



# Clinical Leadership Pilot Evaluation Report

Nursing & Midwifery Planning & Development Unit  
HSE West (Limerick, Clare & North Tipperary)



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## foreword

The implementation of the RCN framework for the pilot Clinical Leadership Programme in the Mid West has been a significant achievement for both the clinical leaders and Cora Lunn the Programme Facilitator, they are all to be congratulated.

The Clinical Leadership Programme has provided an ability to work with clinicians in the development of skills and knowledge that enables Nurses and Midwives to be empowered and to contribute to improvements in patient or client outcomes. This evaluation report demonstrates that the majority of participants have been very positive about their involvement and their self development. Comments from nurse and midwife managers indicate that in a number of cases demonstrable change has been observed in those who have participated.

The model of action learning conducted over the course of the programme supported the embedding of new behaviours in both the acute and primary, community and continuing care (PCCC) services and has ensured that both individual and organisational change is maintained into the future.

Prior to the development of this pilot project there were limited programmes with direct patient or client interventions; for nurse and midwife managers who wished to develop leadership skills in the clinical environment. The evaluation of this pilot project recommends that national clinical leadership strategies to support front line staff should be further developed, particularly as the context of Irish nursing and midwifery is changing and new ways of working are essential, in this current era of healthcare transformation.

The delivery of the pilot project would not have been possible without the financial support from the National Council for the Professional Development of Nursing and Midwifery, the guidance and support of the Steering Committee, local Directors of Nursing and Midwifery and the evaluation expertise of the Kemmy Business School, University of Limerick, thank you.

Finally, sincere thanks are offered to Cora for her commitment to the development and the progressing of clinical leadership delivery in the Mid West Region and Nationally.

A handwritten signature in black ink that reads "Gillian Conway". The signature is written in a cursive style.

Gillian Conway  
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Nurses and midwives in the Republic of Ireland, like those in many other countries, work in a healthcare system that has undergone dramatic change in the past five years.

The recent transformation of the Irish healthcare system represents the biggest reform programme the country has seen in 30 years. It has brought about the restructuring of services, a greater emphasis on the development of primary care, the downsizing of personnel and a reduction in spending. These developments have changed the context of clinical leadership in nursing and midwifery (Baumann et al 2001, Clifford 1998, Havens 2001), precipitating the launch of various clinical leadership development strategies for nurses and midwives. These strategies are needed to support the required transition to new and expanded ways of delivering patient and client care. Meanwhile, the National Commission on Nursing Hours Report (unpublished 2009) which will report shortly, will have anticipated calls for changes in leadership development to support increased capacity within the profession (Baker et al 2004).

## Project Context

The current need to develop specific clinical leadership development strategies for all nursing and midwifery grades, has been highlighted in this pilot project evaluation study. The project utilised the Royal College of Nursing's (RCN) Clinical Leadership Programme as framework for exploring clinical leadership development. The aim of the project was to evaluate the impact of the RCN Clinical Leadership Programme (CLP) on enhancing leadership development, in its participants and in improving patient/client care within an Irish context.

The RCN Clinical Leadership Programme is a twelve month experiential based programme that aims to develop transformational leadership behaviours in its participants. It concentrates on self development of the participants, closely linked with patient/client involvement and quality improvement.

Twenty two Clinical Nurse and Midwife Managers enrolled in the pilot project of the RCN Clinical Leadership Programme in the Health Service Executive (HSE) West, (Limerick, Clare and North Tipperary). Twenty one participants completed the programme and one did not complete the programme successfully due to personal circumstances. Participants (Table1) were recruited from acute and primary, community and continuing care (PCCC) services across the Mid-West region.

Nineteen out of twenty two participants responded to the pre, mid and post questionnaires. Forty five stakeholders attended focus groups to evaluate the project.




Grades	No. of Participants	No. of Team Members (Full time and part time)	Area of Responsibility
CNM/CMM's 3	4	47 72 43 110	Labour and Theatre Unit Paediatric Unit Neonatology Unit Hospice Care
CNM/CMM's 2	12	26 37 24 9 18 19 25 3 2 22 9 23	Orthopaedic Ward Orthopaedic Ward Orthopaedic Theatre Accident and Emergency Intellectual Disability Unit Older Persons- residential care Older Persons- residential care Mental Health Outpatients Department Coronary Care Unit Eye Theatre Medical Ward
CNM/CMM's 1	5	12 31 34 26 19.5	Oncology Older Persons- residential care Older Persons- residential care Older Persons- residential care Older Persons- residential care
CNS	1	0	Mental Health-older persons
<b>Total</b>	<b>22</b>	<b>611.5 Team Members</b>	

**Table 1-Participant Details**

## Programme Structure

The RCN Clinical Leadership Programme was developed from a ward nurses' leadership project to an internationally recognised, multidisciplinary clinical leadership development programme in the United Kingdom. The original research focused on the link between leadership and patient/client outcomes. The theoretical framework (Cunningham and Kitson 2000) supporting the programme is focused on:

- Learning to self manage
- Developing effective relationships
- Patient focus
- Networking
- Political Awareness



The programme engages participants in reflective and experiential learning. Its central focus is to enhance patient/client care. The programme is aimed at Clinical Nurse and Midwife Managers (CNM's/CMM'S) as they are key in driving transformation in care. It gives participants the opportunity to practise coping with change in a safe environment and to try out different approaches to clinical leadership and management. The participants are supported by a full time Clinical Leadership Facilitator (*Cora Lunn-NMPDU*) throughout the duration of the twelve month programme. The programme is facilitated to encourage participants to consider their clinical environments and enable participants to develop their teams and care delivery. It empowers them to create personalised action plans that can serve as a stepping stone to implementing changes in clinical practice. The programme's interventions included:

### **Workshops**

The purpose of the core workshops was to introduce participants to the key interventions and activities used on the programme:

- two day Introductory Leadership Workshop
- one day Team Building Workshop
- two day Preparation for patient-focused activities e.g. Patient stories and observations of care
- one day Political Awareness and Networking Workshop
- one day Needs Lead-Articulating Impact Workshop
- one day Needs Lead-Conflict Management Workshop
- one day Needs Lead-Self Development-Personality Types-MBTI
- one day Service Feedback and Evaluation Day

The needs-led workshops are developed around the participants needs.

### **Personal development**

Personal development is an integral part of the CLP, and is seen as crucial in developing leaders. There are a number of opportunities for participants to develop personally, by undertaking a 360 degree review and a clinical leaders profile. Each participant is responsible for developing a Personal Development Plan (PDP) and identifying areas of strength and areas for development.

### **Clinical Leaders Profiles**

All participants completed this in-depth questionnaire about themselves, their team, patients in their area and their organisation. Its purpose was to inform their PDP by helping them think about the environment they work in, what knowledge they have and what areas they need to develop.

### **Personal development activities also include**

**Mentoring:** Each participant was encouraged to source a mentor. The mentor provides a strong leadership role model to work closely with throughout the programme; mentors also provide good networking and political opportunities.

