UNIVERSITY OF SOUTHAMPTON

An evaluation of the preparation and
development programme provided for
ward sisters and charge nurses in a
District Health Authority within
Wessex in 1986-87.

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Appendices

References and bibliography

Abstract

Author   Angela J. Race

Title   An evaluation of the preparation and development
programme provided for ward sisters and charge nurses in
a District Health Authority within Wessex in 1986-87.

A report of a descriptive case study of four courses
provided by the Continuing Education Department of a
District Health Authority within Wessex Region.   The courses
were part of a continuing professional education model
designed to meet nurses' needs for personal, professional
and managerial development through all career stages, from
initial registration to middle management level.

The elements of the model which were evaluated included
three modules (managerial knowledge and skills); one
workshop (teaching skills); and individual project work.
The researcher fulfilled a dual role as tutor/co-ordinator
of the programme and evaluator of the educational
experience.

An illuminative evaluation framework was used for the case
study.   Data were obtained from structured interviews with
senior nurse managers;   questionnaires, completed by course
members pre- and post-course attendance; non-participant
observation during the courses by the researcher; and
post-course assessments of course members by senior nurse
managers.   Pre-course objectives (set by course members) and
post-course learning outcomes (identified by course members
and their managers) were compared.

The hypothesis which formed the basis for the research
stated that the present model of continuing education was
effective in relation to the ward sister's performance in
her roles as manager and teacher.   The results indicate that
the model was effective in relation to the managerial role,
to a greater or lesser extent for the individuals who
participated in this study.   It was not effective in
relation to the teaching role because of changes in the
requirements of this role, dictated by changes in basic
nurse education.

Recommendations arising from the literature and from
analysis of the data are made.   Areas for further research,
arising from the outcomes of this study, are identified.

ACKNOWLEDGEMENTS

CHAPTER 1   INTRODUCTION

This thesis is a descriptive case study of four courses

provided by the Continuing Education Department of a

District Health Authority within Wessex region in 1986-87.

This introductory chapter sets the scene and context for the

case study and is divided into the following sections

1.1   The health district

1.2   The organisational structure

1.3   The policy framework

1.4   The regional context

1.5   Access to continuing education within the health
      district

1.6   The modular development programme

1.7   The evaluation strategy

1.8   Funding and administrative arrangements

1.9   Summary

1.1   The health district

The health district is small, serving a population of

208 000 people (Health Service Year Book 1988) located in

one city and two small towns, surrounded by rural areas.

31.35% of the population are aged 65+ (Department of Health

1988). Hospital services are based in a district general

hospital in the city, a small community hospital which

includes geriatric beds and two small geriatric hospitals.

The total number of in-patient beds comprises 733, of which

25% are designated for care of the elderly (Directory of

Hospitals 1988).

Mental illness and mental handicap services are recent

developments and are community based. Previously these

services were provided in large hospitals outside the health

district. Qualified nurses employed in this health district

number 946, of whom 90 are community based (Census of Staff

in Post 1987).

1.2 The organisational structure

At the time of the study the district was divided into two

units of management, the acute unit - the district general

hospital, and the community unit - including the community

hospital, the geriatric hospitals and day care facilities as

well as care in the home.

Nurses in both units were placed in a clearly defined

management structure in which nursing services were managed

by directors, who reported to the unit general managers, and

were supported by senior nurse managers. Thus a

hierarchical system, typical of nursing since the time of

Florence Nightingale and expanded and contracted at various

points in history since 1860, was perpetuated. An advantage

of this structure is that nursing services and nursing staff

were managed by nurses, who could, by virtue of experience

if not training, be expected to have some insight into the

problems of nurses' work.

Further reorganisation of the management structure has since

occurred, illustrating that nurses, in common with all

health service staff, experience successive changes in their

working relationships, working practices and

responsibilities. These changes are additional to the

therapeutic and technological developments which have been a

feature of health care since the inception of the National

Health Service.

1.3 The policy framework

The District Health Authority policy (1987) for staff

education and development states that the authority

recognises the need to give all employees such training as

is necessary to enable them to perform effectively.

To implement this policy candidates are recommended for

training by their managers, on the basis of relevance of the

proposed course, and of its benefits to the individual and

to the Service. The policy further states that while

evaluation of training (education) is initiated and

co-ordinated by education staff, responsibility for

assessing the effectiveness of training upon staff

performance in the working environment rests with managers.

Beginning in 1984, the Continuing Education Department

provided opportunities for necessary training as defined in

the health authority policy within a modular educational

programme which aimed to meet the needs of all grades of

nursing staff - from newly qualified to middle managers -

for professional, managerial and personal development.

Figure 1 (see next page) shows the components of the modular

development model. These include eight modules, one

workshop, individual projects and individual role based

training, using learning contracts. Clinical education and

Figure 1

A model for continuing education for nurses
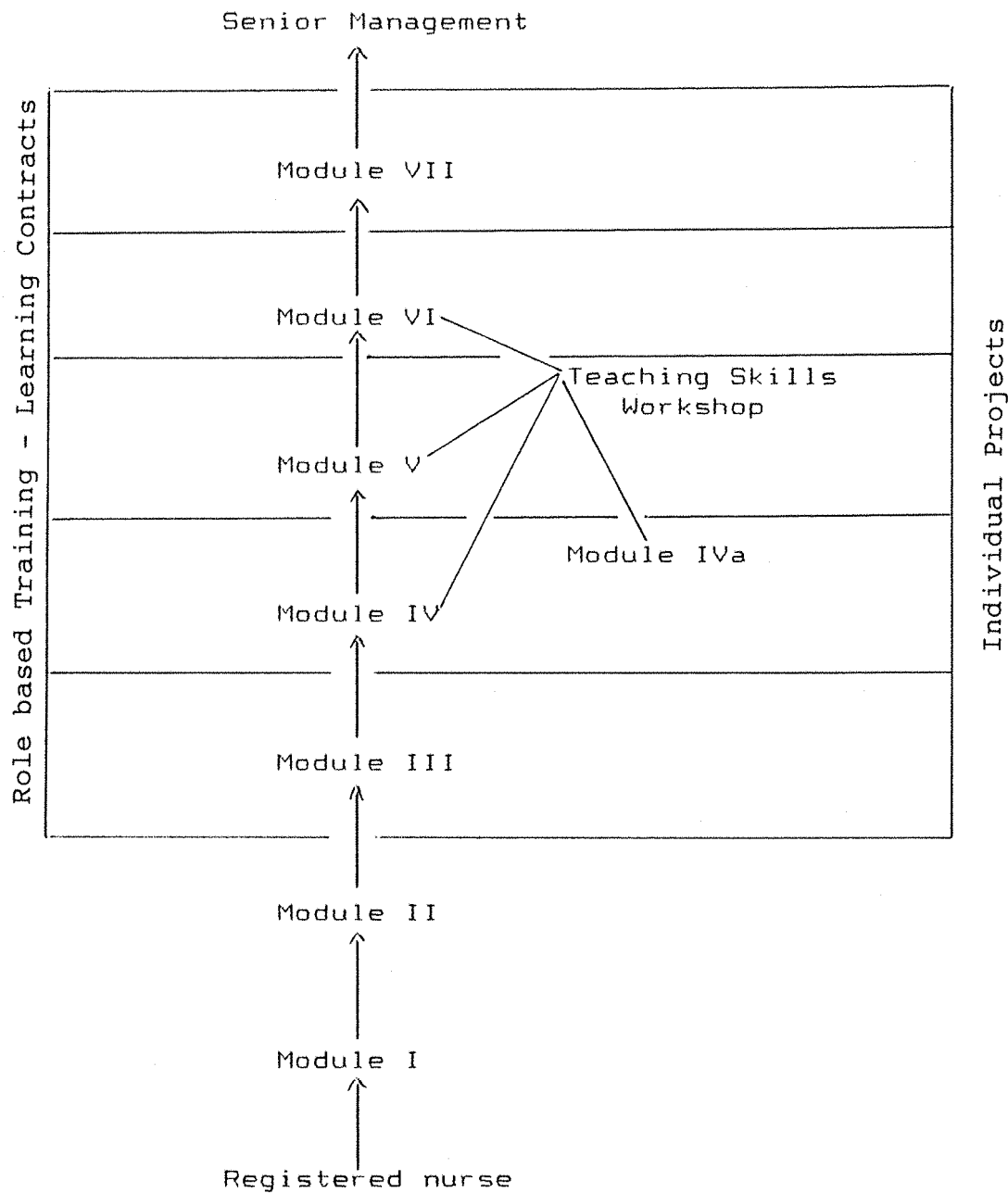
updating are provided in separate programmes. The regional

context of the modular programme will now be described.

1.4   The regional context

During 1983, a working group of senior nurses was

established by Wessex Regional Health Authority to produce

recommendations for a programme of professional development

for ward sisters and charge nurses in the region. The

recommendations were published in November 1984 and revised

in June 1985 (Professional Development for Sisters and

Charge Nurses 1985). The conclusion stated that

> "Following extensive research and discussion
> the working group recommends that a detailed
> curriculum be developed in each District to
> meet local needs, and the resulting package
> be piloted in each District."

The report identified six major areas of learning for the

development of sisters, indicating objectives for each area.

Fifty-six objectives were listed. No evaluation strategy

was proposed, but a requirement to evaluate could be

inferred from the reference to piloting in each District.

Analysis of the report indicates a close relationship to the

findings of Pembrey (1980) and an interim report by Farnish

(1983). Dr Susan Pembrey had addressed the group about

the outcomes of her research. Judith Lathlean had spoken on

the telephone to a group member regarding the likely

outcomes of the Kings' Fund project, the findings of which

were published later in 1984. Following Pembrey's (1980)

identification of the ward sister as the "key to nursing"

there had been a proliferation of research into various

aspects of this complex and demanding role. Marson (1981) and Ogier (1981) explored the teaching and facilitative dimensions of the role; Orton (1981) and Runciman (1983) examined sisters' managerial competence. Farnish (op. cit.) had already shown that many experienced sisters lacked any preparation, they had learnt on the job, by trial and error. Stapleton (1983) demonstrated that nurses' perceived needs for continuing education were largely unmet. Within Wessex, Health Districts varied widely in their provision for continuing education for nurses.

1.5 Access to continuing education within the health district

In the district where this study took place, one senior nurse tutor was responsible for continuing nurse education across the district until the writer was appointed in September 1984, as tutor/co-ordinator responsible for implementing the modular development programme. A requirement to evaluate all educational activities provided by the post-holder was included in the job specification. Upon consultation with senior nurse managers, it was agreed that nominations for staff to attend continuing education events would be made by them. This arrangement helped to control the overwhelming demands being made by individual nurses writing and telephoning to ask for places on courses, reflecting the findings of Stapleton (1983), that demand for continuing education by nurses exceeds availability of such education. The senior nurse managers accepted responsibility for identifying and prioritising the

educational needs of their nursing staff and conveying them to continuing education staff. Nurse managers at all levels within the organisation supported the modular development programme and all courses were over-subscribed.

The stimulus for the establishment of an innovatory programme of continuing education came from the Chief Nurse in the health district who was instrumental in establishing a small department to carry this forward. No external approval or validation procedure was required, because this was an in-service programme provided and funded by the health authority, in accordance with its policy of providing necessary training for all staff.

1.6 The modular development programme

Having described the regional and district context of the programme and the managerial and policy framework within which it was based, a brief outline of the aims and target population of the individual modules will now be given. There was no curriculum for the programme. There were no entry criteria and there was no scheme of assessment. Selection and nomination of nurses to attend the courses was the responsibility of the senior nurse managers. The level of each module was indicated to guide managers, but selection of the most suitable course to meet the learning needs of staff was the over-riding factor.

An outline of the content of each module, including very broad aims but no objectives, provided a working document. This outline had been devised on the basis of informal

discussions with senior nurse managers, in which they were

asked to identify the learning needs of the various levels

of trained nursing staff employed within their units of

management. The components of the modular development model

for continuing education were shown in Figure 1 above.

Module I was designed to aid the transition from student to

staff nurse. In the U.S.A. this period has been found to

give rise to feelings described as "reality shock" (Kramer

1974). There was anecdotal evidence of the problems

experienced by newly qualified nurses in Britain, linked to

lack of preparation for the role. It was assumed therefore

that greatest benefit would ensue from attending Module I

within a month of qualifying as a nurse. Module II followed

within two months, to continue support in the transition

process. Module III introduced the staff nurse to her

role in managing people, at six to nine months after

qualification. This time scale for attendance was ideal,

but was flexible because managers found it difficult to

release newly qualified nurses to attend three modules

within their first year at staff nurse level.

Module IV aimed to develop personal management style and

organisational skills in the staff nurse at twelve to

eighteen months post qualification. Then a supplementary

Module, IVa, was provided for staff nurses in post for more

than two years and likely to remain at that level in the

nursing hierarchy. This course programme was planned with

the nurses attending each time, in order to meet varying

needs. The overall aim was to update knowledge and develop new skills.

Module V was provided for senior staff nurses, seen by managers as potential ward sisters, and for newly appointed ward sisters within six months of coming into post. It aimed to build on previous managerial training, update knowledge and develop skills appropriate to the new role.

Module VI, provided for experienced ward sisters who had been in post more than two years, was also planned with the course members, for the same reason as Module IVa. The overall aim was to identify and enhance strengths, and to help the participants to overcome weaknesses through learning new skills.

Module VII was designated for middle managers, an industrial term which, in the nursing hierarchy, equates to senior nurse managers. Numbers of staff at this level within the health district were comparatively small. This module took place outside the district and was shared with four similar sized districts in the region. Teachers from the four districts co-operated in planning and teaching the programme, which aimed to develop managerial knowledge and skills appropriate to the level of the course members. Five places were available on each course for managers from the health district where this study took place.

A Teaching Skills Workshop was provided for nurses at the levels of Modules IV, IVa, V and VI, acknowledging the importance of teaching as part of the trained nurse's work.

The workshop aimed to develop practical teaching skills
relevant to the demands of the course members' jobs.
In addition to the modules, the model for continuing
education included two components which applied to all
course members from Module II onwards (see Figure 1). These
were individual projects and individual role based training.
Project topics were selected by nurses in consultation with
their managers prior to the courses. The overall aim of the
projects was to encourage the course members to apply
knowledge gained from the educational experience to a
problem arising from their work setting. By this means the
benefits of education were given a practical focus. The
projects were not assessed, but verbal presentations were
expected on the course review day, held three months after
every course (six months after Module VI). Managers were
invited to attend presentations by members of their staff.
A further aim was to apply one of the principles of adult
learning, that adults should be active participants in the
learning process (Knowles 1978), to the modular programme.
General guidance about the subject area for projects for
each module was given in the annual calendar of educational
events circulated to all managers. Specific guidance was
given if requested, whether by managers or course members.
Some sessions included in the course programmes were
designed to help the nurses carry out their projects.
The subject areas for project work related to the modules
included in the evaluation study were:

Module IV   Making a case

Course member and manager identified a particular need in
the workplace e.g. a piece of equipment; a change in working
practice; increased resources. The course included a
session on how to prepare and present the case to the
appropriate person(s). The project was complete when the
case was presented, within three months of the end of the
course.

Module V   A management problem

Course member and manager selected a specific management
problem. During the course an action plan was formulated,
to be implemented and evaluated within three months of
finishing the course.

Module VI   A critique of a research report

Course member and manager selected a paper relevant to a
managerial or clinical problem current in the workplace, for
critical evaluation and, if practicable, replication. This
work was to be completed within six months. course members
were encouraged to consider publishing their work. Module
VI was the only course which included the option of a
clinical rather than a managerial topic for the project.
This was in recognition of the seniority of the
participants, to allow freedom of choice and avoid feelings
of carrying out a paper exercise to satisfy the demands of
the course tutor.

A brief written report of project work was expected by the
course tutor, but the action taken was considered the most

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important aspect of the projects. Course members were
strongly advised to undertake projects which were achievable
within the time allowed, remembering that they were, in most
cases, full time employees. The course tutor, the manager,
library staff and colleagues were resources to be called
upon when required. Module IV course members often managed
without help. The manager was a particularly important
resource for Module V course members. Library staff and the
course tutor were often called upon by Module VI course
members.

Role based training aimed to bridge any gaps in the module
programmes and individualise the learning process. The
working document stated that learning needs and objectives
would be identified by the nurse and her manager, and a
learning contract agreed before the course. The
tutor/co-ordinator was responsible for meeting each nurse
with her manager after the course ended, and for
facilitating role based training required to enable
achievement of objectives stated in the learning contract.

1.7   The evaluation strategy

The working document provided for informal review within
each course, but no overall evaluation strategy was
indicated. At first the absence of objectives was
perceived as a weakness, inhibiting evaluation. Experience
within the modules and developing skill of the teachers
demonstrated that this flexibility and openness was a
strength, allowing individual needs to be identified and

met.   Literature cited in Chapter 2, section 2.4 supports

this view. Once the modular development programme was

established, it was agreed that a research proposal should

be developed to address questions of curriculum development,

which had already taken place, and evaluation of the

innovatory programme in action.

Recognising that an evaluation research study of the

complete programme simultaneously with organising and

teaching the programme was an ambitious project for a

recently qualified tutor, the proposal was amended.   In view

of the contemporary interest in the ward sister's role and

preparation, and the recommendations of the Wessex Regional

Group, the decision was made that an action research project

to study those aspects of the modular programme relevant to

ward sister preparation and development was contextually

appropriate.   Figure 2 shows the elements of the model

included in the evaluation study.

Figure 2

Model elements included in the study
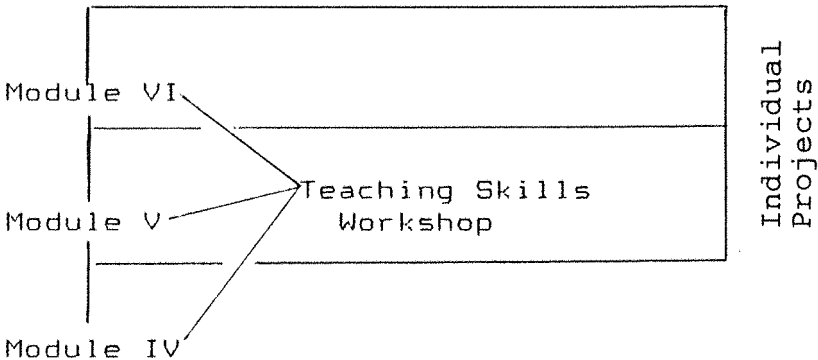
Module IVa (see Figure 1) was omitted from the evaluation study because it was for staff nurses who had been at that level for more than two years and were likely to remain as staff nurses.

1.8 Funding and administrative arrangements

Funding for the research study was sought, and a Wessex Regional Scholarship was granted. Subsequently, demands on this fund increased and individual grants were reduced to allow more nurse researchers to be supported. The district health authority then granted supplementary funding for the study. Secretarial support for the administrative aspects of data collection was provided within the resources of the Continuing Education Department.

The Continuing Education Department serves the whole health district, but is based in a building on the district general hospital site and hospital based nursing staff were to be invited to contribute to the evaluation study. For these two reasons permission to carry out the study was sought from the Director of Nursing Services (Acute Unit), who also functioned as Nurse Advisor to the District General Manager. The aims and design of the study were discussed with her. Patients were not involved, and participants were to be assured of confidentiality and were free to decline to contribute, it was agreed that permission from the ethical committee was not required. In practice, no-one did decline and all the initial information requested was freely given although there was some non-response at later stages.

1.9 Summary

This thesis reports on an action research project carried out in the researcher's work setting. It is presented as a descriptive case study, designed to explore the hypothesis that the present model of continuing education is effective in relation to the ward sister's performance in her roles as manager and teacher. An illuminative evaluation framework was used and data were obtained from structured interviews; questionnaires; nonparticipant observation and objective assessments.

A review of research and literature informed the project at every stage, new material was incorporated as it appeared. Throughout the thesis the term ward sister and the feminine gender are used and should be taken to include male charge nurse. The titles of the statutory bodies governing nursing have been abbreviated in some parts of the thesis. These bodies have responsibility for standards of nursing practice and nursing education and are the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (U.K.C.C.) and the English National Board for Nursing, Midwifery and Health Visiting (E.N.B.).

In the final chapter, conclusions are drawn from the findings, recommendations are made and areas for further research are identified.

CHAPTER 2   REVIEW OF THE LITERATURE

In this chapter research and literature from the fields of
nursing and education will be analysed and evaluated.
Implications for the preparation and development of ward
sisters, for the providers and the consumers of educational
programmes to meet their needs will be identified.   Skilbeck
(1984) states that the fundamental purpose which informs
curriculum evaluation and justifies the material and
intellectual resources which it claims is improvement in the
quality of students' learning.   The literature was searched
for supporting evidence for the educational needs of ward
sisters, identified and addressed in the modular development
programme.   The educational processes involved in designing
and delivering the programme will also be explored in the
review of literature, which is presented in the following
sections

2.1   Ward Sisters: their role, responsibilities and
      preparation

2.2   Continuing professional education

2.3   Models for curriculum development

2.4   Programme planning

2.5   Curriculum evaluation

2.6   Impact evaluation

2.1   Ward sisters: their role, responsibilities and
      preparation.

How has the role of the sister developed to the point at
which it is seen today – the key to nursing (Pembrey, 1980),
the crucial source of initiation to achieve patient care in

a total sense (Gilbertson, 1977), teacher or facilitator of student nurses' learning (Marson, 1981, Ogier, 1982)?

In common with other professional practitioners the sister is expected to demonstrate an appreciation of research, as this facilitates critical appraisal of other research, and the implications of such research for the individual's own professional practice (Cox, 1981).

The sister is employed by the largest single employer in the country — the National Health Service (Owen, 1976). Set up as a result of the National Health Service Act 1946, to provide a comprehensive health service, available to all, free at the point of delivery, the N.H.S. has become a huge bureaucratic organization. Nevertheless, patients expect that within this huge organization, employing more than one million people, they will receive individualised personal care determined solely on the basis of need. The sister is uniquely placed to ensure that this expectation is realised. In the early years of the N.H.S. the sister worked within a somewhat less complex managerial framework than is the case today. Overall responsibility for managing the hospital was vested in the hospital secretary, the matron was responsible for nursing and domestic services. However, as early as 1953, Goddard noted that the increasing "openness" of the ward and hospital contributed to the interruption and disorganisation of the sister's nursing work, as she became more involved in co-ordinating the work of others. Pembrey (1980) commented that this strain between nursing and

"other" work has become a major feature of the sister's role.

Writing of the organizational context of nursing practice in 1966, Mauksh (cited in Ogier 1982), described the strains inherent in the hospital structure in that two systems operate inter-dependently within it. He identified these as the cure process of medicine and the care process of nursing and hotel services. It is the nurse's role to give care, but the doctor delegates to her certain aspects of the cure function. Nursing and medicine are organized differently - the nurse an employee within a bureaucratic structure, the doctor a free agent. This gives rise to the daily, even hourly, situation in which any number of doctors give specific instructions about "their" patients' care to the ward sister. She is responsible for prioritising, resourcing and/or delegating the instructions in the light of her professional and clinical knowledge, and within the constraints of the organization.

Stress and strain continue to be major features of the sister's role. Specialisation in health care and increasing use of technology, even in general wards, contribute to these. In the context of a twenty-four hour care service, the sister and her nursing team represent continuity and stability to the patients. When doctors, social workers and therapists leave, the nurse remains. The Committee on Senior Nursing Staff Structure (Salmon 1966) proposed a hierarchical, multi-layered structure for nursing

management. The committee did not examine the role of the
sister and did not appear to appreciate that decisions taken
at this level are different from, but no less important
than, decisions taken at higher levels within nursing. This
mechanistic system of management became the norm within a
few years, and as a direct result, many skilled
knowledgeable clinical nurses left the arena of direct
patient care for which all their training and experience had
equipped them, to go into "management" for which they were
in large measure, quite unprepared. It must be acknowledged
that this was the only career path open to them, apart from
nurse education, which is seen by many nurses as even
further removed from patient care than nurse management. An
opportunity had been lost to develop a clinical career
structure, which may have had happier implications for the
role of the sister and the relationship between care and
cure processes.

In 1972 the Report of the Committee on Nursing (Briggs) did
include an examination of the sister's managerial role. Her
responsibilities were summarised as:

i)   overall planning and standards of care

ii)   development of ward policies

iii) assessment of patients' needs, setting objectives,
      monitoring progress

iv)   delegating authority within the nursing team to
      facilitate work

 To fulfill these responsibilities, psychological, social
and teaching skills would be needed in addition to clinical

expertise. This considerably enlarges Goddard's (1953) view

of the sister's role as an amalgamation of three main

components:

i)   supervision of nursing care and treatment

ii)   training of learner nurses

iii) co-ordination of services to the patient

Implicit in both these descriptions of the sister's role is

the responsibility for interpreting and acting upon medical

instructions for patients' care. Lelean (1973) found that

such interpretation can lead to difficulties in the absence

of written instructions. Drug prescriptions are always

written, other instructions may not be, giving rise to

differences in the perception of instructions as commands or

cues.   In 1971, Wilson (cited in Fretwell 1982) found a

difference in the doctor's perception of staff nurses'

knowledge of the biological sciences and the knowledge

actually possessed by those nurses. This discrepancy has

relevance in the present context when it is noted that the

main criterion for appointment to a first sister's post was

"appropriate" experience at staff nurse level.

By 1988 progress had been made to the extent that

appointment to a sister's post in a specialist area was

dependent upon possession of a relevant post-basic clinical

certificate (or willingness to undertake further study, if

the applicant was deemed suitable in other respects).

Briggs (1972) reviewed the systems in place for training

nurses at that time. Grave shortcomings were evident in the

arrangement by which the bulk of nursing care was delivered

by the untrained members of the ward team - learner nurses

and auxiliaries. A fundamental problem was identified in the

ambivalent position of the nurse in training both as learner

and worker. The difficulties of the learner nurse are

compounded when seen from the position of the sister -

charged with maintaining a safe standard of care within the

ward and with creating a climate for learning in the same

setting. If any conflict exists between these demands,

patient care is always paramount.

The sister's role as a teacher of learner nurses has been

examined in a number of studies over the years. The

findings can be summarised in that while expectations are

great, the reality is very limited in the great majority of

cases studied. Goddard (1953) found that there was little

opportunity for supervising the work done by learner nurses

and virtually none for giving any practical instruction.

This job analysis further determined that

> "sisters (and staff nurses) were mainly engaged in
> ward management rather than bedside nursing duties.
> The teaching of learner nurses did not occupy a
> prominent place among their duties, althogh it was
> everywhere recognized that it should do."

In Revans' (1964) study of standards of morale in

hospitals, many of the learner nurses interviewed felt that

the sisters always seemed too busy to spend time on

explaining how or what the nurse had been told to do. These

comments were confirmed by the sisters themselves,

complaining of pressure of work and numbers of other matters

which took priority over teaching.

The most recent national survey of nurse training, referred

to above (Briggs 1972), asked over three thousand learner

nurses which aspect of nurse training most needed improving.

Replies were as follows:

32%	the quality of teaching on the ward
18%	the link between theory and practice
17%	the supervision of practical work
12%	the balance between learning and working

This report formed the basis for the Nurses, Midwives and

Health Visitors Act, 1979, the effects of which are now

being felt throughout nursing. The General Nursing Council

was replaced in 1983 by the United Kingdom Central Council

for Nursing, Midwifery and Health Visiting (U.K.C.C.).

Four national boards have been set up, one in each of the

four countries of the United Kingdom. The ways in which

these statutory bodies are performing the functions assigned

to them have wide reaching implications for every qualified

nurse.

The U.K.C.C. is responsible for developing standards of

education and training. This responsibility has been further

defined within the remit of the (English) National Board as

follows:

Provision of and monitoring standards in

i)   basic nurse education

ii)   nurse teacher training

iii)   continuing (post-basic) nurse education

Items i) and iii) have implications for sisters.

An early initiative by the U.K.C.C. was the publication of a

Code for Professional Conduct based on ethical principles
(1984), which defined the principle of individual
responsibility and accountability for professional practice.
Every trained nurse is responsible for keeping her own
knowledge up to date.

It is anticipated that evidence of this up-dating will be
required in the future as part of the procedure for three
yearly re-registration in order to continue in practice. A
valid registration card is now a requirement for employment
as a qualified nurse.

The proliferation of departments of continuing education or
post-basic nursing studies is the response by the health
authorities to this previously unacknowledged need for all
trained nurses to have access to continuing education.
Stapleton (1983) found clear evidence that

> " this role (the sister) which is conceded to be a key
> role in the nursing care of patients, has no
> established training to equip nurses to undertake the
> role. In view of this it is not surprising that
> opportunity to maintain knowledge or to acquire new
> knowledge in any systematic way is very limited."

Many of Stapleton's respondents were prepared to contribute
a "reasonable" amount of their own time to post-basic
education. This finding has been replicated in the hospital
setting of the present study, where part-time staff
contribute 50% of their own time when attending a full-time
course.

In examining the place of ward teaching in the education of
learner nurses, study after study has confirmed the feelings
of most learner nurses and nurse teachers that:

i)   most worthwhile learning takes place in the ward

ii) sisters exert tremendous influence on the nature and
     quality of learning which takes place in the ward.

Balme (1937) an English surgeon, cited in Ogier (1982),wrote
" it is what is seen in the ward which sticks ", but the
learner nurse was seen as a piece of machinery there to
carry out certain duties, not as a student who was there to
learn from the trained nurses on the ward.

The Ministry of Health recommended better preparation for
sisters in teaching methods in 1943, a suggestion repeated
by the Royal College of Nursing in 1964. However, Briggs
(1972) found that few sisters had any preparation for their
teaching role; once again measures to rectify the situation
were proposed.

Ten years later Fretwell (1982) found that while it was
possible for sisters to create a learning environment in
their wards, in which learner nurses fulfilled their dual
role as workers and learners, staffing ratios and workload
had to be at an optimum level for the learning environment
to become established. This study confirmed that a heavy
workload inhibits ward teaching. Also in 1982, Ogier carried
the concept of the ward as a learning environment a stage
further, by focusing on the learner nurses' perception of
the ward climate for learning. The study examined the
leadership style and verbal interactions of sisters with
nurse learners. The results indicated that training in
leadership and interactive skills could be as valuable to

sisters as specific teaching skills training, in preparing
them for their teaching role.

A further re-organisation of the health service management
structure followed the Griffiths enquiry (1983). The effects
of the new arrangements on the sister's managerial role
include:

i)   increasing use of information technology and
      responsibility for statistical recording. Much greater
      detail and accuracy in ward administration is required
      to comply with the demands of Korner management
      information systems.

ii)   budget management will be devolved to ward level.

iii) greater involvement in staff selection and management,
      requiring knowledge of employment law.

iv)   continuing responsibility for standards of patient
      care, including the use of a variety of quality
      assurance tools to measure standards.

The implications of the plans to devolve managerial
decision making to those closest to the bed-side have yet to
be fully understood. It has been suggested that the ward
manager need not necessarily be a nurse.

Even in a time of rapid change, it is appropriate to look
to the future to discern what is in store for the sisters of
today. The U.K.C.C. Project 2000 (1986) proposed a new
approach to the preparation of nurses to enable them to meet
the health needs of the population into the next century.
The Secretary of State for Health and Social Security
accepted the proposals on behalf of the government in June
1988.

The change in status of learner nurses, from workers to
students for the greater part of their training period,

means that the sister will have a different workforce to
manage, composed of trained nurses and "helpers" - support
workers replacing the present auxiliaries. Planned
learning experiences in the wards will continue to be an
important part of the new educational programmes. The
sister's skills as team leader, clinical expert - versed in
relevant research, and teacher, will be vital to the process
of helping the new learner nurses to link theoretical
knowledge with practical skills. Adequate preparation for
this responsibility is essential, emphasising the need for
continuing professional education.

