NHS

Evidence Brief: Educational redesign

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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- Complete Evidence Brief list – link for External staff

Key publications – the big picture

Clinically-Led workforcE and Activity Redesign (CLEAR) (no date), Health Education England
CLEAR offers individuals, organisations, and regions the opportunity to investigate systems and services using a unique methodology, placing service transformation in the hands of those delivering care.

By joining the national CLEAR programme, service providers gain access to expert research and analytics for workforce and service redesign projects. Unlike other similar services, CLEAR trains frontline clinicians in data analysis and service modelling to deliver change.

The state of medical education and practice in the UK: 2020 November 2020, General Medical Council
[Chapter 2 – The state of medical education] The pandemic has had a significant impact on formal medical education. In response, April rotations were cancelled for all doctors in training and a new post (FiY1) was created for some 2020 medical school graduates to join the workforce early. We approved around 550 additional training locations, so doctors redeployed to them could count this experience towards their training progression. It's likely that the lessons learned during the pandemic will have a profound impact on the delivery of training in the future.

Making the case for quality improvement: lessons for NHS boards and leaders October 2017, The King's Fund
There are a range of opportunities for NHS organisations to improve quality of care and value for money. Examples can be found across the NHS where teams and organisations are already acting on these opportunities and demonstrating positive results for their patients, as the examples given in this briefing show. But the systematic use of quality improvement approaches within the NHS is still patchy, and many improvement efforts fail to deliver the results expected.

NHS leaders – and boards in particular – have a vital role to play in creating a supportive environment for quality improvement within their organisation – for example by providing a clear vision and objectives for improving quality and putting in place the capabilities and support needed for staff to improve services. Leaders must also work between organisations to develop new care models and co-ordinate improvements. The 10 key lessons outlined provide a starting point for NHS leaders seeking to more firmly embed quality improvement within their local plans for improving services.

Educational governance in the NHS: a literature review October 2010, International Journal of Health Care Quality Assurance
(Abstract only)*
The educational governance in healthcare literature search indicates that this is a relatively under-researched area. There are few attempts to define educational governance, although several authors note similarities with clinical governance. Authors cite educational governance as an important component of integrated approaches to healthcare governance, noting inter-dependent relationships between areas such as clinical governance, organisational development and risk management.

Case Studies

A collaborative process for a program redesign for education in evidence-based health care March 2019, Journal of Chiropractic Education
We outline the framework of a collaborative process to redesign an existing 5-year health education program, which may prove

useful to other similar institutions. The aim was to strengthen evidence-based practice and curriculum alignment. The mechanism of curriculum mapping allowed for discussion about the flow of information from year to year and how evidenced knowledge and understanding can be developed. It is necessary that everyone participates and understands the importance of program goals as developed by the process. Because drift in curriculum can occur incrementally over the years, to be effective, the program requires ongoing monitoring and regular collaboration to continue improvements.

Restructuring of an evidence-based practice curriculum and assessment with structural mapping by course outcome verb
March 2022, Journal of Chiropractic Education
An evidence-based clinical practice (EBCP) subcurriculum within a chiropractic curriculum was restructured to distribute EBCP topics to courses throughout the curriculum. We posited that this would enhance student learning through early exposure, repetition, and the use of progressively more difficult levels of learning. In this paper we describe how we determined if Bloom's verb level trended upward from the beginning of the curriculum to the end and if there were any gaps in presentation of topics periodically in the curriculum. We describe how we determined if the restructured subcurriculum provided adequate integration of topics.

Development and Evaluation of a Massive Open Online Course on Healthcare Redesign: A Novel Method for Engaging Healthcare Workers in Quality Improvement October 2022, Nursing Reports
Health service improvement or healthcare redesign is a high-pressure, rapidly evolving area, which is of great relevance to industry and government for economic, equity and quality of care reasons. Although a large number of short industry training courses are available in the area of health service improvement and system innovation, there is little in the way of free courses specifically focused on healthcare redesign. The Healthcare Redesign MOOC filled the important purpose of organisational learning, as organisations are starting to focus on supporting learning among employees, promoting innovation, reducing waste and improving efficiency. This, coupled with emerging evidence that more organisations are using MOOCs to develop employees' skills to carry out their work, suggests our educational strategy is on target. As educators, we took industry needs into consideration, as the Healthcare Redesign MOOC was designed to aid the development of sustainable Tasmanian and national healthcare systems, focussing on ongoing improvement in the quality, effectiveness and safety of care delivery and inspiring widespread engagement with the process. This strategy was further supported by MOOCs in the workplace having a positive impact on job competency and innovation.