**Shadowing:** Shadowing provides a unique opportunity for participants to develop their leadership skills by spending time observing someone else in action during their day, learning more about how they work and the way they work e.g. Bed Managers, Business Managers, Discharge Planning Co-ordinators and Directors of Nursing/Midwifery etc.

**One to ones:** Each participant had one-to-one (1:1) sessions throughout the programme, lasting for at least an hour in their clinical area. These were facilitated by the Clinical Leadership Facilitator. The sessions ensured the participants were experiencing the programme to the maximum, getting the time to participate and an opportunity for further challenge and support which contributed to their personal development.

### **Action Learning**

An 'action approach to learning', enables personal, professional, managerial and organisational development. It is based on the belief that the most effective learning takes place in the context in which people are working, learning from experience. Action learning allows questioning, challenging, supporting and reflecting with others on experiences to gain further insight, agree actions and learn from the actions taken. Each participant completed twelve facilitated action learning days on the programme. There were four action learning groups running throughout the course of the programme, with the aim of having them sustained once the programme was finished. All four groups are self facilitating and have been sustained in the service since the programme has finished.

### **Patient Centred Activities**

Observations of Care and Patient Stories are the two patient-focused activities undertaken on the programme. These gave participants an opportunity to:

- really see what is happening in their clinical area
- really hear and listen to what patients experience
- celebrate the good practices that occur
- develop action plans to enhance patient/client outcomes

#### **Observations of care**

Observations of care are a simple, quality improvement and personal development tool that holds an important message: 'seeing' and 'observing' are not the same. The approach to observation of care on the programme was created from the original piece of action research by Royal College of Nursing (1997).

This involves two observers: an insider and an outsider. The clinical leader (insider) and an outsider (another clinical leader) observe and record the insider's clinical area for thirty minutes.

#### **Patient stories**

Patient stories, also known as patient narratives, are audio taped interviews with patients about their experience of being in hospital or receiving care in other settings. Patients are randomly selected and invited to tell their story about their experience of receiving patient care. The stories are audio taped, and 'mind mapped'.

Action plans are developed from both quality improvement activities.

### **Team Building**

The programme helps participants develop creative ways of developing their teams. This workshop is facilitated so that participants are enabled to undertake team building techniques with their clinical teams. It helps them to establish how a group of individuals work together, how the strengths and areas for development of individuals contribute to joint working, and how teams can work more effectively together to achieve their primary task.



### **Political Awareness and Networking**

Developing capacity and skills in political awareness is crucial to developing the ability to influence key stakeholders within an organisation, so that participants can introduce resources, structures and systems to promote patient-focused care. The programme encourages participants to build networks, both inside and beyond their organisation. Networking strengthens the core value of working in the health service.

### **Organisational Support**

To make a positive impact on the organisation, it was essential to have appropriate support and communication about the programme within the organisation. The Clinical Leadership Steering Committee played a major role in this, by supporting the implementation of the programme. The committee influenced changes within the organisation through the programme, particularly with regards to quality improvement initiatives e.g. patient stories, service improvement projects and observations of care. A list of steering committee members is included in **Appendix 1**.

# 3

## evaluation methodology

Realistic evaluation (Pawson and Tilley 1997) provided the theoretical underpinning for the evaluation of the project.

This approach to evaluation is seen as being particularly suited to evaluations of complex interventions, where issues of context and process as well as outcome are of significance (Redfern et al 2003). Realistic evaluation examines the relationships between context, mechanism and outcome. In this instance 'mechanism' refers to the interventions (e.g. action learning and patient stories) of the CLP.

Data was collected from the following sources:

- Information gathered from Clinical Leaders Application Forms and Clinical Leader Profiles
- Pre-interviews with Directors of Nursing/Midwifery to identify impact measures
- Pre, Mid & Post Evaluation questionnaires of Clinical Leaders Progress **(Appendix 2, 3 & 4)**
- Workshops Evaluation Questionnaires **(Appendix 5)**
- Twelve Month Action Learning Log **(Appendix 6)**
- Three focus groups with participants, Directors of Nursing and Midwifery and Clinical Leadership steering committee members
- Eighty eight patient stories and sixty six observations of care action plans
- Stakeholder Meetings
- PDP Objectives
- Poster presentations of twenty one service improvement projects **(Appendix 7)**

Data was independently analysed and finding reported by Kemmy Business School, University of Limerick, Ireland.

Eight interviews were undertaken with Directors of Nursing and Midwifery in services prior the commencement of the project. The aim of these interviews were to identify the most common impact measures that Directors wanted developed in services through out the duration of the programme. The data from these interviews were analysed using thematic analysis. The following four themes emerged to be focused on during the programme:

- Quality improvement
- Developing participants to take on responsibility and accountability
- Enabling participants to exert authority
- Developing service priorities e.g. infection control, medication management, team development and activation programmes

# project outcomes

# 4

## Overall-Post Programme Feedback

Nineteen out of twenty two participants responded in a very positive manner to the overall experience of the RCN Clinical Leadership Programme. Three common themes of benefit emerged from the evaluations and focus groups:

- the enhancement of leadership skills of participants
- growth in the personal development of the participants
- positive outcomes in patient and client care

Other benefits included the development of 'managing the manager' skills, conflict management, networking and change management skills. The following quotes are representative of the overall experience of the programme:

"This programme was fantastic having just taken up a new role/position, the course assisted me in becoming an effective leader of a team and also gaining the ability to be more assertive and a better communicator within the team".

"It helped me develop and it definitely helped me deal with team conflict. The action learning helped me explore ongoing conflict with people and work problems. The patient stories are a very good feedback mechanism which we have been adopted on a continual basis. The networking part of the course is excellent. Hopefully good supports for many years".

"A most practical experience encompassing facets of clinical leadership in a way that has been both stimulating and calming; informative and influencing; reassuring and supportive. That I can influence behaviour through my own and learned leadership skills and thereby influence care and policy is very empowering. This programme has

been a valuable tool for me to achieve this and to reflect".

"The Clinical Leadership Programme has definitely made me see things more clearly which for the most part has been good and productive; but there is a part of me that feels somewhat frustrated as I am reflecting on incidents/things a lot more and striving to get results but not always succeeding. It has definitely made me more aware of the leadership skills of my line managers colleagues around me and indeed my own. Reflection has definitely become part of my working day; and for the most part is proving positive but there is also the negative element which I find difficult. But through action learning and such supportive clinical leaders and facilitator, it is getting somewhat easier. The programme has also given me the confidence and courage to address issues with my line managers if I feel absolutely necessary, i.e. not just the positives".

## Early Programme Feedback

It is useful to compare final feedback with early feedback from participants. In this case early feedback taken at the beginning of the course was largely positive with all participants delivering positive feedback comments such as

“I am really enjoying the course. I feel I am on a self-discovery journey which is sometimes good and sometimes not so good. Learning lots from other colleagues on the course. Wish all nurses could do a course like this”.

