



Creating an on-line environment for Project-based Learning

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IFAL Conference
'Action Learning and the Virtual World'
27th October 2011
Lumen, London WC1



The context: change in the NHS

- The “quality and productivity” challenge for the NHS
- The need to engage clinicians at all levels in improving services
- The need to redesign services across organisational boundaries

The aspiration: distributed leadership

- Clinicians therefore need approaches for thinking about and improving their “service” as a system of organizing rather than a series of encounters with individual patients
- Clinicians at all levels can play a part in this

An influential competency framework

AMRC & NHSIII
(2009)

Medical
Leadership
Competency
Framework





The implications

- Clinicians need education about techniques relevant for analysing and improving particular health care delivery services
- These techniques need to be learned in the context of practice – through reasoning about specific improvement projects and their evaluation
- They also require working with others – learning needs to have a collective element.



The collaboration

- **BMJ Learning** offers high-quality CME/CPD and postgraduate training for doctors and other healthcare professionals. It features hundreds of accredited, peer-reviewed learning modules in text, video, and audio formats.
- The Open University Business School is one of only 49 triple-accredited business schools worldwide. It offers around 600 “supported open learning” courses counting towards more than 250 qualifications, including the Professional Certificate in Management, Professional Diploma in Management; BA (Hons) Business Studies; BA (Hons) Leadership and Management and Master of Business Administration (MBA). It has over 50,000 students and alumni.

The Dilemmas

- Clinicians value face-to-face learning but have little time and not much control of time
- Many want leadership development opportunities but tend to value them only when delivered by a senior doctor or clinician
- Most want to take small chunks of learning at a time but accumulate them towards qualifications
- They are interested in project based learning but used to didactic learning
- Clinical leadership “frameworks” imply a curriculum of tools and techniques but project based learning and PG study imply choice and evaluation of what is relevant
- Project based learning implies understanding context in detail but clinical trainees move frequently

The educational offer

- Selection of 13 short courses (25 or 50 hours)
- Two accredited assessment courses (30 points each), which allow learning from the short courses to be applied on real improvement projects and assessed.
- Underlying philosophy of allowing self-paced study of short courses with the possibility of gaining post graduate credit
- Courses written to be relevant to all kinds of clinicians
- Courses “start from practice” and introduce resources on concepts and techniques to be evaluated for relevance to learner’s context.

Developing options for service improvement
Centre for Professional Learning and Development (CPLD)


0806 ▶ How does improvement happen around here? ▶ Theme 3: models of change

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Theme 3: models of change



Writers and researchers on organisational change and improvement have produced a large body of work, analysing different ways in which change and improvement can occur in human organisations. We will shortly look at how some of these insights can help you make sense of which approaches to use to change things in the particular context of your service.

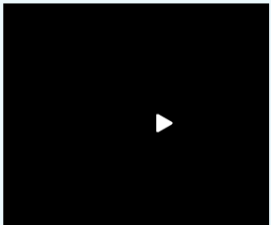
Activity

But first listen to the audio clip below of a registrar in public health working for an English PCT.



Download Transcript

Watch another video clip from *Can Gerry Save the NHS?*, which features Gerry Robinson working with a senior nurse responsible for an endoscopy clinic. The nurse has an idea about how to cut waiting times and is deciding how to take it forward.



Transcript

As you study these resources, see if you can identify similarities and differences between how change is being encouraged or brought about in the two cases.

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◀ Previous: Introduction

Learning outcomes

When you have completed this section, you will be able to:

- analyse the approaches to change or improvement leadership that have been used recently within your service
- identify which bodies or agencies external to your service have shaped the course of recent change or improvement initiatives
- evaluate the relevance of models of planned and emergent change to recent improvement initiatives within your service
- analyse the forms of resistance to improvement that have been significant within your service
- evaluate the relevance of these features of recent change or improvement initiatives within your service to implementing your identified improvement ideas

Next: Theme 1: leadership for improvement

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Opportunities for mutual practice-based learning

- Facilitated on line exchanges in groups of 10-12 for cohorts enrolled in “assessment courses”
- Forums for exchange within CPD courses



Assessment

“Write a report explaining your considered assessment of an aspect of the overall performance or delivery of a clinical service where you have a role, and your proposals for bringing about a relevant improvement to service. The report should include:

- a) a brief introduction to the focus or set of issues in the delivery of the service
- b) an analysis of your findings about the strengths and weaknesses of your service in relation to this focus
- c) a description of a proposed improvement to your service
- d) your plan for moving forward with this improvement, explaining how you have drawn on evidence gathered from relevant stakeholders to identify and overcome issues in implementation.

Write a short reflective commentary on how carrying out this service assessment and implementation planning has challenged you.. and the view you now have of your priorities for developing yourself further in the area of clinical leadership.”



What has been achieved since 2010

- Over 300 students studying short CPD courses
- 50 students completing assessment courses
- Some significant improvement and innovation projects, produced by clinicians from a wide range of roles and levels of seniority



Issues emerging

- Communicating the ethos of reflective and collective learning into those to whom it is new
- Time to study and work on service improvements under the pressure of “delivering the service”
- Being in one service long enough to develop a proposal for improvement – junior doctors move around.
- Balancing a realistic pace for study – one or two short courses a year – with providing a community and on-line support
- Bringing out the importance of consulting others in developing proposals for improvement – learning isn’t just study!
- Encouraging genuine appreciation of the perspectives and leadership roles of other professions when everyone is struggling to climb their own professional ladder



Where do we go from here?

- A more flexible approach to scheduling of the “assessment courses”
- More community support and tutorial input for those studying CPD modules who have not yet signed up for an assessment course
- Your thoughts....



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