Evaluation of the Emergency Medicine Leadership Programme

Short Report
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Abbreviations

CoP - Community of Practice
ED - Emergency Department
EM - Emergency Medicine
EMLeaders - Emergency Medicine Leadership Programme
HEE - Health Education England
ESLE – Extended supervised learning events
RCEM - Royal College of Emergency Medicine

Short Report

Background

The Emergency Medicine Leadership Programme (EMLeaders) has been designed to support the Emergency Medicine workforce, from trainees through to consultants. Launched in April 2018, the 4-year initiative has been delivered through the combined commitment of the Royal College of Emergency Medicine (RCEM), Health Education England (HEE) and NHS Improvement, England (NHSI/E).

Introduction

The EMLeaders Programme has been tailored to develop the leadership skills of those working within the Emergency Department (ED), focusing initially on EM trainees and consultants. The purpose of the programme is to improve the quality of leadership skills being deployed in the EM operational environment, focusing on knowledge and application of leadership theory; managing difficult decisions; handling conflict and challenging situations; and creating a learning culture which supports new trainees through their career journey. The EMLeaders Framework is structured into five areas of clinical leadership: EMLeaders skills; working in teams; managing the emergency services; growth and collaboration; and developing excellence in the team. The programme itself is composed of three main components:

- **Component 1** (70%): On the job 'shop-floor' training events (i.e. bite size learning, supervised learning events, simulation exercises, leadership assessment tool) – supported by a multi-professional Community of Practice (CoP)
- **Component 2** (20%): Self-directed learning (i.e. nine e-learning modules plus further resources developed locally for the programme)
- **Component 3** (10%): Formal learning (i.e. Regional study days with EMLeaders integrated, separate EMLeaders specific training events).

The e-learning modules set out below provide learners with theoretical materials, reading resources, videos, interactive activities and a reflective practice worksheet.

Stage 1 modules: leading self; leading systems; leading teams
Stage 2 modules: leading change; leading culture; leading people; leading quality; leading service and leading strategy

This is set out in the EMLeaders Framework which can be found on the RCEM website or through the link here.

In July 2021 an independent evaluation of the EMLeaders programme was commissioned, with the work undertaken by a team of researchers from Coventry University.

Aims and Objectives of Evaluation

The aim of the evaluation was to assess the extent to which the EMLeaders initiative has helped participants to develop and embrace the leadership skills required for personal and

team resilience and examine the impact of the programme on staff retention and staff career choices.

Investigation was undertaken into four areas of focus:

1. The impact, value, and range of the EMLeaders training programme
2. Implementation of the EMLeaders Programme in the 12 schools across England
3. Impact of variations in implementation models on the primary aims of the programme.
4. Commonalities and recommendations to build a model framework for delivery.

Design and Methods

The evaluation deployed a mixed-methods approach to assess the impact of the EMLeaders programme for all of the initial participant groups. This included trainees in EM, consultant supervisors and Leadership Faculty. It adopted the level 1-5 Kirkpatrick Evaluation Framework (Kirkpatrick 1994) as in Table 1 to explore impact at individual, team and strategic levels, considering: the reach; reaction to; learning; behaviour; and results of the programme. A range of data collection methods were used including rapid desk review, an online survey in England, interviews and focus groups, and economic analysis.

Level 1 Reach	Number of events, workshops, activities, participants involved, demographics, measures of coverage
Level 2 Reaction	To what extent participants react favourably to or actively engage with the training. Engagement, participation of diverse groups, enjoyment, confidence, activities undertaken, assessment measures
Level 3 Learning	To what extent participants acquire the planned knowledge, skills and attitudes based on the training. What is the learning gain, impact on sense of belonging and connectedness, career benefit
Level 4 Behaviour	To what extent participants apply what they learned during training when they are at work. To what extent trainees are aware of their behaviour change. How learning, knowledge and new skills are applied in different contexts. The impact on the organisation and the ED.
Level 5 Results including Return on Investment, cost effectiveness	To what extent targeted outcomes occur as a result of the learning events or activities. The extent to which programme has achieved strategic goals and priorities. Monetary value is compared to the cost of the training.