“Enjoying the course and I am finding it great, it is helping me to grow – in every sense of the word. Action learning days have been so beneficial I’m looking forward to a winter of learning.”

“I am happy with the programme so far and find the facilitator very supportive and approachable. I feel the programme has refocused my attention on how we can improve the quality of care for our service users”.

“The programme is a huge support for CNM’s. The theory is practical and can be brought back to the workplace. The patient’s stories and observations of care are powerful tools for improving patient care”.

However there were indications that some participants were experiencing a level of fear and anxiety at the early stage of the programme, in terms of anticipated workload and time management. The need to provide participants with reassurance and initial support in managing anxieties; in facilitating such or similar programmes cannot be underestimated particularly being mindful of attrition rates.

“Great to have the opportunity to participate. Time to do homework very limited though due to work and home commitments. Inclined to worry too much about written work – causing stress”.

“I am finding the programme very helpful to me in my development as a leader. However

I find I have to complete the work on off duty time due to pressures on the ward i.e. no office, inadequate I.T. and no CNM1”.

“At times found it very time consuming while doing a full time job. Even though I am learning from and enjoying the course I sometimes feel a bit under pressure”.

## Overall Programme Effectiveness

The effectiveness of the programme was measured in a number of ways. Participants were asked to completed pre, mid and post questionnaires. Participants also rated each module separately. Focus groups were undertaken with programme’s stakeholders. Stakeholders included the programme’s clinical leadership steering committee, the participants and the participants’ mentors and line managers. Overall, all stakeholders felt the programme had achieved its objectives. The following section presents the findings from the participants’ evaluation forms and focus groups. Nineteen respondents rated the overall effectiveness of the programme as being very high. See table 2 overleaf.

How would you rate the RCN Clinical Leadership Programme on the scale below:

Very Poor	Poor	Neutral	Good	Very Good
			1	19

**Table 2: Source: final participant evaluation form**

Levels of job satisfaction among participants were also affected by participation on the course. Fourteen out of nineteen participants reported that their satisfaction with their current job had improved over the course of the programme.

Eighteen out of nineteen participants felt that morale and satisfaction of staff in their clinical area had improved throughout the duration of the programme. The findings indicate that the different expectations of all stakeholder groups (steering committee, participants, mentors and line managers) were fulfilled.

Nineteen participants felt that the programme met their expectations, while seven participants indicated it surpassed their expectations. Four of the respondents referred to the action learning component as being particularly valuable. Observations of care, patient stories and the service improvement projects were mentioned as important aspects of the programme. The practical and applied nature of the programme was also seen as a huge strength. The following quotes accurately capture the nineteen responses.

“Practical way the course is run/taught – not like the usual textbook management courses, it’s very different in its delivery but much more effective”

“Yes even more than fulfilled them!! I have grown on a personal level, it has been a great learning opportunity and I have achieved so much from patient stories/observations of care/to managing teams/setting objectives/ PDP/ Myers briggs/360 report, I could go on!! I found action learning invaluable, it has been very beneficial to my growth. The support mechanism was excellent and our group worked well. The different clinical experience from different services was very educational it has certainly encouraged networking across the service”.

“Yes, the programme has fulfilled my expectations; I wanted to improve my clinical leadership skills. I feel I am a more

effective clinical leader. Action learning days have helped me to address and resolve a number of issues. These include a better working relationship with CNM 1 and dealing with staff conflict”.

“Absolutely. Initially I was very apprehensive about undertaking the course but it is so practically based it is exactly what I needed”.

“Yes, unsure at the beginning, how it would help me develop. Through action learning it helped me realise that the conflict we were experiencing in our area, was common to most other areas. It helped to explore solutions to the above in a safe environment through the (Action Learning) group – at first gentle probing and then more in depth probing which helped me reflect on my role within the conflict and thereby help reach real solutions”.

“YES!!! 110% I have learned and shared so much. It has been a career saver as I was having doubts and my motivation and direction were waning and unclear. A wonderful programme for CNMs. Certainly boosts morale and encourages us to celebrate our achievements”.

“Survival Guide for Ward Manager” (Thomas 2006) Full of hints and tips on how to survive, It has given me encouragement and resources to build on – made me more emotionally aware of myself and my own behaviour. Mentoring system very positive. Action learning sets very useful to resolve

problems. Helped me to re-establish the importance of the patients in service delivery”.

“The CLP has definitely re-energised me. Through the Clinical Leader Profile, PDP, 360 degree feedback etc, the opportunity to just take time out to reflect on myself as a clinical leader has been very beneficial. To be honest it is not something I did very often. To be able to link the programme to local/national policies and agendas has been enlightening e.g. transformation. THANK YOU”

## Steering Committee Focus Group

The response from all steering committee members who attended the evaluation focus group was very positive. There was general agreement that the CLP had met its stated objectives. They reported that they could identify real, day to day changes that they could attribute to the programme. This group highlighted that the service improvement projects were a key driver of change. They highlighted improvements in terms of:

- networking between participants and multi-disciplinary team
- improved decision making and links with other groups through the action learning sets
- enhanced political awareness-the group noticed a difference in how participants deal with different staff, how they engage with their own managers and improvement in terms of ‘managing the manager’

On a practical level the steering committee felt the programme enhanced participants’ personal development, increased self awareness, confidence and conflict management skills.

## Line Managers Focus Group

Feedback from this group was very positive. Overall the group felt that the programme had very positive outcomes for participants and their units/organisations. They felt that the programme had had a cascade effect in many cases and produced positive outcomes for more people than just the participants. There was consensus that the programme or similar programmes should be developed for Clinical Nurse/Midwife Managers and it could form a template for development of other nurse/midwife managers within the HSE. It was emphasised that similar programmes were long overdue and that that these could provided a structure for development of CNM/CMM’s in terms of their role and progression.

# outcomes attributed to participants being on the programme

# 5

The following section outlines changes have been identified and attributed to the RCN CLP according to participants, line managers, mentors and steering committee members. These are detailed in the following section using data from the evaluation forms, focus groups, questionnaires, action plans and service improvement projects.

## Changes to leadership capability

One of the key objectives of the CLP was to enhance the leadership capability of CNM/CMMS. Nineteen respondents felt the CLP was instrumental in developing their leadership skills and capability. Fourteen out of the nineteen participants specifically mentioned an increase in self confidence and awareness as being key to their development as a leader. Other leadership capabilities mentioned were communication skills, conflict management skills, problem solving/ decision making skills, ability to empower team and the ability to develop a vision. Again, these quotes below are representative of the nineteen responses.

“I feel more confident in addressing issues and use some aspects of action learning by challenging the team members to come up with solutions to problems”.

“Yes, my leadership capability has changed. I used to worry endlessly at what others thought of me. . I was self conscious in my role as CNM and that limited me in my actions”.

“I often wondered why I didn't get the respect that others got. Now, I don't worry in that same way. I am not self conscious, I'm not afraid of being a CNM. I am not afraid to

say what I think. I say what I feel and I now feel that I am getting more respect”.

