

# ENHANCING PRACTICE BASED LEARNING

**This section discusses the strategies and approaches adopted in the dissemination and evaluation of the project outcomes which constituted phase three of the project**

## Authors



**Joan Mulholland**  
Project Director  
University of Ulster



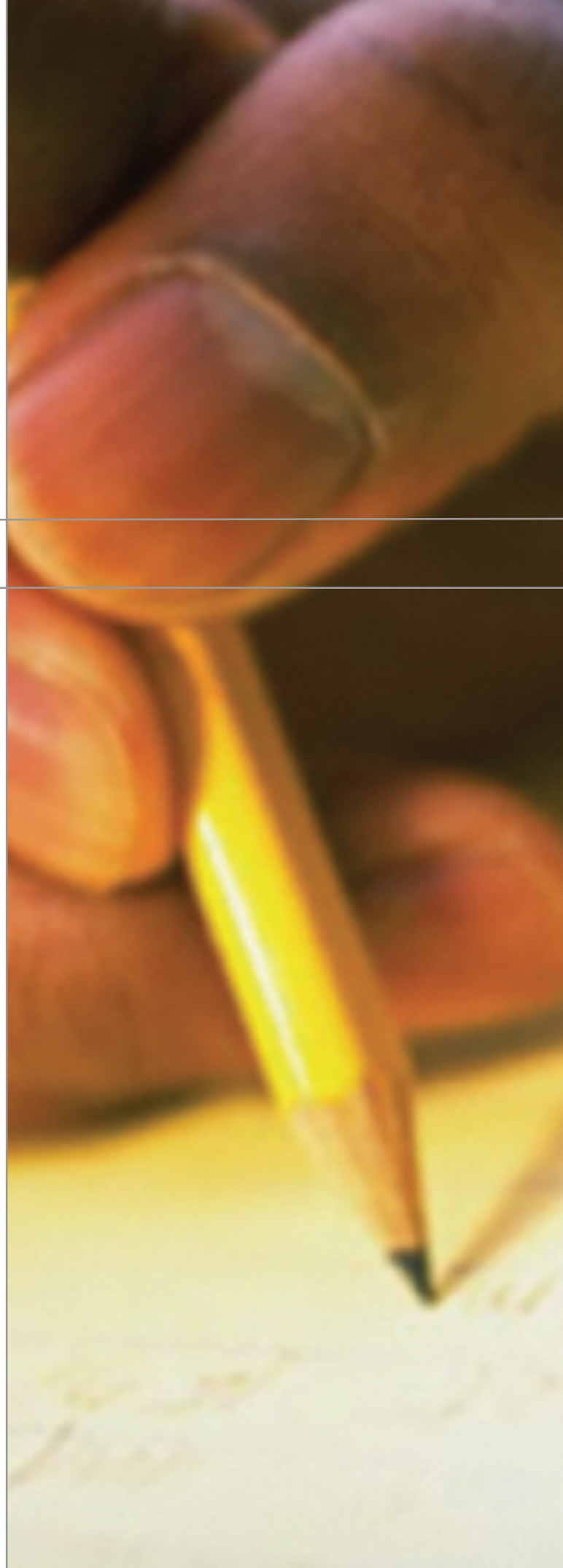
**Janet Scammell**  
Project Manager  
Bournemouth University

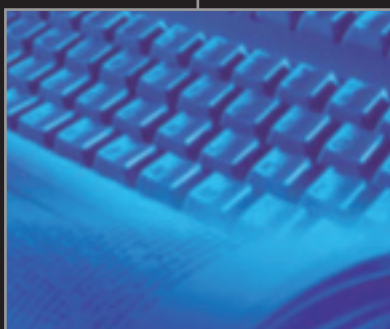


**Chris Turnock**  
Project Manager  
Northumbria University



**Barbara Gregg**  
Project Administrator  
University of Ulster





## Enhancing Practice Based Learning

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### 5.1 Introduction

Earlier sections of the report have considered the context of the project, the scoping of practice-based learning and subsequent development of learning resources to support practice-based learning. This section will discuss the strategies and approaches adopted in the dissemination and evaluation of the project outcomes. Whilst dissemination and evaluation principally constituted phase 3 of the project, these activities occurred throughout the project's life. Dissemination of findings and their embedding across healthcare disciplines were seen as pivotal. Dissemination ran in parallel with other project activities and commenced immediately, gaining momentum in the second and third year of the project.

The focus of this section is to consider the extent to which the project has influenced the health care practice education community in particular and to consider the successes and limitations of this endeavour. No project starts from a blank sheet of paper and indeed the team aimed to identify and build on best practice in the area of practice-based learning. They sought to enable the sharing of best practice across a range of health care disciplines, thus enhancing the resources for the effective delivery. In this respect one of the greatest successes of the project has been to create a mechanism through which a network of people involved in practice or work-based learning can readily share learning resources across disciplines and education providers. This works to prevent significant 'reinvention of wheels' but also helps to promote a climate of collaboration and counter one of unconstructive competition, so prevalent in the last two decades within this sector (Francis & Humphreys 1998). The means by which this was achieved will now be considered.

