevance to my research project”*

The following reasons were offered by some of the junior doctors as to why they had **least** enjoyed the sessions indicated below:

**Systematic & Targeted Literature Searches**

*“No new info”*

**Development of Portfolios and PDP’s**

*“ ?relevance”*

**Clinical Governance**

*“Still don’t have definition”*

*“A lot of information in Lecture form”*



### **Management of Change**

*“Good presentation but too non-specific”*

*“Enjoyable but didn’t seem to be relevant to our lives”*

### **Appraisal Process**

*“Would have been more relevant if it was run by a doctor”*

### **Professional Accountability & Continuing Professional Development**

*“Dull topics”*

The junior doctors were asked the following six questions to determine whether there had been an improvement in their knowledge as a result of the Project. Ten of the junior doctors from the 1<sup>st</sup> Programme and fourteen from the 2<sup>nd</sup> Programme replied to the following six questions

**Has this Project benefited your knowledge and understanding of the New NHS Quality Agenda and your role as a Doctor within this Agenda?**

	<b>Considerably</b>	<b>Yes</b>	<b>Somewhat</b>	<b>Not sure</b>	<b>No</b>
1 <sup>st</sup> Programme	2 (20%)	1 (10%)	5(50%)	1 (10%)	1 (10%)
2 <sup>nd</sup> Programme	3 (21.4%)	5 (35.7%)	6 (42.8%)	0	0

**As a result of this Project, has greater discussion of professional Issues with Colleagues been generated?**

	<b>Considerably</b>	<b>Yes</b>	<b>Somewhat</b>	<b>Not sure</b>	<b>No</b>
1 <sup>st</sup> Programme	1 (10%)	3 (30%)	1 (10%)	3 (30%)	2 (20%)
2 <sup>nd</sup> Programme	3 (21.4%)	2 (14.2%)	3 (21.4%)	3 (21.4%)	3 (21.4%)

**As a result of this Project has your awareness of Public and Political scrutiny of Doctors and the NHS been increased?**

	<b>Considerably</b>	<b>Yes</b>	<b>Somewhat</b>	<b>Not sure</b>	<b>No</b>
1 <sup>st</sup> Programme	2 (20%)	6 (60%)	0	0	2 (20%)
2 <sup>nd</sup> Programme	1 (7.1%)	10 (71.4%)	2 (14.2%)	0	1 (7.1%)

**As a result of this Project has your awareness and appreciation of your own Professional Responsibility and Accountability been increased?**

	<b>Considerably</b>	<b>Yes</b>	<b>Somewhat</b>	<b>Not sure</b>	<b>No</b>
1 <sup>st</sup> Programme	1 (10%)	7 (70%)	1 (10%)	0	1 (10%)
2 <sup>nd</sup> Programme	2 (14.2%)	8 (57.1%)	4 (28.5%)	0	0

**As a result of this Project has your awareness and appreciation of the Quality Issues in the NHS (Clinical Governance) been increased?**

	Considerably	Yes	Somewhat	Not sure	No
1 <sup>st</sup> Programme	1 (10%)	4 (40%)	2 (20%)	0	2 (20%)
2 <sup>nd</sup> Programme	3 (21.4)	7 (50%)	3 (21.4%)	0	

**As a result of this Project has your understanding and appreciation of the support of your professional practice through Continuing Professional Development and the Appraisal Process been increased?**

	Considerably	Yes	Somewhat	Not sure	No
1 <sup>st</sup> Programme	0	5 (50%)	3 (30%)	1 (10%)	1 (10%)
2 <sup>nd</sup> Programme	2 (14.2%)	8 (57.1%)	2 (14.2%)	2 (14.2%)	0

**The junior doctors were asked to indicate whether they now had a portfolio of evidence to support their continuing professional development and whether they had a personal development plan that was documented.**

	1 <sup>st</sup> Programme	2 <sup>nd</sup> Programme
Now have a Portfolio	4 (30.7%)	5 (35.7%)
Now have a documented personal development plan	4 (30.7%)	6 (42.8%)

