

Healthcare Educators: Values and Activities Study (HEVAS)

A photograph of three people sitting on a grassy lawn in front of a large, ornate, classical-style building with many windows and arches. The person on the left is a woman with long blonde hair, wearing a black top and sunglasses. The person in the middle is a woman with long dark hair, wearing a grey jacket and smiling. The person on the right is a man with long dark hair, wearing a purple t-shirt, blue jeans, and sunglasses, also smiling. The scene is bright and sunny.

Julie Browne and John Jenkins

(with Alison Bullock, Derek Gallen, Sam Parker and Chiara Poletti)

European Conference of Health Workforce Education & Research
January 2019, Dublin, Ireland

Today's session



What's
the
plan?

- Background to the HEVA study
- Some preliminary findings from the first two phases
- About phase three (Delphi)
- An opportunity to participate today
- Further steps

Team working and patient safety

- 80% of medical errors due to personal or informational miscommunication (Woolf 2004)
- Teamwork culture significantly related to adverse clinical events (Mardon et al 2010)
- Patients more likely to adhere to treatment in coherent healthcare team context (Atreja et al 2005)
- ~25% of US malpractice claims result from team communication errors (Rogers et al 2006)

Team working and education

- Trainees' wellbeing is affected by a decline in supportive relationships in the training environment (HEE 2018)
- Coping with consequences of medical error directly related to wider healthcare team culture (Sirriyeh et al 2010)
- Need to prepare and support trainers appropriately to help improve teamwork (GMC 2018)

Professionalising teaching

What's happening: many professions developing

- Standards
- Guidance for institutions and employers
- Curricula
- Accreditation systems
- Training for teachers
- Recognition schemes
- Scholarship: Learned societies, professional bodies, conferences, journals

But it's happening in silos despite

- Increased teamworking in clinical practice
- Evidence from research on importance of IPE to patient safety
- Teachers increasingly working for multiple education organisations (e.g. University, Trust, College)
- Teachers increasingly teaching in multiple settings and teams
- More fluid job roles (e.g. PAs, nurse practitioners, GP specialists)
- Merging of regulators



The proposal: A Federation of Health Professions Education Organisations

- First proposed March 2017.
- Federation - a new independent UK and Ireland collaborative of HCPE organisations
- Purpose – to enable knowledge and resource sharing and to achieve a consensus around excellence in health professions education
- Initially 6 groups interested but rapid growth of interest
- June-September 2017 first consultation took place
- Town hall, interviews, meetings and online survey
- Wide interest from professions, institutional responses indicated support

First Consultation: public meeting, interviews, online survey

- ✓ 79% agreed a Federation desirable
- ✓ 75% agreed closer collaboration necessary
- ✓ 75% agreed sharing expertise necessary

BUT

- X Scepticism regarding cultural change, dialogue
- X Weak consensus about membership criteria
- X Concerns about representation from smaller groups
- X Weak consensus on who should belong

Proposed Federation of Healthcare Education



Consultation June –
September 2017

Final report and results

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Date: 31 October 2017

Second consultation: Common values and activities – the HEVA study

AIMS

- 1.To identify and establish shared key values.
- 2.To identify and establish practice guidance for the demonstration and recognition of excellence in **key areas of educational activity**.
- 3.To develop an agreed policy statement affirming key values and shared areas of activity in the practice of healthcare education

METHODS

- 1.Online survey with literature review and comparison exercise
- 2.Nominal group study with representatives from multiple professions
- 3.Delphi study
- 4.Consultation/engagement meetings

1. Literature review and comparison

- 48 standards and guidance documents located: analysed using NVIVO
- Considered only those addressing individual educators
- 42 codes: representing 21 values and 21 areas of activity

