

# Developing a work-based degree in Clinical Leadership: the challenges of accessibility and supporting students in the workplace

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## Introduction

This paper addresses the challenges of accessibility, development, implementation and quality assurance of a degree award, designed around an established work-based learning programme that delivers continuing professional development in clinical leadership for health care professionals. The policy framework for the development of such a programme will be outlined. In addition the paper will explore the provision of flexible modes of study and delivery, joint working with employers, and working in partnership with other providers of education. The challenges of ensuring learner support, employer liaison/support, and assessment and student attainment will also be highlighted.

## Policy framework for leadership development

The BSc (Hons) in Clinical Leadership has been developed for health care professionals as a response to a number of policy drivers published by the Department of Health (DH) designed to encourage and enhance leadership attributes within the healthcare work place. The recent review (DH, 2007a) led by Lord Darzi into the National Health Service (NHS) outlines many wide reaching initiatives and proposals and identifies a number of key critical challenges that focus on ensuring that clinical decision making is central to service delivery and improves patient care. The document states that high quality joined up services are required for those suffering long-term or life-threatening conditions so that patients are treated with dignity in safe, clean environments. Crucial to achieving these aims is the necessity of a workforce well developed in clinical leadership. The drive for highly developed leadership qualities amongst clinicians is a long term strategy for the NHS and the paper (DH, 2007b) sets out a ten year plan, on how to deliver the vision for a world class health service through a locally accountable NHS in which health and social care staff are empowered to lead change. A further report from the Darzi review (DH, 2008) specifies that leadership qualities in clinicians must change and sets out how the NHS can deliver better services through the leadership of clinicians and the support of patients and the communities in which they live.

As well as specific policy drivers to NHS service reformation, there has been a drive to modernise career pathways among nurses (DH, 2006). The report sets out priorities and actions relating to the changes needed to support the future careers of registered nurses, where leadership is a key dimension. The theme of leadership enhancement is evident

throughout the four UK countries. Each country has developed policies and strategies with leadership as themes amongst a raft of initiatives: for example, Scottish Executive and NHS Education for Scotland (2007), Northern Ireland Government (2004, 2008) and Welsh Assembly Government (2005, 2008). On a broader policy platform, the Leitch (2006) *Review of Skills* suggests that in order for the UK to become a world-class leader, it will require the attainment of skills, including leadership. Leitch advocates that efforts to achieve this must be doubled and responsibility shared between government, the employer and the individual.

## **Nurse education**

Nurse education has undergone a sea change over the last twenty years. Arguably the most significant development (and a policy that has had profound effects on the nursing profession) was the policy of moving nurse education from a hospital based 'non-accredited' apprentice training programme to situating nurse education within the higher education institution network (United Kingdom Central Council for Nurses, Midwives and Health Visitors (UKCC), 1986). This policy decision meant that over the following twenty years nurses working in caring environments were being educated within a range of academic levels in order to enable a nurse to practice. These educational levels consist of degree, diploma and sub diploma level. Since approximately 1992 (which saw the move of nurse education into higher education) most nurses have been educated at diploma level and in Wales most nurses since 2005, at degree level. In Wales this has resulted in the drive for an all graduate nursing profession. This diversity of educational attainment has resulted in challenges for academics in meeting the educational needs and facilitating accessibility for qualified staff/nurses within the work place, and in meeting the goal of an all graduate profession.

## **Programme development**

In meeting the challenges outlined in the various policies, the degree programme has been designed around an existing training programme entitled Royal College of Nursing (RCN) Clinical Leadership Programme (CLP). This programme is a year long staff development programme delivered via action learning, and course content is taken from the students' work environment in addition to facilitated sessions. The RCN CLP programme is delivered by staff that have been trained in facilitation and are work based supervisors (clinical facilitators). The degree programme has a unique quality in that it involves tripartite collaboration between a higher education institution, NHS Trusts (employers) and a professional organisation (RCN).

The RCN CLP has been delivered throughout the UK and internationally for a number of years and in Wales since 2002. It has proven to be successful and has been taken up by all NHS Trusts in Wales, sometimes on a multidisciplinary basis. The programme follows a model of transformational leadership and lifelong learning, is patient-focused, needs-led and takes a practical stance to clinical leadership (Cunningham et al., 2002). It recognises

that although organisations can influence quality of patient care, the qualities of individual nurses have a more direct effect on the way patients are cared for. The themes for the programme arose from a piece of qualitative research that informed the RCN CLP. These themes included: learning to manage self, team building, developing and managing effective relationships with team members, focusing on the patient/client, internal and external networking, and increasing political awareness (Cunningham et al., 2002). RCN CLP standards have been developed based on the aforementioned themes and the programme is facilitated via action learning as student-centred education (McGill and Brockbank, 2004). The BSc (Hons) Clinical Leadership has been designed to ‘wrap around’ the RCN Clinical Leadership Programme, thus creating minimal disruption for students who do not wish to gain academic accreditation via the degree programme. The degree programme themes are derived from the RCN CLP programme.