“Have been more confident in influencing how the team works together more effectively; through a better understanding of team dynamics; self awareness and emotional intelligence. Opening up dialogue and discussion about differences. Getting individual team members more involved. Promoting a genuine sense of shared responsibility and accountability which is benefiting the service of care provided”.

Feedback from the participants' focus group echoed the questionnaire responses with calls for the CLP or similar programmes to be made mandatory for CNM/CMM's levels within HSE. Participants felt that the programme had helped their self belief, confidence and they were 'working smarter'.

Key outcomes identified by participants were:

- Increased confidence and ability to engage with managers. For example participants indicated that they would now carry out research in advance of meeting managers and present them with evidence/audit results etc in order to present a stronger argument and to feel confident in themselves.
- Participants were coming up with viable and useful new ways for delivering patient care.
- Recognising the value of patient stories- participants responded that they have learned to listen and look at situations from patients/clients perspective.
- Moving outside of traditional accepted systems and taking 'risks' in proposing or being active in looking at new ways of working or seeing other perspectives.
- Improved ability to manage difficult people/issues. More confident in taking responsibility and not always looking upwards for solutions.
- Better self awareness of strengths and areas for development.
- More reflective.

Key outcomes identified by Line managers and mentors were:

- An observable increase in self confidence among participants particularly in their ability to be managers and not pass conflict/issues automatically up the line.
- Increased role clarity-participants have also become more confident in challenging managers where they feel it necessary.
- Meeting skills of participants, in terms of 'owning' meetings and persisting on points/issues, managing conflict and resistance.
- Participants have learned to stand back and adopted a more analytical approach to situations instead of 'jumping in'.
- Evidence of networking continuing among the programme alumni and participants engaging in higher levels of networking in own units/organisations.
- Cases of a cascading of sustainable action learning sets and roll out of patient stories to other non participants within clinical teams.
- Participants have gained greater insight into 'mechanics' of other areas/units/disciplines and have increased holistic understanding of overall service and appreciation of 'bigger picture'.
- Participants have been reassured that their units/areas are not excessively 'bad' and they are not experiencing issues or problems unique to them. Sense of perspective.
- One manager maintained that increased confidence has had a positive effect on body language and projected image of participants which has made them more approachable and enabled them to 'bring staff with them'.
- Greater evidence of team building.

## Changes to patient/client care

The elements of the programme that emerged as the main drivers of change are the action learning sets, patient stories, observations of care and the service improvement projects. The service improvement projects carried out by twenty one participants have led to real and practical changes within participants' organisations. They have brought about better quality care for patients and clients. Further details on these projects can be found in **Appendix 7**.

The majority of participants identified changes in patient and client care that they attribute to the programme. As previously stated, participants prioritised three aspects as being particularly important in this area:

- patient stories (*50% of respondents referred to patient stories as specifically bringing about changes in patient/client care*).
- observations of care (*48% of respondents referred to observations of care as specifically bringing about changes in patient/client care*).
- service improvement projects (*36% of respondents referred to the service improvement projects as specifically bringing about changes in patient/client care*).

“Developing more women centred care, patients’ stories, and observations of care enhancing privacy and dignity for women. Perineal suturing - some midwives have commenced suturing”.

“We now have guidelines for family involvement in the transition of care into the unit. The care being delivered is much more person centred as a result of observations of care and patient stories action plans being addressed.”

“As a result of patient stories we have increased activation and socialisation sessions for the patients”.

“Yes the patient activation programme is being drafted for the unit, in line with HIQA Standard 18.2. I have worked closely with those who coordinate activities and they have given so much over the past 12 months. Most enthusiastic/motivated and are making a great impact on the quality of life to the residents. Bare walls have been furnished with beautiful paintings enhancing environment for staff and patients alike”.

“Observations of care highlighted the need to be observant of the small things that make a difference i.e. noise, privacy, dignity that may sometimes be overlooked in the business of the day”.

“My service improvement project is to review the admission of orthopaedic patients to the trauma ward and to local orthopaedic hospital. The rationale for undertaking this is to ensure patients receive the optimum orthopaedic care. I would not have undertaken this project without the support and guidance I received on the programme.”

“I feel I am now more focused on the quality of care patients are getting, particularly in communication, in explaining to them what to expect from me, what I will be doing with them and if there are delays in their treatment, what these delays are and why”.

“We have changed three aspects of our work through patient stories:

- we visit all families on at least one occasion after the death of a client where we have active involvement”
- patient stories identified that all clients like to have a medical review during their journey in our service. This is now being introduced”.
- patient stories have long been adopted as part of our customer feedback process/ continued improvement on an annual basis.”

“Support staff have embraced the key worker/care concept which has greatly improved and increased “relationship based care” – this is directly as a result of my service improvement project”.

All members of the steering committee focus group agreed that the programme had increased patient/client engagement and provided a chance for patient/client to give feedback. Adopting a patient/client centred approach was an important component of the programme and this was achieved according to the group. The group felt the patient stories played a pivotal role in the achievement of this objective. The patient stories provided the CNM/CMM's with an opportunity to receive patient/client feedback and led to important changes in care. A concern highlighted in the evaluation of the project was the lack of appropriate structures locally to relay quality improvement actions across both acute and PCCC services.

## Changes to the way care is organised and delivered

The majority of clinical teams had no clear team objectives or performance management frameworks in place. The programme led to changes in the way care is delivered according to sixteen out of nineteen respondents. The majority of these changes were team based changes. For example in some services the following occurred:

- team reorganisation
- team review and evaluation
- more frequent team meetings
- improved problem solving within teams
- clearer team roles
- named nurse development
- primary nursing introduced
- key worker concept developed

“Care delivery is one aspect of our work that would always be reviewed on a regular basis”.

“Over the duration of the course we have reorganised our work teams in my department and feedback so far is positive from staff”.

“Willingness of the team to act on outcomes of patient stories and observations of care. Better approach to problem solving”.

“We have 1. clearer roles 2. regular team meetings 3. setting team targets 4. praising and recognising achievements in better outcomes”

“Putting the baby before routine”.

“Our departmental philosophy is being reviewed and ideas shared by all the team to make it more patient centred. Encouraging team to take a pat on the back for excellent patient care – to acknowledge their success”.

## Changes to the clinical environment

Participants identified a number of changes in the clinical environment that they perceive as directly linked to their participation on the programme. The most common changes were to the enhancement of the physical environment, more privacy, less noise, more patient/client contact and improved hand hygiene. The enhanced awareness of the clinical environment was mainly attributed to the observations of care element of the programme. The following quotes are representative of the findings:

“In light of current climate, hygiene audit has become paramount in my area of care. As a result of CLP I am more empowered to talk to and support staff through these challenging times. Role modelling even the basic hand washing techniques is so important. From action learning, I am more aware of risk management, clinical audit, health and safety”.

“Observations of care and patient stories have highlighted issues that can be addressed to improve patient care; these include increased patient supervision, addressing delays in patient discharge. Staff adhering to infection control policy. This includes hand hygiene and using linen trolleys”.

