Evaluation of the
Compassionate Connections Programme

EXECUTIVE SUMMARY

prepared by
NHS Education for Scotland, June 2014

from the Evaluation report by
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1 The Compassionate Connections workforce development programme

Compassionate Connections is a collaborative programme run by NHS Education for Scotland and NHS Health Scotland. It was initiated to support implementation of the Refreshed Framework for Maternity Care in Scotland and Improving Maternal and Infant Nutrition – a Framework for Action.

The programme began in early 2011 following the launch of the frameworks and associated policy guidance. In November 2011 a learning needs analysis was commissioned\(^1\) to support the project. This was completed in March 2012 and in response to the findings of this report a flexible set of interactive educational resources was developed through extensive stakeholder engagement and consultation. The resources were designed to support a national workforce development programme aiming to:

- Increase understanding of the impact of health and social circumstance on engagement with services and clinical outcomes
- Enable staff to make the most of their individual and collective contributions towards improving maternal, newborn and infant health and well-being.
- Build on the existing knowledge and skills staff currently have and connect them with new insights, experiences and understanding

The resources comprised:

- Two Story Worlds which use a mixture of audio and visual slides to enable learners to explore the delivery of compassionate person centred maternity care through fictionalised drama (in collaboration with Forum Interactive Ltd.).
- A virtual learning environment (VLE) which supports learners to understand person-centred approaches to maternity care, with a particular focus on smoking cessation (in collaboration with Digital Design Studio).

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A pilot of the Compassionate Connections workforce development programme began in September 2013. It engaged six NHS boards across Scotland which had identified themselves as early implementer sites and the three higher education institutions (HEIs) in Scotland which provide pre-registration midwifery programmes.

Support for implementation was provided by four (3 FTE\(^2\)) regional Practice Education (PE) posts employed by NES on a fixed term basis from August 2013 to March 2014.

Implementation centred on the delivery of events (meetings, workshops, lectures – collectively referred to as ‘sessions’) designed to introduce and pilot the programme:

- Awareness-raising sessions, designed to introduce the programme resources to a very wide range of strategic and operational stakeholders. These sessions often opportunistically ‘piggy-backed’ onto existing and/or scheduled meetings and events to make the best use of time.
- Introductory sessions, designed to introduce the programme to staff who had the potential to run Story Worlds learning sessions with their own clinical teams or colleagues (‘introductory’ ‘facilitators’ or ‘train-the-trainers’ sessions).
- Story Worlds learning sessions, designed to use the Compassionate Connections resources within a learning context with relevant staff or students (SW1). These sessions were followed up with a Story Worlds reflection session (SW2), to engage learners in reflecting on how they had made use of their learning in practice, since attending the Story Worlds session.
- Virtual Learning Environment (VLE) learning sessions, designed for individuals or groups to access and learn through the VLE.

The NES Compassionate Connections implementation team far exceeded their aims in delivering the pilot programme, in particular in relation to the delivery of Story Worlds introductory sessions and SW1 learning sessions. Between 25\(^{th}\) September 2013 and 5\(^{th}\) February 2014, 107 sessions were provided, reaching 1215 people.

2 The evaluation

The evaluation of the Compassionate Connections workforce development pilot programme was designed to assess:

- The extent to which the educational outputs of the Compassionate Connections Project is meeting the project aims and learning outcomes.
- The perceptions and experiences of key stakeholders across Scotland, of the project in terms of its relevance to and impact on the current policy landscape.
- The role of the Practice Educator in building capacity and capability for ongoing dissemination of the resources.

In particular, the evaluation was designed to address the following objectives and indicative research questions:\(^3\):

1. To evaluate the educational resources.
2. To assess educational methods and media.

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\(^2\) 2 x 1WTE plus 1 x 0.8WTE and 1 x 0.2WTE  
\(^3\) Invitation to submit a competitive written quotation: Reference: C00106
3. To investigate user and stakeholder perceptions.
4. To explore the potential transferability of learning resources.
5. To assess the development and management of the project.
6. To assess the Practice Educator role in the project
7. To make recommendations for future development based on the evaluation

The evaluation approach was one of mixed methods to allow for triangulated analysis (i.e. using more than one method to check findings. The evaluation fieldwork ran in parallel with implementation, and was undertaken between September 2013 and March 2014.

