Evaluation of the NHS Education for Scotland
Advanced Practice Succession Planning
Development Pathway

Final Report March 2010

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Disclaimer:

Whilst the NES project Steering Group provided valuable feedback on the interim reports from this study, the views expressed in this report are those of the research team, and not necessarily those of the funding body.

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1.0 Abstract

This report presents the findings of an 18-month study, which evaluated the NHS Education for Scotland pilot Advanced Practice Succession Planning Development Pathway project. As part of a national approach to delivering the objectives of the ‘Modernising Nursing Careers’ agenda, this innovative pathway was intended to provide a framework to support practitioners as they worked towards developing a range of attributes associated with the advanced level of practice. The underlying philosophy of the pathway embraced the principles of a generic, flexible and sustainable approach to supporting educational solutions for advanced practice.

A total of 15 participants, recruited as two separate cohort groups, successfully completed the year-long pathway. A range of features were incorporated within the pathway, commencing with a specially designed ‘Developmental Needs Assessment Tool’ (DNAT). This enabled participants to self-assess their learning needs relative to identified advanced practice attributes and was used as the basis for a learning action plan. Participants were then encouraged to use the £2,000 funding provided by NES to seek appropriate learning opportunities to address their individually identified needs. Central supporting mechanisms were also integral to the pathway; these included provision of facilitated on-line Action Learning Sets (ALS) and the appointment of a local ‘critical companion’ to provide supportive challenge as the practitioner journeyed through the pathway.

The aim of this study was to concurrently evaluate the impact of the pilot advanced practice succession planning development pathway on individuals’ learning, development of advanced practice attributes, service delivery/development and patient outcomes. Adopting a mixed methods design built on the principles of responsive evaluation, the study incorporated qualitative and quantitative data drawn from a range of perspectives; the experiences and views of the individual pathway participant, the observations and opinions of their critical companion and service manager, and an appraisal of their impact on service delivery and patient outcomes. A combination of entire cohort data collection and selected case site study was used within a staged approach, designed to ensure capture of baseline, process and outcomes of this pilot project, as well as enabling exploration of common and unique features, in context, of a geographically dispersed and clinically diverse group of participants.

Whilst acknowledging that the actual development of advanced practice attributes was never measured as part of the pathway or the evaluation, evidence presented here indicates that engaging in the Advanced Practice Succession Planning Development Pathway was thought to be extremely valuable by all participants, although the perceived utility of the different components varied.

The pathway recruited practitioners with a range of skills and experiences from diverse professional backgrounds and wide geographical distribution. Formal accredited education via modules or programmes of study was most frequently indicated as being a useful type of developmental activity, however, the synergistic effect of undertaking this type of learning following the use of the DNAT to highlight learning needs across the spectrum of advanced practice activities and at the same time as the various attributes were being discussed via action learning sets was noticeable.

Chi-squared analysis of the comparisons between baseline and completion participant self assessed confidence ratings showed highly significant differences (p = 0.000), with overall improvement in
confidence scores for the combined cohorts evident. This is an important finding which provides a specific indicator of the positive impact of the pathway on participants’ confidence related to a wide range of themes associated with advanced practice.

Direct comparison of the various elements of the pathway demonstrates that the DNAT was found to be very helpful by the majority of participants, closely followed by critical companion support; action learning sets produced a more varied response, with only five participants having engaged in all six of the ALS provided and the majority of participants reporting this mechanism as only ‘somewhat effective’.

Regarding the most and least helpful aspects of the pathway, NES funding (typically used for accredited study) and effective critical companion support were top ranked as most helpful; the challenges of managing time constraints and the disadvantages of on-line action learning sets were top ranked as least helpful. All stakeholders appeared to appreciate the flexibility offered by the pathway, and the opportunity to be part of a national initiative was welcomed.

Concern over future funding was identified as an issue by line managers, as well as participants, with the indication being that managers would find it challenging to support future pathway participants without this funding source.

In conclusion, the evidence presented in this report strongly endorses the flexible nature and valuable contribution of the succession planning pathway to advanced practitioner development. Furthermore, it is recommended that the primary mechanisms within the pathway are maintained or enhanced in line with the findings and that a sustainable approach to delivering this pathway beyond the pilot project is implemented nationally.
2.0 Background

The introduction of advanced practice roles in Scotland, as well as the rest of the UK, has gained momentum in recent years, with the importance of a variety of new roles in supporting the vision set out in Delivering Care; Enabling Health (SEHD, 2006) and Better Health; Better Care (SGHD, 2007) having been established. However, the introduction of these roles has been largely opportunistic, with limited evidence of a systematic or sustainable approach to succession planning (Acton Shapiro, 2009; Currie, 2010). To address this concern, NHS Education for Scotland implemented a pilot project in 2008, the ‘Advanced practice succession planning development pathway’ (APSPDP) (NHS Education for Scotland, 2007). This innovative pathway was intended to provide a national framework to support practitioners as they work towards developing a range of attributes associated with the advanced level of practice.

The philosophy of the pathway embraces a generic, flexible and sustainable approach to supporting educational solutions for advanced practice. Following a selection process and dependent upon confirmed support from their line manager, participants were recruited as a cohort onto the year-long pathway. To begin with, participants were asked to self assess their learning needs relative to identified advanced practice attributes by using a specially designed ‘Developmental Needs Assessment Tool’ (DNAT), which forms the basis of a learning action plan. Participants were then encouraged to use the funding provided by NES to seek appropriate learning opportunities to address their individually identified needs. Central supporting mechanisms were also integral to the pathway; these included provision of facilitated on-line Action Learning Sets (ALS) and the appointment of a local ‘critical companion’ to provide supportive challenge as the practitioner journeyed through the pathway.

A team of researchers from Glasgow Caledonian University were commissioned to evaluate this pilot project, commencing March 2008, with the overall aim being:

To concurrently evaluate the impact of the pilot advanced practice succession planning development pathway on individuals’ learning, development of advanced practice attributes, service delivery/development and patient outcomes.

This report presents a discussion of the findings from this study, drawn from the first and second cohorts of nurse participants undertaking this pathway (combined n=15), and concludes with recommendations for the future enhancement of the pathway.

3.0 Literature review

The following brief literature review sets the scene for the study, highlighting the context of the pilot succession planning project in terms of the emergence of advanced practice roles; educational principles, which are intended to underpin the approach to individualised learning within the pilot project; and features within the organisational context that may impact on new role development.

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3.1 Emergence of advanced practice roles

Whilst advanced practice roles have been advocated in nursing for some considerable time, it is only more recently that this has come to prominence, particularly with recent debate around the Nursing and Midwifery Council (NMC) proposals to regulate the education and practice of such role holders (NMC, 2005, 2007). One of the reasons cited for this is that nursing practice is becoming more diverse than ever before and the boundaries of inter and intra-professional practices are becoming increasingly blurred (Carnwell & Daly, 2003). As part of its remit to protect the public the NMC are anxious to agree titles and a clear framework for this role and undertook a consultation in 2005 to ascertain the profession’s view; however, the nature of advanced practice as envisaged by the NMC review is considered by some to be restrictive, focusing on a primarily technical role undertaken by advanced nurse practitioners. A more holistic conceptualization of advanced practice is now emerging, embracing clinical, leadership, education and research roles at an advanced level of practice within a framework of career development (NES, 2007).

The introduction of diverse roles in the past has served to further complicate advanced practice and a number of reviews have been conducted to illustrate this, including Knowles (2006). One of the features of Knowles’s paper and others (National Council for the Professional Development of Nursing and Midwifery, 2005) is the sheer diversity of the roles and the challenges this presents in meeting the educational needs of practitioners. In order to meet the key aspirations set out in Delivering Care; Enabling Health (SEHD 2006) and Better Health; Better Care (SGHD 2007) with regard to building workforce capacity it is recognised that a more systematic means of developing advanced practice roles is required (NES, 2007). A parallel development involving the creation of a more robust framework for nursing and other health care workers career aspirations was launched by the Scottish Executive Health Department in 2006 (Modernising Nursing Careers). This was a joint initiative involving the four UK countries, and developments in Scotland fed into the wider UK agenda on delivering the objectives of the Modernising Nursing Careers initiative, culminating in the creation of an ‘Advanced Practice Toolkit’ (Scottish Government, 2009).

Succession planning is about building talent, expertise and capability through flexible options to develop individuals (Cunningham, 2007) and within the Scottish Health Service it has been recognised that building a national approach towards key skills and behaviours through education provision is necessary at this level (NES, 2007). Through evaluating the advanced practice succession planning development pathway, it will be possible to explore the influence of this strategic approach to supporting role development.

3.2 Educational support for advanced practice

It is a well established educational principle that adults are motivated to learn when the content of learning holds a clear and direct relevance to their interests and can be immediately applied (Knowles, 1970). As Daley (1993) noted over fifteen years ago in a study exploring the interrelationships between knowledge, context and clinical nursing practice after a continuing education programme, nurses identify that knowledge becomes meaningful when it is relevant to practice, meets the needs of clients and contains specific content that was helpful. A comparable
finding was reported more recently (Currie, 2006), where graduate specialist practitioners explained that learning becomes relevant when they can ‘see it work in practice’.

Contemporary educational thinking acknowledges that a ‘one size fits all’ approach is no longer congruent with a student focused approach to learning, and that a variety of learning opportunities can be selectively utilised to meet individually identified learning and development needs. This philosophy is epitomised in the proposed advanced practice development pathway, which acknowledges the role of formal educational programmes whilst also advocating the use of more informal mechanisms such as work based learning, critical companionship, coaching and action learning sets.

Although many aspects of the learning experience on the succession planning development pathway may vary depending on the participants’ identified needs, the use of Action Learning Sets (ALS) will be a centrally provided support mechanism available to all participants, and as such, a core aspect of the evaluation project. Action Learning is “a continuous process of learning and reflection that happens with the support of a group or ‘set’ of colleagues, working on real issues, with the intention of ‘getting things done’ (McGill and Brockbank, 2004). ALS are not about solving each participant’s work-based problems or producing ‘quick fixes’. Rather, the emphasis is on learning to learn through a formalised network of shared experiences and personal reflection, or as Weinstein (1998) puts it, “learning through a process of inner experiencing”.

This inner experiencing occurs as a result of a longitudinal cycle of reflection and action from activities within and between Action Learning Sets, impacting on the self and (hence) the workplace. The core activities at the heart of an Action Learning Set revolves around allowing each participant ‘air time’ to present issues (in this case on educational development) to the set group, after which they are subjected to challenging questions and, at the same time, peer support. Through this process of in-depth probing of programmed knowledge, supported by peer encouragement, and reinforced with reflection and future action, personal and professional development will take place.

In the context of this project, it was possible to evaluate the impact of the action learning sets on the educational development of the participants with respect to the advanced practice attributes i.e. clinical judgement, decision-making and problem solving skills; critical thinking, analytical and higher level reflective skills; improving patient outcomes through therapeutic nursing; leadership, influencing, and negotiation skills; managing innovation and complexity; developing autonomous practice; and developing confidence.

However, there are a number of problems that one needs to be aware of when implementing ALS, some of which were evident in a study of ALS implemented by Trent Health Authority (Edmonstone and Davison, 2004) and research of advanced student learning (Biggam, 2007). There may be confusion among participants about the purpose of the set, how it operates and what it is trying to achieve. This problem can be minimised by providing explanatory material prior to the first meeting and by explaining at the first meeting the ground rules and how the sets would operate. Secondly, there is the question of employer commitment and participant motivation (i.e. they may fail to participate at future meetings). This difficulty can be addressed by a learning contract involving the set member, their line manager and the set facilitator. Other potential difficulties may include set members not participating, set drift, poor continuity between sets, tendency to focus on solving
individual problems, slow feedback from members, and that the learning set approach may not suit all learning styles. It will be important in this evaluation study to be cognisant of both the benefits and potential pitfalls in the use of action learning sets and their contribution to the development of advanced practice attributes.

The process of ‘critical companionship’ was also introduced as central support mechanism within the pathway. Developed conceptually by Titchen (2000), critical companionship is defined as ‘a helping relationship in which an experienced facilitator accompanies another on an experiential learning journey, using methods of ‘high challenge’ and ‘high support’ in a trusting relationship (Titchen, 2003a, p. 33). The process typically involves the companion using facilitative interpersonal strategies to help practitioners to: analyse knowledge and evidence; check the usefulness of knowledge /evidence for a particular situation; blend knowledge and evidence to act effectively; expose their critique for critical review; overcome internal and external obstacles to person centred evidence based practice; create new knowledge in and from practice (Titchen, 2003a). This model has been applied and tested in a range of projects within the Royal College of Nursing Practice Development programme (Titchen, 2003b) and extended to other initiatives (see for example, Joyce, 2005; Manley et al, 2005; Grribben & Cochrane, 2006; Hardy et al, 2006). The appeal of the critical companionship process belies the complexity of skills which are required from the facilitator; much of the literature on the use of critical companionship reports on projects where the development of critical companion skills have themselves been ‘taught’ or developed via external support (Titchen 2003b; Gribben & Cochrane, 2006; Hardy et al, 2006), which was not the case in this pathway project. Although the key principles of critical companionship were outlined at the NES orientation day and reading material was recommended, there was little opportunity to provide further direction or support for the critical companion role. Therefore, it will be useful in this context to evaluate the effectiveness of the critical companion relationship in promoting the development of advanced practice attributes.

A key principle underpinning the advanced practice succession planning development pathway is that learning and development is translated into practice (NES, 2007). Therefore, it will be important when evaluating this succession planning development pathway to identify those aspects of their potentially very varied learning experiences that participants believe are most relevant and effective in helping them to develop the advanced practice attributes required to function in new roles.

### 3.3 Organisational context of role development

As the consultation on the proposed advanced practice development pathway acknowledges (NHS Education for Scotland, 2007), the key to succession planning is to ensure that organisations develop supportive infrastructures to facilitate individuals’ development. However, a significant body of evidence indicates that even when there is organisational commitment, contextual factors may impede as well as enable the introduction of new clinical roles. Over a decade ago, Woods (1999) noted the significant influence of ‘organisational governance’, or the strong influence situational variables have on role performance, in his three-stage theory describing the contingent nature of advanced nurse practitioner roles.
More recently, Currie (2006) highlighted the role of organisational infrastructures, processes, policies and the enabling or blocking potential of other people as being influential in specialist role development and the application of learning in the practice setting. In this study, peers and professional colleagues, managers and, to a limited extent, medical staff, were identified as providing either encouragement and support or presenting barriers to role and practice development initiatives. These findings are supported by Lloyd Jones’ (Lloyd Jones, 2005) meta-synthesis of fourteen qualitative research studies reporting barriers or facilitators to specialist or advanced practice role development in acute hospitals, primarily in the UK. Thus, in evaluating the impact of a planned development pathway, cognisance of the influence of local contextual factors will also be required.

In summary, the individualised approach to personal and professional development envisaged by the proposed succession planning development pathway is comprehensive, aligned with contemporary educational thinking, and embedded within a strategic and visionary career development framework (SEHD, 2006). However, the relative effectiveness of the various educational solutions, as well relevant contextual factors which may impede as much as enable the project, must be determined. The following aims and objectives guided the design of this study, enabling evaluation of the impact of the advanced practice succession planning development pathway.

4.0 Research design

4.1 Aims and objectives

The aim of this study was to concurrently evaluate the impact of the pilot advanced practice succession planning development pathway on individuals’ learning, development of advanced practice attributes, service delivery/development and patient outcomes.

The specific objectives of the project were to:

1. Assess baseline knowledge, experience and skills of participants before commencing the pathway.

2. Examine the impact of the range of educational development activities undertaken on achieving identified learning needs, patient outcomes and service delivery/development.

3. Explore the benefits of the Development Needs Assessment Tool (DNAT) as a means of identifying learning needs and areas for further development.

4. Explore the effectiveness of the central supportive mechanisms incorporated into the pathway (i.e. action learning sets, critical companionship) on the development of advanced practice attributes.

5. Determine the overall usefulness of the pathway in the development of advanced practice attributes.
4.2 Summary of methods

In order to address the above objectives, a mixed methods design (Creswell, 2007) was used incorporating qualitative and quantitative data drawn from a range of perspectives; the experiences and views of the individual pathway participant, the observations and opinions of their critical companion and service manager, and an appraisal of their impact on service delivery and patient outcomes.

Due to the concurrent nature of pathway participation and evaluation, the study was designed to ensure that data captured baseline, process and the outcomes of this pilot project. A combination of entire cohort data collection and case study was applied. This approach enabled exploration of common and unique features, in context, of a geographically dispersed and clinically diverse group of participants.

4.3 Sample

Two cohorts of participants commenced the year-long development pathway; the first in March 2008, the second in September 2008. Cohort 1 comprised of nine individuals, however, one person moved to cohort 2 during the study, leaving eight within the group. Cohort 2 recruited eight individuals; two withdrew during the pathway, one joined from cohort 1, leaving seven within the group. Thus, fifteen individuals completed the pathway by November 2009. Whilst ethical principles guided the study (see section 4.6), acceptance onto the pathway required that participants were willing to contribute to the evaluation, thus the practitioner sample consisted of 15 individuals.

Seven case study sites were selected in discussion with the NES Programme Director to ensure maximum diversity in terms of geographical spread and nature of the advanced practice role of the participants. Within these seven case sites, pathway participants, critical companions and line managers consented to participate in interviews at various stages of the evaluation.

4.4 Data collection

A range of strategies were applied within a staged approach to data collection and analysis, including review of participant DNAT (Appendix 1) and role profiles (Appendix 2), interim and final reports submitted by participants to NES, semi-structured interviews, and structured questionnaires. The overview below indicates how each of the research methods contributed to addressing the study objectives within the various phases of the evaluation project.

PHASE 1: BASELINE

Individuals’ learning: Descriptive analysis of the DNAT and supplementary role profile to describe project participants’ knowledge, experience and skills prior to commencing the pathway.
Service delivery: Semi-structured telephone interview with the case site participants’ line managers, to explore managers’ expectations of the project participants’ achievements and role on completion of the pathway (n=7) (topic guide at Appendix 5).

Patient outcomes: The intention was to access available retrospective audits of patient outcomes which might be sensitive to the participants’ service role within the case sites (e.g. waiting times, patients seen, caseload size) to provide baseline data for later comparison, however, primarily due to the early stage in role development of participants, this baseline data was largely unavailable.

PHASE 2: PROCESS

Individuals’ learning:

i) Review of on-line action learning set discussions, followed by survey of all pathway participants, to investigate the relationship between action learning set group processes and the development of advanced practice attributes, based on the use of Bennett’s Hierarchy of Evaluation criteria (Appendix 9).

ii) Content analysis of case-site participants’ interim report to NES, to identify key factors which facilitated or inhibited the development of advanced practice attributes, as well as their experiences of the range of activities on the succession planning pathway.

PHASE 3: OUTCOMES

Individual learning and development of advanced practice attributes:

i) Follow-up analysis of the DNAT to all pathway participants, to determine progress during the succession planning development pathway.

ii) Final outcome questionnaire survey (Appendix 10) of all pathway participants to capture descriptive data on the range of activities they had participated in, their views on the benefits and limitations of the DNAT tool as a means of identifying learning needs, their ratings of the effectiveness of the central supportive mechanisms in developing advanced practice attributes.

iii) Semi structured interviews with case site pathway participants (n=7) their critical companions (n=7) and line managers (n=7) to identify their perceptions of the level of personal development achieved during the succession planning development pathway (topic guides at Appendices 6, 7 and 8).

Service delivery/development:

i) Final outcome survey of all pathway participants to identify specific service developments they have been involved in since participating in the pathway and possible measurable patient outcome indicators.
ii) Semi-structured interviews with case site pathway participants’ service managers (n=7), exploring their perceptions of the impact of the pathway participant on patient outcomes and service delivery/development, comparing baseline expectations and actual achievements of the pathway participants.

**Patient outcomes:**

No reliable patient outcome data were available; therefore information on possible impact on patient outcomes was taken from case site interviews and participant final outcome survey responses.

The following figure provides a summary map of the study objectives to the specific methods and stages of data collection:

**Figure 4.1: Summary of study objectives mapped against research stages**

<table>
<thead>
<tr>
<th>Study Objective</th>
<th>Stage / Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess baseline knowledge, experience and skills of participants before commencing the pathway</td>
<td>Baseline: DNAT analysis, Role profile review</td>
</tr>
<tr>
<td>Examine the impact of the range of educational development activities undertaken on achieving identified learning needs, patient outcomes and service delivery/development</td>
<td>Process and Outcome: Interim and final reports from case site participants, Comparison of baseline and outcome DNAT confidence ratings, Action learning set evaluation survey, Final outcome survey of all participants, Interviews with case site participants, critical companions and line managers</td>
</tr>
<tr>
<td>Explore the benefits of the Development Needs Assessment Tool (DNAT) as a means of identifying learning needs and areas for further development</td>
<td>Process &amp; outcome: Final outcome survey of all participants, Interviews with case site participants, critical companions and line managers</td>
</tr>
<tr>
<td>Explore the effectiveness of the central supportive mechanisms incorporated into the pathway (i.e. action learning sets, critical companionship) on the development of advanced practice attributes</td>
<td>Process &amp; outcome: Interim and final reports from case site participants, Observation of action learning set discussions, Action learning set evaluation survey, Final outcome survey of all participants, Interviews with case site participants, critical companions and line managers</td>
</tr>
<tr>
<td>Determine the overall usefulness of the pathway in the development of advanced practice attributes.</td>
<td>All data sources from all stages of the study</td>
</tr>
</tbody>
</table>

**4.5 Data analysis**

As the sample size was too small to test for statistically significant changes in each learning outcome area, descriptive quantitative analysis of each participant’s baseline and follow up Development Needs Analysis Tool (DNAT) was undertaken. This enabled comparative analysis of self assessed confidence ratings for each of the sub-themes of the potential learning outcomes associated with advanced practice attributes, over time for individuals and for the cohort as a whole. In addition, chi-square test was applied to identify the significance of changes between baseline and pathway
completion for each self-assessed confidence level category (low / medium / high) for the cohort as a whole.

The final outcome survey, completed by all pathway participants, and the interim and final reports from the case site pathway participants were each subjected to content analysis (Polit & Beck, 2008), with analytical categories drawn from the study objectives. This enabled a descriptive account of the survey responses to be generated under each category and data extracts from the reports to be grouped together.

The content of the on-line Action Learning Set discussions and ALS survey responses were analysed by using Bennett’s Hierarchy of Evaluation criteria (Bennett, 1976) (see Appendix 9) to assess the impact of the action learning sets on the development of advanced practice attributes. Using this framework meant that outcomes could be targeted; the extent to which these targets were achieved was assessed by focusing on evaluating the progress of the Action Learning Sets, from inputs to end results.

Thematic analysis procedures, incorporating the steps indicated by Braun and Clarke (2006) and Creswell (2007) were used in the analysis of semi-structured interviews with the case site pathway participants, their critical companions and line managers. Rigor in the analysis of interview data was maintained by applying the principles outlined by Koch (2006), with a second researcher independently analysing data and agreeing emerging themes. Rather than present the themes drawn from the interviews as a discrete element of the study, relevant qualitative findings are integrated within each section relating to specific study objectives.

By triangulating data from each of these varied sources, it was possible to determine the overall usefulness of the succession planning pathway on the development of advanced practice attributes, highlighting strengths and limitations and proposing modifications for future use.

4.6 Ethical approval and access

The study proposal, including all data collection tools, participant information letters and consent forms (Appendices 3 & 4) were subject to internal Research Ethics Committee scrutiny within the School of Nursing Midwifery & Community Health at Glasgow Caledonian University. No changes were required and approval was granted (Appendix 11). Subsequently, application was made via NHS Research Ethics processes and formal confirmation was given that the project came into the category of service evaluation and NHS Research Ethics Approval and Research & Development approval was not required (Appendix 12). Contact was made with the Clinical Effectiveness Departments in each of the proposed case sites and access was granted to participants, critical companions and service managers for interviews.

Whilst agreeing to contribute to the evaluation was an integral part of participation in the pathway, all participants were provided with detailed information about the study and asked to sign consent. All initial requests for information and contact with participants were made via the NES administrator, rather than directly by the research team. Principles of the Data Protection Act (1998) were applied; data was handled and stored appropriately on a secure, named researcher
password protected pc with participant details being anonymised and confidentiality being maintained.

5.0 Results

Fifteen out of the original 17 recruits completed the development pathway. The following sections present an account of the findings related to these 15 participants (integrating all data sources) under six headings, which correspond to the objectives of the study, namely:

1. Baseline knowledge, experience and skills of participants before commencing the pathway
2. Impact of the range of educational development activities undertaken on achieving identified learning needs, patient outcomes and service delivery/development
3. Benefits of the Development Needs Assessment Tool (DNAT) as a means of identifying learning needs and areas for further development
4. Effectiveness of the action learning sets in supporting the development of advanced practice attributes
5. Effectiveness of the critical companionship in supporting the development of advanced practice attributes
6. Overall usefulness of the pathway in the development of advanced practice attributes.

Where interview extracts are presented, ‘NP’ refers to the pathway participant, ‘CC’ refers to their critical companion, ‘M’ refers to their line manager, with the associated number indicating an anonymised identifier to maintain confidentiality; the other number relates to the line identifier in interview transcripts to establish an audit trail of data sources; to illustrate (NP4;123) indicates the quotations comes from an interview with pathway participant 4, starting from line 123 of their interview transcript. Extracts from the action learning set survey do not have an identifier as the questionnaires were returned anonymously.

5.1.0 Participants’ knowledge, experience and skills prior to commencing the pathway

Participants were employed throughout Scotland with representatives from NHS Boards in Ayrshire & Arran, Borders, Lothian, Orkney, Tayside and The State Hospital. Baseline knowledge, experience and skills were determined by analysis of the completed participant profiles, DNAT’s, and section A of the final outcome questionnaire.

5.1.1 Baseline information

Pathway participants represented a diverse range of clinical specialties and settings:

- 3 community district nursing team managers / community project manager
- 2 community based child health / mental health roles
- 2 clinical nurse specialist roles (gastroenterology & diabetes)
- 2 palliative care advanced nurse practitioners
- 3 acute hospital advanced nurse practitioners
- 1 minor injury nurse
- 2 in a practice education role
There was a wealth of post-registration experience amongst the group ranging from 5 to 30 years since qualifying, with a mean value of 18.5 years. All participants were educated to degree level; most had an Ordinary degree, while 2 had already completed a Masters degree. In addition, 4 participants had a post graduate qualification. Participants demonstrated a range of professional qualifications on entry to the pathway:

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN (n=11)</td>
<td></td>
</tr>
<tr>
<td>RMN (n=3)</td>
<td></td>
</tr>
<tr>
<td>RSCN (n=2)</td>
<td></td>
</tr>
<tr>
<td>Midwife (n=3)</td>
<td></td>
</tr>
<tr>
<td>District Nurse (n=4)</td>
<td></td>
</tr>
<tr>
<td>Health Visitor (n=2)</td>
<td></td>
</tr>
<tr>
<td>as well as independent nurse prescriber (n=6)</td>
<td></td>
</tr>
</tbody>
</table>

Based on information provided by those who completed the pathway, 6 respondents were already experienced in what they considered to be an advanced practice role prior to starting the pathway, 3 were being trained for a new role (although already in specialist roles), the remaining 6, whilst describing elements of autonomous practice within their existing role, entered the pathway anticipating further development.

In describing the main functions of the role they were currently in, or being developed for, most participants emphasised one role domain although some indicated cross-domain functions, hence the overlap in categories presented below:

- 9 highlighted a clinical / direct patient care focus
- 6 indicated a primary managerial function
- 6 stated an educational function was integral to their role, 2 participants stated their role focused entirely on education
- 3 indicated a being a role model or resource for other nurses in addition to their primary function
- 1 expressed an expectation that research would form an element of their role.

Thus the pathway appears to have been successful in recruiting practitioners ready to develop advanced nursing roles in diverse clinical, managerial and educational spheres, although research functions do not feature highly within the combined cohorts.

