

AN EDUCATION FRAMEWORK IN A HEALTH ORGANISATION; GOVERNANCE AND IMPLEMENTATION

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ABSTRACT

OBJECTIVE:

To describe the development, implementation and governance of a structured education framework in a large Local Health District (LHD) in New South Wales, Australia.

OUTCOMES:

The Education Framework was developed to provide structure and governance to pre-existing education, and to meet the needs of both the individual and the organisation. The Framework provided guidance to educators on how to assess need, design and evaluate education to ensure alignment to organisational strategy.

CONCLUSIONS:

The LHD Education Framework supports a governance approach for education and assists educators, staff and managers to understand and navigate the LHD Education Environment. It supports staff to develop a road map for education that can be applied across the organisation or to individuals. It guides the development, structure and evaluation of all educational programs and activities (including Medicine, Nursing and Midwifery, Allied Health and Corporate) enabling those providing education to demonstrate alignment to organisational priorities. Within the "Excellence" Evidence Based Leadership Model, education is a key accelerator in aligning processes and for driving organisational performance.

KEYWORDS

education framework, Local Health District, implementation, governance

INTRODUCTION

The OECD report into the Future of Education and Skills Education 2030 stated that "education can equip learners with agency and a sense of purpose, and the competencies they need to shape their own lives and contribute to the lives of others" [1, p2]. The learner requires an individual environment that stimulates and informs according to their learning needs.

However, Jeyakumar et al [2] showed that health care organisations should be equipped with the essential tools to deal with the turbulence that embodies digital ecosystems and research into all facets of education that prepare health providers, teams, and the organisation as a whole, for the rapidly changing nature of clinical environments. Holley [3] noted that when knowledge is kept strictly defined in disciplinary compartments, making potentially rich connections between various epistemological ideas that cross these various areas is

difficult. So too is the ability to solve complex problems that require more than one area of expertise.

In Australia where the health system is changing rapidly, staff productivity is linked to well-being which in turn is linked to staff who are prepared and supported to deliver clinical and non-clinical skills in a professional, competent and knowledgeable manner. It is in this context that education should be accessible, relevant, well designed and deliver learning outcomes that assist the clinical staff in their goal of 'Excellence Every Patient Every Time' [4].

Achieving these goals requires the system, in which the clinicians learn, to be governed; in other words, to have leadership structures and mechanisms that support the direction of the organisation, identify strategies, communicate expectations and monitor compliance. It is in this context that an Education Framework was developed and implemented to align education with the goals and objectives of the organisation whilst assisting the individual in their learning.

BACKGROUND

In 2012 the NSW Local Health District (LHD) recognised that there were over 200 policies stipulating 'mandatory education' with this education being of variable quality, often overlapped and/or containing duplicated content. It was mostly developed locally with no oversight of the standard of education design. Further, it was mostly 'profession specific' offering few opportunities for multi/intra-disciplinary team learning that fosters complex problem solving. The goals of learning were often opaque to the learner and had limited alignment with the needs of the organisation. The LHD had no capacity to track and monitor an individual clinician or staff member's educational progress. Consequently, staff expressed frustration and were unwilling to participate.

To address these issues the LHD formed a Strategic Education Committee to review current education and develop a more consistent strategic approach. The committee's premise was that 'education' is when adults engage in systematic and sustained self-educating activities in order to gain new forms of knowledge, skills and expertise. To ensure appropriate accountability the LHD required governance over such education. This would assist educators, clinicians and managers to understand and navigate the education environment. Education

could then be aligned to the organisational direction and respond to emerging challenges. For the staff this would deliver an individual road map which was responsive to their own career trajectory and assist with the requirements under the Health Practitioner Regulation National Law [5] for individuals to obtain and maintain registration.

To achieve these goals the LHD developed an Education Framework that enabled learning to align with the strategic priorities and operational initiatives of the LHD, and facilitated staff to develop an individual educational dashboard that supported their career goals.

