Maximising the impact of both traditional training and e-learning
Aim of workshop

To engage clinicians and managers in a dialogue around effective methods for transferring learning into practice:

• How do we support staff to apply learning effectively
• How do we ensure maximum effect for the service user
• How do we best support individual development
Agenda

- Current context
- Principles of adult learning
- Learning “Systems”
- Putting learning into practice
- Current provision from NES
  - eLearning
  - Supervision
  - Collaboratives
  - Support systems

Discussion
Context of Learning

- On 30th June 2013, overall headcount was 156,625 (WTE 133,378.9) excluding General Medical Practitioners (GPs) and General Dental Services (GDS) (ISDScotland.org)

- Delivering psychological therapies?
- Broad range of :
  - Professions
  - Experience
  - Level of competence
  - Educational attainment
  - Age
  - Motivation
Current Context and Drivers

- Expansion in evidence based approaches
  - Matrix
- Increasing expectations on services to demonstrate effectiveness and improvement
  - HEAT
- Healthcare Quality Strategy
  - Quality Ambitions
    - Mutually beneficial partnerships
    - No avoidable injury or harm
    - Most appropriate treatment
Principles & Features of Adult Learning

- Adults learn best when learning is:
  - Interactive
  - Experiential (eg problem based)
  - Self directed
  - Relevant to circumstances
  - Obviously of immediate value
  - Tailored to individual learning style
  - Provided within a positive learning environment
    - Value of learning acknowledged and encouraged
    - Value of individual experience and knowledge is valued and acknowledged
Principles & Features of Adult Learning

• Important to acknowledge our learners:
  – Are not beginners
  – Bring past experiences, personal values and beliefs
  – Come to education with intentions and expectations
  – Are best engaged when involved in the design of the process
  – Need to know why they need to learn
  – Have competing interests— the realities of their lives
Implementation Science

Implementation Aims

1. Change in adult professional behaviour
2. Change in organisational structures, both formal and informal to support the behaviour change
3. Change in relationship to clients, stakeholders and partners
Implementation Science

Implementation appears most successful when:

• Communities and consumers are fully involved in the selection and evaluation of programs and practices
• Funding avenues, policies, and regulations create a hospitable environment for implementation and program operations.
• Organizations provide the infrastructure necessary for timely training, skilful supervision and coaching, and regular process and outcome evaluations
• Learners are carefully selected
• Learners receive coordinated training, coaching, and frequent performance assessments
A Synthesis of the literature

Key Drivers

Fixsen et al (2005)
Putting Learning into Practice
(Heaven, Clegg & Maguire, 2005)

• People will be more receptive to learning and putting into practice that learning when
  • they perceive a need
  • are confident in their ability to put new learning into practice
  • they have positive examples modelled for them i.e. see others successfully putting into practice what they have learned
Putting Learning into Practice
(Heaven, Clegg & Maguire, 2005)

• RCT of 61 clinical nurse specialists who attended a 3 day communication skills workshop
• 29 randomly allocated to receive 4 weeks of supervision
• Nurses who received supervision were more likely to show evidence of transfer
  • More use of open questions, negotiation and psychological exploration, responded more effectively to cues disclosed, reducing their distancing behaviour and increasing their exploration of cue.
Putting Learning into Practice
(Heaven, Clegg & Maguire, 2005)

- ‘A key factor in transfer is the trainee’s perception of the consequence of using the new skills; a belief that positive benefits will outweigh negative outcomes is crucial’
- ‘Interventions aimed at offsetting negative experiences can assist in securing transfer’
Putting Learning into Practice in NES

eLearning
Supervision
Learning Collaborative
Coach groups
Supervision Training

NES Training in Generic Supervision Competences For Psychological Therapies

- Clinical Psychology Specialist Supervision Module for New Supervisors
- Mindfulness Supervision Module
- CBT specialist Supervision Module
- Interpersonal Therapy Specialist Module

Clinical Psychology "Refresher" Module for Experienced Supervisors
Supervision Training

• NES Training in Generic Supervision Competences for Psychological Therapies
  – Developed by expert Panel based on R&P Competence Framework
  – Training for Trainers model
  – Coordinated by Psychological Therapies training Coordinators
  – Delivered in Boards
Supervision Training