#### 5.1.1 Project Aim and Outcomes - Responding to Change

The aim and outcomes developed for the original project proposal were outlined in section two. Whilst these remained pertinent and have been delivered, over the timeframe of the project, the health care education sector priorities evolved. As the project team took an approach of active engagement with the wider practice education community, the way that the outcomes have been achieved has also evolved in response to this dialogue.

For example there has been a considerable growth in e-learning infrastructure within higher education (HEFCE 2005) as well as pressure for flexible education delivery, particularly in relation to practice education. In addition it is now an expectation that inter-professional learning is the norm (DOH 2000), with the learning and teaching focus being on shared principles followed, where necessary, by uni-professional application. Widening participation initiatives (HEFCE 2001) began to impact on the HE sector generally and in health care education in particular, with particular challenges for practice-based learning. These factors have impacted on the project; the development of materials in electronic format became a greater imperative than anticipated; diversity and inter-professional learning became central facets of all activity. Therefore any judgement of intent versus outcomes must be judged in this context.

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## Dissemination

### 5.2 Dissemination

The scope and effectiveness of dissemination is a vital success factor to consider. Achievement of outcomes is paramount but if these remain unknown and unused by the wider community then ultimately the opportunity and potential to influence practice is lost. On-going dissemination was applauded by the external evaluator and is noted as contrasting with similar projects which tend toward isolated activity followed by dissemination only at the stage of project completion.

#### 5.2.1 Dissemination Strategy

The overall dissemination strategy can be summarised as 'on-going and comprehensive'. The culmination of this activity occurred in Phase Three and this is detailed in Appendix 5.1.

#### 5.2.2 Levels of Dissemination

A range of dissemination activities featured within the project. Rather than describe this on a phase-by-phase basis, it may be more useful to consider the level of audience (individual, group, organisation, wider community), type of activities and feedback methods. This is summarised in the following table:

| Level                  | Level   | Level  | Level   |
|------------------------|---|--|---|
| <b>Individual</b>      | Practice educator database & e-mail network   | From project inception   | Participant database; project events & developments advertised via this network; feedback collated  |
|                        | Focus group participation   | 2003   | Fed into case study and informed subsequent resource development  |
|                        | Workshop participation  | 2003, 2004, 2005   | Verbal & written evaluation   |
| <b>Group</b>           | Workshops with Practice educators (Dorset / Somerset / Hampshire, North of England)                                 | 2004, 2005   | Via project managers leading workshops  |
|                        | Presentation to HEA Health science & practice subject network, special interest groups                              | 2004, 2005   | Good attendance and pertinent points raised to be fed into website development  |
|                        | Website links & discussions with other related project groups (eg. PIPE, work-based learning CETL's)                | 2004, 2005   | Potential to capitalise and build upon related developments   |
|                        | Workshop with Dorset based PCT practitioners  | 2005   | Via project manager leading workshop  |
| <b>Organisation</b>    | CD ROM & executive summary from phase 1; phase 2 flyers sent to all HEI's, CAIPE, Professional and statutory bodies | End of phase 1   | Advertised the project and provided useful outputs. Comments sent to project secretary.   |
|                        | Reports tabled at participating L&T Committees  | Quarterly  | Application to other subject areas debated  |
|                        | Presentations given professional and statutory bodies   | 2004/5   | Relevance of learning resources to professional groups debated and fed back into website development  |
|                        | HEA, NMC, Foundation degree websites –link to project website   | 2005   | Potential to engage a wider audience  |
| <b>Wider community</b> | Project website   | July 2004 onwards  | 116 completed on-line questionnaires  |
|                        | HEA Festivals of Learning   | 2003 & 2005  | Plenary paper requested by subject network.   |
|                        | UK & ROI regional project conferences/workshops   | 2003 x 4, 2004 x 4, 2005 x 5   | 149 attendees in 2003, 194 in 2004 & 178 in 2005. Voluntary completion of evaluation form.  |
|                        | UK and ROI Professional Education Conference presentations  | 2003 x 1, 2004 x 2<br>2005 x 5   | Good attendance and pertinent points raised to be fed into website development<br>Not known, but useful means to advertise project website to potential users |
|                        | Publications  | HEA occasional paper (2005)<br>Papers in: Journal of Occupational Therapy (2004)<br>Work-based learning in primary care (2005)<br>Nurse Education Today (2006)<br><br>Poster/leaflet –reflecting Phases One, Two and plans for Phase Three | Distributed at conference/presentations   |

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## Dissemination

Focusing on different levels of dissemination proved useful, particularly as this worked alongside a strategy to disseminate information and collect feedback to inform project outputs. In this way the team felt that it was managing to engage with a wide variety of stakeholders involved in practice learning and to use their feedback to improve the product whilst still under development.

