



HR for London

Evidence about E-learning in London NHS Trusts from the Streamlining Staff Movements Programme

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The Programme



- Supporting Trusts to achieve high compliance (90%+).
- Drivers (5 point plan):
 - CSTF alignment
 - Adoption and uptake of E-Learning
 - Compliance reporting
 - Compliance culture
 - Induction
- Increasing flow of data (reducing duplication).
- Achieving benefits (quality & financial; review of CSTF).

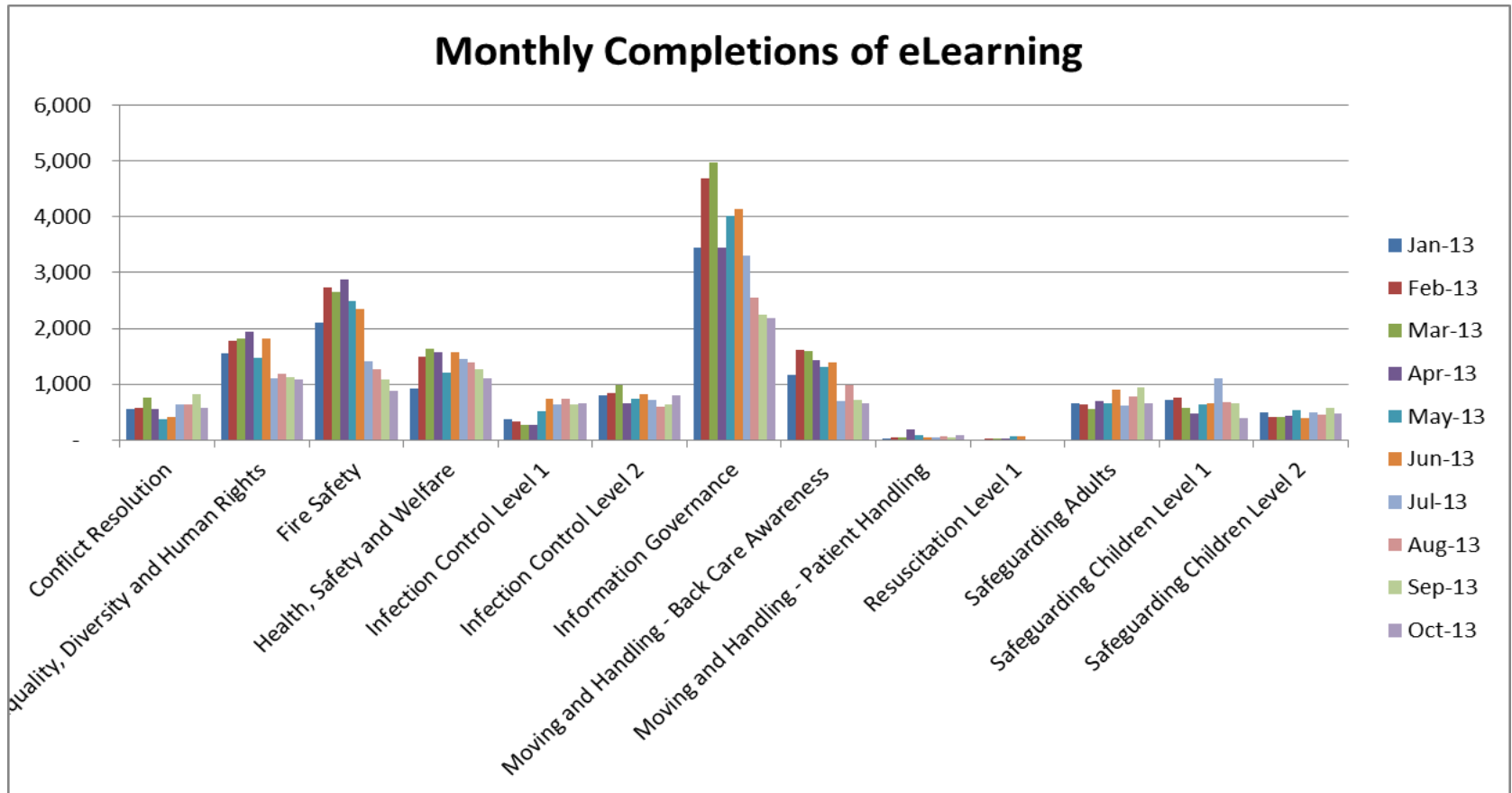
E Learning Usage (based on Trust returns)