“Privacy and dignity upheld. Noise levels kept minimal. More patient contact. Fewer errors”.

“From observations of care, we are endeavouring to make the environment less clinical and more lived in – more pictures on the walls, curtains instead of blinds, personal items for clients”.

“Health and safety: through developed networks; achieved functional fire escape to facilitate evacuation of patients on theatre trolleys if necessary. Persistence +++ required. Team more aware of environment from observations of care”.

“Working on decreasing noise levels and turning off unnecessary lights”.

## Changes to staff development and support

The majority of participants responded that there were already improvements in staff development and which were attributable to the programme. The most common changes in staff development identified by participants focused on the training of team members. Other changes identified were:

- improved support mechanisms
- improved communication
- more frequent interaction
- more recognition and empowerment of staff

The following is a representative sample of participant quotes:

“Have negotiated training days for staff and realise the importance of professional and personal development for staff – found the workshop on team building very beneficial. Key staff being trained in different areas e.g. infection control, nurse prescribing.”

“Full education programme set up support and funding approved from line manager for ongoing courses”.

“In my area of work the CLP has helped me become more involved with staff development, especially training and support in the activation programme. I strongly advise and encourage staff to nominate themselves for next training sessions so they can be competent activation facilitators”.

“Both CNM 1’s are now taking more of a leadership role. More involved in decision making and taking the lead in departmental service provision. They are taking a more proactive position and the growing confidence that they display is wonderful. This in turn is influencing their team colleagues and they now experience an authority within the team which has previously been difficult”.

“Yes, I have realised that when a staff member is difficult a lot of time can be focused on them to the detriment of the other staff. It is important to remember that other staff need energy and time put into their development, not just the difficult staff members”.

“I am encouraging other team members to become involved in programmes, ie fundamentals of care, infection control”.

“Have increased the frequency of staff meetings which gives staff opportunities to address issues. Have had some team building sessions with staff to address issues on the unit”.

“Given that part of programme developed my own capabilities, I am now in a better position to support my Clinical Nurse Managers. Allow time for listening. Conduct clinical nurse managers meeting. Tackle problems and issues as a team celebrate what is working well”.

## Changes in communication – patient and team

Seventeen out of nineteen respondents felt that communication improved since participating on the programme particularly communication with patients and team members. The patient stories were highlighted as key to understanding patient needs.

“Improved communication – valuing the client’s opinions. Enabling members of the team to develop themselves – in order to enhance patient care..... Daily report for new nursing staff. Use of daily communication book”.

“Communication within the team has improved. The patient stories gave the patients family member an opportunity of express any concerns”.

“Patient stories gave me an opportunity to listen to patients and understand their experience in hospital. Giving feedback to staff from observations of care and patient stories was an opportunity to engage in effective communication with staff. Meetings with multi-disciplinary teams has developed my communication skills”.

“Tools were explored during the programme which enhanced communication with the patients and team members”.

“Greater links developed across community mental health teams. Greater interaction with multidisciplinary team. Links developed, negotiation and political awareness increased with same”.

“Patient stories. Meeting with voluntary and statutory groups on an annual basis. Some documented for ISO. Monthly review of how we are functioning as a team. Myers Briggs and 360 degree feedback has helped me when working with different team members with different leadership styles”.

## Changes in policy development

Fourteen out of nineteen responded to this section of the questionnaires. However, the majority of the changes identified in policy development focused on review of policy rather than actual changes.

“Decontamination: Audit, policy and guideline development ongoing”.

“Review currently ongoing of all policy’s in the hospital”.

“Yes – we have reviewed and updated some of our drug policies”.

“Working on trying to get care plans in place. Have to develop a policy around our

activities as regards volunteers and students on work experience”.

“I am more interested in policy development and whether I can contribute to it or not”.

“Patient stories improvements. Service improvement project may change the policies of how people with enduring mental health problems access the service”.

## Has being on the programme affected your relationship with your line manager?

The vast majority of participants reported an improvement in their relationship with their line manager. Changes include improved communication, conflict management, open discussion, increased confidence, provision of skills to debate with and challenge line manager in a constructive manner. The following quotes are a representative sample from the evaluation forms.

“Yes. Action learning has helped me to reflect on my role in our conflict – how I contributed to that – how I have to accept that I am not responsible for managers actions – gave me the confidence to get my manager more involved in the team and hopefully has increased overall morale in some small way”.

“Yes. My line manager would have seen changes in me that I was unaware of. She feels that I have become much more confident and more willing to become involved in new challenges”.

“Yes it has given me frameworks and skills to debate and challenge in a productive manner. Very aware that it is important to work closely with all managers Relationship with line managers has always being good. However I will now question more”.

“The programme has developed my communication skills. This has enabled me to be more confident in decisions I make. I have learned to be proactive and not to be reactive. That is to deal with issues and anticipate problems. I feel my manager appreciates this approach and know I will seek advice and support when I need it”.

“360° feedback has made me more aware of their opinion of me. Yes – I feel more assertive and find I am able to articulate my concerns/issues in a constructive manner with ideas around issues already made”.

“Line managers – have always had a good relationship as far as I am concerned; although the 360 degree feedback did highlight some grey areas. Good to know. These will be discussed and our mutual perceptions. Other relationships are calmer, less frustrating”.

## Organisation level benefit from the programme

The majority of participants felt the programme brought about organisational level changes. However, most of the responses indicated that the organisational changes occurred indirectly by improving the individual leadership skills of the participants. The individual benefit of the programme filtered through organisations, thereby bringing about wider changes and improvements.

“Has opened dialogue with other colleagues within the organisation eg. through observations of care and patient stories feedback. Increased patient involvement is always a positive for the organisation”.

“Yes, the service improvement project which I am undertaking will certainly benefit the organisation. It will help explain the services better to the patients and thus provide easier access to the patient. It will also hopefully cut down on the number of patients who do not attend the service and allow other patients to benefit from clinic places that are not going to be availed of”.

“Definitely patient stories, observation of care and our project all help in a huge way from an organisational point of view”.

“I believe I am better able to communicate with people. Political awareness has helped me see the overall picture. I believe I am a more positive person and this should benefit the organisation”.

“Yes – there were other projects happening within the hospital. The leadership programme reinforced and dovetailed with these other projects”.

“The organisation has benefited by improving leadership skills in a high risk area therefore improving job satisfaction - retention of staff”.

“For me – greater awareness of the importance of political networking, negotiating skills at senior management level will impact the larger organisation as good”.

“Safer paediatric service. More quality focused. Highlighted need for paediatric high dependency unit at corporate level”.

“Improved leadership skills has helped me to look at the bigger picture”.

## Satisfaction with Programme Content

This section concentrates on satisfaction levels with specific content of the programme. Feedback is taken mainly from participants themselves utilising material from focus groups where appropriate.

The following table illustrates the level of satisfaction with the aspects of the programme from the evaluation questionnaires. Eighteen participants responded however one participant did not respond to the questions on 360 feedback\*.