### 5.2.3 Effectiveness

Whilst there was overlap in dissemination activities resulting in notification to individuals of project activities from a variety of sources, the team thought this a positive indication of the comprehensiveness of the dissemination strategy. The decision to encourage website linkage to and from other key sites such as NMC, HEA and related FDTL project sites gave the project a higher profile and is likely to have resulted in reaching a wider audience. The project team acknowledges that this is an area that could be developed further. Another indicator of effectiveness is the degree of participation in the project workshops; numbers are detailed in Appendix 5.2. Such participation was essential to the dissemination strategy as the team required feedback from workshops to develop appropriate project outputs. This approach worked alongside arranging meetings with key stakeholder based within opinion-making organisations. In this way the outputs could be developed with the needs of such organisations in mind.

It could be argued that one limitation of the dissemination strategy was the focus primarily on electronic means to communicate and disseminate materials. The team was aware of this and decided that a future-focused strategy needed to take IT skills for granted to some extent but it recognised that this may exclude some interested parties. Therefore, in keeping with the project proposal other means of dissemination were used such as the Occasional Paper (Mulholland et al 2005), published executive summaries, leaflets on Phases One and Two plus printable learning materials. The limitation of the published format was that it was less interactive and excluded the use of other media such as video-clips to enhance the learning experience.

### 5.2.4 Delivering the Outcomes

The project outcomes were achieved and this is outlined in detail in Section Two. Commentary on this is also provided by the external evaluator and is summarised in Section 5.3.6. The dissemination of the project deliverables is built in to the project goals and was achieved in no small measure by focused project management around clear action plans that were reviewed every 3 months. Only one significant factor impacted on the dissemination plans and that was an underestimation of the time taken for product completion, notably the case study and the re-branded website. This factor effected dissemination plans, but the time 'lost' was used to include user feedback, resulting in stronger products in the long-term.

### 5.2.5 Reflection on the Dissemination Process

The dissemination strategy was ambitious and required considerable commitment from the project team. An alternative approach could have been for the team to develop the resources it considered necessary based on the literature and limited consultation and then to have published these outputs at the end of the project. This would have been less time consuming but the dynamic nature of project outputs would have been lost through a lack of dialogue with the practitioners they were being designed to serve.

The geographical spread of team members meant that they could respond positively to requests to present the project to various groups. Whilst these were invariably appreciated and yielded additional insights for the team to consider, none-the-less significant time, travel and budget was required to support this approach.

### 5.3 Evaluation

Project evaluation included a range of methods and involved the independent evaluator, practitioners, employers and professional bodies. The Project Working Group monitored all aspects on an on-going basis and reported to the Steering Group on a twice-yearly basis. Monitoring of outputs involved peer evaluation including expert panels and, most importantly, feedback from the practice community. Specifically practitioners, employers, professional and statutory bodies were involved at various levels in the identification and development of learning materials. Independent evaluation occurred formatively at intervals during the project and summatively at the end.

#### 5.3.1 Strategy and Process

The key principles underpinning the evaluation strategy are outlined below:

- Evaluation will be fully integrated into the project's action plan and will be conducted systematically
- Evaluation will draw from data that is naturally occurring within the project using both quantitative and qualitative methods
- Evaluation will make effective use of time and resources
- Evaluation will be the responsibility of all active participants in the project;
- Evaluation will be both formative and summative
- Evaluation will be conducted throughout the lifetime of the project
- Evaluation data will be used as a basis for informed decision-making aimed at determining the future development and progress of the project.

A range of evaluation methods were employed, appropriate to the contexts of the evaluation activities. The management of the project is outlined in detail in Section Six but central to this was the provision of clear structures for the robust evaluation of the project's progress and processes. These included participant observation by the External Evaluator at Steering Group and Project Working Group meetings, as well as other significant events, such

as regional workshops. The Evaluator also interviewed key personnel involved in the project and its activities and in this way was able to comment upon utility and potential impact of proposed deliverables. The Project Steering Group provided independent examination of project documentation relating to the planning, monitoring, reporting and evaluation of project activities, providing valued feedback and comment on work in progress and future plans. The audiences for the outcomes of the evaluation of the project's progress and processes included the Project Steering Group, Project Working Group, funding bodies (DEL & HEFCE) and practitioners.

Evaluation of the project's deliverables and their impact and effect was essentially an iterative process in keeping with the principles outlined above and commenced from the early days of the project. This operated on an informal and formal basis; on the one hand comments to the project secretary from practice educators on the e-mail network were fed back to the project team, as well as comments from other stakeholder groups met at networking meetings and conferences. More formally, data were collected and collated for thematic analysis from focus groups in year one regional workshops, a questionnaire to all HEI's involved in health care education, on-line evaluations of the website and evaluations conducted at all regional workshops conducted annually throughout the three years of the project.

Each phase of the project culminated in a deliverable in terms of on-going progress and evaluation to circulate widely but in particular to the Project Steering Group, the project funding bodies, HE Institutions (engaged in the implementation process) and pertinent statutory and professional bodies:

- Phase One: Published executive summary including CD-ROM of case study, as well as case study publication on project web-site
- Phase Two: Poster and 4-page summary in leaflet form
- Phase Three: Published executive summary of final report plus CD-ROM of report detail; DVD of learning materials; website, including learning resources.

In the case of Phases One and Two, these products were distributed at the relevant annual regional workshops. An evaluation up-date was provided at each Steering Group meeting and an evaluation report was produced at the end of each year of the project and disseminated to relevant audiences.

