

**Paired Learning Toolkit  
  
Part 2 - Implementation Guide  
  
  
Version 1.4**

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**Appendix A: Programme Lead - Role Outline**

**Introduction**

The success or otherwise of your programme will to a large degree be determined by its local leadership, in terms of visible support by senior management and especially by the individual who accepts the challenge to drive the programme from the outset. They must have the vision and energy to see how paired learning can transform their organisation, as well maintaining momentum and focus on the programme and pairs involved, whilst promoting and growing it for the future.

This enthusiastic and energetic visionary we have termed the ‘Programme Lead’ and in larger organisations might be supported by some form of Steering Group if required. For example, feedback from earlier pilots, involving just senior managers and clinicians, has shown that a co-manager-clinician programme lead role has been extremely successful for the pairs involved. In larger organisations, it might also be useful to have, within your steering group, a relatively senior lead from each of the professional groups who make up the pairs in the programme.

Finally and particularly, for a major programme implementation in a large organisation, we recommend that one of the steering group members, if possible, has some form of overarching role within the organisation around leadership development, such as within Education or Human Resources.

**Role Models**

Feedback from the original pilots indicated that the programme lead or steering group members provides visible role-models for each participant. The role-model approach can be reinforced by the programme lead during e.g. their regular communication with pairs during workshops, design surgeries, etc.

**Key Attributes**

* Fully committed to supporting the paired learning programme aims & objectives
* A recognisable senior member of their professional group
* Can act as a role model for the local organisation via demonstration of attitudes, behaviours, knowledge, expertise, etc.
* Excellent communication and facilitation skills

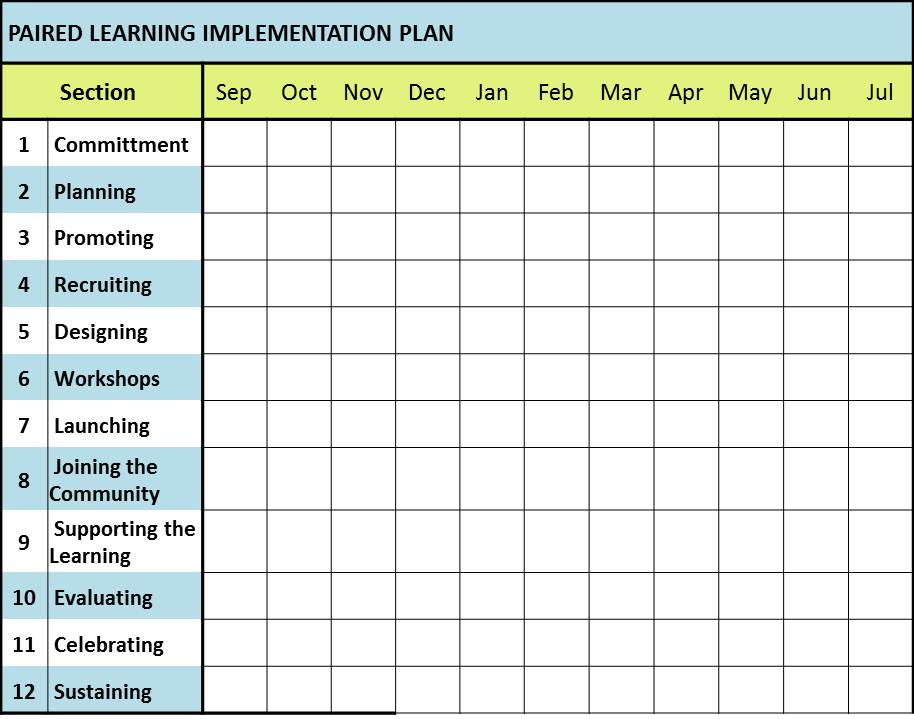
**Key Tasks & Responsibilities**

* Administration
* Planning
* Promotion
* Recruitment
* Programme Design
* Programme Support
* Coaching & Mentoring
* Facilitation
* Event management
* Programme evaluation
* Reporting
* Championing paired learning

Note that this is not meant to be an exhaustive list of the tasks and responsibilities for a Programme Lead, but should give a good overview of the skillset required for this role.

