Mackenzie Medical Centre

THE UNIVERSITY
of MANCHESTER

Burnley Health Care **NHS**

# 'Learning in the New NHS'

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

# Final Report

## March 2002

Project Timescale:     April 2001 – March 2002
Project Manager:      Susan Smith

# Abstract

The Blending Services with Training project at Burnley General Hospital was commissioned to link innovative improvements in Dental and Medical education with the current agenda of quality in the NHS.

A programme of modular sessions, which underpin clinical effectiveness, was designed and evaluated. Through learning and reflection multi-professional groups also demonstrated how their selected topic for study contributed to patient care.

Topics identified include:

- Are consent forms necessary?
- Development of a Falls Care Pathway in the older person.
- Development of a Multi-Professional protocol for the expansion of roles.

Constraints on time, increased networking, confidence, personal and group achievement emerged from the information presented.

At the end of the project 12 (86%) of participants indicated that they had a documented Personal Development Plan. 12 (86%) had a Personal Portfolio. 11 (79%) provided reflective accounts of modular sessions, personal and group learning.

Topics studied have been taken forward into clinical practice through committees and other working groups within Burnley Health Care, acting as a catalyst to orchestrate change.

Following presentations of the topics studied, Lancashire and South Cumbria Workforce Confederation have invited Group 3 to present their topic on The Development of a Multi-Professional Protocol for the Expansion of Roles. The Royal College of Nursing has also asked groups to contribute to nursing week 2002.

Burnley Health Care intends to develop a web page in the near future. The work undertaken throughout the Blending Services with Training project will be included.

A poster display of project material has also been presented at the Deanery Postgraduate Conference, and recent Regional Nurse Visit.

Burnley Health Care support continued development of the programme. Modular sessions will be included as before, inclusive of adjustments suggested by participants. It is envisaged that the programme will re-commence during 2002.

# <u>Contents</u>

## **Acknowledgements**

## 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."* Department of Health (1998)

All health care professionals are required to deliver care, which is based on the best available evidence and, where possible, shown to be effective. Similarly, national standards are being developed with the expectation that they will be adhered to locally, in order to enhance the use of effective practice and ensure that ineffective practice is discontinued. Use of evidence-based practice is part of this cycle of events, which encompasses clinical effectiveness strategies and the audit cycle, all of which have a close inter-relationship with the implementation end of the research spectrum.

The manner in which evidence-based practice is developed can be seen as a tool to help service managers and professionals to both assess the value of available research findings and to ensure the effectiveness of care delivery.

The importance of these principles and the modernisation of health is also emphasised in 'A Health Service for all Talents' (2001) and 'NHS Plan' (2000). Developing the skills and potential of NHS staff is a fundamental part of this plan.

The new system of Clinical Governance being introduced into all parts of the NHS provides targeted investment for Continuing Professional Development (CPD) to ensure that staff meet the highest quality standards and requirements of Clinical Governance and revalidation, with greater emphasis on accredited workplace learning and reflection.

The Department of Health document Continuing Professional Development, Quality in the New NHS states that continuing professional development is a process for all individuals and teams. By liberating the potential of staff, the NHS can shape its services around the needs of patients. In this document opportunities for shared learning across traditional boundaries should be explored, building a culture of shared values and understanding between different professional groups.

The North Western Deanery, commissioned a range of initiatives that promote the blending of education and training with service. The overall aim was to develop improvements in patient care by linking innovation in medical and dental education with the current agenda of quality in the NHS.

The Deanery provided initial funding for the project anticipating that organisations would develop infrastructures to maintain the momentum of change in subsequent years. Following a successful bid by members of the project board Burnley Health Care NHS Trust was selected by the North West Deanery to develop and manage a project under the Blending Services with Training initiative.

## Scope And Aims Of Project

The overall aim of this initiative was to plan, develop and evaluate a programme of activities that enables a selection of multi-professional teams to develop new ways of learning in the NHS. It was envisaged that, by linking the themes from the White Paper " A First Class Service "(DOH 1998) with the delivery of education, a system of quality improvements would be created.  The project intended to develop new ideas, promoting innovation to establish and maintain a multi- professional dimension and, where possible include the patient's perspective.

Through problem - based learning and reflection, the programme was designed to:

- Facilitate and support multi – professional learning.
- Link the development of Personal Development Plans with the Trusts Clinical Governance Agenda.
- Develop evidence- based practice  / critical appraisal skills.
- Demonstrate how the groups selected topic for study has contributed to patient care.

It was envisaged that the skills and knowledge acquired would demonstrate continuing professional development, which in turn would support professional registration and lifelong learning.

At the end of the project participants will have:

- A personal development plan and portfolio.
- Completed a programme of modular sessions.
- Developed literature searching, critical appraisal, IT and presentation skills.
- Presented their chosen topic for group study.
- Provided evidence of implementing knowledge and skills acquired through reflection.

## **Methodology**

In this chapter the evolution of the project, details of data sources and methods of data collection are described. Johnson, (1975) has demonstrated, that most evaluation studies are much more complex in practice than the subsequent published accounts tend to imply. However despite this view the Project Manager has tried to present as accurate a picture as possible of the way in which the project developed.

Evaluation designs often require the study to be established in advance of a programme being evaluated (Weiss 1972). Yet typically this does not often occur and the project design had to cope with this.

The key features of developments within evaluation share a pragmatic developmental aim, a flexible approach and a close continual link between the emerging findings of the evaluation and practical action. The basic emphasis of this approach is on interpreting a variety of educational practices, participant experiences, institutional procedures and problems in ways that are recognisable and useful to those for whom the study is made (Ovretveit 1998).

For this project combined quantitative and qualitative approaches were used, including modular session evaluation, talking wall feedback, portfolio review, and focus group activity.

Justification of using such methods illuminates different aspects of the project, explaining contradictions in the data. (Milburn 1995, Sandelowski 1995)

The strength of this perspective is that it reveals participant experiences, feelings and perceptions, building up a broad picture of events which can then help to judge value (Ovretveit 1998). A weakness of this approach can be that the results are difficult to assimilate and use to inform action, many users do not have time to read through long reports of qualitative findings, no matter how richly conveyed the lived experiences. Another is that the explanations of effects, where they are given, are of influences not causes, and do not carry the certainty of specificity which some evaluations users want or are used to. (Smith and Cantley 1985). Results are not summarised in a standard way on one page or as a graph or numbers table unlike quantitative methods. Often users are faced with many pages of text, sometimes reporting raw data with little analysis and users are invited to draw their own conclusions from the novel which lies before them.

In the chapters that follow information is often draw upon from informal chat, modular session evaluations, portfolio reviews and is presented alongside main stage data.

Preliminary activity

A professional development nurse was seconded for 20 hours per week from the Nursing and Quality Directorate, Burnley Health Care Trust, from April 2001 – March 2002.

Lead-time was allowed prior to the commencement of the project to carry out preliminary activities. This involved reviewing the proposed project outline, developing promotional literature and project material i.e. Action plan (appendix 1); Advert (appendix 2); Information pack (appendix 3); Enquiry record (appendix 4); Programme (appendix 5); Application form (appendix 6).

Support was provided by the project board, which included Postgraduate clinical tutor, GP tutor, Centre Manager and the Deanery Project Co-ordinator. An initial meeting was held to discuss the project action plan and programme. Progress reports were submitted to the Deanery at 3-monthly intervals.

A project secretary, appointed from April 2001 – March 2002, provided administrative support.

During the early phase of the project revision of the programme occurred, through liaison with internal and external keynote speakers and organisations. A revised programme is enclosed (appendix 7)

Recruitment Strategy

In order to 'manage' the development of the project and allocation of participants to groups, it was considered realistic to recruit a maximum of 25 participants from multi-professions onto the project.