### 5.3.2 The Qualities of the Products and Deliverables

As mentioned above, the project achieved all its proposed outcomes albeit with some variation dictated principally by the feedback from the sector and the practitioner community. In addition a constructive attempt was made to capitalise on all project successes (See Appendix 5.3). The project team was committed to developing products that would not be destined to 'sit on the shelf', but would actually be used by practice educators. They were also well aware from their roles in the consortium HEI's of the electronic information revolution that was taking in place in health care sector education provision. The project team also had to take into account what was achievable and most likely to have impact within the project timeframe. For example the proposal to develop an inter-professional staff development programme for practice educators was amended to provide arguably more flexible educational materials and resources provided on the project website.

In terms of deliverables, the project team has received very positive feedback. All projects have limitations; however these were managed as opportunities rather than setbacks. The project team hoped to complete the case study within the first year. However, due to the adopted approach to involve experts in each discipline outside the project team, there was some slippage, in order to ensure the publication was coherent and cohesive. Similarly the theme-based review of the learning resources used panels of experts and practitioners and this approach relied on their availability. Despite this, the project team remains committed to the evaluation approach as the products were consequently more diverse and peer evaluated as a

result. One final issue related to the technical development of the website; much of this was developed by web and design colleagues working with the project team on a consultancy basis. Some technical issues took more time than anticipated to fully resolve but the strategy to include feedback from users on an on-going basis was able to be accommodated due to this approach and the website is richer and more user-friendly as a result.

### 5.3.3 The Extent of Take-up and Use of Products and Deliverables

A range of stakeholders was targeted as key contributors to product development as well as users of these products. These include health care education professionals (although increasingly there was interest from other fields such as social work), the professional bodies, the higher education institutions and professional organisations. The project team expended a considerable amount of time and energy to ensure that such groups were given an opportunity to become informed and engaged in the project at all stages. Within the timeframe of the project it is not possible to ensure policy changes as this tends to occur in five year cycles; however there has been a ready willingness by stakeholders to engage with the project outcomes. A number of methods were used to promote take-up and use and these are summarised over page:



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|  | Level   |
|--|---|
| Health care education professionals        | Regional workshops and evaluation with distribution of hard-copy of Phases One and Two information<br>Focus groups<br>Practice educator e-mail network<br>Members of development group expert panels for phase 2<br>On-line evaluation<br>Open access to all learning materials and resources via the project website |
| Professional and statutory bodies          | Meetings with project team members<br>Copies of all products<br>Representation on steering group<br>Mapping of professional standards against project themes and learning resources   |
| HEI's and HEA (including subject networks) | Copies of all products<br>HEI survey<br>Presentations and workshops<br>Consortium partners 'learning and teaching committee' involvement  |
| Wider community                            | Academic publications<br>Education and health care discipline conferences   |

Phase Three was primarily concerned with utilising and extending this engagement in order to embed the project outcomes and therefore enhance practice educator preparation. The effectiveness of this venture will now be considered.

### 5.3.4 Effectiveness of Take-up and Use

The central aim of the project was 'to make practitioners more effective at supporting and supervising students in the workplace across a range of healthcare disciplines'. The role and importance of the practitioner in supporting work-based learning is well documented (Mulholland et al 2005). The unifying theme of the project outputs was to provide resources to enhance this role. It is argued that in so doing, the educational experience of the student undertaking work-based learning will also be enhanced particularly in terms of the acquisition of employability skills. The actual use of the project products and deliverables nationally, at HEI level, by departments or by individual teachers and thereby their impact on student learning is difficult to establish in a quantitative way, but a number of indicators are very positive.

#### a) Workshops

The project team ran regional workshops each year (13 in total). These workshops were free and the recorded attendees can be seen in Appendix 5.2. These were advertised widely and a range of participants mainly from the health care education sector participated. The workshops in year one and two provided very valuable information about the key issues and concerns of practice educators and helped to shape the proposed project outputs. In this way it was hoped that this participation would ultimately promote uptake and product use. All workshops were evaluated; in providing evidence for effectiveness of take-up and product usage, it is perhaps pertinent to focus on the data from the final round of regional workshops held in 2005.

Overall comments from all evaluations were very positive. The format was to introduce participants to the project and then to give them an opportunity to explore the resources and learning materials on-line or, in some instances, in paper format. Where negative comments were received, these related in the main to venue issues and the amount of time available for the activities. A number of people wanted to spend more time looking at one or two resources/materials rather than to skim a wide range.

On the other hand, many people valued the chance to look more widely as they felt then able to be in a better position to recommend the project to others. In addition there was concern expressed about the purpose of the workshops; the intent of the team was to gain information about how the portal was perceived, as much as to inform participants about what it contained. Some people felt they had not been informed about this and therefore felt 'used'. The team acknowledged that it might have made this a little clearer in the workshop advertisement but it reflected that most people seemed to appreciate the fact that their views were valued and acted upon in the on-going development of the web portal.

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This last point is reflected in the only other concern expressed in the feedback namely about how practice educator involvement would continue on conclusion of the project. Related to this were questions about the maintenance of portal; views of the positive value of the resources predominated and there was a desire that the portal had a life after project completion. This is discussed in more detail in Section Seven.