3 Conclusions

3.1 The educational methods and media

The implementation of the Compassionate Connections pilot programme focused on the Story Worlds materials with fewer more targeted sessions focusing on the smoking cessation VLE.

The Story Worlds resource was considered by both stakeholders and learners to be:
- Best for discussion-based groups
- Realistic, relevant and non-judgemental
- Accessible and flexible
- High quality

The visual, story-based format worked well for participants’ learning. The literature on narrative pedagogy shows that this approach can be useful in developing critical thinking and reflection with health care staff, particularly around challenging, complex or sensitive areas of practice, providing a ‘safe environment’ to consider these issues. The use of digital approaches and multimedia have been reported as advantageous in terms of enhancing authenticity and fidelity. Technical problems were at times an issue in particular for the VLE.

Following the introductory sessions the vast majority of respondents were positive and supportive of the Compassionate Connections resources, with 95.3% agreeing that they really liked the resources and anticipated that staff would engage with and learn from them. Indeed, 39.5% respondents ‘strongly agreed’ with this statement, suggesting a high level of support, and anticipated impact on the staff who engage with the resources.

In terms of validity, almost all respondents (97.7%) considered the resources to accurately reflect real life scenarios (43% strongly agreed), and most (96.5%) agreed that they would help staff connect a deeper insight and understanding of compassionate person centred care (more than a third of respondents strongly agreed with this statement).

When asked to consider whether the reflective approach used during the story world resource was appropriate to meet the learning objectives, almost all respondents (96.5%) agreed. Respondents were highly positive regarding the use of stories as an educational method within this context: 96.5% respondents agreed that the use of stories was a useful learning approach, of which more than half (52.3%) strongly agreed.
3.2 Extent to which the learning materials have enabled the learners to achieve the learning outcomes

Most sessions provided outwith HEIs were facilitated by the Compassionate Connection Practice Educators. Learning sessions were delivered in relation to both the SW and the VLE resources: specific learning outcomes for sessions were developed by the PEs as appropriate to their target participants.

The learning outcomes were not assessed in any formal way – with the SW2 (reflection) session providing an informal opportunity to reflect on the achievement of learning outcomes. The session participant survey provided an opportunity to elicit individual perspectives on their achievement of the learning outcomes.

Participants in Story Worlds learning sessions generally perceived that their ability in relation to the SW learning outcomes had improved as a result of the learning session. This was most noticeable in relation to:

- Understanding the principles of compassionate person centred care, in particular in how it relates to practitioners’ own roles within maternity care services
- Identifying opportunities to use strengths-based approaches in the delivery of maternity care
- The delivery of inequalities sensitive maternity care
- Identifying opportunities to support health behaviour change in the delivery of maternity care

Participants in VLE learning sessions considered that their ability in relation to the VLE learning outcomes had improved in relation to:

- Using an assets-based approach to improve health outcomes
- Using available collective resources that promote the coping/decision-making abilities of women
- Using available collective resources that promote the self-esteem of women.

3.3 Extent to which participants feel able to apply the outcomes to practice

The timescales for the evaluation of the pilot programme made it impossible to make any effective evaluation of the extent to which participant felt able to apply the learning outcomes of the Compassionate Connections resources in practice. Nevertheless, almost all (90%) participants in Story Worlds learning sessions expected that it would improve their practice in terms of care and compassion towards women and families.

Similarly, almost all (92%) participants in a VLE learning session expected it to improve their practice in terms of providing compassionate care for patients.

The evaluation of the pilot programme provides the potential to develop more longitudinal evaluation of impacts on practice, for example by following up case studies and/or individuals who participated in the learning sessions.
3.4 User and stakeholder perceptions

Users and stakeholders were optimistic about the potential positive impact on practitioners’ ability in relation to Compassionate Connections learning outcomes, whilst recognising that it was too early to see the impact.

