

Interim Evaluation

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1 Summary

CETL4HealthNE is a consortium of nine partners, led by Newcastle University. We aim to develop new ways of sharing best practice in healthcare education for a range of health professions, to ‘*foster curriculum development for employability in the modernised health care service*’. We intend to encourage innovation, to test and develop ideas, and evaluate them, with the ultimate aim of mainstreaming evidence-based educational change into students’ core experience. Through engaging in these processes, staff from partner organisations will be enabled to build experience and skills as next generation leaders in education for health care. We began in April 2005 with the outline structure set out in our Stage 2 Proposal, but have developed and refined our structure and function since then. We have gained insights over the past two years from a number of distinguished visitors and a series of workshops and away days.

We want to understand the impact of *CETL4HealthNE* on pre-registration healthcare students entering the healthcare workforce and the scale and effectiveness of a regional partnership approach to curriculum development for employability. We aim to evaluate not only the outcomes and impact of each element of our activity but also to understand clearly how the whole enterprise operates and the influence of its context. To achieve this, we are systematically collecting information on key activities, features and outcomes of principal innovations/projects, in order to provide evidence that will inform and enhance our experience and judgement of success. To create the opportunity to examine theoretical questions arising out of our work, and to build research capacity, we appointed to a PhD Studentship in autumn 2006.

Our partnership is made up of three layers of collaboration – internal, regional and national/international – and has developed working arrangements which reach beyond previous relationships and encouraged the development of confident working relationships at several levels. The perceived success of our internal partnership has led several external organisations and groupings within the region to approach us to explore working with us on common or related goals. Prominent among these have been Unis4NE, the North East Teaching Public Health Network and the North East Centre of Vocational Excellence in Health. We have also benefited from developing links with a number of external partners nationally and internationally, notably other CETLs, HE Academy Subject Centres, the UK Centre for the Advancement of Interprofessional Education, JANET(UK) and Connecting for Health.

We have sought to complement partner Human Resources policies by offering a variety of non-pay rewards and opportunities for people to demonstrate innovation in teaching, and enhance recognition within their home organisation. The principal component of our reward and recognition strategy is to buy-out protected time from their standard duties for key individuals (Fellows) within each partner to deliver on *CETL4HealthNE* priorities. We currently have 17 Fellows and one Emeritus Fellow. In addition, a number of promotions and awards have been achieved by *CETL4HealthNE* members.

In the Stage 2 Proposal, six areas were identified as early priorities for our activity:

- Since partners’ existing IPE activity was both substantial and variable, the workgroup aimed not to reinvent activity but to connect diverse partners, create culture change and support innovation. Work has focused on engaging new health professional groups (notably pharmacy), exploring work with social care and dissemination of activity through meetings and conference papers.

- Our second priority was to mainstream the involvement of users and carers in the development, delivery and assessment of curricula. So far the group has worked to: raise awareness of current strategies to promote the involvement of users and carers; develop and promote the use of learning resources to facilitate mainstreaming; and plan for impact evaluation of users' and carers' involvement.
- Our third priority area was peer group learning. A literature review was undertaken to analyse current practice and enhance future practice. One project underway involves marrying peer group learning with interprofessional education using laptops. The group is initiating further 'case studies', and plans to develop learning materials to support educators in peer group learning in both campus and practice settings.
- To meet NHS demands for a *'fit for purpose'* workforce, a significant proportion of learning must take place in practice – our fourth priority area. Work has included the development of a role play called 'Hard Day's Night', mimicking the complexity and challenge of a clinical context. It is planned to adapt this for use in other settings and areas. A pilot study of wireless Personal Digital Assistants (PDAs) with medical students has been completed, and further work is being undertaken with 250 students across the whole partnership using Doctor Companion software. Portable ultrasound equipment is now in place at 4 sites, and is being used innovatively in teaching.
- Every area of healthcare, has identified the need to educate students to promote the health of the population(s) they serve by developing skills to explore health needs and influence health behaviours. The North East Teaching Public Health Network is funded by the Department of Health until March 2008. As well as having some shared membership, we have worked together to produce a baseline assessment of activity and practice in public health teaching across the region.
- *CETL4HealthNE* needs to connect with current policy relating to the development of NHS workforce. After a period of preparatory meetings, representatives of all partners and workgroups met in January 2007 to look at policy and draw out priorities – strengthening of service user and carer involvement, continued work to develop educational activity related to 'patient safety', and a focus on public health.
- Student feedback to date has said that initiatives *'should be repeated'*. Following other sessions some also felt *'more aware of other people's roles'*. Others reported increasing in confidence. Where students said that amendment was needed, changes have been made.
- Much of the equipment bought through our capital budget has only been in place for a short time. *CETL4HealthNE* has invested significantly in clinical skills facilities and simulation equipment, which have been much valued. "The Virtual Human Dissector" software has been purchased, and has proved effective. Video Conferencing equipment has been installed and is starting to be used in earnest. The Lectopia event capture system is currently being set up at 8 regional locations. Collaboration to create a 'gateway' between HE (JANET) and NHS (N3) networks offers us the opportunity for HE and FE communities to improve communications and share educational resources and support services with NHS partners at a national level.

We have learnt several lessons so far, about workload, equity between partners, the time involved in developing trust, and that one size does not fit all. Though many things are best addressed at a regional level, we have found that some issues can better be tackled nationally. Whilst we are engaging health service users effectively in our work, we are still developing strategies to involve students more creatively. We have had some successes. We now need to consolidate to ensure that our collaborative approaches and innovations become mainstream.

2 Introduction

In 2005, Higher Education Funding Council for England (HEFCE) funded 74 Centres for Excellence in Teaching and Learning (CETLs) in a wide variety of subject areas. The overarching aims of the CETL initiative, originally published in HEFCE 2004/05, were:

Aims of the CETL initiative

- To reward practice that demonstrates excellent learning outcomes for students
- To enable practitioners to lead and embed change by implementing approaches that address the diversity of learners' needs, the requirements of different learning contexts, the possibilities for innovation and the expectations of employers and others concerned with the quality of student learning
- To enable institutions to support and develop practice that encourages deeper understanding across the sector of ways of addressing students' learning effectively
- To recognize and give greater prominence to clusters of excellence that are capable of influencing practice and raising the profile of teaching excellence within and beyond their institutions
- To demonstrate collaboration and sharing of good practice and so enhance the standard of teaching and effective learning throughout the sector
- To raise student awareness of effectiveness in teaching and learning in order to inform student choice and maximize student performance

The **Centre for Excellence in Healthcare Professional Education** (*CETL4HealthNE*) aims to take up the challenge of ensuring that the students we educate will be fit for practice, and will really make a positive difference to individual patients' experience of healthcare. It is based in the North East of England and encompasses Higher Education and NHS partners across the region. In this document we present an overview of our activity and progress to date, describe our approach to evaluation and provide evidence in relation to how far we have come in achieving our initial objectives. Finally, we discuss some of the challenges and questions we have confronted to date.

3 CETL4HealthNE

3.1 Who we are

CETL4HealthNE is a consortium, led by Newcastle University, involving the Universities of Durham, Northumbria, Sunderland and Teesside, as well as Northumbria Healthcare NHS Trust, North Tees & Hartlepool NHS Trust, North Tyneside Primary Care Trust and NHS North East (North East Strategic Health Authority). Our aim is to develop new ways of sharing best practice in healthcare education throughout a range of health professions, to '*foster curriculum development for employability in the modernised health care service*'. To date we have involved not only the 'usual suspects' of curriculum development and innovation – academic staff from all our partners – but also seek to include and pay serious attention to the contributions of students, patients (or people with experience of healthcare), health and social care practitioners, managers and others. *CETL4HealthNE* is intended to encourage innovation, to test and develop ideas, and evaluate them, with the ultimate aim of mainstreaming evidence-based educational change

into students' core experience. Through engaging in these processes, it is envisaged that Fellows and Associates (staff from our partner organisations) will be enabled to build experience and skills as next generation leaders in education for health care.

3.2 Our journey so far

We began in April 2005 with the outline structure set out in our Stage 2 Proposal (see Figure 1 below). Out of our first Away Day in June 2005, in addition to the formation of the six workgroups, we recognised the need for people to drive forward the practicalities of identifying and supporting the learning technologies we were about to buy, and others to support the process of evaluation. As the first of the Fellows were identified by Partners each was deliberately appointed on a part-time basis to ensure they remained engaged with their parent organisation. Over a similar time frame, NHS reorganisation resulted in the merger of two of our original partners (Northumberland, Tyne & Wear SHA and County Durham & Tees Valley SHA merged into NHS North East¹) and in the demise of another original partner (the North East division of the NHS University). The reverberations of this change are still being felt in some of the changes among key contacts which have followed. In November 2005 *CETL4HealthNE* was formally launched with a visit by Dr John Halamka, Chief Information Officer of Harvard Medical School² and an international expert on the use of technologies to support service delivery and education/training in complex health care organisations. It was at this point also that the staffing of *CETL4HealthNE* was completed when the Centre Manager and Secretary (the only two full-time posts) took up their appointments.