Table 1 Kirkpatrick Evaluation Framework

Evaluation Findings

The overall data set comprised a desk review of 270 documents, 417 completed survey responses, 30 qualitative interviews, plus funding allocation and e-module completion rates (2018-2021). Triangulating the data retrieved from these sources has enabled a robust evaluation revealing the following findings:

Level 1: Reach

The quantitative data suggested that EMLeaders has achieved good reach across England. We learnt that the following activities took place as in Figure 1:

Significant impact of COVID 19 (Phase III, Apr 2020 – Mar 22)

	Phase I Oct 2018 -Sept 2019	**Phase II** Oct 2019 - Mar 2020	**Phase III** Apr 2020 - Mar 2021	**Phase III** Apr 21 - Mar 22
Key Focus	**Concept development and infrastructure**	**Pilot design & delivery**	**Programme development (& adjusting to COVID)**	**Integrating into teaching & handover**
Key Activities	• Developing the EML framework • Develop and deliver an introductory Leadership session to trainees (48 delivered, n=1046 trainees attended) • Initial plans for the 9 modules developed. • National Faculty appointed • EM leadership groups established in each school (3 roles: Clinical; SIM; QI). • 3 Development days held for EM Faculty	• Pilot study days for the 9 modules developed in co-design process involving leadership experts, project team and EM consultants in the newly established EM Faculty. • Delivery of pilot sessions (at least 1 per school) between Nov 2019 and Jan 2020. • EML programme continued to work with Faculty members, who were tasked with developing their networks. • 1 development day held fo Faculty in Feb 2020	• Development of EML hybrid model (3 core e learning modules and 6 complementary modules) • Regions developed facilitated workshops to deliver training (*Much heterogeneity between regions*). • Developed bite-size exercises to support shop floor learning. • Delivered Facilitation Skills training to Faculty. • Train the trainer events developed and delivery commenced Nov 2021. • Survey conducted to explore leadership during COVID pandemic. • EML framework revised to align with new EM curriculum. • Leadership assessment form developed to support workplace learning. • ******teaching halted Apr-Oct due to COVID******	Ongoing.... • 3 National school Faculty development days Apr 2021 - Mar 2022. • 10 ½ day Regional Development days for Consultants (*"Train the Trainer"*). • 3 Cohorts of Consultant Trainers set up & 3 development days per cohort planned. • Schools running their own events . • Further consideration of multi-professional expansion (*offering e-modules, access to leadership resources, expansion to local teaching)* Evidence to be collated with a view to developing multi-profession EM teaching frameworks.
Outcome evaluation tools	Post-event survey Attendee numbers Feedback form from faculty FMLM (Leadership Consultants) evaluation report Achievement of workplan outcomes	Post-event hand written evaluation **not anonymised* Attendee numbers Pre- and post-course surveys to assess knowledge shift Faculty survey to those delivering the training	e-module evaluation on-line	CoP survey Regional development day post-event survey School Faculty 2 monthly reports School Faculty Impact assessment
Noted challenges	• Budget uncertainty (noted impact on morale and credibility of the programme by programme leaders)	• None specifically noted	• Impact of COVID on teaching • Some initial frustration with on line delivery (functional e.g. break out groups not working) • Significant budget loss due to COVID	• Clinical pressures still significant due to COVID (e.g. influencing DNA & attendance). • Sickness placing stress on EM Schools Faculty

Figure 1 Programme Overview based on desk review

- **2018-19:** A total of 48 face to face introductory sessions were held, with 1046 attendees, of which 934 were EM trainees.
- **2019-20:** Face to face pilot sessions took place at each of the 12 schools, involving 153 participants, with three faculty development days taking place.
- **2020-21:** Nine e-learning modules were created and rolled out. Trainees completed a total of 7,637 e-modules between November 2020 and October 2021 with three faculty development days taking place.
- **2021-22:** Three faculty development days took place, 10 half day regional train the trainer days were held with EM consultants, three CoPs were established with three development days per cohort, plus individual school events were held (e.g. webinars, online meetings, podcasts, face to face events).

