

Constructing ideal learning

Balancing competency versus productivity focused development

Ongoing learning and development is an essential component of a healthy organisation and few would disagree. However, pick any component of a learning programme and you'll find considerable polarisation around whether it is effective in improving organisational effectiveness. Controversially, we are all prepared to sign up to the principle that training is vital and yet demonstrating a functional benefit of training delivered remains the Holy Grail of training and education providers. The provocative question is "if training is so vital, then why can't we measure its effect?" This article examines why it is so difficult both from a measurement perspective and from a standpoint that much development is at best incomplete when it comes to driving organisational effectiveness.

The challenge of assessing benefit

Let's take a programme of communications training for professionals in the clinical environment, delivered as a single day programme in a classroom. The typical assessment method is a 'happy sheet' that assesses the participants' perception of whether the training was beneficial, or more closely whether they enjoyed the programme. However, there is a poor correlation between happy sheet ratings and behavioural change and an even poorer correlation between those ratings and a measurable operational benefit. Indeed, what would that benefit be? Let's call it a very nebulous 'departmental performance'.

The challenge is summarised in three key issues:

- Departmental performance is affected by a myriad of factors, not just communications and this is difficult to separate unless we unrealistically evaluate training by randomised, controlled trial (blinding is a challenge too!)
- In medicine, we either tend to measure clinical outcome as a proxy for departmental performance, or possibly base our assessment on national targets of questionable specificity. These measures are too far detached from the realm of influence of a communications programme, which may be a component but is less likely to be a driver
- No baseline measurements! If we are going to assess impact, we do actually need to have an objective assessment of the baseline performance

Perhaps the answer is to approach learning interventions in a similar way to clinical interventions. Thought leaders propose a hypothesis that learning intervention X will produce a benefit of a certain magnitude, based on an agreed outcome measure. The learning intervention is subject to either a randomised or case controlled trial in a limited number of individuals representative of the target population the intervention is aimed at. We then invest in and have confidence in those programmes that closely match the attributes of the trialled learning intervention. Or have we simply got enough to do already?

Another way

Given the challenges and practicalities identified, we propose an alternative solution based on a pragmatic approach to ensuring learning effectiveness. It's a combination of common sense, comprehensive attention to needs analysis and a bit of self evaluation.

Let's consider just one aspect of a learning programme – developing

knowledge. Pete works as a manager based in a clinical department. He has joined from outside the healthcare sector and knows nothing of any depth in his specialty area. To deal with developing knowledge, we would address it using a reflective questioning approach:

1. What does Pete need to know in order to be successful in his role?
2. How would we rate those things in order of importance?
3. What will Pete be able to do, if he knows those things and what will that look like?
4. If Pete does not know those things, what will the consequences be and what will that look like?
5. What is the best method (for Pete as an individual) of acquiring that knowledge?

This approach provides specificity to learning i.e. it is targeted at the right knowledge to enable the job. Points 3 and 4 provide a basis for assessing whether the training intervention decided upon in point 5 is actually delivering benefit. By identifying how Pete's behaviour will change if he has acquired the right knowledge and is applying it correctly, as well as considering what happens if he fails in this regard, we can assess observationally whether Pete is indeed travelling in the right direction. The added benefit is that Pete himself gains confidence in using the knowledge as he sees the functional benefit, so embedding new understanding into everyday practice.

Healthcare's training traps

Healthcare has largely fallen into the trap of the incomplete picture and is now lamenting the longer term outcome of this trap. Consequently, doctors, nurses and other professionals have been subject to a somewhat unbalanced approach to development that has placed considerable emphasis on knowledge and skills (competency), without the same focus on productivity, although the latter can be driven by effective performance management processes. We've exacerbated this further by rewarding the attainment of competency with promotion, through Agenda for Change and the Knowledge and Skills Framework, in effect meaning that someone progresses faster by diligent attention to development of self than they would by achieving organisational objectives i.e. being productive. The result is that the committed hard worker often struggles to develop sufficiently to gain the next grade whilst the eternal student can progress more readily without necessarily pulling their weight for the team. Not only does this undermine the morale of those churning the work, it risks stimulating the growth of the ineffectual expert – knows everything but achieves very little. Clearly balance is the winning formula.