### 5.1.2 Reasons for undertaking the pathway

Participants identified a variety of reasons for undertaking the pilot pathway. All of the nurses saw it as an opportunity for personal and professional development and felt that the pathway provided a mechanism to prepare for their advanced practice role. Some suggested that there was lack of guidance from the NMC which the NES pilot filled. Three nurses felt it was important to be part of a Scottish initiative and wished to contribute to the future development of advanced practice within the profession. Two nurses reported that the pilot came at an opportune time in their career when they were looking for a challenge.
The format of the pilot was welcomed by those working within remote and rural areas as access to development / education opportunities could be problematic.

All felt that networking with their peer group was a motivating factor to participate, as professional isolation could be a problem because of the limited numbers and geographical dispersal of advanced practitioners.

Four participants had been alerted to the pilot and supported in their application by a senior medical or nursing colleague. This support was seen as valuable.

5.1.3 Anticipated achievements from undertaking the pathway

A range of achievements were anticipated by participants:

- advancement of the participant’s practice skills and clinical knowledge
- improvement in their academic qualifications, usually via accredited formal education at Masters level
- sharing learning experiences was important to all participants
- engaging in action learning sets would provide a vital networking link for the group

Important features of the pilot highlighted by participants included:

- the anticipated role of the critical companion; seen as both a mentor who could support and also provide learning opportunities within the organisation
- the role of the line manager was also viewed as important
- the opportunity to engage in discussion and explore professional issues
- sharing of experiences and best practices with other pathway participants was seen as being valuable for personal growth

Thus, the combined elements of the pilot were viewed by participants as being important in the preparation for their individual roles.

5.1.4 Baseline self assessed confidence ratings for the central themes of advanced practice

The Advanced Practice Development Needs Analysis Tool (DNAT) was used by participants to self-assess confidence in the central themes associated with advanced practice at the beginning and completion of the pathway (i.e. baseline and outcome). The four central themes, each with additional sub-themes, addressed by the DNAT were:

- Leadership
- Facilitating learning
- Research and development
- Advanced clinical / professional practice
Participants were invited to complete the DNAT by considering objectives and learning outcomes related to the main themes of advanced practice then reflecting, in collaboration with their manager, on their current role to identify areas where they would benefit from further training, education and development to enhance or develop their role at, or towards, advanced practitioner level. Confidence ratings for each objective / learning outcome were then established using the following guide:-

1. I require training and development in most or all of this area (low confidence/high developmental need)
2. I require further training and development in some aspects of this area (medium confidence/medium developmental need)
3. I am already confident in carrying out this objective competently (high confidence/low developmental need)

In addition, participants were asked to map the learning outcomes within each theme to the underpinning principles or attributes of advanced practice i.e. autonomous practice, critical thinking, decision making and problem solving, values based care and improving practice, and identify how these learning outcomes might be achieved.

The following graphs describe baseline DNAT information collated from the 15 participants who completed the pathway.

### 5.1.5 Theme 1 - Leadership

Leadership contains four sub themes with associated objectives as detailed below;

- **1.1 Change**: ‘assessing and establishing the need for change, leading and managing change and monitoring the effectiveness and impact for patients of change within practice’
- **1.2 Negotiation and Influencing**: ‘participate and influence local policy making activities which relate to their sphere of professional practice, and influence practice by supporting and developing lateral thinking in self and others’
- **1.3 Team Development**: ‘provide leadership across professional and organisational teams to improve patient focussed care through team development’
- **1.4 Practice / Care Development**: assess access, cost, efficiency and quality when making care decisions and improvement / development within practice areas’

Graph 5.1 below presents the baseline confidence assessments associated with the themes within ‘leadership’, where ‘high’ relates to a high confidence/low developmental need rating where participants are already confident in carrying out this objective competently; ‘medium’ relates to a confidence rating indicative of a requirement for further training and development in some aspects of this area; ‘low’ relates to low confidence/high need for development (require training and development in most or all of this area).
Graph 5.1: Baseline confidence ratings within Theme 1: Leadership

It can be seen that the majority of responses indicate predominantly ‘medium’ levels of confidence for all leadership sub themes, indicative of a requirement for further training and development in some aspects of this area, with slightly more variability around ‘practice and care development’; as more participants expressed high or low confidence, consequently fewer identified a mid range rating.

When considering ‘Change’, most participants (n=12) reported that they required further training and development in some aspects of this area, i.e. ‘assessing and establishing the need for change, leading and managing change and monitoring the effectiveness and impact for patients of change within practice’. Two participants assessed themselves as able to carry out this objective competently, while the remaining one participant felt that she needed training and development in most or all of this area.

A similar baseline pattern was evident with regard to ‘Negotiation and Influencing’ with 12 participants reporting the need for further training and development in some aspects of this area, i.e. ‘participate and influence local policy making activities which relate to their sphere of professional practice, and influence practice by supporting and developing lateral thinking in self and others’. Again, two participants assessed themselves as able to carry out this objective competently; only one felt that they required training and development in most or all of this area.

Participant’s reflection on ‘Team Development’ again indicated that most (n=9) felt they required further training and development in some aspects of this area i.e. ‘provide leadership across professional and organisational teams to improve patient focussed care through team development’. Three participants assessed themselves as able to carry out this objective competently, and three participants stated that they needed training and development in most or all of this area, i.e. they had low confidence levels.
Results for Practice / Care Development showed a slightly different distribution in that fewer participants indicated medium confidence levels, with seven participants reporting that they needed training and development in some of this area i.e. ‘assess access, cost, efficiency and quality when making care decisions and improvement / development within practice areas’. Four participants already felt competent to carry out this objective, which is more than in the other ‘leadership’ areas. However, this sub theme had the greatest number of participants (n=4) who considered that they required training and development in most or all of this area.

Interestingly, there is no apparent relationship between the current level of academic qualification and self-rated development need in the leadership category i.e. the participants with the MSc degree are not necessarily those who have the highest confidence/lowest developmental need.

5.1.6 Theme 2 – Facilitating Learning

‘Facilitating Learning’ consists of five sub themes with associated objectives;

- **2.1 Development of Education;** ‘assess and deliver education developments within the area of service, linking to overall local / national strategies for professional area of practice’
- **2.2 Learning Environment;** ‘promote learning and create a positive learning environment’
- **2.3 Service User and Carer Education;** ‘employing skills and knowledge of teaching and learning in assessing service users / carers motivation for learning and development of service user focused education materials’
- **2.4 Service User and Carer Education;** ‘develop & enhance active participation with service users and carers using a range of approaches such as mentorship & coaching’
- **2.5 Mentorship and Coaching;** ‘initiate and provide a skilled supporting learning infrastructure for members of the team and peers’

Graph 5.2 below presents the baseline confidence assessments associated with the sub-themes within ‘facilitating learning’.

**Graph 5.2: Baseline confidence ratings within Theme 2: Facilitating Learning**
Self ratings in the facilitating learning theme illustrate higher levels of confidence than the leadership theme, with two out of the five sub themes indicating medium to high confidence, with no lower confidence noted (2.2 Learning Environment, which also has the most ‘high confidence’ ratings, and 2.5 Mentorship and Coaching).

In relation to ‘Development of Education’ participants were invited to rate their level confidence to ‘assess and deliver education developments within the area of service, linking to overall local / national strategies for professional area of practice’. Most (n=9) considered that they required further training and development in some aspects of this area, five were already confident in carrying out this objective competently, only one felt that she needed training and development in most or all of this area.

Within ‘Learning Environment’ participants considered their level of confidence to ‘promote learning and create a positive learning environment’, as well as ‘apply principles of teaching and learning in supporting others to develop knowledge and skills’. This area had relatively high levels of confidence ratings. Nine of the participants reported confidence in carrying out this objective competently, with six indicating that they required further training and development in some aspects of this area, no participant reported a developmental need in most or all of this area.

‘Service User and Carer Education’ asked participants to reflect on two different objectives. In relation to ‘employing skills and knowledge of teaching and learning in assessing service users / carers motivation for learning, and development of service user focused education materials’, participants were split equally between medium and high confidence levels at baseline. Seven participants were confident about carrying out this objective competently (high confidence) and seven rated themselves as needing training and development in some of this area (medium confidence). Only one rated themselves as needing development in most or all aspects of this area.

The second ‘Service User and Carer Education’ objective concerned the ‘development and enhancement of active participation with service users and carers using a range of approaches such as mentoring and coaching’. On this occasion, four participants indicated that they were confident about their competence to carry out this objective, with ten requiring further training and development in some aspects of this area, and one needing training and development in most or all of this area.

The final objective i.e. ‘Mentorship and Coaching’, asked participants to rate their level of confidence to ‘initiate and provide a skilled supporting learning infrastructure for members of the team and peers’. Only fourteen participants responded with one missing score. Five participants reported confidence in carrying out this objective competently, nine participants indicated training and development needs in some aspects of this area, no participant indicated low confidence requiring training and development in most or all aspects of this area.
5.1.7 Theme 3 – Research and Development

Research and Development explored three sub themes with associated objectives:

• **3.1 Access;** ‘ability to access contemporary evidence base and enabling / supporting others to use information systems to improve areas of practice’
• **3.2 Implementation;** ‘utilising national / international clinical guidelines and research to develop and implement policy and protocols to improve clinical practice’
• **3.3 Evaluation;** ‘conduct research / audit pertinent to area of professional practice’

Graph 5.3 below presents the baseline confidence assessments associated with the themes within ‘research and development’.

**Graph 5.3: Baseline confidence ratings within Theme 3: Research & Development**

This theme demonstrated a relatively high confidence rating, which might be anticipated with an all graduate cohort, with one MSc graduate indicating confidence in all areas, the other being confident in two out of the three, requiring some input in relation to the evaluation sub-theme.

The first sub theme related to Access and asked participants to consider their ‘ability to access contemporary evidence base and enabling / supporting others to use information systems to improve areas of practice’. Twelve participants reported confidence in carrying out this objective already, and only three indicated the need for training and development in some aspects of this area. No participants reported the need for training and development in most or all aspects of this area.

Next, participants were asked about Implementation, in particular ‘utilising national / international clinical guidelines and research to develop and implement policy and protocols to improve clinical practice’. Responses were split between participants regarding themselves as already confident in carrying out this objective competently (n=8) and requiring further training and development in some aspects of this area (n=7). Again, none of the participants reported the need for training and development in most or all aspects of this area.
A slightly different picture seemed to emerge within the final sub theme of Evaluation, although it should be noted that two participants did not provide responses in this section. When asked about their level of confidence to ‘conduct research / audit pertinent to area of professional practice’, only three participants rated themselves as confident in carrying out this objective competently. While nine participants indicated that they required training and development in some aspects of this area, only one stated that they required training and development in most or all of this area.

5.1.8 Theme 4 – Advanced Clinical and Professional Practice

The Advanced Clinical and Professional Practice section of the DNAT was perhaps the most complex area of the DNAT tool, with two parts and seven sub-themes.

Part 1 comprised 3 sub-themes with associated objectives:

- **4.1 Clinical Skills;** ‘specific NMC competencies for advanced practice you need to develop’
- **4.2 Clinical Skills;** ‘other advanced clinical skills pertinent to your individual practice such as independent prescribing’
- **4.3 Clinical / Professional Practice;** ‘demonstrate high level of accountability in own practice including the areas of assessment & management of risk’

Part 2 comprised 4 sub themes with associated objectives:

- **4.4 Clinical / Professional Practice;** ‘Actively promote & influence others in incorporating the elements below into practice areas’
  - Equality & Diversity
  - Ethical Decision Making
  - Patient Focus/Public Involvement
  - Clinical Governance
- **4.5 Clinical / Professional Practice;** ‘Using expertise in advanced communication strategies to develop and enhance therapeutic relationships with service users within practice’
- **4.6 Professional practice;** ‘Using interpersonal skills to develop inform & promote a climate within the multi-professional team which enables patient centred care’
- **4.7 Professional practice;** ‘Participation and development of the multi-professional team through the development of collaborative and innovative practice, ensuring patient is at the centre of care’

Overall results for this theme are presented in Graph 5.4 below. It may be relevant to note that the lowest confidence levels were reported by the same individual for each of the aspects of this theme.
The first Clinical Skills section (4.1) asked participants to rate their level of confidence with regard to the ‘Nursing and Midwifery Council (NMC) draft competencies for advanced practice’. One participant indicated confidence in carrying out this objective competently, supporting this by providing evidence of completion of appropriate education courses e.g. non medical prescribing, clinical assessment. Most of the remainder (n=11) regarded themselves as requiring further training and development in some aspects of this area, while two participants required training and development in most or all of this area. One participant responded that the learning outcomes within ‘Clinical Skills’ were Not Applicable within the area of practice as she was in an educational role.

The following NMC competencies were identified by participants as those which needed to be developed:

- Diagnostic skills (n=8)
- Physical examination (n=6)
- History taking (n=5)
- Prescribing (n=4)
- Investigations (n=3)
- Leadership (n=3)
- Providing treatment (n=2)

In relation to Clinical Skills, information was also sought about ‘other advanced clinical skills pertinent to your individual practice such as independent prescribing’ (4.2). As might be anticipated of practitioners moving into new advanced practice roles, no participants thought that they were already confident in their competence in this area. Ten participants identified having other skills e.g. advanced communication, intermediate life support, but also felt that they required further training and development in some aspects of this learning outcome. Four participants identified the need for
development in most or all of this area. One participant responded that both learning outcomes within Clinical Skills were Not Applicable within the area of practice.

In relation to Clinical / Professional Practice (4.3), participants were asked initially to consider their level of confidence to ‘demonstrate high level of accountability in own practice including the areas of assessment and management of risk’. Five felt confident in carrying out this objective competently, while the remainder required training and development in some aspects of this area (n=8) or most or all of this area (n=2).

Within Professional Practice part 2, the first outcome inquired about the participant’s confidence to ‘actively promote and influence others in incorporating the following elements into practice areas: equality and diversity, ethical decision making, patient focus / public involvement and clinical governance’ (4.4). Three participants reported confidence in carrying out this objective competently, while eleven felt they required further training and development in some aspects of this area and one believed that training and development in most or all of this area was required.

The second Clinical / Professional Practice part 2 outcome related to ‘using expertise in advanced communication strategies to develop and enhance therapeutic relationships with service users within practice’ (4.5). Most participants felt confident about carrying out this objective competently (n=10), whilst four believed that they required training and development in some of this area and only one reported the need for development in most or all of this area.

However when asked about ‘using interpersonal skills to develop, inform and promote a climate within the multi-professional team which enables patient centred care’ (4.6), twelve participants reported confidence in carrying out this objective competently, two felt that training and development in some of this area was required. Again only one participant believed training and development in most or all aspects of this area was required.

Finally, participants were asked about ‘participation and development of the multi-professional team through the development of collaborative and innovative practice, ensuring the patient is at the centre of care’ (4.7). Seven participants felt confident about carrying out this objective competently, and further training and development needs in some aspects of this area was expressed by five participants, again with only one participant indicating a need in most or all of this area.

5.1.9 Achieving the Learning Outcomes

Those participants who identified that they required further training and development were additionally asked to include brief action point(s) indicating ‘how’ they would anticipate meeting the learning outcome. A range of responses were provided and these are categorised as follows:

Learning from colleagues / experts, for example:

• ‘shadowing’ managers, medical staff or more experienced nursing colleagues (n=12)
• networking, both locally and nationally (n=8)
• guidance from Critical Companions (n=3)
• coaching (n=2)
• role modelling (n=1)
• 360 degree feedback (n=1)

**Formal education**, for example:
• MSc / Non Medical Prescribing (n=15)
• Continuing Professional Development (n=5)
• conference attendance (n=1)

**Informal education**, for example:
• literature reviews (n=6)
• reflective discussion (n=4)
• tutorials (n=2)
• writing for publication (n=1)

**Work based learning**, for example:
• teaching / developing teaching materials (n=8)
• placements / study visits (n=5)
• undertaking audit (n=3)
• acting as a mentor (n=1)

Section 5.2.1 demonstrates that these initial plans were generally implemented.

**5.1.10 Summary of knowledge, experience and skills prior to commencing the pathway**

Participants came from a diverse range of nursing specialities, representing clinical, managerial and educational fields of practice. A considerable breadth and depth of knowledge, experience and skills was evident on baseline entry to the pathway. However, DNAT analysis demonstrated that whilst all participants reported high confidence in several of the outcomes associated with advanced practice, they also indicated areas where they required development in at least some, if not all aspects of various sub-themes.

Given the disparate nature of this pilot cohort, it is not possible to discern specific trends in relation to which sub-themes of advanced practice are typically more, or less, well developed on entry to the pathway, or which aspects are more likely to require developmental support, rather this analysis has illuminated the range of needs apparent.

**5.2.0 Impact of the range of educational development activities undertaken on achieving identified learning needs, patient outcomes and service delivery/development**

This section provides details of the diverse range of educational activities undertaken by participants, before moving on to explore the impact of those activities, firstly on the achievement of learning needs, and secondly on patient outcomes and service development.
Data on the range of educational development activities were primarily drawn from the final outcome survey where participants were asked ‘What types of learning activities have you participated in?’ Responses are summarised in figure 5.1 below, demonstrating that most participants engaged in more than one type of developmental activity.

**Figure 5.1: Summary of the range of learning and development activities undertaken by participants**

<table>
<thead>
<tr>
<th>Learning activity</th>
<th>Participant number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>MSc programme</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>University accredited modules</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Accredited work based learning</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>In-service education</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Clinical supervision /mentorship</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Shadowing an experienced colleague</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Self directed reading</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Reflective portfolio</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Other</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Total no. activities per participant</td>
<td>7</td>
<td>6</td>
</tr>
</tbody>
</table>

All participants were graduates or were completing degree level studies before starting the pathway, two already had an MSc degree. As might be anticipated, all respondents (n=15) reported engaging in self directed reading. The next most common activity was accredited formal education (n=13), primarily MSc level programmes or modules (n=12), including accredited work-based learning (n=6). Thus, excluding the two participants who already had an MSc, all but one respondent engaged in MSc level study during the pathway, with this respondent completing BSc modules instead. It is worth commenting that a key benefit of the pathway identified by participants was the funding from NES (see section 5.6.7), which seems to have been used predominantly to pay for accredited study or attendance at specialised discipline based courses. Less formal workplace learning such as shadowing a colleague (n=12), clinical supervision or mentorship (n=12) and in-service training
(n=10) also feature prominently in the learning experiences, as does maintaining a reflective portfolio (n=13), which was encouraged as an integral part of the pathway. A variety of other developmental activities such as personal coaching, conference or non accredited course attendance, joining a local forum or completing competence frameworks were also reported.

5.2.1 Impact of the range of educational development activities undertaken on the achievement of identified learning needs

Determining the relative impact of the range of educational experiences was assessed with reference to participants’ final outcome survey statements about which learning activities were most helpful and why. Undertaking formally accredited education, typically at MSc level, was reported as helpful by the majority participants (n=11). Theoretical modules were generally reported as having greater impact because of clear, measurable outcomes (primarily successful completion), formal recognition of learning, and for promoting transferable critical thinking skills.

Participants also indicated the value of other learning experiences such as clinical supervision or mentorship (n=5) in maintaining focus and providing supportive challenge, shadowing an experienced colleague (n=5) particularly in developing decision making skills in practice, in-service training (n=2) to ensure consistency with local systems and protocols, and personal coaching (n=1) for one individual who already had an MSc and wasn’t seeking academic development. One participant stated that simply ‘doing the job’ was the most beneficial experience, whilst also commenting that the pathway enabled learning to be recorded in a constructive manner.

Interviews with participants, their critical companions and line managers provided interesting examples of precisely how the various components of the pathway had impacted on the achievement of learning needs. For instance,

“*I didn’t see myself as a leader before I did the DNAT but on reflection I thought ‘yes, I can clinically lead a situation’. But it was probably the weakest part of the overarching themes for me, but now I am a Clinical Manager so it has probably gone from one extreme to the other. So in terms of taking me through that aspect of it, I think it [the pathway] has been hugely relevant. My outcome for that was to do a leadership course which I did, but I would say that actual skills of leadership came about more from what I did in clinical practice, like coming up with the framework for advanced practice. Taking the competencies for advanced practice and being able to implement them*” (NP5; 323)

“I studied negotiation and influencing skills and I suppose I picked that from when I was in the management post. I felt that I only managed to shadow one person and then did some background reading but that certainly improved my understanding of what makes for a successful negotiation.” (NP4; 175)

Those participant views were supported by comments from managers, typified by the following,

“I think in terms of her confidence in clinical decision making, and her ability to translate the theoretical stuff that she has learned both in this [pathway] and at the same time she was doing a clinical skills course. I think that the combination of this course at the same time as
that one meant that she gained a lot more confidence. So as a person I think she is more confident, she is much more likely to make robust clinical decisions as a result of that.’ (M11; 17-22)

As most participants engaged in a varied range of educational and developmental activities, and whilst accredited modules or programmes were most frequently reported as being most helpful, it is not possible to identify the relative impact of each type of activity; more likely, engaging in different forms of learning concurrently had a synergistic effect, with the combined impact being greater than the sum of their individual effects. In particular, the influence of undertaking MSc modules at the same time as the pathway can be discerned, with the pathway appearing to ‘flag’ the particular relevance of various aspects of the theoretical content for the development of advanced practice attributes in individual cases. To illustrate, some participants reported greater clarity around the link between modular content and developing leadership skills, others emphasised the development and accredited assessment of advanced clinical skills, which they had prioritised within their DNAT. It would appear therefore that other elements of the pathway, specifically the DNAT and topics of the action learning sets, helped shape the recognition of the relevance of specific theoretical learning in the context of role development. This point is illustrated by the following participant interview extracts,

“I used some of the money to do the last module for my degree and that was on Advanced Professional Practice so that module took all the themes of advanced practice that we had been studying in the last 6 modules and put them together. So that module was really a synopsis of everything the pathway stood for. And we had to achieve the RCN nurse practitioner competencies and develop an innovation in practice that would evidence all the themes of advanced practice and then produce a portfolio of evidence for this innovation. So that module was really good for tying everything together and it gave me a better understanding of how all the things can interconnect.” (NP4; 193)

Critical companions also provided details of how the participants they had supported had developed over the pathway; the following extract illustrates the views expressed by others,

“I think that the impact it’s had is very noticeable, in as much as they are thinking in an advanced way and they are applying that to work, and it’s demonstrated at things like meetings where they’re probing and asking questions and it’s almost behavioural, it’s tangible, because you can see it in the behavioural way they now are. It would be, because they are two nurses in a group of ten nurses employed to do the same job I think that for me, I think it’s noticeable that we have two people who are thinking and delivering ... it has developed them I’m quite sure of it.” (CC11; 494)

5.2.2 Impact of the range of educational development activities undertaken on patient outcomes and service delivery/development

Participants were asked ‘Can you give any examples of new service developments that you have been (or will be) involved in as a consequence of taking part in the advanced practice development pathway (e.g. new nurse led initiatives)?’ Fourteen out of 15 respondents identified
new service developments, however, it was not clear whether these were solely as a consequence of taking part in the pathway or might have happened as part of their previous role. Content analysis of responses identified five broad categories of service development, presented in figure 5.2 below (Appendix 13 details the types of initiatives listed).

**Figure 5.2: Frequency of types of service development initiated during pathway participation**

<table>
<thead>
<tr>
<th>Category of service development</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy / protocol / procedure development</td>
<td>8</td>
</tr>
<tr>
<td>Staff development / CPD initiative</td>
<td>7</td>
</tr>
<tr>
<td>Nurse led clinics / services</td>
<td>4 + 3 anticipated</td>
</tr>
<tr>
<td>Patient education initiative</td>
<td>2</td>
</tr>
<tr>
<td>Nothing:</td>
<td>1</td>
</tr>
</tbody>
</table>

Whilst the range of service developments mentioned by participants varied and obviously reflected their particular clinical setting, line managers from different contexts highlighted a change in attitude they had observed, in terms of a move towards taking the initiative; this attitudinal change may be more reflective of the impact of the pathway on service development, as indicated below,

“But I think the pathway is very good for developing those thought processes and new ways of looking at things, and using that to develop practice and look for further opportunities. It helps people to take responsibility for changing things rather than waiting for someone else to do it. She had ideas and would discuss it with myself and the nurse consultant and if it was feasible we would support her through it and encourage her to take ownership of it. So I think it just makes them think differently and look for opportunities to improve patient outcomes.” (M5; 139)

“I think she has grown in confidence … and probably the fear, maybe fear’s not the right word, but you know that sort of stepping back and well sort of seeking permission … [now] rather coming up with a proposal for something and she’d maybe done the research and identified this is the gap and here’s the baseline and here’s where I think we want to be and having the confidence around doing that independently, without waiting for someone to ask her to do these points, so I see that as a big improvement.” (M13; 35)

Participants were asked ‘Can you give any examples where you think there would be evidence of your impact on patient outcomes since participating in the advanced practice development pathway (e.g. reduction in waiting times, numbers of patients seen etc?)’ The question of ‘evidence’ of impact proved challenging, with participant responses often indicating their perceptions of where patient outcomes may have improved, however they were largely unable to provide evidence for this. The possible exception to this was where the respondent had been involved in a new service where reduction in waiting times or increased throughput of patients should be able to be identified, were audits to take place. Figure 5.3 below indicates the categories of patient outcomes identified by respondents (Appendix 14 provides detail of participant responses).
Figure 5.3: Categories of patient outcomes participants may have had an impact on

<table>
<thead>
<tr>
<th>Category of patient outcome</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased patient throughput / reduced waiting times</td>
<td>6</td>
</tr>
<tr>
<td>Patient satisfaction</td>
<td>1</td>
</tr>
<tr>
<td>User group involvement</td>
<td>1</td>
</tr>
<tr>
<td>Training to meet service priorities:</td>
<td>2</td>
</tr>
<tr>
<td>General perception but no evidence:</td>
<td>4</td>
</tr>
<tr>
<td>None available</td>
<td>1</td>
</tr>
</tbody>
</table>

Arguably, anticipating impact on service development or patient outcomes within the year of pathway participation may be too ambitious and longer term follow up of participants may be more instructive. There are, however, indications of things to come as several respondents highlighted the different approach adopted by the pathway participant and the influence this is having on other staff, for instance,

“I think yes, she has influenced what has happened. The other area of work that she’s been working on is values based practice and again, in the way that people are treating the patients and working with the patients, if the staff are more aware and conscious of what they’re doing I think that has an impact on care, so both indirectly and directly I think there’s been a change.” (M14; 55)

“I don’t think her practice has changed hugely because she was really doing that anyway …. she works at that level, but I think it has given her the confidence to be able to say ‘Yes, it is OK for me to be doing that. [Researcher: You are describing an impact on the practitioner, do you also think it has an impact on service?] Yes, because other people have seen what she has been doing and the level of autonomy that she takes on, so I think that it has had an impact on service in terms of her colleagues … I think it has definitely developed her confidence. Not her clinical skills as she already was an experienced practitioner, but probably her professional skills. So yes, it has had an impact.” (M7; 36-53)

“She has had this impact, as I have said, with student nurses, she has had impact within our team in that she is now seen as somebody who helps to bring about change as opposed to another clinician who was struggling under the weight of work … Her job now is not just to handle it but also to teach others to do it well. And she is now stepping back to give that level of support so that she is now growing the next generation” (CC7; 256)

5.2.3 Summary of the impact of the range of educational development activities

Participants reported engaging in a varied menu of educational developments during the pathway, primarily as a consequence of the funding made available by NES as part of the pilot project. Whilst formal accredited education via modules or programmes of study was most frequently indicated as being a useful type of developmental activity, the synergistic effect of undertaking this type of learning following the use of the DNAT to highlight learning needs across the spectrum of advanced practice activities and at the same time as the various attributes were being discussed via action learning sets was noticeable.
Section 5.6.6 details the changes in self-assessed confidence levels related to the full range of advanced practice outcomes; it is clear that the range of educational development activities incorporated in the pathway had a significant impact on the achievement of identified learning needs. As impact on service delivery and patient outcomes was assessed on completion of a one year developmental pathway, it is perhaps too early to fully appraise the influence of the range of educational developments. There is some evidence of new services being introduced, however it is not clear whether these may have happened irrespective of pathway participation. The limited availability of reliable patient focused outcome indicators means that the impact of educational activities on this aspect cannot be assessed with any degree of confidence; one is left with the assumption that if knowledge and skills have developed, patient outcomes must benefit.

