

# An evaluation of four foundation programme pilots in the Kent Surrey and Sussex Deanery

*The authors discuss the outcomes of four pilot foundation programmes in terms of the trainees' experience, that of their educational supervisors and ask what made foundation placements good learning opportunities. The authors conclude that trainees' learning needs to be embedded in a learning community.*

## Introduction

This paper reports the findings from an evaluation of four short pilot foundation programmes within the Kent Surrey and Sussex (KSS) Deanery for postgraduate medical and dental education. The authors adopted an evaluative case study approach. The key findings were that broadly the foundation year two trainees (F2s) welcomed the foundation programme, but in order for it to succeed it needs to be embedded within local contexts and practice(s) which coherently support learning and which are moving towards becoming a local learning community of practice (Wenger, 1998).

This has implications for: the further development of local communities of practice within the KSS region to support the foundation programme; ways in which F2s are encouraged to see themselves as self-directed learners; the development of the key role of educational supervisor; and the ways in which clinical placements are developed to offer appropriate learning opportunities and support for F2 progression.

## National context

The past 3 years have seen a vigorous national debate about the reform of medical education with *Unfinished Business* (Department of Health, 2002), *Modernising Medical Careers* (Department of Health, 2003) and *Modernising Medical Careers*:

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*The Next Steps* (Department of Health, 2004). The debate, in part, has arisen out of a critique of the education and training for the senior house officer (SHO) grade (British Medical Association, 2001; Department of Health, 2002; Bellman, 2004). Sir Liam Donaldson said:

**'As a group they [SHOs] have been described as the "work horses" of the NHS' (implying a disproportionate amount of service work compared to training) and a "lost tribe" (suggesting a lack of coherence in the organization of training)' (Department of Health, 2002).**

The Department of Health (2002) policy document *Unfinished Business* proposed that after graduating doctors should undertake an integrated, planned 2-year foundation programme of generic training.

The purpose of this evaluation, given the innovative nature of the foundation programme and thus lack of available critical literature, was to identify the F2s' lived experience in relation to learning and teaching experiences during the pilots, and identify issues which both clinical tutors and educational supervisors raised. The overall intention was to disseminate best practice across the region.

## Local context

Following a KSS Deanery launch in September 2003, four sites elected to pilot year-2 foundation programmes. Three pilots ran from February 2004 to August 2004, with one site continuing until February 2005. Together, they involved a total of 23 F2 SHO posts, a mixture of new posts (14) and re-designated posts (9) which were designed to provide relevant experience and opportunities matched to some of the key objectives of the foundation programme. Each site had considerable latitude to devise its own programme in line with local strengths and opportunities.

## The authors' approach to evaluation

Eisner (1985) suggests that educational evaluation is about:

**'enabling teachers and others engaged in education to improve their ability to see and think about what they do'.**

The authors adopted an interpretative, dialogic approach to evaluation, influenced by what was fit for purpose in this context, namely:

- The short duration of the pilots
- That each pilot site had relative autonomy in designing their pilot programme
- That they wished to offer ongoing feedback to the pilots during their duration.

The research was framed with initial assumptions about the learning and teaching experiences of the F2s and adopted a grounded theory approach (Strauss and Corbin, 1998). The initial assumptions were that the foundation programme would be welcomed by the F2s; that the foundation programme would demand radical approaches to learning and teaching and that this entitlement curriculum would impact on the role of educational supervisors. The interim findings were fed back to key professionals involved in the pilots.

## Research method

The authors evaluated the four F2 pilots across all sites as one case study. The same group of key players in all four sites were identified as respondents, namely F2s, clinical tutors and/or directors of medical education and educational supervisors. In total there were 23 F2s, four clinical tutors and directors of medical education, and 20 educational supervisors. Emerging themes were identified and commented on by each group across all sites. Yin (1994) comments that:

**'a case study is an empirical inquiry that: investigates a contemporary phenomenon within its real life context...that it relies upon multiple sources of evidence, with data needing to converge in a triangulating fashion, and as another result, benefits from the prior development of perspectives to guide data collection and analysis'.**

A range of data collection methods were used including document survey, semi-structured interviews and focus group interviews. One F2 in each site was shadowed over 1 day and the F2s' reflective writing was part of the data set. All F2s and clinical tutors were interviewed at the beginning and end of the pilots, and this was followed up with telephone interviews and focus group interviews with educational supervisors in each site. The authors shadowed four F2s in their work-based settings over 1 day (one per site) and collected reflective critical incident writings from F2s in all sites (15 out of 23 F2s across four sites). The evaluation was qualitative.