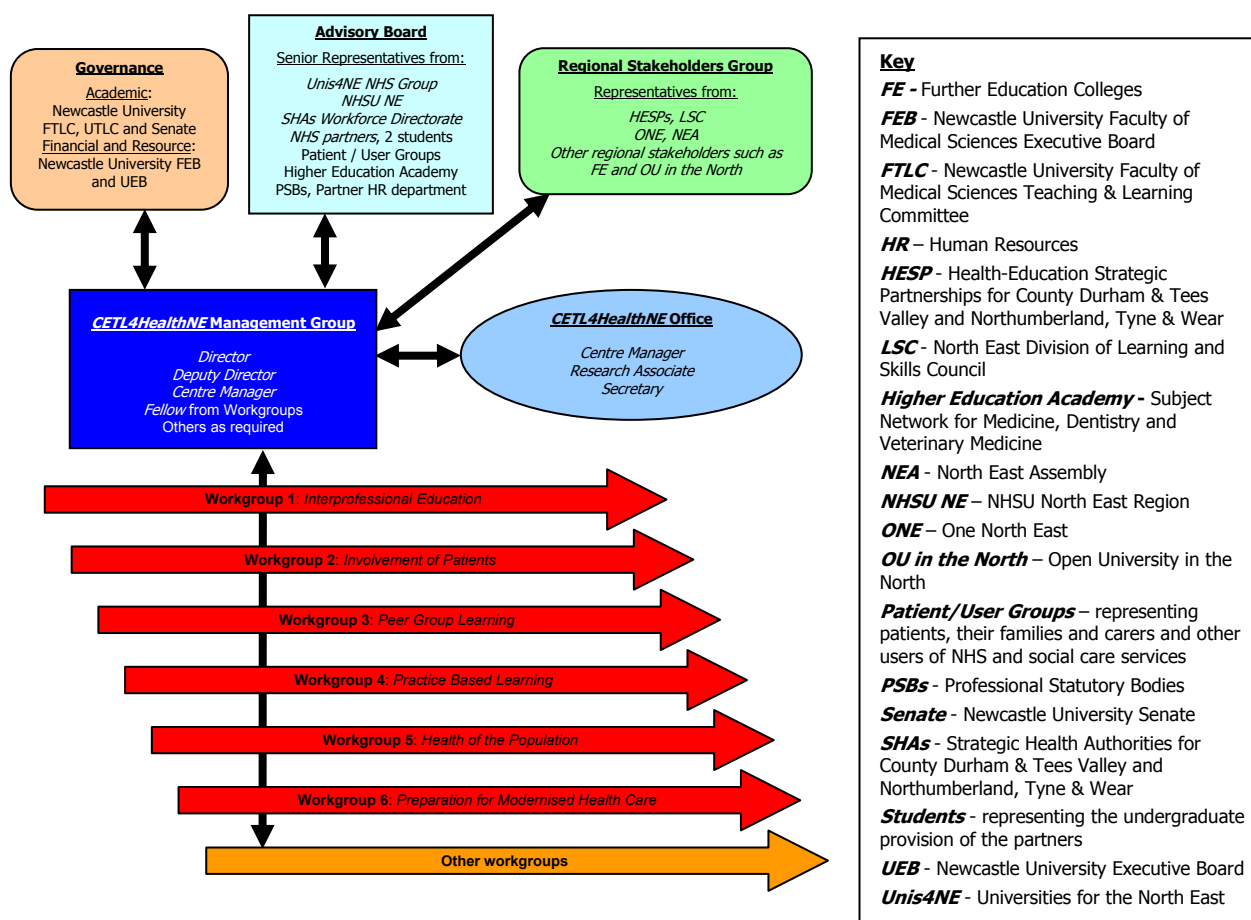


Figure 1: Our initial model of *CETL4HealthNE* structures

¹ See <http://www.northeast.nhs.uk/>

² For programme see <http://tinyurl.com/2xmqnd> and for photo and video of lecture see <http://tinyurl.com/226o4g>

During the remainder of the year considerable work went into getting each of the workgroups up and running, with agreed business plans. A review of progress was undertaken at our second Away Day in June 2006, to which we welcomed Paul Stanton, Adviser on Standards for Better Health at the Department of Health. He highlighted the challenge for us of on the one hand re-energising and re-equipping existing staff, and on the other producing new professionals who become part of clinical communities which are engaged with the new requirements arising from modernisation of the NHS. He indicated that we needed to articulate our work with mainstream regional pre and post registration agendas, overcome system inertia and “initiative fatigue”, align ourselves with system drivers and ensure that our work streams help to harness the intellectual capital of all the partners and put it at the service of the public good.

A feeling emerged from our second Away Day that our initial structures did not entirely fit with the task. Hence, following on from that meeting, there were discussions between the Preparation for Modernised Healthcare Workgroup, the Advisory Management Group and the Operational Management Group about re-aligning the work of the Health of the Population Workgroup and the Preparation of Modernised Healthcare Workgroup. In January 2007, a day meeting was held to continue and develop these discussions. Papers were presented about the current context in Higher Education and in the NHS, and some of the drivers a smaller group had identified. Following on from the meeting a revised structure of the workgroups and how they interlink was produced (see Figure 2 below).

The diagram gives a view of our current structure. It divides workgroups into two categories – context and technique. The workgroups highlighted in red relate to techniques and represent practical ways of learning. The groups highlighted in green relate to context and they look at meeting the challenges of the institutions. These represent a continuum of context and techniques, rather than two distinct categories. Although the workgroups have specific identities, priorities and activities, cross-project communication is encouraged and the *CETL4HealthNE* seeks to support workgroups in this. For example, the Healthcare and HE Challenges group is in some senses a permeable entity that can enable the flow of ideas to other workgroups.

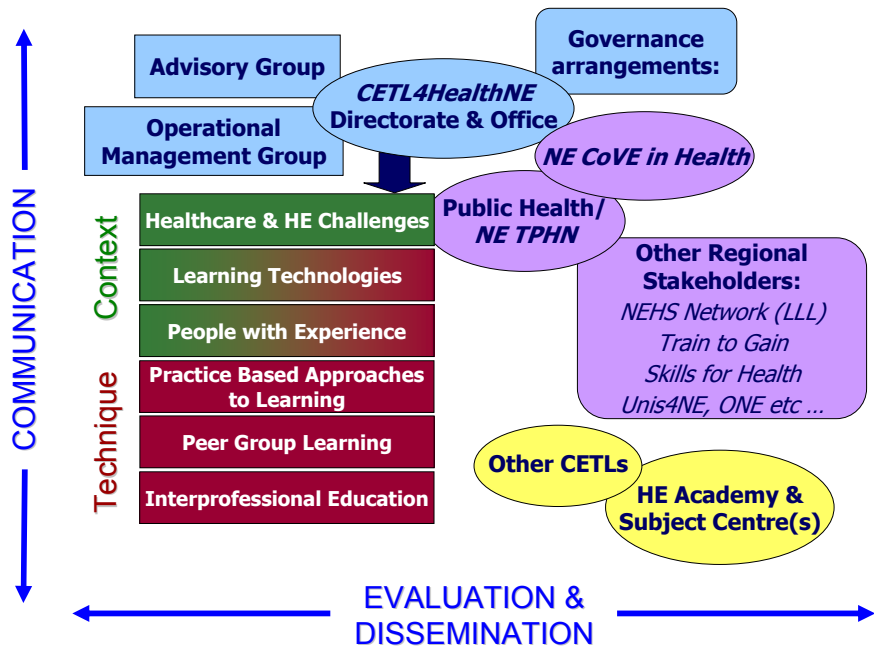
Our fundamental approach is to collaborate with existing organisations and networks rather than creating competing structures. For example, a recently created organisation in the region, the North East Teaching Public Health Network³ (NE TPHN), is being supported by *CETL4HealthNE* as a way of delivering on its agenda for Health of the Population (see 5.2.2.3).

During the past year important foci have been completing our capital expenditure, and reviewing progress to date. Our third Away Day therefore looked at two areas: Evaluation⁴ – in particular the challenge of linking effectiveness and action – and Learning Technologies⁵ – to get participants to make connections between the enhanced simulation/clinical skills and communications infrastructure and equipment now available through the capital expenditure, and the ways of facilitating and promoting effective learning being developed within workgroups.

³ Part of a DH funded national network addressing capacity in training and education for Public Health workforce

⁴ For Keynote presentation by Professor Charlotte Clarke, Northumbria University, see <http://tinyurl.com/2axpju>

⁵ For Keynote presentation by Jocasta Williams from the University of Western Australia, see <http://tinyurl.com/yq6urs>



Key

HE Academy – Higher Education Academy Subject Centres: Medicine, Dentistry & Veterinary Medicine; Health Sciences & Practice; Social Work & Policy

NE CoVE in Health – North East Centre of Vocational Excellence in Health

NEHS Network (LLL) – North East Higher Skills (Lifelong Learning) Network

NE TPHN – North East Teaching Public Health Network

ONE – One NorthEast – Regional Development Agency for North East England

Skills for Health – Sector Skills Council for the public, private and voluntary healthcare sectors

Train to Gain – HEFCE funded Higher Level Skills Pathfinder in North East

Unis4NE – Universities for the North East regional association for universities – Durham, Northumbria, Newcastle, Sunderland and Teesside and Open University's northern office

3 Layers of collaboration:

- Internal
- Regional
- National / International

Figure 2: Structure and relationships as revised from February 2007

4 Evaluation Strategy

4.1 How will we recognise success?

Evaluation seeks above all to determine the impact of an initiative, comparing this with its explicit or implicit aims and objectives (see section 3.1). The impact of *CETL4HealthNE* will ultimately be measured by the ‘employability’ and ‘fitness for purpose’ of pre-registration healthcare students entering the healthcare workforce. *CETL4HealthNE* is a partnership of organisations: collaboration was recognised in our original bid as a fundamental dimension of our activity. Success will not be seen only in the development and adoption of individual educational interventions, or of individual staff development but through the scale and effectiveness of a regional partnership approach to curriculum development for employability. In order to be able to refine and replicate success, we need to identify not only the outcomes and impact of each element of our activity but also to understand clearly how the whole enterprise operates and to examine its context. Finally, it was recognised in the original bid that significant capital investment was needed, particularly in upgrading communications infrastructure and equipment to facilitate and promote experiential learning and simulation across the partnership.

4.2 Approaches to evaluation

We see evaluation as a multi-layered process and believe that all educationalists should formatively evaluate their work to improve their educational practice. At this level, therefore, *CETL4HealthNE* workgroups and individuals are seeking to identify and audit the strengths and weaknesses of innovations and to understand the perceptions of participants (students, educators, clinicians etc). They are doing this by gathering documentation and immediate feedback from students, educators etc and through photographs, digital videoing and other types of recording of activities where appropriate. This data capture is largely routine, generally recorded on paper or electronically, and has been analysed to date according to normal institutional practice and capacity.

At another level, evaluation is designed to systematically collect information on key activities, features and outcomes of principal innovations and projects, in order to provide evidence that will inform and enhance the experience and judgement on whether or not the innovation has been successful. For completeness, we believe that such an evaluation should strive to represent the multiple perspectives of those who have a stake in the activity, such as students, university staff, clinical educators, service users, carers, and employers. One approach which we have found useful at this level draws on the work of Pawson and Tilley (1997)⁶ on ‘realistic evaluation’ and seeks to identify not only the outcomes of each project or innovation, but also to understand clearly how it operates (the mechanism) and also to address the importance of the (continuously changing) context within which it sits. Workgroup convenors and those leading innovations which are to be evaluated at this level are gathering additional data – for example observation of events and activities by researchers, questionnaire/interview data on other stakeholders’ opinions, data on costs etc, to enable more in-depth description and critique, and to facilitate transferability of initiatives to other sites/settings within or beyond *CETL4HealthNE*. Evaluative research at this level should also, resource permitting, examine theoretical questions arising out of the development or implementation of innovations. In the Stage 2

⁶ Pawson R and Tilley N (1997) *Realistic Evaluation*, Sage, London

Proposal we anticipated that we would seek to attract additional funding from a range of sponsors⁷ to support this work.