Methods of advertisement included trust-wide distribution of promotional literature using mail shot, notice board posting and where appropriate inclusion on meeting agendas. Personal contact with possible interested others was also made through network groups. Advertisement flyers and a return post box were located outside of the Blending Service office, Mackenzie Postgraduate Medical Centre.

The recruitment criteria identified for this project included the following:

- Support from line managers.
- Volunteers with enthusiasm, commitment and motivation.
- Attendance half a day each month for eleven months.
- 80% of attendance.

Enquiries received by potential participants triggered discussion of project requirements, completion of initial enquiry record and posting out an information pack and application form.

Two weeks prior to the commencement of the project follow up telephone calls were made to ascertain if potential participants were still interested. This proved useful on two accounts, revealing that application to attend would not be pursued, or application forms following discussion had been left with managers for processing.

Application forms

To obtain baseline information about participant groups, an application form was designed and posted to potential participants who made enquiries and requested

project details.  Information extracted from the application forms provided background information about participants and gave insight into the personal development planning process.

Composition Of Groups

22 participants were recruited onto the project.

In order to facilitate team working and topic for study participants were organised into four groups.  The method of allocation was considered via clinical speciality although this was difficult to facilitate due to diverse areas of practice.  Whilst considering this factor, groups were determined on the basis of multi-professional representation.  The composition of these groups is tabled below:

*Group 1*

Consultant, A&E
SHO, Integrated Medicine
Ward Sister, Medicine
Physiotherapist
Occupational Therapist

*Group 2*

Consultant, Radiology
SHO, Department of Surgery
Physiotherapist
Theatres
Staff Nurse

*Group 3*

Consultant, Psychiatry
Resuscitation Training Officer
Vascular Nurse
Staff Nurse
Occupational Therapist
Physiotherapist

*Group 4*

Staff-grade Paediatrician
SHO, Pathology
Physiotherapist
Ward Manager

The ethos of multi-disciplinary working and topic for group study was thrown into temporary chaos because of participant withdrawal.

After discussion and consideration of options available, the remaining two participants from Group 4 decided to join other groups.

The revision and composition of these groups are tabled over:

| Group 1 | Group 2 |
|---|---|
| Consultant, A & E<br>SHO, Integrated Medicine<br>Ward Sister, Medicine<br>Physiotherapist<br>Occupational Therapist<br>Ward Sister, Medicine | Consultant, Radiology<br>Physiotherapist<br>Theatre Nurse<br>Staff nurse, Medical<br>Physiotherapist |
| Group 3 | |
| Consultant, Psychiatry<br>Resuscitation Training Officer<br>Vascular Nurse<br>Staff Nurse, Mental Health<br>Occupational Therapist | |

Programme Contents (Curriculum Document)

A review of Government documents relating to education, training and professional development provided rationales for inclusion of the topics in the programme.

Once topic areas were decided upon a programme of modular sessions were planned over eleven 3-hourly, monthly workshops.

Speakers were recruited to deliver the programme because of their expertise in the subject matter and their ability to convey this knowledge, insight and skill in a meaningful way. Networking, personal knowledge and recommendations given by others assisted with this process. Associated speaker fees, travel expenses and handout material were negotiated within the allocated project budget, where applicable speaker fees were not incurred.

Free time was also built into the programme at the commencement of each session to allow participants to exchange views and talk to each other about what they were experiencing in the programme.

Several revisions of the programme emerged, as a result of speaker availability, inclusion of change management and confirmation of IT training and support. A copy of the curriculum and final version of the programme is enclosed in appendix 7.

Project Material

Project material was developed to support participants, programme contents and accreditation processes. This consisted of an information pack, project handbook, portfolio and curriculum document. (Appendix 3, 8,9,10)

Accreditation

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.

Whilst professional development activities should serve to maintain or enhance the knowledge, skills or professional performance of practitioners, they should also meet an educational need and provide an effective learning experience for the participants. Taking into account these recommendations the first steps towards becoming an approved educational event was sought.

Guidance documents and application procedures, applicable for each professional group participating in the project were obtained from the RCN 1999; CME 1995; College of Occupational Therapists1996; and Chartered Society of Physiotherapists 1996.

The initial process of acquiring accreditation appeared straightforward, however accreditation procedures across professional bodies presented many challenges in terms of:

* Cumbersome administrative procedures, further complicated by each professional body having different accreditation systems in place.
* Delays in response to initial submissions of approval, necessitating repeated follow-up communication.
* Administrative errors, delaying confirmation of accreditation.

The Royal College of Nursing, Royal Medical Colleges and College of Occupational Therapy were generally impressed with the programme content and educational value. The RCN were persuaded to award 50 Continuing Education Points (CEPs) and since attending the presentations on the topics studied has recommended that additional CEPs be awarded, but this has not yet been confirmed. The CME committee, represented by the Medical Royal College awarded 31 category I credits and since confirmation an additional 3 CME credits have been awarded by the Royal College of Radiologists for the project presentation event.

The College of Occupational Therapy, before awarding a certificate of recognition, made several recommendations. Recommendations that had to be taken on board included the following:

- Additional emphasis needs to be placed on appropriateness of clinical outcomes to level of proposed programme.

- The advertising material, in its current state, appears to be doctor-focused rather than truly multi-disciplinary. In this respect the presentation could be more inclusive of Occupational Therapy practice.

- Course participant questionnaire/self-assessment needs Occupational Therapy be included to reflect quality assurance methods.

- Co-requisites for programme attendance need to be stated on the template for short course application.

- Inclusion of support to be offered to establish the Personal Development Plan should be included in the Project Handbook (page 10).

Discussion with the Education and Practice Administrator regarding the points highlighted provided the opportunity to confirm that the majority of these recommendations had already been included with the development of the project curriculum document.

The re-submission of documents for educational scrutineering offered feedback, which, in quality terms, was reassuring.

Unfortunately the Chartered Society of Physiotherapy would not provide endorsement of the programme unless validated though a university. Discussion with the Society reaffirmed that the level of study pre- and post-qualification required academic credit at Hons degree level. CPD and its validity through portfolio development and reflection are therefore questioned.

Personal Development Planning and Portfolio Review (Paper and Disc copies)

An important element in participant learning is the use of self-assessment/reflection and portfolio development. Following an introduction to these topics, participants were issued with a portfolio framework and were asked to establish a personal development plan, taking deliberate steps to write about their learning experiences, reflecting on them. Entries were used as a focus for discussion during tutorial sessions, facilitating identification of personal strengths and needs as well as recognising personal and professional growth. At month 10, twelve participants submitted their portfolios for review. The aim of review was to ascertain evidence of:

  * Personal development planning.
  * Personal learning and implementation of skills acquired through self-assessment and reflection.
  * Demonstrate how the topic for group study has contributed to patient care.
  * Demonstrate the benefits of multi-professional working groups and how the topic studied has contributed to patient care.

Data is presented in the results section.

Topic For Group Study

In the early part of the project each group were asked to identify a topic for study.

The aim of the study was to offer participants the opportunity to develop and appreciate the value of evidence-based practice and its implications for practice. The study should not only be of benefit to the individual but also to other group members and where possible should involve the patients/clients' perspective. Topics studied are presented in the results section.

Topic Presentation

At the conclusion of the project, participant groups presented their projects to key stakeholders. Stakeholder representatives included members from Burnley Health

Care NHS Trust, Deanery, Department of Postgraduate Medicine and Dentistry, University of Manchester, UCLAN, Workforce Confederation and professional bodies, RCN and Medical Royal Colleges.

Presentation of the topics provided participants with an opportunity to:

❑ Share with others knowledge and experience gained.
❑ Demonstrate personal learning through reflection.
❑ Lead or help to design and implement change in practice.
❑ Set a framework for further evidence-based practice initiatives.

Venue and Location

The original plan was to provide lunch at the first and final sessions, however participants asked if lunch could be made available on each occasion.  Some difficulties were experienced, locating sponsorship, but with networking skills this was achieved apart from the November session.  On this occasion funds from the project budget were utilised.