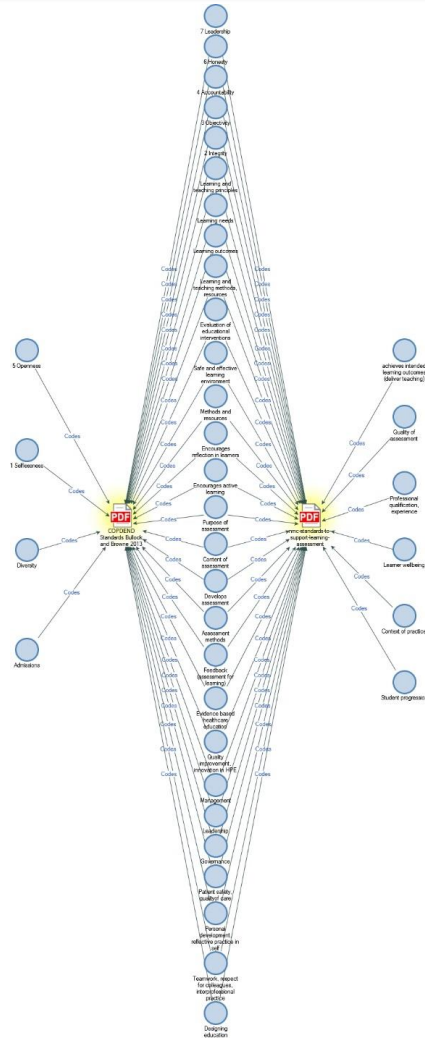
Most frequent values:

1. teamwork
2. personal development
3. patient safety/quality of care

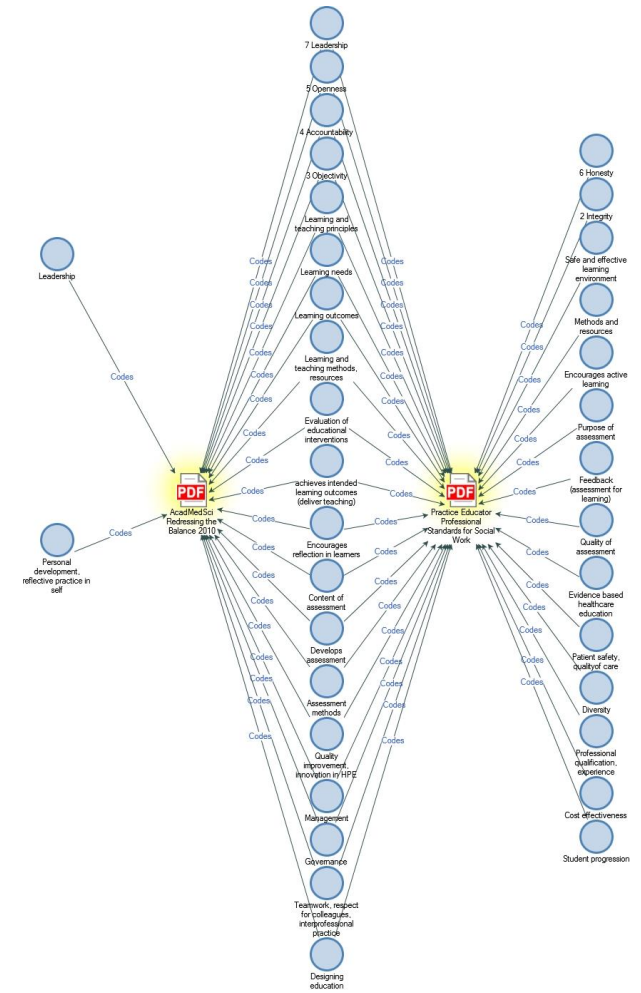
Most frequent activities:

1. applying principles of learning and teaching
2. establishing learning needs
3. making use of learning and teaching methods and resources

