Transfer of learning from QI training for better impact on care

A framework for evaluation

Contents

Introduction

The need for system transformation and innovation is widely recognised in health and social care in Northern Ireland (NI). The Department of Health (2014) published the Quality 2020 Attributes Framework to develop the knowledge, skills and capacity of organisations in Quality Improvement (QI).

Since then health and social care organisations in Northern Ireland (NI) have been investing significantly in training staff to support and drive Quality Improvement (QI) in practice.

Our project, funded through Q Exchange, focuses on the transfer of learning from QI training for better impact on care. One goal of the project was to develop an evaluation framework for QI programmes at Level 3 of the Quality 2020 Attributes Framework from across Northern Ireland. These level 3 programmes include:

- The Institute for Healthcare Improvement (IHI) Improvement Advisor Programme.

- SEHSCT Quality Improvement Fellowship Programme.

- SHSCT QILeader.

- The Scottish Improvement Leader (ScIL) Programme.

- The Scottish Patient Safety Programme (SPSP) or the Scottish Quality and Safety (SQS) Fellowship Programme.

- Postgraduate Diploma or MSc in Business Improvement, Ulster University.

- Intermountain.

- Flow Coaching.

One of the most commonly used frameworks for evaluation is the Kirkpatrick Model (Kirkpatrick, 1994) which proposes four levels of evaluation:

1   **Reaction** - how learners react to the training programme.

2   **Learning** - to what extent have they developed their knowledge, skills or expertise through the training programme.

3   **Behaviour** - has there been a change in behaviour/application of learning back in their work.

4   **Results** - what are the final results of the training for the organisation.

For many of the QI training programmes delivered, there is evidence of excellent evaluation results at levels 1 and 2 of Kirkpatrick's model (reaction and learning). This is not unusual. An evidence scan published by the Health Foundation (2012) reported that most evaluations of QI training focus on perceived changes in knowledge rather than delving deeper into the longer-term outcomes for professionals and patients.

We sought to develop an evaluative framework for QI programmes that focused on post programme impact i.e. level 3 and 4 of Kirkpatrick's model.

This report provides an overview of the framework we developed which we hope can be used by others looking to evaluate QI programmes within their own organisations or areas. If you would like to read more about our project, our main project report is also available.

Approach to Evaluation

The framework we developed and used is based on Brinkerhoff's (2003) Success Case Method (SCM). The SCM is particularly useful in looking back at programmes already delivered to identify what has worked and how.

The approach is based on comparing successful and unsuccessful cases (i.e. those who transferred their learning back into their roles and wider organisations) through story-telling.

The Success Case Method (SCM)

Developed by Robert O. Brinkerhoff and detailed in his 2003 book, The Success Case Method, the SCM is a story-based approach to evaluation in which detailed stories are gathered from participants about their actions and behaviours after a training programme.

The method seeks to establish exactly how learning was used, what results were achieved, and what specific factors enabled or interfered with that success. The stories provide an account of participant experiences, but they must also be confirmable and supported with verifiable evidence.

Using this approach, we sought to answer four questions:

? What, if any, specific applications of QI training are staff using in their workplace?

? What is the service value of these applications?

? What factors are supporting and inhibiting the application of training?

? What suggestions can be made to improve the impact of the training?

The SCM is based on comparing successful and unsuccessful cases through story-telling and that involves two stages.

Stage 1- Survey

Stage 2- Interview

Stage 1

Survey of QI training experience and knowledge transfer

Within SCM, a survey is typically used to identify successful and unsuccessful cases. In addition, a survey provides information about where in the organisation, success is being most, and least, experienced and it enables an analysis of the proportions of different types of participants that are experiencing the greatest and least amounts of success.

Our survey design was informed by a review of the literature, e.g. the habits of an 'improver' (Lucas and Nacer, 2015), but primarily a series of interviews with key stakeholders from across NI. Key stakeholders included the sponsors of the level 3 QI training programmes, Trust Chief Executive Officers, QI leads within the Trusts and key personnel leading QI regionally in the Department of Health and Public Health Agency. Those who contributed are listed in our main project report.

Using these methods we sought to identify a series of questions that could be used to assess how participants had used their QI training in practice in terms of:

• Key behaviours

• Tasks

• Actions

• Tools and techniques

The survey that was developed consisted of 25 outcomes/activities thought to be most associated with success, and a section to record demographic and work/role related characteristics.

