Establishing quality standards for e-learning content in health

A discussion Paper from the Skills Academy for Health event on the 30th November 2009

A Skills Academy for Health event on the 30th of November 2009 brought together a group of practitioners, who implement, build and commission e-learning content in the health sector to discuss quality standards for e-learning content in the health sector.

The aim of the event was to:

- To outline a workable framework for the communication of e-learning content quality standards by building on and extending good e-learning content practice.
- To identify the areas that need to be considered in communicating good practice around development of good content.
- To provide networking opportunities for those who commission and develop e-learning content within health.

The purpose of this paper is to reflect the group's thinking from the day. Additional comments are welcomed by those who attended and those unable to attend. It forms the basis of an ongoing discussion with Skills Academy for Health which is part of the Skills for Health sector skills council. Feedback is welcomed on this paper via an online form which can be found at http://tinyurl.com/SA4Hcontent.

Defining quality.

In order to outline a workable framework, the group first reviewed what good might look like. To do this we considered 5 types of e-learning content delivery to review the potential for the content type, the extent to which the potential is being achieved, the barriers to achieving potential. The group also considered what fit for purpose content might look like and the quality standards currently in place.

The 5 content types considered are below (a full summary of the discussion is in appendix 1)

1. Formal self-study content – compliance
2. Formal self-study content - induction, management development, etc.
3. Live online learning using virtual classrooms
4. Rapid / informal content
5. Online distance learning (lengthier professional qualifications and certification programmes)
In general, the potential for each content type was significant although good practice was often restricted to islands of success within the sector. Definitions of fit for purpose varied across content types but included the need to be

- Relevant
  - aligned to organisational need – clear measurable outcomes identified
  - aligned to learner need and context
- Accessible
- Measurable
- Appropriately designed – quality comes from the user experience and application of new skills

A number of quality standards were identified but were their use was inconsistent?, and they did not adequately address all elements. In most cases awareness of existing standards was also patchy.

**What value would be added by applying quality standards?**

The group consensus was that there are no learning design standards that focus on the transfer of learning, although the Becta guidelines start to address this.

Establishing quality standards – is it achievable? Changes are coming rapidly in this area. Standards developed five years ago may not be relevant now. It was felt that moving forward, any standards needed to be consensual; they needed to help shorten the process, improve communication and help in sharing understanding.

Guidelines and checklists would be useful to the commissioning manager and to aid evaluation however, it was felt that to provide pedagogical standards would be a minefield, as there is so little agreement.

**In this situation, what should standards address?**

There are at least three aspects to the issue of standards: (1) providing best practice guidelines to support design and development; (2) providing a gateway to content being published – a form of quality assurance; and (3) tracking effectiveness.

**What should be considered in establishing standards?**
• Important to engage the learner up front in development. User testing is important.

• Have learner needs been adequately identified? Is e-learning the right method? What has worked and what hasn’t?

• You could map materials to pedagogical models as a form of tagging.

• It is more important to see how learners apply the learning. How do you measure application?

• It is difficult to set the standard through objective measures, although the subjective experience is useful feedback.

• It is important to see e-learning as only a part of the overall learning process – not necessarily an end in itself. E-learning may be only part of a blend, so some aspects of the standards must extend beyond e-learning to the overall intervention, which might include informal elements.

A concern with the setting of standards - who is to say what will work for the learners?

Establishing quality standards for e-learning content in health – A framework for next steps

There is a requirement:

• To provide of standards, guidelines and support to offer a better approach to e-learning in health (Skills for Health should be driving this).
• To define quality assurance – what does it mean? Delivering quickly is a big ask!
• For something to help trainers evaluate online resources.
• To enhance the quality of the e-learning commissioning process.

What is needed?

• Practical simple guidelines that people in all trusts can understand, follow and implement.
• Make sure guidelines are ‘paper light’. The NHS always wants to document to the nth degree – we need a short, simple guide.
• Set priorities within the standards.
• Impact on patient care (thinking about how this can be achieved).
• Focus measures on instrumental knowledge utilisation.
• Transferability of training (national standard of training).
• Credible endorsement of e-learning content.
• Peer review in content quality.
Steps to making it happen:

- Define e-learning design standards, define appropriate use of each new e-learning tool, explore the blend of formal and informal learning.
- Make sure the structure, design and length are reflective of the NHS environment, i.e. good, constant stakeholder engagement throughout development.
- Each activity to be clear – who is it for, when it applies so that trainers can evaluate the online resources.
- Focus on management buy-in.
- Consider the learning journey in terms of the stages that the learner needs to go through.
- Exploit the NHS e-learning repository and its tools to manage a consensus process around those aspects of quality that it can help.
- Set up a small focus group to draft some ways of working/commissioning which would create good practice across the NHS.
- Improve infrastructure.

Engagement/communication:

- Greater sharing of best practice.
- Sharing any quality standards/guidelines with staff in trusts and with companies engaged by trusts/SHAs.
- Make sure everyone is aware that this is the approach to take and show them that they can do this – set up events within the 10 SHAs.
Appendix – Summary of discussion

1: Formal self-study content – compliance

What is the potential for this form of e-learning in the NHS?

- High, as allows for assessment and tracking.
- There is potential for a national, buy-once approach.
- There is a potential for transferability of accreditations across roles, saving unnecessary retakes.

