

Measuring the impact of NLP Communication Seminars on clinical practice in nursing: An evaluation using the Henwood CPD (Continuing Professional Development) Process Model

Dr Rosie Tope and Dr Eiddwen Thomas and Dr Suzanne Henwood

Introduction

Following on from Curtis Pontings' article in Rapport (Spring 2007) which looked at the competitive advantage of training, this article outlines an evaluation study which was undertaken following an NLP Communication seminar for clinical nurses.

Until 2006, Macmillan Cancer Relief (as it was then called) ran weekend seminars for its health care professional staff (postholders), through the Macmillan National Institute of Education (MNIE). The seminar programme which was evaluated in this study ran throughout 2004/5 and was entitled 'So you think you are a good communicator'. The seminar programme and the evaluation was funded by the Burdett Trust, who was seeking evidence of effectiveness on practice and value for money of training offered, specifically to nursing staff.

The weekend seminar was a mix of discussion, lectures and fun and interactive workshops. Jim Lister from the CChange Partnership was the training facilitator and the specified learning outcomes were:

1. Increase awareness of the range and scope of communication issues in cancer and palliative care
2. Appraise the contemporary evidence in relation to communication issues in cancer and palliative care
3. Explore the use of body language in communication
4. Further develop use of listening skills
5. Work collaboratively to utilise own experiences to explore and apply different strategies to optimise communication
6. Explore different ways of using self in therapeutic communication

Background

It is not disputed that good communication between professional carers and their patients, and between different professionals involved in a patient's journey, 'is an essential part of good patient care' (RCN, 2003). It could even be argued, that in some specialities, this is even more important, for example in cancer and palliative care, where the complexity and sensitivity of the information being discussed is likely to be greater. This, in combination with the view that communication skills can be learned and enhanced (Bristol Royal Infirmary Report, 2001), led MNIE to offer the seminars on communication to enhance the skills of postholders even further.

While it might be expected that all health care professionals have good communication skills, it has been reported that poor communication is one of the most frequent reasons for complaints in health (Scottish Executive, 2003; NAW, 2003). Interestingly, some health professionals recognise their lack of skill. One study showed that only 45% of hospital consultants reported that they had received adequate training in this area (DoH, 2000).

Measuring Impact

At MNIE we not only wanted to provide communication skills training, we wanted to show that it was effective in actually changing practice consistently after completion of

the training. While several tools exist to measure the effectiveness of training interventions, few actually measure impact over time, or look at actual change in practice (both expected and unexpected change).

One theoretical evaluation framework, which has been widely cited, particularly in nursing, and which looks more broadly at CPD, is that reported by Cervero (1985). Cervero's framework identifies four areas for consideration in relation to behaviour change: the programme itself, the individual, the proposed change and the social system. What the model fails to look at is the possible interaction effects between those variables which impact on outcome.

One important inclusion in Cervero's model however, is the impact of the individuals characteristics on outcome, which fits very nicely into NLP philosophy. Surprisingly, this is often overlooked in other evaluation models of CPD effectiveness.

For this evaluation, The Henwood CPD Process Model (2003: also published in Wee and Hughes, 2007) was used as it brings together all components of effectiveness in one interactive model. In Henwoods' Model, 'The Individual' is central, supported by 'Facilitation' and other 'External factors'. (This relates very nicely to the concept of Cause and Effect in NLP.)

Because the Model is centred on the Individual, it claims that the impact (or lack of impact) on practice, resulting from any CPD activity, is reliant on the individuals perceptions and awareness of the value of CPD (in NLP this relates well to the individuals values and beliefs) and their attitude towards it, which determines their commitment to, and participation in, active CPD (which relates to the behaviour and results which arise in the NLP Communication Model).

The Henwood CPD Process Model was developed as part of a PhD study in Radiography and makes no reference to NLP. Despite it being from a different background, the Model does give further validation to the NLP Communication Model (in relation to CPD Effectiveness) and the philosophy of NLP helps to explain many of the concepts outlined in the Model that was developed.

The Research

Multi-centre Research Ethics Committee and Department of Health Research and Development approval was sought and granted prior to commencement of the study and written consent was obtained by all seminar participants. Assurance was given of anonymity to all participants and to avoid any inadvertent identification of a minority of male participants, all subjects were referred to as female.

The evaluation was conducted in two phases:

Phase 1: 85 participants from 2 seminars were invited to participate in telephone interviews four weeks after attendance to show any immediate impact on practice (41 participants consented to take part).

Each interview was conducted using a schedule devised for consistency and lasted between 20 and 45 minutes. We aimed to ascertain the participants perceived strengths and weaknesses in communication, along with their reasons for attending the seminar. In addition, the postholders were reminded of the learning outcomes for the communication seminar and were asked if they could give instances where the knowledge they gained had subsequently been utilised in their practice.