**Comments were invited as to what the respondents felt, from a personal point of view, had been the most important aspects of the Blending Service with training Project.**

The following are some of the comments provided by the twelve junior doctors who responded to this question:

*“To provide a better service to patients”*

*“I now know what is expected of Doctors within the NHS regarding CPD and the appraisal process”*

*“The awakening to the idea and gradual acceptance of the concepts”*

*“These things always come up in interview”*

*“Continued professional development + portfolios etc. – useful personally for own career”*

*“Some useful areas which are obviously essential to further knowledge, but which are not taught or easily digested from elsewhere”*

*“Realising that I need to make a Portfolio +PDP”*

*“Greater awareness of Clinical Governance”*

*“Feel more involved with management / care issues”*

*“Increasing awareness of all aspects of life of Doctor and how this is changing”*

**Comments were invited as to how the respondents intended to utilise the knowledge/skills that the Project has helped them to develop.**

The following are some of the comments provided by the seventeen junior doctors who responded to the above:

*“Useful for Literature searches”*

*“I will now keep a professional development portfolio and ensure that I always have a CPD plan”*

*“Practice more evidence based medicine, keeping an up to date folder”*

*“Development of PDP / Better use of appraisals”*

*“Use of info @ interviews etc.”*

*“Know how to read papers better”*

*“Accountability Clinically”*

*“Clinical Incident reporting”*

*“Plan to collect together logbook, audit, CV etc. + start a Portfolio of evidence”*

*“Would be interested in participating in setting up an Integrated Care Pathway”*

*“Doing an audit”*

*“Use as a background knowledge to bear in mind whilst working with the patients”*

*“Useful for interviews!”*

*“Clinical Governance now comes into everything + I intend to try to carry out regular audit”*

**The junior doctors were asked to provide any other comments that they had, regarding the Project overall. Nine respondents replied and their comments included:**

*“In the ideal world it would be nice to incorporate some of these ideas into work – however it is difficult enough to do the minimum in the time. However it is nice to be reminded of the bigger picture sometimes”*

*“I wish I was able to attend more”*

*“I think this programme should be compulsory for all junior staff, and will be particularly well received by the new influx of PRHO's in August, who are now educated in a more “portfolio” type of system. Those who have been educated in the more traditional way and who may be qualified couple of years will be more cynical towards the scheme, although it must be stressed how important this will be in the future”*

*“Basic content of Project is good and covers important areas”*

*“I wish I could have attended more sessions. My attendance has been limited primarily due to my clinical commitments in this post. I do not feel this is very satisfactory”*

*“Think it would be a good idea on a regular basis but interspersed with sessions on Clinical Medicine (e.g. 1 session / month)”*

*“Perhaps the course would be better run as a block or weekend course”*

For the 2<sup>d</sup> Programme, questionnaires were distributed to the junior doctors pre and Post Programme. Twelve of the fourteen junior doctors who completed post Programme questionnaires also completed pre Programme questionnaires. Comparisons between these two questionnaires helped to determine whether there had been a perceived improvement in the level of knowledge and understanding of the following.

(When interpreting the following results, the reader is reminded that not all of the following 12 respondents attended all of the Programme sessions).

**Table 7**

	Improvement in knowledge & understanding
Clinical Governance & the New NHS Quality Agenda	8 (66.6%)
Integrated Care Pathways	9 (75%)
Clinical Risk Management	8 (66.6%)
Professional Accountability	8 (66.6%)
Continuing Professional Development & Lifelong learning	7 (58.3%)
Appraisal Process	7 (58.3%)
Portfolio Development	9 (75%)
Personal Development Plans	11 (91.6%)
Systematic and targeted Literature searches	6 (50%)
Critical Appraisal of Research	4 (33.3%)
Managing Change	7 (58.3%)
Clinical Audit and the Audit Process	3 (25%)

In order to maximise the opportunities for enabling quality patient care, two LEO courses (Leading an Empowered Organisation) were funded as part of the Project to allow the junior doctors to access a clinical leadership programme. The aim of the LEO Course was to help the multidisciplinary team members develop healthy leadership styles and behaviours that would help to affect change in an organisation. The ‘change’ for this Project was the development and implementation of an integrated care pathway.