## Analysing the data

Given the short time frame of the F2 pilots, the initial data collection was approached with some provisional assumptions. Miles and Huberman (1984) comment that: **'highly inductive loosely designed studies make good sense when researchers have plenty of time... but when one is interested in some better understood social phenomena within a familiar culture... a loose highly inductive study is a waste of time.'**

An initial letter was sent to each site outlining the purpose, remit and ethical guidelines of the evaluation. This was followed with a timetable of requests for access. The interviews were transcribed verbatim, read separately and scanned for emerging themes, which were then compared. The authors adopted Miles and Huberman's (1984) approach to data analysis which is 'that data analysis has three concurrent cycles, data reduction, data display and conclusion drawing/verification'. This process enabled us to give provisional feedback to the foun-

dation pilot team. Research procedures were subject to the KSS Deanery's protocol for storing data collected in educational settings and for data clearance. Data were anonymised. Transcripts of interviews were sent to individual colleagues for checking and clarification.

## Research outcomes

### What the clinical tutors said

The regional clinical tutors approached the pilot study with a mixture of scepticism, uncertainty and enthusiasm as at the time of planning they did not realize just how rapidly plans would need to evolve and be implemented at local trust level. Following a lively workshop, four trusts volunteered to participate and this reflected a geographical and cultural spread (Frimley, Chichester, Margate and Eastbourne).

**'There were also real opportunities for innovative ideas, including the use of techniques already well established in general practice, e.g. video recording of consultations, which F2s found surprisingly valuable and influenced how they approached patient consultations.'**

All the pilot site clinical tutors had a reasonably clear vision of how the principles of the foundation programme could be introduced within the opportunities, diversity and constraints of their local trusts. This allowed varied, innovative approaches to syllabus development building on local strengths (e.g. one site developed multiple assessment methods while another concentrated on the 'added value' of reflective diaries).

As a result of a lack of adequate protected time for planning and development tutors had to use their own time for local programme development and convince hard-pressed colleagues of the likely benefits from such programmes. This was easier where new posts were funded but, for example, in Chichester a mixture of pre-existing plus a small number of new posts more accurately reflected the subsequent national development of foundation programmes.

Tutors arranged weekly half-day protected generic teaching sessions to cover core topics suitable for this approach, e.g. time management, communication skills, learning about the bigger picture of the NHS and so on, calling on enthusiastic local colleagues for this. There were also real opportunities for innovative ideas, including the use of techniques already well established in general practice, e.g. video recording of consultations, which F2s found surprisingly valuable and influenced how they approached patient consultations.

Regular meetings between the four pilot tutors, along with e-mail and telephone contact, allowed sharing of problems and solutions, particularly areas of good practice. All the tutors produced clear structures to their programmes and incorporated variable degrees of assessments into

their posts. All sites organized careers guidance as it was (and is) clear that this is an essential component of making Modernising Medical Careers work nationally.

Clinical tutors liaised with educational supervisors to clarify and agree the 'core curriculum' to be covered in their particular post and stressed the importance of an initial needs assessment to be

formulated between the educational supervisor and the new F2 trainee. Time was to be set aside for this very important activity at the start of each post. Tutors worked at a time when the new consultant contract was being introduced locally, which specifically requires an agreed timetable for activities not least educational and clinical supervisory ones. It was felt this presented a real opportunity to test out how this might work out in practice.

The majority of the posts were established in accident and emergency (A&E) with attachments to other specialties (including many not usually experienced by SHOs, e.g. radiology, pathology).