In order to address the question of the impact of educational development activities on service development and patient outcomes, further study after allowing an appropriate implementation period is recommended. However, statements from critical companions and line managers already point to observable attitudinal change in participants, associated with growing confidence and emerging influence on others within the workplace.

5.3.0 Benefits of the Development Needs Assessment Tool (DNAT) as a means of identifying learning needs and areas for further development

Section 5.1.4 describes the content and process of completing the DNAT and outlines the baseline confidence assessments made by practitioners. In relation to the use of the DNAT to self-assess confidence and developmental need, it may be relevant to note that some participants were already in advanced practice roles, whereas others are in the very early stages of role development, and that subjective judgements were made without reference to specific levels of competence. Therefore, participants may, or may not, have a clear idea of the level of performance required in an advanced practice role.

The utility of the DNAT was explored via the final outcome survey distributed to all pathway participants and also discussed in greater depth during the case site interviews with participants, their critical companions and service managers.

5.3.1 Final outcome survey responses related to the use of the DNAT

Participants were asked ‘How helpful was the Developmental Needs Assessment Tool (DNAT) in identifying your learning needs?’ Figure 5.4 below summarises the frequency of each rating. One respondent stated ‘not helpful’, 3 others stated ‘somewhat helpful’, with the remaining 11 respondents indicating the DNAT was ‘very helpful’.
Figure 5.4: Frequency scores for perceived helpfulness of DNAT tool

<table>
<thead>
<tr>
<th>DNAT</th>
<th>Helpfulness</th>
<th>Frequency of rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not helpful</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>somewhat helpful</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>very helpful</td>
<td>11</td>
</tr>
</tbody>
</table>

Additional favourable comments noted that the tool:

- was well structured and logical (although also initially complicated and daunting!)
- raised awareness of and focused attention on identifying and addressing priority learning needs to develop the full range of advanced practice attributes
- enabled monitoring of progress during the pathway
- could be used to create support from managers

Those participants who reported the DNAT as ‘somewhat helpful’ commented that:

- their original grasp of advanced practice attributes was not strong enough to help them complete the tool
- they underestimated the challenge of achieving all the objectives they set themselves in the DNAT

### 5.3.2 Interview responses related to the use of the DNAT

When interviewed, the case site participants were able to provide further explanation of the ways in which the DNAT tool was perceived to be helpful to them on their own particular journeys. Overall, the tool was felt to be well structured, encouraged equal attention on all domains of advanced practice, not simply clinical skills, and enabled reflection on personal development throughout the time spent on the pathway, for example,

> “The benefits were that it [DNAT] really made you look in detail, in very specific ways about what the underpinning aspects of the pathway are, and look for evidence of where you are in that … the themes and outcomes that are in the DNAT are very specific, and make you look for evidence to support your achievement and about how you are going to achieve that outcome, and make you really think what is that theme? What does that outcome mean for me? How does that actually fit with what I am doing, can I support that, do I have evidence to support that just now, and it really makes you think in detail about where you are. So the benefits are that it provided a really good base line.” (NP14; 98)

> “Using the DNAT helped me to think more laterally and realise that it wasn't only about the clinical aspects of this job but how I am going to make myself a nurse practitioner rather than something like a physician’s assistant or even a nurse specialist in acute care. Looking at all aspects of it, using the DNAT stopped me from spending all the money on clinical courses and made me think of how I could develop my leadership skills, and research skills.” (NP5; 98)
“It [DNAT] did get you to stop and analyse quite carefully where you actually are and think about it in a different way. There are four areas that you might think about in terms of advanced practice, but had it not been for the DNAT I don’t think I would ever have gone into the level of detail.” (NP7; 63)

Initially, the DNAT provided participants with direction to help in the selection of appropriate learning activities, thus creating an explicit link between educational modules and advanced practice attributes, illustrated below,

“I think [DNAT] it influenced the choice of modules because the tool, as much as it was a nightmare to complete, was very specific and focused. It did identify specific needs which then allowed you to then review, or at least examine everywhere from the modules that were on offer and direct you towards the most appropriate.”(NP3; 445)

“I was actually concurrently undertaking a nurse practitioner degree and that [the DNAT] has all the areas that we had been doing throughout that degree, so I felt that it dovetailed very well into the areas of advanced practice. There were a lot of links with the academic qualification I was undertaking. So I felt that the tool in itself was really good.” (NP4; 42)

Perhaps most importantly, honest engagement with the DNAT fostered greater self-awareness of personal strengths and developmental needs and enabled retrospective review of achievements, as these comments show,

“The DNAT was good from a reflective point of view to go back at the end of the pathway and see just how much I had done on the pathway.” (NP5; 117)

“At each stage I go back to it and I say ‘right, where am I now, have I done everything I said I was going to do?’ and then I can see how useful it is.” (NP11; 35)

“I think there’s probably a greater self awareness. I think that’s another aspect of the tool that possibly … because you have to reflect and examine where you start, from whatever particular aspect or attribute within advanced practice that you’re looking at, and then when we compared it, well the interim report was useful, I do think that helped because it let you have a point to stand and reflect were your losing direction or were you going in the direction that you needed to? And then with the final report, being able to go back and actually say ‘had you met these needs?’ and then complete the tool again.” (NP3; 456)

For one participant, the value of the DNAT in the reflective process had been such that she intended to continue to use it in her personal development, as follows,

“I think it has been useful to actually use it to see where you have progressed, and still be able to see where perhaps even if you are doing some of the work around particular aspects, that actually your confidence might still not be great … So it is useful to say ‘yes I might be doing it, but I am not entirely confident’ which kind of still raises some further work, you know … the behaviour is there but the confidence perhaps still is lacking a wee bit … but it is still worthwhile raising as something that I can continue to work on, despite the pathway having finished, because I am now aware that’s something that having thought about it in
detail, that is something that probably I still need to follow through. So it is not like the pathway ends kind of thing ... in terms of the pathway ending, the DNAT is something that you can carry on regardless.” (NP14; 156)

Several participants from cohort 1 mentioned the very short time frame available for completion of the DNAT; this obviously hindered individuals in that group, but is not a limitation of the tool per se. For some participants, the DNAT initially appeared quite complex and perhaps daunting, due to unfamiliarity with the concepts and process it entailed, as these responses demonstrate,

‘It felt very challenging and I found it quite difficult to do’ (NP7; 66)

“The document initially I think fazed myself particularly ... I mean I think you just sort of looked and thought ‘oh no’. It’s not because there wasn’t guidance how to use it, I think again it was lack of experience in using something like that but I think also it depends on how self aware you are or how honest you feel to be able to be complete it ...I think if truth be told I didn’t really know what I was undertaking and I think some of the questioning was very specific to advanced practice and I possibly was ill prepared for that.” (NP3; 89; 230)

“I don’t think that it was the way it [DNAT] was presented, I think it was more my limited knowledge of the advanced practice toolkit and the themes of advanced practice and the underpinning principles. I genuinely don’t think I understood just exactly what it was talking about. It wasn’t until I was about halfway through my Masters that I thought ‘Oh yes, I get it now’ but at the time – well, values based care, I had no concept of what that was.” (NP 5; 139)

However, as one participant explained below, the very complexity of the tool meant that a great deal of thought had to be put into its completion, engendering a sense of achievement. The descriptions of grappling with the DNAT tool have resonance with the concept of ‘deep learning’, where the mental processing of the material generates a greater understanding of the concepts involved, illustrated here,

“I think the limitations were that it [DNAT] was really quite difficult and time consuming, well time consuming was a limitation but I think that it being difficult was actually a benefit, because once I had actually got to that point, I actually did feel a bit of a sense of achievement with myself. After having said ‘well that was really difficult’, and you know even interpreting some of the outcomes ... and I think being able to do that and articulate where you are with particular themes or outcomes, is a benefit ... so the sense of achievement about doing that and the confidence that tends to give you about ‘yes I do that actually pretty well.’ Some of the things I don’t do so well but to be able to say, even at this level, there are things that I am actually currently doing not too badly, that’s good.” (NP14; 123)

Interestingly, this challenge was echoed by this participant’s line manager, who was the only manager to comment on the DNAT,
“In relation to the DNAT, I remember doing that and I think she thought that was absolutely horrendous because it was so difficult ... trying to really sort of appraise what skills you have currently and what you’re hoping to gain from a programme.” (M14; 71)

However, this individual also indicated that the workshop held at the NES national conference was helpful in providing further information about the DNAT process.

Only one critical companion specifically commented on the DNAT, with a rather mixed view emerging,

‘I feel it was a useful process but thought that the tool was not particularly user friendly. I found it at times to be over complex in relation to the requirements. I felt it was very robust and effective but I am not convinced we got out of it as much as we put into it. But it did allow us to benchmark where we were and what we would require.’ (CC5; 143)

A significant limitation of the DNAT is the ‘self-assessment’ aspect of confidence around the key themes of advanced practice; whilst the DNAT format required evidence to support the self-assessment and the tool should have been discussed with the line manager, the process requires limited reference to external sources to validate this self-appraisal. In addition, confidence does not necessarily equate to competence and whilst the tool provides a mechanism for personal reflection, it cannot be used to evidence achievement of competence or validate existence of advanced practice attributes. Interestingly, this was picked up by one participant, who nonetheless comments on the subjective value of the reflective process,

“The interesting aspect of the self assessment for your competence, and again I know that it’s a self assessment and to some extent it has drawbacks, but you were then able to say ‘well I do feel more competent in that particular area.’ (NP3; 23)

There were no specific recommendations from participants to improve the DNAT beyond ensuring applicants had sufficient time to consider it fully prior to submission. One participant mentioned that specifying pre-reading around the advanced practice toolkit might be helpful, conversely she also noted that might ‘steer’ participants in a direction that was not necessarily tailored towards their needs,

“But even if I had been able to read through the advanced practice toolkit and there was some literature around the overarching themes of advanced practice that might have been helpful. But then it might have clouded the way that I would have gone and I wouldn’t change what I intended to do, because if you read somebody’s literature it is just their interpretation of what that overarching theme is, rather than you coming up with what you perceive it to be.” (NP5; 151)

5.3.3 Summary and recommendations related to the Developmental Needs Analysis Tool

In general, the Developmental Needs Analysis Tool was perceived to be a comprehensive, well structured mechanism to support participants in identifying their individual needs relative to the entire spectrum of advanced practice themes and attributes. Eleven out of 15 participants rated the
tool as being ‘very helpful’ in identifying their learning needs, with only one participant stating it was ‘not helpful’. Whilst initially complex and time consuming, completing the tool required detailed reflection on personal strengths and areas for development and provided a signpost to the content of appropriate educational or developmental activities. In addition, participants found the DNAT helpful in measuring their progress and were able to gain a sense of achievement by reassessing their confidence levels on completion of the pathway.

Thus, the key benefit of the DNAT appears to be in supporting reflection and providing direction at an individual level. Conversely, the value of the DNAT is limited beyond its use by the individual, as self-assessment of confidence may not equate to competence or achievement of the desired advanced practice attributes and more objective measures would be necessary to confirm actual development.

Whilst no specific changes to the content of the DNAT are indicated, it is recommended that future applicants are directed towards some preliminary information sources, such as the advanced practice toolkit. Similarly, an information / recruitment day incorporating a ‘DNAT workshop’ might be valuable in assisting future cohorts to gain a greater appreciation of the meaning of the central themes and sub-themes of advanced practice and its attributes prior to attempting to complete the DNAT.

5.4.0 Effectiveness of the action learning sets in supporting the development of advanced practice attributes

Online Action Learning Sets (ALS) were established as one of the ‘central supporting mechanisms’ provided by NES as an integral component of the pathway, with the content and process of the ALS being developed and facilitated by an experienced team from Robert Gordon University (RGU), Aberdeen. The intention of the ALS was to provide a structured, interactive approach to supporting the development of Advanced Practice Attributes. Six online ALS were planned for each cohort, conducted over the year of the pathway, with each ALS lasting six weeks. Each set corresponded to a specified advanced practice attribute i.e. Clinical judgement & Decision Making, Leadership, Evidence Based Research, Values Based Care, Facilitating Learning, and Autonomous Practice. The online environment consisted of discussion forums (to be led by a pathway participant), live chats and shared documents.

Evaluation of the Action Learning sets was undertaken via four mechanisms;

i) ALS evaluation questionnaires were sent to participants at the completion of their final Action Learning Set. The ALS evaluation questionnaire was structured according to the themes reflected in Bennett’s Hierarchy of Evaluation, the method chosen to evaluate the online ALS specifically; these were activities, reaction to ALS, change in knowledge, attitudes, skill and aspirations (KASA), and change in practice. Activities focused on participant involvement in the ALS (i.e. the topic in which they led, their contribution and their initial development needs). Reaction to ALS concentrated on participant
reaction to ALS involvement. *KASA Change* addressed perceived behavioural changes. *Change in Practice* highlighted the impact of the ALS on participant work practices.

ii) The ALS evaluation questionnaire was augmented by researcher observation of the online Action Learning Set discussions.

iii) The final outcome survey of all participants included questions about the ALS, enabling comparison of the effectiveness of this mechanism with other aspects of the pathway.

iv) Interviews and reports from case site participants also incorporated exploration of the relative impact of the ALS.

The following section integrates findings from each of these data sources and reports under the headings of Bennett’s evaluation framework.

5.4.1 Action Learning Set Evaluation Questionnaire

There is some evidence that the two cohorts engaged or behaved differently in relation to the ALS, therefore findings are reported for each cohort separately and then summarised in tabular form. Six out of the eight cohort 1 participants and six out of seven cohort 2 participants completed the ALS evaluation questionnaire (i.e. 12 out of 15 pathway participants). Given the relatively small number of participants involved in the pilot and the number of returns (r = 6 for each cohort), responses will be referred to numerically rather than in terms of percentages; cohorts 1 and 2 will be referred to as C1 and C2 respectively for ease of reference. To help readers identify the questionnaire topics under discussion, topic areas appear in **bold** (e.g. “1 respondent rated her overall contribution to the online ALS as good…”).

5.4.2 Activities

Individual participation in each of the six ALS was variable, with only 5 out of the 12 respondents from the combined cohorts participating in every ALS; a variety of reasons for limited engagement were offered by respondents, as indicated below.

In C1, 3 of the 6 respondents participated in all six ALS discussion forums; 2 respondents did not participate in the ALS discussion forum for Autonomous Practice (“once disengaged for a short while very difficult [sic] to rejoin an AL Set”; “ran out of time to contribute to discussion forum”); while another individual participated in four of the six ALS discussion forums (missing Evidence Based Research and Facilitating Learning).

For C2, 2 of the 6 respondents participated in all six ALS discussion forums; 1 participated in five (omitting Facilitating Learning: “…busy at work…”); 1 in four ALS (omitting Facilitating Learning and Autonomous Practice: “I had to put in writing thoughts and ideas and was not overly confident”); 2 in two (Values Based Care, Facilitating Learning and Clinical Judgement & Decision Making, Facilitating Learning, respectively): pressures of work and domestic workload given as reasons for failure to participate. Figure 5.5 summarises the level of participation in the ALS for both C1 and C2, showing greater participation levels in C1.
Figure 5.5: Participation Levels in Action Learning Sets

<table>
<thead>
<tr>
<th>Participated in...</th>
<th>C1</th>
<th>C2</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 6 ALS</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
</tbody>
</table>

The Live Chats were “more of a general discussion” and not necessarily devoted to each discussion forum. In C1, 2 respondents participated in all Live Chats, 1 participated in two Live Chats (Clinical Judgement & Decision Making, Values based Care), another participated in one Live Chat (Clinical Judgement & Decision Making), and 2 did not participate in any Live Chats. In C2, only 1 respondent participated in any Live Chats (two: Clinical Judgement & Decision Making and Autonomous Practice) i.e. 5 respondents did not participate in any Live Chats. Figure 5.6 provides a comparison of participation in Live Chats between C1 and C2. Once again, the level of participation, on this occasion with reference to Live Chats, was greater for C1 than C2.

Figure 5.6: Participation in Live Chats

<table>
<thead>
<tr>
<th>Participated in...</th>
<th>C1</th>
<th>C2</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 6 Live Chats</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>-</td>
<td>-</td>
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<td>2</td>
<td>1</td>
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<tr>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>0</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

Participants were each asked to lead the discussion on a specific ALS topic and the ALS evaluation asked them to identify whether this had any influence on their learning. In C1, all 6 respondents led on an ALS topic for discussion: 5 of the 6 respondents agreed that they learned more from leading a topic for discussion (more commitment required, background reading necessary, fear of letting other members down, “spent more time on the summation of learning & what to post”). The respondent who disagreed nonetheless concurred that greater commitment was required to lead a discussion. In C2, 5 of the 6 respondents led on a specific topic: 2 respondents agreed that there was a difference in their learning as a result (“probably read more around subject prior to commencing”); 3 thought that leading a topic made no difference to their learning, principally because, as one respondent put it: “I got a lot out of all the sets I participated in”.

To summarise ‘activities’, participants were asked to rate their overall contribution to the ALS. In C1, 1 respondent rated her overall contribution to the online ALS as good, while 5 other respondents rated their contribution as satisfactory; in C2, 2 respondents rated their overall contribution as good, 1 as satisfactory, and 3 as poor (Figure 5.7). Overall therefore, C1 respondents thought that they had made a reasonable contribution to the ALS while C2 considered their contribution to be mixed, with 50% of the respondents grading their efforts as “poor”. 

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Prior experience of ALS was also explored. For C1, prior to the RGU Online ALS, 3 of the 6 respondents had no experience of ALS, 1 respondent had extensive experience in face-to-face ALS, while two other respondents participated in ALS as part of an RCN Leadership course. For C2, 4 of the 6 respondents had experience of ALS (“during ‘G’ Grade development course, ALS were face to face”; “As part of module with University of West of England: Meeting the Challenge of Advanced Practice”; “whilst undertaking RCN Liberating Leadership programme”). Interestingly, 2 of the 3 respondents in C2 who graded their own contribution as “poor” had previous experience of ALS. One might expect C2, given the experience of ALS, to have made a better contribution to the ALS; conversely, evidence presented elsewhere in this report suggests that that past experience of face to face ALS influenced expectations which may not have been fulfilled.

Overall, although there appears to be different participation levels and corresponding self-assessment grades between C1 and C2, those respondents who rated their own contribution to the ALS as “good” or “satisfactory” may perhaps be too modest in their self-assessment, particularly when viewed against what actually occurred in the ALS. For example, those leading discussions went to admirable effort (guided and supported by RGU) to clarify the topic under discussion, provide useful background reading, and to highlight issues for discussion including key points of learning. Similarly, the respondents who graded themselves as “poor” may be too harsh on themselves. Independent observation showed a good level of intelligent discussion taking place, even if it was not synchronous. Thus, perceived contribution to ALS reflects a combination of factors including actual participation and level of contribution when engaged; that is to say, some individuals may have rated their contribution as ‘poor’ because they rarely entered the ALS, however their contribution once involved, may have been of an acceptable level.

Interview findings provided some explanation for the variability in engagement with the ALS. Different reasons were proffered, with competing demands predictably being influential. However, it does seem that motivation to stay engaged with the ALS waned over time, as expressed by these participants,

“you could see that it built up to a crescendo, the middle action learning sets got the greatest interaction and involvement and then it tailed off. Now whether that was partly because of the demands clinically etc., it’s difficult to know, but certainly I think the impetus seemed to kind of fade. I’m not quite sure why that would have happened but it did, but it did build up to a particular point” (NP3; 76)

“there was a slight tailing off process and I did say at the day that I felt quite bad for the people who were coming at the end [of the ALS] because I felt they had contributed a great deal to my discussion and I wasn’t sure, well I knew I hadn’t contributed so much to theirs ...
Probably because of just too many competing demands. In the early days you have got a motivation to balance those.” (NP7; 155)

It is apparent that the two cohorts engaged somewhat differently in the ALS, with the first group perhaps gaining most benefit by their willingness to share and more active engagement, as shown here,

“It was impressive how open people were on these action learning sets as to maybe difficulties they were having in their own setting and how you could help support them.” (NP3; 45)

Conversely, whilst cohort 2 was less active initially, hearing from the first group at a national conference organised by NES seemed to prompt some members to ‘try harder’ in subsequent sessions,

“I think cohort one used the ALS in a much better way than we did. I think they were more involved, listening to them the day we were in Edinburgh and ours improved after the day that we had spoken to them there was more input going in to it ... we had all sort of sat together and had a chat as well, you know, plus we had been speaking to them and heard how they used it, and it just seemed to be that we were using it a bit better after that ... I think there was a bit more of ‘oh I think this, what do you think?’ Somebody, I think, I can’t remember who it was that led the session after that, she went on and she said ‘right I have got this issue, how can you help me get to where I need to be with this’, so it got everybody really involved in it and drawing on their experience as well.” (NP13; 250)

Documenting learning from the ALS in their development pathway portfolio was intended to support reflection and sharing with the critical companion. In C1, only 1 of the 6 respondents did not document their learning (from the ALS) in their development pathway portfolio. Of the 5 respondents who did document their learning, 4 found it useful to do so (offered opportunity to reflect on learning experiences) and 1 thought it was not useful to do so because “it was a chore” (although the respondent did admit that it “makes me reflect on learning”). In C2, 2 of the 6 respondents did not document their learning; 4 did and, of those 4, all found it a useful practice (e.g. “gave an additional focus point” and “useful for discussions with critical companion”), although one wrote “Yes, but didn’t record as much as I should have”). Thus most respondents benefited from recording their learning experiences, as this appeared to give them a point of focus and helped them reflect on what they had learned.

To summarise the key points related to ‘activities’, or participation in ALS;

- Participation in the on-line ALS was highly variable; only 5 out of the 15 pathway participants joined in all six ALS (the Live Chats were less popular)
- Nearly all respondents led on a topic: C1 respondents believed that they gained benefit from specifically leading a topic; C2 respondents benefited from participating in general.
- The majority of respondents rated their own contribution as either satisfactory or good, though half the C2 respondents rated their own contribution to the ALS as poor.
• At least half of the respondents from each cohort had experience of ALS, which they appear to suggest were face to face. This prior experience did not appear to enhance their engagement with or contribution to the on-line ALS.
• Most participants documented their ALS learning in their pathway portfolio, finding this activity provided a focus for reflection.

5.4.3 Reaction to Action Learning Sets

In the final outcome survey, participants were asked ‘How effective were the Action Learning Sets (ALS) in helping you address your developmental needs?’ Frequency scores for each rating are indicated in figure 5.8 below.

Figure 5.8: Frequency of ratings related to the effectiveness of Action Learning Sets

<table>
<thead>
<tr>
<th>Action Learning Sets</th>
<th>Frequency of rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective</td>
<td></td>
</tr>
<tr>
<td>Not effective</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat effective</td>
<td>10</td>
</tr>
<tr>
<td>Very effective</td>
<td>4</td>
</tr>
</tbody>
</table>

This presents a rather mixed picture of the value attributed to the action learning sets, with less than 1/3 of respondents finding them ‘very effective’ in addressing developmental needs. However a range of benefits as well as hindering factors were highlighted through the various data sources.

All participants seemed to agree that whilst there were some technical difficulties with the system crashing occasionally, the support for the on-line ALS from the facilitators at Robert Gordon University had been prompt and effective, both in terms of technical advice and also in encouraging engagement in the learning process, for example,

“when I emailed to say ‘I need help’ it was quite quick in coming back from RGU so I was on again.” (NP11; 232)

“Yes, that [support from RGU] was good. They were online, they would email you as well if you hadn’t been contributing, they would email you to encourage you to go back on.” (NP13; 235)

Highlighting strengths, all ALS survey respondents, from both C1 and C2, indicated the opportunity to learn about other practitioner experiences as the most helpful aspect of taking part in the ALS (“Exchanging views, opinions and sharing ideas with AP’s who had different specialities and worked in different organisations”). This is borne out in the online postings, where members discuss their experiences in a range of clinical settings, emphasising points of similarity (or differences) in advanced practice. Additional ALS survey comments referred to the “excellent reading material” made available, the flexibility to log on and off at one’s convenience, the facility to print out discussions and the need to clarify thoughts before posting comments. These findings are supported by the final outcome survey, where additional comments indicated that the most useful aspects of the ALS were that they:
• Encouraged sharing of experiences:
  o Presented a mix of views, experiences and knowledge, allowed discussion of professional issues, highlighted individual concerns, recognition that other participants had similar challenges in practice and in undertaking the pathway
• Provided a link to the pathway and the other participants
• Provided structure:
  o a useful framework, focused attention on specific topics, provided recommended reading, provided an opportunity to lead a specific forum, taking responsibility for exploring a particular area of interest, encouraged critical reflection on practice

Similarly, when asked during interviews about the value or benefits of the ALS, few case site participants commented on the actual content of the sessions in relation to the development of advanced practice attributes, instead, opportunities to share experiences with colleagues from different specialities and different geographical areas were highlighted. This benefit seems to have been felt in terms of helping to create a sense of ‘others are in the same boat as me’ and also by providing a window into the wider world of advanced practice, as shown by the quotations below,

“The discussions themselves were helpful in that when you see what people are writing about what they feel, you recognise that actually pretty much everybody was feeling very similar thoughts. And it was evident as well from my presentation in Perth, that most people felt a bit lost … probably about three to four months into it and not really finding their way and I think that was reassuring to know that other people were feeling the same … and also that people had the same challenges in their workplace … whether it be personalities or organisational problems or time …. it was reassuring to know that most people felt like that.” (NP11; 240)

“In the early days, being very involved in the Action Learning Sets was very helpful in terms of helping to open up my thinking. One of the things that happens is that you can become very stuck in both the specialist area you work in and also the geographical area and you forget that there is a bigger, wider agenda out there so being linked into the Action Learning Sets early on exposed me to different areas people were working in” (NP7; 14)

Conversely, the least useful aspect of ALS most commonly reported in both the final outcome survey and ALS evaluation survey was lack of group formation and commitment due to on-line delivery. Some participants did not enjoy ‘remote’ contact, with complaints about ‘not really getting to know other participants before the ALS’ and ‘lack of face to face contact meaning the ALS placed down priority list’. Similarly, not all group members participated, and ‘lack of participation limited breadth of discussion’. Other constraints included pressure of time to participate, difficulty following the flow of postings, or that ‘writing content for on-line posting was felt to be restrictive’, with less experienced practitioners appearing to feel they had less to contribute. Limited IT skills also presented an initial barrier to engagement, for instance, “I had initial difficulty navigating areas and on a couple of occasions I spent a long time composing a contribution for the ALS only to have it disappear before it was posted”. Those who had previous experience of face to face ALS reported the on-line sets had limited challenge, ‘More of a discussion than action learning, I didn’t know other participants well enough to challenge’.
Each of these constraints was expanded on by case site interview participants. The most commonly expressed disadvantage of on-line ALS activity recurring through all data sources was the difficulty created by not knowing others in the group, as these comments demonstrate,

“we really didn’t get a good rapport set up with the other participants at the first day ... it really held us back as a group, certainly in the ALS. I didn’t feel that we really ‘gelled’ as a cohort. ... I got to the orientation day, but on that day we had our critical companions with us, so each participant tended to stick with their critical companion and there wasn’t a lot of mixing, or opportunity to mix because it was quite a structured day ... at the orientation day it was quite confusing as to who was on the pilot and who was the critical companion” (NP4; 12)

