



Royal College of
General Practitioners

Annual National *Primary Care* Conference

A fresh Approach



Principal Sponsor

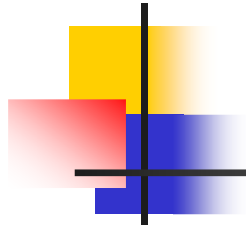




The Learning Practice

RCGP Conference 2007

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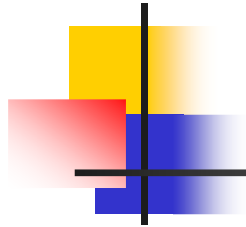


- What is a Learning practice?
- What are the project goals?
- The story so far
- What happens?



What is a Learning Practice?

- Values innovation and creativity
- Challenges habitual ways of doing things
- Supports professional and personal development of team members
- Shares knowledge through informal means of communication



- Involves team members in decision making
- Has processes in place to learn from mistakes
- Has a shared sense of purpose and goals.

Learning Practice Goals



- determine how effectively Practices are working together as a team – how like a Learning Practice they currently are
- develop team and collective learning skills so that the team can work together more effectively
- undertake specific projects for quality improvement, identified by the team, in relation to staff, patients and/or external requirements
- review the advances made in becoming more like a Learning Practice.



What is involved?

- Use of a learning practice inventory (LPI)

"The Learning Practice Inventory is a questionnaire which provides a 'snapshot' of how like a learning practice your team is."

- Feedback of data (1st workshop)
- Facilitated learning support (workshops 2-6).