**Appendix B: Implementation Plan**

The template below, which refers to the sections in Part 1 of the toolkit, can be used to assist you in planning of your organisation’s paired learning programme. A more detailed version has been provided in MS Excel format which accompanies the toolkit.

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Additional Notes:

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**Appendix C: Programme Promotional Flyer**

**Overview**

The following example can be tailored to your organisation’s needs and delivered via a variety of means including email, website, notice boards, networks, etc. The Programme Lead is responsible for its content and accuracy.

**Paired Learning**

***‘Developing future leadership teams through learning & working together’***

**Duration:** [*Start date*] – [*End date*]

**What is it?**   
Paired Learning is a leadership development programme based on a work-based peer-learning model that is open to managers, clinicians, therapists, nurses, pharmacists, scientists and other Allied Health Professionals across <*your organisation>*. Participants from different professional groups are paired with each other in a peer-learning model.

**What is unique about this programme?**This programme uses a strong work-based ethos of peer learning, where the learning is predominantly gained through conversations and relationships that are set-up during the programme in each pair.

**What is the evidence that this peer-learning approach works?**

Evaluation from earlier pilots demonstrated that through the opportunity to observe and learn about each others’ role, participants were able to identify a discrete opportunity for improvement of a service and to jointly design and implement a solution. Furthermore, participants felt significantly more prepared for healthcare leadership roles following completion of the programme with all of them reporting that Paired Learning had not only improved their understanding of each other but that firsthand experience of the benefits of collaboration was a driver to actively seek out each others’ input in the future.

**What does the programme consist of?**

The learning is built on supporting constructive and developmental conversations which is underpinned by the following elements:

* Conversations - informal discussions between different professionals;
* Reciprocal Work-shadowing;
* Leadership & Improvement workshops;
* Quality and Service improvement projects.

Successful applicants will work in pairs and these will be the focus of the learning and development.

**How can I find out more about it?**

For more information about the concept and supporting evidence behind this approach to leadership development and the programme, please contact your Programme Lead.

**Appendix D: Programme Briefing**

**Overview**

The following example programme briefing can be tailored to your organisation’s needs and delivered via a variety of means including email, website, notice boards, networks, etc. The Programme Lead is responsible for its content and accuracy.

**Paired Learning**

***Developing future leadership teams through learning and working together***

**Duration:** [*Start date*] – [*End date*]

**Programme Lead:** [Name & email]

**What is it?**   
  
Paired Learning is a leadership development programme based on a work-based peer-learning model that is open to managers, clinicians, therapists, nurses, pharmacists, scientists and other Allied Health Professionals across **[**… *your local organisation..****]***.   
The programme is run by a team of clinicians, managers, educationalists and leadership development experts **[***… amend as required …* **]**.

**Who is it for?**   
  
The programme is open to individuals from any of the following groups e.g.:

* e.g. Managers, Scientists, Nurse Managers, and Allied Health Professionals
* e.g. Specialist Registrars (ST6 and above)
* e.g. Consultants who have been appointed within the last 3 years
* e.g. Senior members of Primary Care/Borough team

**What is unique about this programme?**  
This programme uses a strong work-based ethos of peer learning, where instead of top-down delivery of leadership development material, the learning is predominantly gained through the conversations and relationships that are established during the programme. It is much less about the classroom and more about relationships, networking and conversation; and is not just focussed on developing skills, but on changing behaviours.

**Why are we running this programme?**   
  
Increasing evidence links engagement between e.g. clinicians and managers with improved patient outcomes. The NHS Leadership Framework acknowledges this by having one framework for all staff groups. With the current reforms placing a strong emphasis on clinical leadership, both clinicians and managers will need to bridge the gap between their respective professions and collectively create an environment in which clinical excellence is inevitable.

The newly formed NHS Leadership Academy, as part of the NHS Commissioning Board, provides an opportunity to consider new approaches to leadership development, which focus on enhanced collaboration between all clinicians and managers and lead to improved outcomes for patients. Finally, this ‘Paired Learning’ programme has the long-term aim of developing the leadership teams of the future.