However, in a complex organisation such as *CETL4HealthNE*, not all evaluation can take place at the level of individual projects or innovations and their impact. At the level of the *CETL4HealthNE* as a whole, we need to examine and reflect on our progress as an organisation, particularly in the light of our aspiration to be an effective regional collaboration. For this level of organisational evaluation we are systematically collecting selected information in relation to our overall goals and our outcomes to date. Data at this level includes the collation of the basic level data from workgroups described above, data on the development and implementation of specific interventions in partners' curricula, data about opportunities for reward, examples of recognition and the building of experience and skills, and evidence about the early impact of capital expenditure to develop the infrastructure for teaching and learning across the region. Such data will provide evidence that will inform the judgement of the partners (through our Advisory Group) as well as HEFCE about whether or not *CETL4HealthNE* has been successful in relation to its expressed goals.

It is also important that we examine unintended as well as intended outcomes, and gain a more dispassionate perspective on our activity. We envisaged that we would appoint an external evaluator on the basis of our partners' previous experience of teaching and learning project evaluation, and on the advice of the Higher Education Academy, to provide measures of overall quality complementary to our own internal evaluation activities. To facilitate the process of continuous organisational improvement/development, we have sought constructive critical review from an external 'Critical Friend'⁸ with expertise in areas relevant to the functioning of our organisation and how far it is achieving its goals. Professor Marilyn Hammick is our Critical Friend. She is a Visiting Professor at the University of Central England, and Chair of the Centre for the Advancement of Interprofessional Education. She advises on educational systematic review work, is a Consultant to Best Evidence Medical Education (BEME) and a Research and Evaluation Consultant at the UK Higher Education Academy Subject Centre for Health Sciences & Practice. Marilyn is committed to visiting *CETL4HealthNE* on several occasions each year, participating in meetings at all levels of the organisation and reflecting regularly with the Directorate team on our progress and problems, helping us to highlight unexpected as well as planned results.

4.3 Capacity building in educational evaluation

Although we had initially envisaged appointing a 0.4 FTE Research Associate, it became clear early in the life of the Centre that the scope and range of our evaluative activity would be too great to be encompassed by one individual working two days per week. Some activity to date has been undertaken by Fellows, some by administrative staff and some by Associates bought in from among the partners to support specific tasks (for example literature reviewing). An Evaluation resource group has been formed, made up of people among the partners with expertise in research related to education and practice development, who can advise on approaches to particular issues and questions. Nevertheless, we are still exploring appropriate models for continued evaluation support. At the same time, we were keen also to create the opportunity to examine theoretical

⁷ For example, National Institute for Health Research, charities, HEA, Skills for Health and others

⁸ For a useful discussion of this term, see Swaffield S (2002) *Contextualising the work of the critical friend*, paper presented at the 15th International Congress for School Effectiveness and Improvement (ICSEI), Copenhagen, 3–6 January, 2002: <http://www.educ.cam.ac.uk/lfi/ICSEI/swaffield.doc> accessed 27/07/2007

questions arising out of our work, and to build research capacity. With the agreement of the Advisory and Operational Management Groups, we converted the 0.4 FTE Research Associate to a PhD Studentship which was advertised in summer 2006, and appointed starting in the autumn of that year. Most recently, we have secured non-CETL funding to increase our capacity to provide additional evaluation support to workgroup convenors – the details of how this support should be provided are currently being decided by the Operational Group.

4.4 PhD Studentship

The studentship was advertised as intended to enable us to develop a theoretically robust study to explore how Higher Education and the NHS work together in developing innovative teaching and promoting effective learning. The student we appointed, Laura Lindsey, has developed the PhD proposal to look at '*Individual aspirations in multi-organisation collaboration*' which aims to explore individuals' aspirations in relation to the collaboration and their impact on the process and outcomes of collaboration in an educational setting. In addition she intends to explore changes in the aspirations over time and the possible factors affecting change. Over the first year Laura has done a lot of work investigating the literature across a wide range of related areas and has also prepared documentation for the necessary ethics application, including information sheets, consent forms, interview topic guides and other accompanying documents. Preparation of these documents for the committee has provided her with time for reflection on the methods involved as well as highlighting practical considerations which might otherwise have been missed. Ethical approval has been granted with effect from July 2007.

5 Results of Evaluation

5.1 Introduction

The results presented below are based on data from the early phase of operation of *CETL4HealthNE* in relation to the planned areas of development and impact identified in the Stage 2 bid, and HEFCE's own objectives. They concern partnership working, reward and recognition and our early priorities, as well as capital expenditure and some early student feedback. They are followed by some reflection on the methods used, data available, lessons learned to date and changes which are planned.

5.2 A partnership approach to workforce development

In our Stage 2 bid, we said that *CETL4HealthNE* would be an 'engine for change' across its HE partners, enabling them to interface creatively with more 'joined-up' workforce development, and allowing for the crucial role of NHS partners in defining workforce requirements. We believed that impact would not so much come from the individual educational interventions but from the scale and effectiveness of the regional partnership approach to these issues. Our partnership is in effect made up of three layers of collaboration – internal, regional and national.

5.2.1 Internal partnerships

The partners within *CETL4HealthNE* have developed collaborative working arrangements which reach beyond their previous relationships, many of which were limited for any activity to one or two other partners. The model of working we have adopted – involving regular workgroup meetings and occasional longer workshop days – has encouraged the development of confident working relationships across a range of partners at several levels. For example, the People with Experience Workgroup is led by an effective partnership between Angela Morgan from University of Teesside (convenor) and Anna Jones from Northumbria University (deputy convenor)⁹ and includes members from a majority of the other partners, as well as active service user, carer and student representatives. The HE and Healthcare Challenges workgroup, which grew out of a rethinking of how our structures mirrored our tasks (see section 3.2 above) is convened by Steve Page from North East SHA, but includes members at Associate Dean level from HE partners, and senior managers from other NHS partners.

5.2.2 External partnerships in our region

The perceived success of the *CETL4HealthNE* internal partnership has led a number of external groupings within our region to approach us to see how far they might work with us (to achieve common goals), or build a complementary grouping to achieve different but related goals. The principal groupings we have worked with are discussed below.

5.2.2.1 North East Centre of Vocational Excellence in Health

One of the earliest of these was the North East Centre of Vocational Excellence in Health (*NE CoVE in Health*), which seeks in some ways to perform a similar function to the *CETL4HealthNE* in the further education and related sector. The *CoVE in Health* is led by the Strategic Health Authority, working with FE providers across the same area, and is focused on developing an appropriate workforce in five key areas: Public Health, Learning Disabilities, Dental Workforce, Healthcare Awards (Dietetics, Diagnostics and Pathology)

⁹ See <http://tinyurl.com/3ylmcj>

and Mental Health. We agreed that the CoVE should have a member on our Advisory Group (Hazel Robson) and they were keen that we also have a member on their implementation group (Lesley Scott – our Centre Manager). They were impressed by our communication tools and so we helped them to develop their website¹⁰. We also routinely share newsletters and attend each other's workshops etc. From this engagement the *CETL4HealthNE* has gained enhanced awareness of the larger strategic picture in relation to workforce development.

5.2.2.2 Unis4NE

Unis4NE is an established collaboration between the universities in the North East. Its Board meets quarterly and is comprised of the Vice Chancellor of each University and the Chair and Deputy Chair of the Executive Committee. It aims to maximise the universities' contribution to the social, economic and cultural life of the North East of England and develop partnerships with business, industry and public bodies. It was recognised in our original bid that *CETL4HealthNE* is a transitional organisation aimed specifically at improving healthcare education across our region. We envisaged the development of a Unis4NE 'Faculty/Academy of Health' to take on strategic direction. In practice, due perhaps to NHS changes impacting on workforce decision-making and available resource, Unis4NE has had a less central role in strategic direction to date than the SHA. Reports are made to the Board annually¹¹, and Unis4NE also provides valued meeting space for Operational Management and Advisory Group meetings.

5.2.2.3 North East Teaching Public Health Network

In 2006, bids were put forward to the Department of Health for a series of 'Teaching Public Health Networks' (TPHN). The North East bid included reference to *CETL4HealthNE*, as some of those involved had encountered it, and knew that part of our remit included finding ways to develop and improve teaching and learning in relation to the health of the population at large. Once the North East TPHN was awarded, *CETL4HealthNE* was asked to consider hosting the work of the TPHN, which is funded until March 2008. In fact, since we are a virtual entity, one of our partners, Sunderland University, provides facilities. The TPHN aims to begin to build a whole system approach to the development of public health education across organisations and sectors, at all skill levels, widening the reach of public health into non traditional settings in order to improve health and reduce health inequalities in a sustainable way. This is clearly a more extensive remit than that originally envisaged for *CETL4HealthNE*, however it was made clear that *CETL4HealthNE* could not be responsible for objectives which lay beyond its original responsibilities. Geoff Hammond (*CETL4HealthNE* Director) and Andrew Russell (*CETL4HealthNE* Fellow, Durham) have been active members of the core group of the TPHN, and other *CETL4HealthNE* members have contributed to completing a baseline assessment of activity and practice in public health teaching, including capacity and capability, across the region.

5.2.2.4 Higher Level Skills Pathfinder - 'Train to Gain'

The HEFCE funded Higher Level Skills Pathfinder in the North East – badged as 'Train to Gain' – is a government initiative aimed at enabling businesses to find high quality, affordable training for their employees¹². Although this initiative covers a wide range of levels of training, Business Gateway Advisers funded through Train to Gain, and similar appointments across *CETL4HealthNE*'s HE partners, have established contact with a view

¹⁰ See <http://www.nehealthcove.co.uk/>

¹¹ See <http://tinyurl.com/2a84ge>

¹² Brokers' help businesses to identify the skills they need, find appropriate training, agree a tailored training package, find funding, and then review progress.

both to understanding the nature of *CETL4HealthNE*'s partnership with NHS employers and exploring the potential for development of appropriate training packages.

