An evaluation of inter-professional Team Based Action Learning (ITAL) in County Durham and Darlington

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Abstract

This report describes the outcome of a systematic evaluation of the interprofessional team-based action learning (ITAL) programme delivered in the County Durham and Darlington NHS Foundation Trust, often with the participation of practitioners from nearby primary care trusts, since 2003. One hundred questionnaires were sent to previous participants and 53 completed questionnaires were returned. Each component of the ITAL programme was positively evaluated, with approval or strong approval from 63–77% of respondents. Free text responses also show that many participants improved their working practices as a result of participating in ITAL.

Introduction

Inter-professional Team Based Action Learning (ITAL) was developed in the former County Durham and Darlington Acute Hospitals (CDDAH) NHS Trust in 2002–2003, and piloted in October 2003. It relies on the widely-accepted principle that inter-professional learning is most effective in improving patient care when it is delivered in practice, as part of continuous professional development[1]. We believe that training on the delivery of health care is best delivered in multi-disciplinary teams, whose members develop new understanding of their roles and responsibilities in the clinical setting; and that this breaks down stereotypes and professional boundaries, as we are now exhorted to do[2,3,4,5].

ITAL provides a block of high-quality teaching to support individual learning in evidence based practice, including clinical governance, risk assessment, clinical audit, pathways of care, literature searching and the critical appraisal of research papers. It also develops skills in team working, leadership and communication (for example, between primary and secondary care). The inter-professional learning team practises these skills in examining a previously agreed clinical problem: for the pilot programme in October 2003 we chose the management of cellulitis, in which there is a great deal of uncertainty about best practice, because we considered it important that learners brought no preconceptions. The programme starts with objective setting, team working and an introduction to the clinical topic by an expert in the field, and ends with the learners presenting their ideas for improved management of the clinical topic.

The pilot programme ran for five days, with a learning team of twelve practitioners, including nurses, doctors, a physiotherapist and a pharmacist, and was facilitated and formally evaluated by an expert from the NHS Learning Alliance, who continued to support ITAL during its first two years. The learners' evaluation of the pilot programme was very positive: consequently, the Trust decided that we should continue to develop the programme.

We now offer the ITAL programme nine times a year, in order to accommodate all trainee doctors in the first Foundation year (F1). At the time of collecting the evaluation data (November 2006) we had run it eighteen times, and it had been attended by 57 F1

doctors, 27 doctors at other grades (F2, senior house officer and consultant), 30 nurses and 26 practitioners in other disciplines - mainly physiotherapy, other therapies, pharmacy, laboratory sciences and research. The learning teams have always been multidisciplinary, though increasing clinical pressures have caused a fall in the proportion of non-medical learners during the last three years. At first the programme ran for five days, but it has now been compressed into three days with no apparent deterioration in effectiveness. Action learning sets have been established subsequently, in which participants continue practising their skills collaboratively, solving clinical problems in a supported environment.

The learners have worked on a broad range of clinical topics, including hospital acquired infection, chronic fatigue syndrome, falls in the elderly, stroke care, palliative care, chronic obstructive pulmonary disease, deep vein thrombosis, diabetes and heart failure. Clinical directorates regularly suggest new topics, reflecting current concerns, and the learners' conclusions have sometimes proved helpful when fed back to directorates. In general, however, we intend not to examine the chosen topic exhaustively, but rather to develop generic skills that can be applied to any clinical problem.

Programme content

Irrespective of the clinical problem examined, the learning programme has had the same elements, as follows:

- *Team working.* During this practical session, learners work in teams to design and build a bridge and a vehicle from plastic components. There is then a period of reflection on the learners' skills shown in planning, communication and time management. This exercise is designed to enhance team working, team building and leadership.
- *Care pathways.* During this session, learners first examine documentation and record keeping, and then care pathways and how they perform in the Trust and across the primary-secondary care interface. The final section is a brief practical exercise on process mapping.
- *Evidence based practice.* This session provides an overview of the topic and its importance for practitioners and the NHS. A practical approach to finding and implementing evidence is described and there is a discussion of guidelines and how to evaluate them. Several practical exercises are given to the learning team to facilitate understanding, and there is time for reflection.
- *Clinical audit.* The purpose and principles of clinical audit are discussed and the audit cycle is reviewed, using a quiz to facilitate understanding. The role of the clinical audit department is described, with particular emphasis on the practical assistance available to practitioners.
- *Clinical governance and risk management.* This session gives an overview of clinical governance, how its elements relate to each other and the practitioner's role in service improvement.
- *Leadership.* Learners examine a range of leadership behaviours and their practical consequences. They also consider work-life balance, the emotional stress caused

by working in poor organisations, and strategies to minimise stress and to develop personal as well as professional effectiveness. This session uses audit tools and reflection on earlier work.