2.2 Continuing professional education

Every nurse employed in a professional capacity in the
United Kingdom is required to hold a valid certificate of
registration with the U.K.C.C. A system of re-registration
on a three yearly basis, signifying intent to continue to
practice as a registered nurse was instituted in 1986. In
the future, re-registration will be linked to the U.K.C.C.'s
Code of Professional Practice (1984), which stipulates that
every nurse is responsible for keeping her professional
knowledge up to date. A workable system for demonstrating
that appropriate and relevant up-dating has taken place has
yet to be devised. The U.K.C.C. Post Registration Education
and Practice Project (PREPP 1989/90) is currently addressing
this question. At the time of the evaluation study
maintaining and up-dating professional knowledge was a
personal responsibility, rather than a statutory one linked

to eligibility for employment. The health authority's policy for continuing education (1986) recognises that this personal professional responsibility requires organisational support and appropriate in-service educational provision, if it is to be effectively discharged. While there are clear cost implications of such policy and provision, absence of these has implications for recruitment and retention of a well qualified professional workforce. A number of writers have stressed the importance of continuing education for health care professionals, citing the rapid increase in knowledge; technical innovations; professional responsibility for the maintenance of standards; and changes in organisational structures as evidence of the need for regular up-dating throughout professional life (Houle 1981; Jarvis 1983 and 1987; Stapleton 1983; Green et al 1984; Kings Fund Report 1985).

The health authority's commitment to staff appraisal and performance review was linked to the continuing education policy. Managers were required to send a copy of the final page of the appraisal document, summarising learning needs, to the Head of the Continuing Education Department. At the time of the evaluation study this policy was not fully operational at all levels within the organisation, but it reflects Houle's (1981) view that continuing education should be a crucial part of the process of staff appraisal within the professions, though he found that it was sometimes ignored or treated lightly.

2.3 Models for curriculum development

For the purposes of this study, curriculum is defined as

> " an attempt to communicate the essential
> principles of an educational proposal in such a
> form that it is open to critical scrutiny and
> capable of effective translation into practice. "
> Stenhouse (1975)

Stenhouse was writing of the school curriculum, in the context of pedagogical theory, but the definition can be applied to education of adults, using an andragogical model. Curriculum development may be initiated by one person, but it is rarely possible for one person to have sufficient insight into all the influencing factors that should be taken into account. A course planning team including representatives of all the groups who will be involved in teaching, supporting and "consuming" the curriculum, facilitates the development process (ENB 1987). A systematic approach is an essential feature of the planning process. Both these factors - a systematic team approach to curriculum planning - are consistent with an andragogical model.

Tyler (1949) suggested four questions to be answered in any curriculum:

i)   what are the educational purposes?

ii)   what educational experiences can be provided that are likely to attain these purposes?

iii)   How can these experiences be effectively organised?

iv)   How can we determine whether these purposes are being attained?

These questions can be expressed in a simple linear model:

Aims and objectives

↓

Content

↓

Organisation

↓
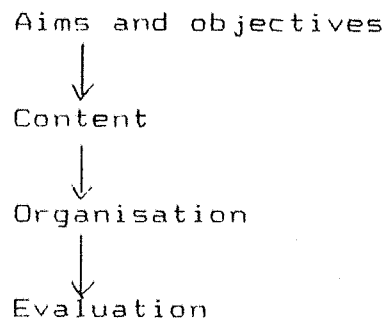
Evaluation

The limitations of this simplicity are clear - evaluation
should be part of the process at every stage. This can be
achieved by converting the linear model to a cyclical form,
demonstrated by Wheeler (1967).

1 Aims, goals and objectives

2 Selection of learning experiences

5 Evaluation

3 Selection of content

4 Organisation and integration of learning
   experience and content
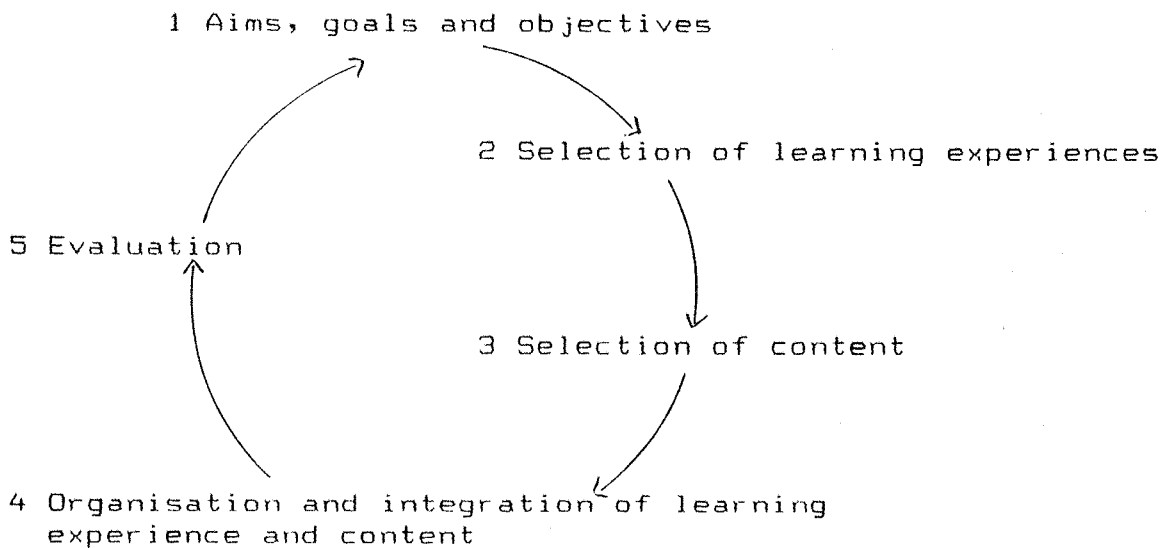
These models have been described as product models,
characterised by the great emphasis placed upon behavioural
objectives as the foundation of the curriculum. In nurse
education, the General Nursing Council (1977) endorsed the

use of this approach by requiring that learning objectives

be specified for each clinical placement during basic nurse

training. The strengths of the objectives model in nurse

education have been itemised by Hume (1981) as:

i)   They are written down for everyone to see.

ii)   They provide guidance to the learner about what
            they are expected to learn.

iii)   They facilitate evaluation of learning.

iv)   They allow for assessment of the student.

v)   The teachers know what to teach.

vi)   They prevent duplication of knowledge.

vii)   They draw nursing school and nursing service
            together in writing the objectives.

It is in this very precision, which is seen to be so

attractive as a means of stating what is to be taught and

measuring what has been learned, that the main weaknesses of

the model lie. Much of the learner nurse's education in the

clinical areas is based on a pragmatic approach. The

trained nurse and the learner utilise opportunities for

teaching and learning which arise during the working day,

based on the needs of patients who happen to be in hospital

at the time when the learner is placed on a given ward.

Successive groups of learners may have quite different

learning experiences in the same ward.

Further weaknesses of the model are the temptation to

emphasise skills and knowledge which can be stated in the

appropriate language - a reductionist approach - and the

pressure to produce long lists of detailed behaviours in an

attempt to encapsulate the learning experience (Stenhouse 1975). Nursing knowledge, skills and especially, attitudes are not easily defined in this way. There is a danger that important aspects of professional development can be neglected in favour of more trivial, measurable outcomes. Eisner's work (1967) on the distinction between instructional (behavioural) objectives and expressive objectives - described as educational encounters - supports these criticisms of the objectives model. This critique of the objectives (product) model has been exemplified by reference to basic nurse education. The observations made are even more pertinent when considering the selection of a curriculum model as a framework for meeting the educational needs of qualified nurses. The authors cited so far in this brief review of curriculum theory have (with the exception of Hume) all been writing in the context of pedagogy - the art and science of teaching children. Adult theory - or andragogy - as proposed by Knowles (1978) is based on four assumptions about adults and their preferred mode of learning. These are:

i)   adults draw from a wealth of personal experience.

ii)   adults need to apply their learning to see it's relevance.

iii) adult learning involves an investment in self.

iv)   adults learn best when they are actively involved in the learning process.

Pedagogy is seen by Knowles as a content model concerned with transmitting information and skills. In contrast,

andragogy provides a framework within which learners acquire
information and develop skills. The teacher functions as a
facilitator of learning, providing a supportive climate for
learning. Sheehan (1986) compared product and process models
as bases for basic nursing curricula. He stated that the
strengths of a process model lie in its holistic approach,
in which human abilities are regarded as a unity. Emphasis
is placed on learning from experience of work and life, and
on the learning process itself rather than on pre-determined
outcomes.

Elements of a process model include reflective and
counselling modes in addition to experiential learning.
These elements are all relevant to adult learning in
general, and to continuing education of nurses in
particular. An important part of the trained nurse's daily
work with patients is keeping abreast of new developments in
medical and surgical treatment and their implications for
nursing practice - experiential and reflective learning.
Jarvis (1987) defines reflection as "a process of deep
thought" about both past and future experience. The process
embraces both recall and reasoning. The clinical nurse's
special role can be developed using Schon's (1987) idea of
the reflective practitioner. These special skills, the
domain of the expert practitioner, are described by Schon as
"artistry". Students are led by the expert from a state of
knowing following teaching, through observation, to
"reflection in action" where analysis of knowledge occurs.

The trained nurse is frequently involved in a helping

relationship with patients.   For example in guiding and

teaching a person through the rehabilitation phase of

recovery, or supporting a patient and his family in

acceptance and management of a condition which cannot be

cured - in both examples counselling skills are required.

From the literature reviewed and the writer's insight into

the needs of potential course members it became apparent

that a mixed process/product model would provide a workable

framework for the process of programme development for the

modules included in this study.

The planning process for the individual modules was further

influenced by the following factors, derived from Lawton

(1973):

i)   Philosophical factors; including the aims of the
course, the structure of nursing knowledge, worthwhileness
of the exercise.

ii)   Sociological factors; including social change -
the role and expectations of women in society; technological
change in health care and it's delivery; ideological change
- the current emphasis on cost-effectiveness and efficiency.

iii)   A selection from the professional culture - both
nursing and managerial.

iv)   Psychological factors; including the needs of the
adult professional learner; the environment and climate for
learning; support available in the workplace.

v)   The organisation of the curriculum for teaching;
including the sequence and development of knowledge and
skills in a logical manner throughout the modular programme.

vi)   Practical issues; including availability of staff,
rooms and resources for teaching.

The balance between process and product elements of the

curriculum was to be achieved by placing the individual at

the centre of the curriculum design. In the process model, the individual is "helped to develop skills to go out and explore the world" (Sheehan 1986). Within the module programmes, experiential, reflective and counselling methods of learning were to be utilised. In addition, it was expected that individuals would specify their own learning objectives prior to starting the courses. These objectives were to encompass individual project work. Managers' involvement and support have been shown to be important in the achievement of objectives and the incorporation of new knowledge into practice (White and Frawley, 1975; Kiener and Henschel 1989).

The National Staff Committe for Nurses and Midwives recommended in 1981 that, where identified needs are shared with other personnel, staff development programmes should be multi-disciplinary or inter-professional. This reflected established practice in that many of the first and mid-line management courses set up in the wake of the Salmon Report (1966) were multi-disciplinary. All groups benefitted from sharing learning and communication between the different staff groups improved. The modular development programme continued this practice, with the exception of two modules designated for nurses only, in recognition of the two plateaux in the nursing hierarchy - few nurses progress above staff nurse grade and even fewer above sister grade. Similar plateaux occur in other staff groups and all modules became multi-disciplinary in 1987.

The working document for the modular development programme stated that individual role-based training would be provided for every course member. An experimental training scheme for senior nursing officers using this approach had been devised by the National Stafff Committee for Nurses and Midwives in conjunction with the National Health Service Training Centre at Harrogate. Evaluated over a five year period from 1978, the scheme was successful in helping senior nurses to function more effectively in a role which had not previously been clearly defined (Rider 1982). Within the modular programme, the aim was that the course tutor would facilitate each course member and her manager in developing a learning contract for the achievement in the workplace of specific objectives. It was recognised that in many instances, the manager would be able to assist the course member to achieve the objectives.

Where the manager did not feel competent - for example, if a problem connected with the teaching role was identified - the course tutor was responsible for arranging for another experienced nurse to give the necessary help. Harrington (1982) described the satisfaction and insight gained through acting as a facilitator in the training scheme at Harrogate, while acknowledging the time and commitment required to meet the needs of the six members of her group. In the modular development programme plan, the course tutor was expected to fulfil this role for eight to fifteen people on every course. Courses were run throughout

the year, apart from Christmas, Easter and the summer

holiday period.

Despite the heavy time commitment required, in addition to

a teaching load outside the modular programme, an attempt

was made to organise role-based training for five nurses

who attended Module IV in June 1985. Each nurse required a

minimum of four hours of the tutor's time. This was taken up

in interviewing the nurse and manager, identifying three to

four objectives to be achieved in a three month period,

planning how the goals were to be achieved and arranging

appropriate assistance where required. A record was kept of

each case and the individuals were followed up by personal

contact or by telephone. Two of the contracts were partly

completed i.e. two out of three objectives were achieved.

For a variety of reasons affecting the nurses concerned

(both personal and work-related) no progress was made with

the other three contracts. It was evident that such a

workload was beyond the grasp of one individual. When the

team of teachers expanded to three, a further attempt was

made to implement this aspect of the plan, but again time

constraints proved too great. This experience reflected the

findings of Hall and Loucks (1978), cited in Kemis and

Robottam (1981), that educational innovations can change

significantly in that their operational forms often bear

little resemblance to the theoretical models.

The use of learning contracts has been advocated by the

E.N.B. (1987) among others as a model for student-centred

teaching. Keyzer's (1986) study demonstrated the value of learning contracts in working with trained nurses to implement a major change in nursing practice. The use of learning contracts was felt to be a particular strength of the original plan for the modular development programme. It was a matter of regret that it proved impossible to implement within the staffing constraints which applied both before and during the evaluation study.

An alternative strategy was tried in the form of short facilitators courses for senior nurse managers who had expressed interest in enhancing their own skills in staff development. These courses occurred prior to the evaluation study. The outcomes were mixed, in that the senior nurse managers used their new skills in managing staff, but neither they nor the tutors found it possible to provide role-based training for every nurse attending every module as originally intended.

Some of the essential features of role-based training are to be found in the mentorship schemes operated for learner nurses in some schools of nursing (Darling 1985; Foy and Waltho 1989). These aim to meet individual needs for teaching, guidance and counselling in the workplace (clinical area) within a one to one relationship with a trained member of the ward team (Square 1987). In some schools, the relationship with one person continues throughout the three year training. More frequently, a different mentor will help the learner in each clinical

placement. Similar schemes have been used to facilitate staff development in business management (Hunt and Michael 1983).

Another variation on the theme of work based support and teaching formed part of the ward centred training initiative evaluated by Lathlean and Farnish (1984). Each newly appointed sister was provided with two preceptors - a nurse tutor and an experienced sister - who had joint responsibility for the training. A particular strength of this arrangement was the opportunity it offered for the experienced sister to act as role model in the real life situation. The benefits identified by the trainees in this scheme included being more positive and assertive, feeling more confident and having a more questioning approach to their work. Similar aims were implicit in the plan for role-based training within the modular development programme.

It would be unwise to draw conclusions from this brief reference to Lathlean and Farnish's study without noting that they were evaluating a complex scheme which extended over six months. Despite the positive outcomes noted above, the scheme is no longer operating, for reasons of cost, among others.

In this section, a rationale has been proposed for the use of a process model of curriculum design, incorporating some product elements in the identification of individual needs and objectives. An underlying philosophy of humanistic

andragogy permeates all aspects of the design process, and the implementation of the curriculum.

Section 2.4 examines methods by which the curriculum is delivered, in the course programmes.

2.4   Programme planning

Provision of a suitable environment with resources and materials for learning is an important factor in course planning (E.N.B. 1987).   Carl Rogers, one of the important instigators of the student-centred approach to learning, referred to both physical and psychological environments when he wrote, "I know I cannot teach anyone anything, I can only provide an environment in which he can learn" (1969). The modular development programme was well supported in terms of the physical environment and in provision of resources and materials for learning.

The characteristics of adult learners defined by Knowles (1978) guide the teacher in choosing the format and providing the appropriate psychological environment for continuing professional education.   Relevant factors are that adult learners

- are frequently problem orientated

- need to see the relevance of the material presented

- see themselves as mature self-directed individuals who respond positively to educational activities which allow them to explore topics at their own rate and depth

- learn more effectively when new knowledge is built upon previous learning.

In addition to these characteristics, adults' previous experiences in education, professional and personal life

influences the development of preferred learning styles.
Skilful programme planning exploits these preferences,
facilitating effective and enjoyable learning experiences.
Kolb (1984), among others, has identified differences in
learning styles. His inventory is designed to help
individuals recognise modes in which they learn most
readily. He sees the key to effective learning as
competence in all four modes - concrete experience, active
experimentation, abstract conceptualisation and reflective
observation - not equally, but approriate to the individual
and to the situation. Kolb noted that teachers tend to
emphasise in their teaching the mode with which they are
personally most comfortable. The writer concurs with this
view, acknowledging the risk of a potential influence upon
evaluation. Hodges (1988) explored the concept of preferred
learning styles among student nurses, their teachers and
ward sisters. Evidence from Hodges' study suggests that
when there is mismatch between learning norms and personal
learning style people either change or leave the discipline.
The implications of Hodges' fidings mainly impinge upon
basic nurse education programmes, but could be significant
for continuing education, if the teacher was unaware of
Kolb's work.
Further evidence of the importance of learning styles is
provided by Houle (1981), who exhorted teachers to include a
wide range of activities in continuing professional
education programmes in order to give people the kinds of

learning experience they really want. Learning contracts, referred to in section 2.4, are one way in which teacher and student can work together to assess learning needs; select and implement approriate learning strategies; and evaluate outcomes (E.N.B 1987). To work effectively, contracts must be supported by appropriate resources, including suitably qualified skilled teachers.

On a practical level, Tyler (1949) suggested three criteria for the organisation of course content when planning a programme, which apply as much to continuing professional education as to the school setting described by Tyler. The criteria are continuity, sequence and integration. In terms of the learning experience, continuity involves recurring emphasis; sequence means increasing depth; integration means increasing unity (E.N.B. 1987). These features were evident in the modular development programme in the way in which common themes within individual modules increased in depth and unity from the early modules to the more advanced. Recurring emphasis is similarly exemplified, communication and interpersonal skills, and management skills, the bases for effective management, were featured in every module programme.

In common with basic nurse education programmes, selection of suitable teaching/learning methods for sessions in the modules was left to the individual speakers (E.N.B. 1987). One aspect of data collection for the evaluation study, observation of sessions, included recording of methods used

and amount of student participation planned by the various

speakers in the modules included in this study.

A final consideration in programme planning, although

featured at the beginning of courses, was allocation of time

for ice-breaking and developing group cohesion. The

responsibility of the tutor/evaluator, these activities were

seen as central to the success of the courses. A variety of

techniques and exercises were used, some examples are found

in Brandes and Ginnis (1986), others were devised by the

teaching team.

Having explored models for the development and delivery of

the curriculum, methods used to evaluate both the curriculum

and the learning outcomes will be examined in section 2.5.

2.5 Curriculum evaluation

Evaluation implies placing a value upon something, measuring

its worth (Jarvis 1983). It has been defined as the

collection and use of information as a basis for decisions

about an educational programme (Cronbach 1964). Such a wide

definition requires further refinement, two specific

purposes are:

i)   to inform speculation about the worthwhileness of the

programme.

ii)   to determine whether anything has been learnt as a

result of participation in the programme.

A third purpose for the evaluation study described in this

thesis was to seek evidence of the impact of the education

upon the course members' working practice. This aspect of

evaluation will be examined in section 2.5.

It was noted in section 2.3 that evaluation cannot be left until the end of the programme, but should inform every stage of course development. To be effective and efficient, strategies for formative and summative evaluation of the elements of each course are required. A structure for the management of educational activities is also necessary, in order that the outcomes of evaluation generate further curriculum development (E.N.B. 1988).

The curriculum evaluation literature reviewed for this study falls broadly into two groups, which could be categorised as macro and micro levels. Evaluation as research searches for relationships, usually causal, to explain the educational outcomes. Evaluation as a process seeks to acquire information for specific purposes, usually to enable rational decision making about curriculum development or innovation. These two levels will be considered in turn.

Evaluation research often has an eclectic approach, drawing on a variety of methods and disciplines to study curriculum. Writing about the principles and procedures to be observed in evaluation research, Kemis and Robottam (1981) noted that during the course of implementation of an innovation, a multitude of variables interact to change both the users of the innovation and the form of the innovation. This was the experience in the setting of the present study, where changes in the management structure were followed closely by the introduction of information technology. The health

district became a demonstration district for resource management, with extensive computerisation required to support the changes occurring in every aspect of managerial and clinical practice. All staff were trained to use the technology over a six month period, in their workplace. There was no reduction in workload during this stressful period. A scientific, experimental approach to evaluation would have been unsuitable and impracticable, in such a turbulent setting. For these reasons an action research approach was deemed a more suitable model for this case study.

Miller and Parlett (1974) support this decision by asserting that an illuminative approach allows the incorporation of new information as such information arises during the evaluation process. This was demonstrated in the present study in that a number of recommendations which arose from the respondents' comments were implemented before the data collection period ended. Melton and Zimmer (1987) in referring to multi-perspective illumination, expanded Parlett and Hamilton's (1972) definition of illuminative evaluation, emphasising it's eclecticism. Melton and Zimmer's study examined issues and concerns of staff and students of the Open University in the early 1980's, a time of serious financial constraint. Similar constraints were affecting the National Health Service at that time, and continue to be a major factor influencing the provision of, and support for, educational innovations in the health

service.

Having identified advantages in the chosen model, it is
prudent to make the disadvantages explicit. Skillbeck
(1984) observed that illuminative evaluation offers little
scope for widening or deepening the discussion beyond the
value perspectives of the population studied. It is true
that comparisons are difficult when an innovation taking
place in a relatively small setting, with relatively few
participants, is the subject of study. In addition the
potential exists for organisational constraints or vested
interests to influence results in an action research study
involving a staff member as evaluator. There has been no
such pressure in the present study.

In any evaluation, conclusions may be drawn which have
relevance elsewhere, and can form the basis for further
research. A detailed study of small scale innovation using
qualitative methods can inform the wider debate about the
relative strengths of different models in the context of
continuing professional education, and can indicate areas
for further quantitative study. Jarvis (1983) argues
that the evaluation process, by attempting to place a value
upon education, is unavoidably subjective. However, he
further states that the educational product, and the process
by which it is achieved, are important in professional
education. In pursuit of its aim of protecting the public
from unsafe practitioners, the statutory body (U.K.C.C.),
and its agents, the national boards and schools/colleges of

nursing, are bound to seek effective measures of the "worth" or efficacy of systems and programmes of continuing professional education. Docking (in Allan and Jolley 1987) stressed that the end-product may change as an innovatory curriculum is implemented - further evidence in support of evaluation at every stage of curriculum development. Wilhelms (1967), cited by Hooper (1971), suggests that "good" evaluation satisfies five basic criteria, i.e. evaluation must -

i)   facilitate self-evaluation.

ii)   encompass every objective valued by the system in which it occurs.

iii) facilitate learning and teaching.

iv)   produce records appropriate to the purposes for which records are essential.

v)   provide continuing feedback into curriculum development and educational policy.

It is argued that the framework and methodology of the present study satisfies all these criteria.

Turning to the evaluation process, the limitations of linear models for curriculum development were discussed in section 2.3. A cyclical model proposed by Wheeler (1967) was considered, but was shown to be similarly dependent on pre-determined objectives. The cyclical approach has been extended, in the context of nurse education, to embrace ten steps, culminating in formative and summative evaluation (E.N.B. 1987).

The distinction between formative and summative evaluation
was promulgated by Scriven (1967). These terms have been
interpreted differently by other writers, Scriven's
definitions will be used here. Formative evaluation
influences the shaping of a curriculum by feedback during
the developmental phase. Summative evaluation appraises the
curriculum as it is offered to the consumers. In accepting
these definitions, it is acknowledged that formative
evaluation of the modular development programme was excluded
by the nature of the planning process. The present study is
offered as a summative evaluation of the programme as it was
in 1986-87. In so far as the outcomes may influence future
curriculum development, this study may also have formative
value. Taking evaluation a stage further, the difficulties
inherent in evaluating the effect of education on nursing
practice are explored in section 2.5.

2.5 Impact evaluation

A current project (PREPP 1990) by the U.K.C.C. aims to
construct a system and strategy for regular "refreshment"
(up-dating) of professional nursing knowledge and skills,
linked to re-registration. This aim implies a belief in the
value of such education and further belief that its effects
are transferable to practice. It has been difficult to find
supporting evidence in British literature for these beliefs.
A number of studies from transatlantic sources were examined
in search of appropriate strategies and tools for evaluating
the effects on nursing practice of the modular continuing

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education programme.

American nursing has historically enjoyed a much stronger academic base than British nursing. Further strengths are the emphasis placed on the nurse's own responsibility for keeping her professional knowledge up to date linked to regular relicensure, and the drive towards cost effective, high quality health care measured by quality assurance programmes. These strengths embrace weaker elements in the differing social contexts and perceptions of health care and professional education within the two cultures.

Mitsunaga and Shores (1976) explored the practicalities of course evaluation in continuing nurse education. They advocated a spiral model with each loop representing potentially increased complexity in the evaluation process. Cost effectiveness is a thread running through the entire spiral. This is a superficially attractive conceptual model which is weakened by the emphasis on achievement of pre-determined behavioural objectives, an orientation which probably reflects that of general educationists in America at that time.

Zettinig and Lang (1981) reported on an evaluation strategy utilising the structure/process/outcome framework frequently used to measure quality in nursing practice. The tool developed to implement the strategy is complex. It includes seventy criteria, each graded on a five point scale. The American graduate nurses using the tool were familiar with the quality assurance model in nursing practice. Analysis

of their responses generated much useful data which

encouraged changes throughout the course. An additional

advantage of this strategy was the opportunity it provided

for the nurses to test evaluation concepts presented within

the course.

As quality assurance programmes in nursing practice become

established in Britain, nurses' skills in setting standards

and evaluating their clinical practice will be strengthened.

Nurse educators will then be in a position to attempt

replication of Zettinig and Lang's results.

In 1983, Grieves and Loquist argued, justifiably, that more

attention should be paid to the effect of continuing

education on nursing practice. They identified twenty-six

role specific competencies which were self-evaluated by

seventy-one public health nurses who attended a four day

course. Supporting data were obtained from the nurses'

supervisors. A second tool measured decision making prior

to changed skill behaviour. All the participants reported

increased efficiency and effectiveness, changes which were

not demonstrated by a control group. Improved competence in

twenty-six categories is an impressive outcome of a four

day course. Questions of reliability in relation to

matching of controls with the study group are unanswered in

the report. Again, as in Mitsunaga and Shores (op. cit.)

the emphasis on behavioural change limits the value of this

study, although this emphasis has some logic in measuring

practical competence.

Armstrong-Esther and Hewitt have recently (1990) published a report of their attempts to measure the impact of education upon Canadian nurses' perceptions of A.I.D.S.

Using a 160 item questionnaire as both pre-test and post-test they showed that nurses were prepared to accept information directed towards practice issues. Four positive outcomes of the educational programme were reported. Armstrong-Esther and Hewitt concluded that nursing knowledge and understanding had been increased through education. No evidence was produced to link this with changed nursing behaviours. Cervero (1985) argued that the extent of behavioural change following a continuing professional education programme is affected by variations among four sets of independent variables, characteristised as

i)   the continuing professional education programme itself

ii)   the individual learner

iii) the proposed behaviour change

iv)   the social system within which the individual operates.

These variables would have influenced the learning outcomes in Armstrong-Esther and Hewitt's study, and similarly in the modular development programme.

Concurring with Cervero's findings, Kiener (1989) believes that while individuals must accept responsibility for their own competent performance, an effective continuing education programme should make it easier for learners to improve competence and performance by incorporating new knowledge into their nursing practice. Kiener proposes a programme

delivery model to support her beliefs. The components of
this model are

i) pre-course overview and awareness sessions for managers
and administrators, stressing relevance of the programme to
the organisation's mission; compatibility with current
practice; likely outcomes and cost/benefit factors.

ii) the course/ workshop, in which special emphasis is
placed on strategies for post-course application of new
knowledge and/or skills.

iii) post-course peer support and network mechanisms to
enable participants to share successes and problem-solve
challenges arising as they apply new knowledge/skills.

Kiener argues that this model promotes further research
into methods of incorporating learning into practice and
evaluation of patient care outcomes affected by the
incorporation of new learning.

In the modular development programme, items i) and ii) were
evident to some extent, but could have been strengthened by
greater emphasis. Item iii) was not a feature of the
programme but would be worthy of inclusion in future.

In an extension of Kiener's earlier work, Kiener and
Henschel (1990) sought to identify factors which facilitate
or hinder the process by which professionals incorporate new
learning into their nursing practice. A majority of
respondents cited the new knowledge itself as a facilitative
factor. One third of respondents indicated that knowledge
deficit or task complexity would hinder incorporation.

Managerial or administrative factors were more frequently cited as hindrance than as facilitative.

These findings also have implications for the modular development programme in future, highlighting again the importance of effective managerial support in implementing changes in nursing practice.

These transatlantic sources propose evaluation strategies developed from a curriculum model which is of limited value as a framework for continuing professional education, although the emphasis on incorporation of new knowledge into practice has been shown to be relevant to continuing professional nursing education in Britain. Jarvis (1983) asserts that professionals would be intrinsically motivated towards continuing education if there were positive evidence of its value to their practice. Anecdotal evidence exists, within this study and elsewhere, but in the absence of "hard" data it is argued that British nurse educationists are right to base evaluation processes on the work of educational theorists such as Stenhouse (1975) and Scriven (1967), whose work reflects the philosophy and values inherent in British nurse education at this time. Efficient working of these processes demands a clear structure for course management. Responsibility for monitoring standards in nurse education in England resides with the E.N.B., devolved by the U.K.C.C., the statutory body governing British nursing. The E.N.B. are responsible for approving schools of nursing which offer basic nurse

training, and for validating the courses provided. This
responsibility includes basic and continuing clinical
education, but excludes in-service training provided by
health authorities. However, the guidelines provided for
nurse education managers seeking E.N.B. approval for
clinical courses are relevant in the context of the present
study. These state that all education courses require a
partnership between nursing education and nursing service
(E.N.B. 1987). A further stipulation is that "all courses
(submitted for approval or re-approval).... need to do more
than look good on paper. They must be realistic and able to
be interpreted in theory and in practice."

In practice, the approval process requires the establishment
of a curriculum development team, composed of
representatives of all interested groups, including
students. This team becomes the course management committe
once approval of the curriculum and course plan is
confirmed. A central function of the course management
committee is monitoring the learning outcomes through
reception of, and response to, evaluation reports prepared
by the designated course tutor, the evaluation process
having been defined in the course proposals submitted for
E.N.B. approval.

Similar procedures are required by another validating body,
the Council for National Academic Awards (C.N.A.A.), which
is becoming involved in validating basic and continuing
nursing courses which are located in institutions of higher

education.

The illuminative approach selected for this evaluation study reflects the values exemplified in this chapter. The purposes of illuminative evaluation are to describe and understand the education studied (Miles 1981).

The literature review in this chapter has explored and illustrated the elements of the model for continuing education used for the preparation and development of ward sisters in one health authority during 1986-87. The next chapter considers the methodology used to collect the data on which evaluation of the model was based.

CHAPTER 3   METHODOLOGY

The illuminative approach to curriculum evaluation chosen

for this case study determined the range of information

required to support or refute the hypothesis defined in

Chapter 1, that the present model of continuing education is

effective in relation to the ward sister's performance in

her roles as manager and teacher. Parlett and Hamilton

(1972) contend that an educational innovation should be

examined in the totality of its context. This chapter,

then, delineates the data required, the sources from which

they were obtained and the means utilised to obtain them,

presented in the following sections:

3.1 Statement of data needed

3.2 Brief discussion of the research process

3.3 Data collection instruments

3.4 Data collection process
     a)   Pilot study
     b)   Main study

3.5 Problems encountered during data collection

3.6 Critique of the methodology

3.1 Statement of data needed

To support or refute the hypothesis, evidence was required

from the participating nurses that the programme of

education helped them to be more effective in their roles as

managers and teachers. Corroboration of this evidence was

necessary.