**What is the evidence that this peer-learning approach works?**

The evaluation from the 2010-11 Paired Learning pilot demonstrated that through the opportunity to observe and learn about each others’ role, 75% of participants were able to identify a discrete opportunity for improvement of a service and to jointly design and implement a solution.

Furthermore, both managers and doctors felt significantly more prepared for leadership roles in healthcare following participation in paired learning, as measured through a five-point preparedness scale based on the Leadership Framework dimensions.

All participants reported that Paired Learning had not only improved their understanding of each other but that the firsthand experience of the benefits of collaboration was a driver to actively seek out each others’ input in the future. Participants reflected that the peer learning relationships that they had developed have the potential to drive forward long term cultural change across the NHS.

“We implemented a pre-surgery assessment clinic through paired learning. Cancellations on the day have gone down and the length of stay compared to last year has gone down from 7.4 days to 4.1 days for elective surgery.”

“I tried to implement a patient transfer form last year that will ultimately improve patient safety and it just didn’t work. This year I worked with my manager buddy who had an insight into the admin and managerial side of things. She told me who I needed to approach so I wasn’t just pushing it through myself and how to get the communications out effectively. We successfully started using the form a month ago.”

“I got asked to ring a manager to sort out a long standing service issue and after about a minute we realised we had already met through paired learning. I felt that because we knew each other we actually wanted to sort it out. It’s been much more straightforward to organise admissions since we worked together. The patients go straight to a surgical ward on Friday night and stay overnight.”

**What does the programme consist of?**

The learning is built on supporting constructive and developmental conversations underpinned by the following elements:

* Conversations i.e. informal discussions between different professionals
* Reciprocal work-shadowing
* Leadership & Improvement workshops (focused on self, systems, change & patient safety)
* Quality and Service improvement projects, supported by design surgeries

Successful applicants will be works in pairs and these will be the focus of the learning and development.

Provided that you attend and contribute fully to the full programme, there is no cost to participate except your own time - but we do specifically ask that you agree to commit to:

* informally meeting up with your partner on a regular basis;
* shadowing your partner in at least one activity they participate in;
* participating in an improvement project; and
* attending at least 80% of the scheduled workshops

You will also be required to participate in an evaluation at the end of the programme (through completing a post-programme survey, and participating in a brief interview).

If you would like to apply please complete and submit the application form together with the self-assessment ‘preparedness to lead’ survey and application form.

Closing date is [*amend as required ..* >**]**

For more information about the concept and supporting evidence behind this approach to leadership development and the programme, please contact the Programme Lead.

**Note:** A number of sample application forms as well as the ‘preparedness-to-lead’ questionnaire are included in these appendices.

**Appendix E: Recruitment: Application form – Clinician example**

|  |
| --- |
| **Part A - About you:**  Please complete the following information about yourself:  1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. E­mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. In which Specialty are you training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    5. Which is the main organisation you work for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    6. In which Department / Directorate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Part B – Your training:**  7. Year of Training:  (if currently out of programme, select the last year that you were in:)  ST 3 \_\_  ST 4 \_\_  ST 5 \_\_  ST 6 \_\_  ST 7 \_\_  ST 8 \_\_  SpR (Y3) \_\_  SpR (Y4) \_\_  SpR (Y5) \_\_  Post­CCT \_\_  Other (please specify below)  8. Year of qualification as a doctor: \_\_\_\_  9. (Expected) Year of Completing Training (CCT): \_\_\_\_ |

**Part C - Supporting information:**

1. Do you currently have any involvement with your management colleagues within your

organisation? If you do, please describe it below (up to 150 words):

|  |
| --- |
|  |

2. Why have you applied to be part of this programme (up to 150 words)?

|  |
| --- |
|  |

3. Please describe 3 areas of personal development and learning that you hope to gain through working alongside a *manager* in this paired learning programme (up to 300 words):

|  |
| --- |
|  |

4. Please describe 3 examples of where your experiences of working as a clinician in the NHS may be able to support the learning & development of the *manager* you are paired with (up to 300 words):

|  |
| --- |
|  |

5. Please add any additional comments to support your application (up to 150 words)?

|  |
| --- |
|  |

Thank you for completing this application.   
If you have any comments or further thoughts please contact your Programme Lead.

