A MSc leadership programme at Edge Hill University has been developed in collaboration with twenty-six key stakeholders who hold senior/executive positions within health and social care, including: an executive nurse, chief biomedical scientist and regional lead for North West, head of physiotherapy and occupational therapy, head of learning and development, paramedic lead for clinical leadership for the North West Ambulance Service, consultant nurse, senior social worker, assistant director of patient safety and infection control, as well as directors of nursing and matrons.

The catalyst for its development was recognition that many health and social care workers ‘find themselves’ in leadership roles despite their lack of preparation or training for these enhanced roles.

This programme, which began in 2010, aims to create leaders who are able to improve the quality of care and are capable as acting as effective change agents within health and social care. Throughout the programme reflection is applied to determine the type of leader the student is; the type of leader they aspire to be and why; and the action that will be taken to further their leadership/change agent skills. The programme is flexible with two pathways (Clinical Leadership pathway and Leadership and Management pathway) - each of which uses different reflective lenses to explore the individual’s unique leadership context.

The programme is open to individuals who are working in a position of influence across the wider health and social care community. Currently undertaking the programme are healthcare professionals working in a clinical role e.g. allied health professionals, clinical scientists, nurses, doctors, paramedics and those working in non-clinical roles e.g., private sector Head of Quality and Governance. It is not linked into other NW leadership programmes, however one session has been delivered by the NHS Leadership Academy.

Key Outcomes

• The programme only started in September 2010 and can take up to three years to complete so only five students have completed it so far, however there are currently 61 students on the course with another 30 starting in September 2013
• Already there has been a considerable impact on practice in relation to job retention and career progression. Most of the students (particularly the first and second years) have had to apply for their own posts, and all of those students on the programme have been successful at interview
• Several students have gained a job promotion. These new roles include operations manager, assistant director of allied health professionals, matron, IV therapy operational/professional Lead, healthcare development manager, head of integrated governance and head of quality
• The projects undertaken by students on the course are wide-ranging and have led to other benefits for the students’ employers in terms of service redesign and improved quality care. For example, dissertation projects have included:
  • Redesign of Radiology services with an impact evaluation in relation to radiographers, service and organisation.
  • An evaluation of the impact of the clinical practitioner role within in-patients units within one mental health trust
  • Redesign of a Prostate Cancer Service, moving services from secondary to primary care for stable patients and evaluating its effectiveness for stakeholders (including the NHS, patients and pharmaceutical industry)
  • An alternative pathway of documentation to improve the quality and standards of mental health service provision for an adult social care provider

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The following represents what students have said in relation to how the programme impacts on their practice:

“I have a better understanding of me and thus it has helped me to reduce stress in my new job as I now have to manage a number of people without any authority over them”

“I started off as a ward nurse manager wanting to be a matron and the fact that I was registered on the pathway helped me to gain a secondment to matron and then successfully interview for the substantive post. The skills and information I have learnt have been beneficial throughout all aspects of my role”

“This programme has helped me conceptualise some of what I was already doing. The work on emotional intelligence has helped me to start to change the leadership culture in my area. The programme has helped me to develop my confidence in my own ability and equipped me with the skills to challenge outdated leadership practices and drive forward quality initiatives with the aim of creating a stable, happy workforce and an excellent patient experience in my wards”.

“This programme has improved my leadership skills through a period of rapid change within my working environment. In my new role I’m having to use my new skills more and more”.

“Through this programme I have been able to clearly understand my strengths as a leader and outline these in the management restructure application process enabling me to secure a Therapy Manager post. I feel more confident in discussions relating to clinical leadership as I have challenged and transformed my paradigm on what leadership entails and what makes good leaders. I am more confident in discussions with research colleagues regarding the design, implementation and evaluation of research projects we are involved in: whereas previously I only contributed at an operational level”.

The vision informed the programme goal and aims. The goal is to facilitate the development of principle-centred leaders. The specific aims are to:

- develop leaders who are able to improve the quality of care, enhance and improve service delivery and lead people though change.
- promote inter-professional learning, critical thinking, self-awareness and leadership skills in decision making, within complex environments
- facilitate critical reflection on practice
- enable students to act as change champions
- provide an evidence base for practice

Key Stages of Setup

The stakeholders met on a regular basis in order to develop the content, structure and assessment strategies. This ensured the currency of the curriculum, relevance and practical application of theory to practice. Several stakeholders attended the validation event. Furthermore they continue their support of the programme through delivering teaching sessions and regularly reviewing the programme.
How It Works

Programme Content Overview

Module One - Leadership Self Awareness and Self-Empowerment

The programme utilises an ‘inside out’ approach based on the recognition that leaders are able to lead others once they can lead themselves. The first module provides students with opportunities for in-depth self-awareness, critical reflection on their own style of leadership and leadership skills, and peer debate in order challenge and transform their perspective. Self-awareness activities include:

- Psychometric testing (JT and 15FQ+) with 1:1 feedback
- Emotional Intelligence profile learning style
- Benchmarking against the NHS Leadership Framework
- Benchmarking against the 7 Habits of Highly Effective People (Covey, 1989)
- Belbin’s team role
- Attitude to change
- Communication approach

Students share the impact of their findings at a World Cafe event (this provides a method for radically shifting the way groups of people hold conversations) and through four Action Learning Sets.