THE LHD EDUCATION FRAMEWORK

There are three principles which underpin the LHD Education Framework:

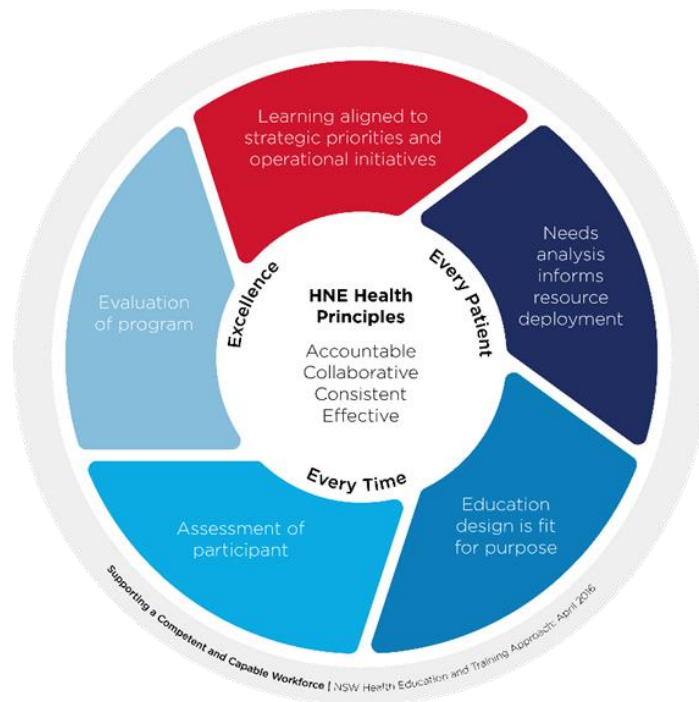
- Promoting a Culture of Lifelong Learning:
 - The LHD recognises the need to lead, inspire, supervise and encourage individual professional growth through collaboration and engagement of the workforce and to plan, develop, implement, and evaluate education that grows and retains competent staff with the right cultural fit.
- Our People, Partners and Systems:
 - Organisational performance and patient outcomes are achieved when the workforce is motivated, supported and guided by evidence-based best practice and research to provide contemporary care.
- Education Quality and Access:
 - The LHD promotes evidence-based education opportunities and resources which are accessible to all staff, to achieve professional and individual achievement and development.

Governance of the Education Framework

To hold educators accountable to deliver according to these principles, a number of educational components were specified. These were articulated in the Education Framework (Figure 1) including alignment to strategic priorities, needs analysis informing resource allocation, education design fit for purpose, participant assessment and programme evaluation that enable evidenced-based education. The organisational oversight of this lies with the LHD Strategic Education Committee which was convened by the Chief Executive to 'determine education strategy that will attract, develop and retain competent, capable staff with the right cultural fit' for the LHD and advise the

Chief Executive on requirements/strategies to promote, support and optimise education.

FIGURE 1: VISUAL REPRESENTATION OF THE EDUCATION FRAMEWORK ALIGNMENT WITH LHD PRINCIPLES



Purpose of Educational activities from the staff perspective

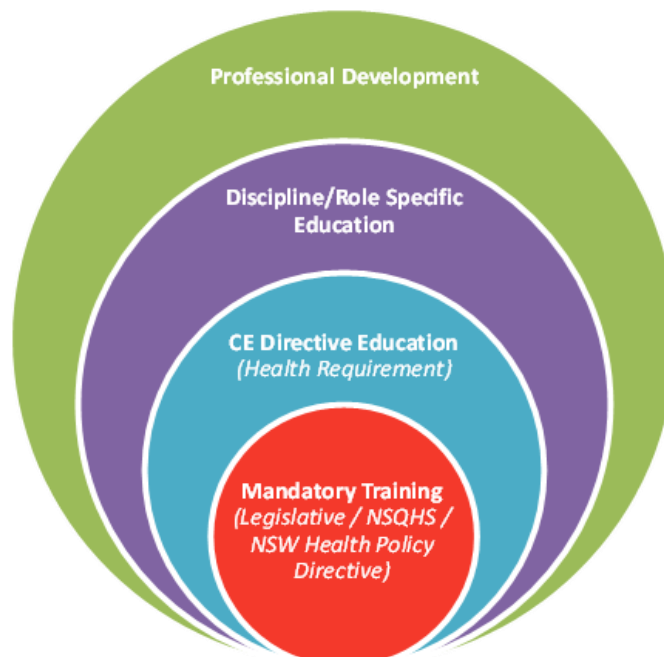
The Education Framework stratifies education into one of four categories aligned to purpose (Figure 2):

