Nurse Education Today 35 (2015) 388–394

Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/nedt

Illuminating the process: Enhancing the impact of continuing professional education on practice

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ARTICLE INFO

Article history:
Accepted 17 October 2014

Keywords:
Continuing professional education
Impact on practice

SUMMARY

Background: There has been significant global investment in continuing professional education (CPE) to ensure healthcare professionals have the knowledge and skills to respond effectively to the needs of patients/service users. However, there is little evidence to demonstrate that this investment has had a tangible impact on practice. Furthermore, the current emphasis on evaluating outcomes has overlooked the importance of underlying processes which, when positive, are essential to good outcomes.
Objective: The aim of this study was to identify the processes that key stakeholders perceive to be most important in facilitating a positive impact of CPE on practice.
Design/method: A qualitative design using two rounds of semi-structured interviews which were recorded and transcribed prior to analysis, informed by template analysis techniques.
Setting: Two acute trusts, one primary care trust and two higher education institutions in one geographical region in England.
Participants: Representatives from four stakeholder groups—students, managers, educators and members of each healthcare organisation's governing board. A total of 35 interviews were conducted in the first round and 31 interviews in the second round ($n = 66$).
Results: Four overarching themes were identified that illuminate stakeholders' perspectives of the important factors affecting the process of CPE: organisational structure, partnership working, a supportive learning environment and changing practice.
Conclusions: This study suggests that a positive organisational culture, effective partnership working between key stakeholders with an understanding of each other's perspectives, aspirations and constraints, and a supportive learning environment in both the practice setting and education environment are central to establishing a culture and context where CPE can thrive and exert a positive influence on improving patient/service user experience and care. It is argued that an understanding of the processes that facilitate effective CPE is a crucial first step before it is possible to meaningfully evaluate outcomes.

Introduction

Changing demographic patterns of disease in countries across the world and the subsequent impact on health service delivery mean that pre-qualifying education can only ever be an initial preparation for healthcare professionals (HCPs). It cannot equip individuals for all the changes that will inevitably occur in a lifetime of professional practice.

The impact of global health trends (WHO, 2013), such as the rise in chronic and degenerative conditions and the growing threat of non-communicable diseases (Oxford Martin School, 2013), mean that effective continuing professional education (CPE)[4] is vital to enable HCPs to respond to the needs of contemporary health services. Working in increasingly complex and varied environments, it is essential that HCPs are appropriately educated and supported throughout their careers to develop the knowledge and skills to respond effectively to the needs of patients, service users and the wider public (Taylor et al., 2010). Recent healthcare reviews in the UK (such as Francis, 2013; Keogh, 2013) have revealed the devastating impact on patient care when healthcare systems and HCPs fail in their duty to maintain high standards of care.

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[4] In this paper the term CPE is used to refer to post-registration education with an assessed component.

http://dx.doi.org/10.1016/j.nedt.2014.10.014
0260-6917/

In light of the complexity of 21st century healthcare services, there has been significant global investment in both pre-qualifying healthcare education and CPE to meet current and future needs (Mackinnon Partnership, 2007). The challenge, however, is to ensure that this investment is spent wisely to up-skill and retain (Drey et al., 2009) both the current and future workforce.

While the effectiveness of CPE has been the subject of much enquiry (Lee, 2011; Tame, 2013), very little has explored the impact of CPE on practice (Hegney et al., 2010) and there is therefore insufficient convincing evidence to demonstrate that investment in CPE has a tangible impact on practice and patient care (Gijbels et al., 2010; Cotterill-Walker, 2012; Lahti et al., 2014).

This paper aims to contribute to this scant evidence base by examining the processes that key stakeholders—education providers, healthcare organisations, managers and learners—perceive to be most important in facilitating a positive impact of CPE on practice. It will focus on the particular contribution of educators and education providers.

Background

Although the complexity of evaluating the effectiveness of CPE has long been discussed (see, for example, Eraut, 1985; Goodall et al., 2005), there has been little significant progress to date in identifying measurements of effectiveness (Grant, 2011). The overall impact of CPE on practice therefore remains unclear (Cotterill-Walker, 2012; Lahti et al., 2014).

This lack of evidence sits uneasily in international outcomes-driven cultures that demand evidence-informed practice, quality and effectiveness. There is therefore an imperative to demonstrate benefit from investment in CPE (Wright, 2009). For example, in England the Educational Outcomes Framework (DoH, 2012) places a clear emphasis on establishing a direct relationship between education and improvements in patient care. Research that has been done on impact similarly reflects this emphasis on outcomes (Ellis and Nolan, 2005) and yet the tangible outcomes of CPE have proved difficult to measure.