Transdisciplinary behaviour change: A burst mode approach to healthcare design education January 2022, in: Grierson, Hilary, Bohemia, Erik and Buck, Lyndon, (eds.) DS 110: Proceedings of the 23rd International Conference on Engineering and Product Design Education (E&PDE 2021) *(Abstract only*)*
With the future of health(care) shifting from treatment to prevention, design for behaviour change is an essential part of this movement. Although we have made significant breakthroughs in behavioural science and design for shaping behaviours there are still some significant gaps and opportunities unexplored. Developing new transdisciplinary approaches to the education of designers for behaviour change becomes of increased importance. New practice-based models are required to facilitate the connection between the understanding of behavioural theories and applying these to healthcare contexts. This paper illustrates a unique blended teaching model which fuses teams of mixed healthcare, design and other diverse backgrounds and the use of digital technologies to pre-empt

unwanted behaviour and assist behaviour change. The course module combines asynchronous learning for behaviour change diagnosis with synchronous collaborative concept development and rapid-prototyping. Digital platforms are used to facilitate remote global teamworking alongside individual physical hands-on prototyping using sensors and electronics.

The Star for workforce redesign

More resources and tools are available by searching for "education" in the Star

National Data Programme

Workforce, Training and Education staff can look at the National Data Warehouse (NDL) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

New ways of working

Reimagining Preparedness of Health Professional Graduates Through Stewardship December 2022, Teaching and Learning in Medicine: An International Journal *(Abstract only*)*
Preparedness is only one purpose that could be attached to the educational formation of university graduates. It is time we expand our thinking about what is valuable and necessary to learn in order to become health professionals equipped to address the health and social care problems now and to come. Furthermore, continuing to address the challenges of preparedness for practice in the same ways as we have done for decades will not result in change; new and different educational approaches are required to meaningfully reimagine health professional education. We need to value education as a scholarly field in its own right, as much as we do evidence-based healthcare. A concept that prompts us to think and act in these reinvigorated ways is stewardship, which I offer as an expansive way to think about the purposes and desired outcomes of health professional education. Stewardship is an idea that sustains and cares for the professions, and therefore is highly relevant to the preparation of healthcare practitioners.

The promise of a health professions education imagination
August 2021, State of the Science *(Abstract only*)*
Building upon previous scholarship in medical education, the author argues for the development in trainees of a 'health professions education imagination' or a unique 'quality of mind' that facilitates navigating competing ways of knowing. This concept borrows explicitly from 'the sociological imagination', which is briefly described. Next, some of the principles of thinking that might contribute to a similar 'imagination' in health professions education are identified. Finally, exemplars are provided highlighting how recent scholars have used their health professions education imaginations in recent research and teaching practice.

How can WhatsApp® facilitate the future of medical education and clinical practice? January 2021, BMC Medical Education
The potential IMAs have to enhance the delivery of the pre-registration medical curriculum has been well recognised for a number of years. WhatsApp's ever-growing popularity and irreplaceability, among medical students and tutors, to facilitate learning from the classroom setting of PBL sessions to the erratic environment of clinical attachments, is a testament to this. This major shift in perception, from the days where phones were viewed solely as an interference, is down to the increased

awareness of the opportunities IMAs have to offer for both students and tutors.

Organizational Support in Healthcare Redesign Education: A Mixed-Methods Exploratory Study of Expert Coach and Executive Sponsor Experiences June 2020, International Journal of Environmental Research and Public Health
Healthcare organizations must continue to improve services to meet the rising demand and patient expectations. For this to occur, the health workforce needs to have knowledge and skills to design, implement, and evaluate service improvement interventions. Studies have shown that effective training in health service improvement and redesign combines didactic education with experiential project-based learning and on-the-ground coaching. Project-based learning requires organizational support and oversight, generally through executive sponsorship. A mixed-methods approach, comprising online surveys and semi-structured interviews, was used to explore the experiences of expert coaches and executive sponsors as key facilitators of workplace-based projects undertaken during an Australian postgraduate healthcare redesign course. Fifteen (54%) expert coaches and 37 (20%) executive sponsors completed the online survey. Ten expert coaches and six executive sponsors participated in interviews. The survey data revealed overall positive experiences for coaches and mixed experiences for sponsors. Interview participants expressed a sense of fulfillment that came from working with project teams to deliver a successful project and educational outcomes. However, concerns were raised about adequate resourcing, organizational recognition, competing priorities, and the skills required to effectively coach and sponsor. Expert coaches and executive sponsors sometimes felt under-valued and may benefit from cohort-tailored and evidence-based professional development.

Redesigning Medical Education to Improve Health Care Delivery and Outcomes March 2013, The Health Care Manager *(Abstract only*)*
The need to improve the health of individuals and populations by providing high-quality health care has become a priority and has led to the implementation of various quality indicators to measure performance and outcomes. However, significant disparities exist in the health care delivery and outcomes among individuals that can only intensify, considering the future projections for an aging and increasingly diverse population. This article provides the authors' perspectives on how these issues can be addressed and overcome by redesigning medical education so the future generations of physicians have the necessary knowledge, skills, and attitudes to provide high-quality, patient-centered, and culturally sensitive care.

