Improving Global Health through Leadership Development

An Educational Plan for Fellows

August 2009
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1. Introduction

This document describes an Educational Plan for Fellows from the UK who undertake placements on the South Central Strategic Health Authority (NHS Education South Central’s – NESC’s) Improving Global Health through Leadership Development Project, and has the following purposes:

- For Fellows to be clear about what to expect to be engaged in educationally on a placement, and what is expected of them in order to gain as much as possible from it.
- For the people supervising/mentoring Fellows to be clear about their expectations of the intended work, and for Fellows to be clear about the support they can expect from them.
- For those people with whom Fellows will be working while on placement to be clear about what to expect and what is expected of them.
- For the work carried out in relation to the Project by Fellows to be recognised by NESC as a legitimate element of their training and/or continuing professional development with a view potentially to National recognition in the future, e.g. as part of specialty training for doctors.

In addition, the information contained in this work plan may provide a basis:

- For Fellows’ current and future employers to be clear about the nature of these placements.
- For Fellows’ current and future colleagues to be clear about the nature of these placements.

This work plan may also provide insights into the Project to enable appropriate support to be given to the Fellows as preparation for, conduct during, and return from a placement.

This document describes:

- The Improving Global Health through Leadership Development Project
- The aims of the placements
- The educational basis (model) of the placements
- The supervision/mentorship to be provided
- The work to be undertaken, including work schedule
- The recording and assessment of Fellows’ progress

2. The Improving Global Health through Leadership Development Project

The Project arose initially from an initiative in Samlaut, Cambodia in particular from development work started in that country in 2003 by the Maddox Jolie- Pitt Foundation (MJP), which from 2006 included health care development in its development programme. The Samlaut area is a designated Millennium Village and MJP sought a partner with health delivery expertise and through contacts approached SC SHA to help deliver its aims; collaboration of this kind has been recommended in the ‘Global Health Partnerships report’ by Lord Crisp (Crisp N (2007) Global Health Partnerships: The UK contribution to health in developing Countries, London, Central Office for Information), which received
support in 2008 by the UK Government. The Project has since expanded to include a similar partnership with a Millennium Village Cluster in Tabora, Tanzania.

The UK’s South Central Strategic Health Authority (SC SHA), through NHS Education South Central (NESC), provides the managerial and administrative basis for the work of the Wessex and Oxford Postgraduate Medical Deaneries and some continuing professional development opportunities for all staff groups. Its involvement in the Project came about largely due to earlier work relating to the NESC Professional Programme (NPP), which was developed initially for medical specialists’ management and leadership training, and which expanded to involve Consultant Practitioners in other health care professions, managers, public health specialists and General Practitioners. NESC agreed to support this Project, as one way of developing the Leadership skills of those on placements. A highly talented multi-professional group has an enormous contribution to offer to both the NHS and developing countries.

3. The aims of the placements

Agreements have been established between NESC and partner organisations (MJP and the Millennium Development Goals Centre) to offer placements to Fellows from all clinical and managerial backgrounds, employed within the SHA, which will provide:

- an educational opportunity which is innovative and multidisciplinary
- a unique and challenging environment with very different health needs and a very different level of available facilities and resources from those in the UK
- participation in the planning and implementation of higher standards of clinical care and improved systems and processes in a developing country
- an experience to help develop Fellows’ clinical, teaching, service development and quality improvement, education, strategic planning and leadership skills in circumstances not readily available in the UK.

4. The educational basis (model) of the placement

Whilst the Project appears at first sight to be primarily concerned with the development of health care in developing countries, at the same time, it is a developmental experience for the Fellows. Fellows are supported throughout their placement to develop the competences and skills identified in the Medical Leadership Competency Framework (NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges, May 2009). This Framework is a broad Leadership Framework and the competences and skills described are applicable to all Fellows.