Disappointingly, the two courses were poorly attended by the junior doctors, despite strong encouragement from the Consultant. This was largely due to the fact that the Courses were held over three days and to minimise the disruptive effect on service delivery, were held over a weekend (Friday – Sunday).

None of the junior doctors who attended the LEO Courses made reference to the course in their post Programme questionnaires, or commented on how they felt that they had benefited as a result of the LEO course.

One of the measurable outcomes of the Project was the development of an Integrated Care Pathway. A multidisciplinary group has been established, with strong representation from the junior doctors of the Thoracic Medicine Team and dedicated sessions are held monthly for the development of an Integrated Care Pathway for an adult inpatient with acute asthma. Although it has not been formally measured, many of the Leadership theories from the LEO course have been applied by the multidisciplinary group in a practical way, to enable the development of the Pathway. At the time of completion of the Project, the multidisciplinary group remains committed to the development of the Pathway and it is envisaged that the Pathway will be ready for piloting in the Summer of 2001.

# 6

## CONCLUSION

From the results it is clear that the junior doctors who participated in the project, recognised the value of the Programme content – 85% of the respondents felt that the Programme content had contributed to their Professional Development and 70.3% indicated that they would recommend the Programme to colleagues. Of those who indicated that they would not recommend the Programme to colleagues, this was for reasons that concerned the timing of the Programme rather than the Programme content.

Despite the poor attendance of the LEO Courses by the junior doctors, these two courses were attended by other members of the multidisciplinary group that have since formed the Integrated Care Pathway group for Thoracic Medicine. The skills and knowledge gained during the LEO Course have enabled a consensus development of the Pathway, with a valued contribution from the multidisciplinary team. Integrated Care Pathway development incorporates the principles of Clinical Governance into routine patient care and this group has been regularly well attended by the junior doctors who have contributed to the development of the Acute Asthma Pathway. It is hoped that they will be able to transfer their experience and skills in the development of a pathway to other clinical areas during their training rotation.

Disappointingly, at the end of the Project, only 10 (37%) of the respondents indicated that they had a documented Personal Development Plan, and 8 (29.6%) indicated that they had a Professional Portfolio of Evidence.

However, reassuringly, of those who indicated that they did not have a Portfolio, 9 (47.3%) indicated that they would now start to compile one, and 9 (52.9%) a personal development plan.

It is envisaged that providing evidence of continuing professional development by means of a portfolio will become an integral part of the revalidation processes for doctors and as such this Project supports that process.

What the Project has measured is an improvement in the perceived knowledge and understanding of the junior doctors regarding their role in a quality agenda and the principles of Clinical Governance.

Integrated Care Pathway development is a practical tool for incorporating the principles of Clinical Governance into routine patient care and it is hoped that the implementation and audit of an Asthma care pathway will demonstrate an improvement in the care and management of patients.

# 7

## RECOMMENDATIONS

The value and worth of the knowledge that the junior doctors have acquired as a result of the Project have been recognised by both the junior doctors themselves and the Postgraduate clinical Tutor and Specialty Tutor for Thoracic Medicine. The Key recommendations following this Project are:

### **1. Extend the Programme to all junior doctors within the Trust**

The Postgraduate Clinical Tutor is currently addressing how the Trust can incorporate and balance clinical teaching for the junior doctors with the quality issues of the Clinical Governance agenda.

As a result of the Project, the Project Co-ordinator has been involved in discussions with the Postgraduate Clinical Tutor and Professional Development Advisors and Trainers to develop a Programme for the junior doctors at the Royal Bolton Hospital that complements the Clinical teaching that they already receive. It is hoped that this Programme will be opened up to all the junior doctors within the Trust, and a wider, multiprofessional audience and will address the quality issues of today's healthcare delivery.

This Programme will be delivered over a 6-12 month period to avoid being seen as at the expense of clinical teaching time. Keynote speakers from within the Trust have been identified.