We concluded that a good level of 'reach' has been achieved by EMLeaders with survey responses received from across all regions of England and module completions showing good national spread.

Some differences between roll-out in the final phase of embedding in normal practice, has meant that there was some inconsistency in reach between regions, especially for the more junior trainees who did not experience the pre-COVID introductory and pilot sessions, both of which had high reach.

Level 2: Reaction

Most respondents were very positive about the EMLeaders programme, would recommend it to others, and wished to see it retained and further developed. Figure 2 sets out qualitative data revealed through the desk review. The specialist EM focus of the programme was highly valued. Consultant respondents were especially complimentary and reported feeling better able to support trainees as a result of the programme. They valued their personal 'learning journey' and identified enhanced supervisory and teaching behaviours describing becoming more compassionate and balanced leaders as a result of EMLeaders. We identified the following:

- Staff undertaking EMLeaders training demonstrated statistically more positive ratings in the following seven survey statements, suggesting that EMLeaders training might have a positive impact on those specific aspects:
  - 'I am knowledgeable about clinical leadership';
  - 'I know how to apply clinical leadership on the shop floor';
  - 'I am empowered to make decisions in the workplace';
  - 'I can manage the challenging environment of the ED';
  - 'I am positive about my ability to influence the EM work environment';
  - 'I am confident in my leadership' and;
  - 'I am confident in facilitating teams'.
- The **social learning aspect** of EMLeaders was considered **key** to their engagement.
- Many respondents wanted **more face to face contact** during the programme to share experiences and participate in practical activities.

- Many trainees expressed fatigue and dissatisfaction with asynchronous self-directed e-learning modules, finding the volume excessive.