The Fellows come from a variety of backgrounds, and each individual’s work in relation to the Project is likely to reflect his or her particular interests and hence educational goals. These might include, for example:

- developing specific clinical capabilities in an unfamiliar setting
- conducting an audit of current health care provision
- exploring workforce development needs
- undertaking a survey of local health care providers’ view
• exploring the contribution of traditional healers
• developing clinical service-systems
• developing educational programmes and teaching relating to health care
• supervising and supporting health care workers

In carrying out work of this kind in such a setting, Fellows’ experiences there will inevitably be unfamiliar to them, as well as being complex, uncertain and unpredictable. This means that:

- The precise educational aims for each of the Fellows (the ‘ends’ or ‘outcomes’) and how these will be achieved (the ‘means’ or ‘processes’) are likely to be largely unknown and/or unclear at the outset
- The educational ‘agenda’ (combining the ‘ends’ as well as the ‘means’) will need constantly to be reviewed, possibly re-negotiated, and perhaps revised as the placement proceeds
- On-going support of and for Fellows (of a particular and perhaps initially of a not previously encountered kind) is likely to be necessary

5. The supervision/mentorship to be provided

The quality of Fellows’ supervision/mentorship is crucial for them to gain most from their experience. For the purposes of the Project each Fellow will receive supervision/mentorship covering three areas as follows:

5.1 - Educational Supervision: Medical postgraduate trainees will be familiar with this form of supervision. Fellows from other areas may have other arrangements (and nomenclature) for this (e.g. mentorship). The common intention here is to ensure that Fellows’ educational and developmental needs are clearly identified and met during their placements. This will involve supervision (mostly based in the UK) that engages the Fellow in:

- initial setting of educational goals (or learning agreement) for the placement during one to one session/s with a nominated educational supervisor/mentor prior to departure. These goals would relate to the Fellow’s on-going development, and will reflect what has gone before and what will come after the placement. The goals may need to meet the requirements of a training programme or curriculum that the Fellow is following, particularly if the Fellow wishes the work to be formally recognised. The Fellow’s individual goals will also need to take into account the targets set by the partner organisations based on the Millennium Development Goals and outlined elsewhere. A proforma for a learning agreement, based in part on the Medical Leadership Competency Framework is shown in Appendix 3.
- induction and briefing into the opportunities and risks of working in a developing country.
- regular ‘reviews of progress’ during the placement utilising as necessary the available communication media
- debriefing on return to the UK, including advice on, and support with, report writing, reflection on learning and experiences and how this may be used for the future of the Project and for Fellow’s future work in the NHS
- assessment of the Fellow’s learning outcomes during and as a result of the placement, and mapping these against any required to meet the needs of an on-going programme or curriculum
- appropriate record keeping relating to this supervision.
All educational supervisors/mentors will have the appropriate skills and experience to undertake this role.

5.2 - Service development/quality improvement supervision: This will be provided by a nominated service development/quality improvement supervisor in the UK (occasional onsite visits by one of the service development/QI supervision team will occur if resources allow and there is a need), and will involve:

- induction into appropriate methods prior to the placement
- establishing appropriate aims with the Fellow, which will be incorporated into the Fellow’s learning agreement and will take into account the targets set by the relevant partner organisation based on the Millennium Development Goals and outlined elsewhere.
- providing the Fellow with ‘distance-supervision’ whilst on a placement through the available communication media (e.g. through e-mails, text messaging, and possibly telephone conversations).
- debriefing on return to the UK, including advice on and support with report writing
- assessment of the Fellow’s achievements during and as a result of the placement
- appropriate record keeping relating to this supervision.

5.3 - Practice supervision (on-the-job supervision): This will likely be provided by a number of different individuals depending on the setting and context and so Fellows will not have a named individual who will provide this support instead it will be provided by a range of individuals including local staff, those employed by the partner organisation or indeed in some circumstances by other Fellows on placement. This supervision would relate to a Fellow’s professional interests and work activities whilst on a Placement, and might require:

- induction and briefing locally into working as a professional in the host country, including advice on regulatory policies, and where necessary applications for National registration to conduct such work (for example when this involves patient contact)
- helping the Fellow to understand the cultural aspects of their work and the provision of services in the host country
- ensuring the Fellow completes or provides the necessary information for any records required locally or by the partner organisation including the Field Report and Monthly Report

All those involved with a Fellow’s supervision/mentorship will need to communicate effectively with one another to ensure progress, and agree any changes to the educational plan arising from this. At the end of the placement, the supervisor(s) will need to agree the extent to which a Fellow has met the requirements for successful completion.