“... again it’s being able to have a relationship with people and that takes time, doesn’t it, to build up and therefore when you don’t really know someone, or maybe their working environment terribly well ... like you were supposed to put some kind of background about yourself onto the site so that people could look into that think ‘oh yes that’s the girl from the school of nursing or that’s the girl from mental health’ but because not everybody did that, actually I struggled at times, to think ‘oh that comment’s from that girl, what does that relate to, where’s her background again’, to make sense of where she was coming from, do you know.” (NP3; 60)

“In some ways it was very difficult to relate to some of the practitioners, particularly those without a clinical component to their advanced practice, and I found their ALS very difficult to follow. Distance was difficult in terms of trying to think who I was having a conversation with” (NP5; 67)

Several participants recommended at least some face to face meetings during the pathway, for instance,

“... possibly the opportunity for some more face to face meetings with the other participants. I know that there is a new and younger generation that is very confident and competent about communicating entirely on-line and they probably feel better with that. But those of us who have been around a bit longer quite like the personal experience.” (NP7; 443)

As might be anticipated, a range of experience and confidence using IT was evident within the group, with some participants being confident in using a range of IT based mediums, others having limited experience and therefore greater anxiety about the on-line aspect of action learning, as indicated here,

“I didn’t have any difficulty with the ALS because they were done through RGU so I was pretty conversant with the setup as that was the setup I was using for my degree.” (NP4; 161)

“The online chats were good actually, but there wasn’t many of us that went on for them, but I think they would have been quite useful at the start.” (NP13; 24)
As opposed to,

“we felt we had limitations from IT skills point of view. So using the virtual campus from a learning point of view was a learning curve straight from the beginning”. (NP3; 15)

‘Also the ALS was very disjointed - during on-line chats the system kept crashing which made it difficult to keep up with the conversation. And I use MSN and things like that so it is not like I am new to technology, but I did find it very difficult. And I found it difficult to dip in and out of the on-line ALS’ (NP5; 70)

Another commonly occurring theme related to the nature of the action learning set, i.e. whether it was intended to be or behaved as a discussion group as opposed to a problem solving forum. For instance, one ALS survey respondent expressed the view that, on occasion, the ALS became more of “a discussion than Action Learning”, and that her “previous experience involved taking a problem to the set and being challenged to think about solutions”. Another respondent concurred with that view: “more of a discussion forum rather than a … problem solving arena”. This opinion seemed to relate to the participants previous exposure to action learning, with those who had engaged with other face to face ALS tending to be more critical of the on-line sets provided in the pathway, for example,

“I found some of the ALS very useful but some were very difficult to engage with because of the topics and the people who set the examples within the topics. Some of the topics weren’t really set like action learning, they were set like a literature review and I found it difficult to engage with those ones. I had so much on academically that it was difficult for me to go and read the literature they wanted for the purposes of a debate ….. But the mental health one was what I think of as a proper ALS where she gave us a problem she was having and, although I don’t know anything about mental health, I was able to contribute to it in terms of how I would have dealt with similar problems and I think that was more about action learning, rather than comparing 2 papers and then constructing the debate from there - I didn’t find that so useful.” (NP5; 20)

Similarly,

“I think I was quite disappointed in the ALS because I had done the RCN ALS on the Leadership course and found the ones on the pathway more like discussion forums rather than challenging or critically analysing, and that was what I fed back in my evaluation about the ALS. But maybe some of that goes back to not really having established a good rapport with some of the participants.” (NP4; 157)

Despite these concerns, C1 members seemed to have a more participative approach and positive reaction to the ALS (reflected in their earlier comments and the “poor” contribution levels C2 members assigned themselves). Both cohorts had the same technology and the same level of support, infrastructure, etc. It may just be that the dynamics of the groups were different, something that may occur in any setting, whether face to face or virtual. Clarifying expectation levels before the ALS commence and informing participants of precisely what lies ahead, including
common issues experienced by ALS participants, might be helpful, as suggested by the following participant recommendation,

“I think it would have been valuable to understand or to see action learning in process even in a live scenario to get the full benefit of it. I didn’t ‘get it’ until almost the very end that it was actually about problem solving, I really didn’t know what it was at all, to be honest. So I think that would have been useful. We sort of skipped round it at the orientation but didn’t really address it and say ‘this is an example of how you will do it’ and I think that would have been useful.” (NP5)

In essence, reactions to the on-line ALS were equivocal:

- less than 1/3 of participants felt they were ‘very effective’ in helping to address their developmental needs
- the key strength of the ALS was the opportunity to network and share experiences with other practitioners
- a range of barriers were identified, including lack of group formation and commitment, lack of experience with online discussion technology, pressures of work, of face to face ALS generating particular expectations of this on-line ALS, and lack of contribution by other participants; it is difficult to determine whether these barriers relate purely to the on-line nature of the ALS and whether reactions may have been different if face to face sets had been available

The views expressed by participants would support the recommendation for at least some face to face interaction, particularly at the beginning of the pathway.

5.4.4 Behavioural Change: Knowledge, Attitudes, Skills and Aspirations

Moving beyond the reports from ALS participants to researcher observation of the activities on the ALS site, the Teamwork Area set aside for the online ALS was highly structured, deliberately focusing on each advanced practice attribute. In addition, the RGU Group Administrators provided an almost ever-present monitoring system, carefully guiding members on how to use the system and intervening to provide instant assistance and to clarify key concepts, or to bring discussions back on track. Thus, the activities of the ALS facilitators were directed to support development of knowledge related to the advanced practice attributes.

Whilst most respondents to the ALS survey indicated that their knowledge and skills had improved, several indicated that this was only partially due to the ALS and that the various elements of the pathway interacted to promote the development of advanced practice attributes, as shown below.

In response to the question ‘In relation to developing advanced practice attributes, do you feel that by participating in the ALS you have not reached/reached/exceeded your initial learning objectives?’ in C1, 4 of the 6 respondents unequivocally met their initial learning objectives, 1 met some of her initial learning objectives (continuing to develop her skills), while 1 respondent felt that she did not meet any of her learning objectives via the ALS (unable to “challenge & support the way I use face to
face ALS”). That the development of skills was an ongoing process, of which the online ALS were only part, was highlighted by 3 respondents. Within C2, 5 of the 6 respondents felt the ALS helped them meet their learning objectives and 1 did not (“I feel other elements of the AP pathway helped greater than ALS”). Of the former, 3 met their initial objectives, mainly as a result of sharing experiences and self-reflection, as illustrated by ALS survey comments below,

“The action learning sets gave me access to people with similar but different experiences and allowed me to question and respond to questioning about each topic...;”

“Although I found it difficult to participate I read with interest and it helped me view things from other perspectives”

“Interesting to obtain different perspectives on issues...good to have discussions with practitioners who have different experiences & work in varying environments. Enables reflection on own work environment, role, duties & responsibilities & methods of working. Encourages alternative thinking re: problem solving”.

Alternatively, 2 of the 5 from C2, although agreeing that they achieved their learning objectives, believed they did so not exclusively as a result of the ALS, as shown from these extracts,

“I think I have achieved the objectives with the help of the ALS but not solely because of them”; “The ALS have assisted me in developing advanced practice attributes and have provided a useful framework. They were only part of my development in conjunction with supervision from my critical companion and mentor, and academic study, plus audit work that I have undertaken”.

Linked to the question asking them to reflect on the place of ALS in supporting their development, participants were asked to comment on their learning style. In C1, 3 respondents emphasised their preference for face to face learning, while 3 respondents enjoyed the online ALS. C2 results were similar, with 4 of the 6 respondents preferring face to face learning, while 2 enjoyed learning online. Those respondents who preferred face to face learning, considered that it was ‘hard to get to know’ other members or to create a ‘group feeling’ online or to interact in a more natural way (e.g. “I am sensitive to verbal and non verbal cues, motivations, feelings and moods”), while 2 enjoyed learning online. This is generally recognised as a weakness of asynchronous learning, where there is always a time delay between member posts and responses.

The Live Chats, although appearing to cause some initial panic for those slow at typing or poor at spelling (as one member observed during a Live Chat: “Hopefully over time we will develop advanced practice attributes in thinking and typing at the same time!”), allowed members to communicate with each other in the same space at (roughly) the same time. The Forum Discussions took place over a longer time frame and, consequently, member responses were more formal and measured. In both cohorts, respondents considered such delays in communication as an opportunity to “create space for reflection”, while another respondent reflected this same viewpoint when she welcomed the opportunity “to reflect on information ...to learn in more depth”, or “to re-read comments was useful as I felt it gave me more time to consider my responses”.

More specifically, participants were asked ‘Which of the APA skill elements do you feel have been developed as a result of the online ALS?’ Figure 5.9 provides a tally of the frequency of selection by
cohort respondents against each of the advanced practice attributes they developed (respondents = 6 for C1, respondents = 5 for C2).

Figure 5.9: Frequency of selection of APA skill development via ALS by cohort respondents

<table>
<thead>
<tr>
<th>APA skills</th>
<th>C1</th>
<th>C2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Judgement &amp; Decision Making</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Leadership</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Evidence Based Research</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Values Based Care</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Facilitating Learning</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Developing Autonomous Practice</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

Considering the responses in figure 5.9 in light of the DNAT confidence ratings outlined in section 5.1.10, these differences may reflect developmental needs, as well as the impact of ALS; it is not possible to determine from this data whether for example lower scores allocated to facilitating learning means that the ALS was less helpful in developing that attribute, or that participants were already confident in this area and that the ALS input was less necessary.

Drawing on the case site participant interviews, the advanced practice attribute which may have benefited most from ALS activity seems to be critical thinking; although the focus of a specific ALS, this attribute appears to have been integral to several sessions, almost as a by product of the process of engagement irrespective of the topic, for instance,

“That gave me confidence and made me feel as though I could critically analyse issues. The ALS contributed to this development. I hosted an ALS on evidence based practice and posted a quote from a paper and the context of that and one of the other participants responded saying ‘Have you thought about where this author is coming from, and it strikes me that they have taken quite a narrow focus’ and that was really refreshing. I was then able to go away and think about it a bit differently.” (NP7; 355)

“If there was a problem then people would have different ways of approaching it, or come to some sort of problem solving method for it, and it just made you think slightly different, like that was quite a good idea I could use that later.” (NP13; 206)

In C1, in terms of how their skills had changed, 2 respondents offered no comment, while 4 respondents underlined a greater awareness and understanding of Advanced Practice Skills and their ability to now question the “range of influences affecting the development” of their skills in practice. In C2, 1 respondent made no comment while 4 others echoed the general sentiment expressed in C1 (e.g. “The ALS provide a good environment for discussion & enable reflection on issues that are
discussed”). One ALS survey respondent in C2 provided a practical example of how her approach to dealing with conflict has changed,

“Looking at examples of how other people have managed issues in their areas has made me reflect more critically on my own leadership skills and make changes. For example, I will now consciously try not to be drawn into confrontation with someone who has negative views on the work I am undertaking. Instead I have tried to smile, remember I am not solely responsible for changing views and attitudes of everyone... thank them for their honest contribution and not [to] take their views as a personal slight.”

Examining the role of ALS in developing their confidence, 4 of the 6 C1 respondents commented confidence had improved, primarily as a result of discussing “specific advanced practice attribute skills/topics... with other colleagues from different disciplines”. Only 1 respondent felt that the ALS played no part in developing her confidence, although she did concede that she is “now more aware of how ALS operate”; and 2 respondents wrote that their confidence in learning online had increased. In C2, 1 of the 5 respondents remarked that it “made me realise what little confidence I have and am having to work to improve”, while 4 of the 5 felt that their confidence levels had improved, principally because of the reassurance that came with sharing similar experiences (“reassuring that my thinking and decision making is not far off the mark”), “Gained reassurance from other practitioners because everyone mostly felt similar emotions or had similar challenges in advancing their role”. Sharing similar problems and challenges was a common denominator in improving confidence levels for both cohorts.

Key points to note in relation to change in knowledge, attitude, skills and attitudes are;

- The majority of participants reported that, in conjunction with other elements of the pathway, participating in the ALS supported the achievement of their initial learning objectives (only one respondent failed to do so), principally as a result of sharing experiences in the ALS.
- In relation to learning styles, 7 out of 12 respondents reported a preference for face to face meetings; this is endorsed by the final outcome survey, where 9 out of 15 respondents recommended at least some face to face meetings, particularly at the beginning of the pathway.
- Confidence levels are reported to have increased from sharing experiences with others during ALS participation.

Exploring Change in Aspirations, allowed participants to identify their future intentions in relation to action learning. Given the opportunity, all 6 respondents in C1 stated that they would participate in another ALS, although a range of comments were offered such as: face to face ALS would be preferred; would attend provided that the ALS were “more challenging”; would offer more of a contribution next time; would be better prepared as she now knows “what ALS entails”; would prefer that any future ALS “be more focused”.

In C2, all 5 respondents would participate in another ALS: similarly comments indicated: would prefer to attend a face to face ALS; more support via another medium such as telephone would be
helpful; one welcomed the skills and knowledge that she gained from her experience through the ALS, saying

“...they were really useful for me, the isolation of work-based learning without classmates’ support and encouragement would have been much more difficult had I not participated in the ALS”.

ALS, particularly online, are not easy to setup and manage, given the well-recognised problems associated with online ALS: technological issues (reliability, participant knowledge), participant levels of confidence, competing forces on participant time, effort required to join in discussions and maintain interest, writing skills of participants, need to have able administrators. Therefore, the fact that all respondents would participate in future ALS, physical or virtual, is a testament to the professionalism and organisational abilities of the RGU facilitators, evidenced by observation of interaction with participants.

In C1, of the 6 respondents 3 made recommendations with regard to **other professional skills that they would consider developing through ALS**: reflective practice, service development, other leadership skills, and “perhaps more discussion around the role of advanced practice & the blurring of boundaries with medicine”. The other respondents (3) indicated that there were no other skills that they would consider developing through ALS. In C2, 3 of the 5 respondents listed the following skills which they would consider developing through ALS: operational management skills, workforce and workload management, service improvement skills; leadership, education methods; and clinical case studies (within Clinical Judgement & Decision Making).

In terms of advice to participants new to ALS, the respondents had these comments to offer:

- “Have a basis in computer skills”
- “Be focused”
- “Give [it] a go!”
- “Make time, prioritise, keep your critical companion involved”
- “Read about action learning sets & understand more fully about the process”
- “Get involved and stay involved!”
- “Not to be scared [to] ask for help.”
- “Participate early, would help to make [one] feel involved”
- “Try to challenge each other by asking thought-provoking questions and don’t just share anecdotes”
- “Become familiar with the on-line environment at an early stage. Contribute early. Participants [should] get to spend time together before beginning ALS. Set aside time, the time for each set is relatively short when coping with demands of work”

The advice concentrated on the need to prepare properly (e.g. learning the technology, understanding how ALS operate, setting time aside), to making a meaningful contribution to the ALS (initially and throughout), and not to be afraid to ask for help (from online administrators, peers and critical companion).
To summarise key issues related to **change in aspirations**:

- All participants stated that they would attend another ALS.
- Advice to those new to ALS focused on the importance of preparation and making a meaningful contribution.

### 5.4.5 Change in Practice

Obviously the main intention of the pathway was that participants would put into practice the new knowledge and skills they obtained. The ALS survey asked ‘**Have you used what you have learned since starting the ALS?**’ In C1, 5 of the 6 respondents had *put in practice* what they had learned from the ALS: 4 respondents stated that they were more reflective, understanding and questioning on “how things are done” in their day to day roles; 1 respondent implemented a family workshop and used advanced practice attributes in the supervision of staff and was now more “forward in developing skills”. In C2, as with C1 respondents, only 1 of the 5 respondents had not put into practice what she had learned from the ALS but “will likely do so in the near future”. Once again, levels of confidence in dealing with other staff had increased. Respondents also adopted a more reflective, critical perspective in their day-to-day work, as epitomised in the following excerpt,

> “I have used different leadership styles and become more confident and less apologetic a leader...I use evidence for practice differently; it should not be used as a weapon to defend what we do but used to support best practice for the patient experience. I am therefore more challenging towards practitioners to develop practice in line with the evidence base...”

However, taking these comments in the context of the other data sources, it is difficult to separate out the influence of the ALS from other developmental activities.

Figure 5.10 shows the selected **APA skills developed through participation in the ALS as being of most benefit in practice** to C1 and C2 respondents (some respondents’ selected more than 1 skill). Evidence Based Research was the most popular for both cohorts, followed by Leadership and Clinical Judgement & Decision Making. Two respondents also emphasised their ability to cope with stressful situations at work: “more confident dealing with staff”; “dealing with conflict has been beneficial to me and to the work I do.”

**Figure 5.10: Most beneficial Advanced Practice Attribute Skills developed through ALS**

<table>
<thead>
<tr>
<th>APA skills of Most Benefit</th>
<th>C1</th>
<th>C2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Judgement &amp; Decision Making</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Leadership</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Evidence Based Research</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Values Based Care</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Facilitating Learning</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Developing Autonomous Practice</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

For both cohorts, all respondents stated that the ALS are a **useful vehicle for professional development**: shared experiences, different perspectives (e.g. “having a wider professional group”), supportive framework for learning, breaks down professional barriers, removes geographical...
barriers and convenient (e.g. “a good way to learn as it does not have to be at a set time”). The consensus view was expressed succinctly by one respondent about the benefits of the ALS: “They bring together a lot of views, skills and experience to focus on a single issue with a view to resolution, problem solving or fully exploring that issue”, as another participant comments further that:

“It definitely improved my experience during the year of Advanced Practice and I felt that as the students were so far flung, it allowed me to remain in touch with them and the process. It encouraged me to stay involved when it would have been easy to withdraw because work-based learning is difficult and I felt isolated at times. The ALS enabled me to continue in the pathway”.

To outline key aspects related to change in practice:

• Most of the cohort members had put into practice what they learned in the ALS, although this may also have been influenced by other pathway developmental elements.
• Respondents reported adopting a more reflective, critical perspective in their day-to-day work.
• ALS participation in relation to Evidenced Based Research was selected as being of particular benefit in practice, followed closely by Clinical Judgement & Leadership (no member from C1 selected Values Based Care, Facilitating Learning or Developing Autonomous Practice).
• All respondents agreed that ALS are a useful vehicle for professional development.

5.4.6 Summary of the effectiveness of Action Learning Sets

Based on the ALS evaluation survey, the respondents, although setting out with different developmental needs, were of the view that the online ALS were a reasonably useful means of professional development and that the ALS had supported all (but one respondent) to achieve their initial learning objectives in some way or another. In relation to the advanced practice attributes (Clinical Judgement & Decision Making, Leadership, Evidence Based Research, Values Based Care, facilitating Learning, Autonomous Practice,) most of the respondents in both cohorts agreed that the online ALS had a moderate or very beneficial impact on changes to their knowledge, attitudes, skills and aspirations, although there was no consistent view on which APA benefited most. Once again, for both cohorts, most of the respondents had already put into practice what they had learned in the ALS. The ALS were identified as a factor in improving confidence at work, where practitioners now felt that they could question and implement their role more informatively. The majority of respondents from both cohorts indicated that they would attend another ALS.

Drawing on other data sources however, the reaction of participants to the ALS was equivocal at best and in some respects contradict the findings from the ALS evaluation questionnaire; as indicated in section 5.6.7, in considering the overall usefulness of the pathway to support development, no respondent highlighted the action learning set as amongst the most useful aspects, indeed 4 respondents identified the on-line format of ALS as among the least useful aspects.

In relation to the benefits of on-line ALS, the opportunity to share experiences with other practitioners was highlighted. The most significant limitation reported was the challenge of getting
to know others in the group resulting in a lack of cohesion, possibly reducing commitment to the group discussions. Notably, whilst on-line delivery of the ALS was intended to provide ease of access for geographically dispersed participants, only one comment identified this as a benefit of the on-line ALS; conversely, over half of the respondents requested at least some face to face group sessions despite the travel this would require.

5.4.7 Recommendations related to the use of on-line Action Learning Sets
The most important mechanism to improve the on-line ALS relates to enhancing group functioning, with 9 out of 15 respondents in the final outcome survey recommending at least some face to face meetings at the beginning and throughout the pathway. This should enable participants to get to know others prior to beginning work in the ALS, would build rapport and encourage more active participation. Other suggestions included establishing a contract that everyone should participate, more preparation of participants prior to engagement in relation to the development of necessary IT skills and clarifying the purpose of ALS in terms of problem solving rather than discussion. One respondent, supported by their critical companion, suggested critical companions should be able to access the ALS site.

5.5.0 Organisational context: the roles of the critical companion and line manager
Critical companion support was established as the second central mechanism within the pathway. In addition, whilst not part of the central supporting mechanism of the pathway per se, the organisational influence of the line manager may also be important in determining contextual factors which influence engagement in professional development. Taking this into account, this section will present findings related to the participants’ views of the role of the critical companion before moving on to explore managers’ baseline expectations of the pathway, as well as the participants’ perceptions of managerial support. The distinction between the roles of the critical companion and line manager will be highlighted, prior to evaluating preparation and perceived support for the critical companion function.

5.5.1 Pathway participants’ perceptions of the effectiveness of critical companionship
The perceived effectiveness of critical companion support was explored via the final outcome survey of pathway participants and during in-depth interviews with case site participants, their critical companions and line managers; this section presents integrated findings from the perspective of participants. Three final outcome survey questions specifically investigated the effectiveness of critical companionship:

- ‘How effective was your critical companion in helping you address your developmental needs?’
- ‘Were you able to choose your own critical companion?’
- ‘How often did you meet with your critical companion?’
To enable examination of possible relationships between perceived critical companion effectiveness, the ability to select their own critical companion and the frequency of meetings, responses to these questions are presented for each of the 15 participants in Figure 5.11 below:

**Figure 5.11: Overview of participant responses related to aspects of critical companion support**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Effectiveness of companion</th>
<th>Able to choose own companion</th>
<th>Frequency of meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>somewhat</td>
<td>Yes</td>
<td>Every 2 weeks</td>
</tr>
<tr>
<td>2</td>
<td>somewhat</td>
<td>Yes</td>
<td>“Not often enough!” 4 meetings, 4 emails during pathway</td>
</tr>
<tr>
<td>3</td>
<td>very</td>
<td>Yes</td>
<td>Every 1-2 weeks</td>
</tr>
<tr>
<td>4</td>
<td>somewhat</td>
<td>Yes</td>
<td>3 times during pathway</td>
</tr>
<tr>
<td>5</td>
<td>very</td>
<td>Yes</td>
<td>Monthly</td>
</tr>
<tr>
<td>6</td>
<td>Not effective</td>
<td>No</td>
<td>3 times during pathway</td>
</tr>
<tr>
<td>7</td>
<td>somewhat</td>
<td>No</td>
<td>Initially weekly, then less</td>
</tr>
<tr>
<td>8</td>
<td>No response</td>
<td>Yes</td>
<td>Every 3-4 weeks</td>
</tr>
<tr>
<td>9</td>
<td>very</td>
<td>Yes</td>
<td>Weekly initially, reducing to 4-6 weeks</td>
</tr>
<tr>
<td>10</td>
<td>very</td>
<td>Yes</td>
<td>Twice during pathway</td>
</tr>
<tr>
<td>11</td>
<td>very</td>
<td>Yes</td>
<td>Monthly or more often if required</td>
</tr>
<tr>
<td>12</td>
<td>very</td>
<td>Yes</td>
<td>Monthly or more often if required</td>
</tr>
<tr>
<td>13</td>
<td>very</td>
<td>Yes</td>
<td>Regularly then less frequently, role shared between 2 companions</td>
</tr>
<tr>
<td>14</td>
<td>very</td>
<td>Yes</td>
<td>Every 2-3 months</td>
</tr>
<tr>
<td>15</td>
<td>very</td>
<td>Yes</td>
<td>At least monthly</td>
</tr>
</tbody>
</table>

In general, respondents tended to be satisfied with the effectiveness of their critical companions, with 9 out of 15 rating them as ‘very effective’, 4 being ‘somewhat effective’ and only 1 ‘not effective’ (one response was missing). As shown in section 5.6.7, when considering the overall usefulness of the pathway, critical companionship compares favourably with other aspects, with 8 respondents highlighting the value of the critical companion as one of the top three most helpful factors in enabling participants to benefit from the pathway.

Thirteen respondents had been able to choose their own critical companion, two had not; these latter two rated the effectiveness of their critical companion as ‘somewhat effective’ and ‘not effective’ respectively, possibly suggesting that participants are more likely to be dissatisfied if they are not able to choose their own critical companion, although the number of respondents is too small to make this point conclusively.

The frequency of meetings with critical companions varied considerably, with every 1-2 weeks arranged in advance at one end of the spectrum and twice during the year of the pathway at the other. Interestingly, whilst there was a tendency for those respondents who rated their critical companion as ‘somewhat’ or ‘not effective’ to meet less frequently, this is inconsistent as two
respondents who rated their companion as only ‘somewhat effective’ met with them every one or two weeks. This indicates that availability of the critical companion as shown by frequency of meetings, whilst important, is not the only predictor of participant satisfaction with their companions’ effectiveness; further consideration should be given to identifying criteria upon which the selection of an appropriate critical companion should be based.

Final outcome survey respondents reported that the most useful aspect of working with a critical companion related to their ability to challenge supportively in a non-threatening way, encouraging critical reflection on practice as well as focusing attention on learning that had occurred, whilst also planning goals for further development. The following extracts from interview participants who found their critical companion ‘very effective’ at supporting their development, illustrate this well,

“I think a big part of the critical companion role was to enable you to reflect on aspects that came up within the pathway, which was very helpful to us… the reflection probably was the greatest part of it you know, with an independent, objective perspective rather than somebody just trying to give you what you wanted to hear” (NP3; 320)

“I found the critical companion very useful … he has been absolutely brilliant throughout and was aware that all the outcomes [I set myself] were academic but has worked with me to help translate that into clinical practice …. Because he challenged me in subjects that he didn’t necessarily know more about than I did, but he was able to make me think and I found that was probably the most useful thing of all” (NP5; 127)

“In a constructive way you know, as they are supposed to be, and I think that actually he makes a really good critical companion because he still is able to identify the fact that there are points that I was struggling with managing competing demands, and managing workload and he was really supportive at that time. Whereas at other times where my thinking was a bit clearer, things were much more manageable for me, he was much more challenging and I think that that was right, I think he did really well with that.” (NP14; 278)

Conversely, other interviewees were able to explain the limitations they experienced with critical companion support,

“I have met a few times with my critical companion but I would have to say that didn’t work as well for me, as although my organisation agreed to it, they didn’t then provide any protected time … I wasn’t unhappy with the choice of critical companion but it was just the workload. I think the organisation is very good at agreeing that you can go and do things but then they don’t allow any time or wherewithal to be able to achieve that.” (NP4; 132)

“The role of the critical companion is a really difficult one for me ….. I really don’t know how to word this …. In terms of the training there was a lot of support and help from my critical companion. I think there is a fairly natural process that there is a lot of help at the beginning but it almost starts to tail off, or maybe I stopped seeking it so much? Both because I felt more confident about where I was going and also because my critical companion had other demands on him, so between us we probably let it slide … It wasn’t that I didn’t get support I
think it was that we had quite different ideas about what developing clinically means” (NP7;115)

Some survey respondents highlighted the advantages brought by the extensive knowledge base or organisational position of their companion; others flagged the different perspective brought to the discussion by companions from another discipline. One participant commented that the most useful aspect had been sharing experiences with her critical companion, as learning together had led to an overall improvement in their working relationship.