Organisational culture

Balancing medical education with service in the workplace: a qualitative case study August 2021, Journal of Workplace Learning *(Abstract only*)*
Factors that contributed to a positive educational environment included trainees and educators feeling valued, the presence of supportive leaders and the provision of a safe space for learning. Perceived barriers included time constraints, differing motivation and the generic format of formal education. Participants reflected on how the Wrap Around project helped improve the workplace educational culture and offered suggestions for further improvement including the provision of ongoing feedback to learners about their performance.

Developing a Workplace-Based Learning Culture in the NHS: Aspirations and Challenges June 2020, Journal of Medical Education and Curricular Development
In response to the gap in literature considering the barriers to the delivery of workplace-based education in the NHS, we have drawn on faculty staff 's perspectives to show the aspirations and barriers involved with shaping a learning culture. We have argued that leadership is key to addressing many of these barriers and propose further research focusing on leadership and educational change.

Once armed with an overview of issues impacting the delivery of education and a supportive learning environment, interventions can be developed to address them. To this end, we propose a toolkit (Table 2) that can support NHS Trusts to identify areas to address within their workplace, with suggestions on how to tackle them. This toolkit was created by the research team as a response to the themes arising from the analysis and should be used as a supplement to Health Education England's Supervision Standards for Postgraduate Doctors in Training.

Involving healthcare support workers in education design May 2016, Nursing Management *(Abstract only*)*
NHS Education for Scotland (NES) has adopted a co-production model in its development work with HCSWs (HCSWs). The approach means that HCSWs are at the centre of NES activity, and ensures their voice is strong and influential in the creation, implementation and evaluation of education initiatives related to their development. This article describes how the co-production model has been advanced through a HCSW advisory group that oversees relevant NES activity.

Developing learning organisations in the new NHS April 2000, BMJ
Individuals learn and enhance their personal capabilities within organisations, but what does it mean to talk of an organisation learning? Can a hospital, a general practice, or a health authority be said to learn? An organisation is not simply a collection of individuals; the whole amounts to something greater than the sum of the parts. Similarly, the learning achieved by an organisation is not simply the sum of the learning achieved by individuals within that organisation. Individuals may come and go, but the organisation (even in the turbulent world of health care) usually endures. Robust organisations can still accumulate competence and capacity despite the turnover of staff; individual learning can be retained and deployed in the organisation. How well any organisation can do this depends on factors such as internal communication and the assimilation of individual knowledge into new work structures, routines, and norms. Learning organisations see a central role for enhancing personal capabilities and then mobilising these within the organisation.

Social accountability

Social Accountability Frameworks and Their Implications for Medical Education and Program Evaluation: A Narrative Review November 2020, Academic Medicine *(Abstract only*)*
Medical schools face growing pressures to produce stronger evidence of their social accountability, but measuring social accountability remains a global challenge. This narrative review aimed to identify and document common themes and indicators across large-scale social accountability frameworks to facilitate development of initial operational constructs to evaluate social accountability in medical education.

Dismantling the hub and spoke: Social accountability and rural medical education January 2021, Medical Education *(Abstract only*)*
The authors argue that more focused efforts are needed to improve postgraduate rural specialty training and that rural training sites need to be included as essential partners within academic medicine.

The impact of socially accountable health professional education: Systematic review December 2022, Journal of Family Medicine and Primary Care
The results of the present systematic review showed that social accountability can both help cultivate a healthy and skilled medical workforce and be effective in improving service delivery to the public. On the other hand, there are different perceptions and views on what social responsibility really is and how its effectiveness can be measured, and there is a need to raise awareness in this area for students.

Leadership

Clinical leadership development in postgraduate medical education and training: policy, strategy, and delivery in the UK National Health Service December 2022, Journal of Healthcare Leadership
Successfully led organizations require empowered multiprofessional teams where any one member can step up to the plate to lead. But West et al point out that our approach to leader and leadership development in UK health care is "distorted by a preoccupation with individual leader development (important though it is), often provided by external providers in remote locations". The report reiterates the view that successful organizations are "leader-ful" not just "well led", highlighting that in comparison with the literature on leader development, "the development of the capacity of groups and organizations for leadership as a shared and collective process – is far less well explored and researched" and urge that we begin to look in that direction.

Undergraduate education

Critical evaluation of the undergraduate curriculum – are we asking the right questions? September 2021, Skin Health and Disease
The curricular content in medical education needs continuous development and therefore must regularly undergo a critical evaluation. Here, the author describes an implemented shift in the teaching substance of an undergraduate dermatology course aimed to focus on relevance and practicability for general practitioners. The changes were based on a comprehensive nationwide database analysis of the spectrum of skin-related conditions seen in primary care.

*Help accessing articles or papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can self-register here.

If you need help accessing an article, or have any other questions, contact the Knowledge Management team for support KnowledgeManagement@hee.nhs.uk