Fellows will therefore have at least one 1:1 meeting prior to departure with their educational supervisor/mentor and with their SD/QI supervisor as part of their pre-deployment induction during which an outline of their individual learning objectives will be agreed using the framework shown in Appendix 3. There will be a system for regular contact whilst on placement between each Fellow and their SD/QI supervisor and/or their educational supervisor which is likely to be weekly. Throughout the placement it is expected that Fellows will capture and reflect on their learning as outlined below. On return from the placement each Fellow will have a 1:1 session with their SD/QI and/or educational...
supervisor /mentor to reflect on their experience, review their learning agreement and to discuss the writing of the report. It is expected that the Fellow will produce his/her final report within an agreed timeframe and that this will be made available to his/her employer (or training programme director in the case of medical trainees).

In addition to this formal structure of support which is provided as a minimum, each Fellow will have the opportunity to discuss issues that may arise at other times with either their SD/QI or their educational supervisor/mentor. There is also likely to be some support available locally, though as outlined above (under ‘Practice supervision’) this will vary depending on circumstances.

6. The work to be undertaken

It is important that Fellows work to a clearly agreed and well-documented schedule of work. Because of the dynamic nature of placements, it is highly likely that Fellow’s work will change as the placement proceeds. An initial schedule should be agreed between the Fellow, the local team on the ground and his or her UK supervisors, and where necessary modified on arrival on placement and through discussion with people there. As the Fellow’s educational needs change, the schedule may be re-drafted. A draft format for a work schedule is shown in Appendix 1.

7. Assessment of Fellow’s progress

Fellows’ educational progress and achievements will be rigorously assessed in the following ways:

- The maintenance and subsequent (confidential) review (with the Fellow’s educational and SD/QI supervisors/mentors) of a detailed portfolio written by each Fellow, including activities, observations, visits made, reports of interviews, reflective writing, reports of incidents and experiences etc. The learning log (Appendix 4) will form part of this portfolio.
- The writing of a service development report and a final report at the end of their placement the details of which will be discussed further but should include some discussion on how their experiences may be used both for the future of the Project but also for their future work within the NHS. It is expected that this will be shared with the Fellow’s employer (or training programme director) on their return to the NHS.
- The Fellow’s supervisor/mentor(s) will be responsible for assessing the Fellows’ achievements, and for ensuring an agreed report is submitted

Further details of the portfolio and report are given in Appendix 2.

Note: Fellows, who are in medical training posts, who wish to gain approval by their Royal College and PMETB for Out of Programme Research/Experience/Training (OOPR/OOPE/OOPT for StRs) or Out of Programme Experience (RITA form F for SpRs), will be required also to meet RITA/ARCP requirements, and to show through the appropriate documentation and their supervisor’s report that appropriate progress has been made. Prior recognition of the work programme and educational plan before undertaking the placement may be required.
8. Concluding remarks

This placement will provide Fellows with a special (possibly unique) experience. Whilst the placement will help them develop their professional practice in a novel setting, it will also help them develop considerably their management and leadership capabilities and potential. Moreover, and not least, their work on the Project is likely to make a significant contribution to the development of health care in a developing country and to the NHS on their return to practice in the UK.
Appendix 1: Work schedule

Each Participant will be required to prepare a work schedule for their placement. This would be achieved through discussion with their supervisor/mentor prior to the commencement of the placement.

The work schedule will need to be flexible to reflect the dynamic nature of the placement. Unforeseen opportunities are likely to arise, and some difficulties may constrain what can be undertaken and achieved. Participants should discuss any changes they wish to make to the initial proposal with all members of their supervisory team. The changing nature of a Participant's schedule as the placement proceeds, and the reasons behind these changes, will form useful 'data' for their experience.

An outline format for a work schedule is shown below.