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	E-Learning Numbers			E-Learning/Total Completions		
	Start	Now	Plan	Start	Now	Plan
Conflict Resolution	33	3,519	10,287	0%	7%	14%
Equality & Diversity	6,960	17,339	29,453	10%	17%	24%
Fire Safety	8,828	24,237	41,271	11%	26%	34%
Health, Safety & Welfare	3,154	11,930	26,200	4%	12%	22%
Infection Control 1	3,460	13,007	21,961	5%	20%	27%
Infection Control 2	180	12,156	27,001	0%	21%	32%
Information Governance	24,572	70,642	92,165	34%	82%	81%
Moving & Handling 1	4,063	10,307	24,307	8%	16%	30%
Moving & Handling 2	0	879	1,955	0%	2%	3%
Resuscitation 1	0	1,438	4,193	0%	2%	6%
Safeguarding Adults	4,396	15,745	16,663	7%	17%	17%
Safeguarding Children 1	3,121	14,192	15,623	4%	17%	17%
Safeguarding Children 2	992	7,220	11,974	2%	14%	18%
Total	59,757	202,610	323,053	7%	21%	27%

Monthly E-Learning Completions (from 5 point plans)



E-Learning Questionnaire

- Sent to all London Trusts.
- 21 returned.
- Results informed CSTF subject review.
- Asked for brief description (for each CSTF subject) of e-learning content, platform, time to complete, usability ratings, assessment, other comments.

E-Learning Content Providers (questionnaire)



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Subject	N/A	In-House	CLU	Other
Conflict	12	2	11	0
Equality	5	6	14	0
Fire	9	6	10	0
H&S	7	3	15	0
Infection	4	6	15	0
IG	0	7	0	18
Moving	7	4	14	0
Resuscitation	21	4	0	0
SG Adults	6	6	13	0
SG Children	4	4	17	0
Total	75	48	109	18

E-Learning Platform (questionnaire)



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Subject	N/A	NLMS	Moodle	Other (CLU, CfH)
Conflict	12	8	1	4
Equality	5	11	2	7
Fire	9	9	2	5
H&S	7	10	2	6
Infection	4	12	2	7
IG	0	13	2	10
Moving	7	11	2	5
Resuscitation	21	2	1	1
SG Adults	6	12	1	6
SG Children	4	13	2	6
Total	75	101	17	57

Time to Complete E-Learning (questionnaire)



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Subject	N/A	< 31 minutes	31 minutes to 1 hour	Over 1 hour
Conflict	12	2	5	6
Equality	5	10	8	2
Fire	9	4	12	0
H&S	7	3	13	2
Infection	4	6	12	3
IG	0	5	18	2
Moving	7	4	13	1
Resuscitation	21	2	2	0
SG Adults	6	7	7	5
SG Children	4	1	14	6
Total	75	44	104	27

Headlines from questionnaire



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- E-Learning use high: Equality & Diversity (20/25), Infection Prevention & Control (21/25), Health & Safety (18/25), Information Governance (25/25), Moving & Handling (18/25), Safeguarding Adults (19/25), Safeguarding Children (21/25).
- Medium use: Conflict Resolution (13/25), Fire Safety (16/25).
- Low use of e-learning for resuscitation (4/25).
- NLMS platform accounts for 58% of use, CLU platform 30%.
- In-house content has lower time to complete than CfH or CLU.
- Usability ratings (out of 5): In-house 4.4; CLU 3.9, CfH 2.2.
- Pre-assessment only used by 1 or 2 Trusts

Comments from questionnaire



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- CfH IG e-learning course is long, complex, contradictory. It needs a rewrite, shorter & interactive with pre-assessment.
- CLU courses should provide assessment only option. Overall CLU courses too long, should be integrated with local practice and procedures. Some CLU courses have too many hidden links (Infection Prevention), are repetitive (Equality & Diversity), too wordy (Conflict Resolution, Moving & Handling, Safeguarding Children), clunky (Safeguarding Children).
- Several Trusts report NLMS issues (not reading as complete).
- No issues reported with CLU or Moodle platforms.
- Shorter courses, assessment only options heavily requested.