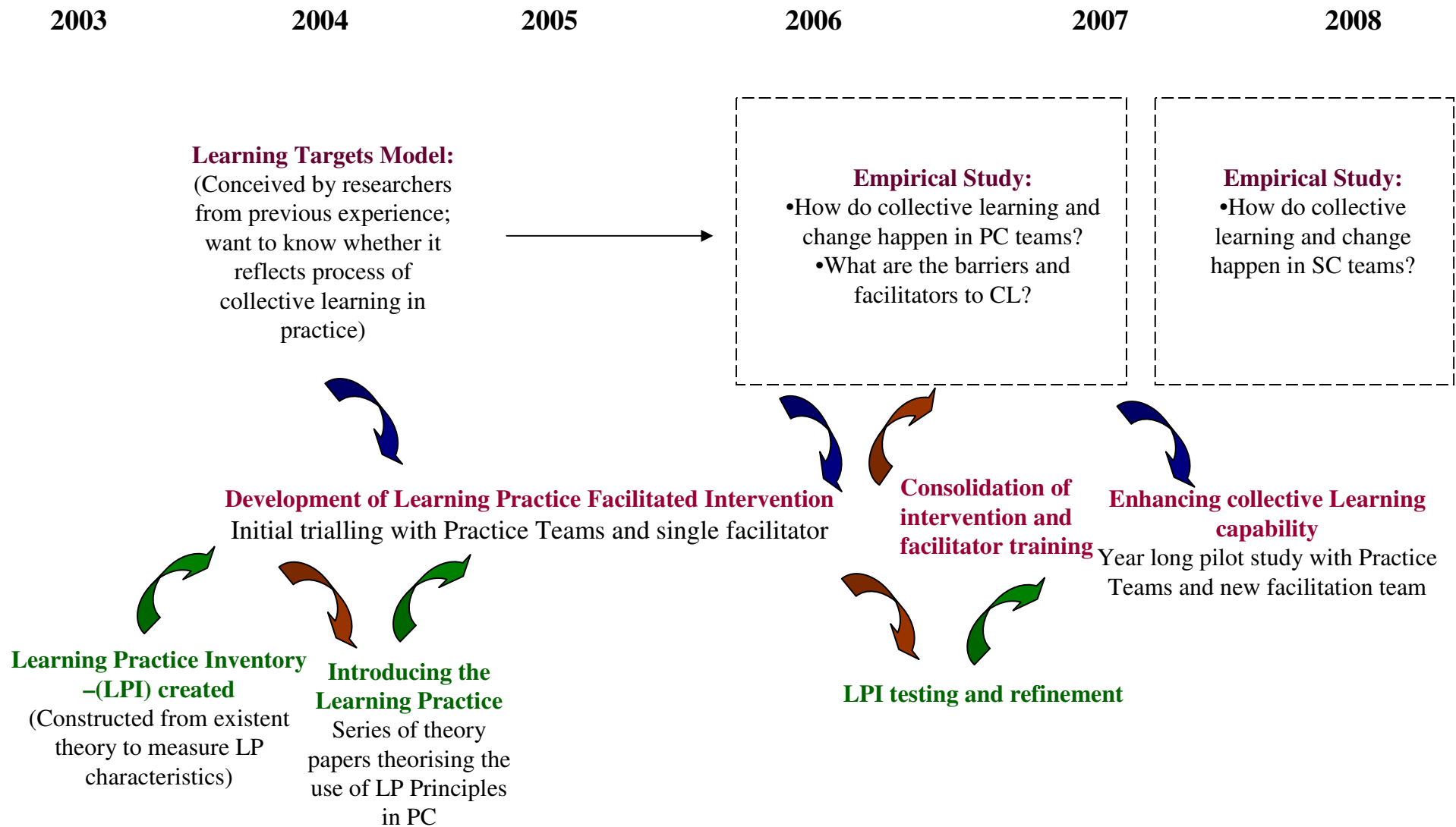
SUPPORTING BEHAVIOURS

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|--|---|---|---|---|---|----------|---|----------|----------|----------|----|---|
| | In our practice celebrations tend to be quiet, small events shared with a few close colleagues | | | | | | | | | X | | When any member of our practice has something to celebrate we all join in |
| | Our practice tries to solve its own problems in its own way because we know what works best here | | | | | | | | X | | | Our practice actively seeks out and adopts or adapts best practice from external sources |
| | Our practice always looks to the same people for leadership and guidance, whatever the problem | | | | | | | | X | | | Each member of the practice has an area of responsibility for which they are expected to take the lead |
| | Our practice does not prioritise reviews of its performance | | | | | | | | X | | | Our practice regularly reviews its performance against clearly defined objectives |
| | Measuring and collecting information about “how many things” are done and “when” and “where” they are done should be sufficient | | | | | | | X | | | | Measuring information about “why” and “how things happen” should be used to supplement the facts and figures we collect |
| | In our practice there is no time to think about events at work – we rush on to the next task | | | | | X | | | | | | I have time to think about and consider things that happen at work and learn from them |



The story so far....

The Learning Practice : The Big Picture



Learning Practice Inventory (LPI)



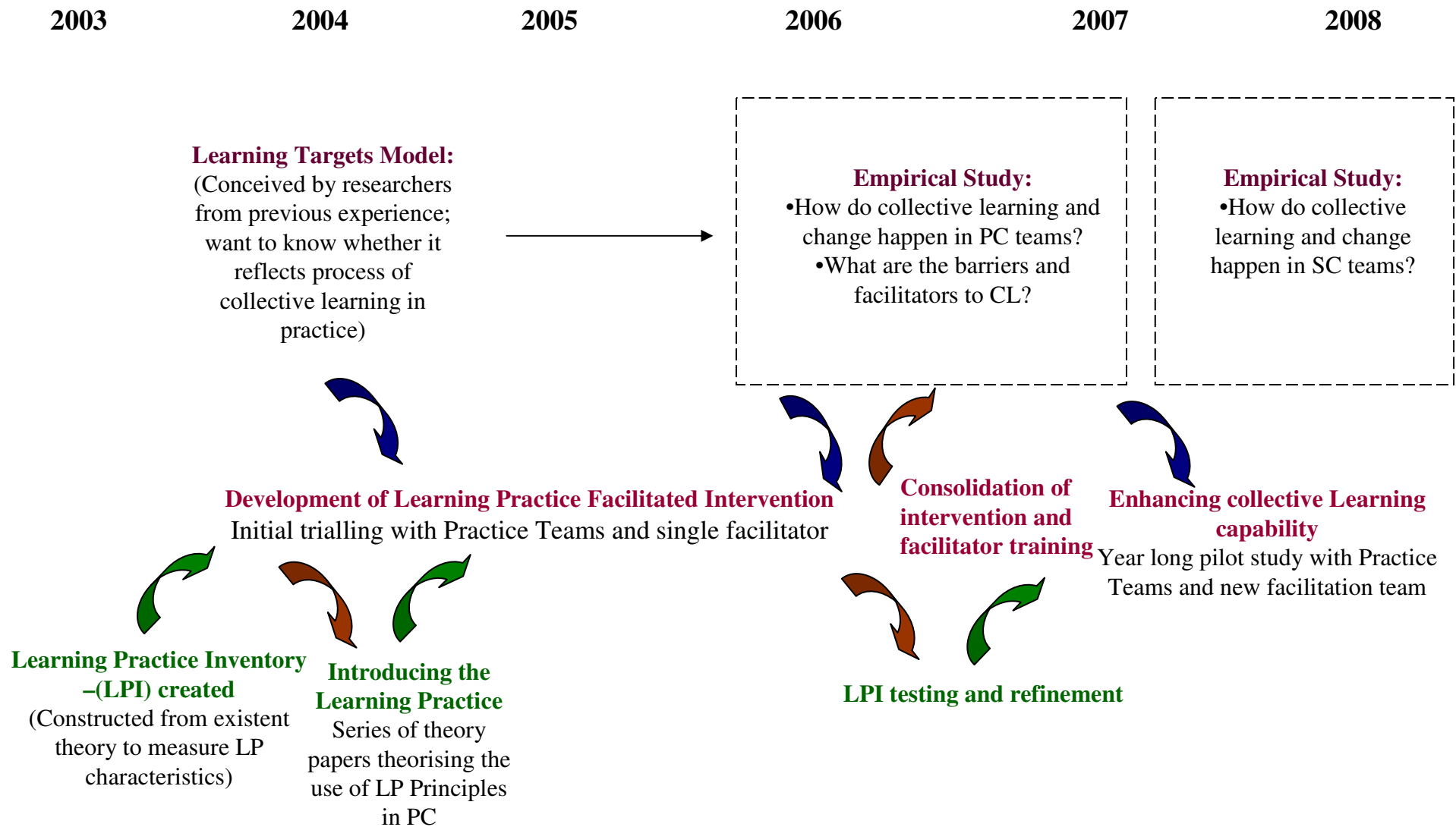
A collaboration from 2003 between:

- Diane Kelly, Murray Lough (NES)
- Huw Davies, Rosemary Rushmer, Joyce Wilkinson, Gail Greig (St Andrew's University)

- Literature on learning organisations, change

- LPI Psychometric testing- validity, reliability
 - Trialled with 5 practices (2004-2005)

The Learning Practice : The Big Picture





2006

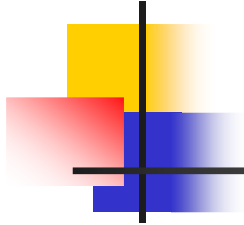
- Consolidation of workshops with mini series of 4
- Revision of LPI
- Training of 5 new facilitators
- Introduction of researcher observation and feedback.



Consolidation phase 2006

'Working through the Learning Practice Inventory was useful in itself as it made us reflect on how we work as a team. However, the facilitated workshops effectively turned these reflections into clear action plans to improve our effectiveness as a Practice.'

GP, Senior Partner



“The facilitator made us feel that our input was every bit as valuable as that of the doctors and nurses.”

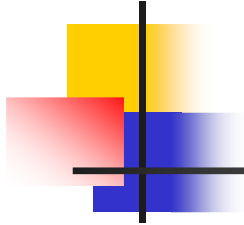
Receptionist

“The learning practice sessions created the right atmosphere and involved everyone in discussing and creating solutions to many of the issues that I had been looking to take forward for some time.”

Practice Manager

“I have learned that our practice does work a bit better together than I thought we did. I have learned that doing something like this can bring all the different people and personalities in our Practice together.”

Practice nurse



“ Doing the learning practice project made us think about how we got on as a practice and how we actually worked together. We were pleasantly surprised by our results, but felt we also wanted to improve on our weaker areas. The project does not encourage complacency.

Perhaps the biggest achievement was the production of a realistic and achievable practice development plan. But the plan was centered on how we wanted to treat each other, not just about what new services we would introduce in the future.

So some of our plan was about what we valued and how we were going to treat each other. I think that is a good basis to work as a practice and as a team, it makes for the foundation of good working.”

GP Senior Partner



2007-2008 :Pilot

- 6 new practice teams
- 1 CHP
- 3 researchers, 6 facilitators.



Pilot

- Evaluation in progress:
 - quantitative data –
 - LPI before and after
 - questionnaire workshop 3

 - qualitative data –
 - observation
 - interviews
 - facilitator focus group
 - workshop feedback.



Six Workshops

1. LPI Data Feedback

- an overview of Practice LPI results
- an idea of how like a *Learning Practice* team members think their Practice is
- a series of activities to help team members understand their data and make decisions about changes that they think would benefit their Practice.



workshops

2. Planning for Improvement

- This workshop looks at **quality improvement planning** based on the data.

Team members have an opportunity to:

- refine the key issues identified for improvement
- develop action plans



Workshops

3. Consolidating Improvements and Sharing Learning
 - Finalise action plans through discussion with team, commit to action
 - Further practice in identifying issues for improvement/sharing of learning
4. Patient Journey
5. Review Improvements, Learning Process
6. Team Building- Myers Briggs



Learning Practice Inventory

Data displayed as:

- **Medians**
 - the point where there are the same number or responses / people above as below
- **Dot Plot**

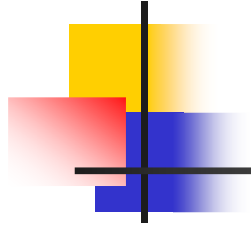
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Evidence of Learning Routines

If we are trying to learn together in the following ways then we are becoming a Learning Practice