To what extent is this potential currently being realised?

- Underwhelming; underachieving; islands of excellence but not universal for all in a particular topic or region.

What is getting in the way of the full potential being realised?

- A leadership challenge - leaders and managers risk adverse, half-hearted.
- Central approach = boring, lacks contextualisation.
- Once you’ve lost a learner, they don’t go back to e-learning
- We need something engaging to realise the potential of the medium.
- Repetition of training as staff transfer across trusts - end up resenting it when you have to go through it lots of times.
- IT issues for those who are working from home?
- Confidence in the source of the content - does it make sense for a national body for compliance of e-learning?

How fit for purpose is the current offering?

- Needs to embed assessment as it is important to prove achievement. Also important for learner motivation, as the individual goal is accreditation.
- Diversity of audience - IT, numeracy, literacy issues - ‘one size fits all’ does not work
- What is fit for purpose in this respect? Would plain text on mobiles be better? Immediate and accessible. More flashy learning might work less well?
• Consider skills passports

What standards, if any, are you aware of? Which are currently applied? How useful are these?

• Evaluation frameworks.
• Becta quality principles.
• ISO standards.
• These are not widely used (not fit for purpose).
• Measuring what is good is difficult. What are the metrics for quality?

2: Formal self-study content - induction, management development, etc.

What is the potential for this form of e-learning in the NHS?

• So much more. We are flagging behind other sectors. The growth potential is big.

To what extent is this potential currently being realised?

• There are pockets of good examples, but only just starting.
• We need to gather evidence to show where it is working well to expand interest.

What is getting in the way of the full potential being realised?

• Developers don’t dig in to really understand customer needs.
• We need to know how to commission - clarifying needs more clearly, representing specialist needs.
• The technology infrastructure is varied - even within regions.
• Top-level buy-in, so can log into funding.
• Prior experience - seen it before - don’t want it, too boring.
• Evidence of impact – how learners and trusts are benefiting.
• Localisation to individual trusts - 'does not apply to us'.
• Lack of expertise around understanding needs, selling internally.

How fit for purpose is the current offering?
• Limited - not consistent.

What standards, if any, are you aware of? Which are currently applied? How useful are these?

• SCORM.
• Quality guidelines.
• Accessibility standards.
• No standard readily available.
• Connecting for Health standards
• JISC standards.

3: Live online learning using virtual classrooms

What is the potential for this form of e-learning in the NHS?

• Benefits of convenience, time savings, reduced costs, removal of geographical barriers, wider access to participants, easier access to subject matter experts. Can record sessions so those who miss them don’t miss out.
• Applications: as a replacement for traditional lectures, providing learning support, facilitating collaborative learning. In practice more like a tutorial than a lecture.
• A good way of delivering back-up information, e.g. in IT support rollouts.
• Not an identical replacement to the physical classroom – similar, but without the non-verbal feedback.
• Trainers need new skills.

To what extent is this potential currently being realised?

• It is not.

What is getting in the way of the full potential being realised?

• A lack of awareness.
• Technology and end-user skills.
• The quality of the available broadband connection. Not everyone in a geographically disparate audience will necessarily have good broadband.
• The environment is strange at first.
• In the NHS environment, between 12 and 3 pm the network slows down.
• Most don’t have admin rights to download the web conferencing software.

What standards, if any, are you aware of? Which are currently applied? How useful are these?
• None that we know of. Gilly Salmon best practice guidelines?

4: Rapid / informal content

What is the potential for this form of e-learning in the NHS?
• A viral way of transmitting information through peer recommendation. Doctors and nurses doing more of this. Less limited by age.
• The potential is untapped. It is being used but unstructured (which is the nature of the beast).
• Tracking this in one place is tough.
• Can the use of forums in medicine provide a faster response to patient need?

What is getting in the way of the full potential being realised?
• Connectivity.
• IT departments don’t allow Flash; block access to social networking.
• Structures and hierarchies – a ‘not what we do’ culture. The NHS is controlling.
• Patients are empowered and get to view this material (e.g. YouTube) but not allowed to in the NHS.
• Mandatory training gets in the way - if I have to do this then I haven't got time to learn the other stuff for own personal development.
• CPD - should we let employees tell us what they need?

What standards, if any, are you aware of? Which are currently applied? How useful are these?
• None.
• Practical advice, e.g. no patient-identifiable material to be posted online.
5: Online distance learning (lengthier professional qualifications and certification programmes)

What is the potential for this form of e-learning in the NHS?

- The potential is massive - reach, scalability, cost saving, good for large programmes of certified study for those cohorts who are distributed over the country.

To what extent is this potential currently being realised?

- There are pockets of excellence – it depends.

What is getting in the way of the full potential being realised?

- The desire for localisation – I want something relevant to me.
- The development cost.
- Buy in at top level and by peer groups.
- Don’t want to break habits - we've always done it this way.
- Bad experience of mandatory training, etc.

How fit for purpose is the current offering?

- Three levels of quality: (1) the technical quality, is the content comprehensible? (2) The learning - how well does it impart ideas, how engaging is it, can learners relate to it? (3) Is technology being used appropriately?

What standards, if any, are you aware of? Which are currently applied? How useful are these?

- No specific standards. There are accessibility standards for the development of materials, but nothing that applies directly to this area.

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