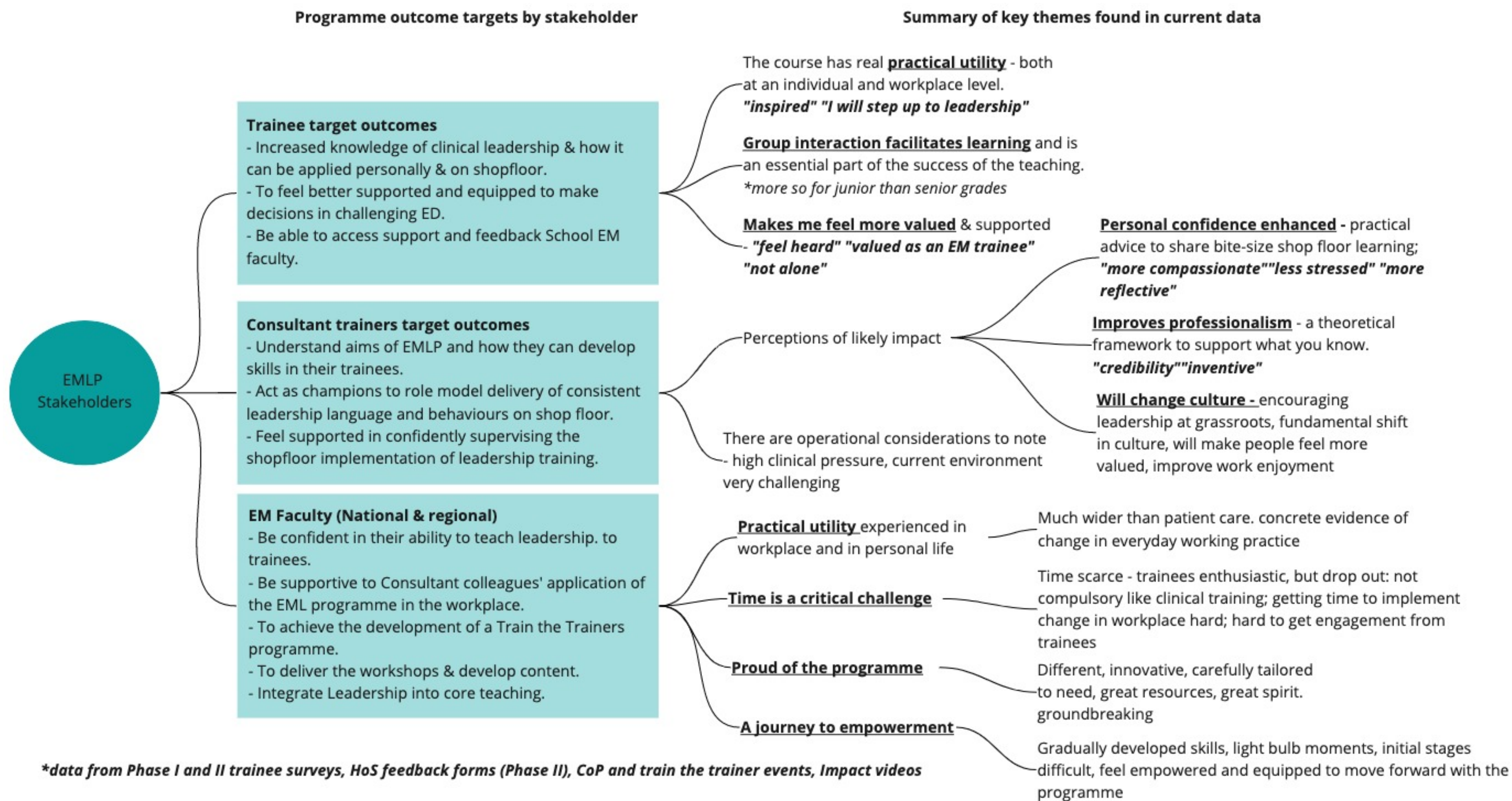

Figure 2 Qualitative Themes from Desk Review

Level 3: Learning

Respondents felt that EMLeaders had a high level of practical utility, with both consultants and trainees identifying specific areas of learning. Survey responses indicated that their main method of engaging with EMLeaders was via the e-modules. Participating in the CoPs was less common though these were only established in the last year of set up. We identified the following:

- The most commonly completed modules were the three Stage 1 core sessions 'Leading Self', 'Leading Teams' and 'Leading Systems', and the least common Stage 2 'Leading Strategy.'
- Learning on the modules was positively rated as increasing leadership knowledge, competence, and confidence.
- Qualitative data suggested that less experienced trainees could find some of the content difficult to apply, depending on their specific role.
- Trainees reported improved communication skills and greater self-awareness after EMLeaders as well as feeling more empowered, reflective, and self-compassionate.
- Respondents gave specific examples of behaviour changes in relation to
    - managing conflict,
    - challenging poor practice,
    - providing improved leadership in the team,
    - taking a more self-care approach,
    - consciously role modelling leadership behaviours,
    - and changing their communication styles.

Level 4: Behaviour

The project was not able to determine whether EMLeaders had led to actual changes in behaviour in the workplace. However, qualitative data provided useful insight, with respondents giving specific examples of behaviour changes in relation to:

- managing conflict,
- challenging poor practice,
- providing improved leadership in the team,
- taking a more self-care approach,
- consciously role modelling leadership behaviours,
- and changing their communication styles.

Consultant survey respondents identified consciously role modelling leadership behaviours and changing their communication styles, leading to an increased self-care approach. Because trainees were generally unaware of the work-based learning component of the EMLeaders programme, it is unclear whether the programme is leading to a change in EM workplace culture or whether further learning and development is being cascaded. However, in discussing ways to enhance the EMLeaders programme, trainees considered that more practical exercises and simulations would help to bring the training to life. Trainees highly valued opportunities to hear consultants talk about their own leadership experiences throughout their careers.