	Not Satisfied	Neutral	Satisfied	Very Satisfied
Action Learning sets			1	17
Personal development plans			7	11
*360 feedback			7	5
Workshops			5	13
Peer supported learning			4	14
Networking			7	11
Observations of care			2	16
Patient stories		1	3	14

**Table 3 Satisfaction with programme content**

## Action Learning

Feedback from the focus groups identified action learning sets aspect of the programme as a core strength as it gave meaning to the programme. One key aspect identified by participants was the diversity of assigned action learning sets. There was a general consensus that being in groups not from their own workplace gave a strong sense of safety to participants. They felt safe to discuss issues and engage in a level of discussion/reflection which they would not have been comfortable doing with their own work group. They felt the diversity of colleagues from acute and primary care services brought a fresh perspectives to issues raised. They felt that this approach to action learning should be maintained for future or similar programmes.

The following three themes emerged from the Action Learning Log as being the most common issues discussed by clinical leaders across the 12 month period:

- Conflict and people management issues
- Team management issues
- Service development issues

“I felt that I benefited from the fact that I was the only person from my work group in my action learning group. I would be slow to participate if there was someone else from my area there even though there were ground rules put in place”.

“The action learning study days have developed my problem solving skills. I have

learned to reflect on my own experiences and have learned from the experiences of other members of the group. I benefited from learning how to prevent conflict and how to manage conflict”.

“Action Learning sets and mentorship has helped me to take on an issue and find ways myself to resolve same”.

## 360 Degree Feedback

The 360-degree technique involves the systematic collection of performance data on participants, gathered from a variety of sources (the raters) in a confidential manner. The raters normally include the participant's line manager, peers and direct reports. Because each rater offers a different perspective on the participant's skills and abilities, the resulting appraisal provides a well-rounded and complete (hence '360-degree') picture of the participant and his/her strengths and weaknesses in assessed areas. The programme utilised the Leadership Qualities Framework developed by the NHS, to support this process. The 360 Degree Feedback occurred towards the end of the programme.

Twenty one participants completed the process and responded positively to this in the questionnaire. Key learning points cited were the experience of receiving honest feedback, an awareness of strengths and weaknesses, and the process highlighting areas for development. A number of participants said they felt the process was daunting at first but that, on reflection, the process was very beneficial.

“Reading in print other people views and opinions of me as a clinical leader was daunting and a new experience for me, moving forward now and developing my areas for growth is my challenge and I look forward to same”.

“Found the 360 degree appraisal very useful – it has given me the confidence to believe in myself as a leader. It highlighted areas where I could develop further”.

“Yes – very useful especially the Action Planning section of the booklet – key

developmental needs. I am going to have to do an action plan of development needs – be more aware of these and be adaptable to change accordingly”.

“Yes – On reflection the criticism I received has made me stronger – it was hurtful initially”.

“Yes, I am more aware of getting one thing finished before starting another. Thinking outside the box and cooperating more with senior management. Able to admit when I am wrong”.

“Yes it gave me the opportunity to look at my leadership style through the eyes of others. The feedback was invaluable in identifying areas for self development.”

“Yes – allowed for me to reflect on my own practice and improve on areas identified as areas of weakness”.

“It helped me reflect on my own leadership style and how this was impacting on the team. The positive feedback I received from my manager and peers was appreciated. It helped me realise that I have the tendency to commence a new project before completing the current one. Helped me to recognise to say no to new work projects when this is appropriate”.

There were some concerns raised in relation to timing and preparation for the 360 degree feedback:

“The 360° review might be more beneficial at the beginning of the programme to highlight areas of development”.

The participant focus group was also largely positive on this aspect of the programme. Participants felt that it was useful in bringing home the importance of leadership skills, increasing self awareness and reflection, and in reassuring people that they were doing many things right. It was recommended that this process should be at the start of the programme, in being able to identify developmental needs. This feedback was reflected in the steering committee and line management/mentor focus group where the timing was also discussed. However, it was noted that if the 360 degree feedback occurred too early there may not be the requisite trust and participants may not be ready to receive difficult feedback.

## Workshops

The evaluations of the workshops were all very positive – many participants remarking on the excellent facilitation skills. There was very positive feedback on presentations, especially from speakers from outside the health service, for example business, sports and politics. The workshop on conflict management was regarded as excellent and very necessary.

“MBTI helped me to manage my boss by recognising our differences”.

“One of my favourite workshops was team building – I do mention some aspect of this day so regularly to the team – all the literature I got on these days always available to any team member. I’ve learned how to manage me and how to set objectives, how

to develop and sustain teams and of course the notion of interdependence”..

“Getting to know your team, allowing them to contribute and develop is so very important. As a leader not to shy from asking for ideas; and being supportive”.

“Patient Stories have enabled us to ensure that the care we deliver is patient focused”.

“Have found the patient stories and observations of care valuable frameworks that I hope to continue to use to measure the quality of care that we provide”.

“The use of observations of care and patient stories demonstrates the need to involve the team and to take into account the patients perspective when making decisions”.

“What I found the most difficult was the patient interviews. I would have benefited from observing a patient interview before undertaking same”.

# 6

## pilot evaluation recommendations

There was a positive overwhelming response to the programme from all stakeholders. Certain areas for similar programme development emerged both in the evaluations and the focus groups that could be improved or built upon for the future.

1. All evaluation data recommended that similar programmes become mandatory for CNM/CMM's.
2. The development of a series of staged clinical leadership strategies to support the Clinical Nurse/Midwife Manager career pathway.
3. Establish better mentoring structures within the Health Service Executive, e.g. accessibility to personnel that focus on long term development.
4. Development of a 360 degree feedback mechanism for Clinical Nurse/Midwife Managers and to review the timing and reporting of this process in programme structures.
5. Explore the sustainability of clinical leadership development for Clinical Nurse and Midwifery Managers within a national context.
6. Develop expertise to facilitate clinical leadership development within nursing and midwifery-how the RCN clinical leadership programme was facilitated was seen of real benefit.
7. Develop mechanisms to dissemination the outcomes from clinical leadership development –focus on a more co-ordinated approach to sharing information on service development and improved practice.
8. Explore accreditation processes and enable participants flexibility in achieving accreditation, if they so wish.

The following quotes from participants reflect some of the above points:

“Keep up the good work. I strongly believe that this course should be completed within two years of any nurse being promoted to a management grade”.

“The Clinical Leadership Programme should be mandatory for all Clinical Nurse Managers, ideally undertaken prior to the taking up of the post”.

“I work as a CNS and strongly believe that in an earlier life as CNM 2 this course would have been invaluable. I feel this course should be mandatory for all newly promoted CNM 2's and they should be integrated with more experienced people to learn from them. Also they can share their experiences”.

“Would like to see a similar programme developed for staff nurses to enable them to work more effectively within the complexities of the health system. If they were empowered & enabled, they would have a positive impact on issues within nursing and health”.