Feedback from the workshops was gathered in two ways; first as part of an on-line activity, participants looked at the resource areas, and were then asked to complete an on-line evaluation form. In some cases this was completed as a joint response from a small group. In total 116 on-line evaluations were completed. The detailed feedback from this is discussed in Section 4.4 and therefore will not be repeated here. Suffice to say, that it can be seen that the feedback was largely positive; question 3 in particular elicited many pleasing responses about how practice educators could use the resources to enhance their work. Question 5 yielded useful suggestions about additional resources to add; this highlights the potential for the expansion of the site and attests to the value of the time spent in setting up the infrastructure to open these resources to a wider audience.

The second means of gaining feedback was via a workshop evaluation form. Of particular interest was what people thought of the web portal, especially the learning materials and resources. Again some very positive comments were received regarding how participants might use the portal as part of their work. A sample of comments is reproduced below:

*'Good resource material for use in workplace' (Bf)*  
*'Workshops really useful – will be able to share info re resources with colleagues within own professions and other health care professionals' (Bf)*  
*'Useful day – thank you very much – very informative and applicable to learning and teaching of undergraduate and postgraduate study' (Bf)*  
*'Thank you for a stimulating and thought (action) provoking day. I intend to look at the website in more*

*detail with a view to using it in my role as a practice educator for updating the mentors in my Trust' (B)*

*'The whole day has been very informative and useful for me as a front line worker. The information is clear and well laid out and makes easy reading' (B)*

*'This website will make my job so much easier- it gave me new ideas & encouraged me to inform others of it's existence. Great Resource!' (G)*

*'Long overdue & extremely welcome. Will have no problem promoting this resource locally. Hope the success continues & develops to it's full potential' (G)*

*'Very good to network with colleagues re the learning materials. I was pleased with how willing you were to embrace all our suggestions & ideas' (G)*

*'Informative and thought-provoking' (N)*

*'Looks very positive and will be most beneficial to practice educators' (D)*

#### b) Informal feedback

The project has had a part-time secretary. The contact details are provided on all publicity material. This has been extremely useful because it enabled people to contact the project team (whose members are geographically widely-dispersed) and receive responsive and friendly telephone and e-mail help with any enquiries. Even as the project ends, the secretary is receiving a steady stream of requests for information and publications. The secretary is part of the project team working group; she has received informal feedback via the practitioner network about the web-portal and has fed this in to discussions. In this way the group were able to respond rapidly to technical difficulties experienced in Phase One around the use of the case-study CD-ROM. More latterly, feedback on the products has been received:

#### c) Consultations with professional groups

Throughout the project significant efforts have been made to engage with relevant professional and education groups. Appendix 5.4 provides an overview of this activity. This approach has been effective and significant in-roads have been made. In terms of professional group contacts, meetings with Nursing and Midwifery Council (NMC) representatives provided information on the teacher

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standards under preparation at that time and a link from the NMC website to the project website was made. Discussions with the statutory body for allied health professionals (HPC) and professional bodies for individual groups such as the College of Occupational Therapists, Radiologists, Chartered Society of Physiotherapists, British Dietetic Association provided an opportunity to promote the project inter-professionally. Valuable discussion resulted, findings from the case study were highlighted and it was apparent that the resources on diversity, reflection and inter-professional working would be useful to these groups, as these were areas for development within their own practice educator programmes. Useful feedback about the web-portal was also received and one tangible result of this dialogue was the mapping activity outlined in Appendix 4.2.

Linkage to education institutions has also been proactive; the project team has linked from an early stage with the Higher Education Academy and this has proved very fruitful. A link has been made with the search facility on the HEA site so that both sites are searched simultaneously. In addition the project has worked closely with the Health Science and Practice Subject Network. Three presentations have been given to their inter-professional and practice education special interest groups and a plenary paper was given at the Festival of Learning in 2005. This was linked with the launch of the Occasional Paper around the inter-disciplinary case study from phase 1. Such collaboration indicates the relevance that the subject network places on the project outputs.

The Project Director has linked with HEFCE throughout the project. Links have also been made with the CETL responsible for the Foundation Degrees web site. This CETL has examined the resources and are looking to use these to structure their own programmes for preparing work-based supervisors.

#### e) Consortium institutions

The means by which the project outputs have been embedded in the provision of the Consortium partner universities has been three-fold; first through representation

of each university by a senior management colleague on the Steering Group; second through quarterly reporting of project activities and outputs to the Learning and Teaching Committees of each institution; and, finally, through project manager activities within each university. One focus of the latter has been to present the project to a wide range of practice educator groups with a view to promoting the use of the web-portal resources in preparation and update activities for these staff. This has proved very successful, and is receiving active support from some local NHS Trusts; in the South of England, the open access and self-study nature of the education materials is viewed as a cost-effective and flexible means of education provision.