### **2. Extend the session on Systematic and Targeted Literature searching to other disciplines within the Trust**

Collaborative working between the IT department and trainers, a Librarian, the Lecturer/Practitioner for surgery and the Project Co-ordinator resulted in the development of a practical session on the systematic and targeted searching of literature via a database. An information booklet has been developed to support this session, and it is hoped that this session will be delivered to other professional groups within the Trust.

### **3. Improve the access to evidence to inform practice for the junior doctors**

Discussions with the junior doctors regarding how to access the evidence to support and inform their practice has resulted in the purchase of the UpToDate clinical database for both the Medical Assessment Unit and a study room in the doctors hospital residence. The value and use of this database will be evaluated after 12 months with a view to renewing the annual subscription. The Postgraduate library is also to purchase this UpToDate database.

Discussions have also led to an impending improvement in the system of providing the junior doctors with access to the Internet, with the proposed distribution, at induction, of Internet access passwords.

The progress of the Project has been reported to the Trust Board, Education Steering Group, Postgraduate Education Committee and NW Deanery.

The profile of the Project within the Trust has been that it would help to link professional responsibility and career development through 'lifelong' learning, to the provision of quality services under the 'umbrella' of Clinical Governance. It is envisaged that the profile of the proposed new Programme, extended to a multidisciplinary audience, will remain as above.



# 8

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# 10

## APPENDICES

<b>1<sup>st</sup> Programme Timetable</b>	<b>Appendix 1</b>
<b>2<sup>nd</sup> Programme Timetable</b>	<b>Appendix 2</b>
<b>Evaluation Form (Individual Session)</b>	<b>Appendix 3</b>
<b>Questionnaire (1<sup>st</sup> Programme)</b>	<b>Appendix 4</b>
<b>Pre 2<sup>nd</sup> Programme Questionnaire</b>	<b>Appendix 5</b>
<b>Post 2<sup>nd</sup> Programme Questionnaire</b>	<b>Appendix 6</b>

# Appendix 1

## BLENDING SERVICE WITH TRAINING

### 1<sup>st</sup> Programme

May – July 2000

May 30 <sup>th</sup> (Tuesday) 14.30hrs – 15.30hrs	Methods of Continuing Professional development	Mrs S Whittam Head of Education	Dept. of Thoracic Medicine
June 6 <sup>th</sup> (Tuesday) 14.00hrs – 15.30hrs	Appraisal Process	Mrs J Adams Staff Development Advisor	Dept. of Thoracic Medicine
June 7 <sup>th</sup> (Wednesday) 14.00hrs – 16.00hrs	Development of Professional Portfolios & Personal Development plans	Dr. S Holmes GP (Burnley)	Discussion Room 1 Post graduate Centre
June 13 <sup>th</sup> (Tuesday) 14.00hrs – 14.45hrs  14.45hrs – 15.30hrs	Professional Accountability & Continuing Professional Development  Clinical Risk Management	Dr. K Jones Consultant Thoracic Medicine  Miss Tracy Davies Clinical Risk Manager	Dept. of Thoracic Medicine
June 14 <sup>th</sup> (Wednesday) 14.00hrs – 15.30hrs	Clinical Governance	Mr. S Ashworth Business Manager Surgical Directorate	Discussion Room 1 Post graduate Centre
June 21 <sup>st</sup> (Wednesday) 14.00hrs – 16.00hrs	Systematic & Targeted Internet Literature searches	Salford University Health Care Practice R&D Unit	IPCISS Training Room Dowling House
June 28 <sup>th</sup> (Wednesday) 14.00hrs – 17.00hrs	Critical Appraisal skills	Mr. C Richardson Research Fellow John Moores University	Discussion Room 1 Post graduate Centre
July 5 <sup>th</sup> (Wednesday) 14.00hrs – 17.00hrs	Managing Change in Practice	Ms S Machin HONS Anaesthetic Directorate Mrs V Welsby Booked admissions Project Nurse	Discussion Room 1 Post graduate Centre
July 12 <sup>th</sup> (Wednesday)	Appraisal Process	Mrs J Adams Staff Development Advisor	Discussion Room 1 Post graduate Centre
July 19 <sup>th</sup> (Wednesday) 14.00hrs – 16.00hrs	Clinical Audit & the Audit Process	Dr J Dean Consultant Miss G Thomas Clinical Audit Manager	Discussion Room 1 Post graduate Centre