The provision of lunch enabled participants to leave their busy clinical environments, have lunch and discuss aspects of project work, prior to commencement of each session.  Participants perceived this as an essential part of encouraging group cohesiveness and catching up on unfinished business.  An opportunity was also made available to provide support as promised.  Participants soon realised that time management and communication was an important aspect of the programme.

All modular sessions were held at various venues within Burnley Health Care NHS Trust.  Choice of location was dependent on availability, style of presentation and size of group.  Participants preferred an informal atmosphere and where possible the Lounge Bar within the Mackenzie Postgraduate Medical Centre was used.

The provision of IT workshops presented several challenges.  A brief overview of these challenges is presented.

IT (Library) Access

On-site IT (library) facilities are available, within the Postgraduate Medical Centre, University of Central Lancashire (UCLAN) and the Trust.  Historically access has been available for reference purposes, but with restrictions on borrowing rights and use of other facilities for some professional groups.

In terms of the Blending Services with Training project, the issues presented highlight the potential delay in searching on topics for group study, consolidation of proposed workshop sessions and application of skills for learning.  In order to facilitate access to library services a resource session with UCLAN and Mackenzie library staff.  However, imminent withdrawal of UCLAN library facilities for Burnley Health Care employees posed a problem for the project.  Fortunately prior agreements which had been negotiated were honoured.  Participants were advised to register with UCLAN library within the following week ensuring access to PCs, password and other library facilities for the proposed IT training workshops.  Communication with participants

and library staff confirmed that registration was almost complete, but this was not the case as was revealed later.

IT Assessment

The project manager wanted to provide IT workshops that were relevant to participant needs. A questionnaire was developed to assess participants' perceived IT skill level (appendix 11).

Self-assessment confirmed that participants were not complete beginners, but failed to provide an indication of competency level.

Provision of appropriate IT training based on this assessment was sought initially within the organisation but without success. Internal networks led to discussions with four external companies to establish the availability of packages that would meet individual and project requirements within the time scales available. Unfortunately some delay was encountered due to companies failing to provide information as requested. As a result commencement of the training was delayed until Month 7. On reflection this was timely, coinciding with other IT initiatives and related activity occurring within the Trust.

The most favoured option offered provided IT training in MS Word 97, PowerPoint 97 and e-mail, leading to an opportunity for individuals to gain units towards the European Computer Driving Licence (ECDL). Owing to the limited time available, training would be a mixture of trained-led workshops supported by distance learning programmes accessible via 'Learn Direct'; support by on-line learner support.

Once participants felt confident and proficient, they had the opportunity to undertake modules leading to ECDL assessment and qualification. This appeared to be the most appropriate option to pursue, thus attempting to meet learning needs.

IT Workshops

Introduction to MS Word 97, MS PowerPoint 97, Internet and e-mail were delivered at months 7, 8 and 9 in the IT training suite located within the University of Central Lancashire (UCLAN), Burnley General Hospital. 15 PCs with access to the University's network were available.

There were several problems encountered during the IT sessions with regards to participants registering as NHS users, forgetting library cards and user passwords. Unfortunately this did inhibit practical demonstration and 'hands-on experience', but our trainer adapted the sessions accordingly.

Information pertaining to Learn Direct was not provided at the first IT session as agreed, therefore individual learning needs were not addressed at this point. Following discussion with the project co-ordinator for Learn Direct, our original agreement was re-affirmed. At the second IT session the following information was presented:
* A brief overview of Learn Direct origins.
* Learning/training options available.

* Method of delivery, i.e. on-line and tutor support.
* Potential to extend Learn Direct modules to a national qualification (ECDL)
* Enrolment/induction/cost per module.

As a result eight participants have enrolled onto Learn Direct modules and will proceed at their own pace following induction onto the scheme.

Database Searching Workshops

Database searching workshops had to be held over two sessions to accommodate access to venue, availability of PCs, group size and topics identified for study. Due to issues of library/IT access, facilitation of this activity required:
- PC terminals via Trust IT training room.
- Lap top computer with relevant database search facilities (provided by Librarian Skills Trainer).
- PowerPoint projector (obtained from Business Development Department).

These workshops took place within the IT training suite located within Burnley General Hospital. As this training suite only has 8 PCs, participants were organised into two groups to facilitate appropriate literature searching activity on the identified topic for study.

Workshops were provided by a Librarian Skills Trainer, employed to work between Blackburn, Burnley and Calderstones Hospitals. Handout material was also provided relating to Aditus, Internet Resources for Health and Medicine, National Electronic Library for Health. Doctors.net.uk was issued along with a workbook on Internet Silverplatter information retrieval systems.

Follow-up lunchtime database searching surgeries were organised at Month 4 and access to PCs within the Postgraduate Medical Centre were made available to accommodate this session.

Session Evaluations

Ongoing evaluation was integral to the project outcomes. Formative evaluations included informal discussions and, where appropriate, talking wall activity and focus group feedback.

The main aims of this approach was to determine whether the sessions achieved their purpose by:

♦ Identifying what worked, or failed during the event (in both content and the process) so that lessons can be drawn from this.
♦ Identifying what further needs remain to be addressed (or have now arisen) for the participants.

Session Evaluation Forms

A session evaluation form (appendix 12) was distributed at the beginning of each training event to increase completion and response rate. The evaluation form

provided quantitative feedback and assessment on levels of satisfaction in relation to session content, presentation and the learning environment. Participants were also given the opportunity to comment on the overall experience of the session, including changes or improvements that they would make to their practice as a result of the learning that had taken place.

Talking Wall Activity

At Month 8 a talking wall activity was introduced to provide opportunities for participants to provide interim feedback. (Appendix 13). 12 questions/statements were presented on individual flip chart paper. Participants were asked to answer each question/statement by writing down key words or phrases on post-it notes. This activity was conducted in such a way so that all comments were made public for others to read and add to in an interactive way.

The primary benefits of this method of evaluation was to:
* Encourage participants to take stock of their learning and involvement so far.
* Assist the project manager in assessing progress so far and planning the next stage.
* Create an opportunity to re-affirm the event or the programme.
* Identify further action required.

The results of both the session evaluations and talking wall activity are presented in the results section.

Focus Group

Focus group activity was introduced at the close of the project to gather participants' impressions of the programme. The advantage of an interview with the group rather than with individuals was the ability to gain a range of views more quickly and with fewer resources than a series of interviews. Shorthand notes were taken by the project secretary.

Detailed recording proved somewhat difficult, although tape recording would have been possible but transcribing would have been time consuming. The topic areas that were considered useful for discussion included the following:
• Content of the programme
• Presentation, pace and timing
• Learning environment
• Skills acquired/benefits
• Impact on practice/patient/client care.

An interview guide was developed to allow the discussion to develop with little prompting or probing (Appendix 14).

Shorthand notes were transcribed, identifying themes and points which should be considered for omission or inclusion in future programmes.

<u>Farewell Exercise and Declaring the Project Complete</u>

Pennel and Cheston (1994) recognise the time and energy that is invested in identifying shared concepts for the successful outcome of joint working.  As each group established relationships and spent time together facilitating subsequent work it appeared appropriate to close and declare the project complete.  A celebratory lunch and issue of certificates by the Royal College of Nursing and the Royal Colleges conclude the project.

## Statement of Results

Information extracted from application forms provides background information about participants and the personal development planning process.

The data results, where appropriate, are shown using commentary, quotes, figures and graphs.

The completed evaluations, questionnaires, talking wall activity notes and focus group activity transcript were not discarded but used as a reference tool for specific details relating to individual responses given by participants.

Personal portfolios provide detailed reflective accounts of self-awareness and personal growth.  The amount of information presented is vast and, where appropriate, excerpts are presented to provide insights into group formation, personal and group learning.