Level 5: Results of the Programme

The evaluation indicated that EMLeaders has gone part way to achieving its strategic goals.

- Participants in the programme have developed enhanced knowledge of clinical leadership and how to apply it on the shop floor.
- Some participants have reported becoming more empowered to tackle challenges in the workplace.
- The social learning elements of EMLeaders have made a positive difference to the cohesiveness of the EM community.
- Trainees and consultants felt personally valued as a result of the programme.
- While data was lacking on full programme costs and outcomes, the economic evaluation indicates that EMLeaders is comparable to other leadership training received by EM physicians in terms of satisfaction and is likely to offer a better financial return on investment by comparison as well as additional non-monetary intangible benefits over time.
- Our analysis was unable to determine whether EMLeaders has had a positive effect on attrition. This would require long-term follow up of trainees and may be difficult to assess because reasons for leaving the profession are likely to be varied and possibly cumulative. Qualitative data suggested the EMLeaders programme contributed to doctors feeling valued within the specialty, and skills development led to staff feeling more knowledgeable and empowered. These factors may, in the long-term, support staff retention and intention to stay in EM.

Economic Analysis

The ultimate aim of the economic analysis was, in so far as the available data and survey findings allowed, to enable Health Education England (HEE) and the Royal College of Emergency Medicine (RCEM) to better understand the economic value of their investment in a national EMLeaders course.

The mean indicative figure for the cost per trainee to undertake EMLeaders was found to be £579.50, which encompassed design of the free e-modules with the materials designed by specialists with the EM context in mind, and the two other components of on the job ‘shopfloor’ training events (70%) and formal learning e.g. Regional study days (10%).

The three components of EMLeaders programme are likely to produce a number of non-monetary or intangible benefits which cannot be included in a financial return on investment analysis, these can be found in Table 2.

	EMLeaders	**Historical**
FORMAL LEARNING *(EMLeaders = Notional 10%)*		
Description	Regional study days + EMLeaders material integrated EMLeaders specific training events	Regional study days
Short-term benefits	Indirect training in leadership for non-EML attendees	N/A
Longer-term benefits/*disbenefits*	Potential improved staff retention and job satisfaction	N/A
SELF-DIRECTED LEARNING *(EMLeaders = Notional 20%)*		
Description	Consistent national framework Nine e-learning modules (EM tailored) Structured content, but regional variation in add-on materials. Individual trainees differ in module completion patterns. Local flexibility in add-ons developed for online programme.	Large variation (**Appendix 1**). Virtually all provided online only (one offers face-to-face option in London only) No consistent training content or framework. 4 main types of supplier: University courses; NHS & Hospital Programme; Military course; Other commercial courses
Short-term benefits	Equivalence in satisfaction	Equivalence in satisfaction
Longer-term benefits/*disbenefits*	Access to updated materials *No CPD accreditation* Potential fit in RCEM new curriculum	No access to updated materials University courses provide CPD
WORKPLACE LEARNING *(EMLeaders = Notional 70%)*		
Description	Potential to link to EMLeaders national framework Common leadership assessment tool Supported by Trust-based CoP* Local variation in supervised learning events, bite size learning, simulation exercises, materials. Potential to link to e-learning modules limited by inconsistent patterns of module completion.	Ad hoc link to individual's leadership training (if any) A few courses include workplace exercises.
* Multi-professional, Trust-based Community of Practice (CoP) – may vary by Region/Trust/hospital		

Table 2 Intangible benefits EMLeaders programme vs historical 'Status quo'

EDI findings

Compared to the total ratios, a slightly higher proportion of those who described their ethnic group as 'White' undertook EMLeaders Training (61.9%) and a lower proportion undertook No Training (49%). In comparison a slightly higher proportion of 'Black/ African/ Caribbean/ Black British' respondents reported receiving Other Training in leadership (7.6%) and a slightly higher proportion of 'Asian/ Asian British' respondents reported having No Training in leadership. Those describing their sex as 'Female' were slightly more likely to have received

EMLeaders Training and less likely to have received Other Training or No Training. Those reporting a seen or unseen disability were more likely to have received Other Training in leadership and less likely to have received No Training.