## BLENDING SERVICE WITH TRAINING

### Programme 2000 (Thoracic Medicine)

August 22 <sup>nd</sup> 2pm – 3pm	Introduction of Project to Clinical Team	Anne Gerrard Project Co-ordinator	D3 Seminar Room
August 29 <sup>th</sup> 2pm – 4pm	Clinical Governance	Mr. S Ashworth Business Manager Surgical Directorate	Hospital Sports & Social Club
Sept. 5 <sup>th</sup> 2pm – 4pm	Integrated Care Pathway Meeting		Seminar Room 2 Postgraduate Centre
Sept. 12 <sup>th</sup> 2pm – 4pm	Integrated Care Pathways	Anne Gerrard Cindy Walton Senior Nurse Infomatics	Hospital Sports & Social Club
Set. 19 <sup>th</sup> 2pm – 4pm	Professional Accountability & Continuing Professional Development	Dr. K Jones  Mr. M Hollingshead Practice Educator	Hospital Sports & Social Club
Sept. 26 <sup>th</sup> 2pm – 4pm (MRCP PT 1)	Clinical Risk Management	Tracy Davies Clinical Risk Manager	Hospital Sports & Social Club
Oct. 3 <sup>rd</sup> 2pm – 4pm	Integrated Care Pathway Meeting		Human Resources Seminar Room
Oct. 10 <sup>th</sup> 2pm – 4pm	Appraisal Process	Mrs J Adams Staff Development Advisor	Hospital Sports & Social Club
Oct. 17 <sup>th</sup> 2pm – 4pm	Development of Portfolios & PDP's	Dr. D Leather	Hospital Sports & Social Club
Oct. 24 <sup>th</sup> 2pm – 4.30pm	Systematic & Targeted Literature Searches (IT Support Skills)	IPCISS IT Trainers Royal Bolton Hospital	IPCISS Training Room Dowling House
Oct. 31 <sup>st</sup> 2pm – 4pm	Critical Appraisal Skills	Mr. C Richardson Research Fellow John Moores University	Hospital Sports & Social Club
Nov. 7 <sup>th</sup> 2pm – 4pm	Integrated Care Pathway Meeting		Human Resources Seminar Room
Nov. 14 <sup>th</sup> 2pm – 4pm	Care & Responsibility	John Gilbert Care & Responsibility Trainer	Hospital Sports & Social Club
Nov. 21 <sup>st</sup> 2pm – 4pm	Clinical Audit & the Audit Process	Dr. J Dean Consultant Mrs L Newitt Clinical Audit Dept.	Hospital Sports & Social Club
Nov. 28 <sup>th</sup> 2pm – 4pm	Managing Change in Practice	Vicky Welsby Booked Admissions Project Nurse	Hospital Sports & Social Club