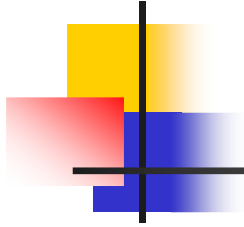
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|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| If there is a problem we tend muddle on, rather than tackle it | . | ... | .. | | | | | | ... | ... | If there is a problem in how things are run practice members take time to sort it out and solve the problem |
| Our practice prefers to keep trying temporary solutions rather than create the major disruption and upheaval that big changes bring | | . | .. | . | | ... | | ... | ... | | When problems persist our practice is willing to take radical steps to completely change how things are done |
| Our practice prefers to undertake each change differently according to its own merits | | | .. | ... | ... | ... | ... | | | | Our practice understands what helped us make changes in the past and uses these ideas to guide changes in the future |
| Our practice is not in a position to inform and influence change outwith the practice. | .. | | .. | . | ... | | | ... | ... | . | Our practice is committed to sharing best-practice across other parts of the NHS |
| Our practice sees little value in shared educational activities | | | | | | | ... | ... | .. | ... | Our practice is committed to regular, needs-based educational meetings including all members of the Practice |
| In our practice when things work well or don't work well we make no record of why this happened. | . | . | . | . | .. | ... | . | . | .. | ... | When things work well or don't work well the practice formally documents the reasons for |
| I feel unable to suggest or implement the changes that I feel are necessary | ... | ... | ... | ... | ... | | | | | | Mechanisms exist for all staff to suggest and help make changes they feel are necessary |



Splits

Spreads

Skews (Clumps)



What do you think might be indicated by data which:

- splits
- spreads
- skews (clumps)

Evidence of Learning Routines

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OWNERSHIP AND INVOLVEMENT

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|-------------|---|---|---|---|---|----------|----------|----------|----------|-----|--------------------|--|
| 4 R | I believe that any new things I learn are unlikely to be relevant to my job | | | . | | | .. | . | | . | | I believe that I will be able to learn new things that will be directly relevant to my job |
| 7 R | Our practice has no useful practice development plan |  |  |  |  | . | . | .. .. | ... | . | .. . .. | Our practice has a plan for future development that is relevant and realistic |
| 2 1 R | I believe changes we will make as a practice will have no effect on how I do my job |  |  |  | . |  | . | . | .. .. | ... | .. . .. | I believe that changes we will make as a practice will help me to do my job better |
| 3 9 | Other practice members contribute little to my learning | | . | . | . | . | ... | ... | .. | .. | . | My learning is greatly enhanced by the contribution of other practice members |
| 4 6 | There is no point expressing my view on the future direction of our practice as no one really listens |  |  |  |  | .. .. | ... | . | .. .. | .. | . | My ideas are listened to when we plan the future direction of our practice |
| 5 7 | I am tired and fed-up trying to adapt to continual change |  |  |  |  | ... | .. .. |  |  | .. | .. .. .. | I enjoy the challenge of new ideas and approaches and welcome more change |

MAINTAINING MOMENTUM

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|-------------|--|----------|-----|-----|-----|----------|----------|-----|-----|----------|-----|--|
| 8 | i find it more helpful to seek out people who i can have a good moan with | | | | | . | .. | . | .. | . | ... | I find it more helpful to seek out people who I can rely upon to be cheery, optimistic and encouraging |
| 1 5 | Constant changing will end. I believe we will "get there" | . | | ... | . | ... | . | | | . | ... | Constant change is now a way of life |
| 2 5 | We can expect to see quick benefits from the changes and developments our practice makes | . | . | ... | | ... | .. | | .. | . | | Most of the benefits of the changes and developments our practice makes will happen in the long-term |
| 2 8 | I usually feel optimistic about the changes our practice is making | .. .. | ... | ... | ... | .. |  |  |  |  |  | Sometimes I need reminding "what is all this effort for" and I struggle to motivate myself |
| 3 8 R | I cannot see that any of the changes we have made have had any real impact on practice life yet | | | | | ... | . | ... | ... | | | Seeing the positive impact past changes have made on life in our practice makes me feel proud to be part of it |
| 4 2 | Our practice is "always on track" with the developments it is making |  |  | ... | . | .. .. | ... | . |  | . |  | Occasionally it feels like our practice is taking "two steps forward and one back" in its development |
| 4 4 R | I haven't received any feedback (good or bad) about changes we have made | | | . | . | . | ... | .. | ... | . | . | Patients or other staff have made comments about changes we have made in the past |
| 5 6 R | Basically underneath it all, nothing has really changed – this is just another "fad", there will be another along in a few weeks |  |  |  |  |  | .. .. | ... | .. | .. .. | .. | New systems are in place and we are really changing the way we go about learning together as a practice |