In addition the project managers have worked with local staff involved in the curriculum review and design of practice education programmes. In Bournemouth, for example, the website is used as part of the resources available to programme staff and shortly to students on the university VLE. Feedback is positive, although it is as yet early days. The materials and resources developed on diversity, reflection and inter-professional working are also used on a school-wide basis by undergraduate students on a generic information literacy unit. The curriculum planning process for education pathway for the School is about to commence led by the project manager as part of her wider role and the web portal will feature in part of this design.

An initiative has begun at Northumbria University to explore the potential use of the resources as content for a 20 Level 6 credit point module concerned with preparing practice educators that will be delivered using a distance learning methodology. In addition, links to the project web site have been made from the university's practice educator web site, with many staff with responsibility for managing practice placements stating that they make considerable use of the project's resources in supporting and updating practice educators.

To some degree only time will tell to what extent practitioners' use resources and whether real change results from the project. The continuation strategy may be able to provide data on this and this will be explored in section seven.

#### 5.3.5 Links to HEFCE Initiatives and Projects

The project actively linked in with related projects throughout its life in order to connect learning and prevent unnecessary 'reinvention of the wheel'. For example:

- 2 LTSN funded projects:
  - “To identify and disseminate a shared model of Best Practice for Student Practice Placement so as to enhance Student Learning”.
  - “To consider Supernumerary status in Northern Ireland”.
- Bournemouth University hosted and EU-funded project in co-operation with Higher Education and Vocational Education and Training:
- “Developing Intercultural Competence in Multicultural Health Care” (In EU and USA HEI's).
- FDTL3 Learning to Work – Working to Learn project
- FDTL4 PIPE project
- CETL's based around work-based learning.

#### 5.3.6 Brief Summary of External Evaluation

The role of the External Evaluator was to monitor the implementation of the evaluation strategy, provide advice on the methods and procedures to be used in the collection and analysis of evaluation data and provide independent judgements on the outcomes of the evaluation. Partly due to the late appointment of an evaluator for this project, the main concerns of the first year were to establish clear communication links and clarify boundaries of activity. At the end of the second year, perspectives on the project from those outside the core team were taken, including members of the steering group and people contacted as part of the project's survey work. This was helpful to the project team to help provide a flavour of how the project was being received by others at this mid-way stage.

As the project unfolded and the outcomes had to be adapted in the light of contemporaneous developments in the sector and feedback from practice educators, the evaluator understood the need to move from the development of a staff development programme for practice educators to development of a website of educational resources for this community. Much of work at this time involved identifying relevant content for the website, designing and testing it out. The evaluator commended the involvement of others outside the core team for this work and the wide-ranging set of resources that was created as a result. Some concern was expressed about the intention to adopt a similar process to evaluate the content and user-friendliness of the site as being 'somewhat ambitious and complex' and indeed this was limited in certain respects. However, as has been seen (Section 5.3.4), feedback from workshops in Phase Three directly fed into on-going website development activities, making the process an iterative one with the community that the site was being designed to serve.

The external evaluator's final report in January 2006, provided a useful review of the activities of the project over the preceding three years. It was complimentary about a number of aspects and provided 'food for thought' in other areas. Some concern was expressed that some of the questions posed in the original proposal were not specifically addressed, namely 'What constitutes effective practice in placement education?' The evaluator saw great potential in exploring 'the whole question of learning in the workplace and how to develop a learning culture' (Pierce 2006). The project team acknowledges that these are indeed crucial questions.

However, the time and resources allocated to this project did not permit a detailed analysis of this question but nonetheless the project has made some contribution to increasing our understanding of pertinent issues in this area. For example the literature review in Phase One revealed a considerable body of literature in the field of

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health care concerning the learning environment in work-based learning. One of the key areas identified from the case studies related to practice educator preparation and accessibility to educational resources. This informed the focus of Phase Two. Whilst this is by no means a comprehensive answer to the issue raised, it is hoped that the project outputs will positively contribute to the overall quality of work-based education provision.

Notwithstanding this issue which prompted some useful reflection within the project team, the evaluator comments that except for the replacement of a staff development programme by the development of web-based resources (see above), the project has delivered on its intended outputs. Indeed those outputs have perhaps been more wide-ranging than intended and the dissemination strategy has proved very successful:

*'In terms of its (the project) engagement with others it appears to have performed much better than the average similar project'.*

External evaluation report (Pierce 2006)

Quite rightly the evaluator asks of this project what difference it has made and what impact? It is acknowledged that one project alone cannot be expected to change the shape of even one part of a sector of higher education. The evaluator notes that an awareness of the work of others working in the same field and therefore a prevention of replication is seen as essential in this respect. It can be argued that the dissemination strategy adopted by this project and the work of Phase Two in identifying and bringing together already existing resources, adapting them for a wider inter-professional audience and providing ease of access to the wider community is one area of success in which the 'making practice-based learning work' project can be highly commended.

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## Conclusions and Recommendations

### 5.4 Conclusions and Recommendations

This section of the report has considered the extent to which the project has succeeded in enhancing practice-based learning through a range of dissemination activities and an analysis of evaluation outputs. All project outcomes have been delivered (see Section 5.2.4) and as has been shown, in addition, that the process used has yielded added value. The project had three distinct phases with dissemination and evaluation permeating through all stages; this strategy in itself has proved demanding but profitable in terms of effective take-up of project outputs.