5.2.2.5 NE Skills for Health

Skills for Health is the Sector Skills Council for healthcare in UK, developing national workforce competences for health staff. Its purpose is 'to help the whole sector develop solutions that deliver a skilled and flexible UK workforce in order to improve health and healthcare'. It has several Regional Directorates including one based in the North East. Like other agencies, Skills for Health has established contact to explore the potential of *CETL4HealthNE*'s approach to partnership between HE and NHS.

5.2.2.6 North East Higher Skills Network

Jointly funded by HEFCE and the Learning and Skills Council, the regional Lifelong Learning Network, North East Higher Skills Network (NEHSN), is an initiative that involves all 28 of the region's universities and colleges. With the support of key stakeholders, it seeks to '*create the environment in which vocational learners and employers in the North East region have access to the most relevant, accessible, innovative and fully articulated higher level learning opportunities in the country, as a consequence of the focused efforts of the FE and HE sectors working collaboratively with key partners in the North East*'. The NEHSN is initially focusing its activities within three priority areas: Health and Social Care; Engineering (manufacturing); and Leadership and Management. There is clearly potential for overlap and duplication of effort for a number of such regional organisations, including *CETL4HealthNE*. This risk is being managed by personal communication at Director/Manager levels to ensure that we understand each other's remit, priorities, and future activities.

5.2.2.7 NE SHA Service Education Partnership

In the restructuring of the NHS, and the merging of what had been two sub-regional SHAs to one regional structure, the workforce development arrangements also changed. The new Strategic Head of Workforce at the SHA took up post in spring 2007 and attended a meeting of the Healthcare & Higher Education Challenges Group in May 2007 to brief it on developments and future plans, and to discuss opportunities for developing further communication and partnership working. Opportunities for links and two-way influence between the SHA workforce function and *CETL4HealthNE* were identified at a number of levels, including links with the Operational Management Group, ongoing representation of the SHA on the Challenges group, sharing of minutes of the Service Education Partnership, and representation of *CETL4HealthNE* as a discrete entity on the SHA Service Education Partnership¹³ with effect from August 2007. Several key members of *CETL4HealthNE* are also members of the Service Education Partnership in their own right. It is hoped that this arrangement will enable *CETL4HealthNE* to make a strong and creative contribution to the strategic thinking of the SHA on key topics. There will also in future be potential for us to bid for (limited) SHA development funds, where strategic intentions overlap and our partnership arrangements can add strength.

5.2.3 External partnerships nationally and internationally

The main thrust of our partnership approach to workforce development is regional, so it is unsurprising that the majority of those with whom we have worked in the past two years have been within the North East of England. However, we have also benefited from developing links with a number of external partners nationally and internationally.

¹³ Finalised Terms of Reference will be published by the SHA (NHS North East) in the next few months

5.2.3.1 Other CETLs

We are members of several mailing lists for CETLs in general, and receive in addition a variety of flyers and newssheets from other CETLs. Within our region, we have strong informal and constructive links with both the collaborative *Centre for Inclusivity in Contemporary Music Culture* (led by Newcastle University) and the *Centre for Excellence in Assessment for Learning* at Northumbria University. Links include sharing ideas about reporting, mutual invitations to events and sharing of access to facilities. Beyond our immediate area, we have established constructive links with *Assessment and Learning in Practice Settings* (ALPS) centred around Leeds University. Members of our Practice Based Approaches to Learning (PBAL) Workgroup and the People With Experience (PWE) have been active in following up this link. ALPS and PBAL/PWE are both exploring the potential of assessment using mobile devices, and it seems likely that continued links in this area will generate further development. We have also developed strong linkages with several CETLs involved in interprofessional learning. Following up initial contacts made by *CETL4HealthNE* members presenting a poster at an IPE conference in summer 2006¹⁴, in January 2007, we hosted a national day meeting for CETLs with an interest in IPE, with support from the Higher Education Academy¹⁵. Those present generated a wide range of ideas about developing and evaluating effective IPE based on their experience and the day was felt to be useful and worth repeating¹⁶. Links with the *Centre for Inter-Professional e-Learning* (CIPeL) in Health and Social Care led from Coventry, who took part in the January meeting were further enhanced when our IPE Workgroup were asked to make a keynote presentation about aspects of our work at CIPeL's conference in April 2007¹⁷.

5.2.3.2 HE Academy Subject Centres

We envisaged that the Higher Education Academy Subject Centres would primarily be involved with us in facilitating wider mainstream engagement and dissemination. This has been particularly the case in relation to aspects of our IPE activity, where links with Subject Centres for Health Sciences & Practice and Social Work & Policy have been most helpful. In addition, we have benefited from the participation of Dr Megan Quentin-Baxter (Acting Director of the Subject Centre for Medicine, Dentistry & Veterinary Medicine¹⁸) in the *CETL4HealthNE* Advisory Group. Also, the Subject Centre for Health Sciences & Practice has been closely involved in the national coordination of baseline research on Public Health education and training capacity by the regional Teaching Public Health Networks, including the NE TPHN/*CETL4HealthNE* collaboration.

5.2.3.3 CAIPE

Another key national link in relation to our IPE work is the UK Centre for the Advancement of Interprofessional Education, CAIPE. Our Critical Friend, Marilyn Hammick, is national Chair of CAIPE and Pauline Pearson, Deputy Director of *CETL4HealthNE*, is a CAIPE Board member. CAIPE is ideally placed to work with our IPE workgroup to facilitate mainstream engagement and a CAIPE workshop on Interprofessional Education Facilitation for Educators in collaboration with *CETL4HealthNE* is planned for July 2008.

¹⁴ For poster and details of Altogether Better Health III conference, London, attended by ABW, see <http://tinyurl.com/389m2a>

¹⁵ Subject Centres for: Health Sciences & Practice; Medicine, Dentistry & Veterinary Medicine; and Social Work & Policy

¹⁶ For evaluation of January 2007 CETL IPE event see <http://tinyurl.com/2b3b2h>

¹⁷ For presentation see <http://tinyurl.com/22zpta>

¹⁸ See <http://www.medev.ac.uk/>

5.2.3.4 JANET(UK) and Connecting for Health

In our Stage 2 Proposal we had envisaged using capital and recurrent expenditure to link with NHS partners via improved academic (JANET(UK)¹⁹) IT network connectivity. However, it became clear from John Halamka's visit² (see section 3.2) and discussions then and subsequently that there was the potential to do something more radical and exciting in collaboration with the major NHS IT initiative, Connecting for Health. Furthermore, as we entered the second year of the *CETL4HealthNE* collaboration, our NHS partners were telling us that they no longer wished to connect to HE partners via a JANET network connection but much preferred to utilise the newly established NHS-N3 network to support education and training, as well as for their routine clinical support. After much discussion and negotiation, the result has been the development of a major collaboration with the existing NHS-HE Forum²⁰ to create a 'gateway' between HE and NHS networks. The North East is a key player in this national initiative, thanks to *CETL4HealthNE*'s involvement²¹, including a contribution to funding of the required IT equipment. Once the early adopters, including the *CETL4HealthNE* partnership, have resolved the inevitable issues that will arise, the improved level of service and functionality will become available to all HE and FE organisations requiring network connectivity with the NHS.

5.2.3.5 Other contacts

The Swiss Medical E-Learning (MedEL²²) group from the medical schools of the Universities of Basel, Bern, Geneva, Lausanne and Zurich visited *CETL4HealthNE* in April, 2007²³. They were visiting a number of CETLs and were interested specifically in eLearning. Although, eLearning is not highlighted as a *CETL4HealthNE* priority, it does underpin much of our approach and has become part of the learning landscape. These visits were facilitated by the Subject Centre for Medicine, Dentistry & Veterinary Medicine. In June two educationalists from University of Derby visited to discuss developing interprofessional learning and working. In July 2007 the use of both portable ultrasound and the Virtual Human Dissector software in undergraduate medical education were showcased at a meeting of The Anatomical Society of Great Britain and Ireland held at Durham University. In addition to the visits by John Halamka and Paul Stanton already mentioned above (see section 3.2), we also co-hosted a visit in 2005 by Dr Gary Kaplan, Chair and Chief Executive of the Virginia Mason Medical Centre, Seattle, to talk about applying the Toyota production system to medicine^{24,25}. We have also been co-hosts of a number of regional and national meetings (see sections 5.4.1.3 and 5.8) which have generated additional connections.

5.3 Rewarding, retaining and developing staff

The first aim of HEFCE's CETL programme was to reward practice that demonstrates excellent learning outcomes for students. In addition it is crucial for HEIs to retain staff and to enable the development of the next generation of educational leaders. In *CETL4HealthNE*, individual HE and NHS partners operate Human Resources policies and promotions criteria that reward excellent teaching. We have sought to complement these policies by offering a variety of non-pay rewards and opportunities for people to

¹⁹ See <http://www.ukerna.ac.uk/about/index.html> and www.ja.net [n.b. UKERNA is now JANET(UK)]

²⁰ See <http://www.nhs-he.org.uk/>

²¹ For UKERNA newsletter see <http://tinyurl.com/3crnmm>

²² See www.swissmedel.ch

²³ For programme of MedEL visit see <http://tinyurl.com/38x3ma>

²⁴ Dr Gary Kaplan (Virginia Mason Medical Center, Seattle) shared his experience applying the Toyota production system to medicine – 'Seeking perfection in healthcare'

²⁵ See also http://www.sbtionline.com/files/Going_Lean_in_HealthCare.pdf - accessed 23/8/2007

demonstrate innovation in teaching, and thus enhance recognition and prospects for promotion within their home organisation. In support of this approach, the *CETL4HealthNE* has allocated 2% of its total recurrent funding for development and training of partner staff, over and above funding that goes directly to partners or that used to fund workgroup activities, which may also be used to support staff development.

5.3.1 Fellows

The principal component of our reward and recognition strategy is to buy-out protected time from their standard duties for key individuals within each partner to deliver on CETL priorities. Fellows²⁶ were appointed initially for 2 years and then annually thereafter, to allow some stability but also the flexibility to re-appoint or make new appointments as required. We currently have 17 Fellows and one Emeritus Fellow²⁷. Fellows are recognised as fulfilling leadership roles in their own institutions in relation to teaching and learning. Each Fellow has access to £1k per annum for personal use for the duration of their appointment. This sum has been used in many different ways, from buying IT equipment and paying for conferences, to supporting further study or hiring transport for students in order to facilitate a teaching innovation. In this way Fellows can access resources and opportunities to develop their skills and experience, in order to build up capacity to make a difference beyond the lifetime of the Programme. Most Fellows contribute to one or more workgroups, and can also access other resources and, where appropriate, specialist training through business plans agreed by workgroups.