Information was also required about:

- the expectations and perceptions of the nurse managers

- the content and conduct of sessions within the courses

- the measurable outcomes in terms of projects completed by

  course members and their subsequent performance at work.

Teaching and learning methods used in the courses needed to

be examined from the perspective of the learners and of the

tutor/evaluator.   The sources of data were:

    the course members

    the nurse managers

    the tutor/evaluator.

3.2   Brief discussion of the research process

Figure 3 illustrates the research process applied to the

evaluation study.

Figure 3   The research process

                        Hypothesis drafted
                                 │
                                 ↓
                         Choice of sample
                                 │
                                 ↓
                         Choice of method
                                 │
                                 ↓
              Selection and design of instruments
                                 │
                                 ↓
                       Brief test of instruments
                                 │
                                 ↓
                           Pilot study
                                 │
                                 ↓
                      Revision of instruments
                                 │
                                 ↓
                           Main study
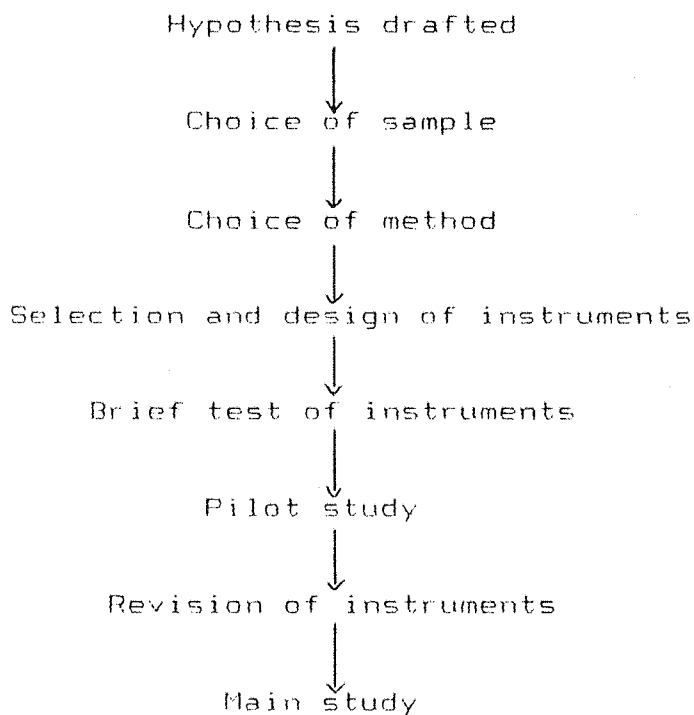
The hypothesis was formulated to reflect the researcher's aim, which was to explore the practical value of the continuing education programme provided for health authority staff. The evaluation study was designed to achieve this by seeking evidence that nursing staff, at the level of staff nurses and ward sisters, were motivated and equipped to initiate changes in their working practices following attendance at one of the courses within the modular development programme.

Participants included all hospital nurses who were nominated by their managers to attend Module IV, V or VI between January 1986 and June 1987. When the programme was designed it was expected that nominations would arise from staff appraisal or development interviews. In practice, the appraisal process was not fully established. Managers knew their staff and felt able to make decisions about individual learning needs. Nurses frequently asked to attend courses, but the managers decided whether and when these requests were granted. Rationales for such decisions included needs for remedial education; for education to accelerate potential high flyers; and the wish to allocate educational opportunities fairly. It was rare for any nurse to attend more than one event in the course of a year.

Each of the modules occurred twice within the eighteen month time span. During the planning stage maximum group size was fifteen, all groups were multidisciplinary, except Module VI. In practice most groups were ten to twelve, with

varying proportions of nurses. It was hoped to obtain a

representative study group, in terms of numbers, by

including two groups for each module.

By the time data collection began, the groups were smaller

and in the event thirty-three nurses were invited and agreed

to participate. Nationally, at this level, male nurses

number about 10% of the nursing workforce. It was expected

that two or three male nurses would be included in the

study group. In the event no male nurses were nominated by

managers to attend the modules studied, so all the

participants were female. All the groups except Module VI

in February 1986 included staff other than nurses.

The method selected for the study was a descriptive

case study, using an illuminative evaluation framework. This

method fitted most comfortably with the dual role of the

writer, as tutor/co-ordinator of the modular development

programme simultaneously with being researcher/evaluator

of the programme.

The case study method and the dual role of the researcher

dictated the instruments required:

semi-structured interview schedule

observation schedule

postal questionnaires

assessment form

The instruments designed for this study were tested by

being read and commented upon by two nurses at a similar

level to those in the study group. The pilot study

included all nurses who attended Module IV in January 1986.

One minor revision was made to one instrument following the

pilot study.   Data collection for the main study began in

February 1986 and was completed in December 1987. The

process as experienced by the participants is represented in

Figure 4.

Figure 4   The participants' experience

              Nurse agrees to participate in the study
                     |
                     ↓
One month pre-course────→ Completes questionnaire, basic data

              Senior nurse manager interviewed
                     ↙

Attends module───────────→ Observation by tutor/evaluator
              |
              ↓
One month post-course──→ Questionnaire, planned changes

Within six months of module──→ Teaching skills workshop

Six months post-course──→ Questionnaire, changes achieved

Within one month───────────→ Manager's assessment

All the nurses who were invited to take part in the study

group agreed to participate.   The pre-course questionnaires

were posted with the course programmes to simplify

administration.   The tutor/evaluator observed at least one

session on each topic within the courses, in addition to

teaching Communication and Interpersonal Skills in Modules

IV and V. In the observed sessions aim, content,
teaching/learning method(s), and participation by course
members were noted.

The first post-course questionnaire was distributed by post
one month after the course to allow course members time to
think about the learning experience and to settle back in to
work. While memories were still fresh, they were asked to
state what changes they planned to make, based on what they
had learned. They were also invited to comment upon
teaching and learning methods used during the courses.
Six months later the second post-course questionnaire,
distributed by post, asked for details of changes achieved
since the course, and invited comment about the Teaching
Skills Workshop attended during the interim. Within one
month of return of the second post-course questionnaire, the
participants' managers completed assessments of their staff
member's performance in managerial and teaching skills. The
timing and sequence of data collection allowed time for
reflection, planning and action by the participants. It
also provided for corroboration by the managers that changes
claimed were reflected in improved performance in the
managerial and teaching skills identified in the hypothesis.

3.3 Data collection instruments

Instruments required included an interview schedule,
questionnaires and an observation schedule, designed by the
tutor/evaluator specifically for this study, and an
assessment form.

Copies of the instruments discussed can be found in the appendices as follows

a) Interview schedules

The interview schedule designed for use with the senior nurse managers participating in this study (see Appendix 7), used a similar format to White and Schurr (1973). The aim of the interviews was to explore the senior nurse manager's knowledge, expectations and perceptions of the modular programme as a whole; and to determine reasons for nominating a particular nurse to attend at that time. In White and Schurr's (1973) study, "Learning Together", nurses and their managers were interviewed separately pre and post course attendance by the nurse. The managers were asked eleven questions in the pre-course interview and twenty questions in the post-course interview. For the present study, five of the pre-course questions designed by White and Schurr were used.

Questions numbers 1,2,6,7 and 8 in their schedule correspond
to numbers 1,2,5,6 and 7 in the schedule used in the
present study. Two further questions designed by the
tutor/evaluator were included. Space for supplementary
questions was allowed.

b)   Observation schedule

This was a simple list (see Appendix 9) based on the
standard forms used to assess teaching practice in a variety
of teacher preparation courses with which the
tutor/evaluator had been involved as an assessor (City and
Guilds of London Institute Course 730; ENB Course 998;
Certificate in Education).

c)   Questionnaires

Questionnaires used in a number of studies of the work of
ward sisters, their influence on the ward as a learning
environment and their own educational needs were examined
(Pembrey 1980; Orton 1981; Stapleton 1983; Redfern 1981;
Allen 1982; Runciman 1983). None were suitable for the
purpose of the present study, but the wording of some
questions was helpful in designing appropriate questions to
gather the information required.

Three different questionnaires were designed, for
self-completion by the participants. The pre-course
questionnaire was common to all participants and aimed to
elicit basic information about the participants' workplace,
age, length of service and previous training in managerial
and teaching skills (see Appendix 8). The course members

were asked to specify three learning objectives.

Questions 3-9, 11 and 12 used similar wording to Pembrey's

(1980) Questionnaire for Nursing Staff, questions 3-7 and

10-12.   These questions asked about the participants' grade;

nursing qualifications; hours of work; sex; age; length of

time at the hospital and on the ward; and previous

management and teaching skills training.

Post-course questionnaire one was designed for this study,

by the tutor/evaluator (see Appendix 10).   It had three main

aims - to check that adequate information was circulated

prior to the course; to identify helpful and least helpful

aspects of the course, both in content and presentation; to

elicit planned changes in working practice.

Post-course questionnaire two was also designed for this

study by the tutor/evaluator (see Appendix 11).   The aims

of this instrument were fourfold

- to identify changes achieved in working practice

- to determine the outcome of project work

- to seek evaluative comments about the teaching skills
                                                      workshop

- to enquire about future plans for career development and
                                                      continuing education

The post-course questionnaires were essentially the same for

all three modules, the only variation being in the

subsections to questions 10 (post-course questionnaire 1)

and 6 (post-course questionnaire 2).   These subsections

referred to specific items of course content, which varied

in the three modules studied, and their effect on the

participants' working practice.

The questionnaires were read and commented upon, prior to
the pilot study, by two nurses of a similar level to the
study groups. Their comments indicated that they understood
the questions, saw them as relevant and were able to answer
them (Oppenheim 1966).

d) Assessment form

A suitable instrument used in an earlier, much larger, study
had been identified during the preparatory literature search
(Lathlean and Farnish 1984). Permission to use this
instrument (see Appendix 12) was sought, and granted. This
form aimed to grade each nurse's performance in managerial
and teaching skills, as determined by her manager.

The information gained from these assessments was to be
compared with the changes achieved in working practices
claimed by course members. By this means the course
members' evaluation of their learning would be corroborated.

3.4 Data collection process

a) Pilot Study

The senior nurse managers' interview schedule, the
questionnaires and the assessment form were tested on nine
nurses who attended Module IV in January 1986, and their
senior nurse managers. One session during the course was
observed by the tutor/evaluator, using the observation
schedule.

Pre-course questionnaires were circulated by post with the
module programmes and a letter (see Appendix 13) inviting

each nurse to participate, assuring them of confidentiality.

The questionnaires were completed by the participants and

returned to the tutor/evaluator in the envelopes provided,

on the first day of the course. No-one declined to take

part in the pilot study. The senior nurse managers were

interviewed within two weeks of posting the pre-course

questionnaires. Oppenheim (1966) noted the potential for

uncontrolled variables arising from the circumstances of the

interview and the personalities involved. To minimise these

effects, each interview was conducted by the tutor/evaluator

in the office of the senior nurse manager concerned, by

appointment. No other member of staff, whether

participating in the study or not, was present at the

interview.

Within one month of the return of the second post-course

questionnaires, appointments were made with the senior nurse

managers for post-course assessment of the pilot study

participants. The assessment forms were completed by the

senior nurse managers, in the presence of the

tutor/evaluator. The course members were not present at

this time. They were subsequently invited to come to the

tutor/evaluator's office to read the assessment form

completed by their manager. The nurses were aware that the

assessments were part of the evaluation study and there was

no intention to keep the outcomes of assessment secret from

them. Four nurses did not take up the invitation to read

their forms. Verbal or written comment about the assessment

was invited, those who read their forms were invited to sign them, indicating that they had read the form. No written comments were made, verbal comments were either favourable or non-committal. This aspect of the pilot study was completed by the end of July 1986.

The assessment form, having been extensively tested in the study for which it was designed, was adaptable to all the situations encountered in the pilot study. No amendments were made following the pilot study.

The first post-course questionnaire was circulated by internal mail to all the participants one month after the course, in February 1986. The second post-course questionnaire was circulated by internal mail to all the participants six months after the course, in June 1986.

All the questionnaires were completed and returned by internal mail in the envelopes provided, addressed to the tutor/evaluator by name, within the month specified. This time allowance was made to allow for holidays and night duty, which occur throughout the year in nursing.

The completed questionnaires were scrutinised carefully. With one exception, responses indicated that the questions were understood. Boxes were ticked, details were given where requested - each respondent gave details for at least one question, some gave details in every case. Details were phrased in a mixture of brief and lengthy comments. These variations related to the questions rather than the respondents. For example, lengthy comments related to

changes planned and achieved in working practices; brief

comments suggested modifications of course content.

The exception noted above referred to responses to question

one on the pre-course questionnaire. Answers ranged from a

tick to the full name and address of the hospital where the

nurse worked. The situation pertaining in the health

service at the time of the pilot study had exerted an

unexpected influence, which is now briefly explained.

There are three hospitals in the health district where the

study took place. When the study was planned, course

members were expected to come from these three hospitals and

the surrounding community areas. Just prior to the period

of data collection, hospitals from outside the district

began to second nurses to attend courses within the modular

programme. Potentially, course members were drawn from one

of seven different hospitals in the region. Some districts

had suspended in-service training programmes as part of

cost-cutting exercises and found it cheaper to send staff

further afield for essential training. Others had no

established programme and found ad hoc arrangements

inadequate during the implementation of general management

following the Griffiths enquiry.

When question one was written, simply as "Hospital?" it was

anticipated that respondents would write in the name of the

hospital where they worked, within the district. This was

not made clear in the instructions to the respondents, given

at the head of the questionnaire. To overcome this problem,

identified as a result of the pilot study, a list of

potential seconding hospitals was prepared, ascribing a

number to each (1-7). This list was used to pre-code the

response to question one prior to circulation of each

pre-course questionnaire in the main study.

No other changes were made to the questionnaires.

The observation schedule was simple to use and enabled

relevant information to be recorded unobtrusively during

observed sessions. No amendments were made following the

pilot study.

The differences in questions addressed to nurses attending

Modules IV, V and VI reflected the differences in course

content. The format of the questions was essentially the

same. It was therefore deemed unnecessary to test the

questionnaires with groups attending Modules V and VI in

February 1986.

The amendment to the pre-course questionnaire having been of

a minor nature, it was decided to proceed with data

collection for the main study as planned, beginning with

nurses attending Module V in February 1986. Data collection

for the main study followed the broad outline detailed for

the pilot study. The account of this aspect of the

evaluation study will now be given.

b) Main Study

The nurses who attended the following courses participated in the main study:

Module V	February 1986	6 nurses
Module VI	February 1986	8 nurses
Module IV	January 1987	4 nurses
Module V	February 1987	4 nurses
Module VI	February 1987	3 nurses
Module IV	June 1987	8 nurses

All these groups were eligible to attend Teaching Skills Workshops, held in April and November each year. These had been planned as part of the learning experiences offered for staff at the level of Modules IV, V and VI. Questions about the Teaching Skills Workshops were included in the second post course questionnaires.

The administrative procedures employed during the data collection period were as follows. A course member number was allocated to each participant when places on the courses were booked. The list of names and allocated numbers was kept in a locked filing cabinet in the tutor/evaluator's office, with all the completed instruments. Access was limited to the tutor/evaluator.

Two nurses from hospitals outside the health district participated in the main study. Course programmes, letters and questionnaires were dispatched to them by post, enclosing second class stamped addressed envelopes for return of the questionnaires. The questionnaires were

returned by the date requested. Following an approach by telephone, their managers agreed to complete assessment forms. These were dispatched and returned by post, by the date requested.

Nearly all the questionnaires were returned by the date specified, the exceptions have been noted in Chapter 4. Nine nurses left the health district during the data collection period and did not complete the full sequence of questionnaires. Details of these will also be found in Chapter 4.

During the courses at least one session on each topic was observed by the tutor/evaluator. This was an extension of normal quality monitoring procedures and was not seen as unusual by the participants or speakers. The purpose of the observation was to note the aim; content; teaching/learning method(s) and participation by course members. These observations were an integral part of the illuminative aspect of the study.

Data collection for the main study was completed by the end of January 1988.

3.5 Problems encountered during data collection

Only one problem was encountered during data collection, involving the five senior nurse managers whose staff attended the modules. The pre-course interviews exploring knowledge, expectations and perceptions of the modular development programme and reasons for nominating specific nurses to attend the courses quickly became repetitive.

Responses to the semi-structured questions were of a general

nature. Only one manager demonstrated a clear understanding

of the aims of the modular programme and what she expected

nurses to achieve as a result. No further interviews were

conducted after Module V, February 1986 as the same

responses were elicited each time. By then fifteen

interviews had been conducted, including the pilot study

group. Each of the five managers was interviewed on at

least two occasions. Clearly, this was a methodological

weakness which would have to be addressed in planning

further studies using the framework devised for this study.

The problem of the senior nurse managers' imperfect

understanding of the aims and expected outcomes of the

modular development programme as a whole, and the modules

relevant to ward sisters' preparation and development in

particular, will be explored in Chapter 5. Measures to

overcome the problem will be proposed in Chapter 6.

3.7 Critique of the methodology

Adelman et al (1980), cited in Cohen and Manion (1985),

identified the advantages of case study methodology for

educational evaluators as "strong in reality" but difficult

to organise. Although Adelman's paper is concerned with

pedagogical research, the observations are relevant to

evaluation of a programme for adults. He states that

readers perceive case studies as being in accord with their

own experience and thus susceptible to generalisation. In

exploring specific situations, case studies can demonstrate

the complexities inherent within those situations while
retaining relevance to a wider educational debate. A
particular case study, developed to address a localised
problem or, as in the present study, to evaluate an
educational programme provided for a specialised group, may
inform activities ranging from policy-making to the
provision of self-help groups for individuals. The essence
of both examples is that the results of a case study can
initiate action on various levels. Adelman suggested that
case study makes the research process itself accessible,
allowing the reader to judge the implications of a study for
himself.

In the present study the researcher's close involvement with
the participants as tutor and course co-ordinator may be
thought to imply an element of subjectivity which could be
seen as a disadvantage. It is argued that this involvement
was an advantage, in terms of the methodology and of the
dual role. Measures taken to minimise subjectivity included
restricting communication about the study and the data
collection to letters accompanying the questionnaires.
Observation of sessions within the courses was conducted
unobtrusively by the tutor/evaluator. Seated at the back of
the room, behind the course members, not participating in
any part of the sessions or subsequent discussions, the
presence of the observer excited no comment from course
members or speakers. The speakers were informed when they
were invited to contribute to the course that the session

may be observed as part of the evaluation study. No-one

made any objection.

A further attempt to minimise subjectivity is evident in the

fact that the study group was not selected by the

researcher, other than the decision to exclude all but

hospital based nurses. Nurses attending modules were

selected by their managers, on the basis of need.

Community nurses were excluded becuase of the very different

managerial and teaching roles of community based nurses.

All hospital based nurses attending the courses identified

as relevant to the hypothesis were invited to participate in

the study. Confidentiality was assured and no-one declined

to participate.

During the courses, no reference was made to the study by

the tutor or the course members. The courses were short and

intensive, meal breaks were often used to continue

discussion begun during sessions. Time to reflect on the

peripheral activity of data collection for evaluation was

not available to any of the parties involved. However, the

tutor/evaluator's close involvement with course members,

their managers and the organisation of the courses, and her

role as non-participant observer of individual sessions,

enabled close scrutiny of the whole educational experience.

In considering the relevance of the results of this study to

other situations, it should be noted that two of the

participants came from health authorities outside the one in

which the modular development programme was based. The

responses of those two people did not differ noticeably from

others, either within the courses or to the questionnaires.

As the participants were not randomly selected and numbers

on the individual courses were small, it cannot be claimed

that these results are generalisable even to staff within

the health authority where the study took place. However,

there is no reason to believe that the participants differ

significantly from nurses in a similar grade. The extent to

which the results can be generalised to other districts is

uncertain, but the congruent responses of the two external

participants suggest that the groups as a whole were

representative of their peers. The individual commentaries

included in Chapter 4, section 4.4, present the

respondents' comments in their own words and can be taken as

representative of their groups, since they were randomly

selected for this part of the presentation.

The framework and methodology used for this study, and the

emphasis on course members setting their own objectives are

in keeping with the current emphasis in health care settings

on measurable outcomes and cost effectiveness.

The tutor's perception of her teaching role is that of a

facilitator of learning through the provision of

educational experiences designed to meet identified needs.

In the context of the present study, the curriculum design

had taken account of learning needs identified in informal

discussion with senior nurse managers. This process was

described in Chapter 1. The fundamental weakness of this
unstructured approach can be inferred from the senior nurse
managers' imperfect understanding of the aims and expected
outcomes of the modular programme, demonstrated in the
pre-course interviews. They were aware of the health
authority's policy (1987) for continuing education, but may
not have been cognisant of the recommendations of the
regional working party on ward sister preparation and
development.

Nevertheless, the curriculum for the modular development
programme was in existence, was valued by nurses and well
supported by managers. The evaluation study was designed to
explore the practical reality of this high esteem. The
exception to the pre-ordained curriculum in the present
study was Module VI. Individual learning needs of staff
attending Module VI were explored on a planning and briefing
day (see Appendix 3). The course content was planned
accordingly, and thus differed each time.

In summary then, illuminative evaluation, as defined by
Parlett and Hamilton (1972), aims to study the innovatory
programme and the influences upon it; its strengths and
weaknesses; and the experience of students involved in it.
Within this framework, the tutor/evaluator's role in the
present study is clearly advantageous.

The next chapter presents the results obtained - analysed,
collated and tabulated to reflect the views of the nurses
participating in the evaluation study.

CHAPTER 4   PRESENTATION OF RESULTS

This chapter begins with the responses to the senior nurse

managers' pre-course interviews. The main substance of the

chapter is the analysis of responses to the questionnaires

completed by the course members. Patterns discerned in

these responses are noted, for discussion in Chapter 5.

The results are presented in the following sections:

4.1   Summary of senior nurse managers' pre-course
       interviews   Appendix 7

4.2   Analysis of questions common to all participants

4.3   Comparison of
       a) pre-course objectives   Appendix 8

       b) changes planned one month after the course
                                     Appendix 10

       c) changes achieved by the sixth month after the course
                                     Appendix 11

       d) managers' assessments   Appendix 12

4.4   Detailed commentaries about one member of each group

4.5   Summaries of outcomes of each module

Copies of the instruments used can be found in the

appendices cited for each section.

4.1   Summary of senior nurse managers' pre-course
       interviews

Five managers were interviewed, each being interviewed at

least twice. Similar responses were obtained each time.

The managers'general opinion of the modular development

programme was that it was excellent. One manager added that

in practice the programme had two weaknesses, project work

was not followed up, and the courses were not evaluated.

Commenting on the individual module programmes, managers

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felt that the content seemed appropriate for the level of staff attending, with aims which were realistic and achievable. Reasons given for nominating a particular nurse included

"She benefitted from Module III and has potential to progress to Sister when she is more mature".

" She has not had any management training".

In one case, the following reason was given:

"Needs to do something, but is definitely not a potential sister".

The two enrolled nurses, who cannot progress within the nursing hierarchy unless they undertake further training to become registered nurses were described as experienced, but needing further development.

Managers' expected outcomes from the course included an increase in nurses' confidence and better understanding of managers' roles. Perceived benefits for the ward and hospital included improved efficiency arising fom enhanced managerial skills.

Individual nurses were described by their managers as "Outgoing, should be a good participant". "Enthusiastic". Noting the general nature of these responses, a decision was made not to carry out any more interviews after May 1986. The implications of the generalised nature of these responses will be explored in Chapter 5. Measures to improve the managers' understanding of the aims and expected outcomes of the courses will be proposed in Chapter 6.

4.2   Analysis of questions common to all participants

The pre-course questionnaires elicited basic personal

details about the participating nurses.   Three

questions required a simple yes/no response, which were

supplemented with further details.   These responses

indicated previous preparation for the nurse's current role.

As this provides the context for the educational experience

offered in the modules, these responses are given first,

followed by the complete pre-course responses, in tabular

form.

Table 1

Basic nurse training, has it equipped you to carry out the
work required of you in your present post?

	Yes	No
Module IV respondents	6	6
Module V respondents	4	6
Module VI respondents	4	7

Basic nurse training included little preparation for the

managerial role of the trained nurse prior to 1977. New

training programmes introduced after that date included

practical assessment of basic managerial skills in the ward

situation.   Nevertheless, three of the more senior sisters,

whose basic training occurred in the 1960's, felt that

adequate preparation for their current managerial role was

included.   It should be noted that all three sisters had

attended first line management courses,   between ten to

fifteen days in length, during their careers.   Perhaps the

passage of time colours recollection of the various

educational experiences in a long career. This, added to

experiential learning of skills "on the job", may have

influenced these atypical responses. The proportion

answering "Yes" to this question declines as the module

number increases, reflecting increased seniority and greater

insight into the more demanding managerial role.

Table 2

Previous management training.

	Yes	No
Module IV respondents	2	10
Module V respondents	7	3
Module VI respondents	11	0

These responses demonstrate the pattern of management

training prevalent in the past. Eighteen sisters (Modules V

and VI) had received previous training in management skills,

but only two of the staff nurses (Module IV). Many staff

nurses at this level regularly deputise for the ward sister,

requiring managerial skills for the role, and also ability

to cope with constantly changing demands in the two roles.

Senior nurse managers addressed this need by nominating

staff nurses to attend the appropriate modules in greater

numbers than senior sisters - in 1987 six staff nurses

attended Module IV, but only three senior sisters attended

Module VI.

Even fewer of the respondents had received any previous

preparation for their teaching role, shown in Table 3.

Table 3   Teaching skills training.

	Yes	No
Module IV respondents	1	11
Module V respondents	0	10
Module VI respondents	4	7

These responses reflect the results presented in the literature discussed in Chapter 2, which showed that few experienced nurses received any preparation for the teaching responsibilities which are an important part of the trained nurse's role.   Developments in basic nurse training in the last five years mean that staff nurses are involved in teaching, supervising and assessing the practical competence of learner nurses, as well as acting as mentors and role models for them, beginning within three months of qualification, and informally probably earlier than this. This heavy responsibility coincides with grappling with their own transition from student to staff nurse, shown by Kramer (1974) to be a stressful period.   Clearly, effective preparation for these demands is vital, supplemented with continuing education as they become more senior and assume greater managerial responsibility.

Individual nurses who have missed such preparation at the appropriate stage in their career are in even greater need by the time they reach the level of Module IV.

As noted in the introduction, many health authorities are unable to provide continuing education to meet all their staff needs.   There is greater job mobility among nurses at

staff nurse level, therefore it is likely that a significant

proportion moving to posts in the health authority where

this study took place will not have received either

management or teaching skills training.   This conjecture is

supported by the resposes shown in Tables 2 and 3.

Tables 4a, 4b and 4c present the basic information provided

by the participants in their responses to the pre-course

questionnaires, beginning on the next page.

Table 4a   Pre course responses

Module IV

Course member number	1	2	3	4	5	6	7	8	9	10	11	12
	January 1987						June 1987					
Grade	Sr.	Sr.	Sr.	S/N	S/N	S/N	SS/N	Sr.	SEN	SEN	S/N	S/N
Nursing qualifications	SRN	SRN ENB100	SRN ENB100	SRN DipENT	SRN SCM	SRN	SRN BSc	SRN	EN	EN	SRN	SRN SCM ENB100
Hours per week (full or part time)	FT	FT	FT	PT 30hrs	FT	PT 20hrs	FT	PT 28½hrs	FT	FT	PT 32hrs	FT
Age, years	20-25	26-30	26-30	31-35	36-40	40+	20-25	40+	31-35	31-35	40+	26-30
Time in present hospital, years	1-5	1-5	<1	>10	6-10	<1	1-5	>10	6-10	6-10	1-5	<1
Time in present ward, months	4-8	>24	4-8	>24	9-12	4-8	>24	>24	>24	>24	18-24	9-12
Basic nursing training - preparation for present post	NO	NO	YES	NO	YES	NO	YES	NO	YES	YES	NO	YES
Previous management training	-	CSW	-	-	-	-	Mod III	-	-	-	-	-
Previous teaching skills training	-	TSW	-	-	-	-	-	-	-	-	-	-

Key to abbreviations

Dip ENT	Diploma in Ear, Nose and Throat nursing
ENB100	English National Board Certificate in Intensive Care Nursing
CSW	Communication Skills Workshop (In service)
TSW	Teaching Sills Workshop (In service)

Sr.   Sister
S/N   Staff nurse
SEN   Senior Enrolled Nurse
EN   Enrolled nurse
SRN   State Registered Nurse
SCM   State Certified Midwife
SSN   Senior Staff Nurse

Table 4b   Precourse responses

Module V

	February 1986				February 1987					
Course member number	1	2	3	4	5	6	7	8	9	10
Grade	Sr.	SS/N	Sr.	SS/N	Sr.	Sr.	Sr.	SS/N	Sr.	Sr.
Nursing qualifications	SRN	SRN	SRN	SRN	SRN	SRN	SRN	SRN	SRN	SRN
			ONC	SCM	ENB100	SCM	SCM	SCM		BSc
						MA	OND			
Hours per week (full time or part time)	FT	FT	FT	PT 32hrs	FT	FT	FT	FT	FT	FT
Age, years	26-30	40+	26-30	26-30	26-30	26-30	31-35	31-35	36-40	31-35
Time in present hospital, years	6-10	<1	1-5	6-10	1-5	1-5	6-10	1-5	>10	<1
Time on present ward, months	>24	4-8	4-8	18-24	13-18	18-24	4-8	13-18	>24	4-8
Basic nurse training - preparation for present post	NO	YES	NO	NO	NO	YES	YES	YES	NO	NO
Previous management training	ModIVa	FLM	ModIII	ModIV	-	FLM	-	ModIVa	ModIII	-
Previous teaching skills training	-	-	-	-	-	-	-	-	-	-

Key to abbreviations

Sr.	Sister
SS/N	Senior Staff Nurse
SRN	State Registered Nurse
ONC	Orthopaedic Nursing Certificate
SCM	State Certified Midwife
MA	Master of Arts
BSc	Bachelor of Science
ENB100	English National Board Certificate in Intensive Care Nursing
OND	Opthalmic Nursing Diploma
FLM	First Line Management

Table 4c   Pre course responses

Module VI

	February 1986									February 1987	
Course member number	1	2	3	4	5	6	7	8	9	10	11
Grade	SNM	SNM	Sr.	Sr.	Sr.	Sr.	Sr.	S/N	Sr.	Sr.	Sr.
Nursing qualifications	SRN SCM ADM	SRN Dip N	SRN SCM	SRN	SRN Dip N	SRN	SRN ONC	SRN BSc MSc	SRN SCM	SRN RSCN SCM	SRN
Hours per week (full time or part time)	FT	FT	FT	FT	FT	FT	FT	PT 20hrs	FT	FT	FT
Age, years	40+	31–35	40+	40+	40+	31–35	31–35	31–35	40+	31–35	40+
Time in present hospital, years	>10	6–10	6–10	1–5	<1	6–10	1–5	<1	1–5	6–10	6–10
Time on present ward, months	>24	13–18	>24	>24	4–8	>24	>24	4–8	4–8	>24	>24
Basic nurse training – preparation for present post	YES	NO	YES	YES	NO	NO	NO	NO	YES	NO	NO
Previous management training	FLM	FLM Mod V	FLM	FLM	FLM	FLM	FLM	FLM	FLM	FLM	Mod IV
	LCS			LCS	LCS	LCS MM		MM	LCS		
Previous training skills	–	–	–	–	FETC	AOT	AOT	FETC	–	–	–

Key to abbreviations

SNM	Senior Nurse Manager
Sr.	Sister
S/N	Staff Nurse
SCM	State Certified Midwife
Dip N	Diploma in Nursing
RSCN	Registered Sick Childrens Nurse
LCS	Listening, Counselling, Communication Skills
ONC	Orthopaedic Nursing Certificate
FLM	First Line Management
MM	Middle Management
FETC	Further Education Teachers Certificate
AOT	Art of Teaching (In service)
ADM	Advanced Diploma in Midwifery

The pre-course responses shown in Tables 4a, 4b and 4c made by the thirty-three participants show that two were senior nurse managers, one of whom managed the delivery suite (maternity), the other led a small special project team. Twenty were ward sisters, of whom two were midwives working at sister grade; nine were staff nurses and two were senior enrolled nurses. "Senior enrolled nurse" at the time of this study was a grade/title attached to a particular post by the senior nurse manager, not a qualification awarded to a nurse after assessment of competence.

