

MY IMPROVEMENT JOURNEY

Abstract

A full description of a Quality Improvement (QI) project over time in chronological order, demonstrating various QI tools and the reality of improving quality in the health care setting.

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QI Project: 2020/2021 Virtual Learning Project

Project: Improving the Virtual Learning Method Competency in Acute Physiotherapy
Project Lead: Juliet Harvey Practice Development Physiotherapy
Sponsor: David Furniss, Physiotherapy Acting Professional Lead
Mentor: Nikki Munro, Professional Lead for Orthotics
Project Start Date: November 2020
End Date: ~~May 2021~~ September 2021 (revised June 2021)
Last Revised: July 2021

Problem:

The onset of Covid-19 and the introduction of guidelines on social distancing necessitated a shift in training and development delivery to be either paused or adapted and new training priorities were rapidly established from March 2020. At this time, staff did not have access to normal learning and development opportunities. Now (November 2020) in the period of “new normal” we return to provision of training and development, but with the guidance on social distancing remaining in place for the foreseeable future.

Project Description:

We have approximately 450 Acute Physiotherapy staff, approximately 150 Band 6 staff who are expected to deliver In Service Training (IST) as per their job description, many are able to deliver via virtual means, but not all. We, Practice Development, worked in the early stages of the pandemic to signpost, support and encourage knowledge sharing in relation to delivery of training and development and strive to employ a collective leadership approach.

Rationale:

The Practice Development Team facilitated delivery of 49 sessions of virtual learning which all staff were invited to between 26th March 2020 and 18th September 2020. There were also multiple local provisions of virtual learning that were managed per team or per site. The Practice Development Team (N=3) went through a number of change cycles. Competence and confidence levels of were assessed and by September 2020 100% of the Practice Development Team were competent and confident to support and signpost Physiotherapy staff to available methods of virtual learning and development during restrictions of Covid-19 in line with the Scottish Government Digital Directive. The detail of this foundation work is reported [elsewhere](#).

Learning from this project gave valuable insight moving forward appreciating the value of virtual learning environments with particular focus on MS Team and Office 365 programmes especially Power Point. It was not known across the acute Physiotherapy service what levels of confidence and competence of staff was. It was known that people were contacting the Practice Development Team for assistance in this area. Baseline assessment was needed so that the extent of the problem could be assessed and so that change ideas could be generated from those already competent and confident. It is known that Physiotherapists tend to be active learners with a preference towards kinaesthetic learning (Stander et al., 2019), but the specific need of those that are not confident and competent in delivering teaching by virtual means is not known. The baseline assessment will also seek to define this. In November 2020 baseline levels were sought via Webropol Survey to Physiotherapy Team Leads and in [Physiotherapy Focus](#) Newsletter.

Expected Outcomes and Benefits:

It is expected that this project would improve the provision of learning and development across Physiotherapy, reduce duplication of work, increase equity of learning and development provision and increase richness of learning available across the board when blended with socially distance face to face delivery. These benefits went beyond pandemic restrictions. A Force Field Analysis demonstrates both restraining and driving forces for improvement of band 6 virtual learning confidence and competence. It was brought together in consultation with Team Leads at Team Leads meeting 2nd December 2020 (N=30), baseline data collection November 2020 (N=95), evidence from feedback from Professional Development Series 14 – 18th September 2020 (N=74 participants; N=11 speakers) and national strategy/guidance, see Table 1.

Table 1. Lewin’s Model Force Field Analysis for improvement in band 6 confidence and confidence in using virtual learning methods to deliver IST

Forces for Change		Forces Against Change
Scotland’s Digital Health and Care Strategy for digitally able workforce →	Improving Band 6 Physiotherapist confidence and competence in using virtual teaching methods as a vehicle for delivering in service training	← Time away from clinical work to learn and master a new skill
Share work with larger audience →		← Access to appropriate hardware eg laptop, camera, mic/headset
More collaboration, less duplication →		← Access to the quite/private place & space
Positive feedback from previous experience →		← Software ie Window10 for Teams
Staff expressed interest and motivation →		← Staff security/comfort with change
Transferable skills for other work →		
Social distancing restrictions at present →		
Less time & money on travel →		
People can catch up or re-watch video →		
Opportunities to work with others that we would not normally →		
Share the load of training delivery with many team members easily →		
Blended model eg doing preparatory work for session online before in person →		
Other Considerations		
<ul style="list-style-type: none"> • Working at home (privacy, isolation) • Buddy system/Mentor system (strengths based some staff are novice practitioners, but expert at technology and vice-versa) • People are less likely to interact online i.e. ask questions or make comments • Opportunities for networking, peer support, team building • Need to have a blended approach not all can be done online in developing the very hands on skills of Physiotherapy and general working in a clinical area. • For people to evaluate as they introduce new ways of working • Different ways of learning virtually: You Tube Guides (e.g. NHS GGC Respiratory Medicine) Active Case Studies, Journal Clubs, Self-Management Website, Weekly tutorials by different staff members, Patient Interviews, Project Based Learning 		

Aim Statement:

By May 2021, 80% of Band 6 Adult Acute Physiotherapy Staff at NHS GGC who respond to the survey will be confident and competent in using virtual methods as a vehicle to deliver learning and development in keeping with service plan aligned to the AHP Learning and Development Strategy and NHS GGC Digital Strategy.

How will we know that a change is an improvement?

Method:

Consultation with staff throughout ensures that the change ideas met the requirements of staff. Tools from the model for improvement were used (Langley et al., 2009) to guide this project towards meeting the aim using the operational definitions below.

OPERATIONAL DEFINITION (V1 09/11/20):

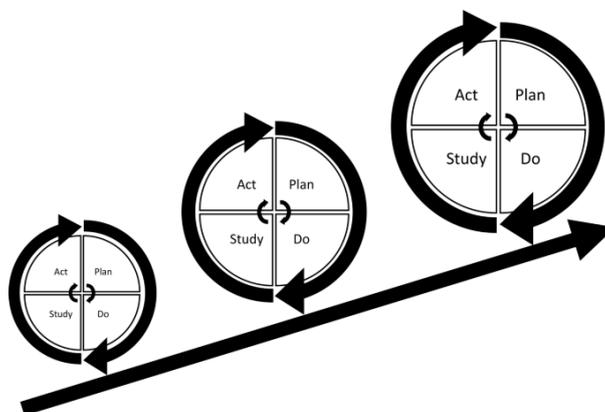
CONFIDENCE: Self-assurance arising from an appreciation of one's own ability using virtual learning methods* as a vehicle to deliver learning session in real-time and on demand. This is assessed on a Visual Analogue Scale (VAS) where 0=not confident and 10=totally confident. Confidence will be assigned when a score of 7/10 or over is self-reported.