5.3.2 Associates

We are also in the process of appointing a number of Associates²⁶ who are supported by their employers and have dedicated time to work on activities agreed with workgroup convenors and the *CETL4HealthNE* management team. The volume of work necessary to achieve our objectives is greater than can be accomplished by Fellows alone. Associates are enabled to develop their interests and skills whilst also providing additional human resource. They are a part of our capacity building strategy.

5.3.3 Institutional and national recognition

Whilst our strategy is to complement institutional policies for reward and recognition, it is notable that the Director, Geoff Hammond, was promoted to a Chair in Medical Education Development within a relatively short period after the establishment of *CETL4HealthNE* – the case for promotion was greatly strengthened by the applicant's involvement in *CETL4HealthNE*. Angela Morgan, an HE Fellow, was recently promoted to Assistant Dean - Learning & Teaching Development from an acting position. Dr Claire Dickinson, a member of the IPE workgroup was part of a successful bid for ESRC research seminar funding²⁸. The seminars will bring people of international reputation in IPE to the UK.

One of our NHS Fellows, Dr Jane Metcalf, with other *CETL4HealthNE* colleagues, was a finalist in the NHS Institute of Innovation and Improvement Awards 2006 in the Patient Safety category with an Interprofessional Education Workshop. Another NHS Fellow, Dr Lesley Young-Murphy was recently promoted to the post of Head of Patient Care in North Tyneside Primary Care Trust. She feels that being part of *CETL4HealthNE* and the direct links with the remit of the post (improving patient care and governance across the provider service, particularly looking to the future workforce) contributed to her appointment.

²⁶ For criteria see <http://tinyurl.com/2bkjv3>

²⁷ For 'where Fellows are' document see <http://tinyurl.com/2v4bfn>

²⁸ The bid was led by Dr Sarah Hean from Bournemouth University and the team have been funded to run a series of seminars around 'Evolving Theory in Interprofessional Education'. *CETL4HealthNE* will host one of the seminars in the series in Newcastle

5.3.4 Developing staff

In recent reviews of *CETL4HealthNE* activity with each of our partners, the inclusion of contributions to *CETL4HealthNE* in staff appraisals was notable, for example at Sunderland University. Several partners have expressed interest in using this as a tool not only to identify current work but also to focus staff development.

5.4 Early priorities - key workgroups

In the Stage 2 Proposal, six areas which would cut across the range of provision encompassed by the partnership and address important strategic issues were identified as early priorities for our activity.

5.4.1 Interprofessional education

Interprofessional education (IPE) is pivotal in creating an environment where students in health and social care can learn professionalism, be creative and work with developing technologies in learning to value each other and their patients. Since partners' existing IPE activity was both substantial and variable, the workgroup aimed not to reinvent activity but to connect diverse partners to create culture change and support innovation.

5.4.1.1 Engaging new groups

An important initial objective was to expand existing work into new contexts and to engage with new participants. In the North East, pharmacy students (Sunderland University) had not been engaged in any interprofessional learning, and had had few opportunities for practice based learning. Twenty-nine volunteer final year pharmacy students joined students from other professions in a Patient Safety day in North Tees and Hartlepool Trust looking at root cause analysis and dealing with complaints. This generated publicity locally for *CETL4HealthNE*²⁹. It is planned to develop this further for dissemination across Teesside. In a second pilot, 33 volunteer first year pharmacy students joined 33 first year medical students, with each pair going on to a hospital ward to interview a patient. Students then returned to the teaching centre to discuss their findings in a group facilitated by a final year medical student. Students reported that they enjoyed the event, found it interesting and important for their studies. It is hoped to roll this out to all acute Trusts on Teesside so that at least 110 pharmacy students can be accommodated. In a third pilot, 29 volunteer final year pharmacy students took part in six focused patient safety sessions shared with medical, OT and physiotherapy students. Sessions focused on prescribing issues, infection control and peri-operative care. Feedback indicated that a more longitudinal approach might be helpful, and there are plans to include nursing students in the next activity. In addition, papers have been accepted for EIPEN 2007^{30,31} and AMEE 2007^{32,33,34,35} – two at each on the pharmacy involvement in projects discussed above. One paper on the single patient safety day was presented at ASME 2006³⁶.

²⁹ For newspaper cutting see <http://tinyurl.com/3e5lnk>

³⁰ See <http://eipen.org/>

³¹ Jane Metcalf, Carol Candlish, Rachael Swann, Dawn Noble, Jan Wardle, Dionne Richardson, Anne Lamb, John Mason, Sue Osborne (2007) A *CETL4HealthNE* collaboration to promote patient safety, EIPEN 2007 Short Paper, [and see http://tinyurl.com/yv39ek](http://tinyurl.com/yv39ek)

³² See <http://www.amee.org/documents/AMEE%202007%20Programme.pdf>

³³ Carol Candlish, Jan Wardle, Lynn Laidler, Anne Lamb, Dionne Richardson, Jane Metcalf (2007) *CETL4HealthNE*: early clinical exposure and IPE for pharmacy and medical students: short clinical session, AMEE 2007 Short Communication

³⁴ Leo Donnelly, Debra Patten, Pamela White, Gabrielle Finn (2007) Virtual Human Dissector as a learning tool for studying cross-sectional anatomy, AMEE 2007 Short Communication, [and see http://tinyurl.com/2c9713](http://tinyurl.com/2c9713)

³⁵ R Swann, D Richardson, J Wardle, J V Metcalf (2007) 'It's been a Hard Day's Night' – A novel method of key skill training for final year medical and nursing students, AMEE 2007 Short Communication

³⁶ See Programme http://www.asme.org.uk/conf_courses/2006/docs_pix/asm_reg_form.pdf

5.4.1.2 Working with social care

It was recognised in the Stage 2 Proposal that the boundaries between health and social care would need some exploration and development of a policy for engagement. A *CETL4HealthNE* Associate, Jeanie Molyneux, was asked to examine how we could develop the involvement of social work students and social work practice assessors in interprofessional practice placements. The report is appended³⁷. Key conclusions, for social work, included concerns of practice assessors and students feeling confident in their professional identity, role and values, and that these factors would be respected in situations where social workers are often in a minority. However, many issues raised were relevant to all professions. These included the need to find champions for IPE, access to training for practice assessors/mentors in developing interprofessional learning, and identifying positive models of interprofessional working to present to students.

5.4.1.3 Dissemination

In March 2006, the workgroup held a regional conference *Engaging with Interprofessional Healthcare Education in the North East* – with key national speakers on IPE (notably Professor Hugh Barr³⁸ and Ms Lisa Hughes³⁹). The programme provided opportunities to share ongoing work with colleagues in the region⁴⁰. The conference was attended by a mix of academics and practice educators⁴¹, and appeared to be very well received⁴². A similar event is planned for 2008.

In January 2007, as mentioned above, *CETL4HealthNE* hosted a national day meeting for CETLs with an interest in IPE, with support from the Higher Education Academy. This followed up earlier links made through the IPE workgroup. Group discussions focused on barriers and facilitators to developing and evaluating IPE and generated some valuable insights. Overall, the day was felt to be useful and worth repeating¹⁶. Conference papers have been accepted in relation to work discussed above (see section 5.4.1.1). The Patient Safety work was also shortlisted for a national NHS award (see section 5.3.3).

5.4.1.4 Other activity

The interprofessional education workgroup is supporting the School of Health and Social Care, University of Teesside in facilitating the regional spread of a pilot service improvement module with a dual focus on interprofessional learning/integrated working and work based learning. It was suggested that this could be taken forward as joint venture with the PBAL group, which has now been agreed. In addition, the group supported a successful bid for a project with Northumbria University linked to York St John, which will also be moving forward from the autumn. Also in the autumn, an interprofessional module which has been piloted between the Universities of Northumbria (nursing, social work, physiotherapy and occupational therapy) and Newcastle (medicine) will be piloted with the whole student cohort to see whether it can be successfully mainstreamed.

5.4.2 ‘People with Experience’ – user involvement

The second important aspect of health professional education which we agreed to engage with was the involvement of patients and communities in educational activities. We felt that not only was this an area where we had some strength, but also that, as it becomes a

³⁷ For report see <http://tinyurl.com/2nv5af>

³⁸ President of CAIPE and Visiting Professor in Interprofessional Education at King’s College London, St George’s University of London with Kingston University, and the University of Greenwich

³⁹ Director, Creating an Interprofessional Workforce programme for the Department of Health

⁴⁰ For programme see <http://tinyurl.com/279bju> and for presentations see <http://tinyurl.com/2qnqbu>

⁴¹ For photo of poster session see <http://tinyurl.com/29lj7k>

⁴² For evaluation of March 2006 IPE event see <http://tinyurl.com/25so8b>

more significant element of health and social care practice, developments should be mirrored in the education process. The overall aim of the group's activity was to mainstream the involvement of users and carers – people with experience of the impact of health, illness and healthcare – in the development, delivery and assessment of curricula. We aimed to facilitate the preparation of health care professionals who will routinely involve users and carers in decisions regarding their health and social care both to meet their individual needs and the needs of their communities. To date the group has sought: firstly, to raise awareness of current local, regional and national strategies used to promote the involvement of people with experience in the development, delivery and assessment of curricula; secondly, to develop and promote the use of learning resources to mainstream their involvement; and thirdly, to contribute to the impact evaluation of their involvement.