Most positive 😊

Most concerning 😞

Important ☆

Urgent 💣

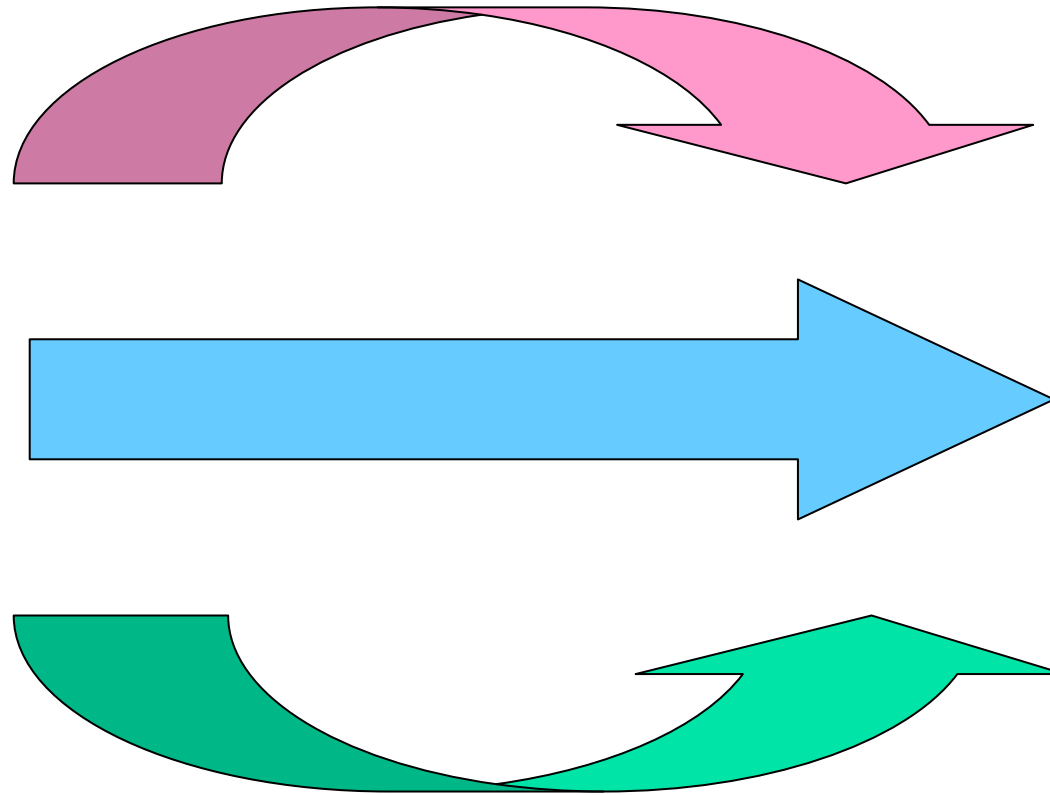
Group CPR

TASK

Progression to task



Group CPR

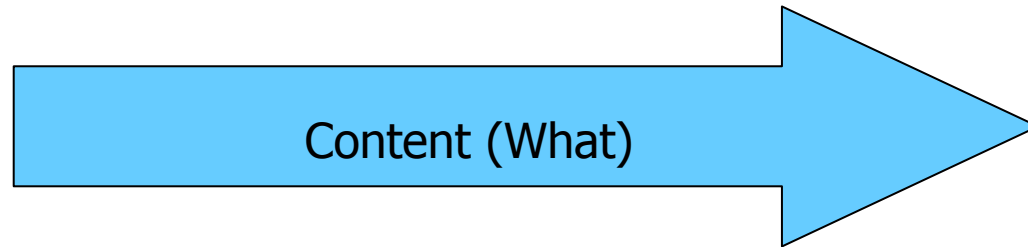
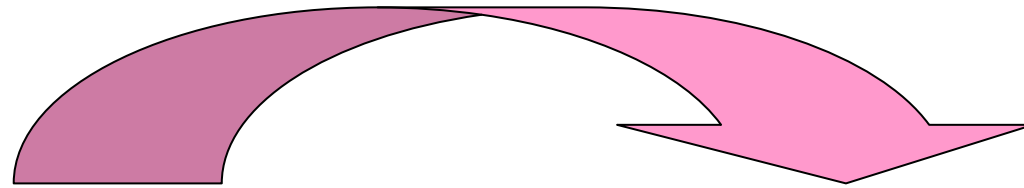