Individual document comparisons



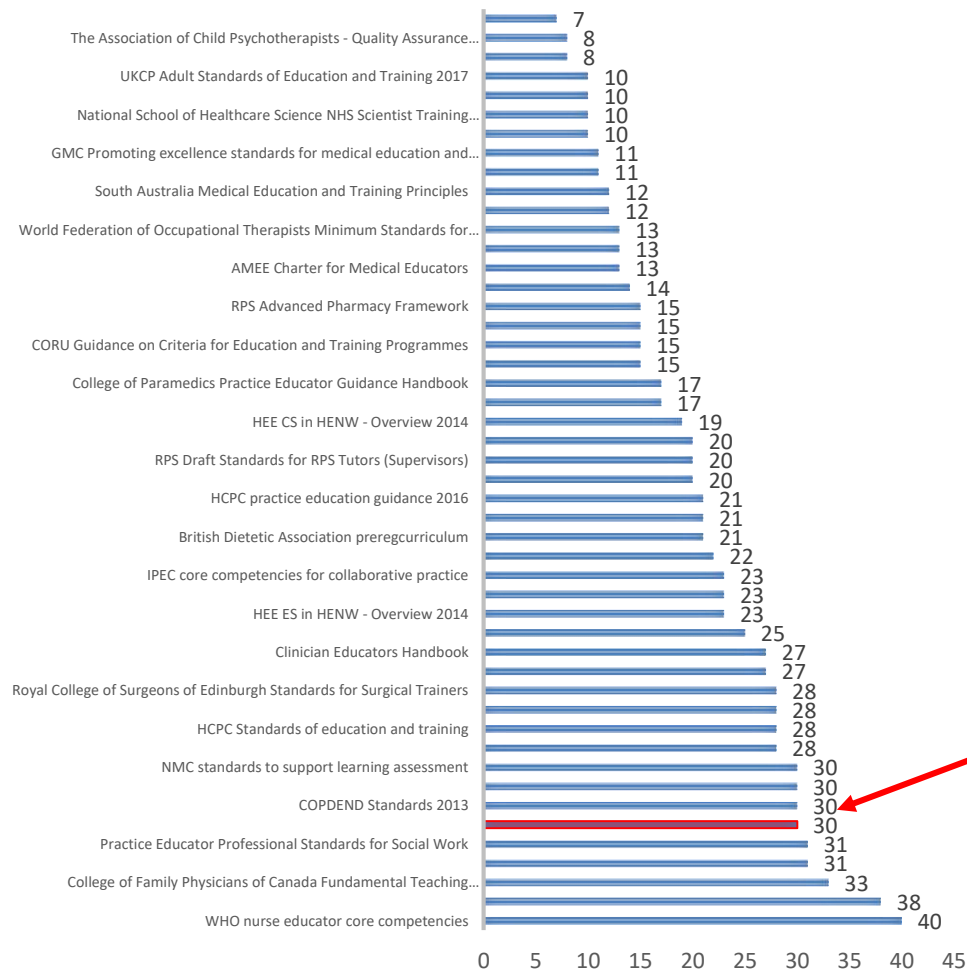
Nurses and dentists



Biomedical scientists and social workers

All-document comparisons

NUMBER OF CODES USED IN EACH DOCUMENT



AoME

2. Nominal Group Exercise

- September 14 2018: two rounds of voting and discussion
- Eight expert educators – all 5 countries of UK and Ireland, representing PG and UG, multiple disciplinary groups

Most central values:

1. Professionalism
2. Communication
3. Inspiring and challenging

Most central activities:

1. Efficient and effective learning and teaching
2. Evaluation of educational activity
3. Feedback, progression and reflection

Second round voting: activities

How central to the educator role is the knowledge of, making use of, or development of:	
Item	Total votes
Effective and efficient learning and teaching	/
Feedback, progression and reflection	17
Engagement with others (stakeholders)	17
Preparedness for Futures	12
Evaluation of educational activity	11
Innovation	11
Technology to enhance learning	8
Quality assurance, improvement and enhancement	8
Evidence informed healthcare education	5
Assessment fit for purpose	3
Safe and effective learning environment	3
Identify appropriate learning outcomes	1
Leadership	

3. Delphi study

- Expert opinions gathered in a structured group: opinions converge during the process
- Online survey; 2 or 3 rounds to establish consensus on values and activities
- Invitation to all HCPs, educators, regulators and students/trainees
- URL: https://socsi.qualtrics.com/jfe/form/SV_6sssv9NsVc03wzj
- Closing date for first round: end January

4. Wider consultation

Please help our research!

We would like your views on the values and areas of activity previously identified by the literature search and consultation.



4. Wider consultation: Group activity

(1) All: read tickets and sort tickets into sub-groups. Label each sub-group.

(2) While doing this, decide:

- Are there any items missing? Make a new ticket
- Are there any items that need amalgamating? Position them together.
- Are there any items that are not needed at all? Put these to one side.
- Are there any items that need renaming? Rename them.

Next steps

- Please take part in the Delphi study:

https://socsi.qualtrics.com/jfe/form/SV_6sssv9NsVc03wzj

- Deadline for first round end January
- Full report by Summer 2019: ongoing dissemination at conferences
- Development of policy statement
- Consultation
- Launch



References

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Thank you! Any questions?

For more information about the
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