

# Measuring the Impact of Continuing Professional Development (CPD) Learning on Patient Experience Outcomes in the Workplace – A Realist Synthesis and Evaluation

## Project Aim

The project aimed to devise and test a CPD Impact Tool that identifies mechanisms for measuring the impact of CPD learning on individual, team and organisational effectiveness in relation to improvements in quality of care and patient outcomes in the workplace

## Research Questions

The research questions were mapped to the domains of the Health Education England (HEE) Education Outcomes Framework (EOF) to articulate their intention.

- ❖ Which indicators are useful for providing information on individual and team effectiveness in relation to improvements in quality of care and patient experience in the workplace? (EOF Domain 1, 2, 3, 5).
- ❖ How can these impact indicators be synthesized to develop a tool to measure individual and team effectiveness in the workplace? (EOF Domain 1, 2, 3, 5).
- ❖ What are the indicators of organisational effectiveness appropriate to include in a CPD impact tool? (EOF Domain 1-5).

## Project Objectives

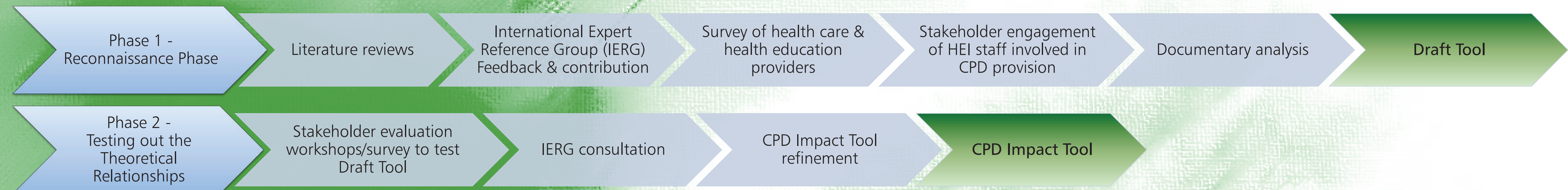
The research objectives were agreed with commissioners as:

- ❖ To develop a CPD Impact Tool that encompasses impact indicators.
- ❖ To identify and test impact indicators of effectiveness with an expert stakeholder critical reference group.
- ❖ To refine the tool to ensure impact is captured at individual practitioner, and team level.
- ❖ To provide evidence of evaluative impact for measuring organisational effectiveness of CPD programmes on the health and social care workforce.

## Methodology

Realist Synthesis and Evaluation (Pawson and Tilley 2004) was chosen for this study because it focuses on understanding and unpacking the mechanisms by which an intervention (CPD) works (or fails to work), thereby providing an explanation, as opposed to a judgement about how it works (Pawson et al 2005).

## Methods



## What are the main purposes of CPD?

CPD in healthcare is ostensibly about having a positive impact on patient/user experience and outcomes (HEE 2014). Our findings indicate that this is achievable through the fourfold purposes of:

- Transforming professional practice.
- Bringing about social change through learning and achieving social values in the workplace.
- Updating, developing, and making use of knowledge in the workplace.
- Being useful to the changing needs of society.

### Transformation of Individual's Professional Practice

CPD that is work based within a context that is enabling, inquiring and supportive and learner-driven, and centred on the provision of facilitated support and reflection and includes self-assessment and a focus on self-awareness, will increase self-confidence, self-awareness, and self-efficacy and role clarity, as well as create a positive attitude to change with opportunities for role & career development.

### Transformation of Skills to Meet Society's Changing Healthcare Needs

CPD for the transformation of skills to meet society's changing healthcare needs that focuses on team and system assessment to identify gaps and expand skills to meet a changing healthcare context, will be reflected in better service user experiences of continuity and consistency of service provision, better employability and opportunities for career progression for individuals, more effective teams and better organisational/systems outcomes around integration, partnerships and more effective use of human resources.

### Transformation of Knowledge Enabling Knowledge Translation

CPD supported by workplace contexts that both support and encourage engagement with and use of different types of knowledge in everyday practice and active sharing through CPD strategies that focus on: using and blending multiple knowledges to inform professional decision-making; skills in facilitating dialogue, active enquiry and evaluation; and developing practical and theoretical knowledge fostering leadership, evaluation and culture, will achieve knowledge rich cultures recognised by knowledge use and development, active inquiry, innovation and creativity.