Challenges to the measurement of effectiveness are compounded by the desire to generate 'strong' evidence—conventionally considered to be derived from systematic reviews of multiple, well-designed, large-scale randomised controlled trials (RCTs). While RCTs have a central position in the evidence-based practice movement, their ability to investigate complex interventions meaningfully has been questioned (see, for example, Greenhalgh et al., 2003; Seers, 2007; Mackenzie et al., 2010). In the complex and messy, real world of practice (Ellis and Nolan, 2005), where resources are scarce and confounding variables are difficult to control, experimental/quasi-experimental research is unable to attribute a clear-cut, causal relationship between CPE and practice. Indeed, the impossibility of identifying all the relevant components of an educational intervention means that RCTs have rarely been used to evaluate the effectiveness of healthcare education.

To date therefore, the impact of CPE has been evaluated mainly from the student perspective, and has relied on self-report data often from a single cohort of students, following a single course in a single education institution (Gijbels et al., 2010). While students may report benefits in terms of changes in attitudes and enhanced knowledge and skills, there is little reference made to developments in practice, organisational change or improved patient care (Gijbels et al., 2010; Hegney et al., 2010).

In summary, whilst the importance of evaluating the effectiveness of CPE is clear, the existing literature highlights considerable methodological and conceptual challenges (Hegney et al., 2010).

Developing a Preliminary Impact on Practice Framework

Our earlier work in this area (see, for example, Draper and Clark, 2006, 2007) was motivated by a real desire to advance understanding of this whole issue. The first phase of this work (2006–2008) set out to develop a tool or framework to assist key stakeholders to demonstrate the impact of CPE on practice. Clinical managers told us that they needed an approach that was generalizable—irrespective of course of study and setting—and were clear that using systematic research to evaluate specific courses was neither feasible nor sustainable. Our aim therefore was to develop a framework that was user-friendly and potentially applicable to a range of settings. The development of the framework (see Fig. 1) was informed by an expert advisory group; a search of the health and social care, education and management literature; interactive conference sessions with peers (Draper et al., 2007; Clark et al., 2008); and structured conversations with key experts and stakeholders.

The Impact on Practice (ImP) framework captures a temporal dimension of before, during and after participating in CPE, and is structured in four domains corresponding to the key stakeholders:

- The individual learner—qualified nurses undertaking CPE (referred to as 'students' in this paper)
- The manager of the student in the clinical setting
- The education provider—the university delivering the CPE
- The healthcare organisation—the hospital or community organisation in which the student works.

Within each of the time-frames in each domain, a number of factors were identified from the literature that may influence how the impact of CPE on practice can be enhanced.

Having developed the ImP framework, our original intention was then to evaluate its implementation across a range of organisations. However, as we reflected on how this might be achieved, it became clear to us that the *processes* affecting how CPE was planned, delivered, engaged in and applied to practice were fundamental in influencing the overall impact of CPE on practice. These included, for example, the importance of organisational context, the influence of the manager in the development of practice, and the importance of strong relationships between education and practice. Given the importance of these 'process' issues we debated whether it would be appropriate, or even possible, to evaluate the framework within an evaluation paradigm that focussed strongly on outcomes. We concluded that insight into the *processes* of the real world of the key stakeholders would achieve a better understanding of how to improve the impact of CPE on practice. Our view was that if account were not taken of *process*—of the culture, values, attitudes and behaviours of the key stakeholders involved in CPE—any attempt to evaluate outcomes would be fruitless.

The second phase of the study therefore changed to reflect this shift in focus from outcome to process and set out to explore the processes that key stakeholders believe are the most important in facilitating a positive impact of CPE on practice.

Method

Study Design

The second phase (2009 onwards) was undertaken in one region of England. Two of three acute healthcare organisations and one of two primary healthcare organisations in the region agreed to take part, as did both the universities providing CPE for these organisations. Representatives of the four stakeholder groups—students, managers, educators and members of each healthcare organisation's governing board—were invited to participate.

Semi-structured interview schedules were developed to explore the factors that the different stakeholders perceived to affect the processes influencing the impact of CPE on practice. Interviews were predominantly by telephone to accommodate geographical spread and a small number were face to face. All interviews were recorded and transcribed. Two interviews, separated by approximately six months, were conducted with as many of the original participants as possible: 35 were conducted in the first round of interviews and 31 in the second round.