Topics studied by groups and the benefits to patients are also demonstrated.

Recruitment Strategy

Details of enquiry, application and participants recruited are tabled below:

Number of application forms/information packs sent out to potential participants.................................................................................................... 47
Number of letters and information attachments sent out to heads of departments/senior managers....................................................................... 250
Number of applications returned ................................................................ 15
Number of participants recruited ................................................................ 22
Number of participants who have withdrawn.............................................. 8

Participants who decided against attending this project provided the following reasons:
♦ "Attending or about to commence further study"
♦ "Too heavy workload"
♦ "Decided against the project"
♦ Terminating employment with Trust"
♦ "Clinics clashed with project"

12 application forms were returned completed by Nurses, Allied Health Professionals and a Staff Grade Doctor.  Details pertaining to the personal development planning process were omitted by a consultant and Senior House Officers.  Professional groups whose application forms were not returned included a consultant, Senior House Officer and Allied Health Professional.  Reasons for non-return of application forms remain with line managers.  22 participants commenced the project and 14 completed.

Participants who withdrew within the first two months included doctors and podiatry. Personal circumstances and workload were given as determining factors.  Participants

who withdrew during the final months of the project gave clinical commitments, proposed merger and job change as key reasons for their withdrawal.

Department/ward

In order to maintain a multi-professional dimension, participants represented the following Directorate specialities:
♦ Integrated medicine
♦ Surgery
♦ Theatres
♦ Psychiatry/mental health
♦ Occupational therapy – older people and mental health.
♦ Physiotherapy
♦ Specialist nurses

Responses from returned application forms have been summarised to provide a profile of rationales for project attendance and relevance to personal development.

Supporting Details

Q1     *In support of your application you are invited to give an account as to why you consider yourself as a suitable applicant to participate in the project.*

Participants acknowledged the changes within the NHS under the Clinical Governance agenda and recognised the importance of multi-disciplinary working.

The experience of participating in multi-disciplinary study groups was perceived as an excellent opportunity for understanding roles of other disciplines, and developing practice through effective teamwork. Participants also anticipated utilising topics from programme modular sessions to fulfil departmental objectives and/or personal training need.

Q2     *How was the training need identified?*

Personal development planning (PDP) was identified as a means of holding periodic review of an individual's overall work with the aim of both recognising their achievements and identifying areas for future development.

Responses from returned application forms suggest that personal interest, motivation and enthusiasm were key factors influencing project attendance. One-to-one discussion, appraisal and involvement with other initiatives, e.g. clinical governance, continuing professional development, leadership programme, developing new role or being new in post were identified as secondary reasons for project attendance.

Project Topic

Q3     *In the early part of the project the team will be asked to identify a topic and take part in a learning group over an 11-month period. Which topic areas are you particularly interested in?*

This question offered participants the chance of exploring topics for 'study' generally and the potential benefits of individual and group learning.

A selection of topic ideas were suggested, interestingly falls was the only topic chosen for group study. Results presented confirm that diverse speciality and common interest appeared to influence this decision.

Q4    *How will participation in the project benefit the individual's performance?*

In order to focus on relevant learning needs and the subsequent use or implementation of any new knowledge or skill which has been learned, managers were asked to identify the perceived benefits in relation to job performance. Responses suggest that consolidation, or expansion of existing knowledge and skills in the use of computerised equipment, communication and evidence-based research was central to an individual's performance, thus providing a focus for current learning, allowing opportunity for reflection and career development.

Q5    *Does the applicant have any particular objectives which the project can help achieve?*

When line managers were asked to make comment about this and the project the following responses were provided:

♦ "The project fits well with the objectives of the service and department."
♦ "To obtain new skills, e.g. Information management and technical."
♦ "Clinical Governance lead therefore the department objective is to expand IT skills for all staff."
♦ "Improve quality and implementation of research findings."
♦ "Interest in change management, an essential part of their role."
♦ "Personal and professional development in career aspirations."
♦ "Increase competence."
♦ "Implement best practice."

Q6    *I have discussed this application with the member of staff and have agreed the project is in the interest of the individual and the service. I support the application, and arrangements can be made for their release from the workplace during the project. I also agree to brief the applicant before and after the training takes place.*

14 managers confirmed that they had discussed application to attend the project with participants, supporting release from the workplace. Managers also confirmed that a post-project discussion would take place on completion.

Participant Attendance

Participants were expected to attend 80% of the 12 modular sessions held over an 11-month period.

Attendance figures:
Figure 1 illustrates individual participant attendance.

*Figure 1*



Individual Participant Attendance for period May 2001 to March 2002
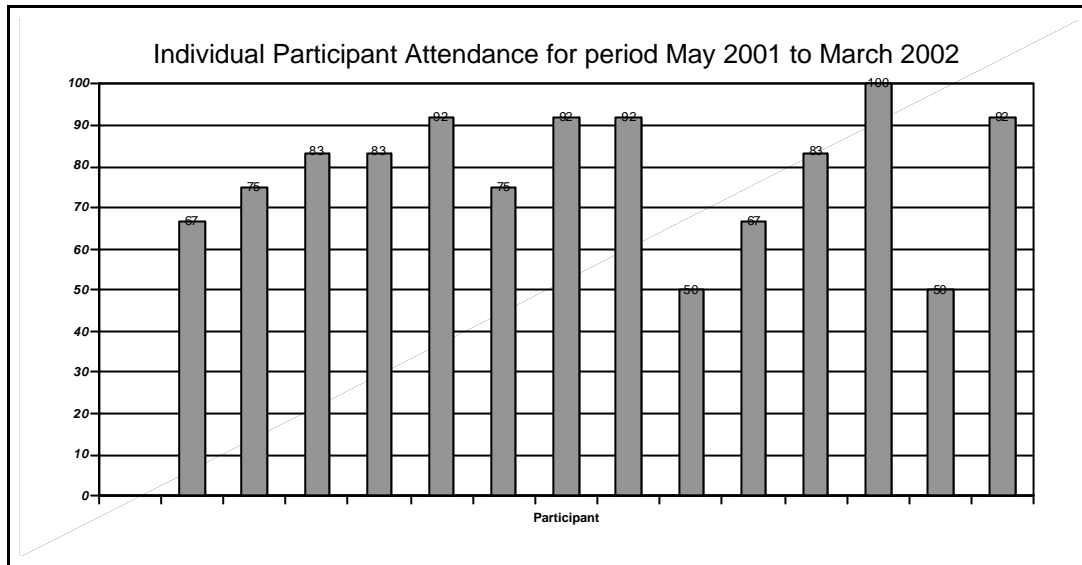
Figure 2 highlights professional group attendance suggesting that Allied Health Professionals (Occupational therapist and Physiotherapist) were able to attend between 8 and 12 sessions.