To facilitate access, students are admitted to the degree via traditional and non-traditional routes, i.e. Assessment of Prior Learning (APL) where both certificated and experiential learning are acceptable. To this end robust and transparent APL processes have needed to be developed. The BSc (Hons) Clinical Leadership programme is a tripartite arrangement which is crucial to the success of the course. We have needed to develop close relationships with partners, in order to ensure the commitment and support of managers, and buy in from the organisations to engage with and provide support for the students. It has been necessary to clarify the roles and responsibilities of the higher education institution, the RCN and the NHS Trusts (employers). We all need to trust each other and be confident in each other’s roles. We have found that, as Eraut and Hirsh (2008) stated, a range of ‘natural learning’ occurs that requires both an organisational culture and appropriate leadership styles that support the student. We also recognise that the learning process occurs at times in a highly pressured environment of working and learning for all concerned, and that support for the student is crucial. We have managed a continuous delivery of this programme while students were engaged on a tour of duty in Afghanistan.

The BSc (Hons) in Clinical Leadership is designed as a ‘top up’ degree utilising the content generated by the student from their work experiences. A key aspect of this programme is the one of accessibility. The degree programme is delivered by a series of academic learning sets that focus on the academic qualities required for level six studies and utilises the student’s own clinical expertise, issues from practice, and participation in and learning gained from the RCN CLP. Facilitation of these sessions and provision of student support for these learning events are undertaken by university lecturers and by clinical facilitators who have been appointed by the university to take on this role. Assessment and student supervision is also a joint activity. Modules within the programme include:

- Leadership and Managing Self
- Effective Relationships and Clinical Leadership

- Political Awareness in Clinical Leadership
- Using Research Evidence to Improve Quality at Work
- Project Module

Hirsh (2006) identified two approaches to delivering work based learning initiatives, namely 'holistic' and 'atomised' approaches. The BSc (Hons) in Clinical Leadership meets the criteria that Hirsh identifies as a holistic approach. She describes the holistic approach as more experiential in nature, a focus of social learning and utilising mentors/coaches. The key aspect of a holistic approach suggests that transformational learning is occurring leading to more on the job application and, as Walsh (2008) argues, to sophisticated skill development in the work place through work based learning. The holistic approach is more resource intensive and requires employer support; additionally delivery is small volume. In contrast, the atomised approach is more bite sized, e.g. a training programme in customer care, and is specifically focused, whereas a holistic approach would develop communication skills, which are transferable to customer care. The atomised model bases learning on predetermined competency frameworks. Hirsh argues that this approach is relatively ineffective in facilitating higher impact learning. However, the approach looks systematic and can be delivered to large numbers.

## **Student support and the challenges of developing an infrastructure to support work based learning**

In addition to our usual support systems (personal tutor, disability/dyslexia coordinator, pastoral support and student support centre), learner support has involved clinical facilitators, mentors, coaching staff and the employers. We have needed to develop a system of liaison and line manager support as this has proved to be critical in student success in work based learning (Eraut and Hirsh, 2008). As discussed earlier the university has recognised some facilitators to provide academic support which has proved to be invaluable to the students. We have had discussions regarding joint working with employers and working in partnership with other providers of education (RCN). It has been necessary to explore the provision of flexible modes of study and delivery of the programme; we have utilised e-learning/Blackboard and action learning during the programme. We have strived to understand the needs of work based learners and have taken into account the professional issues they face in the clinical environment. Quality assurance of the programme has been uppermost in our minds as the programme is delivered in a variety of settings and it is important to ensure that the student experience of the programme is equitable.

## **Assessment and progression**

Students are assessed both for their theoretical understanding of clinical leadership and the application of theory to work related issues. As the design of all pre-registration nursing programmes comprises 50 per cent theory and 50 per cent practice (work based learning)

we are experienced in utilizing these types of assessments. All modules have an assessed work based learning component and measurable competencies to achieve. Reflection of, and in, practice is extensively encouraged throughout the programme as is the use of a 360 degree leadership style tool. Reflection is also used as a method of assessment (Brockbank et al., 2003). Students are expected to demonstrate an analysis of the context of care and the development of action plans for improvement of care. In addition, students prepare a presentation based on work related issues and analyse the impact of a local or national policy.