- ❖ Knowledges encompasses theoretical and practical knowledge, knowledge of the person being cared for/worked with, experience, expertise, artistry, creativity and local knowledge.

### Transformation of Workplace Culture to Implement Workplace and Organisational Values and Purpose Relating to Person Centred, Safe and Effective Care

CPD that takes place within contexts where there are shared values and purposes, and organisational readiness that draws on CPD strategies that focus on: developing and implementing shared values; evaluating the experiences of service users and staff in relation to these values; and, developing skills in facilitating effective workplace cultures through leadership, will achieve improved service user and provider experiences, outcomes and impact, sustained person centred, safe and effective workplace cultures and team effectiveness, increased employee commitment, and organisational leadership and effectiveness.

## Indicators Identified for the Outcomes of Each Transformation Theory

Transformation of individual professional practice	Transformation of skills to meet service provision for society's needs	Transformation of knowledge/knowledge translation	Transformation of work place teams/context to deliver on organisational values
<p><b>Individual Indicators of effectiveness</b></p> <ol style="list-style-type: none"> <li>1.1. Self awareness</li> <li>1.2. Self confidence</li> <li>1.3. Emotional intelligence</li> <li>1.4. Critical Reflection</li> <li>1.5. Role Clarity</li> <li>1.6. Person centred practice</li> <li>1.7. Compassion</li> <li>1.8. Active Lifelong learning</li> <li>1.9. Career progression &amp; personal growth</li> <li>1.10. Positive attitude to change</li> <li>1.11. Skilled &amp; competent</li> <li>1.12. Active listening/ communication</li> <li>1.13. Speaking up for human rights</li> <li>1.14. Role Model</li> <li>1.15. Using evidence systematically</li> <li>1.16. Positive impact on patient experience</li> <li>1.17. Creative problem solving</li> </ol>	<p><b>Service &amp; Organisational/Systems Indicators</b></p> <ol style="list-style-type: none"> <li>2.1. Shared purpose framework</li> <li>2.2. Shared values</li> <li>2.3. Inclusive culture</li> <li>2.4. Commitment to LLL</li> <li>2.5. Quality metrics</li> <li>2.6. Effective use of Resources</li> <li>2.7. Compliance with national standards</li> <li>2.8. Whole systems working</li> <li>2.9. Systems for shared governance</li> <li>2.10. Good partner relations</li> <li>2.11. Creativity &amp; innovation</li> <li>2.12. PPI and public trust</li> <li>2.13. Organisational awareness &amp; intelligence</li> </ol>	<p><b>Team &amp; organisational Indicators</b></p> <ol style="list-style-type: none"> <li>3.1. Shared vision &amp; purpose for service</li> <li>3.2. Person Centred culture</li> <li>3.4. Effective levels of staffing</li> <li>3.5. Patient safety metrics</li> <li>3.6. Improved patient flow &amp; discharge</li> <li>3.7. Integrated working</li> <li>3.8. Patient at heart of decision making</li> <li>3.9. Systematic mechanism for capturing best and poor practice</li> <li>3.10. Patient experience</li> <li>3.11. Reviewing &amp; improving standards/Clinical Audit</li> </ol>	<p><b>Team &amp; Organisational Indicators</b></p> <ol style="list-style-type: none"> <li>4.1. Role clarity &amp; responsibility</li> <li>4.2. Shared vision &amp; values</li> <li>4.3. Interdisciplinary team working</li> <li>4.4. Person centred team culture</li> <li>4.5. Collaborative decision making</li> <li>4.6. Effective team communication</li> <li>4.7. Positive learning culture</li> <li>4.8. High challenge &amp; support</li> <li>4.9. Innovation &amp; creativity</li> <li>4.10. Peer learning &amp; review</li> <li>4.11. Commitment to lifelong learning</li> <li>4.12. Skilled facilitation of others</li> <li>4.13. Systematic use of evidence to inform practice</li> </ol>