*Figure 2*



Attendance of Participants by Professional Group (%)
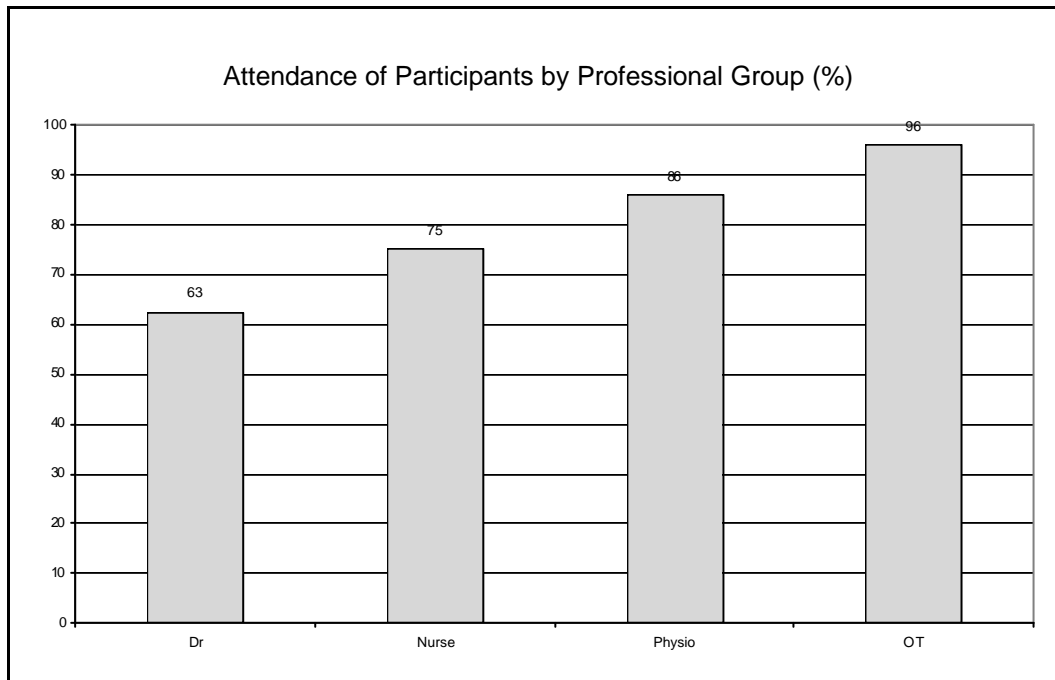
Attendance was made possible by managing clinical commitments, despite some difficulties with time management and workload. Geographical location and travel time also had to be considered. In comparison Nursing staff were able to attend between 4 and 12 sessions. Job role, area of clinical practice, prior teaching commitments, shortage of appropriate clinical cover, night duty rosters and clinical

commitments determined session attendance. Where possible Nurses attended sessions late following busy ward activity. Despite these comments, commitment and involvement with the topic for group study was evident. Doctors attended between 1 and 9 sessions. Attendance records, portfolio submission, completion of group topic for study and project presentation mark the commitment and enthusiasm demonstrated by those who continued with the project.

Modular Session Evaluation

An evaluation questionnaire is completed by participants following each modular session or workshop (Appendix 12). Likert-style questions were asked in relation to session contents, presentation and learning environment. Feedback comments were also welcomed to explain high or low ratings, phrases that best described the session and changes or improvements that would be required within future sessions.

Participants were issued with the questionnaire at the commencement of each session to encourage completion and increase return rates.

Attendance varied, due to prior commitments, annual leave or sickness. On some occasions participants left the session early because of on-call duty, being bleeped, night shift or personal reasons.

Therefore participant numbers attending and completing evaluations for the session do not always correlate.

The figures quoted take into account the particpants' withdrawal throughout the duration of the project as illustrated below in figure 3:

*Figure 3*

| Month/ session | 1 May | 2 Jun | 3 Jul | 4 Aug | 5 Sep | 6 Oct | 7 Nov | 8 Dec | 9a Jan | 9b Jan | 10 Feb | 11 Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of participants currently 'enrolled' | 22 | 19 | 16 | 16 | 16 | 16 | 14 | 14 | 14 | 14 | 14 | 14 |

The data obtained from computer session evaluations were collated using Excel software package. The results are presented using narrative comments and, where appropriate, graphs to illustrate responses provided.

Session 1       -       Welcome/introduction
                        Programme outline
                        Topic for project work
                        Effective teamwork

18 (82%) participants attended this session. Participants were asked to rate content, presentation and learning environment. 17 (77%) participants agreed that the objectives had been met. From the comments offered one participant felt that more time should have been given to discuss the topic for group study because of various clinical backgrounds.

18 (82%) participants were satisfied that the topics had been well prepared and delivered using appropriate teaching methods.

The following are some of the comments provided by participants:
* "Excellent start to the course"
* "I think the topic is important and well laid out"
* "I thought we would have more time to discuss and get the topic – as we are from varied backgrounds."
* "I was not 100% clear (I am clearer now) of what was going to be produced"
* "Very relaxed friendly atmosphere.  Extremely exciting and interesting"
* "Challenging"
* "To see if I can work as a team"
* "Preparing me for working as a MDT group – this was excellent in preparing us for the highs and lows of teamwork"
* "Good introduction to the forthcoming project"

Participants reported that they were not able to affect change yet, but would give more thought to the topic areas and be more prepared.

Session 2     -     Personal Development Planning
                    Portfolio Development
                    Reflective Practice

16 (84%) participants attended this session, but only 13 (68%) evaluation questionnaires were completed and returned.  Response rate was due to participants leaving the session early.  Responses received suggest the content, presentation and learning environment was appropriate for the topic areas presented.

Participants reported that it was helpful to meet shortly after the initial session to consolidate ideas and plans for the project.  Discussion held with participant 'study' group members was productive.  The session on the learning cycle, unconscious/ competence creative planning and future basing (NLP) techniques) were introduced as a practical tool for team formation and project management.

Additional comments received from participants included:

* "More comfortable with progress with the project moving forward from the forming stage.  Have a good feeling about the project"
* "Useful build up of knowledge"
* "Most important was the group work – I felt we achieved something this week"

Participants reported that as a result of their learning they would

* "Go away and study the portfolio in more detail and begin to fill in.  to look at existing policies around topic area."

* "Reflect and listen."

* "Maybe the creative planning will be useful – I will try this."

* "Found the unconscious/competent very interesting and useful. The NLP work has made me think of how to translate it to practice!"

Session 3  -  Literature Searching
              Searching database sources

7 and 6 participants attended either workshop A or B determined by topic for group study or participant availability.

*Figure 4*

**Session A: 20<sup>th</sup> July 2001**

| | Number of responses per category: | | | | |
|---|---|---|---|---|---|
| | Excellent | Good | Fair | Poor | (No response) |
| Covered useful material | 2 | 4 | | | |
| Well organised | 3 | 3 | | | |
| Presented at the right level | 1 | 3 | 2 | | |
| Effective activities | 1 | 5 | | | |
| Useful visual aids and handouts | 2 | 4 | | | |
| Trainer's knowledge of material | 2 | 4 | | | |
| Trainer's presentation style | 2 | 3 | 1 | | |
| Trainer covered material clearly | 2 | 4 | | | |
| Overall, how would you rate the session? | 2 | 2 | | | 2 |

*Figure 5*

The following graph shows the responses as percentages:



24
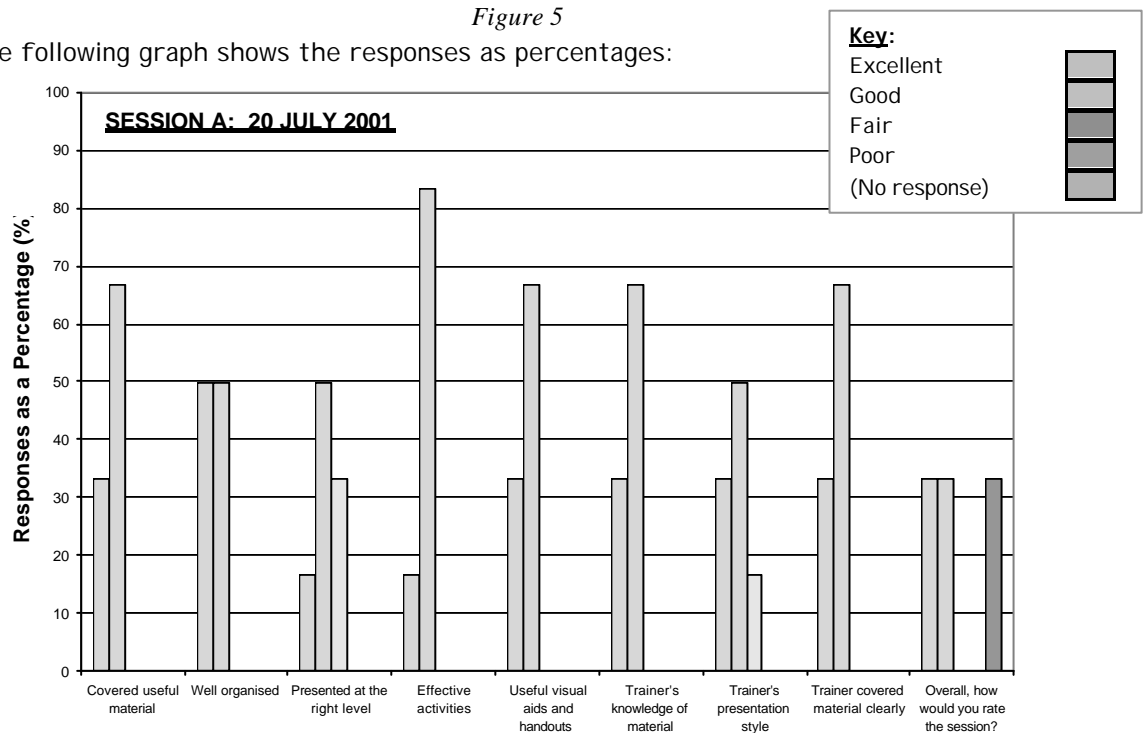
Session B: **27<sup>th</sup> July 2001**