#### 5.4.1 Summary of Dissemination Strategy

Whilst planned at the outset the strategy was adapted to respond to changes in the sector and feedback from the practice educator community. A good communication network facilitated this as well as a commitment to disseminate at different levels and to feed responses back into on-going project developments. Participation at all levels is testimony to the success of this approach. The dissemination strategy was ambitious and required considerable energy and commitment from those involved; however feedback from the practice community indicates that practitioners valued their views being sought and appreciated the fact that these were being used in the development of the project outcomes.

Recommendations arising from dissemination strategy:

- Dissemination should be planned and occur throughout the project
- Levels of dissemination is a useful concept to consider in planning the overall strategy to ensure engagement from all sectors of the community
- Action planning against project outcomes keeps the need to achieve within a limited timeframe in the forefront of dissemination activities
- The levels of energy and commitment required to disseminate effectively needs to be recognised in workload planning.

#### 5.4.2 Summary of Evaluation Strategy

It is clear that this strategy is most effective if planned at an early stage, in order to maximise opportunities for feedback throughout and to act upon this in the on-going development of the project. In this way the project products and deliverables are much more likely to be used by the community for which they are being designed. Establishing effectiveness of take-up and use is difficult within a 3-year project timeframe and to a certain extent all that can be expected is for the project team through an active dissemination approach to 'sow seeds' at as many levels as possible as to the presence, potential and outcomes of the project in the hope that some of these seeds bear fruit. By working with colleagues engaged in similar initiatives, cross-fertilisation is also likely.

Recommendations arising from evaluation strategy

- Evaluation should be planned and occur throughout the project
- A range of evaluation methods should be employed, appropriate to the contexts of the evaluation activities
- The project outcomes need to be the focus of the evaluation strategy but with opportunity for variation built-in influenced by on-going sector changes and feedback from the practitioner community.
- Project effectiveness can useful be considered from the perspective of a variety of stakeholders

## Enhancing Practice Based Learning

### References

#### REFERENCES

Department of Health (2000) *A health service of all the talents: Developing the NHS workforce - consultation document on the review of workforce planning* Department of Health

Francis B and Humphreys J (1998) The commissioning of nurse education by consortia in England: a quasi-market analysis *Journal of Advanced Nursing* 28 (3) pp 517-527

HEFCE (2001) *Strategies for widening participation in higher education: A guide to good practice*. Higher Education Council for England

HEFCE (2005) *HEFCE strategy for e-learning*. Higher Education Council for England

Mulholland J, Mallik M, Moran P, Scammell J and Turnock, C (2005) *Making practice-based learning work. An overview of the nature of the preparation of practice educators in five health care disciplines*. Higher Education Academy, Health Science and Practice Network.

Turnock C, Moran P, Scammell J, Mallik M and Mulholland J (2005) The Preparation of Practice Educators – An Overview of Current Practice in Five Health Care Disciplines. *Work Based Learning in Primary Care* 3(3): 218-235

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#### Appendix 5.1: Extract from Project Proposal Document, updated for Phase Three

OBJECTIVE 4: Continue to disseminate and embed the project work materials and resources in a planned and comprehensive manner within and across health care disciplines.

| Outcome   | Original date to be achieved | Output to demonstrate objective/target/outcome/ milestone achieved   | Date achieved                         | If applicable, reasons for slippage in date achieved   |
|---|------------------------------|--|---------------------------------------|--|
| 4.1 Creation of regional and national awareness of the project for all potential stakeholders | Ongoing                      | Information to all higher education institutions in the UK (Appendix 6)<br>Highlight web-based materials in professional journals, LTSN - HEA<br>Establish links from other web-sites<br>HEA Subject Networks, NMC<br>Write papers and make presentations at professional education conferences<br>Prepare publicity materials<br>Hold workshops at all associated universities and across disciplines<br>Communicate regularly with stakeholders<br>Launch Learning Resources<br>Event for dissemination of Practitioner Network<br>Contribute to subject centres events and conferences e.g. "Festivals of Learning" (Appendix 8 ) | Ongoing<br><br>Ongoing<br><br>Ongoing | All institutions and key stakeholders identified.<br>Press releases distributed Sept 2005 (Appendix 7)<br><br>Website developed and linked to NMC HEA Subject Networks NCT websites<br>Presentations made to HEA conference Presentations to professional groups UK and Eire. Employability and work based learning conferences targeted and presentations made. |



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|   |             |  |             |  |
|---|-------------|--|-------------|--|
| 4.2 Disseminate information on case studies, web portal and resources and identified themes to all stake holders and interested parties | July 2004   | Six Regional Workshops to be held in Bournemouth, Belfast, Glasgow, Cardiff and Dublin and Newcastle (Appendix 9)<br>Consultation with individuals groups, professional and statutory bodies<br><br>Resources and web portal launched on the web<br><br>Executive Summary and CD Rom distributed to interested parties | Ongoing     |  |
| 4.3 Promote the project identity aims and outcomes  | ongoing     | Publicity materials and press release circulated. Bags with printed logo distributed to key personnel. Website links with other key stakeholders. Flyers distributed and posters displayed at conferences and meetings   | Ongoing     |  |
| 4.4 Publication of Occasional Paper and Journal Articles  | August 2005 | Publication of Project materials   | August 2005 |  |
| 4.5 Project Data-base developed to assist communication and dissemination   | ongoing     | All stakeholders higher education organisations and interested parties details held on the Project Data-Base   | Ongoing     |  |