COMPETENCE: A combination of skills, knowledge and experience giving ability using virtual learning methods* as a vehicle to deliver learning session in real-time and on demand. This is assessed on a VAS where 0=no competence and 10=totally competent. Competence will be assigned when a score of 7/10 or over is self-reported.

*VIRTUAL LEARNING METHODS = licenced and approved by NHS GGC methods for example MS Teams and PowerPoint Programme. Sufficient confidence/competence includes being able to share a Power-Point Presentation on Teams and know how to record session e.g. using Stream, Power Point Audio Recording or Video Recording. This excludes other systems such as Zoom, Skype, Virbela, YouTube. This is not to say that people cannot use these systems for work purposes.

The baseline survey was collected using Webropol V3 includes both the outcome measures and process measures outlined below (Appendix 1). The outcome measure was repeated to test if the changes made were an improvement. The process measures helped assess changes made and how to make the next change cycle better and to ensure systems being put in place were working. Plan-Do-Study-Act (PDSA) cycles (Figure 1) was used to guide testing of each cycle.

Figure 1: Plan-Do-Study-Act Cycles



OUTCOME MEASURE:

A repeated measure of self-reported confidence and competency: Baseline measures were determined in November and December 2020. Then a sub-group of staff that self-determine that they are not confident or competent were invited to repeat the survey on a monthly basis. They formed the improvement group of which the project will focus on. Those who are competent already will not be burdened to give a monthly update, their data will be repeated unless they reply via the data collection tool with another report or to the Principle Investigator by email.

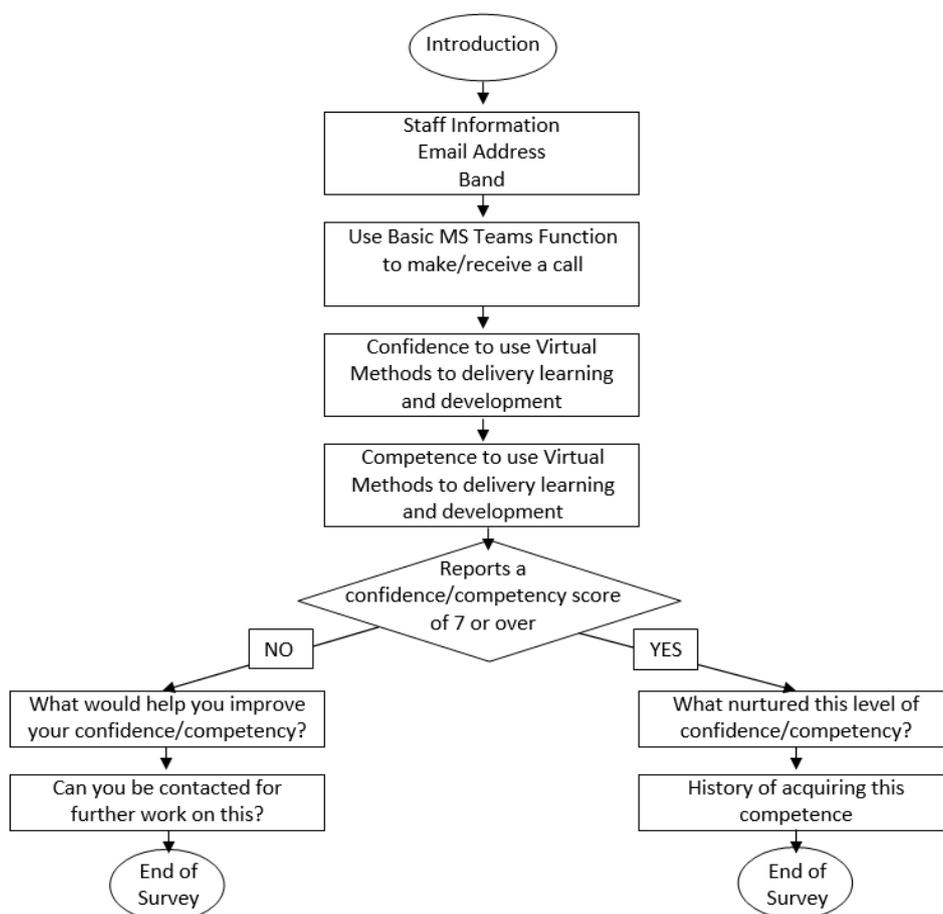
PROCESS MEASURE:

Contained within the baseline questionnaire there were filters in terms of those already competent and those not. Those who were competent were asked advice on how competence was gained and those not competent are invited to define what they required to gain competence and invited to engage in further work.

COMMUNICATION PLAN:

The survey (outlined in Figure 2) was shared via Team Leads email and Physiotherapy Focus Newsletter in the first instance to determine baseline data, one reminder was sent. Participants were then invited to join a mailing list where they will be sent a link to the 2 questions monthly via MS Teams page until May 2020 or until competence is achieved (1 round per month). The survey is also shared on a monthly basis with the whole team via Physiotherapy Focus. The results were based on a convenience sample of those that are able to complete the survey. It was expected that this would be affected by clinical demand as we were amidst the pandemic. Where there was missing data from an individual in the cohort the data from the previous month was used. The data was processed using an excel data collection sheet (Appendix 2).

Figure 2: The process of data collection from the survey on virtual learning



Scoping

Baseline Data Collected: 10th November to 10th December 2020

The survey was first sent out on 10th November via email to our 30 Team Leads to be forwarded to all qualified staff. Data was reviewed at one week 5 responses were received (0.01% response rate). Therefore a reminder email was sent with the addition of the response number so far and explaining that it is the intention to share the results at the Team Leads Meeting on the 2nd December and form discussion and ideas for moving forwards. Following this reminder email 98 responses were received which is a response rate of 22%. The data was collected across all bands to allow for baseline discussion about the service and ensure the aim is correct. Table 2 and 3 shows quantitative results across the bands for basic use of MS Team, confidence and competence in using virtual methods to deliver learning and development.

Table 2: Mean Basic use confidence and competency of using virtual learning methods

Mean Score /10	Use of MS Teams	Confidence	Competency
Band 5 N = 13	8.7 (median 10)	5.8 (median 6)	5.5 (median 6)
Band 6 N = 46	8.0 (median 8.0)	5.0 (median 5.5)	4.8 (median 5)
Band 6 Improvers N = 27*	7.0 (median 8)	3.6 (median 4)	3.6 (median 4)
Band 7+ N = 39	9.5 (median 10)	6.1 (median 7)	5.8 (median 7)
ALL Bands N = 98	8.7 (median 10)	5.6 (median 6)	5.3 (median 6)

Table 3: Basic use confidence and competency of using virtual learning methods (%)

≥7 /10 Score (%)	Use of MS Teams	Confidence	Competency
Band 5 N = 13	92.3	53.8	46.2
Band 6 N = 46	80.4	37.0	32.6
Band 6 Improvers N = 27*	66.7	3.7	0
Band 7+ N = 39	97.1	54.3	54.3
ALL Bands N= 98	90.3	47.3	44.1

* a sub group of the Band 6 staff who have indicated they wish to focus on improvement.