Module Two - Leading People through Change

This core module focuses on leaders as change agents and explores how leaders can effectively implement change. The focus for this module is the human dimension of change as well as the models/frameworks and tools that can facilitate change. Reflection is again embedded as students are challenged to explore their own change agent qualities and skills. The reflective patches for this module include:

- Appreciative Inquiry
- Appreciative Leadership
- Resilience
- Readiness for Change

If students choose the clinical leadership route the focus here is leadership theory; specifically how the theory has evolved and its impact on the leader’s approach. This module also explores the multi-factorial influences on the role of the leader. If the leadership and management route is chosen students are further challenged as their core module (Managerial Decision-Making) is undertaken within the Business School. During this module both the national and international business perspective is considered in relation to the economic, social, cultural, political and psychological context within which managerial decision-making takes place.

A strong emphasis is placed on the students’ own decision-making and students are encouraged to critically examine the way they make management decisions.

Advanced Practice Project

In a move away from the traditional research dissertation the final piece of work comprises an advanced practice project. The advanced practice module is designed to enable students to synthesise learning as they apply their advanced leadership and change management knowledge to a service improvement project. Specifically students are tasked to identify, plan, implement, evaluate and disseminate the findings of a project that will potentially promote service/treatment/practice development within their area of practice.

Patch Work Text Approach to Assessment

It is recognised that students may be senior healthcare professionals, yet they may not have completed a prior degree and/or it may have been several years since any form of academic study. Therefore the programme utilises a unique form of assessment, namely a ‘Patch Work Text’ approach. This is a blend of several ‘patches’ (namely, self-awareness tools) and provides students with an alternative form of assessment to the traditional essay or portfolio. The approach is used within the Leadership Self-Awareness and Self-Empowerment, the Leading People through Change and Advance Practice modules in order to promote critical self-reflection and personal development. For an example of the reflective patches please see Illustration 1.

To facilitate deep levels of reflection students are tasked to record their ‘patches of reflection’ in a personal reflective diary. Themes from the reflective diaries are analysed by the students and shared during both the World Cafe events and the Action Learning Sets. This sharing of ‘patches’ and themes encourage collaborative learning and formative peer feedback, to enrich the learning process and develop a learning community. Formative feedback is provided to scaffold learning and to further develop students’ academic writing skills. The Patch Work Text approach thus facilitates students’ process of self-exploration and self-questioning, to make explicit the nature of their ‘self-enlightenment’ journey. The ‘patches’ then form the basis of the student’s summative assessment, for example for the first module students write their own leadership personal development plan.

Resources

In order to set up the programme the course team worked closely with both the learning resources and technology enhanced learning teams. This enabled the development of Blackboard (an internal online resources platform) and several of the modules are based on the notion of blended learning (this means some of the sessions are delivered online). Furthermore online discussion forums have been developed where students share their new insights and explore how their new knowledge has informed their area of practice.

In addition an investment was made in e-books, and key texts are digitised so students can access resources remotely.
Key Challenges

• Fear of and/or lack of confidence with academic study is a key challenge. Often students have not studied at degree level and/or have not studied for a long time. Solution: The first module is run over two semesters; the foundations for studying at Masters Level are embedded throughout the module and all students complete a formative (not marked) piece of work midway through the module. This allows the tutor to identify any additional learning needs and the detailed feedback ‘feeds forward’ to their summative (marked) piece of work.

• Time to study is another key challenge. Solution: The ‘patchwork’ approach enables students to study several of the modules in ‘bite size’ chunks rather than leaving the summative piece of work until the submission date.

• Attendance at the university. Solution: the programme is ‘scaffolded’ so within the first module there is a lot of support and regular contact; however as students progress, modules incorporate a blend of online and face-to-face sessions. In addition if students are unable to attend for a semester they can undertake a negotiated learning module. This module consists of work-based learning; usually a project they are undertaking within their work place that they then critically analyse and reflect on the actions taken.

• Stakeholders suggested a move away from the traditional research dissertation and required the programme to have a measurable impact on practice. Solution: a practical project that is designed to have a positive impact on the quality of patient care/service the student manages and thus improve patient experience. The project requires an in-depth evaluation in terms of its impact on practice and a self-critical reflective element encourages students to reflect on how they have led and managed the project so key lessons are learnt.

• Student support/motivation: Continuity is provided throughout the programme via the programme lead. Students thus have a personal tutor who is able to support them throughout their programme. This is especially important as all students are working full time and often have additional family commitments. Furthermore in order to inspire students at a time when motivation can be a challenge, students who have graduated from the programme present their dissertation projects to the current students, so they are able to learn from their experiences.

Key Learning

The involvement with the stakeholders from the beginning has been the key to the success of the programme; however it is acknowledged that this approach does take a great deal of time.

“As I hadn’t appreciated the time it takes to develop a Masters programme, if I was to do this again I would be more realistic about timeframes and better able to manage the stakeholders’ expectations.” – Charlotte Moen, Programme Leader

Sustainability

The programme has been running since 2010 and this year the first cohort of students have graduated. The sustainability of the programme is managed via close collaboration with stakeholders, the continuous review of the programme and by providing students with a ‘strong voice’ that is valued.

Next Steps

• The next step is to develop a third pathway (medical leadership) that is mapped to the Medical Leadership Competency Framework.
• There are also plans to collaborate with Edge Hill’s Business School to provide some optional business modules such as financial management and cross-boundary working.

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