Following awareness sessions the majority of respondents (85%) really liked the resources, and anticipated that staff would both engage with them and learn from them. Further, 91% respondents thought that the resources accurately represented real life scenarios.

The vast majority of respondents thought the resources would have a positive impact on staff and practice. Most respondents (86%) thought that the resources would positively affirm the work that maternity care staff do in practice already, and 81% agreed that the resources would connect staff with a greater insight and understanding into compassionate patient-centred care. In addition, the majority of respondents (82%) thought that the resources would have a positive impact in terms of helping the maternity care workforce make effective cross-sector links, and 87% of respondents agreed that they would help translate strategic policy aspirations into real and meaningful practice.

3.5 Potential transferability of learning resources

The literature on narrative pedagogy shows that the use of narrative and stories has been successful across a range of contexts, in particular in relation to health promotion (across diverse groups). Within health professions education, the use of narrative is often focused towards developing individuals’ knowledge or competence with regard to ‘sensitive’ areas of practice, including compassionate care, emotionally challenging practice, and developing empathy.

Stakeholders interviewed pointed to the relevance of the Compassionate Connections programme to wider health and social care workforce groups, and to national programmes/initiatives, notably:
- GIRFEC
- The Early Years Collaborative
- The implementation of the new Baby Friendly Initiative standards.

Following introductory sessions Ninety-five 95% of respondents thought that the resources would be useful beyond the maternity care workforce noting the importance of explicating the relevance of the Compassionate Connections programme to other staff groups, programmes and initiatives.

3.6 Development and management of the pilot programme

The pilot programme was implemented by a NES team of Practice Educators (PEs) in partnership with early implementer Boards and the three HEIs delivering pre-registration midwifery education in Scotland. It centred on the promotion of the Compassionate Connections resources through ‘sessions’ of three types: awareness raising sessions, ‘train-the-trainers’ sessions, and learning sessions.

The NES Compassionate Connections team went to significant effort to engage as many stakeholders as possible. This succeeded in reaching strategic and senior staff in awareness-raising sessions; and in engaging relevant staff (i.e. those with an education remit) in introductory sessions.
Midwifery and maternity-related staff were well represented in Story Worlds learning sessions, with pre-registration students being best able to attend reflection (SW2) sessions. The VLE resource was not promoted as strongly as the SW resource, and was delivered mainly to students and/or through individual sessions.

Strategic stakeholders considered that the provision of strong, skilled facilitators was a key factor in the successful implementation of the Compassionate Connections programme – in particular to make the links/connections with other relevant policies, initiatives and workforce development frameworks: some considered that this should be at a national level and independent of the territorial NHS Boards, others considered that this should be retained at local levels.

The NES PE team was seen as playing a key role in promoting/marketing the Compassionate Connections resources, with some stakeholders considering that the NES focus was too much on promotion and less on effective delivery.

### 3.7 The Practice Educator role

The key role of the Compassionate Connections PEs\(^4\), was seen by stakeholders and PEs themselves as the promotion of the Compassionate Connections resources. From the outset the Practice Educator team felt confident in the quality of the resource and its intended messages. Successful promotion of the resources was perceived as requiring three main attributes:

- ‘Belief’ in the ‘message’ of the resources
- Skills in stakeholder management and brokerage. This was facilitated by:
  - Having identified ‘champions’ at Board level
  - Being able to access relevant networks
  - Being able to explicate the relevance of the resources and the links that they have with key national frameworks – such as the KSF – and other key resources and initiatives.
  - Being able to demonstrate the relevance of the resources
  - Fitting in with what’s already there
- Facilitation of many different and complex groups to address the same issues. This required:
  - Clarity of the purpose
  - Significant knowledge in addition to midwifery clinical practice
  - The development of an approach to assure the integrity of the Compassionate Connections message

### 3.8 The 2012 learning needs analysis

The 2012 learning needs analysis identified a range of core competencies required to support implementation of the Refresher Framework, which were mapped to those developed through other relevant training programmes, including the Family Nurse Partnership (FNP) training programme and GIRFEC multi-agency training. It recommended that NES consider the development of training and development related to the Continuous Learning Framework for Social Services and the FNP programme; both of which demonstrated a good fit with the core competencies required to implement the Refresher Framework.