Depending on how they responded to the initial questions the data were divided into two groups those that defined themselves confident and competent and those that are not. For those that define as being competent they were asked to consider what action they would attribute this confidence and competency to and to define over time achievement of competency. The responses can be seen in Table 4. By a large margin the most commonly reported method was taking time to work through the system on their own, followed by actually delivering training via virtual methods. Figure 3 shows improvement over time when this group were asked to reflect back on their acquisition of skill.

Figure 3: Where scored ≥7/10 competence (comp) respondents were asked to retrospectively define their journey over time from March 2020 (N= 41, all bands)

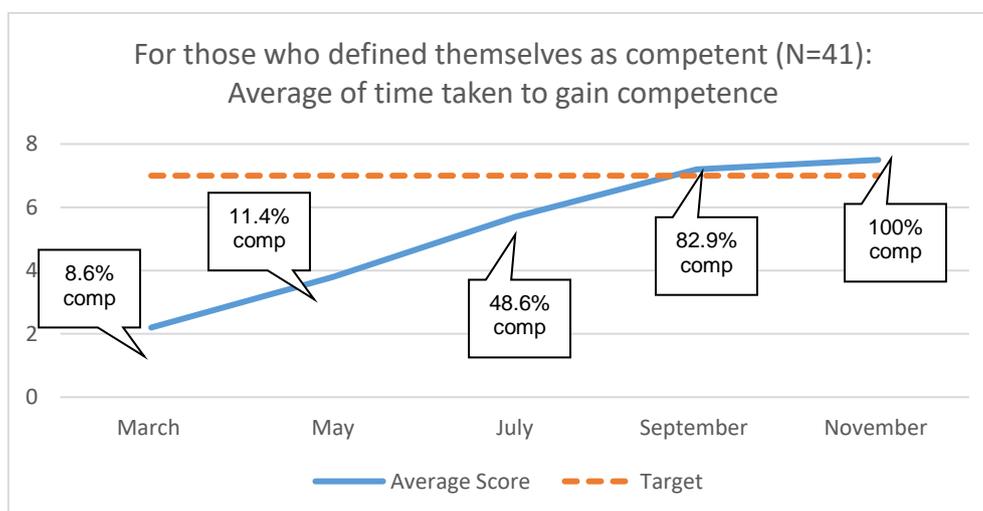


Table 4: Where scored ≥ 7 attribute gain confidence/competence was invited (N= 41)

Attending MS Teams Training Provided by Library Services in Real-Time	27%
Watching MS Teams Training On-Demand	17%
Taking Time to Work Through the System on My Own	88%
Working with My Team to Learn the System	44%
Delivering Training Virtually	49%
Attended Physiotherapy Professional Development Day as an Attendee	10%
Presenting at Physiotherapy Professional Development Day	20%
Instruction Sheets of NHS GGC Acute Physiotherapy Professional Development Series	7%
One-to-One Help with Library Services or eHealth	7%
Something else Including: <ul style="list-style-type: none"> • Delivering groups via MS Teams to patients • Participated in QIP training and it was fully explained • Searching instructions on MS self help website • Help from Julie Harvey – Practice Development • Participation in other webinars both as a presenter and participant • I have learned the essential aspects of MS Teams through participation with virtual meetings • Attending other presentations and being a part of other groups in MS Teams • Using other virtual systems for several month to deliver online training in second job. 	20%

Table 5: Ideas for improvement provided by staff that reported lower levels of confidence and competence in using virtual methods to deliver training and development (N=46), along with PI notes on what may already be available to support this.

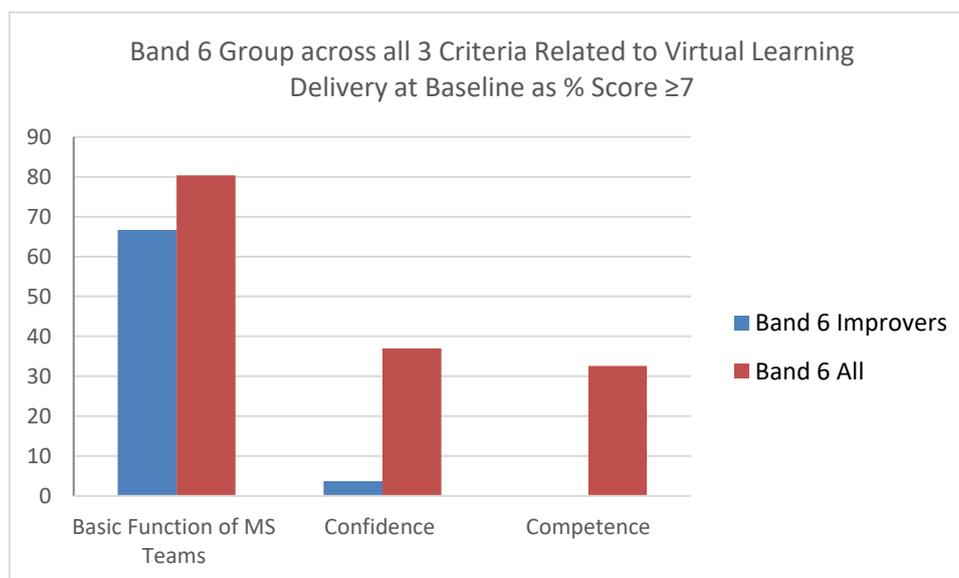
Where scored ≤ 6 how to gain confidence/competence	Count	Notes on something that may be useful already available?
Practice/Exposure	20	Share back to team leads
Using in Daily Work (e.g. 121, Meetings)	2	
Hardware	7	
Quite space to delivery Training	2	
Being Shown How to Use System/ 1:1 Assistance	4	Peer support & Videos
Training on Using Systems	15	Library Service Training & Support *
Video on Using Systems	6	Some done on Teams Page E.G.
Better Internet Connection	1	
Opportunities to Present	5	Opp in 2021 e.g. Prof Dev Day
Opportunity to Deliver IST/Teaching	3	Share back to team leads
Basic Guide Available for Staff	8	Champ & Development Day
Guidance on Teaching Effectively Virtually	1	Turas Transferring F2F to Online
Problem Solving Guide	3	NHS Ask App on Teams & Champ
Examples	2	PDD Catch Up
Peer Support	3	Aligns with Clinical Supervision
Self-Teaching	1	Share back to team leads
Team Tutorial	1	Peer support
Other comments made: <ul style="list-style-type: none"> • I do not find MS teams as user friendly as others such as zoom. • Currently have little time in the office due to COVID so unable to sit and go through it myself. I've said no below as it would be very difficult to find time to be available I'm afraid. • I would like to know how to set sub meeting groups within a teams meeting to allow smaller group discussions. This will be helpful or on call case study discussions. Sarah did this well on the student forum group. A sort 10-15min lesson on MT 		

Where the respondent defined that they did not feel competent they were asked to define what they felt would increase confidence and competence. Table 5 shows the result of this, practice and training were the most common responses, along a need for with supporting literature to refer to when staff are working with the systems. There was also indication that opportunities to use virtual methods were required and that IT infrastructure is a barrier to using these methods currently.