It is important to include appropriate questions to capture relevant details about your participants to help you assess where in your organisation success is being experienced (e.g. department or directorate) and also to identify any differences across different types of participants (e.g. professional grouping).

Using this survey tool, the extent to which QI training has been transferred into practice by each survey respondent can vary from 100 (all 25 identified outcomes/activities achieved with clearly positive results) to 0 (none of the outcomes/activities were considered applicable).

At the end of the survey we explained to respondents that we would like to interview a number of them and asked any participant who would be willing to be contacted by a member of the team for a follow-up interview, to provide their name and contact details.

The survey tool is provided for others to use as is, or adapt to their own needs, to assess training transfer of Level 3 QI courses.

Following submission of the survey tool, those respondents who indicated their interest in a follow-up interview were identified as either a 'successful' or 'unsuccessful' case – determined on the basis of whether they scored higher than the average. Importantly, survey respondents were not informed of their 'successful' or 'unsuccessful' status.

The average score in our survey was 74 with a range from 34 to 100 and a standard deviation of 16 indicating the tool captured a range of outcomes of interest to organisations investing in QI training. If you would like to read more about our project findings, these are included in our main project report.

If you are using this framework as part of an evaluation within your own organisation, you may find it beneficial to incorporate survey (and interview) completion as a mandatory element of training programme attendance. Consequently, it will be important to ask your survey respondents to provide their names and contact details.

Once you have your surveys returned, you can identify successful and unsuccessful cases. You can do this on the basis of whether they scored higher than the average as we have done. Alternatively, you may want to identify with other stakeholder what score would indicate success to your organisation.

QI Training for Impact Survey Tool

Below are a series of outcomes/activities which may be achieved after the completion of the Level 3 QI Training Programme. Please read each statement and select the option that describes you best since you completed the Level 3 Training programme that you selected earlier.

There are many different outcomes/activities from Level 3 QI Training and not all will be appropriate to you depending on your role, opportunities, environment etc. There is no expectation that you will have been involved in all of these outcomes/activities. Also, some of the outcomes/activities can be quite similar but each are different so we have tried to highlight differences for some.

As you complete these, please remember to focus on your practice after completing the Level 3 QI Training programme.

Response scale for each item:

a) **Yes, with clearly positive results. (4 points)**

b) **Yes, but I haven't experienced any discernible results yet. (3 points)**

c) **No, not yet, but I expect to. (2 points)**

d) **No, and I do not expect to. (1 point)**

e) **Not applicable. (0 points)**

1. I have applied the QI training in my practice.

2. I have identified a problem or opportunity that a QI project could address.

3. I have initiated a QI project (beyond the one completed on my programme).

4. I have initiated more than one QI project (outside of the one completed on my programme).

5. I have conducted scale and spread of a QI prototype elsewhere in my Trust or regionally.

6. I have coached/mentored other staff working on QI projects within my service area.

7. I have coached/mentored other staff working on QI projects beyond my service area but within my Trust.

8. I have been involved in teaching or formal training of QI (e.g. workshop, course etc.) locally or regionally.

9. Outside of teaching or formal training covered in outcome 8, I have shared my experiences and learning from implementing QI within my Trust.

10. Outside of teaching or formal training covered in outcome 8, I have shared my experiences and learning from implementing QI outside my Trust.

11. I have attended or participated in local or regional QI community (e.g. curry club; QI talks, QI network events).

12. I have attended formal learning opportunities on QI (e.g. completed another course, attended a QI conference).

13. Have led a QI network or a collaborative.

14. I have been involved in QI initiatives that cross organisation boundaries (e.g. work that extends beyond my current Trust).

15. While working on a QI project, I have been able to win over people or engage people who were initially uninterested or resistant.

16. I have influenced senior management to support QI initiatives and/or I have persuaded a manager more senior than myself on the value of a QI project.

17. I have influenced others at a similar level as myself to consider QI within their practice, to initiate or become involved in a QI project.