- *Critical appraisal.* There are two formal sessions on critical appraisal during the learning week, linked to the sessions on literature searching, evidence based practice and care pathways. After an introduction to the skills, participants have a three-hour literature searching session, during which they identify a number of research papers on the chosen topic. These papers are critically appraised during another three-hour session leading to a more general discussion on the sufficiency of the evidence base in the designated clinical topic area.
- *Literature searching and library skills.* Students are introduced to the use of NHS library resources, in particular Medline via Dialog Datastar, and are taught how to build an effective search strategy, using Boolean operators. They then learn advanced searching using the thesaurus and other resources, including those available from the National Library for Health. Each student is given an NHS Athens password and time for supervised practice.
- *Research.* This session provides an overview of the many kinds of research done in the NHS, with tips on how to develop research ideas and prepare protocols. Examples of research done in this Trust are described, and the learning team is helped to develop a strategy for research on the topic under examination.

Evaluation

A formal evaluation has been carried out at the end of each learning week, initially by an external expert and latterly by members of the steering group. In November 2006 we developed a questionnaire to examine the programme's effectiveness over the longer term, asking what learning had occurred and whether the learners' actions had changed as a consequence.

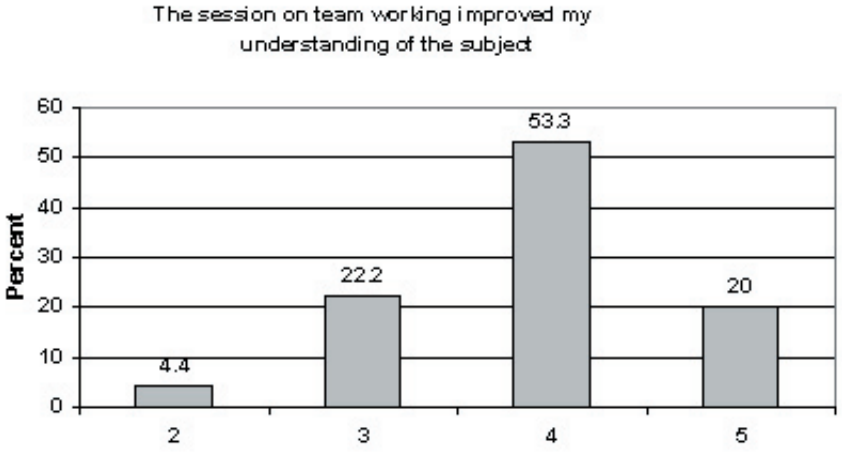
The facilitator of each session was asked to develop statements relating to its intended outcomes. These began with a summary statement, i.e. "The session on … has improved my understanding of the subject", with 3–6 supplementary statements in the same format, e.g. "The session on team working has raised my awareness of roles and responsibilities". Learners were asked to indicate their agreement with each statement on a five-point Likert scale (1 = "strongly disagree", 5 = "strongly agree"). For each session and for the programme as a whole, learners were asked to report "at least one example of ways in which the ITAL programme has affected your practice". Further suggestions for change were also invited.

One hundred questionnaires were sent to previous participants, and all were anonymised on their return.

Results

Fifty-three of 100 questionnaires were returned. The results are presented by learning session. In each case, agreement with the summary statement is presented graphically and other responses are tabulated. All results are expressed as percentages.