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#### Appendix 5.2: Collated 2005 Workshop Figures

| Year   | Venue       | Actual numbers attending |
|--------|-------------|--------------------------|
| 2003   | Belfast     | 32                       |
|        | Bournemouth | 42                       |
|        | Dublin      | 20                       |
|        | Newcastle   | 55                       |
| 2004   | Belfast     | 54                       |
|        | Bournemouth | 67                       |
|        | Glasgow     | 42                       |
|        | Newcastle   | 31                       |
| 2005   | Belfast     | 28                       |
|        | Bournemouth | 45                       |
|        | Glasgow     | 45                       |
|        | Newcastle   | 37                       |
|        | Dublin      | 13                       |
| Totals | 13          | 511                      |

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#### Appendix 5.3: Capitalising on project successes

##### PROJECT OBJECTIVE 5: Identify and capitalise on project successes, planned and unplanned

| Intended Success Outcomes of the Project  | Challenges in achieving intended outcome  | Unintentional Success or Learning  |
|---|---|--|
| 5.1 Phase one completed - Executive Summary and CD ROM disseminated                                     | 5.10 Changes in personnel within the project team provided an opportunity and a challenge               | 5.13 Development of Professionals in their role as writers, facilitators and developers            |
| 5.2 Key Themes identified for the development of Phase Two of the project                               | 5.11 Editing and design time always took longer than expected   | 5.14 Create an interprofessional network of over 1000 people                                       |
| 5.3 Web site redesigned to facilitate web-portal and project branding                                   | 5.12 Technical problems on website and changes of web links requires constant monitoring and evaluation | 5.15 Provide Personal and Professional Development of Project Team                                 |
| 5.4 Commissioned resources from existing good practice  |   | 5.16 Gain support from a wide range of stakeholders  |
| 5.5 Links into National Projects  |   | 5.17 Re-configure outcomes to provide thematic approach to web-portal rather than a core curricula |
| 5.6 Informing Strategy at Government and Professional/Statutory Body level                              |   | 5.18 Success in gaining further monies under transferability funds (Appendix 10)                   |
| 5.7 Provide Dissemination Events for over 400 people annually in HE and Health and Social Care Practice |   | 5.19 Interprofessional mapping of standards  |
| 5.8 Use IT Tools for online conferencing and communications   |   |  |
| 5.9 Outcomes achieved and outputs produced within the timeframes agreed                                 |   |  |

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#### Appendix 5.4: Engagement with professional and other organisations

| Title of Organisation                                     | Manner of Involvement   | Comments  |
|---|---|---|
| Higher Education Academy                                  | Attendance at Conference and workshop presentation by project managers. Meeting regarding National Standards for Teachers in Higher Education | Useful networking opportunity. Workshop well received and promoted discussion and interesting. Mapping of National Standards against web resources.   |
| Institutional Teaching & Learning Committees              | Update reports tabled at University Teaching & Learning Committees  | Updates received and noted by all partners through these final Teaching & Learning reporting systems  |
| Professional/ Statutory Bodies                            | Presentation and information given to: NMC; HPC; OT; Physiotherapy; Dietetics; Radiography. Professional bodies have been contacted           | NIPEC and HPC represented on Steering Group. Presentations and Information sent to all professional bodies of disciplines involved in the project. All have given support to the project. Meetings held this year with all professional bodies to map standards and introduce resources |
| Multiprofessional Projects                                | DoH Trust "First Wave Projects" and development of NHS Strategy for Interprofessional Workforce   | Interfacing with full range of projects in UK. Communication and regular update maintained. Inputting into National Strategy for Interprofessional Workforce  |
| CAIPE   | Interprofessional Learning  | Links to website and interfacing with ongoing developments  |
| Republic of Ireland Professional Bodies and HE Institutes | Participating in data collection and review of current practice   | Facilitates a wider dimension to the project. All are interested and wishing to be involved   |
| Clinical Placement Co-ordinators                          | Presentation and discussion with the professional groups  | General agreement to be involved in the project providing information and testing resources. Very well received by all professional groups  |

## PROJECT AIMS

The Project aims to make practitioners more effective at supporting & supervising students in the workplace across a range of healthcare disciplines.

The professions involved in the project are:

- Dietetics
- Nursing
- Occupational Therapy
- Physiotherapy
- Radiography

The principal questions to be addressed in this project are:

- What constitutes effective practice in placement education?
- How can effective practice be implemented at organisational, professional and practitioner levels so as to maximise student learning on placement?
- How can this good practice be developed and embedded in the contexts of health and social care within a multicultural workforce?

Project Administrator

Telephone: 028 90 368 458

[www.practicebasedlearning.org](http://www.practicebasedlearning.org)