TASK

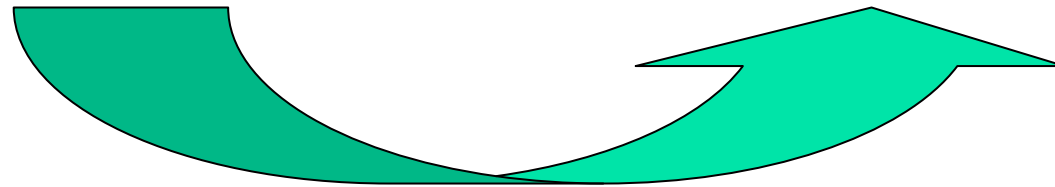
Progression to task



Group CPR



TASK

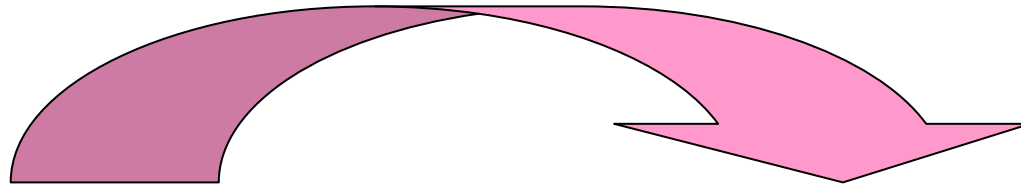


Progression to task

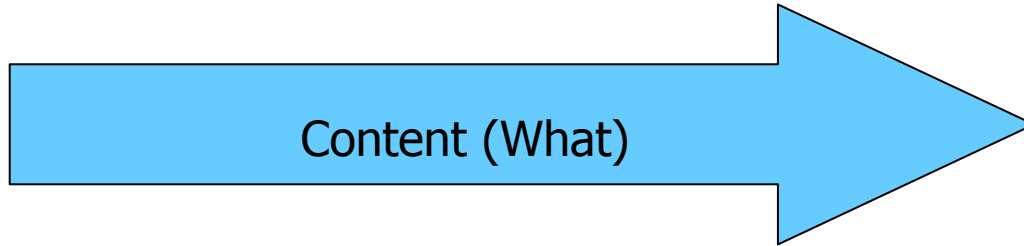


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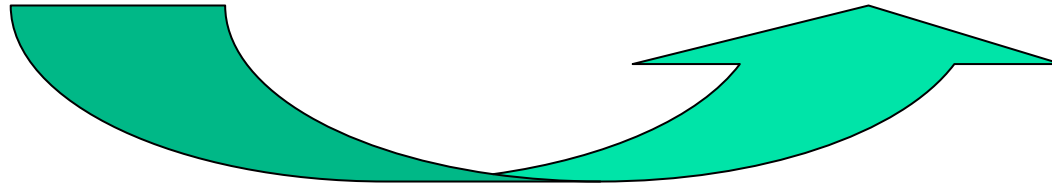
Process (How)



Content (What)



TASK

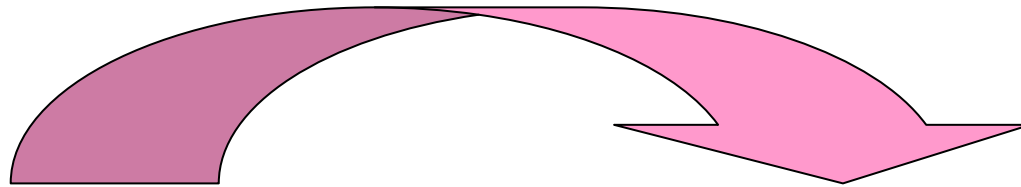


Progression to task

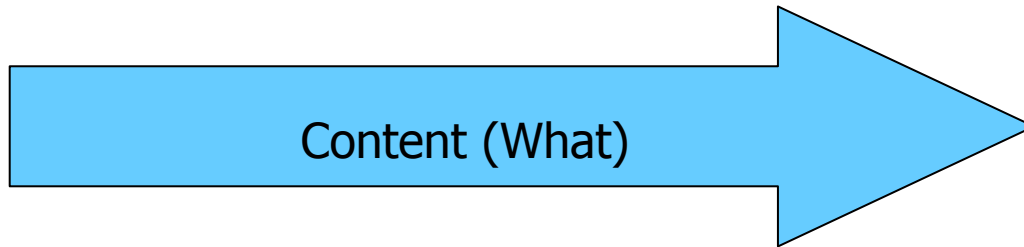


Group CPR

Process (How)

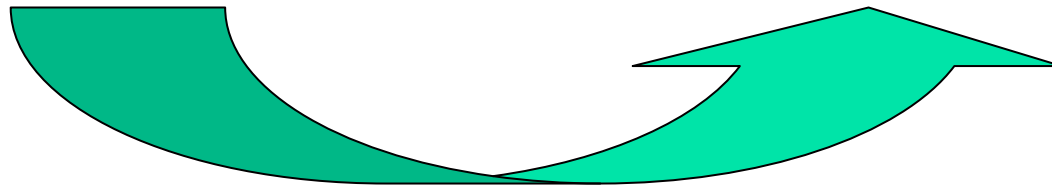


Content (What)