**Appendix F: Recruitment: Application form – Manager Example**

|  |
| --- |
| **Part A - About you:**  Please complete the following information about yourself:  1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. E­mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Which is the main organisation you work for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    5. In which Department / Directorate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Part B – Your training:**  7. If you were/are a trainee on the NHS Graduate Management Training scheme, what was your Scheme intake year?  1996 \_\_\_ 2002 \_\_\_  1997 \_\_\_ 2003 \_\_\_  1998 \_\_\_ 2004 \_\_\_  1999 \_\_\_ 2005 \_\_\_  2000 \_\_\_ 2006 \_\_\_  2001 \_\_\_ Other \_\_\_ (*please specify*)  8. What specialism of the Graduate Training Scheme were you on?  Finance \_\_\_  General Management \_\_\_  Human Resources \_\_\_  Informatics \_\_\_  Not applicable \_\_\_  Other \_\_\_ (*please specify*)  9. What is your current NHS banding?  Band 6 \_\_\_ Band 7 \_\_\_  Band 8a \_\_\_ Band 8b \_\_\_  Band 8c \_\_\_ Band 8d \_\_\_  Band 9 \_\_\_ Other \_\_\_ (*please specify*) |

**Part C - Supporting information:**

1. Do you currently have any involvement with your clinician colleagues within your

organisation? If you do, please describe it below (up to 150 words):

|  |
| --- |
|  |

2. Why have you applied to be part of this programme (up to 150 words)?

|  |
| --- |
|  |

3. Please describe 3 areas of personal development and learning that you hope to gain through working alongside a clinician in this paired learning programme (up to 300 words):

|  |
| --- |
|  |

4. Please describe 3 examples of where your experiences of working as a manager in the NHS may be able to support the learning & development of the clinician you are paired with (up to 300 words):

|  |
| --- |
|  |

5. Please add any additional comments to support your application (up to 150 words)?

|  |
| --- |
|  |

Thank you for completing this application.

If you have any comments or further thoughts please contact your Programme Lead.

# Appendix G: Recruitment: ‘Preparedness to Lead’ questionnaire

The questions are a series of Likert scales which ask you about how ‘prepared’ you feel for different situations. Note that the answers to these questions will have no impact on your application, or matching to a potential participant in forming a pair - they are just used to make an initial assessment of your starting point. However, they can also be used as part of your post-programme evaluation.

Reflecting on your experiences and training to date, please use the 1 to 5 scale below to rate how prepared you feel for each of the areas of work below:

1. I feel very unprepared for this
2. ………………………………..
3. I feel somewhat prepared for this
4. ………………………………..
5. I feel very well prepared for this

Note: Scales 2 and 4 do not have descriptors attached.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STATEMENT (each is to be rated using a scale of 1-5)** | **RATING** | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| Working alongside senior management colleagues: |  |  |  |  |  |
| Working alongside consultant colleagues: |  |  |  |  |  |
| Working in e.g. a clinician-manager partnership: |  |  |  |  |  |
| Working within a team to set up a new clinical service: |  |  |  |  |  |
| Supporting and mentoring junior colleagues: |  |  |  |  |  |
| Communicating with all members of your department: |  |  |  |  |  |
| Leading a multi­professional team to improve services: |  |  |  |  |  |
| Understanding the data streams that can inform quality improvement: |  |  |  |  |  |
| Understanding how clinical evidence can inform improvements to patient care: |  |  |  |  |  |
| Developing a business case to support a service development plan: |  |  |  |  |  |
| Initiating projects to improve local services: |  |  |  |  |  |
| Project managing a quality improvement initiative: |  |  |  |  |  |
| Understanding how management decisions are made: |  |  |  |  |  |
| Understanding the hierarchies of a clinical team of doctors: |  |  |  |  |  |
| Understanding the key bodies involved in the training of doctors: |  |  |  |  |  |
| Understanding the hierarchies of a management team: |  |  |  |  |  |
| Understanding how services are commissioned and funded: |  |  |  |  |  |
|  |  |  |  |  |  |

# Appendix H: Learner Agreement

In order for each pair to successfully work together in a paired learning environment, a significant commitment in terms of **personal time** and **effort** may be required from each participant to maximize both their learning and associated benefits from this innovative work-based peer-learning leadership development programme.