“Could this CLP be developed further so one could continue their leadership journey, at different levels so that one could become very proficient”.

“Would there be an opportunity to have follow up days after completion of the programme”.

“I would love to meet the large group over the next year to re-visit aspects of the programme and have the value/inspiration from our excellent facilitator”.

“An excellent facilitator and I feel that the programme in the future will be successful if it has the right facilitator”.

“The programme worked because of the great facilitation skills”.

“Choose a mentor who is readily accessible and who will still be available when the programme is complete”.

A number of issues emerged from the steering committee focus group including the need to increase participation on such programmes from public health and practice nursing, particularly with the development of primary care teams. The group highlighted the need for more interaction/communication with staff unions locally and the need for cultural change-“**Leaders will encounter conflict when introducing change and need to be able to deal with this**”. They recommended the inclusion of a workshop on dealing with union and partnership issues and that this would be an important addition to the programme-“**enabling CNM’s to understand who the stakeholders are, identifying stakeholders in different organisations, understanding that stakeholders may change and feeling empowered to deal with the stakeholders –are important parts of any programme**”.

A key recommendation was that the outcomes from clinical leadership development should be collated in a national register/data base to influence the dissemination of service development and innovation. It was also suggested that there should be more formal and frequent mechanisms to capture patient/client voices given the success of this competent of the programme.

The issue of sustainability was one that emerged as an important consideration in all focus groups and evaluation forms. The importance of sustaining programme activities e.g. action learning and life long learning after such programmes should be considered.

# 7

## conclusion

The findings of this pilot, which utilised the RCN clinical leadership programme as a framework for clinical leadership development, demonstrate that there are benefits to supporting and enhancing the clinical leadership skills of clinical nurse/midwife managers in the Republic of Ireland.

It recommends that national clinical leadership strategies to support front line staff should be developed, particularly as the context of Irish nursing and midwifery is changing and new ways of working are needed.

Further work in enhancing leadership capacity in the Republic of Ireland is required to develop and sustain a flexible nursing and midwifery workforce. It is vital that immediate actions for enhancing clinical leadership at all nursing and midwifery grades are identified. These national clinical leadership strategies should be experiential and work based to achieve better safe outcomes for clients and patients. This level of investment is necessary in sustaining improved performance in the Irish Health Service. It can make or break the delivery of a transformed health service.

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# appendices

## Appendix 1 - Clinical Leadership Steering Committee HSE West (Limerick, Clare and North Tipperary)

### Membership of the Group

1. Independent Chair- Pat Harvey (*Former CEO -North Western Health Board*)
2. Margaret Murphy-Patient Representative- Irish Patient Association
3. John Hennessey- A/Network Manager Acute Services HSE West
4. Bernard Gloster - Local Health Manager- North Tipperary/East Limerick
5. Nora Irwin - Director, Nursing and Midwifery Planning and Development Unit
6. Mary Kenehan - Human Resource Specialist. HSE West
7. Marie O' Haire- Partnership Facilitator HSE West
8. Maura Fitzgerald - Deputy Director of Nursing, Mid Western Regional Hospital, Limerick.
9. Geraldine Ryan Delaney- Director of Nursing, Hospital of the Assumption, Primary, Community and Continuing Care
10. Margaret Quigley Divisional Midwife Manager, Mid Western Regional Maternity Hospital, Limerick
11. Mary Fogarty -Industrial Relations Officer-Irish Nurses Organisation
12. Jeane Moloney- Programme Participant-Clinical Nurse Manager 3 -Mid Western Regional Hospital-Limerick Acute Services
13. Breda O'Connor- Programme Participant-Clinical Nurse Manager 2- Daughters of Charity, Lisnagry, Primary, Community and Continuing Care
14. Michelle Frawley- Clerical Officer, Nursing and Midwifery Planning and Development Unit, HSE West (Limerick, Clare and North Tipperary)
15. Cora Lunn- Clinical Leadership Facilitator, Nursing and Midwifery Planning and Development Unit, HSE West (Limerick, Clare and North Tipperary).

## Appendix 2 - Pre Programme Questionnaire for clinical leaders

### 1. Biographical details

What age are you?	
What are your qualifications?	
Describe your clinical area (i.e. type of clinical area and type of patients)	
Describe your organisation	

### 2. Values, patient care and professional development

How is the nursing care in your clinical area organised?	
Do you have a written philosophy of patient care?	<i>Please elaborate</i>
Do staff work to a philosophy of patient care?	
Do staff understand the philosophy of patient care?	
How would you describe the quality of care in your clinical area?	
How do you measure the quality	
List 3 ways in which the quality of care could be raised?	

Are there any patient involvement initiatives currently taking place in your clinical area?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES please describe it
Have you identified any particular problems in the clinical area in the way that care is organised or delivered that may have a detrimental effect on patient care?	Please describe
Do you believe you have good teamwork in your clinical area?	<input type="checkbox"/> YES <input type="checkbox"/> NO Please give examples of teamwork?
Do you work well with all the other non-clinical area based health care staff that are involved with care?	
Are there any current research initiatives/projects underway in your clinical area?	
What professional development programmes are there for staff from your clinical area?	

### 3. Clinical Leadership expectations

How would you define leadership?	
How would you describe your current leadership attributes?	
What do you believe are your current strengths as a leader and what does this mean in practice?	
Name three specific skills you hope to develop or build on over the course of the RCN Clinical Leadership Programme.	



Can you explain why you would like to develop the leadership skills identified?	
How would the leadership skills identified benefit a) patient care, b) the clinical area and c) the organisation?	
Do you believe clinical area is open to change and keeping pace with developments in clinical practice – if so how?	
Are there any particular barriers to change that you can identify?	

#### 4. Job Satisfaction

i. Do you feel satisfied with your job? Please tick?

Not Satisfied  Neutral  Satisfied  Very Satisfied

ii. if not why?

iii. Do you feel satisfied with your ability to influence the organisation of patient care?

Not Satisfied  Neutral  Satisfied  Very Satisfied

iv. if not why?

Do other staff in your clinical area of work feel satisfied with their job?

Not Satisfied  Neutral  Satisfied  Very Satisfied

vi. if not why?

5. Follow - up interview

Will you agree to complete another questionnaire during and at the end of the RCN Leadership Programme?

YES

NO

6. Opportunity to comment generally

Would you like the opportunity to say anything in relation to the RCN Clinical Leadership Programme?

