



Executive Summary

Educators of Healthcare
Professionals:
Shared Values and
Activities Study (HEVAS)

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HEVAS

The project was reviewed by Cardiff University School of Medicine's research ethic committee (ref 18/19) and deemed to be a service evaluation that did not require ethical approval.

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Educators of Healthcare Professionals: Shared Values and Activities Study

Executive summary



Background

Healthcare education is a discipline in its own right. While each profession has its own distinctive body of clinical knowledge, in educational terms there is much that all professions share. Yet recognition for the role is often lacking. A more collaborative approach to the professional development of healthcare educators is needed in response to this and the rise of inter- and multi-professional team working. Not all healthcare professions have guidelines for training their educators and those that do have slightly different standards which can lead to misunderstanding and miscommunication. It is in the interest of all healthcare professions that their professional bodies work more closely together to consider how healthcare educators can be supported as a distinct body with unique expertise and skills.

In 2017, a consultation was established to explore ideas around the development of a federation of healthcare education – an overarching body whose constituent members would be healthcare education professional bodies. Healthcare professions education bodies (learned societies, employers, regulators, professional organisations,

Colleges and other groups) and individual healthcare professions educators gave their views on the development of closer collaboration. The report concluded that although the great majority were in favour of developing closer ties, preliminary work was needed to identify and affirm the essential values that all healthcare educators share, alongside recognising shared areas of educational activity¹.

The following is a description of work undertaken between March 2018 and July 2019 to address the recommendations of the initial report.

Aim

The aim of this study was to establish the shared values and key activities undertaken by educators of healthcare professionals – the healthcare educators' values and activities study (HEVAS).

This project was funded by Health Education England and the Wales Deanery at Health Education and Improvement Wales.

Methods

We used consensus methods within a mixed-methods, iterative design, undertaking the study in five phases, each of which build on the outcomes of prior phases:

1 An initial online survey of healthcare educators to find out about their educational practice (completed by 126 respondents from a wide range of professions)

2 Collation and analysis of 48 professional standards and guidance documents

3 A nominal group meeting with eight experts who had held significant educator roles within their profession

4 A workshop (with about 90 international health professions educators, mainly from Europe)

5 A two round Delphi study. Healthcare educators from a broad range of professions took part (n=37 Round 1; n=32 Round 2)

¹Browne J, Burnett-Wren J. *Proposed Federation of Healthcare Education*. Online.

Available from: <https://www.medicaleducators.org/Proposed-Federation-of-Healthcare-Education>

Results

The Initial Survey

Those who responded to the survey were educators of a broad range of professions, with doctors, nurses and physiotherapists the best represented professions. Many respondents (61%) belonged to a professional organisation for educators. Their responses showed a variety of different bodies ranging from employers, professional licensing bodies, national professional regulators and voluntary and advisory organisations. Most (70%) were responsible to a regulatory body for their personal professional practice although fewer (59%) had their educator practice appraised against a relevant set of standards.

Results show the diversity and complexity of the healthcare educator landscape.

The Analysis of Standards and Guidance Documents

Standards and guidance documents were sourced using internet search engines and from the websites of regulators/professional bodies. Additional documents were identified by respondents to the initial survey. In total, 48 professional standards and guidance documents for healthcare professions educators were analysed to identify core shared values and activities from a range of health professions. The Academy of Medical Educators' (AoME) Professional Standards (2014) was taken as the baseline for developing codes. A further 12 codes were added to the 30 codes derived from the AoME Professional Standards, (including the seven principles of public life) which brought the total number of codes to 42 (21 professional values and 21 activities). Five of the documents analysed were found to have a higher number of values and areas of activity than the AoME baseline framework, with the World Health Organisation (2016) Nurse Educator Core Competencies having the most at 40.

The most commonly occurring values were teamwork, personal development and patient safety/quality of care. Only 12 (57%) of the 21 values were found in more than half of the documents analysed, suggesting either that there is variability in the values promoted by each of the organisations whose documents we analysed, or that the values themselves were insufficiently clearly defined in linguistic terms to be interpreted

unambiguously. For example, a value such as honesty may be understood by some to include openness, ethical practice, frankness, or financial probity, depending on context..

By contrast, there was much greater consensus when analysing the shared activities. Sixteen (76%) of the 21 values appeared in more than half of the documents analysed. This suggests greater consensus as to what could be regarded as core activities than the professional values. The most commonly occurring activities across the standards documents related to learning and teaching principles, learning needs and learning and teaching methods/resources.