TASK

Relationships (Who)

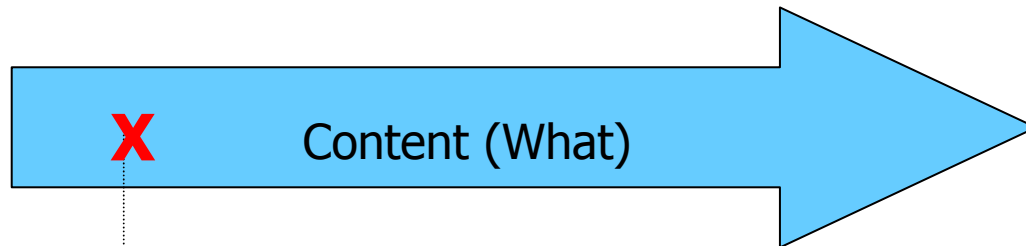
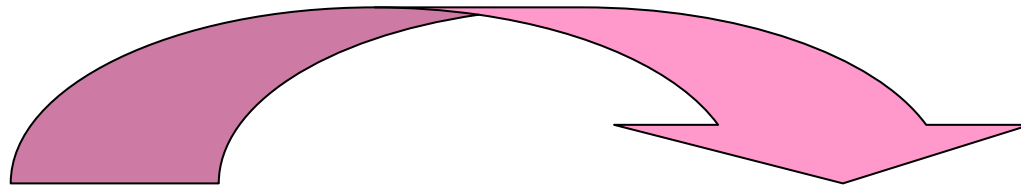


Progression to task

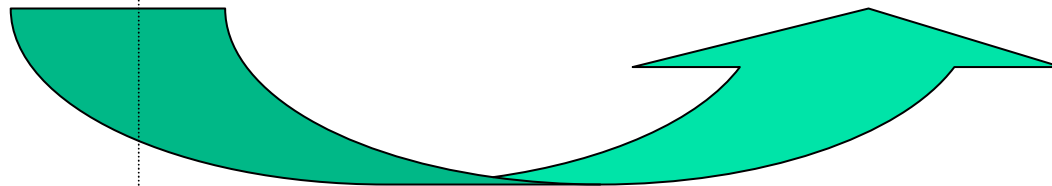


Group CPR

Process (How)



TASK



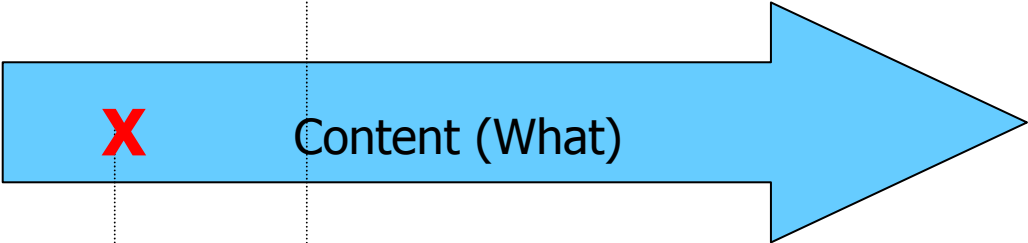
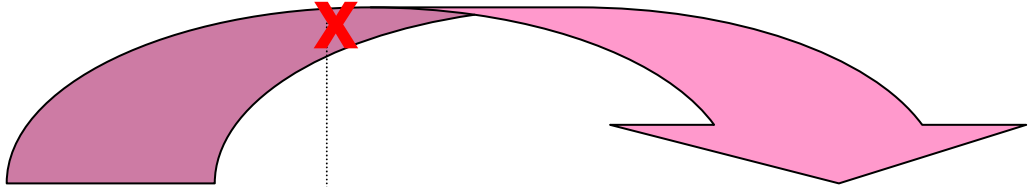
Relationships (Who)

Progression to task

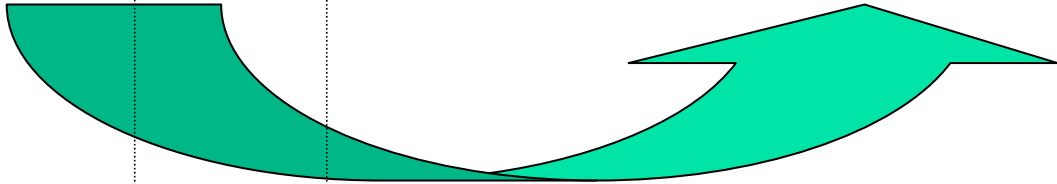


Group CPR

Process (How)