The method used to assess and verify work based learning is through the development of competency based criteria. The measurement of competency outcomes are based on a novice to expert approach (Benner, 1984), which has been developed from the work of Dreyfus (1982) who describes a skills acquisition model of development. (This model describes a five stage developmental process that a person goes through as they progress to being an expert). Figure 1 outlines (for one module) the progression of student achievement based around five performance criteria (novice – expert). Competency achievement must be confirmed by the work based supervisor/mentor. The process for confirmation of achievement is via interview and observation. The process of feedback and measurement is via three formal sessions, i.e. baseline, intermediate and final meetings/assessment sessions, where performance and progress is measured against the set criteria. To achieve the work based competency, evidence is gathered and submitted to the mentor in the work place. In addition consideration is given to observations, reports from other staff, report writing, patient assessment/care planning, and working on clinical committees, etc.

## **Student comments**

It would be insightful to include some direct comments and observations offered by students on the BSc Leadership programme. The following comments are reflective of the student cohorts:

Increased self awareness and how to build teams [effectively]. To be more analytical of day to day practice. Increased political awareness by constantly asking ‘why?’ And how strategies help influence frontline staff delivering patient care.

Improved knowledge and confidence, networking, political awareness, wider picture, reflection re. own practice and attitude, team building, leadership skills, credibility.

Increased confidence to strive forward in my career. Reformed my ambition/career. Able to challenge more things, don’t accept things so easily.

Learnt who and how to contact in order to effect change management.

Increased motivation to continue with further education. Changed my career pathway.

Figure 1: ‘Critically appraise the ways in which leadership styles impact upon multi-professional team functioning, systems of management and patient/client care.’

Novice		Advanced Beginner		Intermediate Practitioner		Competent Practitioner		Expert	
1	2	3	4	5	6	7	8	9	10
Recognises the importance of the individual in the healthcare team, understands how leadership styles impact upon high quality healthcare delivery.		Can recognise common factors within a leadership framework and recognises how reflection and self analysis can impact upon high quality healthcare delivery. May be unable to deal with unusual problems and therefore seeks assistance.		Demonstrates an understanding of leadership styles and principles, in relation to their impact on high quality healthcare delivery. Can identify specific factors that may underpin appropriate care. Utilises assistance from the appropriate member of the multi disciplinary team.		Acknowledges and uses appropriate leadership styles, tailoring care to the individual need of the specific staff or patient group. Clearly understands the principles of leadership in relation to the delivery of high quality healthcare. Supports others in recognising the importance of such leadership in healthcare delivery		Educates other members of the multi disciplinary team in the delivery of appropriate care by utilising focused and relevant leadership styles and strategies. Challenges current practice that fails to recognise the importance of individualised healthcare.	

Base line score	Signature and date	Midpoint score	Signature and date	Endpoint	Signature and date
Student		Student		Student	
Mentor		Mentor		Mentor	

Thinking outside the box and reawakens confidence and interests that I could act on.

After qualifying as a traditional student from a nursing school many years ago I had no inclination of venturing into the world of academia. Doing the odd diploma modules at the university and various management courses for my professional development was my limitation or so I thought. However, after completing the RCN Clinical Leadership Course and shadowing various senior managers including the Chief Executive my confidence was riding high.

So as the opportunity [was] presented to do the BSc [Clinical] Leadership course I told myself that at the age of 54 it was now or never. I now take great pleasure in telling the students when they come to the ward that I am also doing a degree and despite the fact that I have felt stretched with the assignments and presentation, I have really enjoyed learning at that level and I am definitely more resourceful. I would like to thank the lecturers for their support and encouragement and for believing in me when I didn't.

## **Conclusion**

The education of health care professionals (especially nurses) has undergone fundamental and far reaching changes in the preceding two decades. These changes could have resulted in many students being disadvantaged and not able to access higher education programmes.

This paper has highlighted some of the challenges of developing a work based learning programme aimed at facilitating access at degree level. Key issues of accessibility and supporting students through a work based learning programme have been discussed, focusing on the design, implementation and quality assurance of a degree award. Any programme that is aimed at facilitating access must place the student and the employer at the centre of the initiative, and employer 'buy in' is crucial to its success. As universities move away from traditional patterns of course delivery and access, it is vital to the success of programmes to have robust and coherent quality assurance/enhancement systems in place. The flexibility of delivery, and delivery of programmes outside of the normal academic calendar, presents challenges that test the bureaucracy of university, e.g. enrolment, exams, boards and support systems. A key aspect of work based learning is that the programme is rooted in the cultural and social environment of a particular place of work. This is particularly important for any assessment strategies and support frameworks that are developed.

Walsh (2008) identified that work based learning is linked with the development of sophisticated skills in the workplace and the development of the knowledge economy. This suggests that work based learning has to be employer and student focused, the implication being that when designing this type of course the needs of employers and students are central. As discussed in this paper there are challenges associated with work based learning. However, with careful planning and managing, these challenges can be overcome.



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