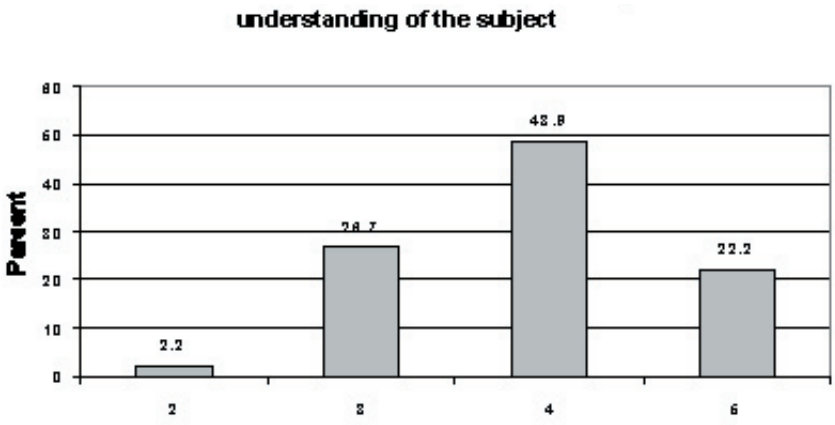
1. Team working



		1	2	3	4	5
2	The session on team working has improved my planning ability		6	35	57	2
3	The session on team working has improved my communication ability		11	24	57	9
4	The session on team working has improved my time management ability		13	50	33	4
5	The session on team working has improved my leadership ability		9	33	54	4
6	The session on team working has improved my awareness of roles and responsibilities		4	24	59	13

Participants gave 29 examples of ways in which the ITAL programme had affected their approach to team work. Among other things, they reported "increased confidence and ability to delegate to appropriate team members" and "I ensure all levels of staff are aware of what is happening and ensure that everyone understands their role and what is expected of them within the team".

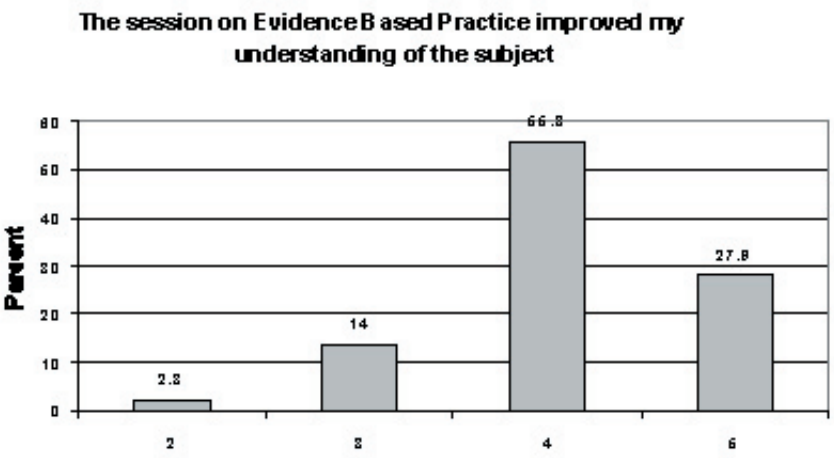
2. Care pathways.



		1	2	3	4	5
2	I am now more able to use the existing pathways documents than I was before I completed ITAL		11	59	24	7
3	I am now more able to become involved with pathway development than I was before I completed ITAL	2	15	41	39	7
4	I am now more confident about recommending care pathways with peers and colleagues	4	11	39	39	7

Participants gave 24 examples of ways in which the ITAL programme had affected their approach to care pathways. Among other things, they reported "I recognise their relevance, not just another piece of paper to hassle me!" "I have begun to develop care pathways in the department which didn't previously exist" and "I am more aware of care pathways being used in the trust and I use the clerking proforma in everyday practice now as a routine which I did not do previously".

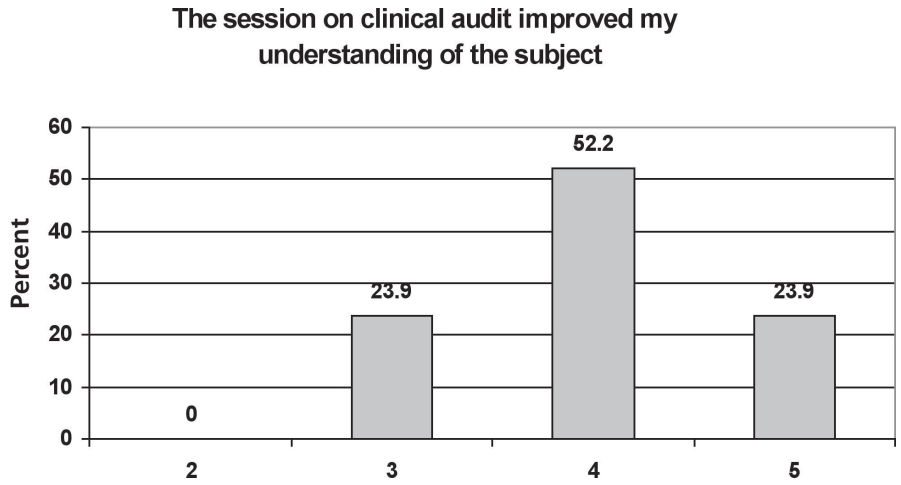
3. Evidence based practice



		1	2	3	4	5
2	I am more able to ask PICO questions in a range of clinical settings		3	14	66	18
3	I am more able to find evidence relevant to my practice		2	11	69	17
4	I am more able to modify my practice to make it more evidence based		2	28	59	11
5	I would be more able to involve my multidisciplinary team in this exercise		2	46	35	17
6	I believe that my colleagues would support me in this exercise		6	28	54	9
7	I believe that my managers would support me in this exercise		4	33	54	9