| | Number of responses per category: | | | | |
| | Excellent | Good | Fair | Poor | (No response) |
|---|---|---|---|---|---|
| Covered useful material | 4 | 2 | | | |
| Well organised | 4 | 2 | | | |
| Presented at the right level | 4 | 1 | 1 | | |
| Effective activities | 5 | 1 | | | |
| Useful visual aids and handouts | 5 | 1 | | | |
| Trainer's knowledge of material | 5 | 1 | | | |
| Trainer's presentation style | 3 | 3 | | | |
| Trainer covered material clearly | 5 | 1 | | | |
| Overall, how would you rate the session? | 1.5 | 1.5 | | | 3 |

*Figure 6*

The following graph shows the responses as percentages:
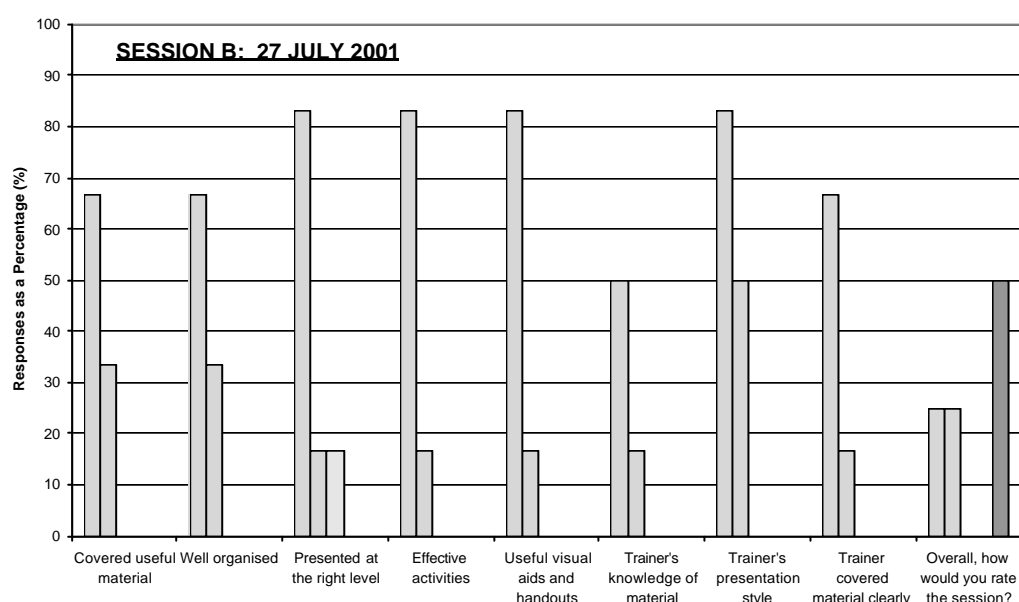


Figures 4, 5, 5a and 6 demonstrate the impact that the workshops had on participants. What is most noticeable about the figures presented is the perceived responses in relation to content, preparation, effectiveness, style and level of presentation.

The content, method of delivery and teaching aids used were identical in both workshop sessions. However, the pace, timing and progression within workshop B allowed more time for practical searching activities which facilitated participant learning.

This difference maybe due to the time that was lost due to hardware problems and possibly to level and diversity of experience and skill within groups, therefore impacting on the session presented.

Session 4    -    Research Governance
                 Clinical Effectiveness

Due to limited time available Research Governance and Clinical Effectiveness was presented at Month 4.

*Research Governance*

14 (88%) participants attended Research Governance but only 12 (75%) evaluations were returned.

Responses show perceived relevance of research governance and its value for clinical practice. Participants reported that clear information was given, but it was presented in an unexciting manner, which did little or nothing to maintain interest.

A suitable balance of lecture, group work and discussion was advocated for future sessions.

Comments offered by participants included:

* "Good to know about something which I wasn't aware of"
* "Hefty topic, not sure I understood the details"
* "A little staid but maybe due to subject matter"
* "Important but not motivating"

Despite these comments participants identified several changes or improvements that they would make as a result of what they had learned. These changes included:

* "Inform others in my clinical area of the importance of research governance"

* "Know who to contact before commencing research project"

* "To get together with clinical director and head of nursing to form group to critically appraise research documents"

*Clinical Effectiveness*

13 (81%) participants attended this session. Responses were received from 11 (69%) participants suggesting that clinical effectiveness was perceived as highly relevant to clinical governance and every-day practice. The session was informative, useful and interesting. The method of presentation was identified as appropriate. A discussion group and more time for this topic was requested. Additional comments from participants include:

* "Really enjoyable course"
* "Concise information"
* "Consolidated knowledge of why and how clinical effectiveness is of relevance to every day practice"

*    "Make it longer, a discussion group, thank you"
*    "Contact Val, re questionnaires from students I receive"

<u>Session 5</u>    -        Systematic Review / Meta Analysis
                             Critical Appraisal / Qualitative Methods

Due to time limitations two topics were presented at month 5:

12 (75%) participants attended and returned completed evaluation questionnaires for both sessions.

*Systematic Review/Meta Analysis*

Evaluatory responses and supporting comments indicate that this topic was relevant and explained in simple terms offering good examples.

Participants generally learnt a great deal, although found the subject complicated. Additional comments received included the following:

*    "Will look out for systematic reviews when doing my research"
*    "Will try and use these skills when reading a paper"
*    "Hopefully will be able to read articles with more value"
*    "Help in literature search"
*    "Happier to go away and look for systematic reviews/meta analysis and use them to formulate guidelines for evidence-based practice within clinical governance.

*Critical Appraisal/qualitative methods*

Experiences of appraising and discussing qualitative papers was useful and enjoyable as this facilitated discussion with other participants, noting their views and opinions.

Participants reported that they had improved their ability to read professional articles which would be useful when researching the groups' topic of study.

<u>Session 6</u>    -        Quantitative Methods

6 (38%) participants attended this session. Reduced attendance was due to sickness, training commitments and half-term. 2 participants left the session early because they had covered this material in previous professional development activity.

The remaining 4 (25%) participants reported that the topic was important and presented appropriate material to meet their learning need.

The topic was presented lecture-style which did not lend itself to discussion. Despite the style of presentation, examples of quantitative and qualitative research were related to Health which did provoke questions. Participants reported on the relevance of statistical data presented in research activities and stated that they would revisit the handouts provided.

<u>Session 7</u>        -        IT Training – MS Word

The 9 (64%) participants attended this session, expressed that the workshop had, to some extent, increased their awareness, skills and confidence when using Word. Awareness of diverse learning needs was evident as some participants were novices others more proficient.  The introduction about Learn Direct, if presented as agreed, would have addressed this issue.