## Key References

- Department of Health. 2013. *The education outcomes framework (March 2013)*. [online]. Available at: <[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/175546/Education\\_outcomes\\_framework.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175546/Education_outcomes_framework.pdf)>. Accessed 8<sup>th</sup> October 2015.
- Manley, K. & Hardy, S. 2005. *Improving services to patients through ongoing development of critical care teams*. Department of Health. [Online]. Available at: <<http://www.wales.nhs.uk/sites3/Documents/768/Improving%20services%20DH.pdf>>. Accessed 8<sup>th</sup> October 2015.
- Manley, K., Titchen, A., & Hardy, S. 2009. 'Work-based learning in the context of contemporary health care education and practice: A context analysis. *Practice Development in Health Care*. 8. (2). pp. 87-127.
- Mezirow, J. 1997. 'Transformative learning: Theory to practice'. *New Directions for Adult and Continuing Education*. No. 74.
- Pawson, R. 2006. *Evidence-based policy: A realist perspective*. London. Sage.
- Pawson, R., Greenhalgh, T., Harvey, G., & Walshe, K. 2005 Realist review—a new method of systematic review designed for complex policy interventions. *Journal of Health Services Research & Policy*, 10 (suppl 1), 21-34.
- Pawson, R., & Tilley, N. 1997. *Realistic evaluation*. London, California and New Delhi: Sage.
- Pawson, R. & Tilley, N. 2004. *Realistic Evaluation*. [Online]. Available at: <[http://www.communitymatters.com.au/RE\\_chapter.pdf](http://www.communitymatters.com.au/RE_chapter.pdf)>. Accessed 8<sup>th</sup> October 2015.
- Health Education England. 2013. *Developing people for health and healthcare: investing in people for health and healthcare*. [Online]. Available at <<http://hee.nhs.uk/wp-content/uploads/sites/321/2013/12/Workforce-plan-investing-in-people.pdf>>. Accessed 8<sup>th</sup> October 2015.

For full report please go to: [www.canterbury.ac.uk/ecpd/reports](http://www.canterbury.ac.uk/ecpd/reports)

## Recommendations

### Recommendations for Health Education England, Professional Regulators and Policy Makers

The CPD Impact Tool provides the mechanisms to demonstrate application and evaluation of the EOF domains using a whole systems integrated approach to measuring the impact of CPD learning on individuals, teams, services and organisations for health care professionals. It could form the basis of a national benchmark for CPD programmes across the country to demonstrate whole systems integrated learning, development, improvement, inquiry and innovation. The Tool has the potential to provide an evidence based self-assessment framework for professional revalidation for registration as well as being transportable from one institution or organisational to another (educational passport).

### Recommendations for Commissioners of CPD

The report recommends that more emphasis should be placed on the importance of learning in the workplace which is at the heart of providing person centred safe and effective integrated services and care for the public. In order to deliver this vision that integrates learning with development, improvement, innovation and inquiry in the workplace there is a need for facilitation skills that embraces all of these areas and mechanisms for accrediting individuals and workplace programmes. We believe that more emphasis should be placed on commissioning of workplace programmes of learning to keep pace with rapidly changing practice needs and contexts. This approach would overcome the traditional theory-practice gap. The Tool also has the potential to guide commissioning and tendering documents where providing benchmark measurements may be difficult. For example the number of people who can demonstrate role clarity, or number of people who have achieved promotion.

### Recommendations for Providers of CPD Learning

The Council of Deans for Health could support a national pilot of the Tool to offer opportunity for further testing and refinement. Working with a number of pilot implementation sites in England it could be used by HEIs in order to measure the impact of the outcomes and indicator measurements on CPD learners. The CPD Impact Tool could provide a valuable benchmark tool for designing curriculum for professional programmes leading to registration or specialist qualifications and be used to design teaching, learning and assessment and impact evaluation strategies. Further development of the impact indicators for knowledge translation is needed and we would recommend this provides opportunity for HEIs to work in partnership with CPD facilitators and workforce planners to achieve this.

### Recommendations for Health Service Providers

The impact indicators could be used by organisations to develop a quality dashboard linked to improvements in patient experience and outcomes, which would provide an integrated whole systems approach to workforce planning, and learning and development for all professions. In turn the dashboard has the potential to generate impact reports for individuals, teams, services and organisations. The individual impact indicators are relevant to all health disciplines and may be useful for annual appraisal, personal development review and career progression planning as well as thinking about how CPD learning can improve practice. They provide a mechanism by which professional competence may be demonstrated.

### Recommendations for Facilitators of CPD Learning in the Workplace

The tool provides an opportunity to guide facilitators' ongoing development of their learning and development skills broadening these across all areas that reflect key health and social care purposes. In our programmes of research associated with workforce transformation we feel it is important to consider implications for commissioning joint appointments for CPD workplace facilitators between clinical or health care settings and HEIs. This model would strengthen active learning from the workplace.