Sub Group Analysis

The baseline survey asked if staff wished to be contacted by Practice Development in order to improve their skills. 27 band 6 staff that reported themselves to be below the desired level of competence opted into this group, 4 opted out. It can be seen by Figure 4 that this groups confidence and competence is much lower than the whole Band 6 group, therefore it is predicted improvement in this subgroup should have a great effect across the whole group.

Figure 4: Baseline measurement of the Band 6 Improvers Group and All Band 6 Staff



Aim Statement & Baseline Data

Part of the function of the baseline data collection was to define if the aim statement was appropriate, the baseline data showed that the target group of Band 6 staff is appropriate as only 1/3 of staff reported competence in using virtual methods to deliver learning and development. As evidenced by those who had already improved in the preceding months, the projection regarding time frame was too short to allow improvement to occur, therefore the target time frame was moved from March 2021 to May 2021. The current level of confidence and competency in the workforce was lower than expected and a pragmatic calculation of potential change (based on a projection that 90% of improvement group becoming competent) was completed and discussed with the clinical effectiveness team and SIFS cohort 9 at the December 2020 session. As a result, the target was changed from 90% to 80% as a more realistic target and will still meet the needs of the service.

Table 6: Development of the aim statement using baseline data

Original Aim (Nov 2020)	By March 2021, 90% of Band 6 Adult Acute Physiotherapy Staff at NHS GGC will be confident and competent in using virtual methods as a vehicle to delivering learning and development in keeping with service plan aligned to the AHP Learning & Development Strategy.
Final Aim (Dec 2020)	By May 2021, 80% of Band 6 Adult Acute Physiotherapy Staff at NHS GGC who respond to the survey will be confident and competent in using virtual methods as a vehicle to deliver learning and development in keeping with service plan aligned to the AHP Learning & Development Strategy and NHS GGC Digital Strategy.
Revised Jan 2021 for a short period	To read "essential" learning & development for the period of special measures where all "non-essential" training was paused. This "essential" will be removed once special measures are lifted.

What changes can we make that may result in improvement?

Initial Change Ideas List

- Feedback survey at Team Leads meeting and as a Team develop ideas moving forwards
- Use baseline survey and PD experience to define what has the biggest impact
- Use baseline survey to define barriers
- Use baseline survey to invite people to be involved in improvement
- Develop a programme of learning and development based on response to survey
- Encourage practice of using the system and opportunities to deliver virtual learning and development

Figure 5 shows development on initial change ideas into a project plan

Key Stakeholders

Team Leads

Physiotherapy Practice Development

Staff that are already confidence and competent (gain knowledge on how this has been achieved and support others)

Staff that are not confidence and competent (gain a group who wish to improve)

B6 Staff deliver core IST

B5 Staff receive majority of training

Library Services

eHealth

Barriers

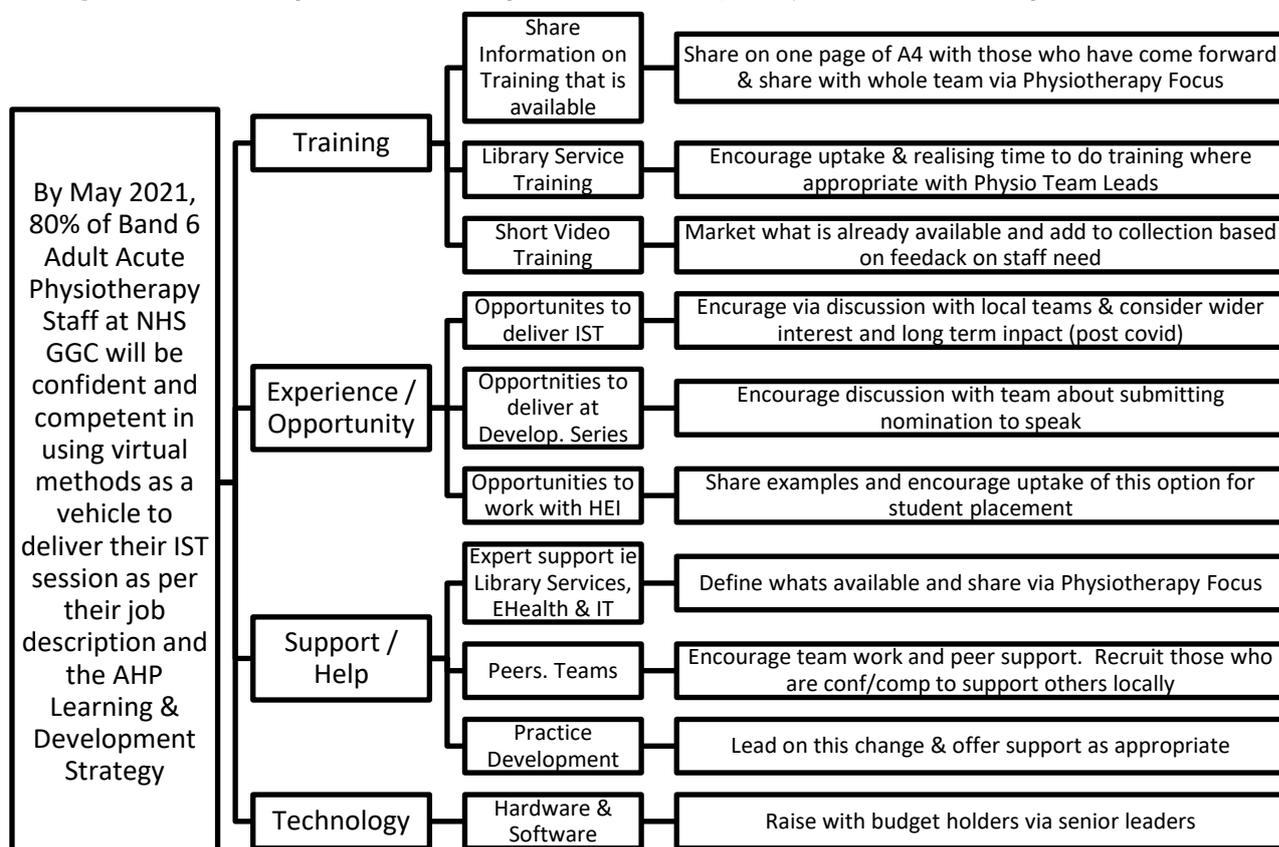
Physiotherapist having time away from clinical