Tutors felt at the end of the pilot that a clear curriculum with documentation of experience (and assessments) and some form of portfolio for F2s would be essential components of foundation programmes. They felt a local foundation

programme tutor or organizer would be essential for the smooth introduction of local programmes.

### What the educational supervisors said

Educational supervisors were selected from the relevant specialties of the F2s and were to some extent a self-selected group of enthusiasts. They all found that they required definite protected time to be included in their job plans to allow for the enhanced training and support necessary for the F2s. They also identified a clear need for local workshops for the support of fellow educational supervisors in their expanded role. As a result of the timescale, all found their role in the pilot posts rather pressurized and believed that this would be further exacerbated by local clinical and managerial priorities.

They were generally positive about the added value that the new foundation programmes gave to their SHOs. Supervisors identified the need for (although sometimes lacked) valid assessment tools to help inform the more comprehensive appraisal process implicit in foundation programmes. They were also very aware of the need to convince other colleagues of the value of F2 programmes at a time when their F2 doctors appeared to be less available for service because of shorter attachments (often 4 months) and at a time when increasingly the service is expected to be delivered by fully trained doctors.

There was a strong feeling that 6-month posts were better in A&E than 4-month posts and that insight for the F2s into patient pathways was a very useful way of reinforcing learning about how systems worked, for example, working with the ambulance service or medical admissions unit when primarily based in a general practice post enabled the F2s to comment on how a patient's experience of 'the system' might be improved and the role of the doctor in facilitating such change.

Some concern was expressed about the capacity for providing suitable clinical experience in some areas where absolute patient/bed numbers were, of necessity, limited, e.g. intensive therapy unit, although even there it was acknowledged that the enthusiasm of the clinical teacher was likely to overcome such issues.

All sites used reflective writing as part of their curriculum, and one of the pilot sites developed detailed work on the use of reflective diaries which involved e-mail discussion and feedback between trainee and educational supervisor. There was a range of responses to the introduction of this technique from the F2s, with some finding it very valuable (e.g. able to 'offload' issues they were concerned about); all felt that it should not be 'regimented' but that if it enabled them to have an opportunity to have a dialogue with someone who would listen, then it was useful. This was found to be a very powerful technique for reinforcing what the trainee had identified as a real clinical experience for which support and guidance was helpful and necessary, thus:

**'I felt happier with the diaries as we've gone on. Especially in regard to privacy and things like that. I know that I have submitted stuff that X hasn't censored at all and nothing bad happened yet.'** (F2 trainee, KSS Deanery Evaluation, Shaw and Wood, 2004).

All agreed that the F2s would need to take responsibility for their own training needs and thus become 'self-directed proactive learners'.

### What the F2s said at the end of the pilots

At the end of the pilots issues which emerged from the F2s across all sites centred around specialty posts and attachments, educational supervision and the quality of the educational experience. In all sites there was generally an enthusiastic response to the foundation pilots. The F2s liked the focus on curriculum structure, the emphasis on education and teaching and the variety of posts and attachments, but areas of concern were raised at the end of the pilots by a majority of the F2s. These areas were in relation to the:

- Perceived optimum length of specialty posts and attachments
- Quality of the educational experience during posts and attachments
- Varying quality of educational supervision
- Need for clear published documentation which all who were involved in the foundation pilots adhered to.

In one site F2s suggested that one nominated consultant should hold their progression, into which their ongoing clinical supervision could feed.

### What made a specialty post or attachment a valued learning experience?

It was evident that the quality of the educational experience offered in specialty posts (posts of 4 months' duration) and attachments (day or part weekly release) varied considerably. In all sites F2s had some excellent learning and teaching opportunities, teaching and supervision in both specialty posts and attachments. They identified their time in specialty posts in A&E in Eastbourne, Chichester, in an attachment in psychiatry in Margate and in an attachment in a GP placement in Eastbourne as especially commendable.