• Additional Modules
  – Mindfulness
  – CBT
  – Interpersonal Psychotherapy
  – Clinical Psychology
    • New supervisors
      – n 77
    • Refresher (blended approach)
      – n>200
eLearning

All forms of electronically (technologically) supported teaching and learning – includes blended approaches, social networking and use of social media, and extends to ebooks, ejournals etc.
eLearning

Essential CAMHS

- Launched online March 2013
- Embedded in supervision
- Supporting docs online
- Access criteria
- Monitoring of progress
  - Satisfaction
  - quizzes
Learning Collaboratives

A Learning Collaborative is a group of clinicians who meet together with the aim of reinforcing learning and embedding training into clinical practice

• Trauma Workstream
  – Delegates attending trauma training were divided into Learning Collaboratives depending on Health Board. Some groups subdivided to ensure numbers not exceeding 12.
  – All group exercises during the initial 2 day training were done within Learning Collaboratives.
  – Information on Learning Collaboratives was given e.g. organising and structuring meetings, agenda setting, selecting cases and confidentiality. Dates were agreed when the Learning Collaboratives would meet.
Learning Collaboratives
- Overview of Process

Two day skills based training in either
- Trauma-focused CBT for PTSD or
- Phase Based Interventions for the Treatment of Complex Traumatic Stress Disorders

Learning Collaboratives
met locally (or tele or video-conferenced) x 2

One day follow-up training
Learning Collaboratives - Review

- Learning Collaboratives were established following 6 training events and some continued to meet after the follow up day

- Issues identified
  - Low representation in a geographical area resulted in some Learning Collaboratives being very small and lacking in group dynamic
  - Part-time working made it difficult for some delegates to attend scheduled meetings
  - If too many inexperienced clinicians attend the same Learning Collaborative while it is a supportive experience, it may not sufficiently challenge and enhance learning.

- Future plans
  - Each collaborative will have a chair through which the NES Educational Project Manager will liaise
  - The NES Educational Project Manager will offer to attend a Learning Collaborative if requested
Coaching

Psychological Interventions Team Alcohol Workstream: Motivational Interviewing

- The question is how to develop an integrated programme of training which:
  - Utilises the strengths of traditional and e-learning to maximise impact.
  - Minimises, to the best of our ability, the limitations.
- Three stages proposed by Miller et al. in learning a new skill: Preparatory information, Monitored practice with feedback and Ongoing Supervision
Coaching

E-learning Component

• E-learning module - introduction to the knowledge and principles of MI as first step in a programme of training
• Time effective, completed in workplace without travel, video examples of practice, objective assessment of knowledge
• Limitations include available technology, no practice element, and no peer discussion/feedback element
• Risk of assumed competence. Must be followed with coaching and assessment of actual practice to ensure fidelity
Coaching

Monitored Practice with Feedback

- National MI Coach Group (NMICG) established to provide a collective of experienced MI practitioners to provide coaching and feedback to enhance development of skills-based practice
- Local coaching groups
- Scottish MI Winter School Programme
- Assessment of MI practice using MIA rating scale
Support Networks

Training infrastructure

• Local Area Tutors (LAT)
• Psychological Therapies Training Co-ordinators (PTTC)
• CAMHS Learning Co-ordinator (CLC)
• Practice Education Facilitators (PEF)
Challenges

• Selecting Learners
• Promoting opportunities
• Transporting the learning
  • Maintaining the environment
  • Supporting evaluation/feedback
  • Promoting effective change

• Measuring Impact
  – Changes in behaviours, skill, values
  – Improvement for clients (outcome, experience)
Discussion

The challenge continues to be: how do we speed up the process of transferring best practice into professional behaviour as efficiently and effectively as possible?

In your assigned groups, could you discuss your experiences of two of the methods you have encountered:

- eLearning
- Supervision/Coaching
- Collaboratives
- Communities of Practice

What have been the challenges and strengths of implementing staff development in services using your chosen method?
Discussion

Given these strengths, are there ways that NES and Boards can work together, either with the existing structures or by reshaping structures, that may help transport learning more effectively?
References

Heaven, C; Clegg, J; Maguire, P. (2006) Transfer of communication skills training from workshop to workplace: The impact of clinical supervision. Patient Education and counselling 60; 313 – 325