5.4.2.1 Raising awareness

In December 2005 the group organised and hosted a one day event entitled *Listening to Voice's* which included relevant representatives from all *CETL4HealthNE* partners, users and carers⁴³. It was through this event that links were made with Paul Stanton, NHS Clinical Governance Support Team. Out of this emerged a stronger group, with some new members, and confidence that they had plenty to build upon. In May 2006 the School of Health, Community and Education Studies at Northumbria University held a staff development day focusing on service user and carer involvement in the curriculum which was supported by *CETL4HealthNE* funding and attended by *CETL4HealthNE* partners. The event aimed to further raise awareness of the involvement agenda and provide the opportunity to learn from the established good practice of colleagues and service users. Evaluation was positive. The workgroup is in the process of collating and synthesizing the current literature available on user involvement, potentially leading on to a journal article. This work is informing a Mini Project⁴⁴ in the area by Professor John Spencer (Newcastle). In addition, web pages on the *CETL4HealthNE* website have been developed to disseminate information regionally and nationally⁴⁵. Presentations have been made at a variety of conferences, including Nurse Education Tomorrow Net2006⁴⁶ and a summary presentation⁴⁷ prepared for use by partners on plasma screens used as information displays in university public areas. Links have also been built with three other CETLs interested in this area of work: *Centre for Excellence in Interdisciplinary Teaching and Learning in Mental Health*, University of Birmingham; *Assessment and Learning in Practice Settings (ALPS)*, centred on University of Leeds; and *Placement Learning in Health and Social Care*, University of Plymouth.

5.4.2.2 Developing resources

Part of our planned resource development activity focused on the further development of the Narrative Archive material originally produced by Northumbria University. It was agreed to focus data collection on the experiences of services users and carers who have some of the greatest difficulties accessing healthcare services for different reasons. The aim was to involve *CETL4HealthNE* partners and voluntary sector groups in developing an online multimedia database of narrative resources related to individuals' experiences of healthcare which can be used to support the learning of healthcare students studying in the North East. After piloting of data collection approaches and training for data collectors⁴⁸,

⁴³ For presentations see <http://tinyurl.com/3dj5ht>

⁴⁴ Higher Education Academy Subject Centre for Medicine, Dentistry & Veterinary Medicine Mini Project (2006): Identifying good practice in user involvement in medical and dental education – see also http://www.medev.ac.uk/resources/funded_projects/show_mini_project?reference_number=437

⁴⁵ More than 700 average monthly views of this part of *CETL4HealthNE* website (March – August 2007)

⁴⁶ For Net2006 programme and abstracts see <http://www.jillrogersassociates.co.uk/pdfs/Corepapers2006.pdf>

⁴⁷ For summary presentation see <http://tinyurl.com/2futr7>

⁴⁸ For programme see <http://tinyurl.com/23p798>

it is envisaged that 3-4 *CETL4HealthNE* partners and selected voluntary groups, with 1-2 collectors per organisation, will be involved in collecting approximately 6 narrative interviews per organisation. Training materials and documentation for data collectors and informants have all been prepared⁴⁹. The group also intend to develop and pilot tools to involve users in the assessment of students in practice. To date, an audit has been carried out in one partner HEI which indicates that whereas user involvement in curriculum development and delivery has been increasing steadily towards planned targets, this is not the case in relation to user involvement in assessment. The aspiration was to involve users in at least 30% of assessment, whereas the reality is scarcely 1%.

5.4.2.3 Impact evaluation

To date the workgroup has been looking for additional sources of funding to extend and enhance its longer term evaluation activities beyond those originally planned. Through this they intend to explore the impact of this programme of work on the quality of services received by service users and carers.

5.4.3 Peer group learning

In the Stage 2 Proposal, the aim of this work stream was articulated as '*To develop the healthcare curriculum to provide students with the opportunity to learn in peer groups*'. The advantages of peer group learning (PGL) include the potential for more time to be spent on learning tasks, the motivation of students and that it helps to model the way future professionals will work together, including peer appraisal. The proposal also identified the need for appropriate preparation of students and staff. The literature relating to PGL and associated activities was explored, to determine its relevance to the wider activity of *CETL4HealthNE* with the intention of utilising it to analyse current practice and enhance future practice. Following the literature review, relatively limited progress has been made in year two with identifying and capturing good practice and assembling it for dissemination due to pressure of other work for workgroup members. Work is ongoing to identify and manage overlaps with other work streams – for example, a project is underway at Northumbria University which is marrying peer group learning with interprofessional education and using laptops. This was the subject of a presentation¹⁷ at CIPeL's conference in April 2007 (see above 5.2.3.1). A presentation about the project was made at an internal Northumbria University conference and similar opportunities elsewhere are being explored. The group is looking for more 'case studies' to contribute further to the understanding and evaluation of peer group learning. It is planned to develop a package of learning materials which will support educators in developing, implementing and evaluating peer group learning in both campus and practice settings.

5.4.4 Practice based approaches to learning

It was recognised in the Stage 2 bid that to meet NHS demands for a '*fit for purpose*' workforce, a significant proportion of learning must take place in practice. A more systematic approach was proposed to the development of effective practice based approaches to learning, including attention to the difficulties of identifying and managing appropriate placements.

5.4.4.1 'Hard Days Night'

Training sessions have been developed at North Tees and Hartlepool NHS Trust which have been named 'Hard Days Night'. These have been used successfully on three

⁴⁹ For "Collecting the stories of People with Experience: developing a narrative archive to support healthcare professionals' education" see <http://tinyurl.com/35o7hm>

occasions to date⁵⁰. Medical students and student nurses must consider a list of tasks typical of those requested by nursing staff for Foundation Year doctors on call. They must communicate effectively with each other and prioritise tasks, decide when to call for help and undertake clinical assessments/procedures. A nursing and medical handover takes place and the scenarios are developed to represent a typical ward environment that can be anxiety-inducing for the students. Using clinical colleagues to act as patients facilitates the role-play. It has been suggested that the group could also consider using students to act as patients to gain a different perspective and facilitate reflective/peer group learning. Discussion has also taken place on how this initiative could be adapted for a variety of settings and in other areas such as for mental health. It may be adapted for pharmacy students next year and could be used to develop interprofessional learning.

5.4.4.2 PDAs and Portfolios

CETL4HealthNE has funded a pilot study of Personal Digital Assistants (PDAs) with 5th year medical students undertaking clinical rotations at the James Cook University Hospital (JCUH) in Middlesbrough⁵¹. This takes advantage of an existing hospital-wide wireless network established as part of the cutting-edge 'Hospital at Night Scheme'⁵² at JCUH. The pilot began in March 2006 with 31 students using PDAs with wireless access to a variety of web based materials including formulary, local clinical guidelines, a medical dictionary and other web based materials⁵³. The web-based ePortfolio⁵⁴ used by the Medical programme at Newcastle was extended to include a PDA-friendly view of student log books designed so that supervisors could sign-off procedures on the student's PDA using a scribe in a similar way in which they would sign-off a paper-based log book. As well as looking at basic feasibility and support issues the study also aimed to investigate the potential of PDAs to support learning. In common with most pilots valuable lessons were learnt in overcoming teething issues. However, as well as testing basic feasibility, analysis of the evaluation data included positive feedback on the use of PDAs to provide access to Web-based educational materials. Building on this and an idea from Professor John McLachlan (Durham) the workgroup is undertaking further work with 250 students across the whole partnership⁵⁵ to investigate the potential use by undergraduate medical, nursing and physiotherapy students of PDAs equipped with the Doctor Companion software⁵⁶. This work will explore support for clinical reasoning in university and hospital settings.

5.4.4.3 Ultrasound

The opportunity to bid for additional capital enabled us to consider the acquisition of additional equipment. A new appointment at Durham⁵⁷ with experience of using ultrasound in teaching led us to include portable ultrasound in the additional bid. Portable ultrasound equipment is now in place in 4 sites. Staff at all sites have received training from the manufacturers. A number of additional teaching sessions for staff have taken place in the south of the region and more are planned. One was videoed and shown at a PBAL meeting. These have drawn on the expertise of Simon Richards, a Fellow from Teesside University, who is now undertaking training sessions with colleagues in the north of the patch. At Teesside University the equipment is in use with undergraduate and postgraduate students. First year undergraduate radiography students (40) use the

⁵⁰ For outline of Hard Day's Night event and photos see <http://tinyurl.com/2f76gx>

⁵¹ James Cook University Hospital is a key location in the delivery of medical and other health professional education in the south of our region (see also 5.9.2)

⁵² See www.iBleep.net

⁵³ For abstract of presentation by Simon Cotterill et al to ASME 2006 see <http://tinyurl.com/2hd4qo>

⁵⁴ See <http://www.ncl.ac.uk/medev/research/portfolio/eportfolios.htm> accessed 27/7/2007

⁵⁵ Based at James Cook University Hospital and Northumbria Healthcare Trust but involving students from across the partnership

⁵⁶ See <http://www.drcompanion.com/user/documentation/manual/> accessed 3/8/2007

⁵⁷ Professor John McLachlan, who came to Durham from Peninsula Medical School in 2005

machines under supervision to assist with anatomy teaching. Third year undergraduate radiography students (20) use the machines in an extended ultrasound option (over 10 sessions) which is intended to give them some insight into ultrasound practice. Pre-registration Masters students in radiography make some limited use of the equipment to understand specialist imaging. Postgraduate students (22) on the ultrasound programme make use of the equipment in most of their sessions, with students and lecturers using the equipment to demonstrate and practice techniques. At Northumbria University a limited number of postgraduate physiotherapy students are using the equipment but wider use will be developed once further training is in place. Newcastle Medical School has piloted the use of the ultrasound equipment with various groups of medical students to teach anatomy and clinical skills. Newcastle has also successfully used the equipment in demonstrations to groups of school children as part of Widening Participation activities. At Durham the equipment has been used in teaching sessions for Stage 2 medical students this academic year. Feedback data has been collected. An Ultrasound Users Group has been set up to exchange expertise and ideas and to strengthen links between *CETL4HealthNE* partners. North Tees and Hartlepool Trust is planning to use the equipment for undergraduate teaching in 2007. Dr Steve Jones (James Cook University Hospital) has also requested the loan of the portable ultrasound for teaching sessions at the hospital in September 2007 and has invited *CETL4HealthNE* staff to attend/observe these teaching sessions; the sessions will also be video-recorded.

5.4.5 Health of the population

In the Stage 2 Proposal we highlighted the importance of enabling individuals and communities to make more appropriate lifestyle choices. In every area of healthcare, the need has been identified to educate students to promote the health of the population(s) they serve by developing their skills to explore health needs and to influence health behaviours. We envisaged that likely innovations might include the development of education about risk assessment and communication – a two-way process in which ‘expert’ and ‘lay’ perspectives could interact and inform each other, with ‘whole systems’ inter-agency teaching groups incorporating people with experience to build on community focused education. Initial work in this area has been led by the IPE workgroup with a hospital focus (see above), but work on developing this in relation to the health of the public is being planned in collaboration with the IPE and PWE workgroups. We also identified potential for the integration of developing technologies in identifying and targeting health needs. To date this area has not been pursued due to competing priorities and the need first of all to purchase equipment.