All the respondents who were state registered nurses, had completed a three year basic general training programme. The two enrolled nurses had completed a two year, mainly skills oriented training programme. Twelve respondents had no additional professional qualifications.

The remaining twenty-one respondents shared a rich variety of additional qualifications. Ten were midwives, only three of whom were in posts requiring this qualification. This reflects common practice in past years, of nurses proceeding straight to midwifery training on completion of general training. Few had any intention of practising midwifery, it was felt to be a useful additional qualification which enhanced the nurse's curriculum vitae. One of the midwife respondents was also a registered sick children's nurse, an important additional qualification for her role in the special care baby unit.

Eight respondents had post-basic clinical qualifications,

four of which were in intensive care nursing. Two were

orthopaedic nurses, one (midwife) had an opthalmic diploma,

one a diploma in ear, nose and throat nursing.

Seven of the respondents possessed qualifications of

academic standing. Two were diplomates; five were

graduates, two at first degree level, one at masters level

and one with both first and masters degrees.

Six respondents were part-time employees, working between

twenty and thirty-two hours per week. Courses ocupied

thirty hours Monday to Friday, so some negotiation was

necessary between part-time staff and managers, particularly

if normal part-time hours included weekend work which

attracted additional remuneration.

The remainder were full-time, working thirty-seven hours per

week. Ages ranged from 20+ to 40+. Interestingly, there

were three respondents in the upper age range in Module IV

groups, one in Module V groups and six in Module VI groups.

One might have expected age range to correspond more closely

to module level, but this indiates that nurses were

attending courses perceived as meeting their needs rather

than matching their level of seniority in the nursing

hierarchy. This interpretation is supported by the fact

that six of the twelve Module IV course members had been in

their present posts more than two years, five had been in

the hospital more than six years - not necessarily in the

same post. Responses relating to basic training, managerial

and teaching skills training were shown in Tables 1 - 3.

Twenty-eight nurses responded to the first post-course
questionnaire, completed one month after the end of each
course. The missing respondents were as follows

Module IV   June 1987   1 nurse on extended sick leave
    "   "   1 questionnaire not returned
Module V   February 1986   1 nurse on extended sick leave
    "   February 1987   1 nurse had left the district
Module VI   February 1986   1 nurse had left the district

In the first post-course questionnaire, participants were
asked whether adequate information was supplied to them
before the course began. Twenty-seven nurses responded
affirmatively, one nurse responded negatively. This nurse
stated that she would have liked to know exactly what the
course involved. However, normal administrative procedures
were followed during the study in that a detailed programme
and a letter inviting the nurses to contact the tutor if
further information was required, were sent to every course
member and her manager, six weeks prior to the course. No
requests for further information were received from any of
the participants in the study. Another nurse commented that
she would have liked more notice of the dates of the course.
Again, as part of normal procedure, this information was
provided to managers via an annual calendar of educational
events, to facilitate planning by managers and by staff
nominated to attend the various events.
Twenty-four nurses who had responded to the first
post-course questionnaire subsequently completed and

returned the second post-course questionnaire six months
after the course. The four respondents lost at that stage
can be ascribed to similar reasons to those stated above.
Again, they were evenly spread throughout the groups.
A summary of course content and teaching methods used
in the courses is now presented. These aspects were the
basis for the responses included in the tables. In the
tables, responses to questions from both post-course
questionnaires are presented together, to facilitate
comparison.

The numbers responding in each group were

Module IV		Module V		Module VI	
PCQ1	PCQ2	PCQ1	PCQ2	PCQ1	PCQ2
10	9	8	7	10	8

The second post-course questionnaire began by checking
whether the nurses still worked on the same wards. None of
the nurses had changed wards in the intervening six months.

Summary of course content

Module IV

The District Plan

Health Service Accounting

Management in action

Communication and interpersonal skills

Effective writing and reading skills

Meetings

Making a case

Module V

Clinical budgeting

Information technology

Recruitment and staff selection

Legal aspects of employment

Interviewing skills

Group and role theory

Communication and interpersonal skills

Problem solving and decision making

Assertiveness skills

Time management

Management of stress and anxiety

Team leadership

Project action plans

<u>Module VI</u>

<u>February 1986</u>   <u>February 1987</u>

The District Plan   Team leadership

The District General Manager   Interviewing skills

Management styles   Staff relationships

Current issues   Information technology

Management seminar

<u>Topics common to both Modules VI</u>

Communication and interpersonal skills

Clinical budgeting

Time management

Summary of teaching and learning methods used in the modules

Lectures   Films/videos

Case study   Large group dicussion

Role play   Small group work

Games/simulations

Table 5 on the next page shows the items of course content
cited as helpful and least helpful one month and six months
after the courses.

Table 5
Helpful a = NC

onths post course

Module		V				VI	
	LH	H	NC	LH	H	NC	LH
Multi-dis	0	0	7	0	1	7	0
District	0		N/A		1	7	0
District			N/A		0	8	0
Meetings	0		N/A			N/A	
Effective	1		N/A			N/A	
Managemen	1		N/A			N/A	
Managemen			N/A		3	5	0
Managemen			N/A		0	7	1
Project w	0	0	7	0	1	6	1
Making a	0		N/A			N/A	
Communica	0	2	5	0	2	6	0
Interview		3	4	0	1	7	0
Budgeting		1	6	0	0	7	1
Problem-s		0	7	0		N/A	
Assertive		2	5	0		N/A	
Team buil		0	7	0	1	7	0
Data prot		0	7	0		N/A	
Stress/an		1	6	0		N/A	
Time mana		0	5	2	0	8	0
Group/rol		0	7	0	1	7	0
Briefing			N/A		0	8	0
Current i			N/A		2	6	0
Informati		0	7	0	0	7	1

Table 5 responses show that helpful items of course content considerably exceeded least helpful items.

	PCQ1	PCQ2
Helpful items	60	34
Least helpful items	28	15

Only eight items were cited as least helpful by the Module VI groups, one month after the course. This was reduced to seven items by the sixth month after the course, reflecting that course content was tailored to members' needs. The reasons for these comments will be explored in Chapter 5. All the groups, except Module VI February 1986 (eight respondents), were multidisciplinary, at least one person in each group cited this as a particularly helpful aspect. No-one found the mixed group least helpful. Communication exercises were cited as helpful six times and least helpful five times, one month post course. This was reduced to five citations as helpful, and none as least helpful, six months post course. This may reflect the diverse backgrounds and previous experience of the participants. In Module VI a management game was used. All participated actively, but three nurses said openly they did not like playing games. These comments were not repeated on the questionnaires, but are an indication that attention to learning styles is as important as programme content in developing practical skills. The second post course outcome may indicate that those who found the sessions least helpful had revised their opinion.

Table 6

Topics

Module	V			VI			
	I	O	NC	I	O	NC	I
Communi	0	0	7	0	0	8	0
Informa	0	1	6	0	0	8	0
Diary s	0	1	6	0	0	8	0
Effecti	0	0	7	0	0	8	0
Project	0	0	7	0	1	7	0
Intervi	0	0	7	0	0	8	0
Law and	0	0	7	0	0	8	0
Letter/	1	0	7	0	0	8	0
Time mai	0	0	7	0	0	8	0
Stress r	0	0	6	1	0	8	0
Asserti	0	0	7	0	0	8	0
Counsel	0	0	7	0	0	7	1

These responses indicate a high level of satisfaction with the content of the courses.

	PCQ1	PCQ2
Items to be omitted	4	4
Items to be included	5	7

This interpretation is further supported when it is noted that overall, individual participants commented as follows

	PCQ1	PCQ2
No items to be omitted	16	16
No further items to be added	15	13

Having summarised the evaluative comments about topics included in the course programmes, it is pertinent to consider the course members' opinions of the teaching and learning methods used, shown in Table 7. These responses were made one month after the courses.

Table 7

Teaching methods, helpful = H   Unhelpful = U
No comment made = NC

Module	IV			V			VI		
	H	NC	U	H	NC	U	H	NC	U
Large group discussion	0	8	2	3	5	0	3	6	1
Role play	0	8	2	3	5	0	3	5	2
Lectures	0	9	1	0	7	1	4	6	0
Small group work	8	2	0	2	6	0	7	2	1
Films/videos	6	4	0	1	7	0	4	5	1
Case study	1	9	0	0	8	0	1	9	0
Games/simulation	0	10	0	0	8	0	1	9	0

These responses indicate that small group work is the preferred method, having been cited seventeen times, only one person found this method unhelpful. Interestingly, this method is cited most frequently by both Module IV and Module VI groups, who are at different levels of maturity and career.

For Module V participants, it came second to large group discussion and role play. Role play was cited as unhelpful four times and helpful seven times. Experience has shown many nurses and midwives to be apprehensive about the use of role play, referring to unskilful or inappropriate use of the method. Positive experience of its use can help overcome this anxiety. Comments on this aspect were made by three participants. This aspect will be discussed further in Chapter 5.

Lectures were cited as helpful by four people, all in Module VI groups. These mature sisters felt comfortable with a more didactic presentation style, familiar to them from schooldays and from basic nurse training.

The tutor/evaluator observed at least one session in each module, noting teaching and learning methods used and level of student participation, among other items (see Appendix 9, observation schedule). Some of the outcomes of these observations are shown in Table 8, for comparison with the course members' views, shown in Table 7. The detailed observations will be discussed in Chapter 5.

Table 8   Sessions observed by tutor/evaluator

HA = Health Authority staff member
VL = Visiting Lecturer   T/L = Teaching/Learning

	Speaker	T/L method	Participation
Module IV			
Meetings	HA	Lecture Video Discussion	Whole group, throughout
Management in Action	VL	Lecture Case study	Whole group, intermittently
Module V			
Interviewing Skills	HA	Simulation Role play Discussion	Whole group, throughout
Assertiveness	VL	Lecture	No student participation
Group and role theory	VL	Lecture Small groups	Whole group, intermittently
Module VI 1986			
Clinical budgeting	HA	Lecture Discussion	Majority of group, intermittently
Module VI 1987			
Team leadership	HA	Game Discussion	Majority of group, intermittently

These results show that health authority speakers, none of

whom were trained teachers, were more likely to use

student-centred methods, encouraging student participation,

and achieving this with the majority or whole groups of

course members in four out of the seven sessions observed.

The case studies and two of the discussions involved small

groups, which was the preferred method for many of the course members (see Table 7).

Another factor which was considered important to the quality of the learning experience was the presence of course members from disciplines other than nursing. National Staff committee recommendations (1981) indicated that multidisciplinary groups enhanced learning and improved communication between staff groups subsequent to the course. These responses were made one month after the courses, and are summarised in Table 9.

Table 9

Non-nurses - effect on learning

Module	IV	V	VI
Positive comments	9	7	3
Negative comments	0	1	0
No comments	1	0	0

The single negative comment was positive in tone, the nurse felt that there were too many nurses in her group. The positive comments all indicated that the presence of people from other disciplines enhanced learning through sharing problems and solutions. These questions were not included for Module VI February 1986 group (eight respondents) because that course only included nurses.

Two questions in the second post-course questionnaire related to projects, expected from all course members. The subjects were agreed with the managers prior to the course The responses to these questions are shown in Table 10.

Table 10   Project work: outcome

Completed = C   Unfinished = U

Module	IV		V		VI	
	C	U	C	U	C	U
	3	6	2	5	5	3

There is a noticeable difference in the completion rate for
Modules IV and V, and Module VI. The senior sisters were
more than twice as likely as their junior colleagues to
complete their projects within the time allowed. Reasons
for these discrepancies will be explored in Chapter 5.
All those who had not completed project work in the time
specified, which was three months for Modules IV and V, six
months for Module VI, stated that they expected to complete
their work within three months of returning the second post
course questionnaire. However, no further project reports
were received after the data collection period finished.
Completed work was of a good standard and in nine cases had
an effect on the working environment. The exception was a
comparison of regional staffing norms with the nursing
establishment figures at the course member's hospital.
Shortfalls were demonstrated and acknowledged, but money was
not available to increase staff numbers. There were also
recruitment problems. These two limiting factors were not
addressed within the project.
The distribution of completed projects is interesting in
that three were at Module IV level, senior staff nurses with
potential to become sisters; two were at Module V level,

recently appointed sisters; five were at Module VI level,
senior sisters in post more than two years. All the
completed Module VI projects had a managerial theme, no
clinically based projects were completed.

A Teaching Skills Workshop was offered twice each year,
mainly for staff who had attended Module IV or above within
the preceding six months. The workshop was included in the
original curriculum design to meet an identified need.
Changed circumstances meant that few nurses participating in
the evaluation study actually attended a Teaching Skills
Workshop. These circumstances will be explored in Chapter
5. The responses of the four nurses from the study groups
who attended are shown in Table 11.

Table 11   Teaching skills workshop: help in understanding
            the teaching role

Yes = Y   No = N

Module	IV		V		VI	
	Y	N	Y	N	Y	N
	1	O	2	1	O	O

The comment appended to the single negative response
indicated that the nurse already understood this aspect of
her role.

The second post-course questionnaire ended with questions
about the nurses' future plans, for their careers and for
continuing education. These responses are shown in Tables
12, 13 and 14.

Table 12

Future plans, stay in nursing   Yes = Y   No = N
                                             No response = NR

Module	IV			V			VI		
	Y	NR	N	Y	NR	N	Y	NR	N
	5	4	0	1	6	0	6	1	1

Twelve nurses declared a firm intention to remain in
nursing. Surprisingly, at this stage in their careers,
eleven were either undecided or not prepared to comment
about their future plans. Only one nurse in the most
senior group acknowledged a planned career change.

A supplementary question asked about career intentions of
those who gave affirmative replies to this question. Only
ten nurses responded, as shown in Table 13.

Table 13

Career plans

Module	IV	V	VI
Same or similar job	1	1	4
Ward sister post	0	1	0
Senior nurse manager post	1	0	0
Nurse Teacher post	0	1	0
Community post	0	0	1
No response	7	4	3

These responses indicate that six nurses intended to remain
in their present post, or a similar one. Four of these were
senior sisters. Only one senior sister, and three of the
more junior, had a career move in mind. One of these aimed

for nursing management and one for nursing education.

Fourteen either had no clear ambition or did not wish to
acknowledge their plans.

Linked to plans for career development are plans to increase
knowledge and skill in order to cope with increased
responsibilities.   Table 14 shows the responses to questions
about the participants' intentions towards continuing their
professional education.

Table 14

Continuing education plans

Module		IV			V			VI	
	Y	NR	N	Y	NR	N	Y	NR	N
	3	5	1	4	1	2	4	4	0

After Modules V and VI, responses were almost equally
divided between positive intentions and negative or neutral
intentions.   After Module IV, respondents were twice as
likely to be neutral or negative about their continuing
education.   These responses indicate that needs were more
clearly recognised, and perceived as capable of being met
through education, by the more senior nurses.   The more
junior nurses may not yet have sufficient insight into their
developing roles and responsibilities to perceive their
future needs for education, and the form such education
might take. The implications of these two positions will be
examined in Chapter 5.

Details of courses the respondents wished to attend ranged
from single study days and in-service courses, to E.N.B.

Clinical Courses, and diplomas of various kinds. One nurse
planned to undertake a Masters degree.

There were only two items of course content common to all
the modules, Communication Skills and Interpersonal
Relationships. These were seen as essential to the
managerial and teaching roles.

The content and approach to the subjects became more
challenging in the senior modules. Nevertheless, some
nurses did not find anything new in the sessions, and as has
been noted above, felt that less time spent on these topics
would free time in the programme to devote to other matters.
The evaluation study intended to discover whether the
participants planned, and subsequently achieved changes in
their working practices after attending the courses. The
responses demonstrating plans and achievements are shown in
Tables 15 and 16.

Table 15

Communication skills

Changes planned   Yes = Y   No = N   Achieved = (A)

Modules	IV			V			VI		
	Y	(A)	N	Y	(A)	N	Y	(A)	N
Senior nursing colleagues	4	(3)	1	4	(2)	1	3	(5)	5
Junior nursing colleagues	2	(3)	3	5	(3)	0	5	(6)	4
Medical colleagues	2	(1)	3	3	(1)	2	2	(2)	6
Patients	1	(1)	4	3	(1)	3	2	(2)	6
Patients' relatives	1	(1)	4	2	(1)	3	1	(1)	6
Others	2	(1)	3	1	(0)	4	1	(1)	6

Table 16

Interpersonal relationships

Changes planned   Yes = Y   No = N   Achieved = (A)

Modules	IV			V			VI		
	Y	(A)	N	Y	(A)	N	Y	(A)	N
Nursing colleagues	3	(2)	2	5	(3)	0	1	(1)	7
Medical colleagues	2	(2)	3	3	(1)	2	1	(1)	7
Patients	1	(1)	4	2	(1)	3	1	(1)	7
Patients' relatives	2	(1)	3	2	(1)	3	1	(1)	7
Others	0	(1)	5	2	(1)	3	1	(2)	7

The general level of achievement to planned was high for
these topic areas, particularly for Modules IV and VI; in
some cases changes achieved exceeded the number of changes
planned.   Recognition of the need to make changes appears
stronger within the nursing hierarchy, sixty changes
involving nursing colleagues were planned and/or achieved.
The scope for making changes in relation to nursing
colleagues may be greater than with other groups.
Most respondents appeared satisfied with their level of
skill in communicating with patients and their relatives,
developed throughout their careers. "Others" identified by
individual respondents included professional and ancillary
colleagues.
All the changes made after Module VI were initiated by one
sister as part of her project.   No other members of this
group of senior sisters perceived any need to make changes
in their practice in this area.   There was an even balance

between those who planned change and those who did not

following Modules IV and V.

4.3   Comparison of

a)   pre-course objectives

b)   changes planned one month after the courses

c)   changes achieved by the sixth month after the courses

d)   managers'assessments

Having analysed the responses to the questions common to all

the modules, course members' individual pre-course

objectives, post-course plans and achievements are presented

on the following pages.   Supporting evidence drawn from the

managers'assessments is included.

Module IV January 1987	Course member number 1	Sister, Geriatrics (Long Stay)
Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
Improve communication skills Principles and practice of general management skills	Planning to - be more assertive in my approach to junior colleagues - be more open and informative to patients and relatives - avoid familiarity with nursing colleagues - involve trained nurses in care of student nurses - draw up a learning programme for student nurses - be more concise and effective in written communication - delegate more effectively - use agenda and minutes to make ward meetings more effective	PCQ2 not returned

105

Manager's Assessment

Performs well in all aspects, most of the time

| Module IV   January 1987 | Course member number 2 | Sister, Intensive Care Unit |

Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
How to develop as a manager	Planning to - encourage good communication in our multi-disciplinary team - improve relationships with colleagues and with patients' relatives - read more nursing literature - participate more actively in meetings	Changes went ahead without problems after discussion with all the sisters Relationships have improved Conducting and participating more actively in meetings. Much more aware of the need for regular meetings
Overview of current management policies in the health service		
Career planning		

106

Manager's Assessment

Performs very well in all aspects, always or most of the time.
Additional comments: uses a variety of teaching methods. Is very aware of the effects of stress on herself, is becoming better at recognising signs of stress in other staff.

Module IV January 1987	Course member number 3		Sister, Adult Day Care Surgery
Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course	
Leadership skills Improve organisational and communication skills The general management structure of the health authority	Planning to - improve interpersonal relationships with nursing colleagues - reorganise own work patterns - delegate more effectively - conduct meetings more efficiently	Communicating more fully with senior and junior nursing colleagues Delegation has enabled staff to understand the job better, has gained their enthusiasm Being more positive, not giving in at the first sign of resistance	

107

Manager's Assessment

Perforns very well or well in all aspects, always.

Module IV January 1987   Course member number 4   Staff Nurse, Specialist Surgery

Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
Improve management skills	PCQ1 completed and dispatched, but not received	Awareness of body language in communication has increased
Improve communication skills		In organising my own work and other team members, I think things out more carefully and plan better
How to use new skills		

108

Manager's Assessment

Performs well or adequately in all aspects, most of the time.
Additional comment: holds teaching sessions for all staff, when time permits

Module IV June 1987　　　　Course member number 5　　　　Staff Nurse, Medical Ward

Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
All skills necessary to become a good manager To improve my own managerial skills	(PCQ1 not returned)	Now using the library to keep up with new techniques in nursing and medical care

Manager's Assessment

Performs adequately or badly in all aspects, most of the time

Module IV June 1987 | Course member number 6 | Staff Nurse, Outpatients Dept.

Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
To learn about the Health Authority's plans	Planning to	Have become a full time employee and reorganised my work accordingly
How to improve staff relationships at all levels	- put forward and discuss new ideas with colleagues, instead of leaving it to others	Have deputised for Department Sister in allocating staff to cover sickness and holidays
The skills required to run a caring and efficient ward	- use the library more	

110

Manager's Assessment

Performs well or adequately in all aspects

Module IV June 1987	Course member number 7	Senior Staff Nurse, Surgical Ward
Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
How the District Plan is formulated and how decisions are generated from it	Planning to - get right to the point, avoid "waffle", ensuring everyone understands what I mean - organise other members of the ward team to achieve priorities	Improved communication skills have helped achieve results through the Ward and hospital team. Having organised my own work, am encouraging my staff to be more methodical
How to write and present ideas concisely	- complete reports simply and precisely - list priorities and plan to overcome impending problems - participate in meetings more confidently	Report writing is more methodical and relevant Problems identified and tackled more effectively
How a manager should operate 1 1 1		Trying hard to avoid time wasting at meetings

Manager's Assessment

Performs very well or well in all aspects except General Management - performs well or adequately in these aspects. Does not always seek support for herself at times of stress.
Additional comment: Has benefited from the course. The knowledge gained has been used to good effect in the care of patients and management of staff.

Module IV   June 1987   Course member number 8   Sister, Geriatrics (Long Stay)

Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
To understand how the budget works	Planning to	PCQ2 not returned
	- seek guidance from my manager when problems arise	
	- plan the work with colleagues before starting in the morning	
Better management skills to improve morale	- hold monthly staff meetings to discuss proposals and achievements	

112

Manager's Assessment

Performs adequately or badly in all aspects.
Additional comment: seldom applies research findings to the care of patients.

Module IV June 1987	Course member number 9	Senior Enrolled Nurse, Paediatric Ward
Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
Greater awareness of the role of other disciplines	Planning to - keep abreast of changes in nursing through use of the library	PCQ2 was returned blank apart from a note – "Nothing to add to comments in first questionnaire."
Confidence in expressing my views in a logical manner		
Appreciation of the manger's role and difficulties in maintaining communication		

113

Manager's Assessment

Performs well in all aspects, most of the time.
Additional comment: research awareness is at a level appropriate to an enrolled nurse.

Module IV June 1987	Course member number 10	Senior Enrolled Nurse, Paediatric Ward
Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
No objectives stated	PCQ1 not returned	Changes made in communication and inter-personal relationships with nursing colleagues - no details given. I participate actively in staff meetings, instead of sitting listening

114

Manager's Assessment

Performs adequately in all aspects except Management of Patient Care - performs well in all aspects, always.

Module IV June 1987 | Course member number 11 | Staff Nurse, Operating Theatres

Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
Improve communication skills	Planning to - spend a few minutes planning what to say and what I hope to learn - offer much more support to students new to the department	PCQ2 not returned - had left the district
Improve reading skills	- read more complex material	

115

Manager's Assessment

Performs adequately in all aspects except Management of Patient Care - performs well in all aspects, always

Module IV June 1987	Course member number 12	Staff Nurse, Intensive Care Unit
Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
Improve communication skills	Planning to - be more assertive and confident about my opinions	
Improve management skills	- be more methodical - give reassurance and confidence to the learners	My organisation of other staff has improved
How to research a project	- use resources more effectively	More aware of problems in obtaining resources More aware of effective use of meetings

116

Manager's Assessment

Performs very well or well in all aspects.

Module V February 86	Course member number 1	Sister, Operating Theatres
Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
How to organise with the resources available	Planning to - hold Sisters' meetings, followed by staff meetings, to discuss problems and make decisions	Written communication is now used in addition to verbal Better communication has led to smoother running of lists
How to get the best out of a team	- make time available to discuss problems with nursing staff	Problem - solving and decision - making has improved
The art of delegation	- make staff aware of the cost of items of equipment	Wastage of materials reduced Knowledge received on various study days is shared

117

Manager's Assessment

Performs very well in all aspects, except Nursing Research - performs well or adequately.

Module V February 1986 · Course member number 2 · Sister, Orthopaedic Ward

Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
To discover if I am managing in the correct way To learn listening skills To be able to manage more effectively and efficiently 110	Planning to - use open questions when interviewing new staff - be more assertive when seeking advice or additional resources - encourage sharing of knowledge between trained nurses and learner nurses - change shift patterns to improve continuity of care and reduce wasteful overlap of staffing hours - spend more time listening and talking to patients	(left before PCQ2 was circulated)

Manager's Assessment

Not completed. The course member left before this stage of data collection.

Module V February 1986	Course member number 3	Senior Staff Nurse, Endoscopy Unit
Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
Improve interviewing skills	Planning to - introduce new ideas and approaches to improve efficiency and exchange of information - discuss problems as they arise and share decision-making more	
Greater insight into the hospital budgeting system	- read more relevant literature, to update nursing knowledge	Reading much more, to update nursing knowledge
More about legal aspects of nursing		

117

Manager's Assessment

Performs very well or well in all aspects

Module V February 1986	Course member number 5	Sister, Intensive Care Unit
Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
Improve on methods of communication	(On extended sick leave at time of PCQ1)	Being more assertive in communication
Improve nursing team performance		Having regular staff meetings to air problems Have provided a file of professional literature for staff to read, and to use as a teaching aid Delegating more, to the appropriate people
To be better prepared to cope with awkward personnel problems		Making self approachable for staff support at times of stress

120

Manager's Assessment

Performs very well or well in all aspects.
Nursing research - always performs very well.

Module V February 1986 — Course member number 6 — Sister, Midwifery

Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
No objectives stated	Planning to - discuss service objectives with all levels of staff - introduce group discussions led by all staff members in turn - approach problems more positively - use group meetings to improve team management - help other team members recognise stress in themselves and support each other	Staff meetings have improved communication between all categories and levels of staff Have provided a research publication for staff use Problems are more clearly defined and solutions found Staff are much better informed Much more aware of stress in myself and others

121

Manager's Assessment

Performs well in all aspects except General Management - performs adequately, most of the time

Module V February 1987   Course member number 7   Sister, Midwifery

Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
Management of staff at ward level, especially regarding stress and anxiety	PCQ1 not returned	Giving more specific instructions
		I now set goals, deal with more urgent things first
Assertiveness skills		I encourage other team members to concentrate on important points in report-giving
Stimulation		Changes achieved in problem-solving and stress management (no details given)

122

Manager's Assessment

Performs adequately in all aspects except Ward Management and General Management - performs badly, sometimes, in these aspects.

Module V February 1987	Course member number 9	Sister, Geriatrics (Long Stay)
Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
Interviewing skills Problem-solving and decision-making Management of time and delegation	Planning to - be more assertive, with own staff and ancillary workers - encourage quieter team members to participate more - use Healthnet System to speed up communication - adjust the balance between managerial duties and nursing duties - act sooner when problems arise	Being more assertive, while maintaining a friendly atmosphere Occupational and physiotherapists now contribute to morning report Spending more time on managing the department, leaving "hands on" care to others. Team leader role has improved Encouraging people to talk over problems - if they wish

123

Manager's Assessment

Performs very well or well in all aspects except Nursing Research - performs well or adequately, most of the time.

Module V February 1987   Course member number 10   Sister, Geriatrics (Acute)

Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
More effective use of time More confidence in my role as a manager To meet others with similar problems	Planning to - manage time more constructively, as a scarce resource - be more assertive - improve communication with senior and junior nursing colleagues, and with medical colleagues	Some progress with time management, but less so when under pressure Am now more assertive, rather than aggressive Now thinking in problem-solving terms More aware of senior colleagues needs and difficulties Taking more notice of budgeting and use of resources

124

Manager's Assessment

Performs very well or well in all aspects

Module VI   February 1986 | Course member number 1 | Sister, Midwifery

Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
Better management of time on duty	Planning to	
How to set up my project for Staff Midwife training	– improve delegation of work	
	– improve communication with Staff Midwives, by setting up further training for them	Two monthly meetings with junior staff have improved communication
	– implement learning programmes for Staff Midwives and Student Midwives	Now training trained staff in extended role responsibilities
	– delegate responsibility for one administrative function to each Sister, to facilitate problem-solving	All senior staff now have a specific administrative responsibility. This has helped smooth running of the ward

125

Manager's Assessment

Performs well in all aspects, except General Management – performs badly to adequately, most of the time
Additional comment: very good in training trained staff in extended role.   Organises instruction very efficiently.

Module VI February 1986   Course member number 2   Sister, Special Projects

Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
	Planning to	
An appreciation of other management styles	– improve my skill in assertiveness	Have begun formal appraisal of my staff
An insight into district policy	– negotiate a budget to manage	No change achieved
An appreciation of other peoples' roles	– continue trying to treat people as individuals, to facilitate communication	No further comment

126

Manager's Assessment

Performs very well or well in all aspects.
Additional comment: manages a small team whose roles are evolving as major projects are developed throughout the hospital.

Module VI February 1986	Course member number 3	Sister, Geriatrics
Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
How to update my job description	Planning to	Reading a monthly journal as well as a weekly
Better management of time on duty	- attempt to do administrative work in duty hours	Some administrative tasks delegated. Nursing staff now have time for recreational activities with patients
Update my knowledge of management	- achieve daily liaison with senior nursing colleagues	No changes achieved
	- stores ordering delegated, but having to check all requisitions	Continue to check stores requisitions

127

Manager's Assessment

Performs adequately or better in all aspects, except Nursing Research - performs badly, sometimes, in this aspect.

Module VI February 1986	Course member number 4	Sister, Geriatrics
Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
To be stimulated and motivated to change things which could be better	Planning to - delegate control and accountability for patient care to primary nurses	Delegation of accountability for patient care has improved communication
To become more aware of my role and myself	- encourage attitude change through education	Old routines have given way to individualised patient care, through primary nursing
	- manage time more effectively	Primary nursing has promoted better patient care in a happier relaxed atmosphere
128	- use managerial skills, especially assertiveness, to facilitate change to primary nursing	Constant monitoring of resources, to get the right mix of staff
To share knowledge and experiences with others		Much more aware of the need to keep up to date by reading and noting changes

Manager's Assessment

Performs adequately or better in all aspects.
Additional comment: always provides support and counselling for staff, when necessary

Module VI February 1986	Course member number 5	Sister, Special Projects
Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
No objectives states	Planning to – be more conscientious in reporting progress, or lack of it, to senior colleagues – follow up nurses attending modules, to evaluate and reinforce changes in practice – structure a flexible timetable within teaching commitments, to include reading time – make monthly visits to each area – adapt teaching resources for multi-use	Communicating regularly with senior colleagues and with junior colleagues during the modules Work is now planned out roughly on Mondays, and in detail daily. Geographical factors influence planning, as well as time Reading is done more systematically

Manager's Assessment

Performs very well or well in all relevant aspects.
Additional comment: works effectively with staff to achieve high standards. Is able to guide them while allowing them ownership of the ideas.

