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# Evaluation plan: Impact of workforce training

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# Introduction and background

In Bristol, North Somerset and South Gloucestershire (BNSSG), say a bit about the training you have provided.

Training is an important element of Continuing Professional Development (CPD) and has been cited as contributing to ‘job satisfaction and career development, and thus retention’1. In terms of evaluating training, after each training session training providers typically collect feedback from attendees 2. However, there are difficulties with this type of feedback; potential bias, particularly if this is being collected on paper straight after a training session3; the feedback may relate to the trainers’ delivery rather than the training content4; and immediate post-course feedback does not capture the future impact of training5. This immediate directly post-course feedback according to Kirkpartick model of learning is level 1: reaction6.

Evaluating the longer-term impact of training allows exploration of the value of the training over time, i.e. how course learning has been implemented in practice5. This is an approach Bristol Health Partners (BHP) adopted after commissioning leadership training for members of their Health Integration Teams7. Using this approach BHP followed up course attendees up six months post-training to explore its impact. One of the challenges in using a longitudinal follow-up can be low response rates; however the BHP team received feedback from 13 of the 28 participants (46.4%) through the post-training survey; a good response rate. The BHP evaluation explored confidence (at an individual level), and changes in practice following the training (at an organisational level). Findings indicated that, in the long-term, the training had improved confidence (either slightly or greatly) in 53.8% of participants, and that 38% of the responders felt that they had slightly increased their ability to overcome barriers or obstacles to facilitate joint working with other organisations. These results indicate that training is more likely to have an impact at an individual than at an organisational level, a common finding in evaluations of training8.

## Evaluation purpose

This evaluation is required to generate evidence around the long-term impact of training provided to say who. Evidence is available on immediate post-course reactions to training, but longer-term responses are not yet available. The longer-term exploration of which training did and did not bring about changes to practice, is vital to ensure that training courses are tailored to ensure maximum benefits for say which staff, and thus value for the Integrated Care Board (ICB) in commissioning the training. Broadly the Kirkpatrick model of learning levels 2, 3, and 4: learning and confidence; behaviour, and results/outcomes for say which staff who have been on an ICB commissioned training course will be evaluated6.

## Evaluation aim

To evaluate the longer-term impact of training provided to say who.

## Evaluation objectives

There are three objectives to this evaluation:

* + - * To evaluate staff confidence in relation to their job role following training
      * To evaluate changes in practice following training
      * To evaluate impact of training on levels of staff satisfaction

# Design and methods

Each training provider holds a list of staff who has attended their courses. These lists will be used to contact staff six months post-training, asking them to complete a short survey reflecting on the training that they received. The survey will be kept brief in line with Kirkpatrick guidelines to maximise response rates6,9.

The survey will cover the three topics stated in the evaluation objectives above. Staff confidence and satisfaction levels will be measured using Likert scales, the classic method for collecting these responses10 as used in the BHP evaluation7. The evaluation of changes in practice will be explored with free text box whereby staff will be required to reflect on change in the six months post-training. Staff will also be given the opportunity to provide further thoughts about the training they received. These qualitative responses will be analysed using content analysis so that recurrent salient themes can be drawn out11.

Details of the data to be collected and used in the evaluation are presented in Table 1 (page 5). The questionnaire will have a participant information front page explaining why they are being contacted and how their data will be used, this is shown in Appendix 1. Furthermore, each training provider will have a standard email script to send ensuring a standardised approach to gathering feedback; this is shown in Appendix 2. On the survey there will be a box to write the name of the training they received.

# Table 1: Evaluation Objectives, Measures and Data Sources

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| **Evaluation Objectives/Questions** | **Specific Measures (targets)** | **Data Sources/Tools** | **Responsibility and Timescale** |
| To evaluate staff confidence in relation to their job role following training | *Question 1:*  Following the training course you received, has your confidence in your ability to carry out tasks relating to your role;  Greatly improved?  Slightly improved?  Remained the same?  *Question 2:*  How confident are you in applying what you learned on the course in your job?  (Scale 0 – 10: not confident at all to extremely confident) | Online questionnaire | The ICB Clinical Effectiveness team will be responsible for:   * creating the online survey * managing data downloads monthly and sending data to say who (insert email address)   Training providers will be responsible for:   * sending out survey links * keeping a record of how many links were sent on what date(s) * the staff roles links were sent to * reporting this back monthly to say who (insert email address)   Say who will be responsible for data analysis. |
| To evaluate changes in practice following training | Thinking about the course you completed, please indicate to what degree you agree with each statement:  *Question 3:*  I have changed my practice following the course  (Scale 1 – 5: Strongly Disagree to Strongly Agree)  *Question 4:*  I am successfully applying what I learned in the course  (Scale 1 – 5: Strongly Disagree to Strongly Agree)  *Question 5:*  If you answered “Agree” or “Strongly Agree” to Question 4, what are the most significant reasons? (check all that apply)   * My past experience * The course itself * Extra help from course instructors * Help from my co-workers * Help from my immediate supervisor * A good system of accountability * Formal or informal recognition for my efforts * My own efforts and discipline to apply what I learned * Referring back to the course materials * Additional training   Additional Comments:  If you answered “Disagree” or “Strongly Disagree” to Question 4, what are the main reasons? (check all that are true)   * What I learned is not useful for my job * I have been told not to use it * I don’t remember what I learned * I feel the skills I leant were a bigger responsibility than my current grade * I have too many other things to do * I got stuck and did not know how to find help * It is too difficult to apply * I have not been encouraged to apply it * There are no incentives for me to apply it   Additional Comments:  *Question 6:*  Can you provide examples of what you are doing differently as a result of the training? | Online questionnaire |
| To evaluate impact of training on levels of staff satisfaction | Thinking about the course you completed, please indicate to what degree you agree with each statement:  *Question 7:*  I am able to do my job to a standard I am personally pleased with.  (Scale 1 – 5: Strongly Disagree to Strongly Agree)  *Question 8:*  I am enthusiastic about my job.  (Scale 1 – 5: Strongly Disagree to Strongly Agree) | Online questionnaire |
|  | *Question 9:*  Is there anything that would have made the training you did more effective?  *Question 10:*  Do you have any further comments? | Online questionnaire |

# Ethics and governance

Ensure you have considered what the ethical implications of the evaluation are and how they will be mitigated and reviewed. For example, will personal data be anonymised? Use [Governance and Ethics guidelines for evaluation in health social care here](https://arc-w.nihr.ac.uk/training-and-capacity-building/evaluation-best-practice-and-guidelines/).