Participants gave 20 examples of ways in which the ITAL programme had affected their approach to evidence based practice. Their reports included "updating myself with more national guidelines and local protocols than I did before" and "as a nurse most things were done 'historic'; I now want to know why I am doing things, what has proved this is the best way etc., more so than I did before".

4. Clinical audit



		1	2	3	4	5
2	I am clearer about the purpose of clinical audit			22	54	24
3	I am more able to carry out a clinical audit in the future			28	52	20
4	If I carried out an audit it would be against national/recognised standards	2	7	16	51	24
5	If I carried out an audit it would be multidisciplinary		7	35	46	13
6	I believe that the recommendations from such an audit would be addressed within the Directorate/Trust	2	2	31	58	7

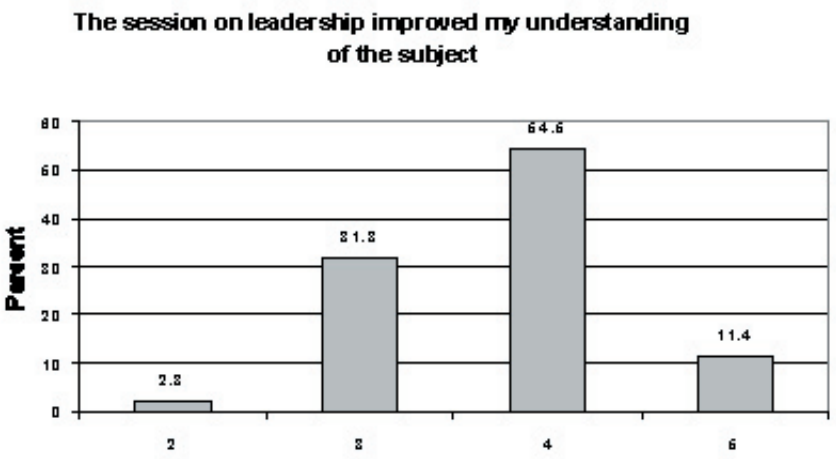
Participants gave 23 examples of ways in which the ITAL programme had affected their approach to clinical audit. Many of them had participated in clinical audits since taking the ITAL course. Reports included "carried out audit between A&E and ortho ward for care and management of head injury patients", "have since carried out an audit" and even "have carried out several audits".

5. Clinical governance and risk management.

		1	2	3	4	5
2	I am now more able to identify and act upon a Clinical Governance issue/problem		4	27	60	9
3	I am now more able to identify and act upon a patient safety issue		2	20	71	7
4	I would be more able to discuss this issue with a supervisory colleague or manager		2	27	64	7
5	I am now more able to report a near miss		2	29	51	18
6	I am now more able to report an incident		2	18	62	18
7	I am now more able to develop a user survey		4	53	37	7

Participants gave 16 examples of ways in which the ITAL programme had affected their approach to clinical governance and risk management. Reports included "I now promote it regularly within my work environment" and "more likely to complete incident forms in work plan as appropriate to identify problems and facilitate change".