The F2s said of these that they were:

- Well thought through
- Very well organized
- Part of a culture of learning where the F2s felt supported
- Clear about F2s' entitlements and what the specialty or attachment could offer in relation to the F2's own learning needs
- Explicit about learning outcomes for specialty posts and attachments
- Supportive of individualized learning by conducting an initial needs assessment with the F2 at the beginning of the post, by negotiating appropriate learning outcomes at the start of the placement and by taking account of the F2s' interests as well as needs.

### What made some specialty posts and attachments less good?

In a minority of cases, across all sites, F2s had less good specialty posts and attachments. These were when:

- The receiving specialty was neither sufficiently informed about the foundation pilots, nor about expected learning outcomes for the F2s
- Specified learning outcomes needed to be more explicit and for all involved to know what they were
- Learning outcomes needed to be re-framed in relation to what was the appropriate level of engagement expected for F2s at their level of training

- The tasks given to the F2s were not sufficiently well thought through, e.g. asking F2s to read reports without giving the F2s a sufficient sense of what they were reading
- F2s signalled problems of continuity of supervision in some short attachments as a result of the infrequency of the attachment (because of service pressure and bank holidays).

An F2 who experienced problems of continuity said:

**'I think it is not so much a case of being supportive, as not being available. X had prepared a basic programme that we talked to him about, and what other things we wanted him to do, but he is only there 1 week in every five because of the way they rotate. So when he's there he is keen to do some teaching and make sure you are as involved as possible, when he is not there it's up to you to make sure you do all that...'** (F2 trainee, KSS Deanery Evaluation, Shaw and Wood, 2004).

### What the F2s said about educational supervision

The quality of educational supervision varied. There was some excellent supervision in all sites and some less meaningful in all. The best educational supervision happened where there was an embedded or a developing culture of learning and teaching within a local context. In one very good specialty, the F2s said that they were:

**'Receptive to us in that they provided training where we were, they were interested in training. They assessed our needs quite well by talking to us on the first day. X asked what have you done, what do you want to get out of this attachment and he then put across what he thought would be a useful plan, then we came up with some sort of agreement. He was very supportive in setting this up. But X was so nice...to genuinely want us to train...this was exceptionally unusual... it [the specialty] was receptive, interesting, tailored, needs based.'** (F2 trainee, KSS Deanery Evaluation, Shaw and Wood, 2004).

### The future

Following the evaluation, KSS Deanery has strategically developed an educational

framework to support the regional local development of the foundation programme as local 'communities of practice' (Wenger, 1998). Central to this has been the establishment of 12 trust-based core groups who work with an education adviser over a series of five workshops to develop local foundation core curricula in line with national policy and integrated with local best practice. This is augmented by trust-based assessment and career planning workshops. This approach has been taken in order to support the organic development of local best practice(s) and local learning communities, within the context of national policy.

### Conclusions

It was evident that overall the F2s valued their foundation programme experience during the pilots. They valued their planned education and clinical experience, the regular hands-on and classroom teaching, their educational needs assessment, having a defined curriculum, regular assessments with feedback and they welcomed the opportunity for careers advice. The constraints were that everyone involved needed not only to understand the aims of foundation programmes, but also to adhere to the aims and outcomes. This needed to include doctors, nurses, managers and others involved in the programme.

Time emerged as a key issue, notably time to plan, assess, teach, and give appropriate feedback to the trainees, as well as dedicated administrative time. Clearly this will affect service provision as F2s will be less available, as will consultants, registrars and nurses who will be teaching, assessing and giving feedback. All will be much easier when more fully trained doctors are available to provide the service as well as teach, which is one of the reasons for introducing Modernising Medical Careers.

Finally, it was evident that the F2s learned well when their local foundation programme was embedded in an emerging learning community, where local practices focused on supporting the F2 as an individual learner, where there was a local culture which focused on trainee learning and progression, where the F2 was supported by differing members of the local team, where the F2 was not afraid to ask for help when needed and when the F2 was proactive and took increasing responsibility for their own learning. **BJHM**

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### KEY POINTS

- For the foundation programme to succeed it needs to be embedded in a learning community.
- It must acknowledge the key and changing role of educational supervisors.
- It should have placements which offer explicit learning opportunities which are acknowledged by all involved.