The Nominal Group

Following discussion of key issues for their profession, the 'expert' participants were presented with the outcomes of the document analysis. The values and then the activities were discussed and clarified in turn, resulting in some items being combined and new items added. Participants then voted on the items in the agreed list using six voting cards (two cards with three points; two cards with two points; and two cards with one point), privately assigning their votes to the six items they judged most important. The results were collated, displayed and discussed. Following further amendments, the group voted a second time. The second voting allowed participants to modify their choices in the light of the feedback from Round 1 (R1). The results were recorded and displayed.

Current issues were reported as educational implications arising from: innovation, technology and changes to the labour force; uncertain funding and policy changes; patient involvement; and interprofessional education and communication across professions.

Values: the 21 items were compressed and revised into a list of 13 items at R2. 'Professionalism' (new item, comprising 'ethical conduct', 'honesty' and 'integrity') attracted most votes, followed by 'communication' (new item, including 'openness') and 'inspiring and challenging'. 'Leadership' and 'selflessness' attracted no votes in either round.

Activities: the 21 items were compressed and revised into 13 items. 'Effective and efficient learning and teaching' (comprising seven items in the original list) attracted the most votes, followed by 'feedback, progression and reflection' (including 'feedback', 'learner progression', 'learner reflection') and 'engagement with others'

The Workshop

Working in groups, delegates grouped the 42 codes used in the document analysis.

Most, but not all groups distinguished values from areas of activity. Various synonyms were offered, including professionalism, attributes, and qualities. There was some doubt about requiring educators to possess 'unmeasurable' personal qualities such as 'inspiring', 'role model', and 'openness'.

Distinction was made between activities that were personal responsibilities or functions of the programme, its governance or related to institutional support. There was also some debate about whether all the areas of activity were relevant to less senior educators.

This group gave strong support to interprofessional learning and teaching activities; this was unsurprising given that the workshop was held during an International Network of Health Workforce Education conference on the theme of Interprofessional Education.

The Delphi Study

Participants rated on a 4-point scale their commitment, as healthcare educators, to nine values and were also asked to judge 33 areas of educational activity as essential, desirable, optional or not necessary. The values and activities were derived from the 42 codes used in the document analysis, modified in the light of the nominal group and the workshop. The activities were organised into five areas: preparation for teaching, teaching and supporting learning, learner progression, working in teams and enhancing quality.

Overall there was greater consensus on values compared to activities. Among activities, the items grouped under "Working in teams" had relatively lower ratings. Eight values and 22 activities achieved consensus at R1. In R2, participants were given details of the results and invited to submit a second rating of the 12 items which did not achieve consensus at R1. Four of these items (one value and three activities) achieved consensus at R2.

The items achieving consensus after two rounds were:

Values. Commitment to:	Combined Committed /Highly committed	Mean
Ethical conduct	100.0%	3.97
Upholding patient wellbeing and safety	100.0%	3.89
Respect for learners	100.0%	3.78
High quality in education	97.3%	3.76
Fairness	94.6%	3.59
Respect for colleagues	100.0%	3.59
Interprofessional education	93.8%	3.53
Accountability	94.6%	3.51
Personal development as an educator	94.6%	3.43

Activities	Desirable/ Essential	Mean
Balances the needs of learners with the need to provide safe patient care	100.0%	3.86
Establishes a safe and effective learning environment	100.0%	3.81
Provides learner-centred and timely feedback to learners	97.2%	3.81
Aligns planned activities with the intended learning outcomes	100.0%	3.78
Seeks feedback	100.0%	3.78
Identifies the learning needs of students	100.0%	3.76
Reflects and acts on feedback	100.0%	3.76
Appropriately receives feedback	94.6%	3.70
Selects appropriate methods to assess learners' progress	94.4%	3.67
Understands the (changing) context of learning environment (e.g. regulation, workforce)	100.0%	3.65
Understands how principles of teaching and learning are applied to the preparation of teaching	94.6%	3.64
Defines learning outcomes and subject content	97.3%	3.62
Evaluates and improves educational activity	100.0%	3.59
Undertakes personal professional development to improve educational practice	94.6%	3.59
Demonstrates an awareness of a range of learning and teaching methods	94.6%	3.57
Links assessment to learning outcomes	94.5%	3.56
Understands a range of methods to assess learners' progress	100.0%	3.50
Applies principles of adult learning to their teaching practices	91.9%	3.49
Evaluates and improves assessments	84.4%	3.47
Collaborates with others to support learning and teaching	100.0%	3.46
Contributes to the construction of assessments	90.6%	3.44
Supports learner engagement in reflective practice	91.7%	3.44
Makes effective use of resources (human, financial resources and learning technologies)	94.6%	3.43
Applies research evidence to educational practice	86.5%	3.41
Positively influences educational culture	90.6%	3.41

Conclusions

Our study adds constructively to the academic foundation by establishing a consensus across a wide range of healthcare professions regarding a common set of values and activities. This work has shown that it is possible to reach consensus on a set of generic values and activities which can be applied to healthcare educators at all levels across a wide range of professions.