Question/Response	RCEM Membership	EMLeaders Training n=177	Other Training n=92	No Training n=148	Total n=417
"What ethnic group do you identify as?"					
Asian/ Asian British	27.8%	39 (22.2%)	22 (23.9%)	46 (31.7%)	**107 (25.9%)**
Black/ African/ Caribbean/ Black British	6.6%	6 (3.4%)	7 (7.6%)	6 (4.1%)	**19 (4.6%)**
Mixed/ Multiple ethnic groups	3.0%	4 (2.3%)	2 (2.2%)	2 (1.4%)	**8 (1.9%)**
Other ethnic group	5.5%	12 (6.8%)	3 (3.3%)	12 (8.3%)	**27 (6.5%)**
Prefer not to say	5.2%	6 (3.4%)	6 (6.5%)	8 (5.5%)	**20 (4.8%)**
White	51.9%	109 (61.9%)	52 (56.5%)	71 (49%)	**232 (56.2%)**
"What is your sex (a question about gender identity will follow)?"					
Male	61.2%	91 (51.7%)	57 (64%)	89 (60.5%)	**237 (57.5%)**
Female	38.3%	78 (44.3%)	29 (32.6%)	51 (34.7%)	**158 (38.3%)**
Prefer not to say	0.5%	7 (4%)	3 (3.4%)	7 (4.8%)	**17 (4.1%)**
"Do you consider yourself to have a seen or unseen disability? We define disability as an 'impairment that has a substantial, long-term adverse effect on a person's ability to carry out normal day-to-day activities'"					
Yes	4.9%	15 (8.6%)	15 (16.5%)	9 (6.1%)	**39 (9.5%)**
No	94.9%	153 (87.9%)	73 (80.2%)	134 (91.2%)	**360 (87.4%)**
Prefer not to say	0.2%	6 (3.4%)	3 (3.3%)	4 (2.7%)	**13 (3.2%)**

Table 3 Survey Participant Demographics

Conclusion

Based on economic analysis, EMLeaders is likely to offer a financial return on investment when compared with previous leadership training undertaken by EM physicians. The survey results indicate that EMLeaders training has a positive impact on doctors' confidence in their knowledge of, and application of leadership skills resulting in feeling empowered to make decisions and influence the EM workplace. Since e-learning resources can easily be updated, are specific to EM, and can be accessed at no cost to clinicians, the programme can create support for lifelong leadership learning and development. Doctors who had engaged in the EMLeaders programme identified advantages and benefits of it, and cited behavioural changes likely to improve teamwork, communication, self-care, and compassionate practice. These factors could improve intention to remain in EM and ability to role model positive leadership behaviours.

Further evaluation is needed for the full potential of the programme to be reached. It will be important for a wider range of consultant supervisors to engage to support work-based learning and build skills, knowledge, and leadership confidence. Increased engagement in the CoPs, and face-to-face elements of the programme should be retained where possible.

Recommendations

- It was ascertained that EMLeaders has been highly valued by consultants, Faculty and trainees and consensus agreement exists on the need to sustain and further refine the programme.
- A comparative evaluation of how the EMLeaders programme is delivered between schools would elaborate on strengths, weaknesses, and costs of different delivery models.
- It may be more effective to align specific modules with particular job roles and grades.
- Module data could be more sophisticated, so it is clearer when modules are completed, reasons for non-completion and relative value and use of content.
- Specific study is needed in relation to EM workforce attrition to understand impact of push-pull factors.
- To improve the experience of programme delivery respondents suggest reducing the reliance on e-learning modules, increasing face to face contact, building in social interaction, increasing experiential learning activities, and increasing involvement of registrars and consultants in work-based learning.
- To ensure the EMLeaders programme is fully embedded in the curriculum, map the content to the curriculum, reduce the volume of learning materials, and establish mandatory and optional elements.