Phase 2: Using purposive sampling, representing primary, secondary and tertiary care, 25 postholders were invited, by letter, to keep a reflective diary (guidelines were

provided) using the learning outcomes of the communication seminar as a template, for a period of four weeks. They were asked to record examples where they felt the communication seminar had assisted them to deal with specific situations and events.

This period of reflection was followed by a face-to-face interview (of between 30 and 60 minutes) where postholders were invited to share examples of further impact on practice approximately three months after the seminar. Twenty five participants were invited to take part (with 24 consenting.)

Using content analysis, to increase the validity of the findings, both members of the review team independently analysed the interview data and then agreed the core themes. Equal value was placed upon views expressed by individuals and those shared by the majority.

Findings

The postholders in phase one came from a variety of clinical backgrounds including, community, hospital and hospices, as well as across primary, secondary and tertiary sectors.

The importance of effective communication skills in cancer care had been addressed in the postholders' previous CPD activities with the majority of them describing a variety of relevant courses. Whereas some of these were short courses others were modules on first and higher level degrees. Some of the postholders had completed 'counselling' courses, with a minority of these being BAC (British Association for Counselling) accredited counsellors.

Prior to the seminar, most postholders, despite this training, reported that their communication skills were, in their view, adequate (in some cases it was reported as good). They gave as examples good listening skills, awareness of their own body language, maintenance of appropriate eye contact, use of therapeutic touch, an ability to paraphrase and reflect, being honest, empathetic, non-judgemental and sensitive. Maintaining patients' privacy and dignity were considered strengths as was allowing people to demonstrate their emotions openly, knowing when to intervene, having a good sense of timing and where appropriate injecting humour into the conversation.

Likewise, they acknowledged their limitations or weaknesses when communicating with patients, their families or with their colleagues. They volunteered phrases such as 'I should let the patient take the lead'; 'I find it difficult to close the conversation'; 'my non verbal body language assessment of patients could be improved... I miss cues' 'I pre-empt answers and interrupt', 'I do not leave enough silences'; and 'I lack assertion'.

Postholders were asked to comment on whether or not the learning outcomes had been achieved. Most felt that the learning outcomes had been achieved. Comments included, 'it gave me an opportunity to think about and revisit a number of skills' 'I picked up new things, but mainly revisited, rethought and refocused' and 'I thought it was the greatest weekend, I got such a lot from it'

When postholders were asked to comment on whether or not the seminar had had any impact on their work, most reported that the seminar had improved their knowledge and skills which they believed resulted in improving their practice. Postholders reported that they enjoyed the exercises and group work and their comments included: 'the seminar was a really positive experience... non-threatening... I was surprised to actually enjoy the group work'.

Specific examples of changes to practice included:

- improved listening skills and the ability to use silence effectively
- ensuring clients/patients understand what is being said and the exact meaning of any words used which might be open to different interpretations
- enhanced awareness of body language in communication
- personal reassurance and an increase in confidence leading to postholders being willing to try out new tools and techniques
- patient and family empowerment, helping to deliver truly patient centred care
- working more effectively within their own team and with other teams
- managing their own time more effectively
- moving their own practice forward
- sharing of ideas and best practice with others
- positive impact on self and attitude to work and learning

One quote summarising many of the aspects outlined above came from one postholder:

'this seminar has helped me rethink how I do things and will have an impact on my practice. I have new things to try` and `the topics covered have triggered much reflection and I plan to adopt them into my practice`.

Interestingly, during this evaluation, it was the reflective diary, anticipation of the impending interview and clinical supervision, where available that stimulated and influenced value added participation above and beyond the seminar itself. We had not been predicted that further learning would take place as a direct result of keeping a reflective diary and the knowledge of a forthcoming interview.

Several participants admitted that they would not have thought so much about their own performance and communication unless they had kept a reflective diary, nor would they have revisited the learning outcomes. This emphasises the importance of follow up to CPD events. Some participants claimed to have taken things further as part of the process of keeping the diary and to trying things out so that they could report back new progress in the follow up interview. At least one participant claimed that they found the experience of keeping a reflective diary so useful that they intended to continue with it after the evaluation.

Conclusion

The Macmillan communication seminars were viewed by the postholders that attended them and by HERC Associates who have evaluated them, as outstanding examples of good practice and value for money. All the postholders who participated in the study were extremely satisfied with the communication event. The evaluation demonstrates clearly the impact and value that they have had on the Macmillan postholders and their practice and by association their patients and the patients' families.

Substantiated by the postholders own comments there is no doubt, that the evaluation itself has also had a positive impact and has been valued. Several of the postholders commented that knowing that they were going to be asked during their interviews to reflect on the seminar and relate it to changes in their own practice, focused their minds in a way that may not have happened otherwise. The value of keeping a reflective diary was also heavily emphasised with some of the nurses wanting us to read them, and indeed keep them. Some have been so impressed with the concept of keeping a reflective diary that they intend to continue the practice.

The evaluation demonstrated the wealth of really impressive changes the postholders had made in their practice each of which clearly benefited patients and their families as a result of learning new communication skills from NLP.

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