127

Module VI February 1986 Course member number 7 Sister, Operating Theatres

Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
To understand the District Plan	Planning to	Work time rearranged to do paperwork
Improve awareness of trends in nursing	- set aside specific time for ordering stores, writing reports etc.	
What the future holds for me		

130

Manager's Assessment

Performs adequately or well, in all aspects.

Module VI February 1987 | Course member number 9 | Clinical Nurse Manager, Geriatrics

Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
Better management of my time on duty	Planning to - improve communication with the hospital manager	Have achieved a better working relationship with the hospital manager
More effective clinical management	- improve team leadership by changing team members' work patterns	Am now a more effective leader. Have established up-to-date policies
How to implement an appraisal system for nursing staff	- spend time on management, doing less "hands-on" care	Changes achieved, but limited by staffing levels
	- make staff aware of the cost of equipment	
	- start appraising the nursing staff, following own appraisal	Will shortly begin appraisals of nursing staff

131

Manager's Assessment

Performs well or adequately in all aspects.

Module VI February 1987	Course member number 10	Sister, Midwifery
Pre course objectives	Changes planned, 1 month post course	Changes achieved, 6 months post course
Gain knowledge about communication technology, and improve my communication skills	Planning to - improve communication with junior nursing colleagues and with medical colleagues	Communication with senior and junior nursing colleagues has improved
Some ways to improve my performance as a manager	- be more effective in delegation	Now more positive in my leadership
More about how the health district is run, and about budgeting	- improve time management in planning routine work	Much more aware of the need for budgeting and cost-effectiveness

132

Manager's Assessment

Performs adequately or better in all aspects.
Additional comment: seldom seeks help and support for herself at times of stress. Shows awareness of, and interest in, research. Has few opportunities to implement research findings.

The pre-course objectives specified by the majority of the participants were general in nature and did not include outcome measures. This was understandable in that few would have had experience of framing learning objectives. However, most nurses have experience of writing care plans for patients, which should state patient centred goals, including outcome measures. Some evidence of transfer of these skills might have been expected.

The objectives also indicate that the participants did not know what to expect from the courses, or what was expected from them during the courses, despite having received a course programme which specified aims for every session. It is clear that few, if any, of the participants had any discussion with their senior nurse managers about the course they were to attend. It would not be unreasonable to assume that some interaction would be necessary for the nurse to understand the manager's rationale for nominating her to attend the course. If staff development were linked to appraisal and performance review, decisions about course attendance would logically arise from the appraisal process. The working document outlining the modular development programme specified that project topics linked to the modules were to be identified by course member and manager jointly. This stipulation recognised that course members were likely to require help and support from the manager in order to achieve anything more than a paper exercise. These points will be discussed further in Chapter 5.

A more positive feature of these outcomes is that the course

members' thinking about planning for change was much more

focussed in the first post-course responses. The learning

experience had crystallised their thoughts and they were

preparing to work on problems in a much more constructive

way.

Changes achieved by the sixth month after the courses

numbered twenty-one, after Module IV, a five day course.

After Module V (eight days), twenty-nine changes were

achieved. The senior sisters who attended Module VI (five

days), achieved twenty-three changes. These outcomes are

favourable, given that the courses are short and intensive.

Section 4.4, which now follows, includes detailed

commentaries about one member of each group. These

individuals were randomly selected by drawing slips of paper

containing course member numbers from a box. The

commentaries are presented because they describe the

learning experience in the course members' own words.

4.4 Detailed commentaries about one member of each group

Course member number   4 (Module VI Feb 86)

Type of ward   Geriatric, long stay

Grade   Ward Sister

Nursing qualifications   State Registered Nurse

Hours per week   Full-time

Sex   Female

Age range   Over 40

Length of time at present hospital, range   1-5 years

Length of time on this ward, range   over two years

Preparation for present role and responsibilities

Basic nurse training did equip me to carry out the work

required of me in my present post. I have attended a number

of courses in the past five years, including

        First line management: fifteen days
        Communication course : five days
        Counselling course   : three days
        Assessors course   : five days
        Psychiatry in old age: eight study days
        Joint Board of Clinical Nursing Studies Course 940

Tutor/evaluator's note:

Course 940 is a nationally recognised course leading to a

statement of attendance. It is designed to up-date

knowledge and skills of nurses working with elderly people

in a variety of settings. The course lasts twelve days,

spread over three months.

Sister had not attended any courses in teaching skills.

Method of work organization

Nursing process - a problem-solving approach to nursing
care.

Teaching responsibilities

This ward is not part of the training circuit for learner nurses. I am responsible for teaching all other grades of staff, i.e. staff nurses, enrolled nurses and care assistants.

Learning needs identified prior to the course

i)   To become a better manager by being stimulated and motivated to change things which could be better.

ii)   To become more aware of one's role and know oneself better.

iii) To be confident enough to have the courage of one's convictions in improving certain aspects of the job. To share knowledge and experiences with colleagues.

Project topic

To implement a new system of patient care management — primary nursing — in the geriatric ward for which I am responsible.

Primary nursing is a method of managing nursing care in which one trained nurse assumes total responsibility and accountability for a patient's care. The primary nurse identifies the patient's needs and problems, sets goals for meeting the needs and solving the problems, and makes an appropriate plan of care. When the primary nurse is off-duty or away from the ward, an associate nurse continues the planned care. Only in an emergency is the plan of care changed by anyone other than the primary nurse.

The model used was developed at Burford Hospital, Oxford, it has been extensively tested and applied in a variety of care settings.

Reason for the choice of project topic

I and my staff were uncomfortable with the hierarchical structure and rigid work routine prevalent in the ward. Being asked to carry out an active, work-related project as part of Module VI stimulated me to contact a Sister in another hospital in the district who was known to be introducing primary nursing in her ward. This encounter helped to crystallise the idea for the project.

Progress with the project

I devised an action plan during the course. Primary nursing was successfully introduced within the six month period suggested for the project.

Project objectives achieved:

i)   Continuity of care improved.

ii)   Communication improved between nurse/patient and
        nurse/colleagues.

iii)   Each patient receives individualised care.

iv)   Nurses' job satisfaction improved by continuing
        involvement in patient care. Decision-making skills
        used to mutual benefit of patient and nurse.

v)   A less formal atmosphere has been created for the
        patients.

vi)   Documentation of patient care has improved.

Problems encountered during implementation

i)   A certain amount of stress was generated by this major
        change in working practice. Discussion groups were set
        up to allow sharing of anxieties.

ii)   Nurses trained in a task orientated system found
        primary nursing difficult in practice.

iii)   One experienced nurse found it difficult to be
        accountable to the patient.

iv)   Staff changes at a crucial time in the project period,
        including the loss of one excellent trained nurse,
        caused stress to me.

v)   The Occupational Therapist was initially unwilling to
        allow the primary nurse to participate in home visits
        for assessment and discharge planning.

vi)   An early tendency for nurses to become attached to
        "their" patient was shown by an unwillingness to
        relinquish care to others.

All these problems have been resolved with counselling,
encouragement and the passage of time.

Evaluative comments after the course

Sister wrote at length in her answers to the questionnaires,
the following are representative comments.

Most helpful aspects of the course

Time management - a dynamic enthusiastic speaker who
inspired me to change.

Least helpful aspects of the course

The day on communication skills.

Teaching methods used during the course

I do not like role play, it does not help me in any way.
Listening to interesting speakers and studying handouts
afterwards, and small group work were the most helpful
methods.

Planned changes in working practices

a) Communication skills
   As part of the course project, delegation to primary
   nurses. Teaching staff to assume control and
   accountability for patient care.

b) Interpersonal relationships
   Until the aims of the project are achieved, I shall
   persevere in developing good communication skills.

c) Management of staff
   I have allocated primary and associate nurses to each
   patient, allowing staff to be accountable for the care
   they give. I am trying to delegate more decision-making
   to the primary nurses.

d) Management skills
   I am more aware of the need to employ management skills
   in implementing change.

e) Time management
   Primary nursing has made us move away from set routines,
   so time is managed more effectively.

f) Budgeting; use of resources; professional reading.
   I have had to change and revise my practice in all these
   in relation to primary nursing.

Changes achieved by the sixth month after the course

a) Communication skills
   Primary nursing and delegation of accountability for
   patient care has improved communication all round.

b) Interpersonal relationships
   Primary nursing has enabled a more personal overall view
   of patients' needs.

c) Management of staff
   Old routines have given way to individual patient care.

d) Management skills
   Primary nursing has promoted better nursing care in a
   happier relaxed atmosphere.

e) Time management
   Has improved as a result of the philosophy of primary
   nursing.

f) Budgeting; use of resources; professional reading
   I am much more aware of costs and budgeting, and the need
   to monitor resources.
   I am also more aware of the need to read and note
   changes, to keep up to date.

Manager's assessment of course member's strengths and weaknesses.

Management of patient care

Performs very well or well in all aspects, always or
most of the time.

Teaching

Performs adequately or well in all aspects, most of the
time.

Ward management

Performs very well or well in all aspects, always or
most of the time.

General management

Performs well in all aspects, most of the time.

Comment   Always provides support and counselling to staff
when needed.

Nursing research

Performs adequately in all aspects, sometimes.

Tutor/evaluator's comments

It is interesting to note that Sister feels that basic nurse

training equipped her to carry out the work required of her

in her present post.   Nurses trained more than twenty years

ago received little preparation for management during training. Sister has attended many courses since her basic training finished, in addition to working abroad for a number of years.

Sister participated well during the course, contributing to discussions and sharing her experience with colleagues who had little understanding of geriatric nursing.

All the pre-course objectives were achieved through integrating the knowledge gained on the course with project planning and implementation.

The nurse manager's comment under "Nursing Research" is surprising in view of the successful introduction of primary nursing. This involved studying articles and research reports, preparing the staff and supporting them during implementation of a major change in working practice. Much of the preparation of the staff had to be repeated when nurses were moved to other wards at an early stage in the project.

Course member number   3 (Module V Feb 86)

Type of ward   Orthopaedic

Grade   Ward Sister

Nursing qualifications   State Registered Nurse
                              Orthopaedic nursing
                                              certificate

Hours per week   Full-time

Sex   Female

Age range   26 - 30 years

Length of time at present hospital, range   1-5 years

Length of time on this ward, range   4-8 months

Preparation for present role and responsibilities

Basic nurse training did not equip me to carry out the work
required of me in my present post.

I have attended one in-service management course, Module
III, five days.

I have not attended any teaching skills courses.

Method of work organization

Nursing process - a problem-solving approach to nursing
care.

Teaching responsibilities

This ward is part of the training circuit for learner
nurses. I am also responsible for teaching all other grades
of staff, i.e. staff nurses, enrolled nurses and care
assistants.

Learning needs identified prior to the course

i)   To discover if I am managing in the correct way.

ii) To learn listening skills.

iii) To be able to go out and manage more effectively and
     efficiently.

Project topic

To build a more effective team out of my staff.

Reason for the choice of project topic

I have only been in my present post a short time. There have been a number of staff changes in the past six months and there is little sense of being a member of a team among my staff.

Progress with the project

I made an action plan during the course. Since the course I have made a point of spending time with each staff member individually, listening and talking. There have been further staff changes so it has taken longer than three months to put my plan into action. I feel that all the staff are now supportive to me and to each other.

Project objectives achieved

i)   I have changed the method of team leadership so that all trained staff get a chance to manage the ward.

ii) Senior staff act as support instead of always being the leader.

iii) Junior staff understand more clearly what is expected of them.

iv) I have noticed that people share emotions and problems - with other team members if not with me.

v)   My staff now feel and act as a team.

Problems encountered during implementation

i)   Further staff changes.

ii) Initial lack of trust of me and my staff by senior medical colleagues - now overcome.

iii) Shift patterns had to be changed to reduce overlap. This was not welcomed, but has resulted in better management of time.

Tutor/evaluator's note: The above comments about the project were appended to the first post-course questionnaire. This sister left the district before the second post-course questionnaires were circulated.

Evaluative comments after the course

Sister wrote at length in her answers to the first post-course questionnaire, representative comments are given on the next page.

Most helpful aspects of the course

Interviewing techniques
Communication exercises
Budgeting: made me aware of my responsibilities
The lecture on how to be a manager

Least helpful aspects of the course

The lecture on stress and anxiety
Being shown computers - not enough time, needs a separate
course.

Teaching methods used during the course

Large group discussions were the most interesting, but the
person conducting the session has to be able to stimulate a
good discussion.

Planned changes in working practices

I will attempt to use open questions when interviewing job
applicants.

I am encouraging staff to be aware of the cost of equipment
and to be economical in its use.

In addition to changing the shift patterns of ward staff, I
am now working straight shifts to provide continuity and
reduce wasteful overlap.

Communication and interpersonal skills

I would like to be more assertive with senior nursing
colleagues, when needing things which will benefit the ward
and/or asking advice.

Communication between medical and nursing staff has
improved.

I have tried to spend more time listening and talking to
patients - although I still feel guilty doing this.

Reading nursing books and journals

I have brought my own books in for use on the ward. I am
encouraging sharing of knowledge between trained staff and
with learner nurses.

Tutor/evaluator's note: sister left before the second
post-course questionnaires were circulated, so details of
changes achieved are not included in this commentary. The
manager completed the assessment because she had facilitated
the successful project work.

Manager's assessment of course member's strengths and
weaknesses.

Management of patient care

Performs very well or well in all aspects, always or most of
the time.

Teaching

Performs very well or well in all aspects, most of the time.

Ward management

Performs very well or well in all aspects, always or most of
the time.

General management

Performs very well or well in all aspects, always.

Nursing research

Performs adequately in all aspects, most of the time.

Additional comment

A well-motivated ward sister who spent a lot of time
developing her team. She is very committed to all aspects
of teaching.

Tutor/evaluator's comments

Sister was very keen to learn about all aspects of

management and to relate new knowledge to her particular

situation. She asked thoughtful questions and participated

well during the course. She was quite open about the parts

of the course which she did not find useful. All the

pre-course objectives were achieved.

Sister commented appreciatively about the help and support

she received from her manager in carrying out her project

plan, which had been discussed between them prior to the

course. The next stage was to use the successful project as

the basis for developing the teaching role of the team.

Course member number   9 (Module V Feb 87)

Type of ward   Acute Geriatric

Grade   Ward Sister

Nursing qualifications   State Registered Nurse
                              BSc. (Hons) Psychology

Hours per week   Full-time

Sex   Female

Age range   31 - 35 years

Length of time at present hospital, range Less than 1 year

Length of time on this ward, range   4-8 months

Preparation for present role and responsibilities

Basic nurse training did not equip me to carry out the work
required of me in my present post.
I have not attended any management courses or teaching
skills courses.

Method of work organization

Nursing process - a problem-solving approach to planning
nursing care.

Teaching responsibilities

This ward is part of the training circuit for learner
nurses. I am also responsible for teaching all other grades
of staff, i.e. staff nurses, enrolled nurses and care
assistants.

Learning needs identified prior to the course

i)   How to use my time more effectively - keeping a diary
      of work activies has been an education in itself.

ii)   More confidence in my role as manager - I still feel
      guilty that I am not at the bedside.

iii) To be able to share problems with others and be
      reminded that I am not alone or unusual in finding this
      a difficult job.

Project topic

Primary nursing. I aim to introduce this method of delivering care to my patients within the next six months.

(Note Module V project work is normally completed in three months.)

Reason for the choice of project topic

I attended a course at Oxford, where primary nursing was developed. I am convinced it leads to a consistently high quality of nursing care and greater job satisfaction for nurses.

Progress with the project

August 87   I realise that I was setting my sights too high. I have reset my objectives and as the first step towards primary nursing I am examining our nursing establishment and matching the numbers against workload.

Project objectives achieved

i)   Workload studies have been carried out by the special project team.

ii)   I am comparing these figures with nursing staff numbers, to try to even out peaks and troughs in numbers against workload.

Problems encountered during implementation

My original plan was too ambitious. I had not allowed for the difficulties inherent in trying to carry out the project at the same time as managing a busy, heavy ward.

Evaluative comments after the course

The following are representative comments.

Most helpful aspects of the course

Time management
Interviewing skills
Assertiveness skills

Least helpful aspects of the course

One speaker (Management Skills) I found aggressive and insulting.

Other speakers seemed unsure of the level to aim at, often they were more didactic than I would have liked.

Teaching methods used during the course

A good speaker is more valuable than any particular method, although I find role-play very useful.

Planned changes in working practices

Ticks were placed in "Yes" boxes related to all the questions under this heading, but no details were given except the following

Time management

I am learning to see time as a scarce resource and to manage it more constructively.

Changes achieved by the sixth month after the course

Communication skills

More aware of need to be assertive rather than aggressive. More aware of senior colleagues' needs and difficulties.

Staff selection

I try to put more time into preparing for the interview, to ascertain more facts and rely less on "instinct".

Information technology

I feel more positive towards it, I felt quite negative after the session in the course.

Budgeting and use of resources

I am finding time to take more notice of these.

Time management

I am constantly aware of this now. Also aware that if I cope badly it is not simply excess demands but partly my own time management at fault.

Any other comments

I found the transition to the role of manager difficult and stressful, I suppose I had hoped a management course would be supportive and encouraging, as well as instructive. I found the attitude of many of the speakers a bit negative - " If you're having problems it's because you're a bad manager and not following these instructions " - whereas it would have been more positive as " You're probably doing well in difficult circumstances, perhaps this will help ".

Perhaps I'm being negative, but I would have preferred more
opportunity for course members to share their stress and
offer support and encouragement.
I know mixed ability groups are difficult to cater for, yet
some speakers managed this well. Others gave the impression
they thought little of our I.Q. and I found this extremely
irksome. On the whole I enjoyed it, learned a lot and am
making use of what I learned.

Manager's assessment of course member's strengths and
weaknesses.

Management of patient care

Performs very well or well in all aspects, always or most of
the time.

Teaching

Performs very well in all aspects, always or most of the
time.

Ward management

Performs very well in all aspects, always or most of the
time.

General management

Performs very well or well in all aspects, always or most of
the time.

Nursing research

Performs very well in all aspects, always.

Additional comment

None.

Tutor/evaluator's comments

Having been educated to a higher level than many nurses,

Sister's expectations were greater. Content and

presentation of some sessions fell short of these in some

respects. Some speakers noted her dissatisfaction, always

expressed non-verbally.

Sister made considerable progress in her efforts to manage
time more effectively. The project has become a longer term
strategy than originally anticipated, and an action plan has
been made for each stage.

Sister's own comments and her manager's assessment indicate
considerable progress towards achievement of her pre-course
objectives, but complete achievement was not possible during
the time scale of this study.

Course member number   10 (Module VI Feb 87)

Type of ward   Ante and Post Natal

Grade   Midwifery Sister

Nursing qualifications   State Registered Nurse
                              State Certified Midwife
                              Registered Sick Children's
                                                    Nurse

Hours per week   Full-time

Sex   Female

Age range   31 - 35 Years

Length of time at present hospital, range   6-10 years

Length of time on this ward, range   Over 2 years

Preparation for present role and responsibilities

Basic nurse training did not equip me to carry out the work
required of me in my present post.
I have attended a first line management course, but no
teaching skills courses.

Method of work organization   Team allocation

Teaching responsibilities

I teach all grades of nursing staff, including student
midwives and student nurses. I teach Parentcraft to mothers.

Learning needs identified prior to the course

i)   Knowledge of information technology.

ii)   Improve my communication skills.

iii) Improve my performance as a manager.

Project topic

To explore alternative approaches to the management of
mothers' nutritional needs during labour.

Reason for the choice of project topic

I have read about the work being done in Birmingham, which
confirmed my feeling that we are not meeting all mothers'
needs with our present system.

Progress with the project (August 87)

I received a letter from the nursing officer at Birmingham
outlining the regime they use for nutrition during labour.
However, I have been unable to take the project any further
due to pressure of work and limited time.

Project objectives achieved

No - I expect to complete the project within three months.

Problems encountered during implementation

My original plan did not allow enough time to cope with the
project while working full time in a busy unit.

Evaluative comments after the course

The following are representative comments.

Most helpful aspects of the course

The chance to sit back and think about management.

The opportunity to meet and learn about others' work in the
hospital.

Least helpful aspects of the course

Some of the discussions were repeatedly about course
members' own situations. I realise this is part of the
course, but the same problems were repeated every time.

Teaching methods used during the course

The lectures were helpful.
Small group work is not always helpful - so much time is
spent giving an outline of one's work. However, one did
learn how complex other peoples' jobs are!

Planned changes in working practices

Communication skills

I am trying to be more aware of the importance of good
communication.

Relationships at work

No changes planned.
This was a useful session outlining the formal channels
of grievance and disciplinary procedures, which had not
been explained before.

Team leadership

This was a most helpful session, giving a lot of information about a team and how it functions. I hope to be more effective in delegation.

Use of Information Technology

No changes planned.
It has improved my attitude towards this technology and made me appreciate the reasons for the new development, and its uses.

Time management

When there is routine work to be done, I am more aware of making good use of time.

Use of resources

I am more cost conscious.

Staff Appraisal

This has given me some insight on how to conduct an appraisal interview.

Changes achieved by the sixth month after the course

Communication skills

I have tried to ensure information is passed on more fully to senior and junior nursing colleagues.

Team leadership

I now try to be more positive in my leadership.

Use of resources

I now have an awareness of the need for budgeting and costing.

Staff Appraisal

I am not yet involved in staff appraisal, but it has helped me when giving reports to student nurses and midwives.

<u>Manager's assessment of course member's strengths and</u>
<u>weaknesses.</u>

Management of patient care

Performs very well or well in all aspects, always or most of
the time.

Teaching

Performs well or adequately in all aspects, always or most
of the time. (Is seldom required to complete assessments).

Ward management

Performs well or adequately in all aspects, most of the
time. (Seldom offers suggestions for change).

General management

Performs adequately in all aspects, most of the time.
Seldom seeks support for herself, when experiencing stress.
Was supportive to a staff member who was being disciplined.

Nursing research

Performs adequately in all aspects, sometimes.
Shows awareness and interest in research. Not always in a
position to implement research findings.

<u>Tutor/evaluator's comments</u>

Sister participated well in all aspects of the course,

although quiet and non-assertive in her approach to

discussion.

Her own and her manager's comments indicate that she is

happier in a direct care role than in a managerial role. Two

of the pre-course objectives were achieved to a great

extent. Sister seemed to underestimate her undoubted skill

in communication, and a more positive attitude towards

information technology was evident. Sister indicated an

interest in community midwifery for her future career plan.

Course member number   4 (Module IV Jan 87)

Type of ward   Specialist Surgery
                              Ear, Nose and Throat

Grade   Staff Nurse

Nursing qualifications   State Registered Nurse
                              Diploma in Ear, Nose and
                              Throat nursing

Hours per week   Part-time, 30 hours per week

Sex   Female

Age range   31 - 35 years

Length of time at present hospital, range   Over 10 years

Length of time on this ward, range   Over 2 years

Preparation for present role and responsibilities

Basic nurse training did not equip me to carry out the work
required of me in my present post.

I have not attended any management courses or teaching
skills courses.

Method of work organization

Nursing process - a problem-solving approach to nursing
care.

Teaching responsibilities

This ward is not part of the training circuit for learner
nurses. I am involved in teaching other grades of staff,
e.g. staff nurses, enrolled nurses and care assistants.

Learning needs identified prior to the course

i)   Better management and communication skills.

ii)   How to implement them.

iii) How to put over what I want to say more effectively.

Project topic

To make a case for "closing" three beds at weekends.

Reason for the choice of project topic

Empty E.N.T. beds are filled at weekends with emergency
admissions, usually medical patients. Staffing levels are
low at weekends as the main workload is in caring for
post-operative E.N.T. patients during the week.

Progress with the project

Tutor/evaluator's comment
The project had not been started when the second post-course
questionnaire was returned. A telephone enquiry prompted
the explanation that " events had overtaken it ".

A new topic was identified by Staff nurse - the value of
internal rotation (of day staff to night duty on the same
ward) in improving continuity of patient care, and improving
staff management.

Project objectives achieved

The original objectives were not achieved.
No report of the alternative work was received.

Problems encountered during implementation

None stated.

Evaluative comments after the course

Few comments were made, given under changes achieved.
Planned changes are omitted because the first post-course
questionnaire was not returned.

Changes achieved by the sixth month after the course

Communication and interpersonal skills

With junior nursing colleagues, increased awareness of body
language.

Organisation of work

I tend to think things out more carefully and plan better.

Management skills

"Yes" boxes ticked, indicating changes made.
No details given.

Any other comments

I thoroughly enjoyed Module IV and felt I got a lot out of
it.

<u>Manager's assessment of course member's strengths and</u>
<u>weaknesses.</u>

Management of patient care

Performs well or adequately in all aspects, most of the time
or sometimes.

Teaching

Performs well or adequately in all aspects, most of the
time or sometimes.
Gives teaching sessions when time permits.

Ward management

Performs well or adequately in all aspects, most of the
time or sometimes.

General management

Performs adequately in all aspects, most of the time.

Nursing research

Performs well in all aspects, most of the time.

Additional comment

None.

<u>Tutor/evaluator's comments</u>

Staff nurse stated in the pre-course questionnaire that she

had received no previous management training. In fact she

attended Module III (five days) in September 1985.   The

project was not completed after that course.

During the course Staff nurse participated moderately well.

She did not appear receptive to new approaches to problems.

In discussion, she tended to emphasise long-standing

difficulties in her work situation which she perceived as

beyond her capacity to influence, possibly reflecting her

part-time status. However, having worked on the same ward

for many years may have been a more influential factor in
her reluctance to initiate change.

The pre-course objectives were stated in broad terms, so
achievement is difficult to measure. The manager's
assessment indicates adequate to good performance in most
categories.

Staff nurse expressed an interest in nurse teaching as a
career during the course, but her attempts to obtain
secondment to a teaching course were unsuccessful.

Course member number   12 (Module IV June 87)

Type of ward   Intensive Care Unit

Grade   Staff nurse

Nursing qualifications   State Registered Nurse
                                 State Certified Midwife
                                 English National Board
                                 Course 100 (Intensive Care)

Hours per week   Full-time

Sex   Female

Age range   26 - 30 years

Length of time at present hospital, range   less than 1 year

Length of time on this ward, range   9-12 months

Preparation for present role and responsibilities

Basic nurse training did equip me to carry out the work required of me in my present post.

I have not attended any management courses or teaching skills courses.

Tutor/evaluator's note: English National Board Course 100 includes short sessions about management and teaching in the Intensive Care Unit.

Method of work organization

Patient allocation.

Teaching responsibilities

I teach all grades of nursing staff, including student nurses.

Learning needs identified prior to the course

i)   Improve communication skills.

ii)   Improve management skills.

iii) How to research a project.

Project topic

To evaluate procedures for cleaning and disinfecting the outer surface of intermittent positive pressure ventilators after use. To make a case for a standard procedure.

Reason for the choice of project topic

During discussion with my Senior Nurse Manager the need to identify and standardise an effective procedure was recognised.

Progress with the project

February 88: I have not yet completed the project, but expect to make a report to my Senior Nurse Manager within three months.

Project objectives achieved

No - I expect to complete the project within three months.

Problems encountered during implementation

Gathering the information required from a variety of sources took much longer than I expected.

Evaluative comments after the course

The following are representative comments.

Most helpful aspects of the course

Videos on meetings.
Taking part in mock meetings.
Doing the project.

Least helpful aspects of the course

The talk by the management trainee officer.

Teaching methods used during the course

Small group work was most helpful.
The films, videos and some of the lectures were helpful.

Planned changes in working practices

Communication skills

I am trying to be more assertive and more confident about my own opinions.

Organisation of work

I am trying to be more methodical.
I try to give reassurance and confidence to the learners.

Management skills

Changes planned in use of resources. No details given.

Changes achieved by the sixth month after the course

Organisation of work

I think my organisation of fellow team members has improved.
I am not sure if this is due to the module, further
experience, or both.

Management skills

I am more aware of the problem of obtaining resources, but I
think use of resources is unchanged.

Manager's assessment of course member's strengths and weaknesses.

Management of patient care

Performs very well or well in all aspects, always or most of
the time.

Teaching

Performs very well or well in all aspects, always or most of
the time.

Ward management

Performs well or adequately in all aspects, always or most
of the time.

General management

Performs well or adequately in all aspects, always or most
of the time.

Nursing research

Performs well in all aspects, always or most of the time.

Additional comment

A very able nurse, a potential sister.

<u>Tutor/evaluator's comments</u>

Staff nurse participated well in all aspects of the course, readily sharing her ideas and stimulating lively discussion. The pre-course objectives were achieved, although the final project report had not been received by the end of the data collection period.

The comments made by the course members included in these commentaries are representative of the groups of which they were members. Two out of the six completed their projects, one with the support and encouragement of her manager, one with very little support and some hindrance - reflecting Kiener and Henschel's findings (1989).

One of the Module IV staff nurses, course member number four, had been in the same post for many years and showed little inclination to initiate change. Greater benefit may have ensued from her attending Module IVa, a specially designed programme, with other similar level nurses. Pre-course guidance by the manager should have been directed towards the project, in view of non-completion after Module III. There is no evidence of guidance in this, nor in identifying learning needs for this staff nurse.

The other Module IV staff nurse, course member number twelve, was identified as a potential sister by her manager. There is some evidence that her project was not completed because the plan was over ambitious, a problem experienced by the graduate sister, course member number nine.

The overall impression gained from these commentaries is
that the participants enjoyed the courses and felt that they
learned a lot. These comments were borne out in the
sessions observed by the tutor/evaluator, when lively
discussion and interaction between course members, and
between speakers and course members was frequently noted.
The course members may be suspected of commenting favourably
out of misplaced desire to please the tutor/evaluator.
Constructive critical comments were made by most
participants, (see especially Module V course members
numbers three and nine), indicating that no such influence
existed.
Section 4.5 beginning on the next page, summarises the
outcomes of each module included in the evaluation study.

4.5 Summaries of outcomes of each module

A summary of the outcomes of the three modules, in terms of
changed behaviour in working practices planned one month
after the courses, and achieved by the sixth month after the
courses, is shown in Tables 17, 18, 19 and 20. Changed
behaviour in Communication Skills and Interpersonal
Relationships was shown in Tables 15 and 16 in relation to
various groups of patients/clients and colleagues and is
therefore omitted from Tables 17-20.

These tables are collated from the responses to the first
and second post-course questionnaires. Only the responses
from nurses who completed both questionnaires have been
included for the purpose of comparison between changes
planned and achieved.

Table 17   Summary of outcomes: Module IV

Number of respondents   5

Changes Planned Y = Yes; N = No Achieved (A)	Y	(A)	N
Organisation of work	4	4	1
Report writing	1	1	4
Professional reading	2	0	3
Management skills	5	4	0
Meetings	3	3	2
Personnel procedures	1	2	4

Table 18   Summary of outcomes: Module V

Number of respondents   5

                                    Y   (A)   N

Staff selection   1   1   4

Use of Information Technology   2   4   3

Budgeting   2   3   3

Use of resources   1   2   4

Professional reading   2   4   3

Time management   3   1   2

Management skills   4   5   1

Management of stress and anxiety   4   3   1

Table 19   Summary of outcomes: Module VI February 1986

Number of respondents   6

Changes
Planned Y = Yes   N = No   Y   (A)   N
Achieved (A)

Management of staff   3   2   3

Management skills   4   3   2

Time management   5   5   1

Budgeting   3   3   3

Use of resources   3   2   3

Professional reading   1   4   5

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Table 20   Summary of outcomes: Module VI February 1987

Number of respondents	2		
	Y	(A)	N
Team leadership	2	2	0
Use of Information Technology	1	0	1
Time management	2	1	0
Cost cutting	2	1	0
Staff appraisal	1	0	1

After Module IV the level of achievement to planned was
high. After Module V a higher level of achievement than
planned was shown. After Module VI in February 1986 most
sisters achieved the changes planned. The two sisters who
attended Module VI in February 1987 planned eight changes
and achieved four.