To assist with future programme design, findings from the question 'what would ideal training look like?' have been collated in Figure 3.

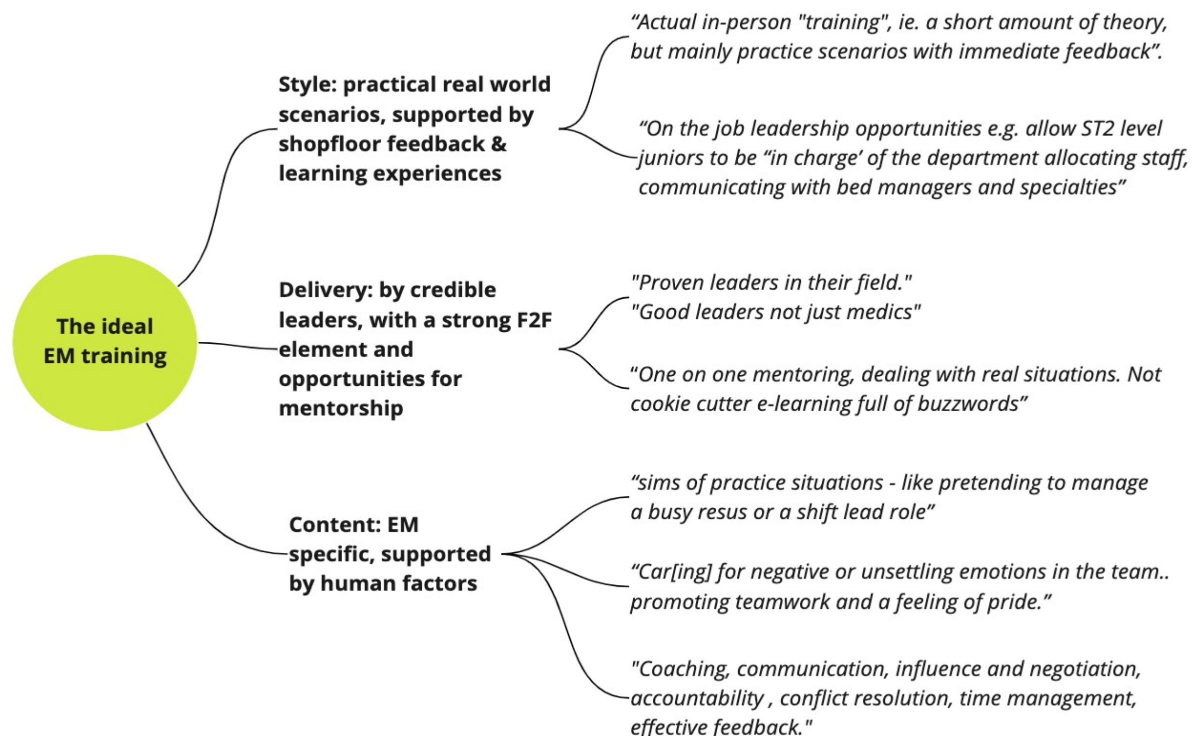

Figure 3 The consensus view of what the ideal training should look like, across survey participants.

Limitations of the Evaluation

1. The desk review document data focused more on reaction to training and perceived learning, rather than actual longer term changes in behaviour as a result of EMLeaders.
2. Recency and recall bias could have affected survey responses.
3. Respondents in the qualitative part of the evaluation were all willing volunteers and may have been more positive or negative about EMLeaders than those who did not volunteer to participate. Respondents may have had limited or inaccurate recollection of their experiences of the EMLeaders programme.
4. Data gaps meant that the economic analysis could not be fully achieved.

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