Time constraints or limited availability were reported by 8 respondents as the least useful aspects of working with a critical companion, however, 6 respondents indicated that nothing about their relationship with their critical companion was not useful. One respondent commented that their discussions with their critical companion sometimes lost focus on their development. Echoing the challenges expressed by the pathway participants, interviews with critical companions also highlighted the difficulties in finding time to meet, often in the face of competing organisational priorities. The most effective approach seems to have been pre-planned commitment to meet, as recommended below;

“Time was a challenge but we’ve been extremely strict with ourselves and had diary time in ahead so it was a fixed commitment in our diaries ... I am very conscientious in setting aside a time with whoever I’m mentoring, I know that has been appreciated by those that I am mentoring” (CC3; 161)

“because we didn’t work together, we had to formally arrange to meet up and, although it wasn’t as often as we would have liked, I think when we did meet up it was clear that she [participant] had done huge amounts of work ... I think we both appreciated that the time we had together was limited and we did have to make best use of that, so I was really impressed with the amount of work that she came with” (CC13; 116)

In general then, for the majority of participants, critical companionship was found to be an effective way of providing supportive challenge to facilitate the development of advanced practice attributes.

5.5.2 Line managers’ baseline expectations

Baseline interviews with the seven case-site line managers were undertaken to identify their understanding of the purpose of the pathway, the reasons for supporting their staff member, how they viewed their role in the process and their expectations of what might be achieved on completion of the pathway.

When asked ‘What is your understanding of the advanced practice succession planning development pathway?’, line managers appeared to have a clear understanding of the intent of the NES pilot project although this was generally framed in terms of staff development, rather than potential impact on their service, at least at this stage, as shown in the following examples,

’a pathway to help people identify their learning needs, whether it be work based or academic, to try and support their advanced practice; it is not saying that one you have
finished this you are (an ANP) but it is giving the underpinnings, the foundations of advanced practice which can then be built on.’ (M11)

‘it provides a framework to support education for advanced practice. This will enhance capability and capacity within nursing and will be consistent across Scotland. The pathway will help to identify peoples’ developmental needs and will support them to access the right education.’ (M14)

Factors which influenced the decision to support their staff member were explored with the question, ‘What prompted you to support staff to apply to undertake the pathway? ’ The essence of responses was ‘a timely opportunity’, summarised well by this manager,

‘a really exciting opportunity for our relatively new service … and the NP was keen to show interest in it. It just gave an extra avenue in that it could be work based learning, it wasn’t specifically academic although they have chosen masters level modules. The Health Board promotes a lot of lifelong learning … So I think it was just to be part of that opportunity, and just to see what it was about.’ (M11)

At the beginning of the pathway, managers were asked to consider ‘What do you feel is your role as a manager of a nurse participant on the pathway? ’ Responses indicated that managers appeared to see themselves in a facilitative, supporting role for the individual practitioner, with only one manager specifically highlighting their role in ensuring the development fits with organisational needs, as indicated below,

‘to support and guide, to make sure that that the area she wants to develop fits with the departmental and organisational needs, to find resources for her learning experience(s)’ (M7)

‘being there as a support, helping to facilitate anything that she needs me to do like learning opportunities, access to different personnel, time out to do things.’ (M5)

‘supporting them all the way, … appreciating the workload involved and managing service demands to make the participants life more manageable, … if possible offering protected learning time although that is not always easy, … giving the pathway as much kudos as I can’ (M13)

Responses to the question ‘What do you expect the nurse participant to achieve on completion of the pathway? ’ were perhaps indicative of less clarity around what specifically would be achieved, again the focus at this stage appears to be on the development of the individual, less on the development of the service, as these extracts demonstrate,

‘lots of things! For example, autonomy, critical thinking skills, high level problem solving and decision making, increased self awareness through reflection, enhanced confidence’ (M4)

‘to improve her knowledge and skills to enhance the more patient centred practice that we are trying to encourage, to be an advocate for nursing, to work with the departmental and
organisational initiatives. I think she is one of the key players, and I definitely see her as a leader in the future.’ (M7)

‘I would hope that is not just about advanced practice or doing things at a different level, rather their whole ethos for nursing, their leadership, their confidence and their professional self esteem would all be enhanced. ... essentially at the end of it that they would be confident in their critical decision making and risk management of the service, and their interventions with patients, and how they actually import their skills and knowledge to other people ... I would hope they would see themselves as credible practitioners and role models.’ (M13)

Questions around ‘What types of patient outcomes would you expect to identify in relation to the nurse participant’s service role? proved problematic for around half of the managers interviewed, primarily because the individuals were not yet in their advanced practice role, or the precise nature of their contribution had yet to be determined, as alluded to below,

‘HEAT (Health Improvement, Efficiency, Access and Treatment) targets for the 4 hourly wait for A&E, we have to meet those targets and have data for it. Because we are a small department we tend to meet the targets .... but we would like to maintain this and reduce waiting time if possible.’ (M4)

‘difficult because it is a new service ... however there has been a preliminary evaluation looking at the patient experience, some of the data so far demonstrates that patients really feel supported, that there is a knowledgeable individual looking after their care, that it stops them going into hospital. The other things are things like complaints so obviously if we were getting complaints coming in about any of these practitioners saying they were getting hassled by them or not getting the care that they deserve, people would pick up on that. Some of the other examples might be a bit more difficult to attribute to the undertaking of the advanced practice role.’ (M3)

In summary, these early interviews suggested managers appeared interested, committed and supportive of the practitioners undertaking the development pathway however, clear strategic direction for role development was not particularly evident in several of the cases, with the drive seeming to come from enthusiastic practitioners as much as organisational initiatives.

5.5.3 Participants’ perceptions of the role of the line manager

The participant’s perceptions of the role of the manager were explored by two survey questions

- How effective was your line manager in providing support for you to meet your developmental needs?
- How interested do you think your line manager was in providing support for you to meet your developmental needs?
Figure 5.12 below presents each participant’s rating of the perceived effectiveness and interest of their line manager, with perceptions of the effectiveness of the critical companion presented alongside for comparison.

**Figure 5.12: Participant ratings of line manager effectiveness and interest in supporting development**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Effectiveness of manager</th>
<th>Interest of manager</th>
<th>Effectiveness of companion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>somewhat</td>
<td>somewhat</td>
<td>somewhat</td>
</tr>
<tr>
<td>2</td>
<td>Very</td>
<td>Very</td>
<td>somewhat</td>
</tr>
<tr>
<td>3</td>
<td>Very</td>
<td>Very</td>
<td>Very</td>
</tr>
<tr>
<td>4</td>
<td>Not</td>
<td>somewhat</td>
<td>somewhat</td>
</tr>
<tr>
<td>5</td>
<td>Very</td>
<td>Very</td>
<td>Very</td>
</tr>
<tr>
<td>6</td>
<td>somewhat</td>
<td>somewhat</td>
<td>Not effective</td>
</tr>
<tr>
<td>7</td>
<td>somewhat</td>
<td>Very</td>
<td>somewhat</td>
</tr>
<tr>
<td>8</td>
<td>Very</td>
<td>Very</td>
<td>No response</td>
</tr>
<tr>
<td>9</td>
<td>Very</td>
<td>Very</td>
<td>Very</td>
</tr>
<tr>
<td>10</td>
<td>Very</td>
<td>Very</td>
<td>Very</td>
</tr>
<tr>
<td>11</td>
<td>somewhat</td>
<td>somewhat</td>
<td>Very</td>
</tr>
<tr>
<td>12</td>
<td>somewhat</td>
<td>somewhat</td>
<td>Very</td>
</tr>
<tr>
<td>13</td>
<td>Very</td>
<td>Very</td>
<td>Very</td>
</tr>
<tr>
<td>14</td>
<td>Very</td>
<td>Very</td>
<td>Very</td>
</tr>
<tr>
<td>15</td>
<td>Very</td>
<td>Very</td>
<td>Very</td>
</tr>
</tbody>
</table>

Overall, 9 respondents felt their line manager was ‘very effective’, 5 considered them ‘somewhat effective’ and only 1 is reported as ‘not effective’ in providing support to meet developmental needs. When considering perceptions of interest, this pattern is largely repeated with the same 9 respondents indicating their manager was ‘very interested’ in providing support, only 1 respondent indicating that the manager was ‘very interested’ but only ‘somewhat effective’ in providing support; the other respondents indicating that a ‘somewhat interested’ manager was also ‘somewhat effective’, with a single respondent reporting that their manager seemed ‘somewhat interested’ but was ‘not effective’ in providing support.

Comparisons were made with respondents’ perceptions of their critical companions’ effectiveness, to explore whether or not respondents tended to rate both line manager and critical companion in a similar vein; 7 respondents rated both manager and companion as ‘very effective’, 2 rated both managers and companions as ‘somewhat effective’, 2 rated either the manager as not effective and the companion as somewhat effective or vice versa, 3 rated either the manager as very effective and the companion as somewhat effective or vice versa (one response was missing). Therefore, it seems reasonable to conclude that 7 respondents experienced particularly positive support from both their companion and line manager, with the remaining 8 respondents feeling variably supported but with no consistent trend in that variability.

Whilst participant numbers are too small for any statistical analysis, as Figure 5.13 below illustrates, there is an interesting trend emerging in the relationship between the participants’ perceptions of
the level of support from line managers and critical companions and the stage of role development. One might have anticipated that line managers would have been particularly interested and effective in supporting new roles. This is apparent in some cases, however, not in all; of the 8 participants in new roles only 4 saw their managers as very interested and effective in supporting their development, whilst another 2 participants perceived very effective support from their critical companion although reported their manager as only somewhat effective. Conversely, managers are more likely to be reported as being very interested and effective in supporting the development of respondents who were already experienced in their role (6 out of 7 participants), with a similar picture emerging when one considers the reported effectiveness of critical companions. Whilst one can only speculate in the absence of specific evidence, it may be the case that experienced practitioners are more confident in their role and either seek less external support, or are more satisfied with support provided. Alternatively, experienced practitioners may have had a greater opportunity to establish a relationship with their manager over time and therefore receive or perceive greater levels of personal support based on familiarity with that individual.

**Figure 5.13: Comparison of stage of role development and perceived effectiveness of external support and interest**

<table>
<thead>
<tr>
<th>Participant</th>
<th>New / existing role</th>
<th>Effectiveness of manager</th>
<th>Interest of manager</th>
<th>Effectiveness of companion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New</td>
<td>somewhat</td>
<td>somewhat</td>
<td>somewhat</td>
</tr>
<tr>
<td>2</td>
<td>existing</td>
<td>Very</td>
<td>Very</td>
<td>somewhat</td>
</tr>
<tr>
<td>3</td>
<td>New</td>
<td>Very</td>
<td>Very</td>
<td>Very</td>
</tr>
<tr>
<td>4</td>
<td>New</td>
<td>Not</td>
<td>somewhat</td>
<td>somewhat</td>
</tr>
<tr>
<td>5</td>
<td>existing</td>
<td>Very</td>
<td>Very</td>
<td>Very</td>
</tr>
<tr>
<td>6</td>
<td>existing</td>
<td>somewhat</td>
<td>somewhat</td>
<td>Not effective</td>
</tr>
<tr>
<td>7</td>
<td>New</td>
<td>somewhat</td>
<td>Very</td>
<td>somewhat</td>
</tr>
<tr>
<td>8</td>
<td>existing</td>
<td>Very</td>
<td>Very</td>
<td>No response</td>
</tr>
<tr>
<td>9</td>
<td>existing</td>
<td>very</td>
<td>very</td>
<td>very</td>
</tr>
<tr>
<td>10</td>
<td>existing</td>
<td>very</td>
<td>very</td>
<td>very</td>
</tr>
<tr>
<td>11</td>
<td>New</td>
<td>somewhat</td>
<td>somewhat</td>
<td>Very</td>
</tr>
<tr>
<td>12</td>
<td>New</td>
<td>somewhat</td>
<td>somewhat</td>
<td>Very</td>
</tr>
<tr>
<td>13</td>
<td>New</td>
<td>Very</td>
<td>Very</td>
<td>Very</td>
</tr>
<tr>
<td>14</td>
<td>existing</td>
<td>Very</td>
<td>very</td>
<td>very</td>
</tr>
<tr>
<td>15</td>
<td>New</td>
<td>Very</td>
<td>Very</td>
<td>Very</td>
</tr>
</tbody>
</table>

Most participants seemed to view the main role of the line manager as being the person who sanctioned ‘time’. This could either be construed positively, as the supportive manager who ensured time was available for developmental activities, for instance,

“but I would honestly say that probably it was more a sanctioning of what we were doing, rather than it being an interaction or a supportive mechanism. I would say the critical companion was the supportive mechanism throughout, rather than the managerial aspect but that might because there’s been so much change for our service and there’s been a change of manager so we haven’t had that level of support from that direction” (NP3; 365)

“I think the fact that the deputy director of nursing and my line manager had to sign you know sign to say they had all looked at it and all agreed, that that was the level I was at, and
where we wanted to be was really useful as well, because again they knew it had to support
my time through the pathway, it was all agreed early on and that makes a big difference as
well.” (NP13; 151)

Alternatively, for other participants, ‘management’ failed to evidence commitment to the
participant’s development by not safe-guarding protected time for learning, as one participant
explains,

“I think for the organisation to really ‘buy in’, to give protected time. I think that they agreed,
but I think it was word of mouth. I don’t think they really thought how it would tie in with
the critical companion, so I would say that other cohorts need to have got that sorted out
with the organisation.” (NP4; 255)

Unfortunately, for a few participants, either the line manager or critical companion changed during
the period of the pathway; this was perceived as disruptive as key players were not fully aware of
the aims of the pathway.

5.5.4 Distinctions between the roles of critical companions and line managers

Several interviewees commented on the importance of distinguishing between the critical
companion and line manager roles; both were viewed as important but the predominant view is that
the critical companion should not be the line manager,

“she [manager] could potentially have been a critical companion if I had chosen her but I
didn’t because she is my manager and I think if you wanted to question things ... you know I
think if you have someone who is a bit more away from it, they can be a bit more objective.”
(NP11; 140)

“I do feel that I can go and talk to my service manager, you know if I have any concerns or
whatever. I just think it is different, it is a different relationship and I think the critical
companion you can go and it is much more ... has been much more informal, whereas
going to my boss I feel it is more a formal thing quite often, you know like I am concerned
about this, or this happened today and this is what I have done. And I think that is the
difference really, whereas I would maybe go more for advice on what I should do to my
critical companion.” (NP13; 363)

“I can see that the manager would have been a really good critical companion because of
her personal qualities, but I think there is something inherently conflicting about that, and I
don’t think it would have been for the manager because of the kind of person that she is, and
she is very supportive and very accommodating, but I can see that there are inherent
conflicts between what I might want to do, and what she thinks I should do, as my line
manager.” (NP14; 301)

This belief was borne out by the one participant, who did have her line manager as her critical
companion,
‘... at the orientation day one of the people from NES did say that she wasn’t sure that, as my line manager, he was the best person for that [critical companion] role. But the decision had been made by that point and we went with it.’ (NP7; 74) ... the point that it caused most difficulty ..... and I suppose it was maybe what the NES person predicted ..... was at a point when my critical companion was also my line manager and wanted me to extend my role to something beyond what I thought I had time or capacity or was in a position to do, and I had to say no... I think there might have been a sense from him, and I don’t know if he will mention this himself, that he was supporting me to advance my practice and here was an opportunity for me to display these advanced practice attributes and I was saying ‘I can’t take on this role at this time’.” (NP7; 237)

Similarly, section 5.5.2 illustrates that line managers generally made a clear distinction between their role and that of the critical companion, seeing themselves in a facilitative role, ensuring participants ‘had what they need’ to benefit from the pathway. Final interviews with case site managers reinforced this view,

“I think the critical companion is there to challenge thought processes, and question decisions and ways of thinking, whereas as a service manager my role is to support, make sure that she has study time, that I am looking after her and making sure that she is not overly stressed and that any pressure is relieved so that she can work through the pathway. So I am more of a supportive role whereas I think the critical companion role is more of a challenging one e.g. challenging thought processes.” (MS; 181)

Therefore, based on the experience of participants, the roles of critical companion and line manager can be complementary, but should remain distinct.

5.5.5 Critical companions’ experiences of their role

Critical companions from the seven case sites participated in individual interviews, providing an opportunity to explore their experiences and views of the various elements of the pathway. This section will describe their perceptions of preparation for their critical companion role and support from NES, with views on other aspects of the pathway being discussed elsewhere in this report. Although these seven represent only a sample of the critical companion group, they did express a range of opinions, which are likely to be shared by others supporting participants in the pathway.

A variety of preparatory and support mechanisms were provided by NES to establish a foundation for the critical companion role. Critical companions were invited to attend the orientation day with their respective pathway participants as a means of providing information about the pathway and the intended role of the critical companion. In addition, NES provided suggested reading materials for those critical companions who were less familiar with this model of developmental support. Subsequently, an on-line forum for critical companions was made available, intending to adopt an action learning set approach.

Only 3 out of the 7 critical companions who were interviewed were able to attend the orientation day, interestingly, of the 4 who did not attend 3 reported previous experience of being a critical
companion and therefore possibly felt adequately prepared for the role already. There does not appear to be any link between attendance at the orientation and subsequent pathway participant perception of effectiveness of their critical companion; 5 of those interviewed were rated as ‘very effective’, of the other 2 rated as ‘somewhat effective’ one attended orientation whilst the other did not.

Those who attended appear to have found it informative, for example,

“we had the one session in Stirling so that gave us an idea of what we were doing ... what we did, was we sat in on the session with the students and got a good idea of what they were doing.” (CC4; 21)

“I think the one day where we all met, and talked about the critical companion role ... I found that quite a helpful day. The other thing was some of the literature about critical companionship was sent with some of the links to it, and I downloaded I think two articles and read those, and then the day supported that so, in general, I thought it [preparation for the role] was fine.” (CC14; 15)

For those who were not able to attend the initial orientation day, various other mechanisms were put in place by NES to provide support, as illustrated below,

“but the project director did come out to meet us, which was extremely helpful and I also had conversations with her and things like that, so she did her very best to catch us up with things. It was a little more ad hoc than we would have liked and that was just the timing. So I probably felt I think as prepared as I could be’ (CC3; 20)

‘I was unable to attend the preparation day provided by NES but I did receive all of the paperwork.’ (CC5; 12)

“In lots of ways there was a great deal of written information back and forth between myself and NES as to what would be required of the role ... I have acted as a critical companion before elsewhere, and the information for this pathway was very good” (CC7; 11, 43)

Only two of the seven critical companions interviewed indicated that the level of preparation or support for their role could have been better, as shown here,

“we sat in on the session with the students and got a good idea of what they were doing. But maybe a little bit of time on our own just to clarify exactly what was expected of us. [Researcher: So did you feel that that wasn’t particularly clear?] I think it was reasonably clear but may be a bit more depth in the sort of model of approach. A bit more about how we could have gone about doing what it was that we were expected to do.” (CC4; 12)

‘My feeling was that I was pretty unprepared for the work of a critical companion, even conceptually, by what we received from NES. I had worked as a critical companion before and was aware of the format, but I certainly didn’t feel that what I received from NES or the instruction from NES really facilitated that particularly effectively. Perhaps if I had been at the study day ... I did feel slightly disadvantaged by not being at the study day” (CC5; 15)
However, apparently contradicting that view, the same critical companion reports,

“Support [throughout the pathway] was fine, excellent, no problems at all with that. The project director was particularly supportive, very contactable” (CC5; 43)

There were few recommendations made by critical companions to improve preparation or support offered to them, although having an opportunity to see examples of critical companionship ‘in action’ were mentioned by one interviewee,

“It may have been useful to see some video evidence of an exemplar of how to run a critical companion group. If you have not done it before that would have helpful to get a picture in your head of how to do it.” (CC5; 27)

A further mechanism to provide support for critical companions was the introduction of an informal on-line action learning set, independent of the structured action learning sets which pathway participants were offered, however, it would appear that the uptake of these was poor and the process was therefore unsuccessful;

“but right from the start feeling at a distance from the cohort, from the other critical companions ... I know that there was the online campus initiative set up and I was probably the one who tried to engage with it most, but there was only one other person did and the two of us ran out of things to say to each other very quickly. And again the facilitator was doing her best by trying to stimulate discussion on several occasions but essentially that methodology did not work. And I think because of distances and roles and lack of time, other critical companions were obviously not wishing to engage in another face to face meeting, which I was very sad about because I think that would have been very helpful... I think I would say very strongly that as a pilot trying to use the online chat room, campus based thing to actually support and engage with critical companions was obviously not something that the others in the cohort wanted to do” (CC3; 94)

Similarly,

“We had tried to do some on-line work with the critical companions but it didn’t take off, due to our input. It was supposed to be a specific Action Learning Set for the Critical Companions but only three of us put anything on it, it was only brief comments and there was no generation of ideas. But that wasn’t NES’s fault, that was the critical companions.” (CC5; 44)

Overall, it would appear that those critical companions who were interviewed report being generally satisfied with the information, initial preparation or additional support provided by NES. Although one or two negative comments were forthcoming, the following observation from one critical companion is pertinent,

“I think actually finding out from each critical companion how they wish to be supported [would be helpful], in the pilot we were being asked[what support would be helpful], I remember the project director going through various options, they were like asking for a group vote but you are probably never going to have one method that’s going to suit
everyone ... therefore I think it would be finding out from that individual what they want, which is more resource intensive of course, but would be helpful.” (CC3; 239)

Reflecting on their role, the critical companions gave excellent illustrations of how they approached their work with the pathway participants, providing supportive challenge rather than information and instruction. This approach was felt to be the trigger for the development of critical thinking and problem solving, crucial for supporting the development of advanced practice attributes, as expressed well below,

“The thing I loved about it is, it brings you to a level of challenging your thinking where it slowly but surely begins to open somebody up. So it stretches the boundaries and thought processes and the options are they either run really scared and close down and don’t come out again. Or they have a breakthrough. I think if NP7 was to explain how things have gone for her, it was stretching her away from ‘I need to do 60 clinical sessions a week’ – it stretched her whole level of thinking right through the process and a few months ago she came through the other side of that.” (CC7; 294)

And again,

“The challenges for me in the role were not actually instructing the student what to do. I think that nurses on the whole always want to tell people what to do and we can’t help it, and so it was more about I wanted them to find out for themselves how to address any issues or challenges ... so we discussed it and I would throw in ‘what if’ situations and ‘what would’ or ‘what could’ or thinking ... I’m not talking about demonstrating clinical expertise, I’m talking about demonstrating thought processes and where we went ... the biggest impact for me is that I have seen two people absolutely change the way they think about things... I don’t know if that’s the right word but the ‘methodology’ of how we tackled things has produced, I think, advanced practice thinking.” (CC11; 105)

5.5.6 Summary of the effectiveness of the critical companion role

Overwhelmingly, pathway participants identify critical companionship as an effective means of supporting the development of advanced practice attributes. The most useful aspect of working with a critical companion related to their ability to challenge supportively in a non threatening way, encouraging critical reflection on practice, focusing attention on learning that had occurred, whilst also planning goals for further development. Time constraints were identified as the biggest challenge to benefiting from the critical companion relationship. There is some evidence that being able to choose their critical companion is likely to improve participant satisfaction with the relationship. Availability of the critical companion as shown by frequency of meetings, whilst important, is not the only predictor of participant satisfaction with their companions’ effectiveness.

Preparation for the critical companion role presents challenges, primarily due to the time commitment required to attend orientation. In general, critical companions appear satisfied with initial preparation and ongoing support from NES for their role in this pathway; however, the on-line action learning facility for critical companions was poorly used and did not appear to add anything to
their experience of being a critical companion. Critical companions report enjoying their role, gaining satisfaction from observing the development of the pathway participant.

There are indications that the critical companion and line manager roles should be distinct with the line manager primarily being identified as the gatekeeper to 'time' as a resource. An interesting trend appears to be emerging in the relationship between perceived levels of support from line managers and critical companions and the pathway participants’ stage of role development; managers are more likely to be reported as being very interested and effective in supporting the development of respondents who were already experienced (rather than new) in their role, with a similar picture emerging when one considers the effectiveness of critical companions.

5.5.7 Recommendations related to the critical companion role

The key recommendation from pathway participants to get the best out of working with a critical companion related to time management and a commitment to meet regularly, preferably with organisational support for this protected time. A few respondents experienced a change of critical companion over the pathway, therefore choosing the ‘right person’, who is ‘best placed to stay alongside you for the duration of the pathway’ was highlighted, with personal characteristics such as mutual respect, feeling comfortable (but not too much so!), having the right skills and attributes, being reliable, challenging yet supportive also being noted. Further consideration should be given to identifying criteria upon which the selection of an appropriate critical companion should be based.

With regard to preparation for the critical companion role, flexibility is advocated, with existing mechanisms such as orientation, documentation and reference sources, and personal contact from the pathway director being found helpful. It is recommended that future pathway orientation days include specific time set aside for discussion / modelling of the critical companion role.

The primary role of the line manager should be to ensure that adequate support (protected time and learning opportunities) are negotiated, for both the pathway participant and critical companion, as part of the initial agreement to engage in this development pathway. Participants should be encouraged to ensure their line manager is aware of the work involved and regularly updated regarding their progress within the pathway.

5.6.0 Overall usefulness of the pathway in the development of advanced practice attributes

Triangulation of all data sources from all stages of the evaluation enabled an appraisal of the overall usefulness of the pathway in supporting the development of advanced practice attributes. However, a specific limitation of the study should be noted at this point; the actual development of advanced practice attributes was never objectively measured as part of the pathway (nor was it intended to be) and therefore subjective perceptions of personal development facilitated via the pathway, as expressed by the participants, their critical companions and line managers, must serve as an indicator against this objective.
The following sections present a comparison of baseline and completion DNAT self-confidence ratings, final outcome survey findings related to the overall strengths and limitations of the pathway, and themes which emerged from the case site interviews related to the overall utility of the pathway in supporting the development of advanced practice attributes.

5.6.1 Comparison of baseline and pathway completion self assessed confidence ratings for the central themes of advanced practice

Those participants who completed the pathway from both cohorts were asked to submit a follow up DNAT to assess any changes in their self-rated confidence levels related to each of the learning outcomes identified within the DNAT. Fourteen out of the completing 15 participants submitted the final DNAT, enabling comparisons to be made between baseline and completion of the pathway for those individuals.

Comparison of baseline and pathway completion DNAT scores provides evidence of changes in self-assessed confidence ratings for each of the learning outcomes associated with the central themes of advanced practice. However, it is important to note that these self assessments are subjective indicators of the achievement of the learning outcomes or the development of advanced practice attributes, and not objective measurements. The key question guiding comparative analysis was ‘Is there a significant change in confidence levels from baseline to pathway completion?’ Due to the relatively small numbers involved, inferential statistics could only be calculated for changes in each confidence category for the combined cohort; thereafter, descriptive statistics were used to illustrate changes per individual and per DNAT sub-theme.

The DNAT tool consisted of 19 separate items each with three categories (low, medium high confidence), for which 14 participants provided comparative baseline and completion data as illustrated in Figure 5.14 below. Chi-square analysis of the changes in the total number of scores within each category showed highly significant differences between baseline and pathway completion (p = 0.000), with overall improvement in confidence scores for the combined cohorts evident. This is an important finding which provides a specific indicator of the positive impact of the pathway on participants’ confidence related to a wide range of themes associated with advanced practice.

![Figure 5.14: Comparison of the distribution of confidence scores at baseline and pathway completion](image)

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>25</td>
<td>140</td>
<td>95</td>
<td>260 (6 missing)</td>
</tr>
<tr>
<td>Completion</td>
<td>1</td>
<td>58</td>
<td>204</td>
<td>263 (3 missing)</td>
</tr>
</tbody>
</table>

Detailed breakdown of changes in confidence ratings related to each of the various elements of each DNAT theme are provided in the respective graphs and commentary below, with descriptive statistics of baseline and final self-assessed confidence ratings being presented for each of the sub-themes. Within the graphs, baseline and completion confidence scores for each numbered sub-theme are presented next to each other for comparative purposes and colour coding is used to

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enhance the visual impact of changes in confidence levels; in essence, the expectation would be that for each sub theme, the proportion of green ‘high confidence’ ratings should increase for the final confidence ratings and that red ‘low confidence’ ratings would fall.