# Patient and Public Involvement

Patient and the public involvement in the planning, delivery or write up may not be a requirement for training evaluation, but you could explore whether certain groups of patients believe their interactions with staff have changed which may be attributable to the training the member of staff has received. Use [Guidelines for patient and public involvement in evaluation](https://arc-w.nihr.ac.uk/training-and-capacity-building/evaluation-best-practice-and-guidelines/) for ideas about engagement with relevant groups and contact your organisation’s Patient and Public Involvement (PPI) Lead for further guidance.

**Evaluation team and resources**

* Can the evaluation be carried out internally or can it/does it need to be externally procured?
* Who will be involved in the evaluation? Tasks include; planning, coordinating, designing tools, collecting data, analysing and writing up (using the Clinical Effectiveness evaluation reporting template available on [The Hub](https://thehub.bnssg.icb.nhs.uk/clinical-effectiveness/)).
* The Clinical Effectiveness team can review evaluation plans and outputs (reports), if required. The team can create and host online surveys and download response data as requested.

*e.g. The evaluation will be undertaken by the ICB’s say who Team with support from the ICB’s Clinical Effectiveness team to develop the online surveys and manage the downloads. Each of the training providers will be responsible for distributing the post-course survey to the staff they trained six months after the course. There is no funding attached to this evaluation. There are sufficient in-house skills to undertake this evaluation.*

**Timeframe**

* When will the evaluation begin?
* When does it need to be completed?
* Are there phases or stages? When will they each begin and end? Who do you need to liaise with to operationalise each stage?

**Outputs**

* What will you produce e.g. report? This should be informed by the background to your Evaluation (p.3-4)
* Who is the audience?
* How will this be disseminated or shared? Do you need to consider any specific access needs?
* Will you create recommendations to continue and/or expand a service?

### **Dissemination tips:**

* Could your evaluation be disseminated via the West of England AHSN [Evidence Repository here](https://www.weahsn.net/our-work/transforming-services-and-systems/evidence-repository/), to inform future service and/or evaluation design? Please email the [Clinical Effectiveness Team](mailto:bnssg.clinical.effectiveness@nhs.net) for information.
* Do you want to put on an event to showcase your findings and/or process?
* Do you want your evaluation to be written up to add to the relevant evidence-base e.g. academic journals or grey literature databases?

**Other considerations**

List any anticipated risks or issues. If not applicable delete this section.

**References**

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2. Sugrue, B., & Rivera, R. J. (2005). *State of the industry: ASTD’s annual* *review of trends in workplace learning and performance.* Alexandria, VA: ASTD.
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4. Dixon, N. M. (1990). The relationship between trainee responses on participant reaction forms and post-test scores. *Human Resource Development Quarterly*, *1*(2), 129-137.
5. Giangreco, A., Carugati, A., & Sebastiano, A. (2010). Are we doing the right thing? Food for thought on training evaluation and its context. *Personnel Review*, *39*(2), 162-177.
6. <https://www.kirkpatrickpartners.com/Our-Philosophy/The-New-World-Kirkpatrick-Model>
7. Harding, T. (2017). ‘Exploring leadership – Bristol Health Partners 1.5 day immersion course’ update to executive group on impact evaluation follow-up. Bristol, UK: Bristol Health Partners.
8. Salas, E., & Cannon-Bowers, J. A. (2001). The science of training: A decade of progress. *Annual review of psychology*, *52*(1), 471-499.
9. Fan, W., & Yan, Z. (2010). Factors affecting response rates of the web survey: A systematic review. *Computers in human behavior*, *26*(2), 132-139.
10. Hinkin, T. R. (1998). A brief tutorial on the development of measures for use in survey questionnaires. *Organizational research methods*, *1*(1), 104-121.
11. Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *NursingPlus Open*, *2*, 8-14.

**Appendix 1**

You are being invited to complete this survey as part of the evaluation of the impact of STATE THE NAME OF YOUR training. We are interested in your views about the training you received six months ago. This survey contains seven multiple-choice responses and four open-ended questions. It should take you no more than 10 minutes to complete. This is an anonymous survey; we are not collecting any details about you.

Please complete this survey at your convenience. Your responses will help inform our future work.   
  
The information you provide via Survey Monkey will be stored securely on a password-protected server. This server can only be accessed by the BNSSG ICB Clinical Effectiveness team. After the deadline for responses above, the R&E team will download the data and send it to: STATE THE NAME OF THE PERSON DATA WILL BE SENT TO, who will be responsible for analysing this data.

Thank you for your time.

**Appendix 2**

Dear [recipient name]

In MONTHyou attended the NAME TRAINING delivered by NAME PROVIDER. We are now interested in finding out the impact of the training you received, and would like you to participate in this by completing a short HYPERLINK THE WORDS ‘survey monkey questionnaire’. Please complete this survey by the end of the week; it should not take you more than 10 minutes. The information you provide will help to inform our future training for SAY WHICH staff.

[your signature]