## BLENDING SERVICE WITH TRAINING

## Appendix 2

### Programme 2000 (Hospital Medical SHO's)

Oct. 4 <sup>th</sup> 2pm – 2.30pm	<b>Introduction of Project to Clinical Team</b>	Anne Gerrard Project Co-ordinator	Discussion Room 1 Post graduate Centre
Oct. 4 <sup>th</sup> 2.30pm – 4pm	<b>Clinical Risk Management</b>	Tracy Davies Clinical Risk Manager	Discussion Room 1 Post graduate Centre
Oct. 11 <sup>th</sup> 2.30pm – 4pm	<b>Clinical Governance</b>	Mr. S Ashworth Business Manager Surgical Directorate	Discussion Room 1 Post graduate Centre
Oct. 18 <sup>th</sup> 2.30pm – 4pm	<b>Professional Accountability &amp; Continuing Professional Development</b>	Dr. K Jones Consultant Anne Gerrard Project Co-ordinator	Discussion Room 1 Post graduate Centre
Oct. 25 <sup>th</sup> 2.30pm – 4pm	<b>Appraisal Process</b>	Mrs J Adams Staff Development Advisor	Discussion Room 1 Post graduate Centre
Nov. 1 <sup>st</sup> 2pm – 4pm	<b>Development of Portfolios &amp; PDP's</b>	Dr. J Page GP	Discussion Room 1 Post graduate Centre
Nov. 8 <sup>th</sup> 2pm – 4. 30pm	<b>Systematic &amp; Targeted Literature Searches (IT Support Skills)</b>	IPCISS IT Trainers Royal Bolton Hospital	IPCISS Training Room Dowling House
Nov. 15 <sup>th</sup> 2pm – 4pm	<b>Critical Appraisal Skills</b>	Mr. C Richardson Research Fellow John Moores University	Discussion Room 1 Post graduate Centre
Nov. 22 <sup>nd</sup> 2.30pm – 4pm	<b>Clinical Teaching Session</b>	Dr. K Jones Consultant	Discussion Room 1 Post graduate Centre
Nov. 29 <sup>th</sup> 2.30pm – 4pm	<b>Clinical Audit &amp; the Audit Process</b>	Dr J Dean Consultant Miss G Thomas Clinical Audit Manager	Discussion Room 1 Post graduate Centre
Dec. 6 <sup>th</sup> 2.30pm – 4pm	<b>Care and Responsibility</b>	Mr. J Gilbert Care and Responsibility Trainer	Discussion Room 1 Post graduate Centre
Dec. 13 <sup>th</sup> 2.00pm – 4pm	<b>Integrated Care Pathways</b>	Anne Gerrard  Cindy Walton Tracy Higginson	



## **BLENDING SERVICE WITH TRAINING**

### **Evaluation**

<b>Title of the Study Session:</b>
------------------------------------

**Date:**

**Venue:**

**Was the Venue appropriate?**

**Was the session well organised?**

**Have the objectives of the session been met?**

**What did you gain most?**

**What did you least enjoy?**

Appendix 3

**Were the speakers appropriate / interesting?**

**Were the handouts / visual aids appropriate / useful?**

**What changes could be made to improve this session?**

**Additional Comments:**

**Thankyou for completing this evaluation**

## **Blending Service with Training Project**

### **Post Programme Evaluation**

**July 2000**

**Please indicate your designation and speciality**

**Speciality:**

- ☐ **HO**
- ☐ **SHO**
- ☐ **SpR**
- ☐ **Consultant**

**1. Please tick the sessions that you have attended:**

- ☐ **Methods of Continuing Professional Development**
- ☐ **Appraisal Process**
- ☐ **Development of Portfolios & Personal Development Plans**
- ☐ **Professional Accountability & Continuing Professional Development**
- ☐ **Clinical Risk Management**
- ☐ **Clinical Governance**
- ☐ **Systematic & Targeted literature searches. Electronic Databases**
- ☐ **Critical Appraisal Skills**
- ☐ **Managing change in practice**
- ☐ **Clinical Audit & the Audit process**

**2. Please specify why you were not able to attend some of the above sessions:**

- ☐ **On Call**
- ☐ **On Holiday**
- ☐ **Did not feel that the session was relevant to my development**
- ☐ **Other (Specify)**

## Appendix 4

**3. How have you utilised the learning materials provided? (Handouts / Professional Documents)**

**4. Do you feel that any of the above sessions have contributed to your professional development?**

☐ Yes

☐ No

☐ Don't know

**If yes please specify which sessions and why:**

**5. Which of the sessions that you attended did you most enjoy?**

**Why?**

**6. Which of the sessions that you attended did you least enjoy?**

**Why?**

Appendix 4

**7. How has this project benefited your knowledge and understanding of the New NHS Quality Agenda and your role as a Doctor within this Agenda?**