<table>
<thead>
<tr>
<th>Month One</th>
<th>Aim/s</th>
<th>Method/s</th>
<th>Timeframe</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Month Two</th>
<th>Aim/s</th>
<th>Method/s</th>
<th>Timeframe</th>
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</table>

<table>
<thead>
<tr>
<th>Month Three</th>
<th>Aim/s</th>
<th>Method/s</th>
<th>Timeframe</th>
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Appendix 2: Recording and recognising Fellows’ experience

Recording and recognising Fellows’ experience will be based on the following:

1. The Portfolio
2. The service development/quality improvement report
3. The final report

1. The Portfolio

The Portfolio should include:

- The learning agreement/goals (Appendix 3)
- Work schedules (Appendix 1)
- Reports of experiences, interviews
- Records of visits, observations, activities, meetings
- Reflective writing including reports of incidents, new experiences, etc
- Field reports
- Learning Logs (Appendix 4)

2. The service development/quality improvement report

This is a means whereby Fellows will record the service development/quality improvement work they undertake during the placement.

Fellows will have the opportunity to discuss this, and to become familiar with the methods required, at the pre-visit induction and will receive appropriate supervision throughout the placement.

It is expected that this report may be widely circulated to interested individuals with the agreement of the Fellow.

3. The final report

Fellows will be required to submit a final report following their return to the UK within an agreed timeframe. This will indicate the work they have carried out, their experiences during their visit, and the learning they have gained from this, including how this will inform and enrich their future work within the NHS.

Together with the service development/quality improvement report, the Fellows’ final report will be submitted to the Project organisers and their supervisors/mentors, and assessed to show how much each Fellow has gained from their placement, and whether he or she has met the criteria for successful completion of their visit. The supervisors/mentors will also be required to report to the Project organisers on the quality of the Fellow’s portfolio as part of this assessment process but as previously stated will not share details of the contents.
Appendix 3: Learning agreement/personal goals

The following table is based on the Medical Leadership competency Framework. It has been modified to incorporate the aims of the Project regarding Fellows’ development in clinical, managerial/leadership, and educational areas, and columns for Project Fellows to note, in discussion with their supervisors/mentors, those areas that best suit their personal goals, plus an indication of the achievement of those goals with the supporting evidence.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Personal Goals</th>
<th>Goals achieved and evidence and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clinical</td>
<td></td>
<td></td>
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<tr>
<td>2. Management/Leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Personal qualities</td>
<td>Self awareness</td>
<td></td>
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<td></td>
<td>Self management</td>
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<td></td>
<td>Self development</td>
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<td></td>
<td>Acting with integrity</td>
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<tr>
<td>b) Working with others</td>
<td>Developing networks</td>
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<td></td>
<td>Building and maintaining relationships</td>
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<tr>
<td></td>
<td>Encouraging contribution</td>
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<tr>
<td></td>
<td>Working within teams</td>
<td></td>
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<tr>
<td>c) Managing services</td>
<td>Planning</td>
<td></td>
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<tr>
<td></td>
<td>Managing resources</td>
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<td></td>
<td>Managing people</td>
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<td></td>
<td>Managing performance</td>
<td></td>
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<tr>
<td>d) Improving services</td>
<td>Ensuring patient safety</td>
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<tr>
<td></td>
<td>Critically evaluating</td>
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<td></td>
<td>Encouraging innovation</td>
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<td></td>
<td>Facilitating transformation</td>
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<tr>
<td>e) Setting direction</td>
<td>Identifying the contexts for change</td>
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<tr>
<td></td>
<td>Applying knowledge and evidence</td>
<td></td>
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<td></td>
<td>Making decisions</td>
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<td></td>
<td>Evaluating impact</td>
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<tr>
<td>3. Teaching/education</td>
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</tbody>
</table>
### Appendix 4 – Sample Learning Log

- **What did I do?**

- **How do I think/feel about this?**

- **What did I think about but not say (or what did I want to say but did not)**

- **How well (or badly) did it go?**

- **What did I learn?**

- **What will I do differently next time?**

- **How will I do it differently next time?**

- **What have I achieved?**

- **What have I learn about myself?**

- **How have I put any theory into practice?**

- **How does what I have been doing lead to me becoming better at a skill**

- **How can I use this to plan for the future?**

- **(How) can I use this to plan new learning experiences?**