IT hardware and internet access

Boundaries

Improvements must not be laborious on staff time

Figure 5: Tree diagram to show organisation of project by theme and change ideas



Implementing Change Ideas by PDSA Cycles

You may wish to skip to the Results Section – Go to page 19

DECEMBER 2020			
Aim (overall goal for this project)			
By May 2021, 80% of Band 6 Adult Acute Physiotherapy Staff at NHS GGC who respond to the survey will be confident and competent in using virtual methods as a vehicle to deliver learning and development in keeping with service plan aligned to the AHP Learning & Development Strategy and NHS GGC Digital Strategy.			
Change idea			
Communicate what is already available in terms of learning and development resources through normal Physiotherapy communication team (Physiotherapy Focus (PF), Create: Specific Channel in MS Teams, Staffnet page) and a mailing list of those that want to improve from baseline survey.			
PDSA objective: Describe the objective for this PDSA cycle	Cycle No: 1	What questions do you want answered for this test of change?	
Improve communication of what is available on virtual teaching to the Physiotherapy team.		Does defining what is available and communicating it to the teams in one easy to read linked document improve the confidence and competence of using virtual means to deliver learning and development?	
Plan			
Predict what will happen when the test is carried out.		Measures to determine if prediction succeeds	
It is predicated that this will increase formal and informal training uptake by Acute Adult Physiotherapist		Outcome: Jan objective measurement of confidence and competence Process: Communication from the staff that this has been useful (email, verbal, comments on page). Process: Hits to sites and videos (by Manage Team > Analytics for Teams and Views in Stream)	
List the tasks needed to set up this test of change.	Person responsible	When to be done	Where to be done
1. Gather all training resources into one easy to read list 2. Create “Virtual Learning Improvers” MS Teams page and populate with useful information. 3. Write Dec 2020 Physiotherapy Focus bringing together all the information gathered in an easy to read format. 4. Create Introduction on Staffnet Page in our Learning and Development Pages 5. Adapt Prof Dev Day Guidance to be more generic so can be used for future events. 6. Use baseline survey data to create mailing list of those who have opted to be in the improvement group.	Julie Harvey	10 th December	Online

Do Describe what happened when you ran the test.

Brought resources together used a simple list system format to meet the needs of the different learners so could opt into what is appropriate for them. Shared across 3 access points that all link with each other ([MS Teams](#), [Staffnet](#) and [Physiotherapy Focus](#)) and via email to improvement group and team leads.

The collage consists of three screenshots:

- Top Left:** A page titled 'VIRTUAL LEARNING RESOURCES' with a 'YOU SAID' and 'WE DID' graphic. It lists various training and development opportunities for physiotherapists, categorized into sections like 'TRAINING', 'OPPORTUNITIES', and 'TROUBLE SHOOTING & EXPERT HELP'.
- Top Right:** A page titled 'Getting Started with Digital Delivery NHS GGC Acute Physiotherapy'. It provides instructions on how to access the virtual learning resources and includes a survey link.
- Bottom:** A screenshot of a Microsoft Teams chat window. The chat shows a message from 'Harvey Juliet' on Monday 11/5, titled 'A Video on Making Video and Audio Recorded Power Point'. The message includes a Microsoft Stream link and a reply from 'Houston, Paula' on Tuesday 12/5, saying 'Really useful advice Julie -thank!'.

Study Describe the measured results and how they compared to the predictions.

December Outcome Measure Results = Baseline B6 ALL Confidence: 37% Competence: 32.6%; Baseline B6 Improvers Group Confidence: 3.7% Competence: 0%)
 Process measures demonstrating engagement with the project. 27 B6 have indicated they wish to focus on improvement and plus a further 13 from other bands (they will also be sent the improvement group information along with anyone from other teams that indicated interest).
 Analytics from 'Getting Started with Virtual Delivery' Teams Page: 105 hits to the site.
 Video Viewing: Basic Video: 7 views Audio of Power Point Recording Video: 14 views
 Comments Tally: by email=FB +ive, MC +ive, AF+ive, EW+ive and by teams page Teams=PH +ive, LD +ive LR +ive, therefore 7 statements regarding the communication were received all were positive. This has been a good start to the project especially given the current pressures due to covid19 this month the process measure have been more useful than the outcome measure.

Act Describe what modifications in the plan will be made for the next cycle from what you learned.

1. Offer Training Opportunities
2. Offer Opportunities to Practise & Present
3. For input into the run chart to measure our outcome continuously need to encourage repeat of the survey by individuals in January 2021

JANUARY 2020 (A)				
Aim (overall goal for this project)				
By May 2021, 80% of Band 6 Adult Acute Physiotherapy Staff at NHS GGC who respond to the survey will be confident and competent in using virtual methods as a vehicle to deliver learning and development				
Change idea				
At this time communication is difficult so reinforce information shared in December Physiotherapy Focus re learning and development resources through normal Physiotherapy communication means, with the addition of opportunities to train and present for 2021 and an article from the AHP e-health team. Include a prompt to consider for Professional Development Plan and KSF/supervision conversations.				
PDSA objective: Describe the objective for this PDSA cycle	Cycle No: 2	What questions do you want answered for this test of change?		
Improve communication of what is available on virtual teaching to the Physiotherapy team. Ask what opportunities to learn and gain experience the staff would value? Ask what should the content of training should be?		What opportunities to use virtual learning do the staff want?		
Plan				
Predict what will happen when the test is carried out.		Measures to determine if prediction succeeds		
It is predicated that this will increase uptake by Physiotherapist of training and development opportunities & give something for staff to aim towards for in 2021 i.e. opportunity to present.		Process: Communication from the staff that this has been useful (email, verbal, comments on page). Process: Number of volunteers to present at 2021 development series; Number of people wishing to practice session delivery; How many more people joined & used Teams Page & Improvement Group		
List the tasks needed to set up this test of change.		Person responsible	When to be done	Where to be done
1. Include all training resources in Jan PF 2. Include article from eHealth 3. Invite ideas for presenting at Physiotherapy Development Event(s) 2021 4. Ask if what a practice session 5. Encourage completion of survey		Julie Harvey Chris Grant Pantry & Gillian Fergusson (eHealth Leads)	8 th January 8 th January	Shared in Physiotherapy Focus
Do	Describe what happened when you ran the test.			
	Compiled Physiotherapy Focus as defined and sent out to staff including survey/poll links inviting expression of interest opportunities and what specific training needs might be.			
Study	Describe the measured results and how they compared to predictions			
	2 more staff members joined the improvement group; 9 people responded to poll asking for Practice Session 3 people said they did not need a practice session and 6 said they would like a practice session and chose the month of Feb 2021 with a preferred day (not Mon); 6 people responded to indicate what Teams training session should include: 6 = how to deliver a training session; 5 MS Team Basic Function; 5 = Setting up patient group; 4 = Setting up meetings; 4 = Setting up break out rooms; Analytics from Getting Started with Virtual Delivery Teams Page: 154 hits to the site for 53 users Video Viewing: Basic: 12 views Audio of PPT Video: 18 views (total)			
Act	Describe what modifications in the plan			
	1. Training at better times to fit with clinical work – contact library services 2. Consider responses regarding needing improvement group practice session & Physio Professional Development Event later in 2021 (discuss with PPD committee)			