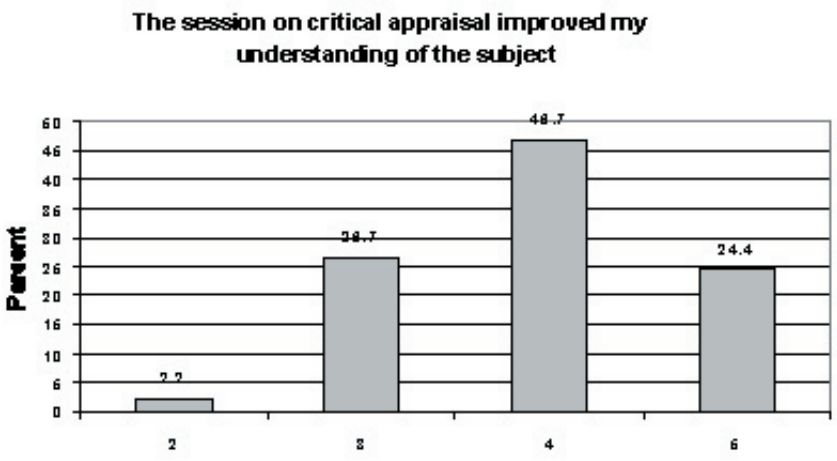
6. Leadership



		1	2	3	4	5
2	As a result of the programme I am more able to set and clarify objectives with the people I work with		11	33	50	7
3	I am more able to communicate objectives, issues and/or outcomes with the necessary people		7	28	59	7
4	I am more able to follow through on my actions and ensure objectives are met		4	31	60	4
5	I am more able to give and receive timely feedback		2	44	49	7
6	I am more able to make decisions for and on behalf of others		9	39	48	4
7	I am more able to manage change sensitively and skilfully		2	37	57	4

Participants gave 15 examples of ways in which ITAL had affected their approach to leadership. Reports included "have played a more active role in implementing corporate policy with members of local tinnitus management workers from other trusts" and "enabled me to take part in interviews and deal with problems following the appointments that arose within the team".

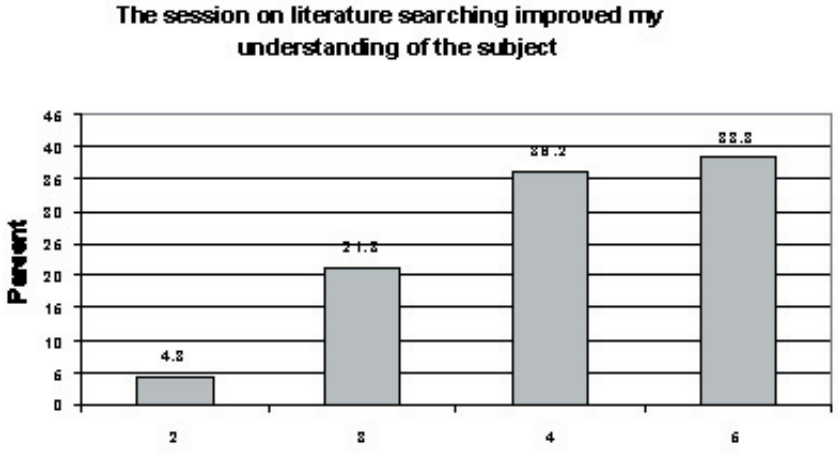
7. Critical appraisal



		1	2	3	4	5
2	As a consequence of the session I more able to interpret research literature		2	24	62	11
3	I feel more able to apply research literature to my clinical practice		2	18	69	11
4	I feel more able to participate in research		4	42	47	7
5	I feel more able to initiate research		4	53	36	7
6	I am more able to turn my clinical concerns into research questions		9	44	42	4

Participants gave 15 examples of ways in which ITAL had affected their approach to critical appraisal. Reports included "collected data on equipment a patient had asked about, appraised the data and fed back information" and "much more comfortable when critically appraising research".

8. Literature searching



		1	2	3	4	5
2	I am more able to complete literature searches since completing ITAL		7	15	41	37
3	I am more able to use Medline		7	22	41	30
4	I am more able to construct a search strategy		2	30	50	17
5	I have more knowledge of NHS information resources		2	20	57	22

Participants gave 17 examples of ways in which ITAL had affected their approach to literature searching. Reports included "I do a lot of literature search now" and "I have successfully searched the literature for several projects I am involved in".

9. "Describe one thing you do differently"

Twenty-nine respondents completed this section, and many of the responses described changes in their working practices as a consequence of ITAL. Their reports included:

- "More able to ascertain and understand team working dynamics and how to facilitate change"
- "My practice is now more evidence based and I am more confident while working in a team"
- "Consolidated my teamwork and communication skills and my attitude within the team setting"
- "Develop and use staff to their best potential"
- "Communicate more effectively with team workers and listen to the views of others"
- "I think how I can improve what I am doing to give the best patient care"
- "My team working skills are better: I more readily offer opinions and take part"
- "I am able to manage time more effectively, I involve senior and other health care professionals more often in patient management and I do a lot of literature searching now"
- "I look at the way I conduct my treatment and question and appraise what I do"
- "Much more aware of my blocks to creative thinking and have sought help with this i.e. additional reading, feedback and help from peers to look creatively at issues"
- "More able to ascertain and understand team dynamics and how to facilitate change"

10. "Do you have any further comments or thoughts about the ITAL programme?"