With more traditional programmes, there might be opportunities for backfill. However, the success of a paired learning programme relies on the personal commitments made to building and developing new work and personal relationships, as well as sustainable networks. To paraphrase a famous quotation “.. it’s not what the organisation can do for you - but what you can do for your organisation..”

For each participant in a pair, we have proposed a sample learner’s agreement, which uses a set of definitive statements which hopefully encapsulates the core principles underpinning your paired learning programme:

* I will fully commit for the duration of the programme.
* I understand that it will require personal time outside of my normal job role
* I will engage with and support my paired colleague throughout the programme.
* I will try to ensure that we meet face-to-face at least monthly.
* I will develop an understanding of my paired colleague’s role.
* I will be look to developing new skills that will assist me in my future work.
* I will not pre-judge but seek to understand that which I am not familiar with.
* I will support my paired colleague in helping them achieve their goals.
* I will engage with patients as part of our joint project work.
* I will ensure that our joint project will support the organisation.
* I will ensure that our joint project will contribute to improving patient care.
* I will ensure our joint project is sustainable beyond the lifetime of the programme.

This is not meant to be an exhaustive list and can be tailored as required for your paired learning programme. Whilst a pair have great flexibility in how they work together, it’s still important to emphasize the personal commitment and responsibility that is required of both of them in order to achieve a successful outcome from the programme.

**Paired Learning - Learner Agreement**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I will fully commit for the duration of the programme.
* I will fully engage with and support my paired colleague.
* I will try to ensure that we meet face-to-face at least monthly.
* I will develop an understanding of my paired colleague’s role.
* I will be look to developing new skills that will assist me in my future work.
* I will not pre-judge but seek to understand that which I am not familiar with.
* I will support my paired colleague in helping them achieve their goals.
* I will engage with patients as part of our joint project work.
* I will ensure that our joint project will support the organisation.
* I will ensure that our joint project will contribute to improving patient care.
* I will ensure our joint project is sustainable beyond the lifetime of the programme.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_ / \_\_\_ / \_\_\_**

**Appendix I: Line Manager’s Agreement**

In order for a participant to engage fully and maximise the benefit from a paired learning programme, they also require commitment from their line manager to support e.g. their attendance at the various workshops and design surgeries, as well as encouraging them with their projects.

With more traditional programmes, there might be opportunities for backfill. However, the success of this type of flexible leadership development programme has been shown to rely on the personal commitments made to building and developing new personal as well as work relationships, as well as creating sustainable networks.

For each participant’s line manager, we have proposed an “agreement” that refers to a set of underpinning statements which clearly demonstrates their unequivocal support for the participant taking part in the programme:

* I will support my colleague to participate fully for the duration of the programme.
* I will encourage my colleague to attend all programme workshops etc.
* I will ensure that we meet regularly to discuss their progress on the programme.
* I will be looking for them to develop new skills that will assist them in future work.
* I will support my colleague in achieve their personal programme goals.
* I will develop an understanding of my colleague’s project.
* I will check that they engage with patients as part of their project work.
* I will ensure that their project will support the organisation.
* I will ensure that their project contributes to improving patient care.
* I will ensure their project is sustainable beyond the lifetime of the programme.

**Note:** This is not meant to be an exhaustive list and can be tailored as required for your programme. However, it’s important to highlight the responsibility of line managers and senior management in supporting participants throughout their programme.