**Thank you very much for your time.**

## Appendix 3 - Mid Programme questionnaire for clinical leaders

1. What have you learned so far from the RCN CLP?

2. How has the programme contributed in the areas of learning you have identified?

3. What has not been beneficial to you with regards to your involvement with the RCN CLP? (Please explain).

4. How could these areas be addressed for the future programmes?

5. Please rate your satisfaction with the following key programme interventions:

- Personal development plans

Not Satisfied  Neutral  Satisfied  Very Satisfied

- 360° Feedback Tool

Not Satisfied  Neutral  Satisfied  Very Satisfied

- Action Learning Sets

Not Satisfied  Neutral  Satisfied  Very Satisfied

- Workshops

Not Satisfied  Neutral  Satisfied  Very Satisfied

- One - to -Ones

Not Satisfied  Neutral  Satisfied  Very Satisfied

- Peer supported learning

Not Satisfied  Neutral  Satisfied  Very Satisfied

- Networking

Not Satisfied  Neutral  Satisfied  Very Satisfied

- Observations of care

Not Satisfied  Neutral  Satisfied  Very Satisfied

- Patient stories

Not Satisfied  Neutral  Satisfied  Very Satisfied

6. What has been the impact in terms of

• Patient Care	
• Personal Leadership development	
• Clinical Environment	
• Service development	
• Quality	

7. Do you think the care in your clinical area has or is changing in any way, as a result of your participation on the RCN CLP? \_\_\_\_\_

If so, is that a result of your participation on the RCN CLP? \_\_\_\_\_

(If yes, how?)	
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8. Has your development plan started to address the goals you identified at the beginning of the programme?

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**Thank you very much for your time**

## Appendix 4 - Post Programme Questionnaire for clinical leaders

1. How would you describe your overall experience of the RCN Clinical Leadership programme?

2. How would you rate the RCN Clinical Leadership Programme on the scale below:

Very Poor	Poor	Neutral	Good	Very Good

3. Has your leadership capability changed? Please describe:

Are the leadership attributes you identified highlighted in your PDP?

4. Was the 360 degree appraisal useful in identifying areas of subsequent change?

a. How would you now describe yourself as a leader?

b. Did undertaking the programme fulfil your expectations?

c. Is there any aspects of the programme that could be improved?

d. Are there changes directly attributable to you being involved in the RCN Clinical Leadership programme:

i. Patient care

ii. Changes in organising the way care is delivered

iii. Clinical environment

iv. Staff development

v. Staff support

vi. Clinical governance

vii. Quality/ Fundamentals of care / clinical governance

viii. Communication - patient, team or wider team

ix. Policy development

e. Are there any changes in the way the team works together in your clinical environment?  
If so, are these changes in any way connected to your involvement in the RCN Clinical Leadership Programme?

f. Have you changed your post whilst being on the RCN Clinical Leadership Programme? Has this change altered your perceptions of the appropriateness of the programme helped or hindered?

g. Has being on the programme altered your career focus or direction? If so, how?

h. How satisfied are you with your current job? Please indicate on the scale below:


Very dissatisfied  Dissatisfied  Neutral  Satisfied  Very Satisfied

5. Has satisfaction with your current job changed over the course of the programme?  
If so, please explain.

6. Have you observed any change in the job satisfaction of staff in your clinical area?

7. Has being on the programme affected your relationship with your line manager?

• Other managers in your organisation? If so, please explain.



8. We have so far been exploring impact on your personal development, the patient, the team and the clinical environment. Do you think there is any organisation level benefit?

9. Would you like to add anything you think I may have missed? Would you like the opportunity to say anything in relation to the RCN Clinical Leadership Programme?

**Thank you very much for your time and support in completing this questionnaire.**

## Appendix 5 - RCN Clinical Leadership Programme-Workshop

**Name:**

**Organisation:**

**Date:**

1. The things I have learnt from today's workshop are: \_\_\_\_\_

\_\_\_\_\_

2. The most important thing I have learnt about myself today is: \_\_\_\_\_

\_\_\_\_\_

3. My action plan to take back to my workplace is: \_\_\_\_\_

\_\_\_\_\_

4. The one thing that stands out for me today is: \_\_\_\_\_

\_\_\_\_\_

5. The workshop could have been improved if: \_\_\_\_\_

\_\_\_\_\_

6. The things I enjoyed most about the workshop: \_\_\_\_\_

\_\_\_\_\_

7. The style of facilitation was: \_\_\_\_\_

\_\_\_\_\_

8. The impact on me was: \_\_\_\_\_

\_\_\_\_\_

## Appendix 6 - Action Learning Log Template

Identified Issue	Identified Action	Impact

## Appendix 7 - Service Improvement Project undertaken in the HSE West

(Limerick, Clare and North Tipperary)

### Acute Hospital Network Services

1. Introduction of cannulation in A/E Department in improving care to clients-Mid Western Regional Hospital Nenagh.
2. Introduction and the development of Perineal Suturing by midwives for women-Regional Maternity Hospital.
3. The development of a neonatal unit information booklet for parents-Regional Maternity Hospital.
4. Development of bed management policy/guidelines for the acute Trauma Orthopaedic ward-Mid Western Regional Hospital Limerick.
5. Development of a more person centred scheduling system for patients attending a haematology/oncology day unit- Oncology Unit, Mid Western Regional Hospital Limerick.
6. The development of a multidisciplinary integrated care pathway for patients being admitted for eye surgery-Mid Western Regional Hospital, Limerick.
7. Development, implementation and evaluation of a Critical Care Pathway in a Coronary Care Unit-Mid Western Regional Hospital, Limerick.
8. The development of a package of patient education and information in outpatients Department-Mid Western Regional Hospital Nenagh.
9. The development of a multidisciplinary pre-operative fasting guideline for adult and children on an orthopaedic ward-Mid Western Regional Orthopaedic Hospital, Croom, Limerick.
10. The development of a more effective theatre scheduling system to maximise theatre capacity in meeting the needs of patients- Mid Western Regional Orthopaedic Hospital, Croom, Limerick
11. Development of a pain management service in a acute services -Paediatric Dept, Mid Western Regional Hospital, Limerick.

## Primary, Community and Continuing Care

12. Establishment of a system where the most appropriate health professional would assess new clients attending mental health services-Shannon Day Hospital, Mental Health Services-Co Clare.
13. Support and education for the establishment/implementation of two additional intermediate Palliative Care beds in a nursing home-Milford Nursing Home, Castletroy, Limerick.
14. The development of guidelines for the transition of clients from home/acute service to residential care-Hospital of the Assumption, Thurles, Co Tipperary.
15. Introduction of a modified model of primary care nursing in a Rehabilitation Unit for older persons- Hospital of the Assumption, Thurles, Co Tipperary.
16. The development of strategies to enable the delivery of effective patient/client care for older persons-Hospital of the Assumption, Thurles, Co Tipperary.
17. Enhancement of the living environment for a group of older persons within intellectual disability in improving their quality of life-Daughters of Charity, Lisnagry, Co Limerick.
18. Exploration of the service implications for the implementation of a graduate older persons enduring mental illness care service-HSE West, Clare Mental Health Services.
19. The development of client information resources e.g. website and brochure for a community residential facility for older persons-Dean Maxwell Residential Home, Roscrea, Co Tipperary.
20. Development and implementation of an activation programme in a Community Residential facility for older persons-Regina House, Co Clare.
21. Development and implementation of an activation programme in a Community Residential facility for older persons-Raheen Hospital, Co Clare.

## Clinical Leadership Pilot Evaluation Report