JANUARY 2021 (B)			
Aim (overall goal for this project)			
By May 2021, 80% of Band 6 Adult Acute Physiotherapy Staff at NHS GGC who respond to the survey will be confident and competent in using virtual methods as a vehicle to deliver learning and development in keeping with service plan aligned to the AHP Learning & Development Strategy and NHS GGC Digital Strategy.			
Change idea			
Set up bespoke training session with Library Services on MS Teams at a time that is more suitable for Physiotherapist (2pm Wed is not a good time) and meets specific learning needs of group			
PDSA objective: Describe the objective for this PDSA cycle	Cycle No: 3	What questions do you want answered for this test of change?	
To provide training with an expert who can trouble shoot any issues		Does providing expert training improve the confidence and competence of using virtual means to deliver learning and development?	
Plan			
Predict what will happen when the test is carried out.		Measures to determine if prediction succeeds	
It is predicated that this will increase confidence and competence in Physiotherapist who take up the training		Outcome: Repeat objective measurement of confidence and competence Process: Communication from the staff that this has been useful; video and page views.	
List the tasks needed to set up this test of change.	Persons responsible	When to be done	Where to be done
1. Contact library service & agree training dates and content (SMcQ) 2. Arrange to record the training session so that people can catch up by watching on demand via Steam. 2. Share information with staff (improvement group, team leads, Physio Focus Jan 2021 newsletter) 3. Ask for Physiotherapist to advise any specific areas to be covered via a Webropol survey and share back to trainer before the session. 4. Raise equipment issue with senior leaders to help with ability to comply with practice & learning in the coming months 5. Create a training video "how to create Physiotherapy development event" for more advanced event planning	Julie Harvey Shona McQuistan Shona McQuistan Shona McQuistan David Furniss	20 th January 14 th January 19 th January 27 th January 31 st January	Online Online Online Online Senior Leaders Meeting
Do	Describe what happened when you ran the test.		
Training sessions provided on 14 th , discussed content with facilitator; 19 th discussed content with facilitator; & 27 th January 2021. Recorded Training Session and shared through improvement group, team leads, Teams page when completed (19 th Feb 2021) & PF in February Recorded Training video sharing learning from Physiotherapy Professional Development Series Equipment issue raised at Professional Leads Meeting and AHP Digital Lead Group.			

Study	Describe the measured results and how they compared to predictions.
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When asked specifically about the content of the MS Teams Training 6 Physiotherapist responded (see the box below). This was added to the appropriate data from the baseline and shared with Shona McQuistan the Library Services MS Teams Trainer pre-training.

What would respondents wished to cover in MS Teams 1hour training (N=6)		Covered 14/01/21
Basic Function of MS Teams	83%	✓
Using MS Teams for Virtual Meetings	67%	✓
Setting Up Breakout Rooms	67%	✓
Delivering a Training Session	100%	✓
Something Else (please specify)	0%	n/a

Delivery of the sessions created 3 spinoff PDSA cycles pertaining to the training sessions:

Session 1 14/01/21 Attendance No's = 13 participants, approx. time of session: 1hr 30mins positive feedback via chatbox (x5) and email (x1). As only one working day until next session, Shona and I discussed content & length following session 1, defined content and length of 1 hour.

Session 19/01/21 Attendance No's = 16 participants, approx. time for session: 1hr 5mins, most of feedback from participants via Webropol was received after this session (& a reminder email) despite attending session 1 & 2. 7 comments of thanks were received and one email. A more detailed analysis could be done at this time before Session 3 based on feedback given. 11 responses were received from those that had completed the training. 9 respondents had previously submitted baseline scores to allow comparison, 2 people now report competence compared to baseline, 7/9 reported improvement in competence of between +1 and +4, 1 remained with the same score one reported 1 point worse. The mean score for basic function was 8.7/10 confidence was 4.9/10 and competence was 4.5 (this compares to 7.8, 3.3, 3.3/10 respectively for this sub-group), so moving in the right direction. Qualitative feedback was generally positive indicated a lot of information to take on board and needed time now to digest and practice. 2 common themes were apparent to improve, the pace of delivery and volume on offer. The data summary was shared with Shona and further discussion was had before session 3. It was decided to have outline of content at start, which could be referred to throughout. Viewed the video again and noted what I felt was relevant from the comment received and the remit.

Session 3 27/01/21 Attendance No's = 5 participants, approx. time of session: 60 mins. 34 people attended one of the 3 sessions. The team gave positive feedback on the training delivered, we honed the training content over the 3 sessions and have recording for catch up training. Of the 34 Physiotherapist that attended the training session 15 gave feedback in the Jan 2021 survey (by 29/01/21). The mean score for *Basic Function* after training was 8.9/10 compared to 7.8 at baseline for this group; *Confidence* score after training was 5.5/10 compared to 3.3; for *Competence* score after training was 5.1/10 compared to 3.3.