**Paired Learning – Line Manager’s Agreement**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I will support my colleague to participate fully for the duration of the programme.
* I will encourage my colleague to attend all programme workshops etc.
* I will ensure that we meet regularly to discuss their progress on the programme.
* I will be looking for them to develop new skills that will assist them in future work.
* I will support my colleague in achieve their personal programme goals.
* I will develop an understanding of my colleague’s project.
* I will check that they engage with patients as part of their project work.
* I will ensure that their project will support the organisation.
* I will ensure that their project contributes to improving patient care.
* I will ensure their project is sustainable beyond the lifetime of the programme.

By signing this commitment as line manager you are also signing on behalf of your organisation to ensure maximum attendance and completion of this programme.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Line Manager Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_ / \_\_\_ / \_\_\_**

**Appendix J: Ideas for Workshops**

**Overview**Alongside learning through conversations and shadowing, the design of your own paired learning programme should be underpinned by a series of facilitated workshops, which involve pairs learning alongside each other. Workshops should be focused on different topics such as building self-awareness, leadership and improvement skills, etc. The list below should provide you with some ideas for potential workshops. Additionally we have included some indicative content based upon feedback from the original pilot.

**Communications & Self-Awareness**

* Communication Styles
* Personality profiles (MBTI)
* Effective peer communication
* Active listening Skills
* Questioning techniques
* Giving/receiving feedback
* Impact of Body Language
* Managing difficult conversations

**Designing for Quality & Safety**

* Patient Safety in clinical practice
* Managers role in Patient Safety
* Designing for Patient Safety
* Introduction to RCA
* Hands-on practice with RCA

**Project Planning & Management**

* Project Life Cycle
* Scoping the deliverables
* Planning via milestones
* Project delivery
* Benefits realisation
* Tools & Techniques

**Business Case development**

* Business Planning
* What is a business case
* How are they approved
* Identifying the Benefits
* Handling service improvement
* Options Appraisal

**Financial Management**

* Finance in the NHS
* Key financial roles
* Local organisation example
* Budgeting skills
* Project Business Case
* Funding your projects
* Financial Risk Management

**Stakeholder Management**

* Mapping basics
* Analysis Models & Tools
* Personality Preferences
* Influencing Strategies
* Negotiation Strategies
* Effective communications
* Managing conversations

**Coding, Activity and Financial Flows**

* Coding – how hospitals get paid
* Impact that clinicians make on the amount of money earned
* Tips on how to improve finance

**Conflict Resolution**

* Understanding Conflict in the workplace
* How to disagree effectively
* What happens if you cant
* Self-awareness and conflict

**Appendix K: Framework for Conversations**

Whilst we are all very practiced at discussing issues with colleagues at work, yet there is much evidence that where there are misunderstandings, mistakes or mistrust then poor communication is frequently at the heart of the problem. In order to foster high-quality conversations, a framework for reflecting on your first ‘pair conversation’ is provided.

Please could you spend a few minutes reflecting on the first conversation that you had with your paired colleague. The questions below do not all need to be answered, but are provided to guide your personal reflection on your initial conversation. Also it might be worth recording some notes as an aide memoire e.g. future discussion with your paired colleague, programme lead, workshop colleagues, etc.

**Way in:**

* How did the conversation start?
* Who started the conversation?
* How did the second person get involved?

**Framework/Ground Rules:**

* Was an agenda discussed in any way?
* Was there any discussion around expectations and individual objectives?
* Did you develop a framework for the conversation, either from the outset, or as the discussions developed?

**Objectives:**

* What were your objectives for this initial discussion?
* Were each of your objectives discussed (either explicitly or not) in any way?
* Were your objectives met?

**Action:**

* Did any actions come out of the conversation?
* How did they arise?
* How were they allocated between each individual?
* Did any key decisions come out of the conversations

**Way Out:**

* How did the conversation end?
* How were things left in terms of follow up of action points and further meetings?
* Were any other comments made after this point?

**Afterwards**

In the hours/days after your initial conversation - having had a chance to reflect further:

* Have you had any further thoughts about it?
* What did you learn from it?
* Were there any surprises?
* What was the single most important thing you got out of it?
* Could you have approached things differently in any way?
* Will you change e.g. your approach etc. for the next conversation?