TASK

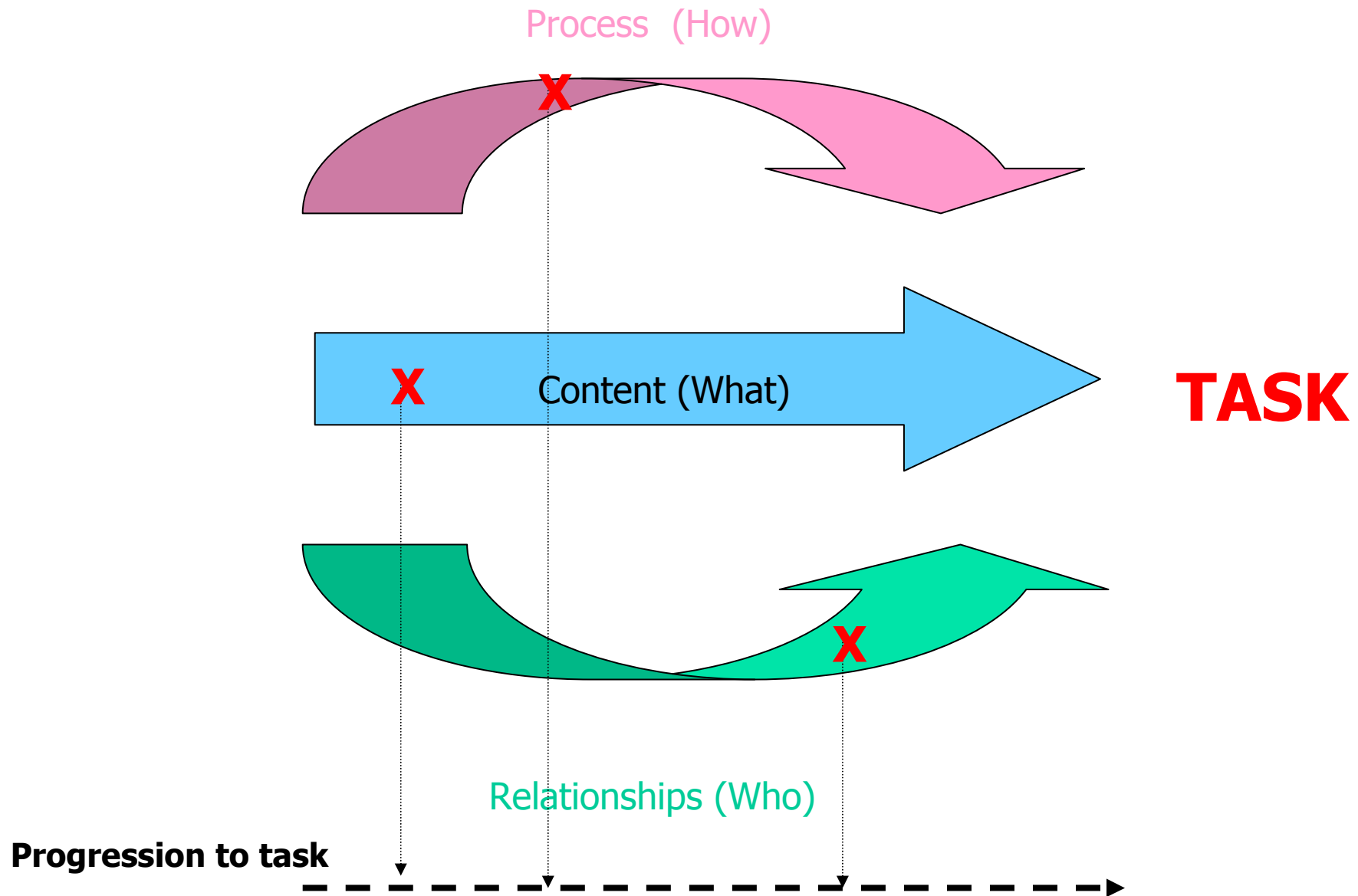


Relationships (Who)

Progression to task



Group CPR



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Facilitator provides transferable process team skill development

Teamwork: CPR dynamics, group activities, effective criteria

Problem solving: Force Field Analysis and Action Planning

Communication

Reflection: learning insights, reviews

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Whole team learning together

Flatter hierarchies

Team members view each other in different light

'Hidden' creativity and energy released

Sense of collective success



Next steps: 2008-2011

- Funding for 2-3 year study and evaluation
- To look into sustainability and transferability of skills
- What support is needed over this time?
- What achievements can be demonstrated over this timescale?
- AND
- Collaboration with dentists - pilot



Any questions / feedback?

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A fresh Approach



Principal Sponsor