These outcomes confirm the wisdom of encouraging
professional nurses to identify learning needs and set their
objectives before embarking on continuing education. The
logical conclusion to this process is in self-evaluation of
learning outcomes. It is argued on the basis of these
findings that more effective pre-course guidance and
post-course support would facilitate even greater impact on
nurses' working practice. Recommendations to this effect
will be made in Chapter 6.

CHAPTER 5   DISCUSSION OF RESULTS

In advocating illuminative evaluation as a technique,

Parlett and Hamilton (1972) emphasise the importance of

intensive scrutiny of the programme within its context -

including the organisation, the rationale and evolution of

the programme, achievements and difficulties experienced.

Lawton (1983) states that the importance of this kind of

evaluation is that it represents a move away from narrow

psychological views of teaching and learning and sees the

educational programme as part of a complex cultural

situation.

The organisation; the rationale and evolution of the

continuing education model were described in Chapter 1.

The perceptions of the senior nurse managers, the

responses of the course members and the experience of the

tutor/evaluator in delivering the programme, gleaned from

data collected for this study, are discussed in the

following sections.   Methodological aspects are explored in

each section.

5.1   Senior nurse managers' perceptions

5.2   The learning experience: course members' perceptions

5.3   The learning experience: tutor/evaluator's perceptions

5.4   Changes planned and/or achieved in working practices

5.1   Senior nurse managers' perceptions

The aim of interviewing the senior nurse managers was to

determine their perceptions and expectations of the modular

development programme as a means of enabling their staff,

particularly staff nurses and ward sisters, to meet the demands of their roles and responsibilities. In practice, the interviews with the senior nurse managers proved to be the weakest element in the methodological framework.

In an evaluation of a similar programme (Dodwell and Lathlean 1987) difficulties arose from the instrument designed for assessment of performance by managers - it was found to be too long and too detailed - and from the way it was used, as a measure of standards achieved rather than changed performance linked to new knowledge. Pre-course interviews were chosen for the present study as a way of avoiding these problems.

Possible causes for the failure of this aspect include

i)   poor design of the instrument (see Appendix 7)

ii)   poor quality of interviewing

iii) poor choice of time and place for interviews

iv)   poor motivation of the respondents

v)   lack of understanding and involvement of respondents

These reasons will be explored in turn.

i)   Poor design of the instrument

Oppenheim (1984) noted that the wording of questions in a semi-structured format may exert subjective influence. The questions on the interview schedule (Appendix 7) were open in structure. Five of the questions had been tested and used in a similar study, with no problems reported (White and Schurr 1973).

ii)   Poor quality of interviewing

According to Cormack (1984), interviews are more useful than questionnaires in trying to measure attitudes or assess opinions. Seaman (1987) asserts that the skilled interviewer is also an observer, able to obtain a much better picture of the respondents. Disadvantages of the interview as a method of data collection include the possibility of interviewer bias and subjectivity. The interviewer must be skilled in interviewing technique, or receive training, in order to reduce the risk of responses being influenced by the interviewer asking biased,leading or loaded questions, and/or by helping with answers. It is also possible that answers may be misinterpreted and recorded wrongly (Cormack 1984).

All the interviews were carried out by the tutor/evaluator, who had considerable experience of interviewing a variety of people, in many contexts. Training for staff selection; for student selection; for counselling patients and relatives; bereavement counselling and study of the literature cited contributed to an appropriate level of knowledge and expertise in carrying out the interviews. It is further argued that the unsatisfactory nature of the responses could have been overcome if the interviewer had unscrupulously interposed leading questions into the schedule or helped with answers. That this was not done is evident from the consistently general nature of the responses.

The outcomes of the completed interviews, (see Chapter 4, section 4.1) show that only one manager demonstrated clear

understanding of the aims and expected outcomes of the modules within the development programme.

iii) Poor choice of time and place

Oppenheim (9184) noted the importance of the setting for interviews in avoiding subjective influences. Recognising this possibility, the interviews were carried out by appointment, in the senior nurse managers' offices. No other person was present and interruptions were avoided by diverting telephone calls.

iv) Poor motivation of the respondents

There was no evidence of this, all the managers readily agreed to be interviewed. The pre-existing good relationship between the managers and the tutor/evaluator may have been a factor, but was not allowed to influence the plan and schedule for the interviews, which was strictly observed. One appointment was not kept due to a staffing crisis, but it was soon re-arranged.

Fifteen interviews were completed, involving five senior nurse managers. Each manager was interviewed on at least two occasions. The two managers who seconded nurses from outside the health district were not interviewed because they had no prior knowledge of the modular development programme. Letters seeking places on the courses for the two nurses were received after the decision had been taken not to continue with the interviews. All the other nurse participants were managed by one of the five managers who were interviewed.

v)   Lack of understanding and involvement of respondents

The senior nurse managers understood, and indeed welcomed, the aims of the evaluation study. They also welcomed the opportunity to participate. One of them identified the lack of course evaluation as a weakness of the whole modular development programme.

The explanation for the unsatisfactory level of responses seems to lie in the senior nurse managers' lack of understanding and involvement in the design and delivery of the modular development programme itself, rather than the evaluation study. These factors are exmplified even by the manager who appeared to understand the aims and expected outcomes of the courses.

This manager selected staff to attend courses appropriate to their needs and level of experience. However, she also believed that every nurse should participate in education at least once a year, reflecting the U.K.C.C.'s aim of linking regular "refreshment" with re-registration (PREPP 1989). This resulted in some members of her staff seeking to attend events perceived as requiring the least effort - " which courses don't include projects? ". Only one of the participants in the evaluation study, who was nominated by this manager, showed evidence of this attitude. Her pre-course objectives were vague and post-course evaluative comment indicated that she did not enjoy the course, learned nothing from it and did not complete her project.

Post-course assessment revealed barely acceptable levels of

performance. Jarvis (1983) suggests that one way of ensuring that "laggards " in the professions keep abreast of developing knowledge is to compel all members to undertake continuing education, but the responses of this particular course member illustrate that mere presence does not guarantee learning.

If courses were intended by managers as remedial exercises, then the nurse(s) involved and the course tutor should be made aware of the aim. If all three parties contributed to objective setting and project selection more positive outcomes may have resulted.

The working document used to develop the course programmes was said to be based on the outcome of discussions with senior nurse managers, a process which would have observed the spirit of the E.N.B.'s (1988) guidelines for course approval. No record has been found of the meetings, comments made or any suggestions offered by the managers when the model was in the planning stage. The inference is drawn that the plan was offered and accepted on the basis that extensive unmet learning needs existed.

However, it must also be recognised that health authority guidance for managers preparing for appraisal (1986) required the manager actively to support adherence to the development plan agreed at appraisal, specifying that time be allowed for training and afterwards, for talking through the benefits which had accrued from the training. While it is true that staff at the level of ward sisters and staff

nurses were just beginning to be appraised at the time of data collection for this study, the managers had all been trained in the principles and process of staff appraisal and performance review. It was not unreasonable to expect some evidence of application of these principles in both selection and follow-up of nurses attending courses within the modular development programme. Furthermore, in-service education and training were not excluded from the policy statement (see Chapter 1, section 1.3) that managers were responsible for assessing the effectiveness of training upon staff performance (1987).

There is some evidence from the nurses' responses that they did not incorporate new knowledge into their practice because of lack of support from their managers in completing projects and implementing planned change, reflecting the findings of Cervero (1985) and Kiener and Henschel (1989) discussed in Chapter 2, section 2.6. Two Module VI participants exemplify this problem in their statements -

"Module VI was a very useful course, giving a lot of information, but one should be helped to implement it on returning to work."

"I have completed my project because it is part of my work, but my manager has not discussed it with me, before the course or since."

Lack of support is demonstrated in the small number of participating nurses who completed projects during the time span of the study - ten, out of the twenty-four respondents

who remained in the district for six months after course attendance (see Chapter 4, Table 10). It could be argued that effective support and facilitation depends upon the manager being fully informed about the aims, expected outcomes and relevance of the course programme to the organisation's mission, as proposed by Kiener (1989). The managers' assessments of their staff members' performance post-course generally endorsed the claims made by the nurses about changes achieved. However, further evidence of inadequate support is found in some of the assessments. For example, a senior sister who completed a fairly ambitious project after Module VI in February 1986 was forced to train all her staff to implement the innovation twice consequent upon unexpected staff movement between wards, initiated by the manager (see Chapter 4, section 4.4). The manager assessed this sister as performing adequately or badly in using nursing research findings. Strictly speaking, much of the literature advocating primary nursing (the project topic) is not research based, but in the context of this sister's efforts, the distinction is a fine one. The manager's assessment in this category demonstrates lack of knowledge about the expected outcomes of Module VI, and lack of understanding between the manager and ward sister about the project aim. In contrast, a recently appointed sister who attended Module V in February 1986 agreed with her manager that team building with her staff, two thirds of whom were also new to

the ward, would be the basis for her project. The manager

encouraged and facilitated the work, giving guidance when

asked. The project was brought to a successful conclusion,

and used as the basis for developing the teaching role of

the team.

If the E.N.B. guidelines (Circular no.1988/39/APS) for joint

service and education participation in course planning had

been extended to this in-service development programme, the

managers would have had a greater sense of involvement and

ownership. Their support for the development programme,

though strong, was of a general nature, lacking specific

focus. As a result, selection for course attendance seems to

have been rather haphazard. Support for nurses engaged in

post-course project work and incorporation of new knowledge

was also variable.

The decision to cease interviewing may have been premature,

with hindsight, but was based upon logical reasoning and

discussion with knowledgeable researchers. Alternative

strategies, such as a group interview, were considered but

discarded as being unlikely to produce any further

information, with the additional risk that the more

knowledgeable manager may have influenced the responses of

other group members. Measures to overcome the problems

described will be proposed in Chapter 6, section 6.1.

5.2 The learning experience: course members' perceptions

The aim of data collection from the course member

participants in the evaluation study was to elicit

evaluative comments about the courses, and to determine the

effects of the education on the nurses' practice. These

aims were achieved.

Evidence of changed behaviour within six months after course

attendance was particularly sought as an indication of the

relevance and worth of the courses to the participants and

their managers (Grieves and Loquist 1983; Armstrong-Esther

and Hewitt 1990). Questionnaires were selected as the most

suitable instruments for this purpose because they are a

cheap, easy way of collecting data from a comparatively

large group who were asked to respond on three separate

occasions. They are convenient for analysis and are

administratively convenient for distribution by post, for

self-completion and return by post (Cormack 1984).

Sampling was outside the tutor/evaluator's control (Seaman

1987), in that all hospital-based nurses selected for

attendance by their managers were included.

Four of the five disadvantages of questionnaires cited by

Cormack (1984) did not apply to this study, namely

i)   poor rates of return, especially if postal distribution

is used.

73% of the questionnaires distributed were completed and

returned by the dates requested. Non-respondents were the

nine nurses who left the district at some point during data

collection. Two questionnaires were lost in the internal

hospital mail.

ii) loss of individuality

Many nurses gave detailed responses, facilitated by the open

structure of questions where detail was required.

iii) literacy required for completion

Illiteracy is not a factor among trained nurses, who use

written communication in their daily work.

iv) respondents' scepticism

This cannot be entirely dismissed, but the enthusiastic and

constructive nature of many responses belie it, if it

existed, as do other more critical responses.

Seaman (1987) noted the potential for self-reports to differ

significantly from actual action. This could have been a

factor in the evaluation study, if nurses for some reason

sought to please the tutor/evaluator by giving desired

responses. Certainly, some respondents commented

enthusiastically, but others were extremely critical.

Questions were carefully worded to avoid leading or loaded

formats, all the instruments were piloted and found to

require minimum amendment. Corroboration of changes claimed

by the participants was sought from the senior nurse

managers. The full range of responses obtained, ranging

from no response through one or two words, to full pages of

comments, support the decision to use questionnaires as data

collection instruments with the course member participants

in this study. Having considered the methodology used for

this aspect, the quality and content of the responses will

now be explored.

a) Pre-course information

All except two nurses stated that they had received
sufficient information about the course in advance of their
attendance. One nurse did not take up the offer of further
information upon request. The other could have obtained the
information required from her manager or the course tutor,
had she sought to do so. It can therefore be assumed that
the information normally supplied was sufficient for most
nurses' needs. However, the inclusion of aims for each
session on the programme did not appear to assist the nurses
in setting their own learning objectives for the course.
It may be that course members did not read the programme
until just before the courses started. It certainly
demonstrates that few participants understood their
manager's reasons for nominating them to attend, or what
benefit was expected. Seven advantages of explicit aims and
objectives as a curriculum framework in nursing education,
itemised by Hume (1981), were discussed in Chapter 2,
section 2.3. The limitations of this approach were
explored, but it may be that greater detail and simplicity
in the statement of aims would assist managers and nurses
to determine common expectations from course attendance.

b)   Helpful/least helpful aspects of course content
In considering the utility of the various items of course
content, a high level of satisfaction was demonstrated (see
Chapter 4, Table 5).
Sixty items were cited as helpful one month after the
courses, twenty-eight items were cited as least

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helpful. "Least helpful" was not deemed to be an exclusive term by six respondents, who cited more than one item as such. The word "unhelpful" was purposely avoided when writing this question, as it was felt to bear strongly critical connotations. Six months after the courses the outcomes were revised to thirty-four helpful and fifteen least helpful items.

Module VI respondents were most satisfied, with eight least helpful items (cited by ten respondents) reducing to seven after six months (cited by eight respondents). The same group cited twenty-four helpful items, falling to thirteen items six months after the course. These outcomes are not unexpected, since the course programme was designed to address needs identified by the participants on the briefing day.

The reduction in numbers of helpful and least helpful items cited after six months may have been the effect of temporal distance. It could ensue from the experience of incorporating the new knowledge into practice. The number of changes achieved by the eight Module VI participants within six months after the courses (forty-two) supports the latter interpretation.

Communication skills was deemed least helpful by three Module VI participants. No supporting comments were appended to these responses in the questionnaires. They may have come from the three participants who commented adversely about game-playing as a learning method to the

tutor/evaluator while she was leading the session during the
course. Budgeting was cited least helpful by two Module VI
members, both of whom commented that the speaker (a health
authority finance department staff member) was
"unrealistic" in her claims for the efficacy of ward based
budget management.

Further evidence of satisfaction is seen in items to be
omitted, which numbered four after one month, unchanged
after six months (see Chapter 4, Table 6). Two nurses gave
as a reason for omission the fact that Information
Technology warranted a whole course rather than one day in a
module. Items for inclusion demonstrate no particular
pattern, each being cited on one occasion, by one
individual. Five items were cited after one month, two more
were added six months later.

The teaching and learning methods used can have an important
influence on the way a topic and/or session is perceived by
adult learners. Literature cited in Chapter 2, section 2.4
(Rogers 1969; Knowles 1978; Jarvis 1983 and 1985),
indicated that student-centred methods are most appropriate
to adults. Experience suggests that this is particularly
true of learners on continuing professional education
courses. Seven different methods were used during the
modules, alone or in combination. Responses one month after
the courses (see Chapter 4, Table 7) indicate that small
group work is the preferred method, particularly when used
as an adjunct to film, video or a stimulating lecture. One

mildly critical comment came from a midwife in Module VI who
grew tired of explaining her role to other group members
every time small group work occurred. These outcomes confirm
the work of Rogers (1969), Knowles (1974) and Kolb (1984),
writing about adults' preferred learning modes and styles.
Role play received a mixed response, seven people found it
helpful, four unhelpful. Interestingly, one respondent who
found Interviewing Skills the most helpful session in Module
V also stated that she disliked role play because she found
it embarrassing. Interviewing skills in Module V was
organised as a whole day of simulation, including role play,
following sessions on staff selection and legal aspects of
employment. The respondent who made this comment
participated fully in the day's activities, in which
volunteers completed application forms and were interviewed
by a panel of three course members. The volunteers gave
feedback to the course members on their interviewing
technique. This day has often been described as an
enjoyable, fruitful learning experience.
These responses confirm Jarvis' (1983) point, that role play
should fit naturally into a learning sequence, so avoiding
learner embarrassment. Perhaps anxieties were not generated
in advance because the session was not described as role
play. In contrast, another Module V respondent preferred
role play above all other learning methods, having
experienced its many forms while studying for a degree in
psychology.

Seven respondents cited large group discussion as their preferred method. Two others felt that such discussion often went on too long, being monopolised by dominant members. Six respondents preferred the lecture as a teaching method, possibly reflecting expectations of the learning situation. However, two respondents qualified this preference by stating that a good speaker outweighed any particular method in stimulating learning. Three nurses found all the methods used stimulating, appreciating the value of different approaches to different topics. These responses indicate that the balance of content and different teaching methods and styles within the modules met the needs and expectations of the great majority of course members. No-one commented adversely about the fact that a mixture of teaching and learning methods was used.

These outcomes appear to endorse Miles' point (in Allen and Jolley 1987), that the teaching strategy itself is less important than matching the strategy with the students' learning style.

The responses about course content, teaching and learning methods, and all aspects of the educational experience were both thoughtful and constructive. Comments from a recently appointed sister after Module V - "As a very new manager I felt under a lot of stress at the time (of the course) but I did learn a lot and I enjoyed it" and from an experienced sister after Module VI - "I feel I should have had this chance (for education) much earlier in my career" confirm

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the findings of Lathlean and Farnish (1984) and Farnish

(1983) about the need for adequate preparation for a

demanding role, occurring at the right time in a sister's

career.

The participants were seen by the tutor/evaluator to respond

positively to the andragogical approach evident in the

majority of observed sessions, so the responses can be taken

as a valid reflection of their feelings. Pursuant to these

findings,it will be recommended in Chapter 6, section 6.2,

that the student-centred approach of planning course content

to meet needs identified by the course members be extended

to all the modules. The model for continuing education

limited this approach to Modules IVa and VI.

c)   Course membership

All the courses were multidisciplinary except Module VI in

February 1986. Twenty nurses commented on this aspect (see

Chapter 4, Table 9), of these nineteen nurses found that the

mixed group enhanced learning and facilitated understanding

of other staff groups' problems. One nurse felt that her

Module IV group included too many nurses. One nurse made

no response.

Ice-breaking and group forming activities on the first day

of Modules IV and V, and on the briefing day for Module VI,

were facilitated by the tutor/evaluator. The constructive

nature of this teaching strategy is demonstrated in that a

majority of the participants referred to learning from other

members of the group as a particularly valued part of the

experience.

These responses reflect evidence drawn from literature cited
in Chapter 2, section 2.4 endorsing the benefits of
multidisciplinary groups as enhancing the learning
experience (National Staff Committee 1981), and support the
decision to open all courses to all staff groups. The
responses could also form the basis for development of
post-course peer support and networking groups, advocated by
Kiener (1989) as means of supporting post-course
incorporation of new learning into practice.

d)   Teaching skills workshop

The workshop was seen as central to the evaluation study, in
that the hypothesis equated the ward sister's teaching role
with her managerial role. In the event, the workshop was
superseded by a more creditworthy course and its importance
in the model for continuing education was correspondingly
diminished.

Three nurses out of the study groups attended one of these
workshops. One nurse attended following Module IV, two
nurses following Module V. Two nurses felt they understood
their role as teachers in the workplace after the workshop
(see Chapter 4, Table 11). The other nurse already
understood her teaching role.

Sessions cited as helpful in the workshop were:

How to plan a teaching session

Availability and use of teaching aids

Discussion about selection of an appropriate teaching method

Micro teaching

The least helpful session, cited unanimously, was the
selection and use of audio-visual equipment and materials.
The speaker was a member of the technical staff,
knowledgeable in the subject, but scathing about attempts by
tutorial staff to make effective use of the equipment
demonstrated. Course members were antagonised by these
comments and the speaker's offer of individual help in
preparation for using the equipment was not taken up.
Reasons for the low numbers of nurses attending these
workshops will be explored from the tutor/evaluator's
standpoint in section 5.3(d).

5.3   The learning experience: tutor/evaluator's perceptions
a)   Pre-course objectives
The aims of inviting course member participants to make
their learning objectives explicit to the course tutor as
part of the evaluation study were
i)   to ensure that speakers were made aware, and could
tailor session content accordingly.
ii)   to begin to construct a framework for helping course
members to take more responsibility for their own learning.
By incorporating participants'objectives, the process model
of curriculum development included scope for meeting
individual needs (Sheehan 1986).
The data were obtained from the pre-course questionnaires.
As noted in Chapter 4, section 4.4, many of the objectives
stated by the participants were broad, lacking specific

focus. Few were couched in measurable terms.

Tyler (1949), Wheeler (1967) and Hume (1981) cited in
Chapter 2, section 2.3, identified the measurability of
behavioural objectives as a particular strength in the
context of course evaluation. It was argued that such
objectives can be a constraining force in course planning,
particularly for adult professional learners, and should not
form the exclusive framework for course content (Jarvis
1983). However, as Houle (1981) states, practising
professionals experience different types of learning needs
at different stages of career development. Of course,
learning needs are not necessarily phrased as behavioural
objectives. One way to be sure of meeting these needs in
continuing education programmes is to provide the context
within which the professional person can identify current
needs. The success of this approach was demonstrated in
the level of satisfaction with their course programmes shown
by Module VI respondents, supported further by the number of
planned changes this group achieved in working practice (see
Chapter 4, Tables 15 and 16; and Table 22, later in this
chapter).

Using learning contracts, as prescribed in the continuing
education model (see Chapter 1, Figure 1) would extend this
further, by helping the course members develop a sense of
ownership of their learning plan (Jarvis 1985). As has been
shown, this part of the model failed because of inadequate
staffing resources. Recommendations to overcome this

problem will be made in Chapter 6, section 6.2.

Since the working document assumed, and the health authority
policy (1987) and managers' guidelines (1986) stated, that
managers and course members would discuss learning needs in
preparation for course attendance, no difficulties were
foreseen. In practice, these discussions took place on very
few occasions during data collection for this study, so
course members' objectives were based on their own ideas
about their needs. Measures to address this problem are
proposed in Chapter 6, section 6.1.

In practice, objective setting by the course member
participants fell short of expectations, but provided a base
from which to make judgements about the effects of the
education on working practice. Plans for incorporating new
knowledge into working practice (see Chapter 4, section
4.3) after the courses were much more clearly focused,
showing a grasp of practical issues which were amenable to
change. This outcome endorses Cervero's (1985) argument,
that the continuing education programme itself is an
important variable in determining the extent to which nurses
attempt to incorporate new knowledge into their practice
following education.

b)   Sessions observed within modules

The aim of this aspect of data collection was to determine
the variety of teaching and learning methods used in the
modules, and the degree of "student-centredness" of the
teaching approach.   This aim was achieved.

The tutor/evaluator taught Communication Skills and
Interpersonal Relationships in Modules IV and V, and in
Module VI in February 1986.   All the activities in these
sessions were student-centred.   A mixture of methods was
used including small group work on problem-solving
exercises; commercially produced video-tapes; role play;
games/simulations.   Sessions concluded with plenary
discussions.   The style and content of these sessions was in
accord with the andragogical approach (Rogers 1969; Knowles
1978) advocated in Chapter 2, section 2.4.

Two respondents (one Module IV, one Module VI) felt that
less time should be spent on these subjects, allowing more
time for other topics.   However, these two did not cite the
sessions as least helpful.   The sessions were cited least
helpful by one respondent after Modules IV and V, and by
three respondents after Module VI, one month post-course.
No least helpful citations were made six months post-course.

Ogier's (1982) finding, that (leadership and) interactive
skills training could be as helpful in preparing sisters for
their teaching role as specific teaching skills training is
relevant here.

It may be suspected that favourable responses to these

sessions arose from a desire by the participants to please the tutor, so it is pertinent to emphasise that only six respondents cited these sessions as helpful one month post-course, reducing to five citations six months post-course. Furthermore, fifty-five changes in communication and interpersonal relationships (see Chapter 4, Tables 15 and 16) involving various groups of patients/clients and colleagues were achieved by the respondents. As these achievements were supported by the senior nurse managers, the question of pleasing the tutor is irrelevant.

At least one of the sessions taught by other speakers was observed in every module (see observation schedule, Appendix 9). The outcomes were summarised in Chapter 4, Table 8. The tutor/evaluator was able to maintain objectivity in observing other people teaching, based on long experience of assessing teaching practice by nurses attending various teacher preparation courses.

Five speakers in the three courses were visiting lecturers, who were experienced trained teachers and subject specialists. Health authority staff made up the majority of the speakers. An unexpected outcome of the observations, shown in Chapter 4, Table 8, was that health authority staff were much more likely to use student-centred methods, and to include student participation in their sessions. This difference in style may be attributed to the age and career pattern of the visiting lecturers. Two were retired,

pursuing new careers as free-lance lecturers; the other
three were approaching retirement age. A visiting lecturer
who was perceived as aggressive by one Module V respondent
had many years of experience lecturing to managers in
industrial settings and a commensurate teaching style.
A health authority speaker was criticised by a Module V
respondent for suggesting ways of "getting round" employment
legislation. This was interpreted as disadvantaging female
applicants, because the example used involved arrangements
for maternity leave. Another health authority speaker (Time
Management) was felt to be making unreasonable demands by
two respondents in requiring them to record work activities
on diary sheets at half hourly intervals for two weeks prior
to the course. No other critical comments were made,
confirming Knowles' (1978) view, that adults are committed
to learning activities if they see the relevance of the new
material.

These outcomes give rise to recommendations, to
be made in Chapter 6, section 6.3, regarding selection of
speakers with appropriate skills in addition to subject
knowledge. Gibbs and Durbridge (1976), cited in Jarvis
(1983), list twenty-four competences sought in part-time
Open University lecturers which may provide a useful
measure.

c)   Individual projects

Details of project completion were sought as additional
evidence of the effects of education on the respondents'

working practice, because the projects were supposed to be action centred rather than theoretical in nature.

As shown in Chapter 1, Figure 1, the continuing education model stipulated individual project work by every nurse attending modules from II upwards. Projects are an example of a student-centred learning method in which what is learnt and the pace at which learning occurs is controlled by the student (E.N.B. 1987). The assumption was made in designing the continuing education model that a certain amount of background reading would be necessary in preparing for project work. Guidance on the choice of suitable topics, included in the calendar of educational events, did not cover the process to be followed in carrying out the work. There was little evidence of preparatory reading in practice. Many nurses were unaware of the importance of even a limited review of literature (Seaman 1987) as the basis for project work, embarking on ambitious projects with no knowledge of previous work which might have informed their efforts. This apparent ignorance of the principles and process of project work may be the key to the poor completion rate (30%), shown in Chapter 4, Table 10. Nine of the thirty-three original respondents left the district before the period for project work elapsed, leaving fourteen uncompleted projects. These fourteen respondents indicated their intention of completing their work within three to six months, but no further reports of completed projects were received after the data collection period ended.

Completed projects were of a good standard and in nine cases
had an effect on the working environment, which was the
overall aim. The exception was a comparison of regional
staffing norms with the nursing establishment figures of the
participant's small hospital. Shortfalls were demonstrated,
but money was not available and there were recruitment
problems. This was a discouraging experience for the nurse
concerned, as the topic was suggested by her manager.
The distribution of completed projects is interesting in
that three were at Module IV level, staff nurses with
potential to become sisters; two were at Module V level,
recently appointed sisters; five were at Module VI level,
senior sisters in post more that two years. Reasons for
this pattern may lie in the differing work responsibilities
and career stages of the respondents. Staff nurses at
Module IV level have a less onerous managerial role than
ward sisters and their clinical skills are well developed.
They may be in a position to devote more time and attention
to project work. If promotion opportunities arise, a
completed project with demonstrable effects on the working
environment could be included in the curriculum vitae and
discussed at interview.
Neither of the two senior enrolled nurses completed their
projects after Module IV. Enrolled nurses receive little
preparation for a managerial role, only rarely does an
enrolled nurse attend a module higher than III. Thus the
topics identified may not have been within their skills.

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One of these respondents suffered extended sick leave during

the data collection period, which probably affected her

interest in and ability to pursue project work.

At Module V level, the recently appointed sister is

grappling with a complex and demaanding role. There may be

management problems in plenty to tackle, but little time or

energy to spare. Support and guidance from the senior nurse

manager would be particularly helpful to sisters at this

level (Lathlean and Farnish 1986). One of the successful

Module V sisters emphasised the value of her manager's

support in carrying out her project, building a team out of

a group of newly appointed nurses, when she herself was new

to the role and to the ward (King 1989).

The more senior sisters at Module VI level are secure in

their positions, only one planned a career move (see Chapter

4, Table 13). They have more control over their time at

work, enabling attention to be devoted to a problem which

interested them. However, the nature of Module VI projects

may not have been compatible with work, critical reading and

study being more likely to be done outside duty hours. Of

the sisters who completed Module VI projects one was a

graduate and two were diplomates. However, two had only

basic nursing qualifications indicating that motivation and

support may be as influential in project completion as

previous educational qualifications.

Measures to provide more effective guidance on topic

selection, and on the principles and process of project work

will be proposed in Chapter 6, section 6.2.

d)   Teaching skills workshop

The workshop was included in the evaluation study because of
the importance placed on the teaching role of the ward
sister in the literature studied (Briggs 1972; Orton 1971;
Fretwell 1982; Ogier 1982 among others). However, as noted
in section 5.2 only four of the thirty-three participants in
the study attended a Teaching Skills Workshop. Previously
the workshops had been well supported, by managers and by
nurses. The lack of support for the workshop will now be
explored.

The data collection period for this study coincided with the
publication of radical new proposals for reform of basic
nurse education, Project 2000 (U.K.C.C.1986). As part of
the preparation of trained nurses for their role in teaching
and assessing the new supernumerary learners during clinical
placements, the E.N.B. published the outline curriculum for
a new nationally recognised course. The curriculum was
based on research findings about student nurses' learning in
the clinical areas (Orton 1981; Fretwell 1982; Ogier 1982).
In the health authority where this study took place the
first of the new fifteen day courses, entitled Teaching and
Assessing in Clinical Practice, Course 998, began in
September 1987. Enquiries about booking places began nearly
a year in advance. There were twelve places on these
courses, which were to run on a continuous basis, in
January, May and September each year.

That the new course was more attractive to trained nurses

than the three day workshop is evident from the demand for

places, which mirrored similar demand for places on the

modular development programme two years earlier, in 1984.

There were several reasons for the interest in pursuing

teaching skills training at that time. Approval of schools

of nursing by the E.N.B. notes the numbers of trained nurses

in each clinical area who have attended Course 998. The

health authority was selected to be a demonstration district

for Project 2000, so clinical staff had to be prepared

quickly for their new role. Advertisements for sister's

posts began to imply an advantage to those who had attended

Course 998. Nurses, mindful of their career prospects,

sought to attend Course 998 at the earliest opportunity.

Course content was also an important factor. Course 998

addressed the subject of teaching in more depth than was

possible in three days, specifically in relation to the

clinical areas. It also prepared nurses to become

assessors, rendering another in-service workshop obsolete.

Course 998 stressed the importance of nursing research

findings as the basis for practice and teaching, albeit at a

basic level. Teaching practice was supervised and assessed,

and two items of written work were required for assessment.

The course was nationally recognised and therefore

attractive to nurses and managers. Both groups transferred

their support from the in-service workshop to Course 998.

No sessions in the workshop were observed because the only

session not taught by the tutor/evaluator was about the use
of audio-visual aids and equipment, taught by a member of
the technocal support staff. This person objected to being
observed on the grounds that he was not a teacher. The
objection is not surprising in the light of respondents'
comments about the session, that tutorial staff were
criticised by the speaker for unskilful use of the aids and
equipment demonstrated.

Learning needs and the context of the workshop were quite
different from those obtaining when the continuing education
model was devised. The workshop was re-designed early in
1987 to meet the needs of a multidisciplinary group, and was
re-titled Teaching and Presentation Skills. It retains
relevance for nurses working in areas not used for
supervised clinical placements for learner nurses.

5.4 Changes planned and/or achieved in working practices

The second of the two main aims of this study was to
determine whether the course members were enabled by the
experience to put into practice anything they had learned.
The first aim, course evaluation, was discussed in sections
5.2 and 5.3. Data about changes planned and/or achieved by
the participants were obtained from self-completed postal
questionnaires. The advantages and disadvantages of this
method were discussed in section 5.2.