\(^4\) Detailed findings in relation to this aspect of the evaluation have been provided to NES as a separate confidential appendix. This is because the PE team is very small, and easily identifiable. It is not appropriate to provide such personalised data in an evaluation report such as this.
The learning needs analysis also identified a number of factors that contribute to effective training for the maternity care workforce, recommending that training activities and resources must be flexible, accessible, and meeting the following core components:

- Using a blended approach (i.e. interactive group based learning, supplemented with online resources, opportunities to continue/take forward learning (e.g. resource pack to take away and share with colleagues), a range of tools (e.g. DVD resources, scenarios, tutor led discussion, group work and reflection)
- Multi-disciplinary training (i.e. include profession specific elements so that the training feels relevant, develop shared understanding of the roles and remit of different groups in the workforce)
- A staged approach (i.e. provision of background information)
- Self-assessment of learning needs (i.e. benchmarking of knowledge, skills, values and attributes, training sessions, reflection – mentoring, coaching and reflective logs, follow up)
- Quality (i.e. high quality resources, skilled facilitators, relevance to practice)

The Compassionate Connections workforce development pilot programme was purposefully structured around generic learning outcomes – rather than competencies. This evaluation indicates that the generic nature of the content of the resources was both strength and a weakness:

- A strength because it provides strong complementary content/learning to other person-centred workforce initiatives- such as GIRFEC.
- A weakness because without a clear locus its message could be lost; this needs to be explicated at national and local levels to ensure that the programme has relevance.

The pilot programme used a blended approach to deliver multi-disciplinary training – with some tailoring to specific target audiences (eg in relation to GIRFEC). It offered resources that were regarded as very high quality – but which needed to be delivered through highly skilled, knowledgeable and consistent facilitation. It was designed to facilitate reflective learning and practice, but provided no benchmarking of knowledge, skills, values and attributes – for example in relation to the KSF or the Continuous Learning Framework for Social Services.

4 Recommendations

The implementation of the pilot programme has succeeded in significantly raising awareness of the Compassionate Connections resources. The positive response to this will support further implementation – and it may also necessitate some demand management. The pilot programme has also enabled the implementation team to ‘test’ the resources in a wide variety of different contexts, and with a wide range of stakeholders and learners. The evaluation findings show that the resources are valued, and that there is an anticipated impact on practice. In order to maximise that anticipated impact, we propose the following recommendations:

1. Focusing implementation ...

... by doing less awareness-raising; and more capacity building (i.e. through training-the trainers) at Board level.

2. Making the connections with Compassionate Connections explicit; notably in relation to:
   a. Other programmes/initiatives/resources at local and national levels   b. Career development
structures and frameworks
This will demonstrate the relevance of the programme, and help to:
• Sharpen learning outcomes
• Secure strategic/management support/buy-in to the programme by showing how it can support
the achievement of strategic outcomes.

3. Supporting facilitation...
...provide examples to show potential users of the resource how it can be used to support teaching
and learning. The resource was designed to be as flexible as possible and as the evaluation showed,
this is both an advantage and a disadvantage with potential users left uncertain about how best to use
it for their own purposes. This point could be addressed by the provision of additional exemplar
material and by supporting users in the development of facilitation skills relevant to this type of
material.

4. Addressing the use of the VLE:
Significant investment has already gone into this resource. The pilot programme did not strongly
promote it; nevertheless, the evaluation has indicated that learners like it – particularly in terms of the
quality of its information.

5. Demonstrating impacts on practice...
... by building capacity for ongoing self-evaluation; and light touch external evaluation to support self-
evaluation and provide programme level independent evaluation. Findings should be disseminated so
as to provide ongoing feedback to Boards on impacts, which in turn will support the sustainability of
the programme.