18. I have used data to analyse what is happening in the context of QI (beyond a project completed during my training).

19. I have been able to evidence improvement from QI work through data ((beyond a project completed during my training).

20. I have secured funding or resource support for QI work.

21. I have been creative/generated new ideas to lead QI work.

22. I have been involved in influencing systems thinking by making QI changes to operational management.

23. I have gained learning from when change initiatives fail.

24. I have empowered service users to participate in QI initiatives.

25. I have empowered frontline staff to participate in QI initiatives.

Stage 2

Interviews

Within SCM, the aim of the interviews is to capture and document the ways in which the learning has been used by participants within the organisation and the experience of participants post programme.

For our project, we had three specific objectives:

1. What worthwhile benefits and results did the learner achieve as a result of the Level 3 QI training?

2. What factors contributed to the impact?

3. What barriers were encountered?

Determining worthwhile benefits achieved by the learner as a result of the QI training is important. For those participants that have been identified as successful cases from the survey, it allows you to 'qualify the success'.

A key aspect of SCM is that success cases need to be proven, to mitigate self-reporting bias. If someone is identified as a successful case through the survey, this is based on their perception. By qualifying success as the first part of the interview, it allows you to determine if their perception is backed up by objective and verifiable evidence. Unverifiable success cases (i.e. based on perception alone) can be considered as unsuccessful.

This process allows you to better determine the validity of your survey results and to what extent you can extrapolate them.

One of the main strengths of SCM as an evaluation method, is that it allows you to also identify the enablers and barriers experienced by these participants in applying their learning post programme to inform further actions within your organisation.

The interview schedule we developed for our project is provided below. As with the survey tool, you may wish to adapt this schedule to your own context.

If you would like to read more about the enablers and barriers our participants reported, these are also included in our main project report.

Interview Schedule

I'd like to understand in more detail how you have applied your learning and what positive things, if any, have happened because of and since your training.

1. How have you used any of the learning or tools provided by the programme?

Probes:
- Can you give any specific examples?
- What results did that lead to?
- What impact did that have?
- What evidence is there around these impacts?

2. What would you see as the most important benefit you gained from applying the training?

3. What benefits to your organisation have resulted?

Probe:
- Can you give any specific examples?
- Why do you feel these are significant?

4. Were any negative outcomes avoided?

5. Were there any tools or learning that you gained from the programme that you didn't apply after the programme?

Probe:
- Why not?

6. Have you tried to apply any learning or tools from the programme but you did not experience any valuable results?

Probe:
- Why do you think that is?

Interview Schedule

Not everyone is able to apply their Level 3 QI training to the same extent, I'd like to take some time to understand what factors supported you in applying your learning.

1. If you think about your organisation and work environment, what helped you apply your training post programme and achieve the results you have discussed so far?

2. Was applying the learning or tools in the ways you have described part of your job role?

Probe:
- Was it something you would have done anyway?

3. Did you find your manager supportive?

Probes:
- In what ways was your manager supportive? (e.g. goal setting, providing opportunities to apply learning, providing budget or time)
- Do you have examples?

4. Were you accountable for applying the learning or tools gained post training?

5. Did you have dedicated time to work on QI post training?

Probe:
- How did this come about?

6. Did anyone else support you?

Probe:
- Who?
- How did they support you?
- What led to their support (e.g. did you approach them, did they approach you, was a meeting arranged by someone else)

7. Are there sources of information or expertise within your organisation?

8. Are there any incentives or rewards for applying the training post programme?

9. Are there any other factors that we haven't discussed that helped you apply your learning post programme?

I'd now like to consider if you experienced any barriers or obstacles in applying your training post programme.

1. Did you experience any barriers or obstacles that you had to overcome?

Probes:
- Why were these a barrier?
- How did you overcome them?

2. Did you encounter any barriers or obstacles that you could not overcome?

Probe:
- What would have been helpful to you in overcoming these?

3. Are there any other factors that we haven't discussed that prevented you from applying your learning post programme?

4. Do you have any suggestions that would have helped you apply the learning or tools gained?

Final Thought

We hope you find the above evaluation framework useful in informing your approach to evaluation of QI programmes. A final recommendation is to think carefully about when to undertake such an evaluation using the approach we have described:

- Too soon – people have not had an opportunity to implement the training.

- Too late – people cannot remember the key post-training period

Timing of your evaluation will be informed by the type of outcome you are hoping for, and when you would reasonably expect participants to have had sufficient opportunity to use their training.

This survey provides opportunity to understand and enhance QI training transfer in sending Health Trusts and positively convene people back into the workplace.

References

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Acknowledgements