☐ Considerably      ☐ Yes      ☐ Somewhat      ☐ Not sure      ☐ No

**8. As a result of this project, has greater discussion of Professional Issues with colleagues been generated?**

☐ Considerably      ☐ Yes      ☐ Somewhat      ☐ Not sure      ☐ No

**9. As a result of this project has your awareness of public and political scrutiny of Doctors and the NHS been increased?**

☐ Considerably      ☐ Yes      ☐ Somewhat      ☐ Not sure      ☐ No

**10. As a result of this project has your awareness and appreciation of your own Professional Responsibility and Accountability been increased?**

☐ Considerably      ☐ Yes      ☐ Somewhat      ☐ Not sure      ☐ No

**11. As a result of this project has your awareness and appreciation of the Quality Issues in the NHS (Clinical Governance) been increased?**

☐ Considerably      ☐ Yes      ☐ Somewhat      ☐ Not sure      ☐ No

**12. As a result of this project has your understanding and appreciation of the support of your professional practice through Continuing Professional development and the Appraisal process been increased?**

☐ Considerably      ☐ Yes      ☐ Somewhat      ☐ Not sure      ☐ No

**13. Would you recommend this programme to colleagues?**

☐ Yes

☐ No

**Why?**

**14. Do you currently have a documented personal development plan?**

☐ Yes

☐ No

**15. Do you currently have a portfolio of evidence to support your continuing professional development?**

☐ Yes

☐ No

**16. From a personal point of view, what have been the most important aspects of the Blending Service with Training Project?**

**17. How do you intend to utilise the knowledge/skills that the programme has helped you to develop?**

**18. Any other comments?**

**Your co-operation in completing this questionnaire is much appreciated.  
Your comments are valuable as part of the evaluation process for this Project**

**Anne Gerrard**

**Project Co-ordinator**

## Blending Service with Training

### Pre- Programme Questionnaire

Name:

Please indicate your designation and speciality:

- ☐ HO  
☐ SHO  
☐ SpR  
☐ Staff Grade

Speciality:

Please indicate your current level of knowledge and understanding of the following:

#### Clinical Governance and the New NHS Quality Agenda

- ☐ Very well informed   ☐ Some understanding   ☐ Basic Awareness   ☐ no understanding   ☐ No prior knowledge

#### Integrated Care Pathways

- ☐ Very well informed   ☐ Some understanding   ☐ Basic Awareness   ☐ no understanding   ☐ No prior knowledge

#### Clinical Risk Management

- ☐ Very well informed   ☐ Some understanding   ☐ Basic Awareness   ☐ no understanding   ☐ No prior knowledge

#### Professional Accountability

- ☐ Very well informed   ☐ Some understanding   ☐ Basic Awareness   ☐ no understanding   ☐ No prior knowledge

#### Continuing Professional Development & Lifelong learning

- ☐ Very well informed   ☐ Some understanding   ☐ Basic Awareness   ☐ no understanding   ☐ No prior knowledge

#### Appraisal Process

- ☐ Very well informed   ☐ Some understanding   ☐ Basic Awareness   ☐ no understanding   ☐ No prior knowledge



## Appendix 5

### Portfolio Development

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Personal Development Plans

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Systematic & Targeted Literature Searches

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Critical Appraisal of Research

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Managing Change

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Clinical Audit & the Audit Process

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Have you had your first appraisal with your educational supervisor?

☐ Yes    ☐ No

### If NO has a date been set for your first appraisal?

☐ Yes    ☐ No

### Do you currently have a personal development plan?

☐ Yes    ☐ No

## Appendix 4

**If yes, is your personal development plan documented?**

☐ Yes

☐ No

Appendix 5

**Do you currently have a portfolio of evidence to support your continuing professional development?**

☐ Yes      ☐ No

**At this current time do you perceive any benefits that the Project may have for you personally?**

☐ Yes      ☐ No

**If yes, what are the perceived benefits of this Project?**

**Any other comments:**

**Your co-operation in completing this questionnaire is much appreciated.  
Your comments are valuable as part of the evaluation process for this project**