One non-medical respondent felt that we should "make it compulsory!" It is in fact already part of mandatory training for F1 medical trainees.

Discussion

The response rate (53 of 100 questionnaires returned) is satisfactory. Responses to mailed questionnaires seldom exceed 50% and rates between 15 and 50% are common (Burns, 2000).

All components of the ITAL course were positively evaluated. Given the diversity of the curriculum and the wide range of prior experience among participants, we believe that it has performed very well.

An approval rating has been derived for each component of the programme by adding the

percentages of agreement and strong agreement to the summary statement. Approval ratings range from 63 to 77%, as shown below.

Approval ratings:

Component	Approval rating
Evidence Based Practice	77
Clinical Audit	76
Literature searching	75
Clinical Governance	73
Critical Appraisal	71
Care Pathways	71
Leadership	66
Team working	63

When ratings for strong agreement are tabulated a similar pattern emerges, with literature searching, evidence based practice and critical appraisal being the most positively evaluated. Forty-three percent of respondents strongly agreed that the session on literature searching had improved their understanding of the subject.

In our evaluation of ITAL's effectiveness in supporting clinical governance, we also scrutinised participants' subsequent exercise of skills learned or rehearsed in this programme. Our learners have completed the following projects, which many of them have said they would probably not have done without the help of ITAL.

- Working party on fertility
- Implementation of a new infertility pathway
- Introduction of paediatric integrated care pathways
- Review of evidence-based practice in hearing services
- Audit in orthopaedic outpatients
- Audit of cellulitis management
- Audit of thromboprophylaxis
- New head injury pathway
- Audit of falls in hospital
- Literature-based study of side effects of medication
- Literature-based study of interprofessional learning
- Research into bacterial resistance to antibiotics

Interprofessional team-based action learning in the future

Postgraduate education in the NHS suffers from constraints of time and funding. The clinical workload is increasing for all staff, and new limits on working hours - particularly for junior doctors, who in 2009 will be limited by the European Working Time Directive to a 42-hour week - may impose even more pressures, particularly on consultants. Even so, the introduction of foundation training gives us a specific responsibility

"… to develop core or generic skills essential for all doctors. Training would extend and consolidate the knowledge, skills, values and attitudes acquired in medical schools and set out in the General Medical Council's Good Medical Practice. They would also provide skills in those essential requisites of modern medical practice: for example, the ability to form effective partnerships with patients, the ability to work towards high standards in clinical governance and patient safety, skills in the use of evidence and data, competence in communication, team-working and multi-professional practice, as well as capability on time management and decision making."[6,7]

Of course, there is no justification for limiting such training to doctors: all practitioners could benefit from learning these skills, and it is by no means certain that doctors are better suited than other practitioners to teach them. Moreover, whereas didactic teaching imparts facts that the learner may subsequently reproduce in professional examinations, it is not an efficient tool for changing practitioners' behaviour in a clinical setting. New ways of learning are therefore required.

ITAL's format and role have changed since June 2007. From now on, it will more explicitly support service development. All members of the learning team will be drawn from the same clinical arena (except for foundation doctors, who may be working in any field when they do ITAL, and corporate or support staff). They will identify their own learning needs through personal development plans and KSF (Knowledge and Skills Framework) appraisals. The learning team will continue to meet at Bishop Auckland Methodist Church (opposite BAGH), using IT facilities at BAGH. Participants will examine a current clinical problem in their department during a two day block of training, keeping the same components as before but with a specific focus on service improvement. They will come together again for half a day after one month, to discuss (with the next ITAL learning team) their implementation of agreed developments, and to make a report for the Trust's service development and modernisation group and clinical governance committee. To allow learners to continue working together after the programme, we will help them to communicate electronically.

From the beginning of 2007, ITAL will be accredited by the University of Teesside. Participants who complete a written assignment will be eligible to receive 30 academic level 3 credits, valid for any health-related degree. We believe that accreditation will attract non-medical staff working for higher degrees.

ITAL should become a regional resource for all the professions. This model of learning may be adopted elsewhere when its benefits are proven, or learning teams in County Durham and Darlington could be opened to trainees from other Trusts on short-term secondments for training.

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