5.6.2 Theme 1 - Leadership

As detailed in section 5.1.5, within Leadership there were four sub themes: 1.1 Change, 1.2 Negotiation and Influencing, 1.3 Team Development, and 1.4 Practice / Care Development. Graph 5.5 below illustrates the baseline and completion confidence ratings within this theme (n=14).

**Graph 5.5: Baseline and completion confidence ratings within Theme 1: Leadership**

Of the 14 participants who submitted a final DNAT, in relation to ‘1.1 Change’ on completion of the pathway

- none described a low level of confidence
- 1 participant improved from low to medium confidence
- 2 remained at a medium confidence level
- 9 moved from medium to high confidence rating
- 2 maintained their high confidence rating from baseline

As a group, the number reporting a high level of confidence had increased to 11 (from 2 at baseline). Only 3 now assessed their confidence levels as medium (down from 11). Overall, 2 participants had already rated their confidence as ‘high’ and **10 had improved their confidence** in this area by the end of the pathway.
Completion DNAT estimations relating to ‘1.2 Negotiation and Influencing’ again reflected an increase in confidence levels

- no participants reported a low level of confidence
- 1 participant improved from low to medium confidence
- 3 remained at medium confidence
- 8 moved from medium to high confidence
- 2 maintained their high confidence rating from baseline

As a group, 10 participants considered their confidence levels to be high (increased from 2 at baseline), while the numbers reporting medium confidence reduced from 11 at baseline to 4 on completion. Overall, 2 participants already rated their confidence as ‘high’ and 9 had improved their confidence in this area by the end of the pathway.

On completion, regarding ‘1.3 Team Development’

- none of the participants recorded a low level of confidence
- 1 participant moved from low to high confidence
- 2 moved from low to medium
- 1 remained at medium
- 7 moved from medium to high confidence
- 3 maintained their high confidence rating from baseline

As a group, 11 participants indicated that their confidence levels were now high, which demonstrated an increase from 3 at baseline. Three participants considered their confidence levels to be medium (reduced from 8 at baseline). Overall, 3 participants already rated their confidence as ‘high’ and 10 had improved their confidence in this area by the end of the pathway.

For sub theme ‘1.4 Practice / Care development’

- no participants reported a low level of confidence
- 2 participants moved from low to medium confidence ratings
- 1 moved from low to high
- 1 remained low on completion with the participant stating ‘This [practice development] is an area where departmental changes have precluded me from undertaking any specific training that would improve my existing knowledge base confidence levels.’

- 3 participants remained on medium ratings
- 3 moved from medium to high confidence levels
- 4 maintained their high confidence rating from baseline

As a group, the proportion of high levels of confidence increased from 4 at baseline to 8 on completion. While 6 participants recorded medium levels of confidence at baseline, this reduced to 5 on completion. Overall, 4 participants already rated their confidence as ‘high’ and 6 had improved their confidence in this area by the end of the pathway.

To summarise for Theme 1: Leadership, of the 14 participants who provided comparative data, 8 recorded ‘high’ or had at least improved their confidence in all areas associated with leadership; 2
had improved in three out of four areas; 4 had improved in two out of four areas; no participant had failed to improve in any area. Therefore, on an individual basis the participants were either already scoring themselves ‘high’ or had improved their confidence in at least two out of four sub-themes associated with leadership.

Figure 5.15 below presents a summary of changes for each sub-theme, indicating a trend towards improvement in confidence ratings within Leadership outcomes for the majority of participants. Although some participants continue to report ‘no improvement’ in some sub-themes, no individual failed to show development in at least some areas.

**Figure 5.15: Summary of changes in confidence associated with Theme 1 Leadership**

<table>
<thead>
<tr>
<th>Sub-theme</th>
<th>High confidence at baseline</th>
<th>No improvement in confidence</th>
<th>Improved confidence</th>
<th>High confidence on completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Change</td>
<td>2</td>
<td>2</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>1.2 Negotiation and Influencing</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>1.3 Team Development</td>
<td>3</td>
<td>1</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>1.4 Practice/care development</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>8</td>
</tr>
</tbody>
</table>

**5.6.3 Theme 2 – Facilitating Learning**

‘Facilitating Learning’ was broken down into five sub themes: 2.1 Development of Education, 2.2 Learning Environment, Service User and Carer Education (2.3 & 2.4), 2.5 Mentorship and Coaching. Graph 5.6 below illustrates the baseline and completion confidence ratings within this theme.

**Graph 5.6: Baseline and completion confidence ratings within Theme 2: Facilitating Learning**

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Within the completion DNAT, for ‘2.1 Development of Education’
- no participants indicated that their confidence was low
- 1 progressed from low to high confidence
- 2 remained at a medium confidence level
- 6 moved from medium to high confidence
- 5 maintained their high confidence rating from baseline

As a group, high confidence levels increased from 5 at baseline to 12 on completion and the proportion of medium confidence ratings dropped from 8 at baseline to 2 at the end of the pathway. Overall, 5 participants already rated their confidence as ‘high’ and **7 had improved their confidence** in this area by the end of the pathway.

When considering ‘2.2 Learning Environment’, all participants who submitted data regarded their confidence level as being high by the end of the pathway. Thus, 5 participants considered that they had progressed from medium to high levels of confidence.

The completion DNAT related to ‘2.3 Service User and Carer Education a’ indicated that
- none of the participants now considered themselves to have a low level of confidence
- 1 had progressed from low to a high level of confidence
- 4 remained at medium confidence level
- 3 moved from medium to high confidence
- 6 maintained their high confidence rating from baseline

As a group, the proportion of high confidence levels increased from 6 at baseline to 10 and medium levels of confidence shifted from 7 at baseline to 4. Overall, 6 participants already rated their confidence as ‘high’ and **4 had improved their confidence** in this area by the end of the pathway.

With regards to ‘2.4 Service User and Carer Education b’, again on completion of the pathway
- none of the participants rated themselves as having a low level of confidence
- 1 progressed from low to a high level of confidence
- 4 remained at medium confidence levels
- 6 shifted from medium to high confidence
- 6 maintained their high confidence rating from baseline.

As a group, high confidence ratings had shifted from 4 at baseline to 6 on completion, whilst the proportion of medium confidence ratings fell from 10 to 4. Overall, 3 participants already rated their confidence as ‘high’ and **7 had improved their confidence** in this area by the end of the pathway.

For sub-theme ‘2.5 Mentorship and Coaching’, one participant not submit final data for this section however, of the 8 participants who had indicated a medium level of confidence at baseline, all had progressed to a high level of confidence. A total of 13 participants therefore recorded a high confidence score by the end of the pathway.

To summarise for Theme 2: Facilitating Learning, of the 13 participants who provided comparative data for all five sub-themes, 8 had ‘high’ or at least improved their confidence in **all areas associated with facilitating learning**; 2 had improved in **four out of five areas**; 2 had improved in **three out of five areas**; 1 had improved in **two out of five areas**; the remaining participant had ‘high’ or improved in
three out of the four areas she provided data for; no participant had failed to improve in any area. Therefore, all participants were either already rated ‘high’ or had improved their confidence in at least two out of five sub-themes associated with facilitating learning.

Figure 5.16 below provides an overview of changes for each sub-theme, indicating overall improvement in confidence ratings within Facilitating Learning outcomes. Once again, although some participants continue to report ‘no improvement’ in some sub-themes, no individual failed to show development in at least some areas.

Figure 5.16: Summary of changes in confidence associated with Theme 2: Facilitating Learning

<table>
<thead>
<tr>
<th>Sub-theme</th>
<th>High confidence at baseline</th>
<th>No improvement in confidence</th>
<th>Improved confidence</th>
<th>High confidence on completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Development of Education</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>2.2 Learning Environment</td>
<td>9</td>
<td>0</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>2.3 Service User and Carer Education</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>2.4 Service User and Carer Education</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>2.5 Mentorship and Coaching</td>
<td>5</td>
<td>0</td>
<td>8</td>
<td>13 (1 response missing)</td>
</tr>
</tbody>
</table>

5.6.4 Theme 3 – Research and Development

Research and Development contained the following three sub-themes: 3.1 Access, 3.2 Implementation and 3.3 Evaluation. Graph 5.7 below illustrates the baseline and completion confidence ratings within this theme.

Graph 5.7: Baseline and completion confidence ratings within Theme 3: Research & Development
In relation to ‘3.1 Access’, the two participants who had previously indicated a medium level of confidence had progressed, with all participants reporting ‘high’ confidence levels in this area by completion of the pathway.

With respect to ‘3.2 Implementation’,

- no participants recorded a low confidence on either baseline or completion of the pathway
- 3 progressed from a medium to a high score
- 4 participants remained at medium confidence level
- 3 improved from medium to high confidence
- 7 maintained their high confidence rating from baseline

For the group, completion DNAT scores showed an increase in the proportion of high levels of confidence from 7 at baseline to 10 on completion, with a consequent reduction in medium scores from 7 to 4. Overall, 7 participants already rated their confidence as ‘high’ and 3 had improved their confidence in this area by the end of the pathway.

For sub-theme ‘3.3 Evaluation’ one participant had failed to provide baseline data for this item.

- No participants reported low confidence by the end of the pathway
- 1 had improved from low to medium confidence
- 3 remained at medium confidence
- 6 improved from medium to high confidence levels
- 3 maintained their high confidence rating from baseline

The proportion of ‘Medium’ scores reduced from 9 at baseline to 5 on completion for the group, high confidence ratings increased from 3 to 6. Overall, 3 participants already rated their confidence as ‘high’ and 7 had improved their confidence in this area by the end of the pathway.

In summary, for ‘Research and Development’, of the 13 participants who provided comparative data for all three sub-themes, 6 recorded ‘high’ or had at least improved their confidence in all areas associated with research and development; 7 had ‘high’ or improved in two out of three areas; no participant had failed to improve in any area. Therefore, all participants were either already rated ‘high’ or had improved their confidence in at least two out of three sub-themes associated with research and development.

Figure 5.17 below provides an overview of changes for each sub-theme, indicating that whilst baseline confidence ratings tended to be high, the overall trend was for improvement in confidence ratings within Research & Development outcomes. As before, whilst some participants continue to report ‘no improvement’ in some sub-themes, no individual failed to show development in at least some areas.
Figure 5.17: Summary of changes in confidence associated with Theme 3: Research & Development

<table>
<thead>
<tr>
<th>Subtheme</th>
<th>High confidence at baseline</th>
<th>No improvement in confidence</th>
<th>Improved confidence</th>
<th>High confidence on completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Access</td>
<td>12</td>
<td>0</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>3.2 Implementation</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>3.3 Evaluation</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

(1 response missing)

5.6.5 Theme 4 – Advanced Clinical and Professional Practice

As detailed in section 5.1.8, Advanced Clinical and Professional Practice Part 1 comprised 3 subthemes and Part 2 comprised a further 4 subthemes. Graph 5.8 below illustrates the baseline and completion confidence ratings within this theme.

Graph 5.8: Baseline and completion confidence ratings within Theme 4:

Advanced Clinical & Professional Practice

The first Clinical Skills section (4.1) asked participants to rate their level of confidence with regard to the ‘Nursing and Midwifery Council (NMC) draft competencies for advanced practice’. One participant, who worked in an educational rather than clinical role, recorded N/A rather than select a confidence level.

- None of the participants stated that their confidence level was low on completion
- 2 progressed from low to medium confidence
- 2 remained at medium confidence levels
- 8 progressed from medium to high confidence
- 1 maintained their high confidence rating from baseline
Completion DNAT results showed high confidence levels for the group to have increased from 1 to 9 and medium levels to have fallen from 10 to 4. Overall, 1 participant already rated their confidence as ‘high’ and **10 had improved their confidence** in this area by the end of the pathway.

A second ‘**Clinical Skills’ section (4.2)** sought information about ‘other advanced clinical skills pertinent to your individual practice such as independent prescribing’. Again, the participant who had not provided data at baseline now recorded N/A rather than select a confidence level;

- no participant reported low confidence on completion
- 4 had progressed from low to medium confidence levels
- 2 remained at medium confidence
- 7 progressed from medium to high confidence

By the end of the pathway, reported high confidence levels had increased from nil to 7 and the proportion of medium confidence levels had fallen from 9 to 6. Overall, no participants already rated their confidence as ‘high’ and **11 had improved their confidence** in this area by the end of the pathway.

In relation to ‘**Clinical / Professional Practice’ (4.3)**, participants were asked firstly to consider their level of confidence to ‘demonstrate high level of accountability in own practice including the areas of assessment and management of risk’. In the completion DNAT,

- none of the participants recorded a low level of confidence
- 2 had improved from low to medium
- 1 remained at medium confidence levels
- 6 improved from medium to high confidence
- 4 maintained their high confidence rating from baseline

As a group, the proportion of high confidence levels increased from 4 at baseline to 10 on completion, with medium confidence ratings falling from 8 to 4. Overall, 4 participants already rated their confidence as ‘high’ and **8 had improved their confidence** in this area by the end of the pathway.

Within ‘**Clinical / Professional Practice Part 2 (4.4)**’ the first outcome inquired about the participant’s confidence to ‘actively promote and influence others in incorporating the following elements into practice areas: equality and diversity, ethical decision making, patient focus / public involvement and clinical governance’. By the end of the pathway,

- no participant recorded low confidence
- 1 improved from low to medium confidence
- 5 remained at medium confidence
- 6 progressed from medium to high confidence
- 2 maintained their high confidence rating from baseline

As a group, the proportion of medium levels of confidence dropped from 11 to 6, and high confidence levels had increased from 2 to 8. Overall, 2 participants already rated their confidence as ‘high’ and **7 had improved their confidence** in this area by the end of the pathway.
The second ‘Clinical / Professional Practice Part 2 (4.5)’ outcome related to ‘using expertise in advanced communication strategies to develop and enhance therapeutic relationships with service users within practice’.

- No participants recorded low confidence on completion
- 1 progressed from low to medium
- 3 improved from medium to high
- 10 maintained their high confidence rating from baseline

Overall, 10 participants already rated their confidence as ‘high’ and 4 had improved their confidence in this area by the end of the pathway.

By completion of the pathway, when asked about ‘using interpersonal skills to develop, inform and promote a climate within the multi-professional team which enables patient centred care’ (Clinical / Professional Practice Part 2 Professional Practice (4.6)),

- none of the participants noted a low confidence rating
- 1 progressed from low to medium
- 2 improved from medium to high
- 11 maintained their high confidence rating from baseline

As a group, 11 participants already rated their confidence as ‘high’ and 3 had improved their confidence in this area by the end of the pathway.

Finally, in relation to ‘Clinical / Professional Practice Part 2 (4.7)’, participants were asked about ‘participation and development of the multi-professional team through the development of collaborative and innovative practice, ensuring the patient is at the centre of care’.

- 2 participants did not submit baseline data
- no participant reported low confidence on completion
- 1 progressed from low to high confidence
- 1 remained at medium confidence
- 4 progressed from medium to high
- 6 maintained their high confidence rating from baseline

In the completion DNAT, the numbers expressing a high level of confidence had increased to 12 (from 6) and the proportion of medium confidence levels fell from 5 to 2. Overall, 6 participants already rated their confidence as ‘high’ and 5 had improved their confidence in this area by the end of the pathway (2 baseline ratings were missing).

In summary, of the 11 participants who provided comparative data for all seven sub-themes of advanced clinical / professional practice, 6 recorded ‘high’ or had at least improved their confidence in all seven areas associated with clinical and professional practice; 2 had ‘high’ or improved in six out of seven areas; three had ‘high’ or improved in five out of six areas; of those 3 participants who provided partial data, one recorded ‘high’ or improved in 3 out of 5 areas, one had ‘high’ or improved in 4 out of 6 areas and one had ‘high’ or improved in 6 out of 6 areas; no participant had failed to improve in any area. Therefore, all participants were either already rated ‘high’ or had improved their confidence in at least five out of seven sub-themes associated with clinical and professional practice.
Figure 5.18 below provides an overview of changes for each sub-theme, indicating overall improvement in confidence ratings within Advance Clinical / Professional Practice outcomes. As with other themes, although some participants continue to report ‘no improvement’ in some sub-themes, no individual failed to show development in at least some areas.

### Figure 5.18: Summary of changes in confidence associated with

**Theme 4: Advanced Clinical / Professional Practice**

<table>
<thead>
<tr>
<th>Sub-theme</th>
<th>High confidence at baseline</th>
<th>No improvement in confidence</th>
<th>Improved confidence</th>
<th>High confidence on completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1. NMC competencies</td>
<td>1</td>
<td>2</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>4.2 Other clinical skills</td>
<td>0</td>
<td>2</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>4.3 Accountability &amp; risk management</td>
<td>4</td>
<td>1</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>4.4 Ethical principles &amp; governance</td>
<td>2</td>
<td>5</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>4.5 Therapeutic relationships with service users</td>
<td>10</td>
<td>0</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>4.6 Multidisciplinary team climate</td>
<td>11</td>
<td>0</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>4.7 MDT development</td>
<td>6</td>
<td>1</td>
<td>5</td>
<td>12</td>
</tr>
</tbody>
</table>

Comparison of baseline and completion DNAT scores clearly indicates significant improvement in confidence within each of the themes associated with advanced practice. Moreover, a globalized strengthening of confidence was reported, exemplified by the following participant quotation;

“In terms of advanced practice, I have increased confidence to put forward my viewpoint of what I would know to be the best evidence based practice. One of the key areas where that has developed is in how I manage myself if there is disagreement. In the past if there was disagreement I would have assumed that there must be something about what I was suggesting or proposing that was problematic, not well enough thought through and I would have stepped right back from it. I think what I have developed by ‘stepping out of it’ through being on the pathway is looking at the wider issues that might be around, what different agendas people might bring and what might be informing their particular viewpoint and my own ability to perhaps hold the line around that.” (NP7; 339)

And supported by this manager’s view, which is echoed by several others,

“I would say I see significant improvement from where she started off to where she is now, and I think for me those improvements are not just around the clinical skills that she’s obtained or the academic successes she’s had ... for me and for NP13 ... it’s about her confidence, her decision making, her negotiation and management of change, driving pieces of work forward independently ... having the confidence around that.” (M13; 24)
5.6.6 Summary of changes in self assessed confidence in relation to learning outcomes

Practitioners came from a variety of backgrounds and with a range of experiences and developmental needs. For example, some were already confident in leadership, others were not; some focused on clinical skill development, for others this was less relevant to their role. Therefore, it can be seen that the use of the DNAT within the pathway allowed an individualised, targeted approach to planning, with developmental objectives being set for those areas identified as having lower or medium confidence ratings at baseline.

Whilst all participants reported their confidence as ‘high’ at baseline for several sub-themes, no participant self-assessed as highly confident in all areas i.e. all participants required development in at least some areas. Within each sub-theme, it was common for one or two participants to remain at the same ‘medium’ confidence level; however, this was highly variable i.e. it was not the same participants who tended to remain unchanged across all of the sub-themes, indicating the personalised nature of the practitioner’s journeys towards advanced practice.

At an individual level:

- every pathway participant improved their confidence across a range of sub-themes
- every pathway participant now indicated ‘high confidence’ in at least some areas which were not identified at baseline
- however, all participants also maintained medium confidence in some areas, indicating further development was required even at the end of the pathway.

Taking account of collated group results, Chi-square analysis of the changes in the total number of scores within each confidence category showed highly significant differences between baseline and pathway completion (p = 0.000), with overall improvement in confidence scores for the combined cohorts evident. This is an important finding which provides a specific indicator of the positive impact of the pathway on participants’ confidence related to a wide range of areas associated with advanced practice.

5.6.7 Comparison of the utility of the various components of the pathway

Available evidence indicates that the pathway has been useful in supporting advanced practice role development for the majority of participants. Three participants indicated that their role had not changed over the duration of the pathway, however the remaining 12 participants were able to specify one or more role developments including feeling better equipped to move into new specialist posts or apply new clinical skills (n=5), leading the introduction of new clinical services (n=4), extending their function into facilitating learning for others on a more formal basis (n=4), and becoming more confident in leadership and management (n=5). It is worth noting that the three participants who indicated no change in their role were not those who identified themselves as already being in an advanced practice role at the beginning of the pathway, i.e. those five practitioners who already viewed themselves as ‘advanced’ were still able to identify ways in which their roles had changed through engaging in the pathway.
Preceding sections have discussed the perceived helpfulness or effectiveness of the main support mechanisms provided within the pathway (DNAT, Action Learning Sets and critical companions). Figure 5.19 below provides a direct comparison of the frequency of helpfulness/effectiveness scores attributed to each of these mechanisms as determined via the final outcome survey. The fact that only one ‘not helpful / not effective’ score was allocated to each of these mechanisms is a remarkable testament to the perceived overall usefulness of the advanced practice development pathway; notably, the negative ratings against each mechanism were provided by different participants, thus no one participant found all of the mechanisms unhelpful or ineffective. As detailed previously, the DNAT was found to be very helpful by the majority of participants (11 out of 15); closely followed by critical companion support (9 out of 14 participants, with 1 response missing); action learning sets produced a more varied response, with the majority of participants (10 out of 15) reporting this process as ‘somewhat effective’.

**Figure 5.19: Comparison of participant perceptions of each pathway support mechanism**

<table>
<thead>
<tr>
<th>DNAT</th>
<th>Action Learning Sets</th>
<th>Critical companions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helpfulness</td>
<td>Frequency</td>
<td>Effectiveness</td>
</tr>
<tr>
<td>Not helpful</td>
<td>1</td>
<td>Not effective</td>
</tr>
<tr>
<td>somewhat helpful</td>
<td>3</td>
<td>somewhat effective</td>
</tr>
<tr>
<td>very helpful</td>
<td>11</td>
<td>very effective</td>
</tr>
</tbody>
</table>

To gain an overview of the usefulness of the pathway, the final outcome survey asked participants ‘What 3 factors were most helpful in enabling you to benefit from participation in the advanced practice development pathway’ and ‘What 3 factors were least helpful in enabling you to benefit from participation in the advanced practice development pathway’. Appendix 15 provides details of participant responses, content analysis allowed these to be grouped into broad themes, illustrated in Figure 5.20 below (not all respondents provided 3 answers to each question)

**Figure 5.20: Summary of ‘most’ and ‘least’ helpful factors in the development pathway**

<table>
<thead>
<tr>
<th>Most helpful factors</th>
<th>Frequency of theme</th>
<th>Least helpful factors</th>
<th>Frequency of theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>NES Funding</td>
<td>(n=13)</td>
<td>Lack of time / competing demands</td>
<td>(n=18)</td>
</tr>
<tr>
<td>Critical companion</td>
<td>(n=8)</td>
<td>Organisational factors</td>
<td>(n=8)</td>
</tr>
<tr>
<td>Support from line manager or other colleagues</td>
<td>(n=7)</td>
<td>Lack of contact with other participants</td>
<td>(n=6)</td>
</tr>
<tr>
<td>Personal motivation</td>
<td>(n=5)</td>
<td>Virtual ALS</td>
<td>(n=4)</td>
</tr>
<tr>
<td>Support from other participants</td>
<td>(n=4)</td>
<td>Negative attitudes from others</td>
<td>(n=3)</td>
</tr>
<tr>
<td>Pathway elements: i)Flexibility</td>
<td>(n=2)</td>
<td>Lack of funding for travel</td>
<td>(n=2)</td>
</tr>
<tr>
<td>ii)DNAT</td>
<td></td>
<td>‘Nothing’</td>
<td>(n=1)</td>
</tr>
<tr>
<td>Being given time</td>
<td>(n=4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing IT skills</td>
<td>(n=1)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Many of the factors identified in Figure 5.20 add weight to the strengths and limitations of the various aspects of the pathway discussed elsewhere, notably, appreciation of funding for accredited study, the value placed on an effective critical companion as opposed to the considerable challenges of managing time constraints and the disadvantages of on-line action learning sets. However, these open questions gave respondents scope to identify elements not explored elsewhere and indicated the high levels of personal commitment required to undertake the pathway, as well as a range of organisational dimensions, including the benefits of support from other colleagues contrasted with the negative attitudes expressed by others.

As noted previously, the combination of formal accredited learning and development pathway mechanisms enabled participants to make links between theory and practice, presenting opportunities to develop a greater appreciation of the complexity of the advanced practice role, as explained below,

“... the sheer volume of information and mental processing that has taken place for me in the last 18 months means I am now in a position of having far greater knowledge and understanding about many things from underpinning principles to professional education.” (NP14; 625)

“I think I would have got some of it [development], but I don’t know if I would have got all of it. I also got to do things like leadership and the facilitating learning sections that I think my job would have been much more clinically based, to do the day to day clinics and things and this gave me a chance to do something totally different within the team, and take a lead on something, a change in the department. And that has been great for me because it has developed me, it has developed the team, I think it has improved patient care...” (NP13; 32)

“For myself, I think it [the pathway] was pivotal, absolutely. I think if I had been allowed to develop organically, I would have got there eventually but I think I would have been a very different practitioner. I think I would have been very clinically focussed and possibly now not in a position where I could manage, or lead, a team. I suppose that the actual managing of a team isn’t an attribute of advanced practice but the ability to lead practitioners, to lead a service, to encourage other practitioners to follow your good habits or whatever ... I think that is an attribute of advanced practice and I think that is probably something that I would have ignored or not been so aware of if I had just been quite clinically focussed.” (NP5; 343)

5.6.8 Other aspects related to the process and outcomes of the pathway

As a general observation of recruitment to this pathway, gaps in the geographical distribution of participants are noticeable, and the original recruitment targets proved difficult to meet. This raises questions with regard to either the marketing of the initiative or the issues underlying the decision of those managers who did not promote the pathway among their staff; why did it prove so difficult to recruit to each cohort?