The Teaching Public Health Network (TPHN – see section 5.2.2.3) is a time limited intervention funded by the Department of Health until March 2008. It is addressing many of *CETL4HealthNE*’s key objectives in relation to education for promoting the health of local people, although it is in addition addressing the training needs of the wider workforce who have a role in improving the health and wellbeing of the population. Geoff Hammond (Director) and Andrew Russell (*CETL4HealthNE* Fellow, Durham) represent *CETL4HealthNE* in the Network. It was agreed that *CETL4HealthNE* should act as host for the NE TPHN, with Sunderland University undertaking employment functions on TPHN’s behalf. To date the network has completed a baseline assessment of activity and practice in public health teaching, including capacity and capability, across the region⁵⁸. A series of exercises have been set up to map the competencies of discrete children’s workforce teams in different areas of the North East against the Skills for Health competency framework: this work is ongoing. A group linked to *CETL4HealthNE*

⁵⁸ The assessment was carried out in 2007 by Lesley Geddes, Northumbria University, on behalf of NE TPHN, NE CoVE in Health and *CETL4HealthNE*

is currently putting together a bid to examine educational challenges arising out of multi-agency working in relation to public health. The TPHN also hopes to secure further round of core funding from the DH. *CETL4HealthNE* will also have a role in the establishment of the proposed regional Institute of Public Health and Innovation.

5.4.6 Preparation for modernised health care

The final workgroup suggested in the Stage 2 Proposal embraced a variety of dimensions in itself. It was concerned to ensure that the educational agendas of *CETL4HealthNE* would offer preparation for modernised health care – in other words, that they would connect with current policy in relation to the development of NHS workforce. The questions we had asked of this group included: What should people be educated about? In how much detail? Which people? When (is there an optimum time) and how should they be educated? The initial challenge faced by the group was – particularly for NHS partners – to think beyond current NHS priorities and seek to envisage service needs and priorities for the future. After some meetings exploring this and developing a clearer understanding as a group of current challenges for the NHS and higher education it was agreed to hold an away day for representatives of all partners and all workgroups in January 2007 to present the findings⁵⁹ and generate some key priorities. It was agreed that these were the strengthening of service user and carer involvement, continued work to develop educational activity related to ‘patient safety’, and a focus on public health. The group’s role and title were also revised following the meeting to reflect the changes discussed (see section 3.2 above) and the incorporation of the public health perspective.

5.4.7 Healthcare and Higher Education Challenges

It was agreed that the renamed group would link both the Health of the Population and Preparation for Modernised Healthcare workgroups. It would continue to review emerging information about the policy context and key challenges from both health care and higher education, and present updated information to other workgroups periodically during the year to support their planning. The group was also tasked to continue to explore the opportunities for effective linkage of *CETL4HealthNE* discussions with mainstream workforce planning, education commissioning and educational development processes, to support the broader development of the dialogue between NHS and HE partners around key healthcare challenges⁶⁰. Moira Livingston, the new SHA Strategic Head of Workforce attended the May 2007 meeting of the group and invited *CETL4HealthNE* to have specific representation on the NE Service Education Partnership (see 5.2.2.7 above).

5.5 Student expectations

Students need to explore the parameters of their role and associated skills. We believed that, as far as possible, learning should take place in the workplace with access to real patients. As the mix of students widens, we believed there would be potential for adult learners to offer their diverse perspectives and skills to each other in peer learning. Their course should prepare them to work at some level with people who are healthy as well as ill, and with chronic problems as well as acute. They should become practitioners who can work effectively alone or with a team of colleagues. In practice students have been very positive about initiatives organised through the IPE workgroup, most of which involved real or simulated patient input and interprofessional learning groups. Pharmacy students said that the initiatives in which they were involved ‘*should be repeated*’ and ‘*should become an integral part of the programme*’. Medical students on the 6 week patient safety programme suggested that the content needed amendment for them, as they were close to

⁵⁹ For documents arising from *Healthcare Challenges – The way forward*, January 2007, see <http://tinyurl.com/2u53yd>

⁶⁰ For Healthcare & Higher Education Challenges Workgroup minutes of April 2007 see <http://tinyurl.com/2nz3kc>

finals and felt that some material was not beneficial at that point – some material was omitted subsequently. Students on the patient safety day commented that they had increased in confidence and were ‘*more comfortable to speak out*’ when they disagreed with an element of practice, and felt ‘*more aware of other people’s roles*’.

5.6 Involvement in teaching and learning by stakeholder groups

The Stage 2 Proposal demanded the development and maintenance of a number of inter-related cross-institutional teams, informed by appropriate, focused research, which would respond flexibly and creatively to the changing needs of particular student groups, and be able to communicate effectively at each stage of an innovation with all the other stakeholders. As has been described above, this objective has largely been met to date, with the establishment of groups which include members from across the partnership and address the strategic issues which were identified as early priorities for our activity⁶¹. These groups also draw on the expertise of both the evaluation group and the learning technology group (see section 3.2).

5.7 Developing Teaching and Learning

Much of the equipment and the services they support bought through the *CETL4HealthNE* capital budget have only been in place for a relatively brief time, due to tendering processes. In some cases, relevant training has not yet been completed. However, this major investment in teaching and learning infrastructure is starting to deliver benefits to the students and staff of our partners.

5.7.1 Clinical Skills and Simulation

CETL4HealthNE has invested significantly in clinical skills facilities and simulation equipment. Clinical skills models are currently widely used by a number of staff at most sites, so appropriate protocols have already been developed to ensure that they are used in a way that maximises student learning. *CETL4HealthNE* has used part of its capital funding to enhance provision and to extend the simulation approach to other groups of students. One member of staff at Teesside has piloted Sim-man with a small number of Surgical Care Practitioner Students. It was reported that it allows the students to work through treatment/care in a logical/progressive order, allows for students to bring together a summary of a number of taught elements of the programme (both theory and practice) and it allows the facilitator to make adjustments in the treatment plan (IV therapy, ECG, Chest problems, Medication). Feedback from students was generally positive although students were anxious during the activities. Another member of staff at Teesside University has used Sim-man to teach within the critical care post registration groups. The modules involved were recovery room care, developing core skills in critical care and caring for the critically ill obstetric patient. The total number of students involved was around 20. The Sim-man was used for respiratory assessment and assessment of the critically ill patient. Feedback from the students included:

‘good opportunity for "hands on"’
‘enjoyable and really engaged with the learning process’
‘helpful, very informative and helps with integration of the group’
‘really enjoyed the practical aspect’
‘liked using the Sim-man’

⁶¹ Overview of stakeholder involvement to reflect current activity – see <http://tinyurl.com/33rp3p>

Teesside is currently supporting the attendance of key staff at an off site training event facilitated by the manufacturer which should help to ensure that the equipment will be used to its full capacity with pre-registration students. Once this is complete, relevant subject teams will be asked to develop strategies for embedding the use of the equipment in their modules.

At Sunderland a new MPharm first year practice module ran in the CETL financed modern, patient-centred clinical skills facility. Student groups (of approximately 24 students) worked with the various pieces of kit and measured blood pressures etc in a clinical scenario. Feedback from students was extremely positive. The entire first year of MPharm students (164) enjoyed these new clinical skills (hands on) sessions. This section will now be retained in the first year of the MPharm and be embedded into the student experience.

5.7.1.1 Widening Participation

In addition to Newcastle's use of portable ultrasound equipment for demonstrations to groups of school children, one member of staff at University of Teesside has used *CETL4HealthNE* clinical skills equipment (Sim-man) as part of widening participation events involving 12 students in a local 6th form College. The lecturer reported:

'The visual impact is stunning, and the students are always very impressed by what they can physically see happening. Many can envisage Sim-man's role in performing advanced nursing skills in a way that they couldn't do on a live actor, or one of our other training manikins. The students really enjoyed the experience, despite their lack of medical background, and the feedback about heart sounds and lung auscultation was really positive'

5.7.2 Educational software

At Durham, 40 licences were purchased for the educational software "The Virtual Human Dissector" (VHD). An evaluative study has been conducted exploring the use of VHD as a learning tool. A paper on this has been presented at AMEE 2007 by Dr Leo Donnelly³⁴. Dr Patten has published an article in *The Clinical Teacher* about the application of VHD in teaching living/surface anatomy⁶². Work is also ongoing across the partnership involving 250 students to investigate the potential for undergraduate medical, nursing and physiotherapy students of PDAs equipped with the Doctor Companion software⁵⁶ (see section 5.4.4.2).

5.7.3 Video Conferencing Equipment

Video Conferencing equipment has been installed and is starting to be used in earnest. However not all sites have yet received training in its use. Training has been postponed by suppliers or partners at some sites. When this training has been delivered, partners can develop a plan to maximise and evaluate this resource in terms of benefits to the students. Connections also need to be in place (see section 5.7.5). It is envisaged that the equipment will also be used to support the communication between CETL partners and minimise travelling as well as being used as part of the learning and teaching strategies.

5.7.4 Lectopia

Lectopia is an automated capture and publishing system enabling audio and visual material from teaching and learning events to be made available online. Developed by the University of Western Australia in 1998 and commercialized in 2002, Lectopia is

⁶² Debra Patten (2007) *What lies beneath: the in living anatomy teaching*, *The Clinical Teacher* 4 (1), 10–14

currently used by 16 universities throughout Australia, New Zealand and the USA. The *CETL4HealthNE* collaboration is the first major installation within the UK. The intention is to have the Lectopia system set up at 8 regional locations for *CETL4HealthNE* partners as well as 6-20 locations across Newcastle University and to have the resultant material available to a variety of systems (Blackboard, the Medical VLE at Newcastle University, other systems). Information Systems & Services at Newcastle University are providing server infrastructure support from Newcastle as part of this pilot. To date the system has been installed at Newcastle, and is currently being installed and piloted at two partners' sites (one NHS, one HEI) ready for the new academic year. Lessons learnt there will be applied to subsequent installations which are planned for December 2007 onwards.