Furthermore, for clinical staff, there has been an unhealthy emphasis placed on clinical competency at the expense of wider aspects of the role. The irony is that as a person progresses, the key determinants of their success tend to be the non-clinical areas such as leadership. This is evidenced by clinical leaders' struggle to develop strategic business skills in the face of a competitive healthcare landscape and the daily cries to engage clinicians in leadership development. A structured and forward-looking approach to developmental needs analysis would have determined a more balanced approach to clinical leader development and a consultant body appropriately equipped and committed to driving success for Trusts as businesses. The basis for that strategic needs analysis is a good understanding of what a particular person will be required to do i.e. the functional roles within their job title, both in terms of the role itself and the goals they are set.



This focus on clinical competency has resulted in development detached from performance management, itself a term that has come to represent managing poor performance rather than driving service excellence. Consequently, re-attaching development pathways to performance drivers is proving problematic, with low engagement in appraisal processes and a general reluctance to focus too deeply on an individual's productivity.

Comprehensive needs analysis

Let's consider Audrey, a consultant with 4 years under her belt, working in ophthalmology for a Foundation Trust in a major conurbation with a number of surrounding Trusts, an independent provider and an energetic tertiary centre. Audrey's developmental needs analysis will be driven by breaking down her role into its key component parts, whilst also considering the specific goals, targets and key performance indicators she is subject to. That first stage may look like this (timescales aside):

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|----------------------------------|---|---|
| Roles | <ul style="list-style-type: none"> • Doctor • Leader • Manager | <ul style="list-style-type: none"> • Ambassador • Teacher |
| Goals, targets & KPIs | <ul style="list-style-type: none"> • Measurable improvement in patient experience • Increase in proportion of new patients per clinic from 40% to 50% | |

Having broken down the job into its role components, we can now conduct a more effective needs analysis on the component parts. Let's take the role of 'manager' as an example.

To be an effective manager

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| Knowledge required | <ul style="list-style-type: none"> • Trust core objectives & key projects • Fiscal principles of the Trust • Service Line Accounting • Tariffs |
| Skills & Competencies required | <ul style="list-style-type: none"> • Planning & prioritisation skills • People management skills • Competency in project management |
| Behaviours needed | <ul style="list-style-type: none"> • Develops meaningful measures of performance • Translate Trust priorities in local plans • Provides feedback to the team • etc |

At each point, both Trust and Audrey can objectively determine what development she needs and how best to structure it for her. For example, Audrey scores 4 out of 10 in people management, something that is vital if she is going to run projects. Her development plan includes attendance on a people management course and coaching to encourage her to confidently deliver feedback to the team. This development enables her to be a more effective manager of her team, which enables her to succeed in her role as manager, which in turn enhances her effectiveness as a consultant, which delivers greater productivity for the Trust, which hopefully is measurable because we will have also asked what types of behaviours we might see when Audrey has successfully undergone development and how these would differ from the present behaviour. This approach to tying development to both priorities and performance is vital.

The key principle in operation is:

What does this person need to know and do to be maximally effective in each of their roles and how could we deliver that most productively and appropriately for this specific person?

In conclusion, taking a more structured approach to creating ideal learning involves more strategic analysis of job requirements and the key roles that deliver against them, followed by an evaluation of priorities, goals and key performance indicators. Only when development is approached as an enabling factor for a person's productivity, as well as their competency, will we enjoy high service delivery of the maximum quality, driven by the full range of development options from 1-2-1 coaching to courses for many and everything in between. Furthermore, the objectivity incorporated by linking training to performance will allow Trusts to more readily identify the benefit derived from particular interventions and consequently have confidence in investing in them to genuinely improve organisational output.

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Development needs analysis tool (DNAT)

Medicology is developing an online needs analysis tool. Please register at www.medicology.co.uk/DNAT to receive more details.