**Anne Gerrard**

**Project Co-ordinator.**

## **Blending Service with Training Project**

### **Post Programme Evaluation**

**December 2000**

**Name:**

**Specialty:**

**Please indicate your designation:**

- ☐ **HO**
- ☐ **SHO**
- ☐ **SpR**
- ☐ **Consultant**

**Please tick the sessions that you have attended:**

- ☐ **Methods of Continuing Professional Development**
- ☐ **Appraisal Process**
- ☐ **Development of Portfolios & Personal Development Plans**
- ☐ **Professional Accountability & Continuing Professional Development**
- ☐ **Clinical Risk Management**
- ☐ **Clinical; Governance**
- ☐ **Systematic & Targeted literature searches. Electronic Databases**
- ☐ **Critical Appraisal Skills**
- ☐ **Managing change in practice**
- ☐ **Clinical Audit & the Audit process**
- ☐ **Care & Responsibility**

**Please specify why you were not able to attend some of the above sessions:**

- ☐ **On Call**
- ☐ **On Holiday**
- ☐ **Did not feel that the session was relevant to my development**

## Appendix 4

☐ Other (Specify)

## Appendix 6

Please indicate your current level of knowledge and understanding of the following:

### Clinical Governance and the New NHS Quality Agenda

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Integrated Care Pathways

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Clinical Risk Management

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Professional Accountability

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Continuing Professional Development & Lifelong learning

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Appraisal Process

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Portfolio Development

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Personal Development Plans

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Systematic & Targeted Literature Searches

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

## Appendix 6

### Critical Appraisal of Research

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Managing Change

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Clinical Audit & the Audit Process

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

### Care & Responsibility

☐ Very well informed    ☐ Some understanding    ☐ Basic Awareness    ☐ no understanding    ☐ No prior knowledge

## Appendix 6

**How have you utilised the learning materials provided? (Handouts / Professional Documents)**

**Do you feel that any of the above sessions have contributed to your professional development?**

☐ Yes      ☐ No      ☐ Don't know

**If yes please specify which sessions and why**

**Which of the sessions that you attended did you most enjoy?**

**Why?**

**Which of the sessions that you attended did you least enjoy?**

**Why?**



## Appendix 6

**How has this project benefited your knowledge and understanding of the New NHS Quality Agenda and your role as a Doctor within this Agenda?**

☐ Considerably      ☐ Yes      ☐ Somewhat      ☐ Not sure      ☐ No

**As a result of this project, has greater discussion of Professional Issues with colleagues been generated?**

☐ Considerably      ☐ Yes      ☐ Somewhat      ☐ Not sure      ☐ No

**As a result of this project has your awareness of public and political scrutiny of Doctors and the NHS been increased?**

☐ Considerably      ☐ Yes      ☐ Somewhat      ☐ Not sure      ☐ No

**As a result of this project has your awareness and appreciation of your own Professional Responsibility and Accountability been increased?**

☐ Considerably      ☐ Yes      ☐ Somewhat      ☐ Not sure      ☐ No

**As a result of this project has your awareness and appreciation of the Quality Issues in the NHS (Clinical Governance) been increased?**

☐ Considerably      ☐ Yes      ☐ Somewhat      ☐ Not sure      ☐ No

**As a result of this project has your understanding and appreciation of the support of your professional practice through Continuing Professional development and the Appraisal process been increased?**

☐ Considerably      ☐ Yes      ☐ Somewhat      ☐ Not sure      ☐ No

Appendix 6

**Would you recommend this programme to colleagues?**

☐ Yes

☐ No

**Why?**

**Do you currently have a documented personal development plan?**

☐ Yes

☐ No

**Do you currently have a portfolio of evidence to support your continuing professional development?**

☐ Yes

☐ No

**From a personal point of view, what have been the most important aspects of the Blending Service with Training Project?**

## Appendix 6

**How do you intend to utilise the knowledge/skills that the programme has helped you to develop?**

**Any other comments?**

**Your co-operation in completing this questionnaire is much appreciated.  
Your comments are valuable as part of the evaluation process for this project.**

**Anne Gerrard**

**Project Co-ordinator**