The aim of this project was to produce generic descriptors of values and activities (DVAs), that are relevant, applicable and useful to all healthcare educators (HCE) without exception and regardless of the level of seniority or profession. The development of the DVAs was informed by five key principles that helped both researchers and participants to resolve dilemmas regarding the level of engagement that would be expected of HCEs.

KEY PRINCIPLE 1: All HCEs, regardless of the level of seniority or profession, will be able to engage with all DVAs.

KEY PRINCIPLE 2: All activities require understanding to the extent that the practitioner can explain the purpose, process and outcome of that activity to key stakeholders (e.g. learners, colleagues and patients).

KEY PRINCIPLE 3: All values require commitment to the extent that the practitioner can explain how their values inform their educational practice.

KEY PRINCIPLE 4: All HCEs, regardless of level of seniority or profession, participate in collective leadership with in the wider healthcare education team.

KEY PRINCIPLE 5: All HCEs actively ensure safe and effective learning and teaching for the benefit of patients as well as learners.

The outcome of this therefore is that the DVAs are descriptive rather than developmental. It will be up to individual professions to stipulate any additional profession-specific requirements such as expertise in a particular educational practice, professional licensure or advanced skills, or professional development for specific purposes such as leadership or quality assurance.

The nine values and 25 activities derived from this study are arranged thematically and temporally to reflect the teaching process and its cyclical nature (overleaf).

The shared values and activities of healthcare educators

1. Preparation for teaching

Aligns planned activities with the intended learning outcomes

Identifies the learning needs of students

Understands the (changing) context of learning environment (e.g. regulation, workforce)

Understands how principles of teaching and learning are applied to the preparation of teaching

Defines learning outcomes and subject content

Demonstrates awareness of a range of learning and teaching methods

Makes effective use of resources (human, financial resources and learning technologies)