- Mandatory Training must be undertaken by NSW Health staff and contractors to meet policy and regulatory standards. To be deemed as mandatory, training must be required by either legislation, the

National Safety and Quality Health Service Standards or a NSW Health Policy Directive

- CE Directive Education is training that is endorsed by the Chief Executive to mitigate local risks.
- Discipline/Role Specific Education is the individual's responsibility to maintain currency of practice and/or registration.
- Professional Development is education to improve practice and further career.

FIGURE 2: PURPOSE OF EDUCATION



Monitoring of educational activity

A key principle of good governance is that activity should be measurable and monitored. To this end NSW Health have developed 'My Health Learning' (MHL) [6], an eLearning system providing high quality, self-managed online learning for NSW Health staff. This provides access to mandatory training and professional development through a comprehensive range of online and face-to-face education opportunities. In addition, any LHD educational program can be registered with My Health Learning after complying with the educational elements within the Education Framework. This enables the LHD to monitor compliance at an individual, departmental, facility/service or organisational level.

COMPONENTS OF THE EDUCATION FRAMEWORK

Learning aligned to strategic priorities and operational initiatives

Local Health Districts within NSW Health are bound by numerous state/local plans and are required to meet an annual Service Agreement that is a central component of the NSW Health Performance Framework [7]. Organisations are required to demonstrate alignment, between the education supported and provided, to these plans and agreements.

Needs analysis informs resource deployment

Needs analysis can be performed at three levels: the organisational level, the team/department level or at the individual level. This is informed by the annual performance development review [PDR] for all staff. This process supports staff on their journey to 'Excellence, Every Patient, Every Time' [4]. The staff can further their career contributing to organisational performance in line with organisational strategic directions. During the PDR, agreement is reached on expectations and future directions whilst clarifying goals or opportunities. Educational requirements and expectations are set at this meeting. This ensures that the manager is across the educational plans [time and/or travel requirements] for their team members as well as monitoring the individual's successful completion of their goals. The utilisation of the Educational Framework provides both the clinician and the manager with clarity around the purpose of education.

Education is designed fit for purpose

A significant risk prior to developing the Educational Framework was the lack of capacity to monitor staff participation. In order to provide staff and managers with guidance on the utilisation of this Education Framework, a

policy compliance document was created. This clarifies that the following elements are required for any locally designed education initiative:

1. Aim and Objectives
2. Course Content
3. Intended Learning Outcomes
4. Teaching Strategies & Learning Activities
5. Assessment
6. Learner Attributes & Capabilities
7. Recognition of Prior Learning
8. Evaluation / Reflection
9. Application to practice / CPD
10. Accessibility
11. Resource Review Checklist

This process encourages and supports educators to develop education in collaboration with relevant stakeholders and other educators, share resources, reduce duplication and waste and ultimately improve the quality of education being developed and delivered. Planned and coordinated education develops the right people, with the right skills, at the right time.

Included within the Education Framework is guidance for staff around generating high standard learning outcomes that are practical and measurable. These must be included as part of the educational design to be registered with My Health Learning (MHL).

On successful demonstration of these elements an application can be made for registration of education with MHL which generates activity completions and compliance against each code. The result is a comprehensive view of education delivered within the LHD.

Assessment of the Participant

Learning outcomes identify what the learner will know and be able to do by the end of the learning session. Learning outcomes refer to observable and measurable change in knowledge, skills and behaviours. Learning outcomes typically have three parts:

- Verb - What must the participant perform (one behaviour equals one verb)?
- Standard - How well must it be performed?
- Condition - How will it be performed?

The framework includes a hierarchy of assessment that guides the formality and structure of the assessment based on whether the assessment is being undertaken to assess

workplace performance, workplace practice or as part of a qualification/certification.

Evaluation of the Program

Program evaluation identifies whether an education program has been appropriately designed to meet its objectives, requires modifications to improve the quality of the learning, has demonstrated the impact of resource investments through relevant performance measures and highlights areas for improvement that education alone cannot address.