5.7.5 NHS-N3 / JANET(UK) Gateway

The *CETL4HealthNE* collaboration with NHS-HE Forum²⁰ to create a 'gateway' between HE (JANET) and NHS (N3) networks (see section 5.2.3.4) offers a great opportunity for the HE and FE communities to improve communications and for sharing of educational resources and support services across the networks. The initiative will facilitate the centralization of management and security in one place to allow NHS partners and students on placement ready access to web, email, video conferencing, and *eJournals*, as well as potentially to a secure Remote Access Service and voice over internet protocol (VoIP). The benefits for partners will include: i) more functionality than was previously envisioned, for example it will complement Lectopia by enabling streaming of media between HE and NHS; ii) no additional hardware on site to manage/repair/replace; iii) the gateway follows NHS Connecting for Health security guidelines; iv) HE partners operating networks for academic support in NHS locations should no longer need to and so will save resource; and v) there will be no additional financial burden on trusts as they will not have to support two separate IT networks (NHS and academic); vi) it allows *CETL4HealthNE* to have a national voice in the debate around provisioning of IT services, and opens the door to many new initiatives; and vi) it has already promoted cooperation between NHS partners⁶³ to improve NHS-N3 bandwidth to support education needs.

Part of the NHS-HE Forum 'gateway' initiative includes a sub-project to improve interoperability of videoconference facilities and services. *CETL4HealthNE* has funded the purchase of equipment that should make it much easier to routinely hold videoconferences across the security firewalls between NHS and HE networks.

The North East is a key player in these national initiatives thanks to *CETL4HealthNE*'s involvement (see section 5.2.3.4). The existence of the gateway allows *CETL4HealthNE* to be more active in areas such as the identity management of staff/students and the provision of services based on those identities, an area that many of our partners feel is of increasing importance to them.

5.8 Dissemination

Dissemination aims to achieve maximum effectiveness and uptake of innovation and good practice for students, for staff, at the institutional level (HEIs and NHS) and ultimately for patients. A detailed dissemination strategy has been developed by the *CETL4HealthNE*, building on existing experience and incorporating a cyclical process of awareness raising, active engagement and practical support⁶⁴. Dissemination activities include co-sponsored

⁶³ Northumbria Healthcare NHS Foundation Trust is assisting North Tyneside Primary Care Trust to increase network bandwidth to their Shiremoor Health Centre to improve access for community practice educators.

⁶⁴ Establishing 'brand', marketing materials, special interest groups/networks, visits and exchanges, training events for Trust and University staff and service users, mentoring, workshops, conference papers, journal articles

meetings⁶⁵, personal visits^{2,24}, conference papers^{14,17,31,33-35,47,53}, journal articles^{62,66,67} and the organisation of a variety of workshops. *CETL4HealthNE* has worked to establish a 'brand' with a distinctive logo and a range of publicity and marketing materials, including newsletters⁶⁸. Through our workgroups we have been engaging (as described above) in special interest groups and networks, visits and exchanges, as well as organising training events for Trust and University staff and service users.

5.9 Reflections

CETL4HealthNE has begun to make a substantial impact on several key areas of education across our Region. As foreseen in our Stage 2 Proposal, in some areas it has got off to a slow start, whilst in others the knowledge gained from this early experience has enabled us to refine our plans and review our data collection and ways of working.

5.9.1 Methods used and data available

Quantitative data have been collected using recognised tools and structured surveys; limitations have been experienced in relation to capacity to undertake timely analysis. Though many Fellows have been given some release from previous responsibilities, some continue to deliver significant amounts of teaching and some have clinical commitments which limit their capacity to engage and certainly to analyse data. Qualitative data – for example independent observation of innovations in practice – has been more difficult to obtain, as colleagues with relevant expertise have not always been available. This has been addressed in plans to increase our research capacity.

5.9.2 Lessons learned to date

- One early lesson for the *CETL4HealthNE* was that our NHS partners wished for greater parity with HE partners and to receive some funding, however notional, in recognition of the Fellows they were contributing to the work of the Centre. In response, the *CETL4HealthNE* reconfigured its spending plans to include an annual payment to NHS partners.
- Collaborative working can work well, and is widely attractive, but it is also time consuming to develop the levels of trust required. The rapidity of NHS change can create difficulties in sustaining working relationships⁶⁹. Nevertheless, despite these hurdles, the model we have embraced appears to have developed successfully so that *CETL4HealthNE* is seen as the obvious forum for strategic thinking about education and workforce change (see section 5.2.2.7), and the best connecting point for NHS or HE innovators.
- Whilst we have sought to buy out protected time for Fellows and to support Associates when undertaking work for *CETL4HealthNE*, we have found that different partners have managed this in different ways. Some have a model which works for them, but others have concluded that one size does not fit all. The demands of research and teaching have in some cases – despite goodwill – led to intermittent patterns of involvement in activities and workgroups. There has probably been insufficient recognition of the additional demands of involvement.

⁶⁵ For example, 'Breaking Boundaries' Conference: November 2005. Edinburgh, and various partner university Teaching and Learning events

⁶⁶ Steven A, Dickinson C, Pearson P.(2007) Practice-based interprofessional education: Looking into the black box. *Journal of Interprofessional Care* 2007, 21(3), 251 - 264

⁶⁷ Stephens J, Abbott-Brailey H, Pearson P (2007) "It's a funny old game". Football as an educational metaphor within induction to practice-based interprofessional learning, *Journal of Interprofessional Care*, 21 (4), 375 - 385

⁶⁸ For newsletters see <http://tinyurl.com/389l49>

⁶⁹ Personal communication during discussions with key stakeholders, summer 2007

- Capital expenditure took quite a long time to complete, and some suppliers have struggled to support the installation of a substantial amount of equipment over several geographically dispersed sites, particularly to provide timely and appropriate training (see for example section 5.7.3). Whilst this was incorporated in contracting, the sanctions available for non-compliance are few – most success appears to be achieved by developing and maintaining positive and candid relationships with suppliers. The absence of our Manager on sick leave for several weeks has meant limited time was available for this.
- Given the significance of our planned expenditure on technologies, one not unexpected lesson has been the pace of change in this area. Technological advances move quickly. For example, what was envisaged at the Stage 2 Proposal as an enhancement of JANET (improving academic network links to NHS from HE) has become engagement with Connecting for Health and NHS-N3 (an initiative which should enable secure and much more wide-ranging links with no additional hardware on site: see section 5.7.5).
- Whilst our main focus is regional, and some issues are best tackled at a local or regional level, we have found that others most sensibly need to be addressed at national level, for example the NHS-N3 ‘gateway’ project (see section 5.7.5). This has required the *CETL4HealthNE* to engage with an even wider range of stakeholders than originally envisaged.
- Requirement for central support for administration, IT and research and evaluation has increased significantly as the *CETL4HealthNE* has grown and evolved into its current range of activities.
- In our stage 2 Proposal, we envisaged a large regional stakeholder forum, supplementing the Advisory Group and the Operational Management Group. However, given the breadth and diversity of our actual engagement with regional stakeholders we found that such a forum did not appear to be sensible or achievable. We have therefore followed an alternative approach, engaging with a range of stakeholder networks on an organisation to organisation basis.
- All HE partners already have successful mechanisms for engaging students with curriculum management and development. We wish to build on this existing activity. Although students have been involved in planning and development of some work group activities, notably PWE and IPE, this remains an area which is difficult to achieve fully, without appearing to be tokenistic. In particular, we plan to engage more with students as our investment in infrastructure and equipment starts to impact and as we roll out more teaching and learning initiatives that impact directly on students. We observe that more senior or mature students seem more likely to be drawn in, but are still exploring strategies to promote more meaningful and in depth involvement, and recognise the potential of working with other CETLs and the CETL Student Network.
- We are clear that we cannot expect student feedback always to be complimentary. However, we have learnt that the key factor is how we respond to students’ comments and try to meet any concerns they have.
- To date user and carer involvement through the PWE work group has been excellent, and has attracted several linked developments and activities (see for example section 5.4.2). However, it was recognised at our January 2007 *Healthcare Challenges - The way forward* meeting that there remains a need to broaden service user and carer involvement across other work groups. This is

beginning to happen, for example through the PBAL and IPE groups, but we need to be more proactive to make the most of this very genuine strength.

- To date most groups have been working on piloting ideas and testing their practicality. The move into the second phase of *CETL4HealthNE* means engaging with a wider range of educators and practitioners in order to mainstream ideas that seem to work. The current financial climate in the NHS means evolving innovative ways of developing and maintaining practitioner involvement in workgroups to sustain initiatives beyond the pilot phase.
- The *CETL4HealthNE* partnership included three NHS trusts involved in teaching. However, it quickly became apparent that though we needed a focused group of collaborators, we would need to extend the range of involvement from NHS trusts engaged in teaching. James Cook University Hospital, as one of our other major NHS teaching sites, has modelled how we can do this effectively: we will need to engage other trusts as we move into dissemination.

5.9.3 Unplanned and unintended outcomes

Patterns of engagement of partners' expertise have developed in a variety of ways, many unpredicted at the start of *CETL4HealthNE* (see for example 5.4.2). In this case, and others, new people joining the partnership, or individual workgroups have acted as catalysts for change, to share or develop expertise. To some extent, as people have engaged in workgroups, and developed relationships of trust with other participants, they have generated new and innovative ideas. Once some partners have lit an initial spark with a pilot project, others catch fire and seek to replicate and develop it. Various examples of unplanned and unintended outcomes underlie some of the 'lessons learned' outlined in the previous section (5.9.2).

5.9.4 Changes for the future

CETL4HealthNE has had an impact on a wide range of stakeholders to date. John Halamka introduced us to Kotter's model of organisational change⁷⁰. In this, there are eight steps an organisation needs to go through to ensure that change happens and is sustained. The first is to 'establish a sense of urgency'. *CETL4HealthNE* has enabled participants to sit down together in a variety of fora, and identify and discuss the issues we face, and the potential issues and opportunities. Alongside this, it has fulfilled Kotter's second step by forming 'a powerful, guiding coalition', centred around the operational group, and providing encouragement to the wider group to work together as a team. The operational group has generated a vision, and through the workgroups has identified strategies to move towards it, and communicated it more widely. Workgroup members have been encouraged to take risks and to develop non-traditional ways of working. As identified above, we have had some short term wins. However, in Kotter's terms, we now need to consolidate and begin to institutionalise new ways of doing things, as well as to ensure that we are growing effective next generation leaders. We have made a good start. We now need to consolidate to ensure that our collaborative approaches and innovations become mainstream.

⁷⁰ Kotter, J (1996) *Leading Change*, Harvard Business School Press, Boston