<u>Session 8</u>        -        IT Training – MS PowerPoint

An overview of Learn Direct was presented prior to the commencement of the IT training session, resulting in 8 (57%) participants signing up for Learn Direct induction and modules.

Evaluatory responses suggested that the use of PowerPoint either introduced or consolidated existing presentation skills.  Again these results reinforce the differences between participant skill levels as highlighted by the baseline questionnaire administered previously.

<u>Session 9a</u>        -        Presentation Skills
                                IT Training – Internet and e-mail

Due to time limits, two sessions were held at month 9.

*Presentation Skills*

12 (85%) participants attended this session and found it useful and much needed. Evaluative comments suggest that a tour of the lecture theatre, use of facilities and interactive question and answer session reinforced how participants' confidence for the forthcoming project presentations was increased.

*Internet and e-mail*

Access to the Internet was delayed which also meant that the time available for demonstration and practice was reduced.  2 (14%) participants were dissatisfied with the time allowed.  This was a result of all participants forgetting user passwords which they failed to bring.  Despite this comment 8 (57%) participants highly rated the method of presentation and guidance offered.  Participants stated that they had benefited from the training provided and would work through and read the workbooks provided.

<u>Session 9b</u>        -        Change Management

The key learning points identified included team mapping and use of non-verbal communication.  11 (79%) participants suggested that the concepts involved in Change Management would assist with future presentations and report writing.

Talking Wall Feedback

At month 8, 12 question statements were presented, asking participants to provide interim feedback about the programme and participant learning (Appendix 13).

Responses suggest that limits on time and group dynamics hindered progress with topic for study as did clinical commitments, the amount of information and work to complete at times was overwhelming.  Despite these comments participants remained motivated and enjoyed the challenges presented.  Increased knowledge and IT skill development was noted.

The recognition and contribution of other professionals was highlighted as was similarity of role demands, experiences and importance of patient management.

Working in small project groups was expressed as a brilliant experience.

Discussion, exchange of ideas and networking without feeling threatened contributed to personal learning experiences, increasing confidence within the context of the project.

Portfolio Review

Evidence of Portfolio development, Personal Development Planning, personal learning and reflection is shown in Figure 7.

*Figure 7*
Portfolio Review – Evidence of Portfolio Development, Personal Development Planning, Personal Learning and Reflection
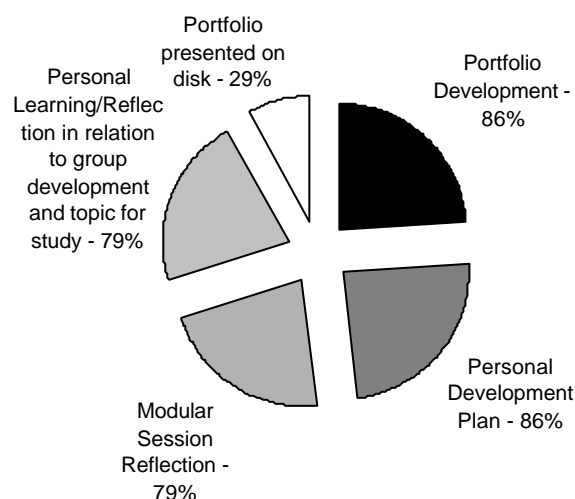


12 (86% of participants submitted their portfolios for review.  Personal Development Planning was evident and reflected job role, departmental and personal objectives.

Participants also reported that the preparation of a plan helped to focus on their experiences and reflections.

11 participants (79%) reflected on the modular sessions, identifying significant learning points impacting on personal development.

Personal reflections provided substantial evidence of self-awareness and personal growth. Narratives presented provide insight into what was useful or what might be included in future programmes.

A selection of comments illustrate this point.

"A terrific start to something which could be immensely rewarding to me both as an individual and as a group member. I can't wait to carry on."

"Greater understanding of access t the libraries and facilities."

"Portfolio very challenged by the idea."

"There will always be less people active in learning activities and to accept the 80/20 rule. Look carefully before you leap and leap carefully."

Group Development

The success of the project relied, to a large extent, on participants working together to achieve a common aim. Successful working was achieved by learning groups recognising a shared purpose, understanding and appreciating different skills beliefs and values within their learning group.

11 participants (79%) provided substantial evidence of personal learning and group development in relation to topic studied.

Working with other professionals who shared the same enthusiasm to make a difference was highlighted as a beneficial learning experience. Pennell and Cheston (1994) identify professionals having a clear understanding of the limitations and strengths of both themselves and colleagues during the first stage of shared working.

Coming together as strangers and now being part of a solid team was perceived as a rewarding and enlightening experience. The different skills and opinions that were shared proved to be invaluable in the project work. Apart from a small conflict over time management and availability to attend meetings participant groups got on tremendously well.

The following examples are cited to provide examples of how each group found ways of working together.

"The process of the group going through team development and maybe a 'tug of war' (a civilised one) between direction and priorities was highlighted . The process constantly filled the 'what shall we do?' of forming. A very gentle storming was just a gradual change in direction. The level of commitment of the core of team and the project manager was always a strong common factor. Norming passed almost unnoticed and the performing stage became a period of trying to balance the time table to be able to get together and realise that things were going well."

"Our group seemed to 'gel' together from the very first meeting. We were very like-minded and soon made our choice of topic for the presentation. During the first meeting we discovered that we had a common purpose and share core values. We discussed personal strengths, skills and knowledge that we could each bring to the group to help to produce our presentation. Fortunately our group never appeared to go through 'storming stage of development'."

"The members of my group were from very diverse professional backgrounds, a possible project topic proved extremely difficult to identify. Rather than 'storming and norming' like other groups we were falling further apart. 3 participants withdrew due to change of job, clinical commitments, lack of progress with identification of topic and common interest. The 2 remaining participants joined other groups. Being displaced from a group and joining another already established group presented challenges. The development of the group dynamics alone has been a privilege to observe – classic textbook formation and 'pack' or tribal behaviour being evidenced."

Topic for Group Study

During the early stages of the project groups identified a topic for study. Topics included:

Group 1 – Falls/Care Pathways in the Older Person

Group 2 – Are Consent Forms Necessary?

Group 3 – Development of a Multi-professional Protocol for the Expansion of Roles.

A general overview of the topics studied is presented. The aims, objectives and summary accounts of each topic are included in appendix 15 along with the PowerPoint slide printouts.

Participants reported that the group work had been a rewarding and enlightening experience. The different skills and opinions have been shared and have proved invaluable in the project work.

Wahlstrom et al (1997) has demonstrated that education delivered multi-professionally enables participants to gain team-working skills. Similarly Parsell et al (1998) reported that opportunities for shared learning increased knowledge and understanding of other professionals and positive attitudes.

Time constraints and the balance of an already overloaded schedule was evidenced in portfolios and referred to by participants at focus group feedback. Herzberg (1999) recognised that teams must actively create time to sit down together, discuss and learn together. Although the creation of such projected time may result in a slight service reduction, the advantages of enhanced collaboration and understanding within clinical teams are considerable.

Topic Presentation

Groups worked well together to produce their presentations by using each other's skills and strengths. Participant groups reported that they were aware of their limitations and weaknesses and have worked hard to support each other.

Effective teamwork involved a common purpose. There was also the recognition that people think and learn in different ways. The value is the sum total of their shared differences through the communication of views, experiences and skills. Also there was a process of development that a group experienced in order to be able to create the outcomes which were the portfolio, the finished project and the presentation.

Focus Group

At the conclusion of the project participants offered feedback and their impression of the initiative. Emerging themes reported by participants included time, networking, confidence and achievement.