Project conclusions

- Potential benefits of E-Learning:
 - Increased compliance
 - Reduced learning time
 - Improved quality
 - Cost efficiency
- Blockages:
 - IT, hardware, software, IT Department support
 - Literacy/computer literacy
 - Learner preference
 - Interoperability

Recommendations – subjects 1

- Conflict Resolution:
 - Resolve conflicts between NHS Protect & CSTF
 - Clearer definition of acceptable E-Learning
 - Consider levels (basic + role/risk assessed top up)
 - Permit pre-assessment in CSTF
 - Explicit referral to need to identify & reduce local risk
- Equality, Diversity & Human Rights:
 - Changes to learning outcomes (localising to values)
- Fire Safety:
 - Address inconsistency in Subject Guide
 - Consider blockages to compliance
 - Superfluous learning outcomes?

Recommendations – subjects 2

- Health, Safety & Welfare:
 - No specific recommendations
- Infection Control:
 - Review alignment, reporting & TNA of Levels 1 and 2
 - Review potential confusion in E-Learning content
- Information Governance:
 - Annual one year refresh seen as unnecessary
 - Consider allowing pre-assessment in CSTF (may reduce unnecessary training)
 - Replace Connecting for Health E-Learning programme
 - Health records management for clinical staff

Recommendations – subjects 3

- Moving & Handling
 - Research evidence that training may not change practice
 - Consider more consistent alignment between Levels 1 and Level 2
 - Different roles may have different training requirements
- Resuscitation:
 - Overcome capacity constraints and/or revise unachievable CSTF
 - Level 2 defibrillation training for all clinical staff?
 - Confusion: CSTF requirements > CQC/NHSLA/Resus Council
- Safeguarding Adults:
 - Review confusion over CSTF audience requirements
 - Consider whether learning outcomes vague on legal issues
- Safeguarding Children
 - No specific recommendations

Recommendations – generic + other

- Generic subject/CSTF:
 - Link to local risk assessment, rather than blanket recommended frequencies (like Moving & Handling)
 - Research into evidence of effectiveness of training
- E-Learning & Assessment:
 - Develop assessment only options and materials
 - Make CSTF learning outcomes specifically assessable (guidance?)
 - Remove blockages to maximising uptake of E-Learning, as evidence of benefit is unquestionable
 - CLU to consider reducing programme length and how to integrate better with local policies, processes, values, priorities
 - New Information Governance E-Learning programme required
 - Resolve NLMS issues

Assessment

- Assessment not covered in detail in CSTF, but pre-assessment is permitted for some subjects.
- CSTF requires assessment status to be recorded.
- Without assessment, CSTF provides only limited assurance of staff competence.
- It is proposed that summative assessment provides currency, meaning and assurance to CSTF.

Online Assessment



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Advantages

- Can test a wider range of subjects
- Reliable, objective, easy to randomise, transparent, removes subjectivity & emotion
- Easy to update to reflect changes in learning outcomes
- Efficient, cheaper to run, speedier feedback
- Appropriate for reducing duplication of training
- Does not allow learners to “hide”

Disadvantages

- Argued that it may only test factual knowledge & could encourage rote learning (but some argue that online assessment can test comprehension, application, higher cognitive skills)
- Development costs may be high (need to avoid ambiguity)
- Problem of “guessing”
- May not be seen as of educational value by health professions
- Platform & interoperability issues

Good practice in online assessment



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- Reliability (accuracy of determining score)
- Validity (testing what it purports to test)
- Educational impact (on learner behaviour)
- Must be cost effective & accessible
- Skills for Health e-learning assessment quality principles
- Other:
 - Need variety (MCQ not enough on its own)
 - Language, no tricks, plausible/appealing/homogeneous distractors
 - Avoid irrelevant material, negatives, text book phrasing
 - Some subjects need learners to apply knowledge in creative ways
 - Not suitable for all learning outcomes

Supporting Employers

- Appetite to improve mandatory training with evidence-based practice.
- Who to assess (self etc.)?
- How to assess (paper, online, on the job)?
- Developing resources:
 - Unpacked, assessable learning outcomes
 - Quality evaluation matrix
 - Assessment materials (MCQs, tests, case studies, line manager support)
 - Assessment principles