The final outcome survey of all participants and interviews with case site participants provided opportunities for respondents to express any other views not explored elsewhere by direct
questioning; the most frequently expressed comment was gratitude for the opportunity to be part of this national pilot pathway. Personal growth and enhanced professional confidence is evident throughout the various data sources presented within this report, and epitomised by the following survey comment,

“The pathway has opened up a whole new mindset for me; I have had ups and downs throughout, but overall it has been a fantastic opportunity from which I have learned an incredible amount, not only academic but about myself and the way I function in differing circumstances.” (NP10)

The flexibility of the pathway, with the ability to tailor development to the specific needs of the individual participant in the context of their organisation, was viewed by many as strength; as one critical companion observed,

“What I particularly liked about the pathway was that it wasn’t prescriptive. Our approach to advanced practice development in this organisation is not to put a ceiling on it, rather to put a floor on it i.e. set a minimum expectation and allow things to develop as the individual develops, so there is a certain freedom of expression, so that was well mirrored by the flexibility of the advanced practice pathway. I suppose the pathway could have been quite prescriptive with a tick box approach, but I personally don’t believe that this is a good way forward for advanced practice.” (CC5; 124)

As indicated in Figure 5.20 above, several participants commented on the importance of NES funding to support their individualised development, this is emphasised again below,

“the main strength [of the pathway] was the provision of funding for training that I otherwise wouldn’t have had the opportunity to access.” (NP4: 8)

“And I don’t think I would have been funded for that particular training because it is £900 to do that course. Had it not been for the pathway I would never have been able to do it.” (NP7: 302)

“The funding that NES gave was like £2000, which was a lot of money in the NHS these days you know, just for your development really, which you wouldn’t necessarily get, or you might have to wait a lot longer to get it and I think it has been really good” (NP13: 580)

The issue of funding raises questions about the continuation of the pathway beyond the pilot phase; if the most significant benefit from being on the pathway is perceived to be the NES funding, this may have implications for future opportunities for practitioners if funding does not continue via this channel. This concern was shared by line managers,

“There is little doubt the funding made a tremendous difference and I would have to be more cautious if funding were not available as all development pathways require financial input.” (M3; 277)

“If [the pathway] was the same as it was just now and with funding, I think yes, I would [send another participant]. But if it was without funding then I think we would struggle. Purely because funding is a big issue for us in ‘health board’ – I mean we are a very cash strapped organisation and finding funding for training for any member of staff just now is difficult. So I
think we would struggle to be able to meet people’s expectations in the current financial climate, without the money that came with the pathway.  [Researcher: So the pathway was useful but the funding was key?]  Yes.”  (M4; 93)

“I would support another member of staff on the succession planning development pathway if the pathway was the same as at present. However, due to tight financial restrictions, I do not know if [the Health Board] would be in a position to support members of staff financially”  (M5; 250)

In addition to the mechanisms provided by the pathway, several participants and their critical companions commented on the readily available support from NES, for example,

“I know that the contact that we did have with NES was always very supportive, even through emails etc”  (NP3; 557)

“I think that NES were fantastic, I think that the support that was offered from them was great, they were always available, anything that was asked was answered promptly. I think it was very well organised and structured, very supportive”  (NP14; 41)

“For me it was very important to have the direct link with the project director. Not that I particularly used it but I knew it was there, so that if I had any concerns or issues or worries, then I knew she would be very responsive and supportive, so that was vital.”  (CC3:249)

Being part of a national initiative was seen as valuable, as illustrated by the following comments,

“And it does … the fact that it’s also coming from a national body and supported through that … give you a feeling that you are attempting to achieve a certain level that can be compared across a peer group, especially as you’re able to identify sort of specific needs and meet those needs.”  (NP3; 486)

“so if it comes to the point in our organisation where they look at the [advanced practice]role in a kind of … not in a negatively critical way … but in a critical way to say so what is advanced practice, and what is that role about, then I am going to be able to say having done the pathway, this is how NES articulate it, this is anticipated to be the national uptake of what this role is about and this is where I sit within it, and I think that is very useful.”  (NP14; 182)

“I can feel comforted that I am steering their development in, as much as there ever can be a common pathway, but as much in line with what is being asked of them from the nursing world and I haven’t taken them off into my own little esoteric tangent, so that’s tremendously important.”  (CC3; 349)

Notably, a few participants were in the position of having completed the pathway but not yet being in an advanced practice role; this is a recognised challenge of ‘succession planning’, and may be more common in future if individuals seek development before posts are available. This situation caused frustration and some anxiety in relation to the inability to practice new gained skills, as shown in this survey extract,
‘It would have been helpful for participants to either have the offer of or be earmarked for an advanced practice post as unless I get this opportunity soon I feel I will have lost some of my skills.’ (NP4)

In addition, some participants mentioned that some form of accreditation for the pathway would be welcomed,

‘Unfortunately, the pathway does not provide recognition of participation and while I understand this would be difficult due to the wide variety of activities undertaken, I feel some form of certification would be worthwhile and welcomed by participants.’ (NP2)

5.6.9 Summary of overall usefulness of the developmental pathway

Available evidence indicates that the pathway has been useful in supporting advanced practice role development for the majority of participants, even those who were already in advanced practice roles. Direct comparison of the various elements of the pathway demonstrates that the DNAT was found to be very helpful by the majority of participants, closely followed by critical companion support; action learning sets produced a more varied response, with the majority of participants reporting this process as ‘somewhat effective’.

In identifying the most and least helpful aspects of the pathway, appreciation of NES funding, which was typically used for accredited study, and the value placed on an effective critical companion were most highly ranked, with the considerable challenges of managing time constraints and the disadvantages of on-line action learning sets being highlighted as the top two least helpful factors. However, irrespective of the specific activities which practitioners engaged with, it seems that the combination of formal accredited learning and development pathway mechanisms enabled participants to make links between theory and practice, presenting opportunities to develop a greater appreciation of the complexity of the advanced practice role.

All stakeholders appeared to appreciate the flexibility offered by the pathway, and the opportunity to be part of a national initiative was welcomed. The issue of NES funding was raised by line managers, as well as participants, with the indication being that managers would find it challenging to support future pathway participants without this funding source. Several participants, critical companions and line managers highlighted their appreciation of the level of support offered by the NES Programme Director and administration team.

Others issues which should perhaps be considered for the future of the pathway include the challenge in maintaining advanced skills in situations where succession planning might have provided a developmental opportunity before an advanced practice post was available. The possibility of some form of accreditation or certification for pathway completion was also mentioned, however, evidence or assessment of actual achievement or competence, rather than simply participation, would be required.
Having evaluated the overall usefulness of the pathway in supporting the development of advanced practice attributes, it is challenging to find an appropriate conclusion to this section which does justice to the myriad of evidence provided by the various contributors to the study. The participants came from diverse backgrounds and with different expectations; the supporting mechanisms were generic however, the actual developmental pathways were very much tailored to individual needs. Whilst recognising the natural enthusiasm felt by people involved in an innovative national pilot programme, the overwhelming impression we are left with is one of appreciation for this developmental pathway from the perspective of all stakeholders; as one critical companion noted

‘I think it is a great initiative. I think it is one of those things that enable people ... you’ll get no criticism from me of the programme, I think it is great’ (CC14; 174)

5.7 Summary of findings

Evidence from this evaluation suggests that engaging in the Advanced Practice Succession Planning Development Pathway was thought to be extremely valuable by all participants, although the utility of the different components varied.

Participant knowledge, skills and experience prior to entering the pathway:

- the pathway appears to have been successful in recruiting practitioners ready to develop advanced nursing roles in diverse clinical, managerial and educational spheres, although research functions do not feature highly within the combined cohorts
- a considerable breadth and depth of knowledge, experience and skills was evident on entry to the pathway; all participants were graduates, two had MSc degrees on entry to the pathway
- baseline DNAT analysis demonstrated that whilst all participants reported high confidence in several of the outcomes associated with advanced practice, they also indicated areas where they required development in at least some, if not all aspects of various sub-themes

Impact of the range of educational development activities:

- whilst formal accredited education via modules or programmes of study was most frequently indicated as being a useful type of developmental activity, the synergistic effect of undertaking this type of learning following the use of the DNAT to highlight learning needs across the spectrum of advanced practice activities and at the same time as the various attributes were being discussed via action learning sets was noticeable
- the range of educational development activities incorporated in the pathway had a significant impact on the perception of achievement of identified learning needs
- the duration of the pathway is too short a time frame within which to evaluate effectively the impact of the pathway on service development or patient outcomes
- statements from participants, critical companions and line managers already point to attitudinal change associated with growing confidence and emerging influence on others within the workplace
Effectiveness of the Developmental Needs Analysis Tool:
• the Developmental Needs Analysis Tool (DNAT) was perceived to be a comprehensive, well structured mechanism to support participants in identifying their individual needs relative to the entire spectrum of advanced practice themes and attributes

Effectiveness of the on-line Action learning Sets:
• the reaction of participants to the on-line Action Learning Sets was equivocal at best and in some respects contradictory; only 5 participants engaged in all six on-line ALS discussions
• in considering the overall usefulness of the pathway to support development, no respondent highlighted the action learning set as amongst the most useful aspects and 4 respondents identified the on-line format of ALS as among the least useful aspect of the pathway
• the opportunity to share experiences with other practitioners was highlighted as the most beneficial aspect of the on-line ALS, with the challenge of getting to know others in the group resulting in a lack of cohesion reported as the most significant limitation

Effectiveness of critical companion support:
• critical companionship is perceived as an effective means of supporting the development of advanced practice attributes; the most useful aspect of working with a critical companion is reported to be constructive challenge; time constraints were identified as the biggest barrier to benefiting from the critical companion relationship

Preparation for the critical companion role:
• critical companions generally appear satisfied with initial preparation and ongoing support from NES for their role in this pathway; however, the on-line action learning facility for critical companions was poorly used

The role of the line manager:
• the critical companion and line manager roles should be distinct, with the line manager primarily being identified as the gatekeeper to ‘time’ as a resource
• line managers report being clear about the purpose of the pathway and supportive of their staff members; their interest appears to relate to supporting staff development, with limited evidence of strategic planning for role development within an organisational context
• line managers are more likely to be reported as being very interested and effective in supporting the development of respondents who were already experienced (rather than new) in their role

Overall impact of the pathway on the development of advanced practice attributes:
• Chi-square analysis showed highly significant differences in self assessed confidence in each of the sub-themes associated with advanced practice between baseline and pathway completion (p = 0.000), with overall improvement in confidence scores for the combined cohorts evident
• direct comparison of the various elements of the pathway demonstrates that the DNAT was found to be very helpful by the majority of participants, closely followed by critical
companion support; action learning sets produced a more varied response, with the majority of participants reporting this process as ‘somewhat effective’

- regarding the most and least helpful aspects of the pathway, NES funding (typically used for accredited study) and effective critical companion support were top ranked as most helpful; challenges of managing time constraints and the disadvantages of on-line action learning sets were top ranked as least helpful
- all stakeholders appeared to appreciate the flexibility offered by the pathway, and the opportunity to be part of a national initiative was welcomed
- concern over future funding was raised by line managers, as well as participants, with the indication being that managers would find it challenging to support future pathway participants without this funding source
- all stakeholders indicated their appreciation of the level of support offered by the NES Programme Director and administration team throughout the pathway

6.0 Strengths and limitations of the study

As a pilot project, the number of participants in each cohort was relatively small (cohort 1 n=8; cohort 2 n=7) and their professional backgrounds and areas of advanced practice were diverse. This is both a strength and limitation of this evaluation; generalisation is not possible from such a small yet varied sample. Conversely, the participants, critical companions and line managers contributed enthusiastically to the evaluation, generating authentic data which illuminates the range of experiences possible within the pathway.

The actual development of advanced practice attributes was never objectively measured as part of the pathway (nor was it intended to be) and therefore subjective perceptions of personal development facilitated via the pathway, as expressed by the participants, their critical companions and line managers, must serve as an indicator of, rather than conclusive evidence for, the achievement of identified learning outcomes.

Difficulties specifying relevant patient focused outcome indicators at the beginning of the study, largely because the practitioner was new to or not yet in role or due to the limited availability of audit data meant that it was not possible to evaluate effectively the impact of the pathway on patient outcomes. Therefore proxy indicators of patient impact had to be used, such as the subjective perceptions of pathway participants and their line managers.

7.0 Conclusion

The evidence presented in this report strongly endorses the flexible nature and valuable contribution of this succession planning pathway to advanced practitioner development. It is recommended that the primary mechanisms within the pathway are maintained or enhanced in line with the findings and that a sustainable approach to delivering this pathway beyond the pilot project is implemented nationally.
8.0 Recommendations

1. To address the question of the impact of educational development activities on service development and patient outcomes, further study after allowing an appropriate implementation period is recommended.

2. To enhance the potential benefits of the DNAT in supporting the development of advanced practice attributes, future applicants should be directed towards some preliminary information sources, such as the advanced practice toolkit. Furthermore, an information / recruitment day incorporating a ‘DNAT workshop’ might be valuable for future cohorts.

3. The most important mechanism to improve the on-line Action Learning Sets relates to enhancing group functioning by providing opportunities for participants to get to know other members of the group; at least some face to face meetings at the beginning and throughout the pathway are recommended.

4. The primary role of the line manager should be to ensure that adequate support (protected time and learning opportunities) is negotiated, for both the pathway participant and critical companion, as part of the initial agreement to engage in this development pathway. Thereafter, to enhance the effectiveness of critical companionship, the participant and critical companion should make a commitment to meet regularly, with an agreed focus on participant development. Further consideration should be given to developing criteria to guide the selection of an appropriate critical companion.

5. With regard to preparation for the critical companion role, flexibility is advocated, as existing mechanisms such as orientation, documentation and reference sources, and personal contact from the pathway director were all helpful. It is recommended that future pathway orientation days include specific time set aside for discussion and possibly modelling of the critical companion role.

6. Consideration should be given to future funding mechanisms for the development pathway; indications are that line managers are less likely to support future participants without this funding source.

7. When applying for the pathway as part of a succession planning strategy, future participants and their line managers should give due regard to the availability of advanced practice posts, as skills and confidence rapidly deteriorate if not put into practice.

8. Further research on managerial or practitioner decision making processes or other organisational factors which influence recruitment to the pathway might be instructive in enhancing future pathway participation.
References


Appendix 1: Developmental Needs Assessment Tool (extract)
Advanced Practice Development Needs Analysis Tool

This Advanced Practice Development Analysis Tool is to help you reflect on your current role and to identify any areas where you may benefit from further training, education and development to enhance or develop your role at/or towards advanced practitioner level. This tool was constructed from the literature, consultation and appropriate policy documents identifying key themes of advanced practice. It encompasses the main themes of advanced practice, in addition to identifying how these relate to development of the underpinning principles at advanced practice level.

In completing this tool, it is crucial that you are honest and provide an accurate account to help you to identify the appropriate training and education required. You will be assessing yourself against learning outcomes from the attached development tool. To complete this analysis tool you will require to collaborate with your line manager to identify which learning outcomes are most appropriate for the development of your role within service.

- Once individual learning outcomes have been identified, please put a tick to indicate level of confidence in the appropriate box, and then complete type of evidence available to support your assessment. If further development is required, make a brief action point on “how” you would anticipate meeting the learning outcome.
- A key element of this pilot is the development of the underpinning principles/attributes of advanced practice. On identification of objectives, if you then move towards mapping to the underpinning principles, which would be further developed through achievement of the individual objective you have identified.
- On completion of this exercise, please discuss your priority objectives with your line manager/sponsor for development over the period of the pilot (March 2008 – April 2009).
Detailed below are objectives encompassed within central themes, please rate your level of confidence for each objective that is pertinent for your role in practice, using the following guide:

1. I require training and development in most or all of this area
2. I require further training and development in some aspects of this area
3. I am already confident in carrying out this objective competently.

<table>
<thead>
<tr>
<th>Central Theme</th>
<th>Learning Outcomes</th>
<th>Level of Confidence</th>
<th>Evidence to Support Achievement</th>
<th>Action of “how” to achieve outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leadership</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1.1 Change                    | Assess & establish the need for change
Leaf and manage change
Monitor the effectiveness & impact for patients of change within practice. | 3                   | 2                               | 1                                 |                                   |
| 1.2 Negotiation and Influencing Skills | Participate and influence local policy making activities which relate to sphere of professional practice Influence practice by supporting & developing lateral thinking in self & others |                     |                                 |                                   |
Detailed below are objectives encompassed within central themes, please rate your level of confidence for each objective that is pertinent for your role in practice, using the following guide:

1. I require training and development in most or all of this area
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<table>
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<th>Action of “how” to achieve outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitating Learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Development of Education</td>
<td>Assess &amp; deliver education developments within area of service, linking to overall local/national strategies for professional area of practice</td>
<td>3 2 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 Learning environment</td>
<td>Promote learning and create a positive learning environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3 Service user &amp; Carer Education/Training</td>
<td>Employing skills &amp; knowledge of teaching &amp; learning in assessing service users/carers motivation for learning, and development of service user focused education materials.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4 Service User &amp; carer Education/Training</td>
<td>Develop &amp; enhance active participation with service users and carers using a range of approaches such as mentorship &amp; coaching.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5 Mentorship &amp; coaching</td>
<td>Initiate and provide a skilled supporting learning infrastructure for members of the team &amp; peers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Detailed below are objectives encompassed within central themes, please rate your level of confidence for each objective that is pertinent for your role in practice, using the following guide:-
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2. I require further training and development in some aspects of this area
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<th>Action of “how” to achieve outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research &amp; Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Access</td>
<td>Ability to access contemporary evidence base and enabling/supporting others to use information systems to improve areas of practice</td>
<td>3 2 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Implementation</td>
<td>Utilising national/international clinical guidelines and research to develop and implement policy and protocols to improve clinical practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 Evaluation</td>
<td>Conduct Research/Audit pertinent to area of professional practice.</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Research in this context encompasses using an active evidence base, which includes activities such as audit, scoping, literature reviews, service evaluation and research.
Detailed below are objectives encompassed within central themes, please rate your level of confidence for each objective that is pertinent for your role in practice, using the following guide:-
1. I require training and development in most or all of this area
2. I require further training and development in some aspects of this area
3. I am already confident in carrying out this objective competently.

<table>
<thead>
<tr>
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<th>Evidence to Support Achievement</th>
<th>Action of “how” to achieve outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advanced Clinical/Professional Practice (Part 1)</strong></td>
<td></td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4.1 Clinical Skills</td>
<td>NMC draft competencies for advanced practice (Appendix One) Please indicate the specific NMC competencies you need to develop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2 Clinical Skills</td>
<td>Other advanced clinical skills pertinent to your individual practice such as independent prescribing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3 Clinical/professional practice</td>
<td>Demonstrate high level of accountability in own practice including the areas of assessment &amp; management of risk</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Detailed below are objectives encompassed within central themes, please rate your level of confidence for each objective that is pertinent for your role in practice, using the following guide:

1. I require training and development in most or all of this area
2. I require further training and development in some aspects of this area
3. I am already confident in carrying out this objective competently.

<table>
<thead>
<tr>
<th>Central Theme</th>
<th>Learning Outcomes</th>
<th>Level of Confidence</th>
<th>Evidence to Support Achievement</th>
<th>Action of “how” to achieve outcome</th>
</tr>
</thead>
</table>
| **Advanced Clinical/Professional Practice (Part 2)** | 4.4 Actively promote & influence others in incorporating the elements below into practice areas  
• Equality & Diversity  
• Ethical Decision Making  
• Patient Focus/Public Involvement  
• Clinical Governance | 3 2 1 | | |
| 4.5 Clinical/professional Practice      | 4.5 Using expertise in advanced communication strategies to develop and enhance therapeutic relationships with service users within practice | | | |
| 4.6 Professional Practice              | 4.6 Using interpersonal skills to develop inform & promote a climate within the multiprofessional team which enables patient centred care. | | | |
| 4.7 Professional Practice              | 4.7 Participation and development of the multi-professional team through the development of collaborative and innovative practice, ensuring patient is at the centre of care. | | | |
Appendix 2: Nurse Participant Profile (initial stage of pilot)

This profile will help the researchers to gain a better understanding of the characteristics of nurse participants and their reasons for undertaking the Advanced Practice Succession Planning Pathway.

Once you have completed the profile then please return it in the attached stamped addressed envelope by .............

1. Name

2. Qualifications

3. Number of years qualified

4. Role title and employing organisation

5. What are the main functions of your current role?

6. What prompted you to apply to undertake the Advanced Practice Succession Planning Pathway?

7. What do you hope to achieve by being a participant on the Pathway?

Thank you for your assistance
Appendix 3: Pathway Participant information and consent

Interview participant information

Title of Study: Evaluation of the advanced practice succession planning development pathway

Project lead: Dr Kay Currie

Sponsors: NHS Education for Scotland & Glasgow Caledonian University

Invitation

You are being invited to take part in a study to evaluate the impact of the advanced practice succession planning development pathway. This information sheet tells you the purpose of this study and what will happen to you if you agree to take part.

Please ask us if there is anything that is not clear, or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the study?
This study has been funded by NHS Education for Scotland in order to evaluate the overall impact of the succession planning development pathway on the individual participant’s learning, the development of advanced practice attributes, service delivery/development and patient outcomes. As such, it aims to explore the views and experiences of the pathway participants, their critical companions, service managers and also to identify any influence on patient outcomes.

Why have I been chosen?
You have been chosen to participant in this study as you were either a NES funded student, a critical companion or service manager associated with the advanced practice succession planning development pathway. A representative range of ‘case sites’, have been selected to help us explore the impact of the pathway in a more detailed way with those most closely involved in it; your clinical area is one of the selected case sites.

Do I have to take part?
No, it is up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep and be asked to sign a consent form. You are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect your employment status or relationship with NHS Education for Scotland.

What will happen to me if I take part?
You will be invited to an individual interview with an experienced researcher, arranged at a time and place of your convenience.
What will I have to do?
Be willing to share your views in an open and honest manner, understanding that all comments will be treated in confidence. The discussion is likely to last around 30 minutes to one hour and will be tape recorded to aid analysis.

What are the possible disadvantages and risks of taking part?
Participation in discussion may take around one hour of your time and we acknowledge that clinical staff are extremely busy and time is precious. Otherwise, no risks or disadvantages are envisaged.

What are the possible benefits of taking part?
Your experience, and that of other students, critical companions and service managers, will be used to evaluate the overall impact of succession planning development pathway. There may be no direct benefit to you personally, however, the results will be used to inform future developments of advanced practice succession planning.

Will my taking part in the study be kept confidential?
Yes, the content of all interviews will be treated in confidence. Data will be kept securely in compliance with the Data Protection Act. Recordings will be destroyed at the end of the study and your identity or workplace will not be disclosed nor be identifiable in the final report.

Who is organising and funding the research?
This study is being conducted by Glasgow Caledonian University, on behalf of NHS Education for Scotland, who are funding both the pilot project and its evaluation.

Who has reviewed the study?
This study has been reviewed by the ethics committee of the School of Nursing, Midwifery & Community Health at Glasgow Caledonian University.

What will happen if I agree to take part?
If you decide to take part you need to return the reply slip found at the end of this introductory letter in the enclosed stamped addressed envelop, by XXXX. You will then be contacted by a member of the project team to arrange a time and place for the interview.

Further information and contact details
If you would like to discuss your potential involvement, or would like further information about any other aspect of this study, please contact

Dr Kay Currie    Phone 0141 331 3472    email k.currie@gcal.ac.uk

I would/would not like to be involved in a interview (please delete)

Name (please print) __________________________________________________________

Day time phone number ____________________________________________________________________
Appendix 4: Manager & Critical Companion Invitation, Information Sheet and Consent

REF: NHS Education for Scotland Advanced Succession Planning Pathway Pilot Evaluation

DATE:

Dear Colleague

We would like to invite you to participate in the evaluation of the above pilot. As one of a small number of case site managers and critical companions your views and experiences are important.

I would therefore be grateful if you could:

Read the participant information sheet which provides an outline of the project and the type of information we will be collecting.

Sign the consent form.

Please return the consent form to Janette Palmer at the address given below. If you have any questions or wish to discuss any aspect of the evaluation then please do not hesitate to contact Dr Kay Currie (Chief Investigator).

Many thanks
Participant Information Sheet (manager/critical companion of nurse participant)

Title of Study: Evaluation of the pilot of the advanced practice succession planning development pathway

Chief Investigator: Dr Kay Currie

Invitation

You are being invited to take part in a study to evaluate the impact of the advanced practice succession planning development pathway. This information sheet tells you the purpose of this study and what will happen to you if you agree to take part. Please ask us if there is anything that is not clear, or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the study?
This study has been funded by NHS Education for Scotland in order to evaluate the overall impact of the succession planning development pathway on the individual participant’s learning, the development of advanced practice attributes, service delivery/development and patient outcomes. As such, it aims to explore the views and experiences of the pathway participants, their critical companions, service managers and also to identify any influence on patient outcomes.

Why have I been chosen?
You have been chosen to contribute to the study as you were either a NES funded nurse participant, a critical companion or service manager associated with the advanced practice succession planning development pathway. The inclusion of these groups will enable us to capture a range of perceptions and experiences from those involved in the piloting of the pathway.

Do I have to take part?
No, it is up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep and be asked to sign a consent form. You are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect your employment status or relationship with NHS Education for Scotland.
**What will happen to me if I take part?**
Information will be gathered at different times throughout the 12 month duration of the pilot project. We would like you to share your views in an open and honest manner, understanding that all comments will be treated in confidence. Your involvement in the study would involve the following:

**Service manager**
Participation in a telephone interviews with an experienced researcher, arranged at a time and place of your convenience during the initial phase of the study. One face to face interview will be conducted at the end of the pilot.

**Critical companion**
Participation in an individual interview with an experienced researcher, arranged at a time and place of your convenience at the end of the project.

These interviews are likely to last around 30 minutes to one hour and will be tape recorded to aid analysis.

**What are the possible disadvantages and risks of taking part?**
Participation in the study may take around one hour of your time and we acknowledge that clinical staff and managers are extremely busy and time is precious. Otherwise, no risks or disadvantages are envisaged.

**What are the possible benefits of taking part?**
Your experience, and that of other nurse participants, critical companions and service managers, will be used to evaluate the overall impact of succession planning development pathway. There may be no direct benefit to you personally, however, the results will be used to inform future developments of advanced practice succession planning.

**Will my taking part in the study be kept confidential?**
Yes, the content of all the data collected will be anonymised and any unique identifiers such as your name and organisation details will be removed from all materials (data sets). Codes will be allocated to all participants. Participant names and contact details will not be kept with data sets. Data will be kept securely in compliance with the Data Protection Act. Data will be stored within a locked cabinet, in a locked office within the School of Nursing, Midwifery and Community Health, Glasgow Caledonian University. Data materials will only be accessed by the researchers. However anonymised data will be made available to the project advisory group members to enable them to comment on emerging findings.
Written materials and tape recordings will be retained for 1 year following completion of the study (in accordance with Glasgow Caledonian University research governance guidelines). Thereafter they will be securely destroyed. Your identity or workplace will not be disclosed nor be identifiable in the final report.

What will happen if I don’t want to carry on with the study?  
You are free to withdraw from the study at any time, however we would still use any data collected from you up to your withdrawal.

What if there is a problem?  
If you have a concern about any aspect of the study, you should ask to speak to the Chief Investigator (Dr Kay Currie) who will do their best to answer your questions. Her details are given at the end of the participant information sheet.

Who is organising and funding the research?  
This study is being conducted by Glasgow Caledonian University, on behalf of NHS Education for Scotland, who are funding both the pilot project and its evaluation.

What will happen to the results of the research study?  
The results of the research will be published in an evaluation report for NHS Education Scotland. This material may also be used for publications in professional journals and at conference presentations. No participant will be identified unless you have given consent.

Who has reviewed the study?  
All research is looked at by an independent group (research ethics committee). This study has been reviewed, and been given a favourable opinion, by the ethics committee of the School of Nursing, Midwifery & Community Health at Glasgow Caledonian University.

What will happen if I agree to take part?  
If you decide to take part please read and sign the attached consent form and return it within 14 days. You will then be contacted by a member of the research team (Janette Palmer) with further information on the data collection arrangements. You should retain this information sheet and one copy of the consent form for your records.

Further information and contact details  
If you would like to discuss your potential involvement, or would like further information about any other aspect of this study, please contact:  
Dr Kay Currie        Phone 0141 331 3472        email k.currie@gcal.ac.uk
CONSENT FORM (Researcher Copy)

Title of Study: Evaluation of the pilot of the advanced practice succession planning development pathway

Name of Researcher: Dr Kay Currie/ Janette Palmer

Please initial box

1. I confirm that I have read and understand the information sheet dated 23 May 2008

for the above study. I have had the opportunity to consider the information, ask

questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

3. I understand that should I withdraw from the study, then any data already collected will

be used in the study.

4. I understand that personal extracts from the data collected such as quotes may be

used in the published report but those participants will be not identified.

5. I understand that any interviews will be audio taped.

6. I agree to take part in the above study.

Name of Participant / Critical Companion / Service Manager (please print)

________________________________________________________________________

Date: __________________________

Signature: __________________________

Day time phone number: __________________________

E-mail contact: __________________________

Contact details (for written correspondence)

________________________________________________________________________

Please sign both copies of the consent form. Return the ‘researcher copy’ to:

Mrs Janette Palmer, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University,
Cowcaddens Rd, Glasgow G4 OBA

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Appendix 5: Manager Telephone Interview Topic Guide (initial stage of pilot)

What is your understanding of the advanced practice succession planning development pathway?

What prompted you to support staff to apply to undertake the pathway?

What do you feel is your role as a manager of a nurse participant on the pathway?

What do you expect the nurse participant to achieve on completion of the pathway?

What types of patient outcomes would you expect to identify in relation to the nurse participant’s service role? For examples - service delivery/development; waiting times; patients seen by nurse; caseload size; difference to patient services

Would you like to make any other comments that have not been previously addressed?

Thank you for your time today and also your contribution to the project.
Appendix 6: Nurse Participant (case site) Interview Topics (end of pilot)

The aim of the interview is to focus on the NES Advanced Practice Succession Planning Development Pathway project and your perceptions as a participant on the impact of the pathway. The interview will be recorded to provide a more accurate record of our conversation. Can I clarify anything else about the interview before we move on to the questions?