The impact of the education program can be assessed at a number of levels including learner satisfaction or reaction, whether learning has taken place, knowledge, skills and attitude/behaviours acquired, if education is translated into practice as evidenced by a change or modification in professional performance or behaviour, including improvements in teams, systems and processes and improved patient outcomes.

APPLICATION OF THE EDUCATION FRAMEWORK

To support educators in the design and development of high quality, standardised LHD-wide education, a number of tools and educational resources are now available. These include:

- Education Working Groups Terms of Reference Template
- Specific Measurable, Achievable, Relevant and Time-bound [SMART] Aim and Objectives
- Naming your education
- Writing Learning Outcomes
- A Session Plan
- Delivery Methods and Strategies
- Making Learning Stick (The Ebbinghaus Forgetting Curve)

- Assessment Framework
- Recognition of Prior Learning
- Evaluation Toolkit
- Reflection on Learning
- Keep, Stop, Start template
- Communities of Practice (Guide)
- What is a Community of Practice (information sheet)
- Mentoring and Coaching
- Simulation training
- APHRA CPD-portfolio-template
- External Learning Events
- Poster design
- Skype for Business – Facilitating Education
- Microsoft teams - Facilitating Education.
- Educator Resource Review Checklist and Action Plan

Learning Pathways

A successful feature has been the subsequent development of learning and development pathways for a recognised domain with specified categories of educational activities. These aim to build capacity in the defined domain and identify competencies or capabilities that are required for that domain. All available educational resources are aligned according to whether the clinician/staff member self-assesses as either at the foundational, intermediate, and adept or advanced level based on the NSW Health Capability Framework [6]. These pathways are multi/intra-disciplinary but allows the relevant professional to identify their own learning needs in each specified domain. Palliative Care is an example (see Figure 3).

FIGURE 3: CATEGORIES OF EDUCATION IN THE DOMAIN OF PALLIATIVE CARE



Learning and Development Pathways provide the staff member and the manager with options to identify appropriate learning opportunities according to the educational needs of the staff and service. With rapidly improving connectivity, which has occurred as a consequence of COVID-19, educational sessions are recorded and available throughout the LHD. This has had threefold success; firstly, it has increased accessibility to staff throughout the LHD, secondly through participation gaps in knowledge or understanding were identified that have stimulated further education development, lastly as these education activities have defined MHL codes reporting of activity can occur. In other words, 'blue printing' has occurred which ensures that the relevant education is comprehensively covered, thus enriching the experience and opportunities in this domain.

Self-assessment individual education dashboard

The LHD are currently piloting and developing an individual self-assessment dashboard. This electronic tool aims to allow the staff to select the relevant educational resource according to their self-assessment of whether they are wishing to gain knowledge [foundational level where staff are unaware of the content] or are aware and wish to understand the information [intermediate level] or wish to apply the content [adept/advanced level]. Once the relevant educational resources are selected, the staff member can print out the anticipated learning goals accompanied by information about whether the course is on-line or face to face and the time required. This allows the staff member to plan for attendance in partnership with their manager. On completion of the relevant courses this is recorded in My Health Learning which can be used for both registration to practice and career planning purposes.

CONCLUSION

The LHD Education Framework supports a governance approach for education and assists educators, staff and managers to understand and navigate the LHD Education Environment. It supports staff to develop a road map for education that can be applied across the organisation or to individuals. It guides the development, structure and evaluation of all educational programs and activities (including Medicine, Nursing and Midwifery, Allied Health and Corporate) enabling those providing education to demonstrate alignment to organisational priorities. Within the "Excellence" Evidence Based Leadership Model education is a key accelerator in aligning processes and for driving organisational performance.

This framework is applicable to all staff and provides a reference point for training, by supporting the staff in mapping their career pathway, identifying gaps and opportunities for learning. It references learning and development opportunities within LHD and within NSW Health, including the Health, Education and Training Institute (HETI) and the Clinical Excellence Commission (CEC). Staff now undertake education that is directed towards mandatory requirements, specific workplace roles or for professional development thus aligning the individual's career goals with the organisation.

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