Views to Basic Training Video by Shona McQuistan: 16 (as of 29/01/21)

Jan Outcome Measurement: B6 Confident in delivery of virtual training ALL: 41.7% (↑4.7%) IMPROVERS: 14.8% (↑11.1%); B6 Competence ALL: 35.4% (↑2.8) IMPROVERS: 7.4% (↑7.4%)

	<p>Word cloud summarising what was reported by questions on “<i>what would be helpful to improve?</i>” and “<i>anything else?</i>” from respondents in Jan 2021. Practice was the most commonly reported word, this is in keeping with the baseline responses and the broad plan.</p>
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Act	Describe what modifications in the plan
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Set up supported practice sessions and encourage peer support

FEBRUARY 2021			
Aim (overall goal for this project)			
By May 2021, 80% of Band 6 Adult Acute Physiotherapy Staff at NHS GGC who respond to the survey will be confident and competent in using virtual methods as a vehicle to deliver learning and development in keeping with service plan aligned to the AHP Learning & Development Strategy and NHS GGC Digital Strategy.			
Change idea			
Set up a practice session at a time that is most suitable for Physiotherapist Wed/Thurs/Fri			
PDSA objective: Describe the objective for this PDSA cycle	Cycle No: 4	What questions do you want answered for this test of change?	
To provide experiential learning opportunity following the basic training sessions		Does practice as a group improve the confidence and competence of using virtual means to deliver learning and development?	
Plan			
Predict what will happen when the test is carried out.		Measures to determine if prediction succeeds	
It is predicated that this will increase confidence and competence in Physiotherapist who take up the practice session. Either can present a short presentation (3min) of something they wish to practice sharing or they can present about their learning journey so far.		Objective: Repeat objective measurement of confidence and competence Process: Communication from the staff during the session Process: Numbers of people taking up this opportunity to practice as a group Balancing: Covid Restrictions on Learning Activity	
List the tasks needed to set up this test of change.	Person responsible	When to be done	Where to be done
1. Contact staff to see when would be appropriate for session 2. Develop a short task to be completed by those practicing during the session 3. Organise practice session	Julie Harvey	20 th February	Online
Do	Describe what happened when you ran the test.		
	Two practice sessions arranged for February (3 rd and 25 th). Registration and joining links created. Information shared with staff & offer 121 help.		
Study	Describe the measured results and how they compared to predictions.		
	On 22 nd Jan 2021 a directive was delivered via the Core Brief that all non-essential training should be cancelled until 30/03/21. I kept the 2 pre-arranged practice session for February in my diary as for some B6 staff it would be essential for them to deliver training virtually. 2 people booked onto the training, 1 withdrew due to staffing issues, 1 withdrew due to feeling competent and confident due to attending library training and practicing with her team. Rather than having to register the joining link was sent out via Physiotherapy Focus, the Teams Page & to the improvement group with no need to register for those requiring training that is essential to role and the offer for 121 support with any issues that individuals may be having. Nobody took up the offer of attending the formal training sessions. An additional 121 training session was delivered to support On-call training using breakout rooms on 10/02/21. Other support has been adhoc within other virtual meetings. Feb Process Measurement: Teams Page Members: 54; Improvement Group Members: +1; Hits to Teams Page: 79; Video Views: Basic: 12, Audio PPT: 20; Full Training: 20; Event: 4 Feb Outcome Measurement: B6 Confident in delivery of virtual training ALL: 44.9% (↑3.2%) IMPROVERS: 22.2% (↑7.4%); B6 Competence ALL: 38.8% (↑3.4) IMPROVERS: 14.8% (↑7.4%)		
Act	Describe what modifications in the plan		
	Informal, responsive support seems to have been more appropriate at this time where it is difficult for people to take any time away from clinical practice. Until the end of the <i>pause</i> on non-		

essential this will be the approach. In March the feedback will be reviewed and consider more training or practice sessions in April/May. In April we will also have had the committee meeting to consider the appropriateness of another Professional development day in June 2021. The responses to the survey have still been low, but the data management method accounts for this and therefore is appropriate at this time, consider sampling staff to determine generalisability of the results when closer to the deadline.

MARCH 2021			
Aim (overall goal for this project)			
By May 2021, 80% of Band 6 Adult Acute Physiotherapy Staff at NHS GGC who respond to the survey will be confident and competent in using virtual methods as a vehicle to deliver learning and development in keeping with service plan aligned to the AHP Learning & Development Strategy and NHS GGC Digital Strategy.			
Change idea			
I have offered individualised support, but have not had many returns over the last month. At the end of March send a personalised email to each individual in the improvement group, citing their comment on what would help improve and give a tailored offer of help. I will schedule some more practice sessions in April & May once the “non-essential” work restrictions are over.			
PDSA objective: Describe the objective for this PDSA cycle	Cycle No: 5	What questions do you want answered for this test of change?	
Better understand the needs of each individual. Provide a tailored offer of support to individuals in the improvement group. Continue to share all support offered with all staff.		Does asking what further needs people have and offering a tailored support to the individual has an effect of uptake of training, practice sessions, peer support and return of survey.	
Plan			
Predict what will happen when the test is carried out.		Measures to determine if prediction succeeds	
It is predicted that this will increase the uptake of support by individuals and reporting of outcome measures.		Process and Outcome measures already in use and number of return emails.	
List the tasks needed to set up this test of change.	Person responsible	When to be done	Where to be done
With only 2 months to meet the target take time to use baseline, follow-up, email and teams page comments from each individual to tailor email that directly refers to their learning needs and provide specific opportunities to meet their needs and offer any further support they feel relevant. To make reporting easier, the group are offered the choice of making responses re their outcome measures to me via email or completing the survey link.	Julie Harvey	26/03/21	Via email
Do	Describe what happened when you ran the test.		
It took approximately 6 hours to bring this data together and provide an individual response to each of 25 the improvement group members that have not already reached desired level of confidence and competency. Then reply to each of the individuals that return a reply takes additional time to this.			
Study	Describe the measured results and how they compared to predictions.		
March Process Measurement: Number of People Emailed Individually: 25 Band 6 Staff			

Number of Responses to Email: 10/25 emailed responded by April 2021 (40%) and another 2 into April (48% respond into April). Therefore not heard back 52%.
 Teams Page Members: 55; Improvement Group Members: 30; Hits to Teams Page: 41; Video Views: Basic: 13, Audio PPT: 21; Full Training: 24; Event: 5
March Outcome Measurement: B6 Confident in delivery of virtual training ALL: 52.1% (↑7.2%) IMPROVERS: 34.6% (↑12.4%); B6 Competence ALL: 49% (↑10.2) IMPROVERS: 33.3% (↑18.5%) As approximately half way determined median for each of the outcomes B6 Confident in delivery of virtual training results are as follows ALL: 7 IMPROVERS: 6; B6 Competence ALL: 6; IMPROVERS: 6.