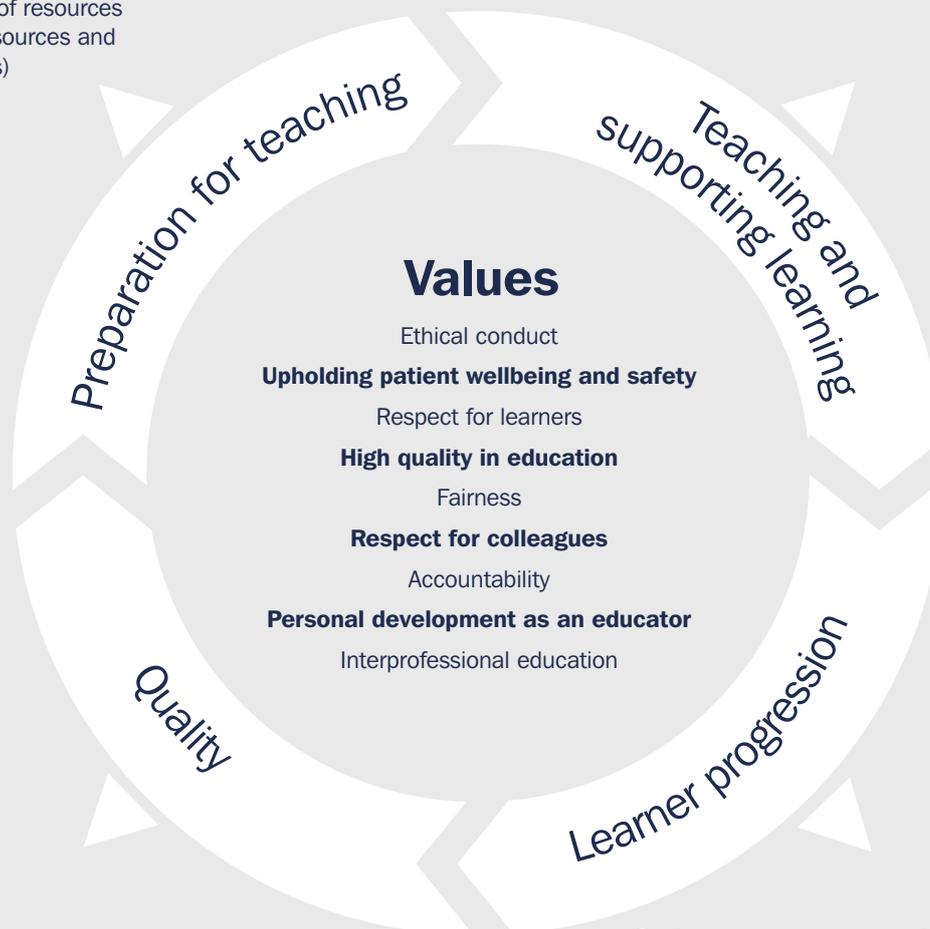
2. Teaching and supporting learning

Balances the needs of learners with the need to provide safe patient care

Establishes a safe and effective learning environment

Applies principles of adult learning to their teaching practices

Collaborates with other to support learning and teaching



4. Quality

Seeks feedback

Reflects and acts on feedback

Appropriately receives feedback

Evaluates and improves educational activity

Undertakes personal professional development to improve educational practice

Applies research evidence to educational practice

Positively influences educational culture

3. Learner progression

Provides learner-centered and timely feedback to learners

Selects appropriate methods to assess learners' progress

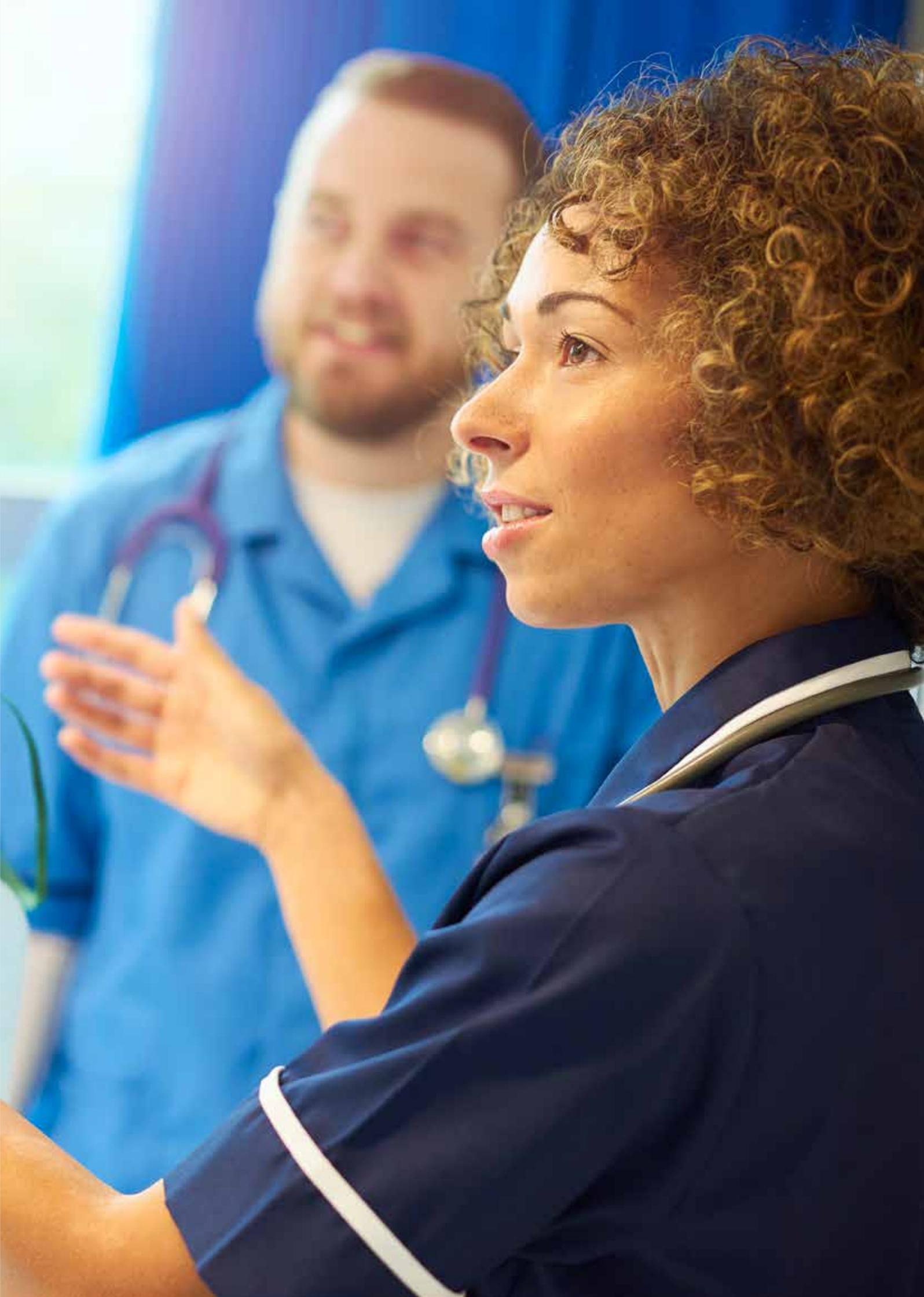
Links assessment to learning outcomes

Understands a range of methods to assess learners' progress

Supports learner engagement in reflective practice

Evaluates and improves assessments

Contributes to the construction of assessments





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