What were you experiences of being a participant on the NES Advanced Practice Succession Planning Development Pathway? Strengths? Limitations?

1. Benefits of using the DNAT tool as a means of identifying learning needs and areas for further development.

2. Limitations of using the DNAT tool as a means of identifying learning needs and areas for further development.

   E.g. orientation, Action Learning Sets, Critical Companion, Service Manager

4. Impact of the range of activities undertaken on achieving identified learning needs, in the context of their organisational environment.
   E.g. specify range of activities, consider the effectiveness of activities

5. Actual development of advanced practice attributes, with illustrative cases.

6. Overall usefulness of the pathway in the development of advanced practice attributes.

7. Recommendations to enhance the succession planning development pathway for future cohorts.
Appendix 7: Critical Companion (case site) Interview Topics (end of pilot)

The aim of the interview is to focus on the NES Advanced Practice Succession Planning Development Pathway project and your role as Critical Companion as well as NES / NHS support. The interview will be recorded to provide a more accurate record of our conversation. Can I clarify anything else about the interview before we move on to the questions?

1. View of preparation and support for your role

2. Challenges faced in role.

3. Aspects of role that went well.

4. Recommendations for future preparation and support for critical companion role

5. Impact that the pathway has had on the nurse participant and on service development.
Appendix 8: Manager (case site) telephone interview guide (end of pilot)

The aim of the interview is to focus on the NES Advanced Practice Succession Planning Development Pathway project and your perceptions as Service Manager on the impact of the pathway.

The interview will be recorded to provide a more accurate record of our conversation. Can I clarify anything else about the interview before we move on to the questions?

1. Perceptions of the level of personal development achieved by their staff member (nurse participant) during the succession planning development pathway.

2. Impact of the pathway participant on patient outcomes and service delivery/development. Examples?

3. Comparison between baseline expectations and actual achievements of the pathway participants.

4. Overall usefulness of the pathway in the development of advanced practice attributes which enhance clinical service.

5. Would you support another member of staff on the succession planning development pathway if:
   a) the pathway was the same as at present?
   b) the mechanisms were the same but there was no NES funding?

6. Recommendations to enhance the succession planning development pathway for future groups.
Appendix 9: Action Learning Set Survey tool (using Bennett’s Hierarchy of Evaluation)

Questionnaire:

Action Learning Sets and the Development of

Advanced Practice Attributes

The purpose of this questionnaire is to seek your views on the use of the online Action Learning Sets (ALSs) facilitated by Robert Gordon University as part of the NES Advanced Practice Succession Planning Development Pathway. We are interested in understanding the impact that participating in these ALSs may have had on your knowledge and behaviour at work in relation to developing advanced practice attributes. Your responses will be completely confidential and the collated information from all participants will be reported back to NES as part of the project evaluation.

1. Section A. Activities;
2. Section B. Reactions to ALSs;
3. Section C. Change in Knowledge, Attitudes, Skills and Aspirations; and
4. Section D. Change in Practice.

Completing the questionnaire should take around 10-15 minutes. Once you have completed, please return the questionnaire to the Glasgow Caledonian University evaluation team in the enclosed pre-paid envelop.
Section A: Activities

A1. a) With reference to the six online Action Learning Sets (ALSs), please indicate in the table below (by placing a v) which activities you participated in:

<table>
<thead>
<tr>
<th>Action Learning Set</th>
<th>Discussion Forum</th>
<th>Live Chat</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clinical Judgement &amp; Decision Making</td>
<td>v</td>
<td></td>
</tr>
<tr>
<td>2. Leadership</td>
<td>v</td>
<td></td>
</tr>
<tr>
<td>3. Evidence Based Research</td>
<td>v</td>
<td></td>
</tr>
<tr>
<td>4. Values Based Care</td>
<td>v</td>
<td></td>
</tr>
<tr>
<td>5. Facilitating Learning</td>
<td>v</td>
<td></td>
</tr>
<tr>
<td>6. Autonomous Practice</td>
<td>v</td>
<td></td>
</tr>
</tbody>
</table>

b) If you did not participate in any of the above activities, what prevented you?

____________________________________________________________________________________

A2. a) In the Discussion Forum, did you lead on a specific topic (Y/N)? _______

b) If yes, which one? ______________________________________________________________

Do you think there was a difference in your learning whether you led on a topic or not? Please comment

____________________________________________________________________________________

A3. Overall, how would you rate your contribution to the online ALSs (enter a number in the space provided below)?

1. Excellent
2. Good
3. Satisfactory
4. Poor

Contribution (1-4): _____
A4. a) Thinking about the developmental needs you identified on your DNAT, which of the following Advanced Practice Attributes did you set out to improve upon (please tick v):

1. Clinical judgement, decision-making, problem-solving
2. Leadership
3. Evidence Based Research
4. Values Based Care
5. Facilitating Learning
6. Developing Autonomous Practice

A5. Are there any other skills/knowledge you set out to develop (please outline)?

__________________________________________________________________________

A6. Prior to these ALSs, did you have any experience of ALSs? (Y/N): _________

If yes, please outline below:

__________________________________________________________________________

Section B: Reactions to ALSs

B1. What was good, or most helpful, about taking part in the ALSs?

__________________________________________________________________________

B2. What, if anything, was bad, frustrating or least helpful about taking part in the ALSs?

__________________________________________________________________________

B3. Did you document your learning from these ALS’s in your development pathway portfolio (Y/N)? _______

If yes, did you find it useful to do so (please comment)?

__________________________________________________________________________
Section C: Change in Knowledge, Attitudes, Skills and Aspirations

C1. Change in Knowledge.

1. In relation to developing advanced practice attributes, do you feel that by participating in the ALS you have:

   a. Not reached
   b. Reached
   c. Exceeded

   your initial learning objectives? ______

   Please comment:

   ________________________________

2. In the context of the online ALSs, what did you learn about your learning style?

   ________________________________

C2. Change in Attitude.

What is your view of ALSs in terms of them contributing to your Advanced Practice Attribute (APA) skills development (enter a number between 1-5 opposite each APA skill, where 1 = not at all, 2 slightly, 3 moderately, 4 very and 5 extremely):

<table>
<thead>
<tr>
<th>Advanced Practice Attribute (APA) Skills</th>
<th>Importance of ALSs (1 or 2 or 3 or 4 or 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clinical Judgement &amp; Decision Making</td>
<td></td>
</tr>
<tr>
<td>2. Leadership</td>
<td></td>
</tr>
<tr>
<td>3. Evidence Based Research</td>
<td></td>
</tr>
<tr>
<td>4. Values Based Care</td>
<td></td>
</tr>
<tr>
<td>5. Facilitating Learning</td>
<td></td>
</tr>
<tr>
<td>6. Developing Autonomous Practice</td>
<td></td>
</tr>
</tbody>
</table>
2. In relation to Advanced Practice Attribute skills development, what in particular was most helpful or did you like about ALSs?

Please comment:

__________________________________________________________________________________________

3. In relation to Advanced Practice Attribute skills development, what in particular was least helpful or did you not like about ALSs?

Please comment:

__________________________________________________________________________________________

C3. 1. Change in APA Skills.

Which of the following APA skill elements do you feel have been developed as a result of the online ALSs (indicate Y/N opposite each skill in the table below)?:

<table>
<thead>
<tr>
<th>Advanced Practice Attribute (APA) Skills</th>
<th>Skill Developed (Y/N?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clinical Judgement &amp; Decision Making</td>
<td></td>
</tr>
<tr>
<td>2. Leadership</td>
<td></td>
</tr>
<tr>
<td>3. Evidence Based Research</td>
<td></td>
</tr>
<tr>
<td>4. Values Based Care</td>
<td></td>
</tr>
<tr>
<td>5. Facilitating Learning</td>
<td></td>
</tr>
<tr>
<td>6. Developing Autonomous Practice</td>
<td></td>
</tr>
</tbody>
</table>

2. Please comment on how your Advanced Practice Attribute skills have changed (if at all):

__________________________________________________________________________________________
3. Please comment on the role of ALSs in developing your confidence?

_________________________________________________________________________________

C4. Change in Aspirations.

1. Given the opportunity, would you participate in another ALS (Y/N)? ______
   Please comment:
   ________________________________________________________________________________

2. Are there any other professional skills that you would consider developing through ALSs (Y/N)? ______
   Please comment:
   ________________________________________________________________________________

3. What advice would you give to participants new to ALSs?
   ________________________________________________________________________________

Section D: Change in Practice

D1. Have you used what you have learned since starting the ALSs (Y/N)? ______

D2. What have you changed/done differently in your occupation as a result of your experiences in the ALSs?
   ________________________________________________________________________________

D3. Which Advanced Practice Attribute skills developed through ALSs were of particular benefit in practice (please comment)?
   ________________________________________________________________________________
D4. Overall, do you think that ALSs are a useful vehicle for professional development (Y/N)?

Please comment:

______________________________________________________________________________

D5. If you have been involved in personal development activities other than online ALSs, how do ALSs compare as a means of increasing knowledge and skills?

______________________________________________________________________________

D6. Please add any other comments you would like to make about the use of ALS to develop advanced practice attributes:

______________________________________________________________________________

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE
Appendix 10: Pathway Participant final outcome survey tool

Final Outcome Questionnaire:

The impact of the NES Advanced Practice

Succession Planning Development Pathway

The purpose of this questionnaire is to seek your views on the impact of the various aspects of the NES Advanced Practice Succession Planning Development Pathway in supporting you to enhance your knowledge, skills and personal attributes which are associated with the advanced level of practice. Your responses will be completely confidential and the collated findings from all participants will be reported back to NES as part of the project evaluation and used to inform future succession planning development programmes. If you have any queries about this survey, please feel free to phone a member of the research team, either Janette Palmer on 0141 331 8356 or Kay Currie on 0141 331 3472.

Completing the questionnaire should take around 10-15 minutes. Once you have finished, please return the questionnaire to the Glasgow Caledonian University evaluation team, preferably as an e-mail attachment to k.currie@gcal.ac.uk , or by post to

Dr Kay Currie
School of Nursing, Midwifery & Community Health
Glasgow Caledonian University
Cowcaddens Road
Glasgow, G4 0BA

Thank you!
A. This section asks you to provide information about your role and how it may have changed since you started the development pathway:

1. What is your role title?
   ........................................................................................................................................

2. Were you already in an ‘advanced practice’ role when you started the development pathway, please explain.
   ........................................................................................................................................

3. What are the main functions of the role you are currently in (or being developed for)?
   ........................................................................................................................................

4. Please outline key changes in your role, if any, since you started the development pathway?
   ........................................................................................................................................

B. This section asks about how you addressed your learning needs:

5. How helpful was the Developmental Needs Assessment Tool (DNAT) in identifying your learning needs (please tick relevant box)?
   Not helpful  □  somewhat helpful  □  very helpful  □

   Add comments ........................................................................................................................

6. What types of learning activities have you participated in – please tick as many as apply and add any others not listed;
   a. MSc programme  □
   b. University accredited module(s)  □
      (please indicate academic level e.g. BSc/Honours/MSc)  □
   c. Accredited / assessed work based learning  □
   d. In-service education  □
   e. Clinical supervision/mentorship  □
   f. Shadowing an experienced colleague  □
   g. Self directed reading  □
   h. Reflective portfolio  □
   i. Other ..............................................................................................................................
7. Please describe which learning activities you found most helpful and why?
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18. How effective was your line manager in providing support for you to meet your developmental needs?  
Not effective  ☐     somewhat effective  ☐     very effective  ☐

19. How interested do you think your line manager was in providing support for you to meet your developmental needs?  
Not interested  ☐     somewhat interested  ☐     very interested  ☐

20. What key recommendation would you make to improve the level of support from service managers?  
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D. This section asks about your views about the impact participation in the development pathway may have on clinical service or patient outcomes.

21. Can you give any examples of new service developments that you have been (or will be) involved in as a consequence of taking part in the advanced practice development pathway (e.g. new nurse led initiatives)?  
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22. Can you give any examples where you think there would be evidence of your impact on patient outcomes since participating in the advanced practice development pathway (e.g. reduction in waiting times, numbers of patients seen etc)?  
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E. This section asks about key factors that helped or hindered your participation on the advanced practice development pathway.

23. What 3 factors were most helpful in enabling you to benefit from participation in the advanced practice development pathway (you might like to think about personal, organisational, or financial factors or the influence of other people)?  
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24. What 3 factors were least helpful in enabling you to benefit from participation in the advanced practice development pathway (again, you might like to think about personal, organisational, or financial factors or the influence of other people)?  
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F. Please add any other comments you would like to make about participating in the advanced practice development pathway below, particularly about any personal or professional benefits you feel you may have gained.

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Thank you for taking the time to complete this questionnaire!
Appendix 11: Ethics Approval letter

15 April 2008

REF: PMcQ/CD

Dr Kay Currie
Head of Division
Post Registration Nursing & Health
School of Nursing Midwifery & Community Health
Glasgow Caledonian University
Coweaddens Road
Glasgow
G4 0BA

Dear Dr. Currie

RE: EVALUATION OF THE NHS EDUCATION FOR SCOTLAND (NES) PILOT OF THE ADVANCED PRACTICE SUCCESSION PLANNING AND DEVELOPMENT PATHWAY

I am pleased to confirm that the School Research Ethics Committee has now completed its scrutiny of your proposal and has granted ethical approval.

I wish you well in your study.

Yours sincerely

Patrick S McQuillan
Chair
School Research Ethics Committee

Dr Frank Crossan
RGN DipH BA MPhil
Dean
School of Nursing, Midwifery & Community Health

Principal and Vice Chancellor Professor Pamela Gilles BSc PGCE MED MMedSci PhD FRSA FFPH AcSS Hon FRCP(C)Glasg
Appendix 12: NHS Ethics approval waiver

From: NRES Queries Line [mailto:queries@nres.npsa.nhs.uk]
Sent: 29 April 2008 15:08
To: Whyte, Lesley
Subject: RE: Enquiry about proposal requiring NRES approval

Thank you for your query.

Our leaflet "Defining Research", which explains how we differentiate research from other activities, is published at:

http://www.nres.npsa.nhs.uk/rec-community/guidance/#researchoraudit

Based on the information you provided I would see this as an educational evaluation akin to service evaluation, hence our advice is that the project is not considered to be research according to this guidance. Therefore it does not require ethical review by a NHS Research Ethics Committee.

If you are undertaking the project within the NHS, you should check with the relevant NHS care organisation(s) what other review arrangements or sources of advice apply to projects of this type. Guidance may be available from the clinical governance office.

Although ethical review by a NHS REC is not necessary in this case, all types of study involving human participants should be conducted in accordance with basic ethical principles such as informed consent and respect for the confidentiality of participants. When processing identifiable data there are also legal requirements under the Data Protection Act 2000. When undertaking an audit or service/therapy evaluation, the investigator and his/her team are responsible for considering the ethics of their project with advice from within their organisation. University projects may require approval by the university ethics committee.

This response should not be interpreted as giving a form of ethical approval or any endorsement of the project, but it may be provided to a journal or other body as evidence that ethical approval is not required under NHS research governance arrangements.

However, if you, your sponsor/funder or any NHS organisation feel that the project should be managed as research and/or that ethical review by a NHS REC is essential, please write setting out your reasons and we will be pleased to consider further.

Where NHS organisations have clarified that a project is not to be managed as research, the Research Governance Framework states that it should not be presented as research within the NHS.

Regards

IRAS (Integrated Research Application System) is now available for use and consultation. To view IRAS and for further Information visit www.myresearchproject.org.uk

Queries Line
National Research Ethics Service
Appendix 13: Service development initiatives identified by participants

- My present role, is a new service development which will be robustly evaluated over the course of the next two years and my involvement in the APSPDP pilot has been of benefit in highlighting the national framework for advanced nursing practice and the challenge which lies ahead in demonstrating the evidence to support and underpin this role in clinical practice.
- It is hoped in the future we will provide nurse led symptom control and management outpatient clinics, hopefully liaising with other specialities
- Workshop day held in January, based on the model I was trained in at [a centre of excellence] as part of the APPP. Well received and evaluated by families and future days planned building on this initial workshop day. Nurse led assessment and treatment of young people presenting with early onset eating disorders.
- Acting as the epilepsy link nurse for children and young people with epilepsy; asthma – schools policy developed, implementation of the use of school asthma cards, possible asthma clinics; registers (across region and school based) for children with asthma, epilepsy and allergies
- New Staff nurse Education Programme in the community about to commence
- Hoping to be successful in an interview for hospital nurse practitioner – build up nurse led services
- Registered nurse affirmation of patient’s postal consent in endoscopy for diagnostic procedures, (in line with national guidelines, patient’s have their consent obtained/confirmed outside of the procedure room)
- I have been involved in the development and the delivery of work-based learning modules for community nursing staff. This has provided supported learning for those already in post and enables them to achieve masters or ordinary level modules. The key focus of this has been about developing new ways of working to improve patient care and deal with the changing demography of our population.
- I have developed a workload tool for community nursing staff which is being pilot during Nov, Dec and Jan and this will be used to populate community health profile information along with workforce figures to support workforce planning.
- Undertaking a training needs analysis of the district nursing teams within my area, with a view to upskilling the workforce in order to enable them to respond to the demands of the long term conditions agenda
- Training needs analysis of staff skills and developing staff to meet service needs
- nothing as a sole consequence of the pathway
- Transition policy and clinic implemented
- Changed patient appointment format
- Implemented more group work sessions
- Implemented team teaching
- CSIL business case being presented to the board but some units using this treatment option. Risk management more robust.
- Carbohydrate and insulin adjustment group work being run on a monthly basis
- Nurse led venesection of patients presenting with secondary polycythaemia as day cases in order to reduce waiting times and facilitate the delivery of safe and timely care
- I developed a competency framework specifically tailored to advanced practice in care of the older adult
- I developed a Patient group direction that allows the administration of Aspirin by nursing staff to patients with acute non haemorrhagic stroke
- I am still developing the hospital at night practitioners not only locally but regionally
Appendix 14: Possible patient outcome identified by participants

- Within my own sphere of clinical practice, I intend to continue to work by linking nursing and medical perspectives of systematic physical assessment and examination skills in the provision of optimal health care delivery to patients which will allow for greater continuity for the patients and a greater number of patients to be reviewed and managed within our service. The attainment of these physical assessment and examination skills will assist me in directing patient care through the process of identifying potential and differential diagnosis and in the development of clinical management plans.
- No not at present
- The implementation of evidence based family interventions directly by myself or by colleagues supported by myself has I think positively influenced outcomes for young people struggling with very concerning eating disorder symptomatology
- Improved service for children and young people with epilepsy – better liaison with Specialist nurse, rescue medication training available in patient’s homes;
- I am playing a key role in designing the training for Swine flu vaccination
- Able to see a range of minor injury patients independently and cut waiting times
- Reduction in cancellation of nurse-led clinics due to leave as I have been able to cover clinics. I think that following the pathway there may be opportunities to become more involved in clinics and this will have an impact on the above examples
- Patients have become involved in the groups set up in each of the localities to consider how community nursing services are reviewed and developed.
- Improved quality of clinical care to my patients – a more coordinated approach to their care
- Hopefully preventing hospital admissions by ensuring patients act quickly on signs of deterioration because of my education / support.
- Audits which are capturing qualitative data to establish whether staff who attended the learning events have retained the knowledge and applied it to their practices. If the learning has been applied, there will be evidence of improved patient involvement in their assessment and in developing and reviewing their care plans
- Improved education for patients wishing to carbohydrate count,
- Improved transition service with the patient at the centre
- Improved patient self management skills
- Hopefully these outcomes will be measurable in patient satisfaction and quality of life indicators but also in reduction of HbA1c and admission to hospital
- Nurse led venesection of patients presenting with secondary polycythaemia as day cases in order to reduce waiting times and facilitate the delivery of safe and timely care
- The use of aspirin PGD may show that patients are receiving treatment within timeframe recommended by the sign guidelines. – Data outstanding
- Most of what I am involved in is succession planning for the reduction the doctors working hours I am involved in workforce planning and future role development which will take time to make an impact on patient care however this group of nurses who have undertaken the advancing practice modules have increased skills and knowledge and more confidence in their r competency to practice at a higher level.
Appendix 15: Most and least helpful factors in enabling benefit from participation in the advanced practice development pathway

What 3 factors were most helpful in enabling you to benefit from participation in the advanced practice development pathway (you might like to think about personal, organisational, or financial factors or the influence of other people)?

Central supporting mechanisms (n=14): critical companion (n=8); other participants (n=4); pathway (n=2)

The contact and support of my critical companion has been most helpful as described above and will continue to assist me with the process of on-going identification of gaps and priorities of future learning needs.
Support of service manager and critical companion
Critical companion
Support from critical companion has also been vital.
Support from critical companion, mentor and colleague who was also participating in the pathway
Support from critical companion
The organisational support I received via my critical companion was pivotal in all aspects of my development
The support and encouragement of my critical companion.

The action learning sets helped me to feel involved and have the opportunity to discuss the topics with my fellow students
Meeting with other participants
Undertaking pathway at same time as colleague / supportive element
Having 2 colleagues locally who participated in the pilot as this provided support

Flexibility of programme
The training needs analysis identifying learning outcomes

Funding (n=13)
The APSPDP pilot monies assisted me greatly in achieving several actions arising from the priority learning outcomes highlighted through undertaking the DNAT process.
The financial support offered was great, allowing attendance at key, influential conferences where the value of the learning and networking was immense
Without funding I could not have undertaken the Masters modules;
£2000 to pay for personal coaching
Finance
The finance which allowed me to participate in a masters programme and attend relevant conferences
Monies secured from NES helpful to secure training
Funding which I used to undertake M.Sc. in Professional and Higher Education
Finance from NES
Financial would not have been able to do the MSC modules without this.
Provision of funding
The financial benefit allowed me to complete an MSc at an advanced speed and this supported my clinical practice
The financial support to allow me to continue on the Masters programme I am currently completing an MSc in Advance Nursing and Applied education at Edinburgh Napier University

Line manager & other colleagues (n=7)
Unstinting support from line manager
Support and teaching from colleagues
I have had good support from my managers during this year
Communication and confidence at Trust and Departmental Level that I was well placed to take forward this opportunity
The fact that you had to have written support from your line manager even if the support was not always forthcoming it meant that they could not stop you progressing if the organisation chanced its priorities.  
Encouragement and support from peers and colleagues which have prompted them to apply for future  
The support of the senior staff who allowed me to shadow them

**Personal motivation (n=5)**  
Personal motivation and drive to continually develop and expand my knowledge base  
My commitment to undertake this as completed mostly in my own time  
My own personal commitment to undertaking the extra work  
Confidence, it gave me confidence that after the interview process NES believed I could achieve this.  
I was able to develop personal skills that helped me influence others to change practice

**Time (n=4)**  
Having the time, with no clinical caseload responsibilities this year  
Support within the service for me to take time out to participate in training  
Line manager support ensured I had some study time (though due to staff pressures this only happened in the last 3 months of the pilot)  
Time allocated for development

**IT skills (n=1)**  
Recognition of my limitations in IT skills led to participation in appropriate training courses which increased both my level of skill and confidence in participating with the RGU Virtual Campus website including my involvement in the ‘Live Chat’ sessions and the action learning sets, and has assisted me in the scope of my present role within advanced nursing practice.

**What 3 factors were least helpful in enabling you to benefit from participation in the advanced practice development pathway (again, you might like to think about personal, organisational, or financial factors or the influence of other people)?**

**Lack of time / competing demands (n=18)**  
I think the pilot should have been done over a longer period, with the first six months devoted to developing a greater understanding of advanced practice  
There was a definite lack of time to prepare for the application process to the APSPDP pilot and in identifying the priority competencies for development and key learning outcomes.

Competing demands of two MSC level courses at Glasgow University and Dundee University and the academic assignments that had to be completed for those, meant that at times I felt I didn’t give the pathway my full attention  
Trying to get to grips with masters level modules whilst participating in the pilot was stressful  
Competing demands in relation to prioritising my own development and supporting others at a time of rapid change within the service

Lack of planning meant I took on too much at one time;  
Ambitious objectives for time frame  
Lack of time

**Personal commitments / family pressures**  
Planning my own wedding  
Not having enough time to balance full time work, APSPDP, M.Sc., and family life with young children  
Time to do everything, work, study, life  
Mostly time was against me most of the duration of the programme trying to find a work /life balance was a personal hurdle for me
Organisational goals / work pressures impacted – no protected time.
Not spending enough time with critical companion
Time constraint with my critical companion
Work pressures not allowing time with critical companion.
Time to commit with work pressures.

Organisational factors (n=8)
Organisational demands
Change in leadership locally
Inconsistent communication in relation to my role within the change process.
Wider organisational changes, which could not have been predicted, precluded me from being involved with activities identified and agreed within my DNAT
Competing organisational priorities (KSF, H1N1 etc) which inevitably put extra pressure on all members of the organisation and lead to slippage in the timescales!
Loss of my clinical mentor for a few months due to problems with her visa
Organisational goals / work pressures impacted – no protected time.
A secondment opportunity forced me to restart the programme as I was working way from home for a year and I and to join the second cohort

Lack of contact with other participants (n=6)
Initially, I had a lack of awareness and insight into the APSDP pilot process overall and felt ill-prepared for the formal interview at the beginning of the application process and unfortunately unaware of the proposed meeting of the first cohort of participants the following week. Clinical commitments prevented me from trying to rearrange my timetable and attend that meeting which was unfortunate as there was no other opportunity to meet directly with the group until the NES meeting held at the end of the pilot.
Not meeting fellow participants
Not meeting the other participants more than once
Feeling isolated from other participants and having little opportunity to get to know them
Felt disconnected from the other participants in the pathway (n.b. this participant came from Orkney)
Possibly because of the interruption I found it more difficult to engage with the second cohort in the action learning sets and online discussions

Virtual ALS (n=4)
Initially, my lack of IT skills and previous experience of using 'Virtual' learning was problematic but improved through time and through the attainment of specific skills and knowledge by undertaking appropriate training courses.
Virtual AL when already in an AL set
Action learning sets via 'virtual' method
Action learning sets, I lost my way with the forum and maybe should have focussed on these more at the beginning.

Negative attitudes from others (n=3)
Critical companion, I should have changed and gained more support.
Negative response and lack of support from peers
Attitudes from some colleagues to advanced practice

Lack of funding (n=2)
Travel costs hindered some activities I would like to have undertaken;
Lack of funding for travel

Any other comments:
meet with fellow participants
financial support
being part of a national programme
excellent opportunity and I feel privileged to have been a participant
gave me the confidence to make changes and develop my clinical practice
grateful to have had the opportunity
feel I have become more confident in my professional role
Unfortunately, the pathway does not provide recognition of participation
expanded roles have not resulted in any AFC changes
appreciated the flexibility of the pathway
helpful for participants to either have the offer of or be earmarked for an advanced practice post as unless I get this opportunity soon I feel I will have lost some of my skills
gave me the confidence to apply for an acting up post
afforded me the opportunity for very focussed and ‘fast tracked’ personal development
learned a great deal about myself during this experience
pathway has opened up a whole new mindset for me ... has been a fantastic opportunity from which I have learnt an incredible amount not only academic but about myself and the way I function in differing circumstances
pathway has been an invaluable opportunity to me. Before the pathway I lacked direction and focus but had a massive amount of enthusiasm to develop ... I am very grateful for the opportunity and the experience
I am glad I participated in the programme it has given me opportunities which would not have been open to me previously I took the opportunities to study and to improve my own skills in ways I felt would benefit me in the pathway I have chosen in my career I feel I have achieved the majority of the objectives I set although I still feel perhaps I expected too much of my self and did not reach all of my goals . I enjoyed the communication and involvement with other practitioners and the realisation that we share a lot of the same frustrations and problems in practice which is reassuring in this constantly and fast changing healthcare system in which we all work .