**Appendix L: Evaluation: Suggested Framework**

A suggested framework for post-programme interviews is detailed might consist of a number of components such as a semi-structured interview plan; a preparation checklist for the interviewee; an interviewee consent form; and a set of questions that could used by the interviewer. The semi-structured interview plan is described below whilst the other components have their own separate appendix.

**Semi-structured Interview Plan**

**Research aim:**

This could be e.g. to evaluate paired learning as an approach to clinical and management development, and specifically, to understand:

* Individual participation in paired learning
* Knowledge and skills gained
* Changes in behaviour and attitudes
* Outcomes for the patients, services, and organisations

**Opening the Interview:**

This is a suggested opening to the post-programme/evaluation interview with a pair’s participant i.e. someone who has recently completed the programme. It attempts to provide context for the interview within your organisation and might cover:

* Introductions
* Explanation of the purpose and scope of the ‘research’ project.
* Discuss confidentiality issues & answer any queries; refer to informed consent.
* Obtain verbal and signed consent from individuals prior to their participation.
* Provide a ‘preparedness to lead’ questionnaire to complete prior to the interview

**Appendix M: Evaluation: Interviewee preparation checklist**

**Research aim**

To evaluate paired learning as an approach to clinical and management development, and specifically, to understand:

* Individual participation in paired learning
* Knowledge and skills gained
* Changes in behaviour and attitudes
* Outcomes for the patients, services, and organisations

**Personal Reflection**

It might be helpful to reflect on the following areas in advance of the interview:

1. What has the Paired Learning programme looked like for you? And specifically:

* How/why did you choose your Paired Learning partner/colleague?
* What activities did you take part in together?
* How often did you meet or communicate with each other?
* Were there any barriers to participating in the programme?

1. Take some time to think about the impact of the programme on you, in terms of:

* What knowledge and/or skills have you gained through the programme?
* How your attitudes towards your partner’s professional group have changed as a result of the programme.
* How your behaviour towards your partner’s professional group has changed in the workplace.
* Identifying what the outcomes have been, as a result of the projects you have collaborated on, for the service provided to patients in your organisation.

1. What do you think are the key benefits of paired learning for your organisation?

**Appendix N: Evaluation: Interviewee consent form**

**Purpose**

The purpose of this ‘research’ is to evaluate your paired learning programme as an approach to e.g. clinical and management development. The research is being conducted by your organisation < *complete as required*>.

The data collected may also be submitted to the London Leading for Health Partnership (located in Stewart House, 32 Russell Square, London WC1B 5DN) who can add it onto their knowledge base on paired learning. This data can then be compared with other similar paired learning programmes data, involving identical or similar professional groups, as well as sharing it with other NHS organisations in the London region.

**What you will be asked to do in the research**

You will be asked to participate in a semi-structured one-to-one interview with your locally nominated programme lead – and you will be asked a number of questions about your experience of the paired learning programme which have been provided to you in advance of the interview. You might also be asked to complete an online questionnaire.

**Risks and Discomfort**

The researcher does not foresee any risks or discomfort that will arise from participation in the study.

**Voluntary Participation**

Whilst contributing to the knowledge base on paired learning is voluntary, we would encourage you to complete it so that it can be fed into your own organisation’s knowledge around paired learning and to provide robust evidence for your organisation’s senior management. However, you have the right to end the interview at any point and to withdraw your data from the study at any point without having to give a reason.

**Confidentiality (**Responsibility of Programme Leads**)**

All data will be treated as personal under the 1998 UK Data Protection Act and will be stored in a secure repository by your Programme Lead. Any data will be anonymised and your identity, job role or department will not be identifiable in the research report. A copy of the final report(s) will also be made available to you. You should also consider audio-recording of the interviews and associated transcription.

**Questions**

You will have the opportunity to ask your Programme Lead any questions about the paired learning programme or data collection process at the time of interview or thereafter by contacting them at the contact details that you are provided.