Provision of in-house continuing education is costly, in
terms of education staff and physical resources. Nurses
absent on courses may have to be replaced by agency staff,

with cost implications. Evidence of impact on working

practice is helpful in justifying these costs in the

continuing climate of financial stringency prevailing in the

National Health Service. There is local evidence that a

comprehensive in-house programme is helpful in attracting

high quality applicants for posts, when such staff are in

short supply.

Table 21 compares changes planned by the course member

participants one month after the courses with changes they

achieved by the sixth month after the courses. Changes in

working practice in communication and interpersonal

relationships, shown in Chapter 4, Tables 15 and 16, are

omitted from Table 21 because the numbers of changes

achieved (fifty-five) and combinations of

patients/clients/relatives/colleagues involved distort the

figures shown in Table 21.

Table 21   Summary of changes planned and achieved per
                module, excluding Communication and
                Interpersonal skills

P = Planned   A = Achieved

Module		IV		V		VI	
Number of respondents		10	8	6	7	8	8
		P	A	P	A	P	A
Number of changes		34	21	24	29	28	23

Post-course follow-up varied between managers and according to workload prevailing at the time so decisions about changing their working practice appear to have been made by the course members themselves. The respondents varied in their capacity to achieve the changes planned. Module V respondents achieved change in excess of that planned, indicating that they were more secure in the new role and exerting their influence upon the work situation by the sixth month after the course. The courses may have opened their eyes to the possibilities of changes not previously perceived.

Module VI respondents achieved a higher proportion of planned changes than Module IV respondents suggesting that greater experience leads to more realistic planning. The senior sister's authority to effect changes in her own and other peoples' working practices, is also greater than the staff nurse's.

Numbers of changes planned and achieved per respondent are shown in Table 22, on the next page.

Table 22 Changes planned and achieved by each respondent

QNR = Questionnaire not returned   P = Planned
-- = No respondent with that number   A = Achieved

Module		IV		V		VI
		P	A	P	A	P	A
Respondent 1		8	QNR	3	5	4	3
"	2	4	3	5	QNR	3	1
"	3	4	3	3	1	3	3
"	4	QNR	2	–	–	4	5
"	5	QNR	1	QNR	5	5	3
"	6	2	2	5	5	–	–
"	7	5	5	QNR	4	1	1
"	8	3	QNR	–	–	–	–
"	9	1	QNR	5	4	5	4
"	10	0	2	3	5	3	3
"	11	3	QNR	–	–	–	–
"	12	4	3	–	–	–	–

The outcomes of the managers' assessments (see Chapter 4,

section 4.3) appear to confirm these responses by assessing

the course members' performance in a range of managerial and

teaching competences. It is recognised by the writer, and

by others engaged in evaluation of similar programmes

(Lathlean and Farnish 1984; Dodwell and Lathlean 1987;

Cervero 1985) that influences other than the educational

experience may play a part in course members' decisions to

make changes in their working practice. One of the Module

IV participants showed awareness of this when she remarked,

six months after the course, "I'm not sure if these changes

are due to the course or to greater experience, probably

both."

However, it is argued that credence can be accorded to the

course members' evaluation of the educational experience

and its subsequent effect on their working practices because

they themselves made the connection between the two,

endorsed by their managers.

In this chapter every aspect of the learning experience has

been examined, from the perspectives of the senior nurse

managers, the course members and the tutor/evaluator.

The next chapter presents conclusions drawn from these

results. Recommendations based upon the findings,

and upon literature cited throughout the thesis, will be

made. Finally, areas for further research indicated by the

results of this study, will be identified.

CHAPTER 6   CONCLUSIONS AND RECOMMENDATIONS

Five senior nurse managers and thirty-three course members
participated in this study.   The course members included
two senior nurse managers - one managing a small unit, one a
small project team; twenty sisters - of whom two were
midwives working at sister grade; nine staff nurses; and two
senior enrolled nurses.   Twenty-eight nurses completed
post-course questionnaire one, twenty-four completed
post-course questionnaire 2.   Eighteen nurses completed all
three questionnaires.

The conclusions and recommendations in this chapter arise
from the literature reviewed and from analysis of the data
collected.   The experience of co-ordinating and teaching the
modular development programme has also influenced the
recommendations, in respect of knowledge of practicalities
which impinge upon continuing professional education in the
health district.   However, in enumerating the advantages of
multiperspective evaluation as an approach, Melton and
Zimmer (1987) did not see it as providing definitive
conclusions.   Rather, they perceived it as a "natural
pre-requisite from which more quantitative studies may
arise".   Reflecting this view, this case study concludes by
identifying areas for further research, arising from the
outcomes of the evaluation study.   The chapter is divided
into the sections listed on the next two pages.   Each
section includes discussion of the recommendations and
research proposals cited under each heading.

6.1 Matters pertaining to senior nurse managers

Recommendation 1

That staff appraisal and performance review be linked to selection and nomination of staff for continuing professional education.

Recommendation 2
That the rationale for selection and nomination of staff for continuing education be made explicit to the course tutor.

Recommendation 3
That Kiener's (1989) model for programme delivery be utilised to support managers and staff in decision-making about continuing professional education opportunities.

Recommendation 4
That senior nurse managers be represented on course management committees.

6.2 Matters pertaining to course members

Recommendation 5
That all courses be preceded by a planning and briefing day.

Recommendation 6
That written reports of completed projects be submitted.

Recommendation 7
That a mentor/preceptor be nominated for every newly appointed ward sister, and subsequently for all participants in continuing professional education.

Recommendation 8
That post-course peer support and networking groups be established.

6.3 Matters pertaining to the outline curriculum within the continuing education model; course programmes and course delivery

Recommendation 9
That a curriculum review team be established to revise the outline curricula for each module.

Recommendation 10
That every course programme include strategies for linking theory to practice, to facilitate incorporation of new knowledge and skills into working practice.

Recommendation 11
That curricula vitae of visiting lecturers be examined to
ensure subject expertise and teaching skills appropriate to
adult professional learners.

6.4 Matters pertaining to course management and course evaluation

Recommendation 12
That the curriculum review team (see recommendation 9,
above) become the course management team, with
responsibility for course review and evaluation.

6.5 Areas for further research

Research proposal 1
A survey of alternative models for ward sister education.

Research proposal 2
A longitudinal study of career patterns of participants in
this model for continuing professional education.

Research proposal 3
A survey of selection methods used by senior nurse managers
in similar sized health districts to identify candidates for
continuing professional education.

6.6 Concluding discussion

6.1 Matters pertaining to senior nurse managers

The pre-course interviews with senior nurse managers

demonstrated their strong support for the modular

development programme, in the face of limited understanding

of the aims and expected outcomes of the courses within it

(see Chapter 4, section 4.1).

There was no evidence of their involvement in the design of

the continuing education model or the content of the

individual course programmes, as recommended by the E.N.B.

(1988). Despite health authority guidelines (1986) and a

policy statement (1987) delineating managerial

responsibility for identifying learning needs and evaluating

the impact of training (education) upon working practice,
their support for, and facilitation of, post-course project
work and incorporation of new knowledge into working
practice by the course member participants in this study was
variable (see Chapter 4, section 4.4).

Whilst Houle (1981) and Kiener (1989) believe that
professionals are ultimately responsible for their own
competent performance, Peden et al (1990) draw on a number
of American studies which endorse their assertion that
supervisors' (managers) support for nurses attempting to
incorporate new knowledge and skills into their practice is
essential.

Recommendation

1.   To fulfil the requirements of health authority policy
regarding mangerial responsibility for planning and
monitoring the effects of continuing professional education,
that staff appraisal and performance review (W.H.A.1986) be
linked with selection and nomination of nursing staff for
continuing professional education opportunities.

This would involve managers and nurses in joint
decision-making in identifying learning needs and
priorities, and in evaluating learning outcomes.

Recommendation

2.   That the manager's rationale for nominating a
particular nurse be made explicit to the nurse and to the
course tutor.

This is important whether the aim is for remedial education

or to develop potential high flyers.

Recommendation

3.   That Kiener's (1989) model for programme delivery, (see Chapter 2, section 2.6) be utilised to provide managers with effective information for decision-making.

The model has been shown to be effective in an American university hospital setting, and there seems no prima facie reason why it should not be adapted for use in the National Health Service.   It includes pre-course overview and awareness sessions for managers and administrators.   The aim of these sessions is to stress the relevance of the course content to the organisation's mission; compatibility with current practice; likely outcomes; and cost/benefit factors. These factors will be examined in turn to discern their relevance to continuing professional education.

i)   The mission

One of the effects of the advent of general management in the National Health Service (Griffiths 1983) has been that health authorities have produced mission statements and five year development plans, supplemented with annual plans and organisational objectives.   The district health authority where this study took place reflects the organisational objectives in its policy (1987) for staff education and development.   The salient feature of the policy statement is that all training (education) must be carried out in accordance with plans devised from systematic analysis of

corporate and individual needs.

ii)   Compatibility with current practice

This aim is particularly important in the context of
continuing professional education, and of Knowles' (1970)
view of the importance of relevance to adults embarking on
a learning programme. In the evaluation study the
failure by some managers to facilitate changed practice
and project work by their staff could be attributed to
conflict with their own perception of current practice. An
example is seen in the experience of one Module VI sister
who tried (and failed) to introduce the nursing process to
the operating theatre.

iii) Likely outcomes

Kiener discussed outcomes in terms of those intended by the
educationists offering the continuing education programme.
It is argued that greater benefit would ensue from
incorporating the learning needs (Knowles 1978) and desired
outcomes of participants and their managers (W.H.A. 1986)
into the programme, so the model would need to be adapted to
take account of these factors.

iv)   Cost/benefit factors

As in item (i) above, these considerations flow from general
management (Griffiths 1983) and consequent tighter budgetary
controls. The models developed to measure quality and costs
in patient care could inform educationists in developing
statements of this kind. Further supporting evidence for

measurable standards and careful costing of education is
provided by Balogh and Beattie (1989).

Recommendation

4.   To overcome the problem of lack of ownership and
involvement of senior nurse managers in the continuing
education programme, senior nurse managers should be
represented on the course management committee, as
recommended by the E.N.B. (1988). This recommendation will
be discussed more fully in section 6.4.

6.2 Matters pertaining to course members

The pre-course learning objectives defined by the course
members were of a general nature, lacking outcome measures.
Post-course plans for applying new knowledge and changing
working practice were more clearly expressed, showing a
constructive approach to problem-solving (see Chapter 4,
section 4.3). A considerable number of planned changes were
achieved within six months of course attendance (see Chapter
4, Tables 15 and 16; Chapter 5, Table 22), claims which were
confirmed by the senior nurse managers. Projects were
completed by 30% of respondents.

Managerial support in implementing change and carrying out
project work was variable (see Chapter 4, section 4.4),
though seen as essential by Peden et al (1990), who cite
supporting evidence from a number of American writers.

A high level of satisfaction with the content and
presentation of sessions within the courses was shown (see
Chapter 4, Tables 5,6 and 7), particularly by Module VI

participants, one of whom was unable to name any omissions from the programme because she had been consulted about the course content.

Recommendation

5.   To ensure a student-centred approach, as advocated for adult learners by Rogers (1969) and Knowles (1978), and enable individual learning needs to be met, that each course be preceded by a planning and briefing day, as provided in the continuing education model for Modules IVa and VI.

The aims of the planning day to be

i)   To complete an exercise to help course members identify their preferred learning styles (Partridge 1983; Kolb 1984).

ii)   Learning needs and objectives arising from appraisal and performance review (W.H.A. 1986) to be identified by managers and used by course tutors as the basis for the course programme.

iii) Project topics and action plans to be agreed between course members and managers as stated in health authority policy (W.H.A. 1986).

iv)   Learning contracts (Rogers 1969; E.N.B. 1987) to be agreed between course members and tutor, based on the outcomes of i), ii) and iii) above. Resources and/or facilitators for learning contracts to be identified and written into the contract, with review dates. Contracts should be completed within six months of course attendance. Copies of the contract to be kept by course member, tutor and manager, signifying agreement and support of all three

parties to the work involved. Both Whittaker (1984) and

Keyzer (1986) found that, while learning contracts were

time-consuming at first due to inexperience in their use,

relationships between clinical and tutorial staff improved

as a result of both groups' involvement in contract

facilitation. This was found to apply in both basic and

continuing nurse education.

v) The library visit to include an exercise designed to

guide the course members to literature and sources relevant

to project work, to overcome the problem of project work

unsupported by reference to literature (see Chapter 5,

section 5.3). As Sheehan (1985) observed, finding out what

other people have written about the subject one is

interested in, is a vital part of the process of inquiry.

Recommendation

6. To enable maximum benefit to all health authority staff

from completed projects, that course members submit a

written report (200 words) to the course tutor including the

aims and outcomes of completed projects, within one month of

completion of the work.

i) A file containing these reports to be placed in the

Education Centre Library as a resource for all staff.

ii) Each nurse to retain copies of the project report, the

course programme and learning contract, as part of the

personal profile of refreshment activities (U.K.C.C. 1990).

The value of an experienced ward sister acting jointly with

an educationist as preceptors to the recently appointed
sister was demonstrated in the findings of the study of a
ward sister training scheme carried out by Lathlean and
Farnish (1984). Benefits such as increased confidence, more
effective decision-making and improved communication skills
were cited. Farnish (1983) had found that many experienced
sisters had learned on the job, by trial and error.
Unacceptable as a method of preparation for a complex role
in the past, this situation is completely untenable in the
context of the increasing workload and managerial
responsibility which is the lot of the recently appointed
ward sister. It would seem sensible to utilise the hardwon
skills of the experienced sister in helping to prepare
today's neophytes. The educationist has a facilitative role
in the triad, the vital element being the practical
knowledge of the experienced sister. Some preparation for
the role will be necessary unless the senior sister is able
to transfer skills developed through her work with learner
nurses. Managerial recognition of the value of the
commitment and the time involved is essential (Lathlean and
Farnish 1984).

Recommendation

7. That a mentor or preceptor be identified in the
workplace, initially for recently appointed ward sisters,
but eventually extending to include all course members, with
the aims of

i) Acting as role model in the development of managerial

skills (Pembrey 1980; Bracken and Davis 1989).

ii)   Supporting and facilitating project work and
incorporation of new knowledge and competence (Lathlean and
Farnish 1984).

iii) Leading the course member from a state of knowing after
the education, through observation, to "reflection in
action" where analysis of knowledge takes place (Schon 1987;
Houle 1981).

Recommendation

9.   To further strengthen arrangements for post-course
support for nurses attempting to incorporate new knowledge
and skills into their practice, that tutorial staff
implement the third element of Kiener's (1989) model, the
establishment of post-course peer support and network
mechanisms.

Kiener (1989) argues that post-course peer support enables
nurses to share successes and problem-solve challenges as
they try to change working practices subsequent to
education.   Another dimension is proposed by Cervero (1985),
who found that the social system within which a nurse
operates was an influential variable affecting the potential
for behavioural change after education.   Peer support could
form an important part of a nurse's social system.

6.3   Matters pertaining to the outline curriculum within the
      continuing education model; course programmes and
      course delivery

The outline curriculum for the continuing education model
was shown to be broadly effective in meeting the continuing

professional education needs of nursing staff at the level

of the staff nurses and ward sisters who participated in

this study, in terms of preparation for, and development in,

their managerial role, see Chapter 4, sections 4.2 and 4.4.

It was not effective in terms of the teaching role, because

of poor attendance (see Chapter 4, section 4.2), arising

from changes in the requirements of this role. Learning

needs arising from this changed role are met through a

nationally recognised course, see Chapter 5, section 5.3.

Decisions about incorporating new knowledge into working

practice and effecting changed behaviour after the courses

were shown to be largely at the discretion of course members

(see Chapter 4, section 4.3), influenced by the social

support system within which the participants operated -

reflecting three of the four variables identified by Cervero

(1985).

Some respondents indicated that the balance of time devoted

to different topics within the course programmes required

adjustment (see Chapter 4, section 4.2).

Visiting lecturers were shown, through observation of

sessions, (see Chapter 4, Table 8) to be less likely than

health authority staff speakers to use an andragogical model

for teaching and learning, advocated by Knowles (1978).

Recommendation

9.   To address the problems inherent in up-dating an

established programme in a time of rapid contextual change,

that a curriculum review team be established to consider the

outcomes of this study and to revise the outline curriculum

for each module (E.N.B. 1988).

i)   The curriculum review team to include senior nurse

managers, education staff and past course members, in line

with E.N.B. recommendations (1988).

ii)   The outline curricula to be used as frameworks for

course programme planning, together with learning needs

(see recommendation 5(ii) above) identified by each group of

course members, to enable individual needs to be met and

ensure that session length is appropriate to content.   This

approach takes account of Houle's (1981) observation that

practising professionals experience different types of

learning need at different stages of career development.

Recommendation

10.   To facilitate post-course incorporation of new

knowledge and competence into working practice, that the

second component of Kiener's (1989) model for programme

delivery be utilised within the course programmes.   This

gives special emphasis to strategies to help participants

relate theory to practice.

A visiting lecturer in Module V was perceived as aggressive

and insulting (see Chapter 4, section 4.4), possibly due to

use of a teaching style developed in an industrial setting.

Recommendation

11.   To facilitate matching of teaching methods with

preferred learning styles (Houle 1981; Kolb 1984), that the

curricula vitae of visiting lecturers be examined in order

that subject specialists equipped with teaching skills
appropriate to adult professional learners be selected.

6.4 Matters pertaining to course management and course evaluation

The working document which provided the outline curriculum
for courses within the continuing education model omitted
reference to management or evaluation of the programme,
(see Chapter 1, section 1.7). The E.N.B. prescribe (1988)
that responsibility for course management and evaluation be
vested in a committee, constituted for this purpose, with
appropriate terms of reference.

It has been argued above (section 6.1) that exclusion of
senior nurse managers from the course development process
contributed to their poorly defined expectations of the
courses within the model. One senior nurse manager (see
Chapter 4, section 4.1) cited lack of course evaluation as a
weakness of the continuing education model studied here.
Literature reviewed in Chapter 2, section 2.5, suggested
that evaluation should inform every stage of curriculum
development (Wheeler 1967; Scriven 1967; E.N.B. 1987) and
delivery (Docking in Allan and Jolley 1987).

A research project initiated by the E.N.B. in 1987 aimed to
devise a nationally applicable data set for measuring
quality and performance in training institutions. The final
report (Balogh and Beattie 1989) includes a framework for
audit of in-house courses and modules.

Recommendation

12. To enable effective and responsive course management
and evaluation, that the curriculum review team, having
completed development of new outline curricula, become the
course management team (E.N.B. 1988). This body has a
similar role to that of boards of studies in higher
education settings (C.N.A.A. 1989). The terms of reference
to include responsibility for monitoring standards by course
review and evaluation, utilising the auditing framework
proposed by Balogh and Beattie (1989).

6.5 Areas for further research indicated by the findings of this study

This case study was designed to evaluate three modules and
one workshop designed to prepare and develop the ward
sister's knowledge and skill in her roles as manager and
teacher. These courses formed part of a continuing
education model for nursing staff development, which was
intended to include individual role-based training and
individual projects, linked to course attendance.

As a qualitative study, centred upon the views of the
participants and their managers, the results could serve as
a precursor to quantitative study (Dewey 1903, cited in
Melton and Zimmer 1987). However, due to the relatively
small number of qualified nurses employed in the health
district (see Chapter 1, section 1.1) and the even smaller
number of participants in continuing professional education,
quantitative studies would have to extend into other health

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districts to gain access to a larger population.

Research proposal

1.   To identify elements missing from the continuing

education model studied here, a survey of models of ward

sister education in similar sized health districts. The

survey should initially focus on models developed from the

regional proposals outlined in Chapter 1, section 1.4

(W.R.H.A. 1984).

Advantages other than cost related factors may accrue from

joint initiatives with similar sized districts. The small

numbers participating in the courses studied here are not

untypical. Nevertheless, the multidisciplinary group was

valued as a learning resource by the participants (see

Chapter 4, section 4.2) and supported by literature

(National Staff Committee 1981).

Quantitative study of the outcomes of continuing

professional education is difficult in a small health

district with relatively few professional staff, such as the

setting for this evaluation study (see Chapter 1, section

1.1). An alternative strategy worthy of consideration is a

longitudinal study with the aim of investigating the

subsequent career patterns of nurses who have participated

in continuing professional education within the model

evaluated in this case study, during a period of employment

in the health authority.

Research proposal

2.   A longitudinal study (Seaman 1987) to follow up nurses

who participated in continuing professional education while employed in the health district. To compare the career patterns of individuals who have experienced different models of continuing professional education. To identify causative factors in subsequent career development.

The methods used by senior nurse managers in this study to identify candidates for continuing professional education appeared to be rather haphazard (see Chapter 4, section 4.1). As part of the planning phase of this evaluation study, in 1985, a visit was made to the education department of a major multi-national company to explore the model used for management training. It was interesting to discover a model with strong similarities to the continuing professional education model studied here, with similar problems in impact evaluation. Five years later, in the same company, a systems approach to education (SATE, IBM UK 1989) is well established, with similarities to Kiener's (1989) model, discussed in section 6.1 above. A notable extension to Kiener's model, however, is the requirement in SATE for managers actively to seek candidates with management potential, for accelerated development. If applied in the health service, one of the largest employers in Europe, this approach could motivate and capitalise upon one of the service's most valuable resources - the staff. While recommendations have been made in section 6.1 of this chapter to address the absence of a systematic approach to selection for continuing professional education,

a survey to explore the methods used by senior nurse
managers in this and other health districts to

i)   identify potential managers, teachers and clinical
nurse specialists among their staff

ii) accelerate the development of these nurses

iii) ensure that appropriate education is offered to them at
the right stage in their careers

could produce worthwhile data enabling construction of a
framework for ensuring that expensive education is not
indiscriminately provided.

Research proposal

3.   A survey to discover methods used by senior nurse
managers in health districts matched for size of population
and numbers of professional staff employed to identify
suitable candidates for accelerated career development and
associated continuing professional education.

6.6 Concluding discussion

The continuing education model was intended to meet the
needs of every nurse for personal and professional
development at every stage in her nursing career. Jarvis
(1983) observed that while both personal and professional
growth may occur in continuing education, they are not
necessarily synonymous. The strengths and weaknesses of the
model have been explored in this study, which hypothesised
that this model of continuing education is effective in
relation to the ward sister's performance in her roles as
manager and teacher. Research findings, literature and the

data obtained in the evaluation study have been analysed and evaluated, and integrated into this thesis as the basis for the recommendations made in this chapter.

The outcomes of this descriptive case study indicate that the model is effective in relation to the managerial role, to a greater or lesser extent for individual nurses. In theory, the model provided for individual support and guidance in the workplace, the need for which is demonstrated in the findings of this study. In practice, this important element of the model was not workable and an alternative strategy has been proposed. The model has been shown as ineffective in relation to the teaching role, due to changes in the requirements of this role. The learning needs arising from this changed role are met through an externally validated course.

Taking external variables in the organisation and the changing climate of health care into account, the outcomes of this evaluation study offer a base for research into alternative models for ward sister education; the selection of candidates for continuing professional education; and evaluation of the subsequent career patterns of participants in such education.

The framework and methodology used for this case study may have relevance in evaluating similar continuing professional education programmes for nurses and for other professional groups. The emphases on designing programmes to meet identified learning needs; on course members setting and

evaluating their desired outcomes; and evaluating the impact

of the education on professional practice are congruent

with the ideology permeating both health care and education

at this time - value for money.

Further educational innovations to meet the continuing

professional education needs of nurses and the objectives of

the health authority will require joint initiatives between

educationists and service managers, and joint participation

in evaluation.

APPENDICES

The layout of the questionnaires in Appendices 8, 10 and 11
is condensed. Ample space was provided for responses and
comments in the originals.

MODULE IV   COURSE PROGRAMME

January 1987
June   1987

Monday

9.30 - 10.15

Introduction to course and course members

Aims   To familiarise course members with the house
arrangements. To identify common problems at work and
discuss members' expectations of the course.

10.15 - 10.30   COFFEE

10.30 - 12.30

The District Plan

Aims   To explain how the district plan is formulated.
To examine the content of the plan and it's relevance to
course members.

12.30 - 1.30   LUNCH

1.30 - 4.00

Introduction to Health Service Accounting

Aims   To introduce the methods of accounting used in the
Health Service and the district.

Tuesday

9.00 - 4.00   Management in Action

Aims   To determine how the manager can achieve the best
results through the efforts of the whole team.
Leadership, delegation, motivation, target setting,
monitoring performance, decision making and consultation
will be discussed.

Wednesday

9.00 - 4.00   Communication and interpersonal skills

Aims   To explore the role and responsibilities of the
manager as a communicator. To examine the problems involved
and ways of overcoming these problems.

1

Thursday

9.00 - 12.00   Effective writing skills

Aims   To enable members to examine their personal style.
To develop skill in concise use of language.

12.00 - 1.00   LUNCH

1.00 - 4.00   Effective reading skills

Aims   To demonstrate and practice techniques by which
reading speed may be increased without loss of
comprehension.

Friday

9.00 - 12.00   Meetings

Aims   To enable course members to make effective use of
time at meetings, both as initiator and participant.

12.00 - 1.00   LUNCH

1.00 - 4.00   Making a case:
                project action plans

Aims   To develop the specific skills required in order
to present a case at various levels within the organisation.

_____

There will be a course review and project presentation day
three months after the course. The date to be agreed
between course members and course tutor.

MODULE V   COURSE PROGRAMME

February 1986
February 1987

<u>Day 1</u>

9.30 - 10.15

Introduction to course and course members

Aims   To familiarise course members with house
arrangements. To identify common problems at work and
discuss members' expectations of the course.

10.15 - 10.30   COFFEE

10.30 - 12.00

Clinical budgeting

Aims   To define the aims and processes of clinical
budgeting. To explore implications for ward based staff.

1.00 - 4.00

Information technology in the Health service

Aims   To present the new technology extending to all
parts of the district. To demonstrate aspects relevant to
course members.

<u>Day 2</u>

9.00 - 12.00

Legal aspects of employment

Aims   To present a practical approach to employment law.
To discuss implications for those involved in staff
selection.

12.00 - 1.00   LUNCH

1.00 - 4.00

Recruitment and staff selection

Aims   To discuss the principles and theories of
selecting the right person for the job. To prepare for
practical interview session.

<u>Day 3</u>

9.00 - 12.00

Group and role theory

Aims   To explore these theories and identify aspects of significance to managers.

12.00 - 1.00   LUNCH

1.00 - 4.00

Interviewing: practical session

Aims   To carry out mock interviews in small teams. Each team will interview three candidates. To reflect on and discuss these experiences.

Day 4

9.00 - 4.00

Communication and interpersonal skills

Aims   To explore specific problems using case studies, role play and discussion.

Day 5

9.00 - 4.00

Problem solving and decision making

Aims   To discriminate between a variety of approaches, appropriate to different situations and settings.

Day 6

9.00 - 4.00

Assertiveness skills

Aims   To demonstrate and practice a variety of techniques, appropriate to different situations and settings.

Day 7

9.00 - 12.00

Management of time

Aims   To examine members' use of time at work through analysis of diaries kept prior to the course.

4

12.00 -1.00   LUNCH

1.00 - 4.00

Management of stress and anxiety at work

Aims   To enable members to recognise these problems and
identify various coping strategies.

Day 8

9.00 - 12.00

Team leadership

Aims   To identify characteristics of a successful team
leader. To develop leadership skills.

12.00 - 1.00   LUNCH

1.00 - 4.00

Individual project action plans

Aims   To clarify and refine project aims, to facilitate
preparation of manageable plans.

- -

There will be a course review and project presentation day
three months after the course. The date will be negotiated
between course members and course tutor.

MODULE VI   PLANNING AND BRIEFING DAY PROGRAMME

January 1986
January 1987

9.0 - 10.0   Welcome and introductions
                 Ice-breaking exercise
                 Aims of the day

10.0 - 10.15   COFFEE

10.15 - 11.45   Small group work - each person to

                 a)   describe own job

                 b)   identify job-related learning needs

                 c)   jointly, compile a group list of
                       learning needs to be shared in plenary

Groups will be in separate rooms. Discussion and activity
within groups will remain confidential. Mrs Race will
circulate to facilitate the group activity.

11.45 - 11.50   SHORT BREAK

11.50 - 1.0   Plenary discussion
                 Learning needs lists will be amalgamated and
                 the course programme planned.
 Please note - some negotiation may be necessary.

1.0 - 2.0   LUNCH

2.0 - 3.0   Group 1   Library visit - resources and
                            services available

                 Group 2   Project planning

3.0 - 4.0   Groups reversed

4.0   FINISH

MODULE VI   COURSE PROGRAMME

February 1986

<u>Monday</u>

9.0 - 10.0   Review learning needs lists
                  Individual project action plan reports

10 -10.15   COFFEE

10.15 - 12.0   The district plan - formulation and content

12.0 - 1.0   LUNCH

1.0 - 2.0   The role and responsibilities of
                  the district general manager

2.0 - 4.0   Clinical budgeting - implications for ward
                  sisters

<u>Tuesday</u>

9.0 - 12.0   Management roles post "Griffiths"

12.0 - 1.0   LUNCH

1.0 - 4.0   Management styles and staff motivation

<u>Wednesday</u>

9.0 - 4.0   Communication and interpersonal skills

<u>Thursday</u>

9.0 - 4.0   Time management - analysis of pre-course
                  diary sheets

<u>Friday</u>

9.0 - 12.0   Developments and current issues in health
                  care

12.0 - 1.0   LUNCH

1.0 - 4.0   Management seminar - representatives from
                  Works   Linen
                  Pharmacy   Supplies
                  will explore and resolve problems
                  experienced by course members

Course review and project presentation day will take place
six months after the course. The date to be agreed.

MODULE VI   COURSE PROGRAMME

February 1987

<u>Monday</u>

9.0 - 10.0   Review learning needs lists
                  Individual project action plan reports

10.0 - 10.15   COFFEE

10.15 - 4.0   Team leadership

<u>Tuesday</u>

9.0 - 12.0   Relationships at work

12 - 1.0   LUNCH

1.0 - 4.0   Interviewing skills - in the
                  context of staff appraisal

<u>Wednesday</u>

9.0 - 12.0   Financial matters -
                  budget setting
                  making bids
                  cost cutting

12.0 - 1.0   LUNCH

1.0 - 4.0   Communication skills

<u>Thursday</u>

9.0 - 4.0   Information technology

<u>Friday</u>

9.0 - 4.0   Time management - including analysis
                  of pre-course diary sheets

Course review and project presentation day will take place
six months after the course. The date to be agreed between
course members and tutor.

TEACHING SKILLS WORKSHOP   PROGRAMME

April and November 1986
April and November 1987

Monday

9.0 - 10.0   Welcome and introductions
                  Expectations of the workshop

10.15 - 10.30   COFFEE

10.30 - 12.30   How people learn

12.30 - 1.30   LUNCH

1.30 - 3.0   An overview of teaching methods

3.0 - 3.15   TEA

3.15 -4.30   Using audio-visual aids

Tuesday

9.0 - 3.0   Teaching methods -
                  Lecture/talk
                  Discussion/group work
                  One-to-one

3.0 -3.15   TEA

3.15 - 4.30   Planning and evaluating teaching

Wednesday and Thursday

Back at work. Plan micro-teaching session

Friday

9.0 - 3.0   Micro-teaching

3.15 - 4.30   Motivation and blocks to learning
                  Course review

PRE-COURSE INTERVIEW SCHEDULE   MODULES IV, V   VI

SENIOR NURSE MANAGERS

1.   What do you think of the modular development programme
      in general?

2.   What do you think of Module IV   V   VI programme?
      What do you think of Module IV   V   VI aims?

3.   What made you decide to nominate Nurse_____
      to attend Module IV   V   VI

4.   What are his/her strengths?
      What are his/her weaknesses?

5.   What do you expect he/she will personally gain from the
      course?

6.   Do you expect any benefit for the ward?
      Do you expect any benefit for the hospital as a whole?

7.   What do you think he/she will contribute to the course?

MODULE IV   PRE-COURSE QUESTIONNAIRE
MODULE V
MODULE VI

Please do not write your name on this form.