Participants reiterated that time for meeting other group members had been a difficulty: it was suggested that additional group meetings should be time-tabled into the programme, facilitating group formation; identification of topic and progression with study. The group who negotiated a topic early on, still found it difficult to form and make progress until several meetings had occurred.

It was also suggested that building in time at the end of modular sessions would be useful for exchanging successes and difficulties experienced by other groups.

As some participants had difficulty using computers it was suggested that groups should be divided into skill levels. IT training was considered important and should be accessed prior to or earlier in the course.

Confidence and ability to work with other professionals without feeling intimidated was increased. Participants also perceived networking useful for making new contacts.

Achievements reported by participants included:

"New skills, have been in practice a long time and needed updating."

"IT and computer skills."

"Enjoyed course, read lots of literature around clinical governance issues."

"Patients are going to benefit."

"This work has the potential to be taken elsewhere."

"Five strangers coming together, 12 months down the line, a remarkable achievement."

"Accessed CLAIT course, would not have done it otherwise."

"Reinforced multi-disciplinary working."

"Work produced, put into working."

"Motivated us to go forward with ideas, may have taken five years to do what has now been done."

"Change Management, it became clear that the facts were appreciated afterwards, rather than at the time."

*Has patient care benefited?*

Participant groups provided the following information in support of how their topic studied had contributed to patient care.

"Yes, not just through benefits indicated within our topic but by improving clinical effectiveness, sharing information and sharing good practice."

"However, our presentation is received I feel that I have benefited by having been involved in our topic producing a falls care pathway. The training sessions have helped me to contribute much more to the project and helped in my professional development. We, as a team, strongly believe that our topic studied would greatly benefit the quality of patient care."

"The ultimate aim of our project is simple. We wish to enhance and improve the quality, efficiency and effectiveness of patient care. We feel that many professionals within Burnley Health Care NHS Trust are enthusiastic about the idea of extended role. We have explained how we think extended role can improve overall patient care by reducing the amount of time patients have to wait for treatments and also reducing the number of Trust employees they need to be examined or seen by.

We have discussed how extended roles may improve patient care and help Trusts achieve goals and targets set by the Government, but our project is also aimed at supporting health care professionals who wish to take on the challenges of the extended role. By offering staff the opportunities to increase their skill base and support them in practice may leave us with employees who experience a higher degree of job satisfaction.

Extended role is by no means a new idea to nursing staff within the NHS, but other professions allied to medicine are now seeing the advantages extended role has to offer, e.g. physiotherapy triage. We feel the time is right to introduce a multi-disciplinary document to assist in supporting the extended role.

## Conclusion

The project set out to:

- Facilitate and support multi-professional learning.
- Link the development of Personal Development Plans with the trust's Clinical Governance Agenda.
- Develop evidence-based practice/critical appraisal skills.
- Demonstrate how the groups' selected topic for study has contributed to patient care.

Following the launch of the project the number of enquiries received from multi-professionals was encouraging, however application to attend was somewhat disappointing, but expected as Blending Services with Training, 'Learning in the New NHS' was a new initiative.

In order to maintain a multi-professional dimension 22 participants accessed the project. Within the first two months and final phase of the project withdrawal of doctors and a physiotherapist was apparent. This was disappointing, but unavoidable. Clinical commitments, job changed, proposed merger and personal reasons were offered as reasons for withdrawal. Attendance records indicate that only 8 participants were able to attend 80% or above of the required time. Further investigation revealed that clinical commitments, sickness, annual and study leave accounted for this.

14 participants completed the project.

Access to library and IT resources was integral to the project's development and presented challenges during the initial phase of the programme. Access has improved, but remains sensitive and is beyond the scope of this project. The initial process of acquiring accreditation highlighted the cumbersome administrative procedures, further complicated by each professional body having different accreditations systems in place. The Chartered Society of Physiotherapists denied endorsement unless the programme was studied at Hons degree level. Issues of work-based learning and reflection through portfolio development are therefore challenged.

An attempt to assess IT skills did not provide the anticipated information, but gave enough detail to make progress with the identification of an IT training provider. Learning need was addressed by providing participants with the opportunity to access Learn Direct. By the end of the project 8 (57%) participants enrolled onto the Learn Direct scheme.

At the end of the project 12 (86%) of the participants indicated that they had a documented Personal Development Plan. 12 (86%) had a Personal Portfolio.

11 (79%) provided reflective accounts of modular sessions, personal and group learning.

There is no doubt that there are major advantages to working together on the development of evidence-based practice from a multi-professional stance.

There was no pre-specified package for group working, but a process of evolution. Working together also meant learning together, by encouraging openness and mutual understanding that some things were held in common.  At another level, it provided insights into each other's professional roles.

One of the fundamental principles highlighted for multi-professional learning and working together was making time available for individuals and groups to engage in discussion and reflection.

The topics studied indicated that communication and integration processes in multi-professional groups clearly contributed to innovation and the introduction of new ways of working and delivering patient care.

## Recommendations

The value and achievements from this project have been recognised by participants, senior managers, workforce confederation, professional bodies and project board. The topics studied by participant groups clearly demonstrate the impact of multi-professional learning and the benefits for patient care. In this sense experience of the project has provided a foundation for continued multi-professional working, beyond the next few years.

The key recommendations following this project are:

1       Recruitment

Consider extending the programme to include multi-professional staff employed within PCTs and neighbouring Blackburn NHS Trust.

Encourage doctor application to attend future programmes. As a result of the project, the project manager has been involved in discussions with the Postgraduate and GP Tutors regarding recruitment and attendance of doctors.

Promote future programmes. This will mean the creation of posters and flyers to be circulated to Health Care Professionals, the use of electronic mail and training information updates.

Advertisement Flyer – revise the advert to reflect multi-professional representation as suggested by the College of Occupational Therapists in their correspondence referring to accreditation.

2       IT and Library Access

Access to library resources and facilities has presented many challenges throughout the period of the project. Although difficulties were overcome, it would be useful to ascertain the current situation in order to make best use of time for rapid progress.

IT assessment and training sessions should take place earlier in the programme. A useful starting point would be to contact Burnley Health Care IT training department to ascertain input with future IT assessment, support and facilitation of training, and maintain collaborative working with the East Lancashire librarian skills trainer in order to provide Electronic Database searching skills.

3       Group Learning and Working

As difficulties were experienced with the identification of a topic for group study, allocation to groups should be determined on topics of common interest, identified either from application forms or by discussion at the first session.

To facilitate group formation, and progress with topic for study, additional group sessions should be included within future programmes. An exchange of successes and difficulties experienced by each participant group would also be an appropriate learning activity at the end of each session.

4       Programme Sessions

Topics from the previous programme should be included with additional time for team working, group formation and project management.  Where appropriate, topics, presented alongside others e.g. Presentation Skills, Internet and E-mail, should have dedicated time to allow for assimilation of knowledge and time for practical activity. Where feasible external speakers should be invited to contribute to the programme, however the associated costs and benefits of this will have to be considered.

5       Accreditation

At present the project obtained accreditation from the Royal College of Nursing, Royal Medical Colleges and recognition by the College of Occupational Therapy. Unfortunately the Chartered Society of Physiotherapy did not give endorsement.  This raises concerns in relation to what other professional groups may have in place. Whilst it is acknowledged that CPD activity and work-based learning is valued, accreditation processes do not appear to reflect this.  A combined approach between all professional bodies should be considered in the near future.

These recommendations are intended to assist with the practical aspects of future programme development, supporting Continuing Professional Development and the wider service development needs of the NHS.

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# **Appendixes**

1    Action Plan

2    Advert

3    Information Pack

4    Enquiry Record

5    Programme

6    Application Form

7    Final Programme

8    Handbook

9    Portfolio

10    Curriculum Document

11    IT Assessment

12    Session Evaluation Forms

13    Talking Wall

14    Interview Guide

15    Overview of Topics and PowerPoint Slide Printouts