Based on the information I have received I agree to participate in this research project.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

# Appendix O: Evaluation: ‘Preparedness to Lead’ questionnaire

The questions are a series of Likert scales which ask you about how ‘prepared’ you feel for different situations. The answers to these questions will allow a comparison between your initial assessment carried out during recruitment and where you are now, having completed the programme, as part of a post-programme evaluation.

Reflecting on your experiences and training having completed the programme, please use the 1 to 5 scale below to rate how prepared you now feel for each of the areas of work below:

1. I feel very unprepared for this
2. ………………………………..
3. I feel somewhat prepared for this
4. ………………………………..
5. I feel very well prepared for this

Note: Scales 2 and 4 do not have descriptors attached.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STATEMENT (each is to be rated using a scale of 1-5)** | **RATING** | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| Working alongside senior management colleagues: |  |  |  |  |  |
| Working alongside consultant colleagues: |  |  |  |  |  |
| Working in e.g. a clinician-manager partnership: |  |  |  |  |  |
| Working within a team to set up a new clinical service: |  |  |  |  |  |
| Supporting and mentoring junior colleagues: |  |  |  |  |  |
| Communicating with all members of your department: |  |  |  |  |  |
| Leading a multi­professional team to improve services: |  |  |  |  |  |
| Understanding the data streams that can inform quality improvement: |  |  |  |  |  |
| Understanding how clinical evidence can inform improvements to patient care: |  |  |  |  |  |
| Developing a business case to support a service development plan: |  |  |  |  |  |
| Initiating projects to improve local services: |  |  |  |  |  |
| Project managing a quality improvement initiative: |  |  |  |  |  |
| Understanding how management decisions are made: |  |  |  |  |  |
| Understanding the hierarchies of a clinical team of doctors: |  |  |  |  |  |
| Understanding the key bodies involved in the training of doctors: |  |  |  |  |  |
| Understanding the hierarchies of a management team: |  |  |  |  |  |
| Understanding how services are commissioned and funded: |  |  |  |  |  |
|  |  |  |  |  |  |

**Appendix P: Evaluation: Interviewer guidelines**

**1. Participation in Paired Learning**

These questions will ask about the process of Paired Learning, including how the interviewee paired up with their partner, the activities they took part in inc. reasons etc.

1.1 How did you find your Paired Learning partner?

1.2 What activities did you take part in together?

1.3 How often did you meet or communicate with each other?

1.4 Which methods of communication did you use most often?

1.5 Which workshops did you attend?

1.6 Did you attend any design surgeries?

1.7 Did you work on a shared improvement project?

**2. Knowledge and Skills**

2.1 Can you identify any knowledge/skills that you gained from the programme?

2.2 How were these gained?

2.3 Have you applied these in the workplace and if so, what was the outcome?

2.4 What knowledge/skills do you think your partner learned from working with you?

**3. Attitudes and Behaviours**3.1 Can you describe your attitudes/behaviour towards the professional group that your partner belongs to, before your participation in the programme?

3.2 What are your attitudes and behaviour towards this professional group now?

3.3 Can you describe any changes in your attitude towards service issues or wider organisational issues that have occurred as a result of this programme?

3.4 Do you think your partner’s attitudes/behaviour has changed as a result?

**4. Outcomes for the Organisation**

4.1 Can you describe any shared improvement projects you have worked on together and explain how the outcomes have been measured?

4.2 Has your participation in the programme impacted on your colleagues or department (positively or negatively)?

4.3 How do you think Paired Learning impacts on the organisation?

4.4 How do you think Paired Learning impacts on the leadership teams of the future?

**5. Closing Questions**

5.1 Which element of the programme did you gain the most from and why?

5.2 What were the major challenges to participating in the programme?

5.3 How did you attempt to overcome any challenges?

5.4 What would have improved the programme for you?

5.5 Who do you think has learned more from the programme, you or your partner?

5.6 Do you think Paired Learning programmes have a future and in what other contexts can professional groups e.g. clinicians & managers, work together?

5.7 Is there anything else you would like to contribute e.g. a suggestion/comment?

Thank you very much for participating in this interview.

# Appendix Q: References

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