Please tick (✓) the box which applies to you.

1.   Hospital   1 2 3 4 5 6 7 (pre-coded response)

2.   Type of ward   Geriatric [ ]   Theatres [ ]

                     Medical   [ ]   A & E   [ ]

                     Surgical [ ]   Other, please
                                           specify

Specialist surgery, please
 specify _____   _____

3.   What grade are you?

                     Sister   [ ]

                     Senior staff nurse   [ ]

                     Staff nurse   [ ]

                     Senior enrolled nurse   [ ]

                     Enrolled nurse   [ ]

                     Other, please specify _____

4.   Nursing qualifications

                     State Registered Nurse (or R.G.N.) [ ]

                     Enrolled Nurse   [ ]

                     Other qualifications (please list) [ ]

                     _____

                     _____

5.   Hours per week

                     Full-time   [ ]

                     Part-time, please state number of
                     hours per week _____

11

6. Sex   Female

                 Male

7. Age   20 - 25 years

                 26 - 30   "

                 31 - 35   "

                 36 - 40   "

                 Over 40   "

8. Time at present hospital

                 Less than 1 year

                 1 - 5 years

                 6 - 10 "

                 Over 10 "

9. Time on this ward

                 Less than 3 months

                 4 - 8 months

                 9 - 12   "

                 13 - 18 "

                 19 months - 2 years

                 Over 2 years

10. Have you found that basic nurse training has equipped
    you to carry out the work required of you in your
    present post?   Yes   No

11. Management training
    Have you attended   Yes   No

    a)   First line management course?
    Please state title and length of course in days

    --Yes   No

    b)   In-service training?
    Please state title and length of course in days

    ----

c)   Any other management course?   Yes   No

      Title and length in days

      _____

      None

12.   Teaching skills courses   Yes   No
      Have you attended

      a)   City and Guilds teaching course (no. 730)

      b)   Health Education Teachers' Certificate

      c)   In-service course
            Please state title and length in days

      _____

13.   Please list three things that you hope to learn through
coming to Module IV (V)   (VI)

      i)

      ii)

      iii)

OBSERVATION SCHEDULE FOR INDIVIDUAL SESSIONS WITHIN COURSES

1. Module

2. Date

3. Time of Session

4. Title of Session

5. Speaker - Health Authority staff/visiting lecturer

6. Number of course members

7. Aim of session

8. Teaching/learning method(s)

9. Participation by course members

    a) Whole group

    b) Majority of group

    c) One or two members only

    d) Throughout session

    e) Intermittently

    f) No participation
        - not included in the session
        - declined to participate, e.g. role play

10. Notes (link to item numbers above)

MODULE IV   POST COURSE QUESTIONNAIRE 1

Please do not write your name on the form.

Please tick (√) the box which applies to you.

Where comments are requested, please give as much detail as possible, continue on a separate sheet if necessary.

All this information will remain confidential.

1.   Did you receive all the information you required
      before starting the course?   Yes   No

      If not, what further information should have been
      provided?

2.   Which aspects of the course did you find particularly
      helpful?

3.   Which aspects of the course did you find least helpful?

4.   Were there any aspects you feel should be omitted from
      future courses?   Yes   No

      Please give details

5.   Are there any topics that you feel should have been
      included, which were not?   Yes   No

      If yes, please specify.

6.   Were there any methods of teaching which you did not
      find helpful?

      Lectures |___| Films/videos |___|
                                                        |___|
      Case study |___| Large group discussion |___|
                                                        |___|
      Role play |___| Small group work |___|
                                                        |___|
                                Games/simulations

Other methods, please specify_____

If so, why was this?

7.   Which methods of teaching did you find most helpful?

8.   Module IV was a multidisciplinary course - was the
      proportion of nurses

                                        Too small

                                        Too large

                                        About right

9.   Did the presence of non-nurses affect your
      learning in any way?   Yes   No

      If yes, please give examples.

The next section asks you to comment on specific topics
covered in Module IV and how helpful the course has been to
you in your present role.
Please give as much information as possible.

10.   Do you plan to make any changes in your working
      practices in
                                              Yes   No
      a)   Communication skills

            To senior nursing colleagues

            To junior nursing colleagues

            To medical colleagues

            To patients/clients

            To patients/clients' relatives

            To others, please specify

Please give details of planned changes.

b)   Interpersonal relationships

        With nursing colleagues

        With medical colleagues

        With patients/clients

        With patients/clients' relatives

        With others, please specify

Please give details of planned changes.

c)   Organisation of work

        Your own work

        Other team members

            trained nurses

            student nurses

            auxiliaries

            others, please specify

Please give details of planned changes.

    d)   Report writing

Please give details of planned changes.

    e)   Professional reading

        Use of the library

        Reading nursing journals

        Reading nursing books

Please give details of planned changes.

f)   Personnel policies and procedures

Yes   No

Lateness

Unsatisfactory work

Staff relationships

Insubordination

Other personnel problems

Please give details of planned changes.

g)   Management skills

Yes   No

Use of resources

Identifying problems

Identifying priorities –

in use of resources

in tackling problems

Please give details of planned changes.

h)   Meetings

Yes   No

Conducting meetings

Participating in meetings

Please give details of planned changes.

11.   Please add any other comments you wish to make about
      Module IV, or the project assignment.

Thank you for your co-operation, your help is very much
appreciated.

Please do not write your name on the form.

Please tick (√) the box which applies to you.

Where comments are requested, please give as much detail as possible, continue on a separate sheet if necessary.

All this information will remain confidential.

1.   Did you receive all the information you required
     before starting the course?   Yes   No

     If not, what further information should have been
     provided?

2.   Which aspects of the course did you find particularly
     helpful?

3.   Which aspects of the course did you find least helpful?

4.   Were there any aspects you feel should be omitted from
     future courses?

5.   Are there any topics that you feel should have been
     included, which were not?   Yes   No

     If yes, please specify.

6.   Were there any methods of teaching which you did not
     find helpful?

     Lectures   [____]   Films/videos   [____]

     Case study [____]   Large group discussion [____]

     Role play   [____]   Small group work   [____]

     Other methods, please specify_____

If so, why was this?

7.   Which methods of teaching did you find most helpful?

8.   Module V was a multidisciplinary course - was the
     proportion of nurses

     Too small   [____]
     Too large   [____]
     About right [____]

9.   Did the presence of non-nurses affect your
      learning in any way?

      | | |
      | Yes | No |
      | | |

      If yes, please give examples.

The next section asks you to comment on specific topics
covered in Module V and how helpful the course has been to
you in your present role.
Please give as much information as possible.

10.   Do you plan to make any changes in your working
      practices in

      a)   Communication skills   Yes   No

            To senior nursing colleagues

            To junior nursing colleagues

            To medical colleagues

            To patients/clients

            To patients/clients' relatives

            To others, please specify

Please give details of planned changes.

      b)   Interpersonal relationships   Yes   No

            With nursing colleagues

            With medical colleagues

            With patients/clients

            With patients/clients' relatives

            With others, please specify

Please give details of planned changes.

      c)   Selection of staff   Yes   No

            Trained staff

            Student nurses

            Auxiliaries

            Others, please specify

Please give details of planned changes.

    d)   Use of information technology

Yes	No

Please give details of planned changes.

    e)   Budgeting

        Use of resources

        Professional reading

Yes	No

Please give details of planned changes.

    f)   Management of time

        Yourself

        Other team members

Yes	No

Please give details of planned changes.

    g)   Management skills

        Problem solving

        Decision-making

        Assertiveness

        Team leadership

Yes	No

Please give details of planned changes.

    h)   Recognition and management of

        Stress

        Anxiety

        In yourself

        Other team members

Yes	No

Please give details of planned changes.

11.   Please add any other comments you wish to make about
Module V, or the project assignment.

Thank you for your co-operation, your help is very much
appreciated.

Please do not write your name on the form.

Please tick (√) the box which applies to you.

Where comments are requested, please give as much detail as possible, continue on a separate sheet if necessary.

All this information will remain confidential.

1. Did you receive all the information you required
    before starting the course?   Yes   No

    If not, what further information should have been
    provided?

2. Which aspects of the course did you find particularly
    helpful?

3. Which aspects of the course did you find least helpful?

4. Were there any aspects you feel should be omitted from
    future courses?

5. Are there any topics that you feel should have been
    included, which were not?   Yes   No

    If yes, please specify.

6. Were there any methods of teaching which you did not
    find helpful?

    Lectures   Films/videos

    Case study   Large group discussion

    Role play   Small group work

                                    Games/simulations

    Other methods, please specify_____

If so, why was this?

7. Which methods of teaching did you find most helpful?

The next section asks you to comment on specific topics covered in Module VI and how helpful the course has been to you in your present role.
Please give as much information as possible.

8.   Do you plan to make any changes in your working practices in

Yes	No

a)   Communication skills

      To senior nursing colleagues

      To junior nursing colleagues

      To medical colleagues

      To patients/clients

      To patients/clients' relatives

      To others, please specify

Please give details of planned changes.

Yes	No

b)   Interpersonal relationships

      With nursing colleagues

      With medical colleagues

      With patients/clients

      With patients/clients' relatives

      With others, please specify

Please give details of planned changes.

Yes	No

c)   Management of staff

      Trained staff

      Student nurses

      Auxiliaries

      Others, please specify

Please give details of planned changes.

		Yes	No
d)	Management skills		
	Problem solving		
	Decision making		
	Assertiveness		
	Team leadership		

Please give details of planned changes.

		Yes	No
e)	Management of time		
	Yourself		
	Other team members		

Please give details of planned changes.

		Yes	No
f)	Budgeting		
	Use of resources		
	Reading professional literature		

Please give details of planned changes.

11.   Please add any other comments you wish to make about
      Module VI, or the project assignment.

Thank you for your co-operation, your help is very much
appreciated.

Please do not write your name on the form.

Please tick (/) the box which applies to you.

Where comments are requested, please give as much detail as possible, continue on a separate sheet if necessary.

All this information will remain confidential.

1.   Did you receive all the information you required
      before starting the course?   Yes   No

      If not, what further information should have been
      provided?

2.   Which aspects of the course did you find particularly
      helpful?

3.   Which aspects of the course did you find least helpful?

4.   Were there any aspects you feel should be omitted from
      future courses?

5.   Are there any topics that you feel should have been
      included, which were not?   Yes   No

      If yes, please specify.

6.   Were there any methods of teaching which you did not
      find helpful?

      Lectures | | Films/videos | |

      Case study | | Large group discussion | |

      Role play | | Small group work | |

                                  Games/simulations | |

      Other methods, please specify_____

If so, why was this?

7. Which methods of teaching did you find most helpful?

8. Module VI was a multidisciplinary course - was the
    proportion of nurses

                                        Too small

                                        Too large

                                        About right

The next section asks you to comment on specific topics
covered in Module VI and how helpful the course has been to
you in your present role.
Please give as much information as possible.

10. Do you plan to make any changes in your working
    practices in

                                                    Yes   No

    a)   Communication skills

         To senior nursing colleagues

         To junior nursing colleagues

         To medical colleagues

         To patients/clients

         To patients/clients' relatives

         To others, please specify

Please give details of planned changes.

                                                    Yes   No

    b)   Interpersonal relationships

         With nursing colleagues

         With medical colleagues

         With patients/clients

         With patients/clients' relatives

         With others, please specify

Please give details of planned changes.

	Yes	No

c)   Team leadership

Your own work

Other team members –

Trained nurses

Student nurses

Auxiliaries

Others, please specify

Please give details of planned changes.

d)   Use of information technology

	Yes	No

Please give details of planned changes.

e)   Management of time

Yourself

Other team members

	Yes	No

Please give details of planned changes.

f)   Use of resources

Making bids

Budgeting

Cost cutting

	Yes	No

Please give details of planned changes.

g)   Staff appraisal interviews

Planning

Conduct of interviews

Action following interviews

	Yes	No

Please give details of planned changes.

11.   Please add any other comments you wish to make about
      Module VI or the project assignment.

MODULE IV   POST COURSE QUESTIONNAIRE 2

Please do not write your name on the form.

Please tick (✓) the box which applies to you.

Where comments are requested, please give as much detail as
possible, continue on a separate sheet if necessary.

All this information will remain confidential.

1.   You attended Module IV in (month/year) are you still

      working on the same ward?   Yes   No
                                                        ┌─────┬─────┐
                                                        │   │   │
                                                        └─────┴─────┘

      If no, what type of ward are you now on

      Geriatric   ┌─────────┐   Theatres   ┌─────────┐
                   │   │   │   │
                   ├─────────┤   ├─────────┤
      Medical   │   │   A and E   │   │
                   ├─────────┤   └─────────┘
      Surgical   │   │   Other, please specify_____
                   └─────────┘

      Specialist surgery, please specify_____

2.   Which aspects of the course did you find particularly
      helpful?

3.   Which aspects of the course did you find least helpful?

4.   Were there any aspects you feel should be omitted from
      future courses?   Yes   No
                                                        ┌─────┬─────┐
                                                        │   │   │
                                                        └─────┴─────┘

5.   Are there any topics that you feel should have been
      included, which were not?   Yes   No
                                                        ┌─────┬─────┐
                                                        │   │   │
                                                        └─────┴─────┘

      If yes, please specify.

6.   Have you made any changes in your working practices in
      the following areas

      a)   Communication skills

            To senior nursing colleagues

            To junior nursing colleagues

            To medical colleagues

            To patients/clients

            To patients/clients' relatives

            To others, please specify

	Yes	No

Please give details of changes achieved.

      b)   Interpersonal relationships

            With nursing colleagues

            With medical colleagues

            With patients/clients

            With patients/clients' relatives

            With others, please specify

	Yes	No

Please give details of changes achieved.

      c)   Organisation of work

            Your own work

            Other team members

                  trained nurses

                  student nurses

                  auxiliaries

                  others, please specify

	Yes	No

Please give details of changes achieved.

d)   Report writing

	Yes	No

Please give details of changes achieved.

e)   Professional reading

Use of the library

Reading nursing journals

Reading nursing books

	Yes	No

Please give details of changes achieved.

f)   Personnel policies and procedures

Lateness

Unsatisfactory work

Staff relationships

Insubordination

Other personnel problems

	Yes	No

Please give details of changes achieved.

g)   Management skills

Use of resources

Identifying problems

Identifying priorities -

in use of resources

in tackling problems

	Yes	No

Please give details of changes achieved.

h)   Meetings
Conducting meetings
Participating in meetings

	Yes	No

Please give details of changes achieved.

The next section asks about the project assignment linked to Module IV.

7. Has the project assignment linked to Module IV enabled
    you to identify a specific need in your workplace?

    Yes   No

8. Have you completed your project?

    Yes   No

    If no, when do you expect to complete it?

                              Within one month

                              Within three months

                              More than three months

    If yes, what was the outcome?   (i.e. has the need
    been met?)
    Please give details.

The next section asks about the Teaching Skills Workshop.

9. Did the workshop help you to understand your role as a
    teacher in the workplace?
                                           Yes   No

10. Please list the methods of teaching discussed during
    the workshop.

11. Which teaching method did you use for your
    micro-teaching session?

12. Please list the audio-visual aids demonstrated during
    the workshop.

13. Which audio-visual aids did you use in your
    micro-teaching session?

14. What aspect of the workshop did you find most useful?

15. What aspect of the workshop did you find least useful?

The next section asks about your future career plans.

Yes   No

16.   Do you expect to stay in nursing?

      If yes, what are your future plans?

      The same job   Ward sister

      A similar job   Nurse teacher

      Community nursing   Other, please specify

Yes   No

17.   Do you plan to attend further courses?

      If yes, please give details.

18.   Please add any other comments you wish to make about
      Module IV, the project assignment and/or the Teaching
      Skills Workshop.

This is the final questionnaire.
Thank you for helping me to carry out this survey.

MODULE V   POST COURSE QUESTIONNAIRE 2

Please do not write your name on the form.

Please tick (✓) the box which applies to you.

Where comments are requested, please give as much detail as
possible, continue on a separate sheet if necessary.

All this information will remain confidential.

1.   You attended Module V in (month/year) are you still
      working on the same ward?   Yes   No

      If no, what type of ward are you now on

      Geriatric   [ ]   Theatres   [ ]

      Medical   [ ]   A and E   [ ]

      Surgical   [ ]   Other, please specify_____

      Specialist surgery, please specify_____

2.   Which aspects of the course did you find particularly
      helpful?

3.   Which aspects of the course did you find least helpful?

4.   Were there any aspects you feel should be omitted from
      future courses?

5.   Are there any topics that you feel should have been
      included, which were not?   Yes   No

      If yes, please specify.

6. Have you made any changes in your working practices in the following areas

a) Communication skills

	Yes	No
To senior nursing colleagues		
To junior nursing colleagues		
To medical colleagues		
To patients/clients		
To patients/clients' relatives		
To others, please specify		

Please give details of changes achieved.

b) Interpersonal relationships

	Yes	No
With nursing colleagues		
With medical colleagues		
With patients/clients		
With patients/clients' relatives		
With others, please specify		

Please give details of changes achieved.

c) Selection of staff

	Yes	No
Trained nurses		
Student nurses		
Auxiliaries		
Others, please specify		

Please give details of changes achieved.

d) Use of information technology

	Yes	No

Please give details of changes achieved.

Yes   No

    e)   Budgeting

           Use of resources

           Professional reading

Please give details of changes achieved.

                                                          Yes   No

    f)   Management of time

           Yourself

           Other team members

Please give details of changes achieved.

                                                          Yes   No

    g)   Management skills

           Problem solving

                                                          Yes   No

           Decision making

           Assertiveness

           Team leadership

Please give details of changes achieved.

                                                          Yes   No

    h)   Recognition and management of

           Stress

           Anxiety

           In yourself

           Other team members

Please give details of changes achieved.

The next section asks about the project assignment linked to
Module V.

7.   Has the project assignment linked to Module V enabled
     you to identify a specific problem in your workplace?
                                                          Yes   No

8.   Have you completed your project?

        If no, when do you expect to complete it?

        Within one month

        Within three months

        More than three months

        If yes, what was the outcome?
        (i.e. has the problem been resolved?)

        Please give details.

The next section asks about on the Teaching Skills Workshop.

9.   Did the workshop help you to understand your role as a
        teacher in the workplace?

                                                Yes   No

10.   Please list the methods of teaching discussed during
        the workshop.

11.   Which teaching method did you use for your
        micro-teaching session?

12.   Please list the audio-visual aids demonstrated during
        the workshop.

13.   Which audio-visual aids did you use in your
        micro-teaching session?

14.   What aspect of the workshop did you find most useful?

15.   What aspect of the workshop did you find least useful?

The next section asks about your future career plans.

16. Do you expect to stay in nursing?

Yes   No

If yes, what are your future plans?

The same job ☐   Ward sister ☐

A similar job ☐   Nurse teacher ☐

Community nursing ☐   Other, please specify

17. Do you plan to attend further courses?

Yes   No

If yes, please give details.

18. Please add any other comments you wish to make about
     Module V, the project assignment and/or the Teaching
     Skills Workshop.

This is the final questionnaire.
Thank you for helping me to carry out this survey.

MODULE VI   POST COURSE QUESTIONNAIRE 2

Please do not write your name on the form.

Please tick (✓) the box which applies to you.

Where comments are requested, please give as much detail as
possible, continue on a separate sheet if necessary.

All this information will remain confidential.

1.   You attended Module VI in February 1986, are you still
      working on the same ward?   Yes   No

      If no, what type of ward are you now on

      Geriatric   Theatres

      Medical   A and E

      Surgical   Other, please specify_____

      Specialist surgery, please specify_____

2.   Which aspects of the course did you find particularly
      helpful?

3.   Which aspects of the course did you find least helpful?

4.   Were there any aspects you feel should be omitted from
      future courses?

5.   Are there any topics that you feel should have been
      included, which were not?   Yes   No

      If yes, please specify.

6. Have you made any changes in your working practices in the following areas

a) Communication skills

	Yes	No
To senior nursing colleagues		
To junior nursing colleagues		
To medical colleagues		
To patients/clients		
To patients/clients' relatives		
To others, please specify		

Please give details of changes achieved.

b) Interpersonal relationships

	Yes	No
With nursing colleagues		
With medical colleagues		
With patients/clients		
With patients/clients' relatives		
With others, please specify		

Please give details of changes achieved.

c) Management of staff

	Yes	No
Trained nurses		
Student nurses		
Auxiliaries		
Others, please specify		

Please give details of changes achieved.

	Yes	No
d) Management skills		
Problem solving		
Decision making		
Assertiveness		
Team leadership		

Please give details of changes achieved.

	Yes	No
e) Management of time		
Yourself		
Other team members		

Please give details of changes achieved.

	Yes	No
f) Budgeting		
Use of resources		
Professional reading		

Please give details of changes achieved.

The next section asks about the project assignment linked to Module VI.

7.   Has the project assignment linked to Module VI stimulated your interest in nursing research?

	Yes	No

8.   Have you completed your project?

	Yes	No

If no, when do you expect to complete it?

Within one month	
Within three months	
More than three months	

If yes, what was the outcome? Please give details.

The next section asks about the Teaching Skills Workshop.

9. Did the workshop help you to understand your role as a
    teacher in the workplace?

Yes	No

10. Please list the methods of teaching discussed during
    the workshop.

11. Which teaching method did you use for your
    micro-teaching session?

12. Please list the audio-visual aids demonstrated during
    the workshop.

13. Which audio-visual aids did you use in your
    micro-teaching session?

14. What aspect of the workshop did you find most useful?

15. What aspect of the workshop did you find least useful?

The next section asks about your future career plans.

16. Do you expect to stay in nursing?

Yes	No

    If yes, what are your future plans?

The same job			Ward sister	
A similar job			Nurse teacher	
Community nursing			Other, please specify	

17. Do you plan to attend further courses?

Yes	No

    If yes, please give details.

18. Please add any other comments you wish to make about
    Module VI, the project assignment and/or the Teaching
    Skills Workshop.

Thank you for helping me to carry out this survey.

MODULE VI   POST COURSE QUESTIONNAIRE 2

Please do not write your name on the form.

Please tick (✓) the box which applies to you.

Where comments are requested, please give as much detail as
possible, continue on a separate sheet if necessary.

All this information will remain confidential.

1.   You attended Module VI in February 1987, are you still
      working on the same ward?   Yes   No

                                                      | | |

      If no, what type of ward are you now on

      Geriatric | | Theatres | |

      Medical | | A and E | |

      Surgical | | Other, please specify_____

      Specialist surgery, please specify_____

2.   Which aspects of the course did you find particularly
      helpful?

3.   Which aspects of the course did you find least helpful?

4.   Were there any aspects you feel should be omitted from
      future courses?

5.   Are there any topics that you feel should have been
      included, which were not?   Yes   No

                                                      | | |

      If yes, please specify.

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6. Have you made any changes in your working practices in the following areas

    a) Communication skills

	Yes	No
To senior nursing colleagues		
To junior nursing colleagues		
To medical colleagues		
To patients/clients		
To patients/clients' relatives		
To others, please specify		

Please give details of changes achieved.

    b) Interpersonal relationships

	Yes	No
With nursing colleagues		
With medical colleagues		
With patients/clients		
With patients/clients' relatives		
With others, please specify		

Please give details of changes achieved.

    c) Team leadership

	Yes	No
Your own work		
Other team members –		
Trained nurses		
Student nurses		
Auxiliaries		
Others, please specify		

Please give details of changes achieved.

d)   Use of information technology

Please give details of changes achieved.

	Yes	No

e)   Management of time

Yourself

Other team members

Please give details of changes achieved.

	Yes	No

f)   Use of resources

Making bids

Budgeting

Cost cutting

Please give details of changes achieved.

	Yes	No

g)   Staff appraisal interviews

Planning

Conduct of interviews

Action following interviews

	Yes	No

The next section asks about the project assignment linked to Module VI.

7.   Has the project assignment linked to Module VI stimulated your interest in nursing research?

	Yes	No

8.   Have you completed your project?

Yes	No

        If no, when do you expect to complete it?

                                  Within one month

                                  Within three months

                                  More than three months

        If yes, what was the outcome? Please give details.

The next section asks about the Teaching Skills Workshop.

9.   Did the workshop help you to understand your role as a
      teacher in the workplace?

Yes	No

10.   Please list the methods of teaching discussed during
      the workshop.

11.   Which teaching method did you use for your
      micro-teaching session?

12.   Please list the audio-visual aids demonstrated during
      the workshop.

13.   Which audio-visual aids did you use in your
      micro-teaching session?

14.   What aspect of the workshop did you find most useful?

15.   What aspect of the workshop did you find least useful?

The next section asks about your future career plans.

16. Do you expect to stay in nursing?   Yes   No
     [ ]

     If yes, what are your future plans?

     The same job   [ ]   Ward sister   [ ]

     A similar job   [ ]   Nurse teacher

     Community nursing [ ]   Other, please specify

17. Do you plan to attend further courses?   Yes   No
     [ ]

     If yes, please give details.

18. Please add any other comments you wish to make about
     Module VI, the project assignment and/or the Teaching
     Skills Workshop.

This is the final questionnaire.
Thank you for helping me to carry out this survey.

A S S E S S M E N T   F O R M

Course Member No: ....

Course: ....

Date: ....

MANAGEMENT OF PATIENT CARE

	vw	w	a	b	vb	alw	mot	s	sel	n
1.1 co-ordinates patient care										
1.2 ensures that individual nursing care plans based on the Nursing process are formulated and implemented										
1.3 uses a problem solving approach in patient care										
1.4 ensures all nursing records are accurately kept										
1.5 shows knowledge of new developments and trends in nursing care										
adapts accordingly										
1.6 communicates with patients										
1.7 maintains a good relationship with hospital departments										
1.8 is aware of legal and ethical implications involved in the care of patients										
takes correct action										

vw : very well   w : well   a : adequate   b : badly   vb : very badly

alw : always   mot : most of the time   s : sometimes   sel : seldom   n : never

	vw	w	a	b	vb	alw	mot	s	sel	n
1.9 acts according to the law and hospital policy regarding the administration and storage of drugs										
1.10 is aware of intravenous therapy policy										
carries out the procedure accurately										
1.11 organises patient care in the ward by means of: a. patient allocation b. task allocation c. team allocation (delete where not applicable)										
1.12 meets the needs of the dying patient										
supports and counsels relatives and staff at this time										

Comments   (TICK COLUMNS WHERE APPLICABLE)

vw : very well   alw : always
w : well   mot : most of the time
a : adequate   s : sometimes
b : badly   sel : seldom
vb : very badly   n   : never

2. TEACHING

		vw	w	a	b	vb	alw	mot	s	sel	n
2.1	teaches all grades of nursing staff in the ward										
2.2	identifies the needs expectations and levels of teaching required for different individuals										
2.3	uses various methods of teaching in the ward (specify in 'comments' below)										
2.4	interviews learners at the beginning of their experience in the ward (to identify needs)										
2.5	assesses and completes records of the learners performance at intervals during their ward experience										
2.6	assesses qualified and unqualified staff										

vw : very well   alw : always
w   : well   mot : most of the time
a   : adequate   s   : sometimes
b   : badly   sel : seldom
vb : very badly   n   : never

	vw	w	a	b	vb	alw	mot	s	sel	n
2.7 a. identifies learning needs of patients and relatives										
b. gives appropriate advice										
c. checks that they have adequate understanding										

vw	:	very well		alw	:	always	
w	:	well		mot	:	most of the time	
a	:	adequate		s	:	sometimes	
b	:	badly		sel	:	seldom	
vb	:	very badly		n	:	never	

3. WARD MANAGEMENT

		vw	w	a	b	vb	alw	mot	s	sel	n
3.1	communicates and liaises with other members of the health care team										
3.2	a. demonstrates leadership skills that promote effective team work										
	b. develops working relationships										
3.3	demonstrates efficient ward organisation making maximum and economical use of resources										
3.4	implements operational policies and procedures										
	offers suggestions for change where appropriate										
3.5	assesses the short and long term needs of the ward										
	plans further development										
3.6	plans effective duty and holiday rotas										

(TICK COLUMNS WHERE APPLICABLE)

vw : very well
w   : well
a   : adequate
b   : badly
vb : very badly

alw : always
mot : most of the time
s   : sometimes
sel : seldom
n   : never

	vw	w	a	b	vb	alw	mot	s	sel	n
3.7 identifies, selects and mobilises the facilities available for the continuation of patient care in the community										
3.8 recognises potential complaints and attempts to solve problems										
3.9 attends unit meetings										

Comments   (TICK COLUMNS WHERE APPLICABLE)

vw : very well   alw : always
w   : well   mot : most of the time
a   : adequate   s   : sometimes
b   : badly   sel : seldom
vb : very badly
                          n   : never

GENERAL MANAGEMENT

		vw	w	a	b	vb	alw	mot	s	sel	n
4.1	recognises the signs and symptoms of stress in herself										
	and others										
4.2	provides support and counsels staff whenever necessary										
4.3	seeks help and support from an appropriate source for herself										
4.4	shows an awareness of the importance of industrial relations in the health service										
4.5	recognises the role of the nursing officer										
	and refers problems and issues										

Comments   (TICK COLUMNS WHERE APPLICABLE)

vw : very well
w : well   alw : always
a : adequate   mot : most of the time
b : badly   s : sometimes
vb : very badly   n : never

NURSING RESEARCH

	vw	w	a	b	vb	alw	mot	s	sel	n
5.1 selects, reads and applies relevant research findings for improved patient care										
5.2 aware of the ethical implications of research for patients and staff										
and takes appropriate action										

Comments   (TICK COLUMNS WHERE APPLICABLE)

I have read this paper   Signature ....

(Any comments below)

vw	:	very well	alw	:	always
w	:	well	mot	:	most of the time
a	:	adequate	s	:	sometimes
b	:	badly	sel	:	seldom
vb	:	very badly	n	:	never

Continuing Education Department
------District Health Authority

Dear Colleague

The enclosed questionnaire is part of a survey intended to
discover how effective the modular development programme is
in preparing trained nurses for their role. I know how busy
you are but feel justified in asking for your help since the
course members' opinion of the value of the course is so
important. All the information obtained will be
confidential. Individuals will not be identified.

The research is taking place in this health authority and is
registered with the University of Southampton.

I am very grateful for your help in this matter. An
addressed envelope is enclosed for return of the
questionnaire on the first day of Module IV (V) (VI).

Yours sincerely

A.J.Race
Course tutor

Continuing Education Department
                    --------District Health Authority

Dear Colleague

Before coming to Module IV (V)   (VI)   in --------- you were
kind enough to complete a short questionnaire.   It is now a
month since the course finished, so I am writing to ask for
you co-operation again.   This second questionnaire is part
of the same survey as the first one.   This time I am
interested in your opinion of the course itself.

As before, all the information obtained will be
confidential, individuals will not be identified.

An addressed envelope is enclosed for return of the
questionnaire.   Please send it to me through the internal
hospital mail by ---------.

Thank you for your help, it is very much appreciated.

Yours sincerely

A.J.Race
Course tutor

Continuing Education Department
------District Health Authority

Dear Colleague

Earlier this year you were kind enough to complete two
questionnaires, one before and one after attending Module IV
(V)   (VI).

To complete this survey to discover how effective the
modular programme is, I am asking for your final comments on
the course itself, the project assignment linked to the
module, and the Teaching Skills Workshop which you may have
attended since the module.

As one who may have completed all three of these, your views
are particularly valuable. I stress once again that all the
information will be confidential, individuals will not be
identified in the research report.

An addressed envelope is enclosed for the questionnaire,
please return it to me through the internal hospital mail,
by -------------.

Thank you for your help over the past months, it is hoped
that the results of the survey will benefit your colleagues
who will attend in future.

Yours sincerely

A.J.Race
Course tutor

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