Act	Describe what modifications in the plan
<p>Must acknowledge the impact of the second wave of covid, its effect on clinical demand and staffing levels, thus staffs ability to partake in training and development. There was also a directive on “non-essential” work which went from 22nd Jan to 31st March.</p> <p>Therefore the next step of the process is repeat the opportunities that people have missed. In the email and survey responses to the improvement group, no new themes have emerged. People mostly need time, space and opportunities to practice using the system. Have not heard from approximately half of the improvers, this in itself is an indication where people are at the moment in terms of being able to engage with improvement work, there is a delicate balance to achieve in offering support and not becoming another stressor for already stretched staff. At next team leads meeting will check in with regard to project aim and appropriateness of my interaction with their staff.</p>	

APRIL 2021				
Aim (overall goal for this project)				
By May 2021, 80% of Band 6 Adult Acute Physiotherapy Staff at NHS GGC who respond to the survey will be confident and competent in using virtual methods as a vehicle to deliver learning and development in keeping with service plan aligned to the AHP Learning & Development Strategy and NHS GGC Digital Strategy.				
Change idea				
Deliver some more practice sessions in April & May once the “non-essential” work restrictions are over.				
PDSA objective: Describe the objective for this PDSA cycle	Cycle No: 6	What questions do you want answered for this test of change?		
Provide a tailored and peer support to individuals in the improvement group. Repeat opportunities and continue to share all support offered with all staff.		Does a tailored peer support to the individual has an improve confidence and competence in delivery of virtual learning?		
Plan				
Predict what will happen when the test is carried out.		Measures to determine if prediction succeeds		
It is predicted that this will increase confidence and competency of staff		Process and Outcome measures already in use		
List the tasks needed to set up this test of change.		Person responsible	When to be done	Where to be done
Design and deliver training session that will be flexible to the needs of those attending. Feedback progress to team leads and encourage engagement and support of staff time to improve.		Julie Harvey Julie Harvey Julie Harvey (Julie Harvey)	14/04/21 14/04/21 29/04/21 07/05/21	Via Teams Via Teams Via Teams Via Teams)
Do	Describe what happened when you ran the test.			
Each session was delivered as planned.				

14/04/21 – One attended: We covered the specific needs of the individual - slide sharing, organising and facilitator on the meeting.
 29/04/21 – 0 attendees (expected a least 2 from direct communication with staff)
 07/05/21 – 0 attendees (expected at least 3 from direct communication with staff)
 Special measures on “non-essential” training have been extended to 23rd June 2021.
 Also many individuals on AL or short due to AL

Study Describe the measured results and how they compared to predictions.

April Process Measurement: Teams Page Members: 55; Improvement Group Members: 30; Hits to Teams Page: 37; Video Views: Basic: 13, Audio PPT: 26; Full Training: 24; Event: 6
April Outcome Measurement: B6 Confident in delivery of virtual training ALL: 52.1% (↑0.0%) IMPROVERS: 34.6% (↑0.0%); B6 Competence ALL: 49.0% (↑0.0%) IMPROVERS: 33.3% (↑0.0%)
 Very little change and engagement this month, however communication from staff indicates that this is a difficult period with competing work commitments. Parallel to this work we had the Acute Physiotherapy Development Event Committee meeting on 22nd April 2021. If we received enough interest in the event we planned to have a simple virtual event in June 2021. There was not sufficient return of expression of interest (EOI) by the meeting, therefore the decision was made to host a virtual development series in September 2021. The return of EOI, email content and “check-in” at other meetings helps understanding of staff ability of engage in learning and development activity at this time generally. Sensitivity is required moving forwards so that staff are not deterred from engagement with this project by being bombarded with communication about it, but the information and support should still be readily available and when required for essential training and development tasks. The Gantt chart below give a summary of what had been planned and what has been achieve (green = *achieved*, to red = *not achieved*).

Summary by Gantt Chart of Main Improvement Tasks Planned

Task	Nov	Dec	Jan	Feb	Mar	Apr	May
Baseline Data Gathering	Green						
Scoping & Clarifying Aim/Need		Green					
Recruiting Improvers		Green					
Sharing learning from those who improved already		Green	Green				
Sharing Resources and Training		Green	Green				
Bespoke Training from Library Services		Green	Green				
Practice Session with Improvement Group				Green		Green	Green
Arrange Development Series				Green		Orange	Orange
Reward (concluding email of congratulations)			Green	Green	Green	Green	Green
Personalised Communication to Improvement Group					Green	Green	Green
Development Series 2021							Red

Act Describe what modifications in the plan

Acknowledge that given the timing of this project meant that special measures have been in place of a large proportion of it. It is therefore, unlikely that our target of having 80% of Band 6 Adult Acute Physiotherapy Staff at NHS GGC reporting confidence and competence in using virtual methods as a vehicle to deliver learning and development by May 2021 will not be met.
 Stop, take stock, share finding so far back to the stakeholders (wider team and team leads)
 Seek clarity on the best way to move forwards from teams, but also peer experienced in QI.

MAY 2021

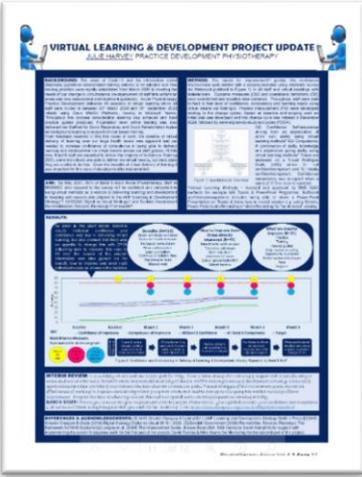
Aim (overall goal for this project)

By May 2021, 80% of Band 6 Adult Acute Physiotherapy Staff at NHS GGC who respond to the survey will be confident and competent in using virtual methods as a vehicle to deliver learning and development in keeping with service plan aligned to the AHP Learning & Development Strategy and NHS GGC Digital Strategy.

Change idea

Share back results to stakeholder & ask “what’s next?”

PDSA objective: Describe the objective for this PDSA cycle	Cycle No: 7	What questions do you want answered for this test of change?
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To produce an interim report showing progress towards aims, seek further clarity on aim statement ambition and what is required to achieve further positive change.	Does sharing back the results with stakeholders increase engagement with the improvement project?		
Plan			
Predict what will happen when the test is carried out.	Measures to determine if prediction succeeds		
It is predicted that this will increase knowledge of what direction to take the project in the coming months.	Process and Outcome measures already in use		
List the tasks needed to set up this test of change.	Person responsible	When to be done	Where to be done
Produce a short report of results Share with stakeholders via Physiotherapy Focus, Virtual Learning Improvers Teams Page, Staffnet Page, Team Leads Communication email.	Juliet Harvey	May 2021	Online reports and meetings.
Do	Describe what happened when you ran the test.		
A short report of results was produced and hosted within Physiotherapy Focus, Staffnet Page and VL improver's page for all staff. An interim report of this project with more specific findings will be produced for presentation to Team Leads on 9 th June 2021.			
<div style="display: flex; justify-content: space-around; align-items: center;">   </div>			
Study	Describe the measured results and how they compared to predictions.		
<p>May Process Measurement: Teams Page Members: 54; Improvement Group Members: 30; Hits to Teams Page: 72; Video Views: Basic: 15, Audio PPT: 25; Full Training: 25; Event: 8</p> <p>May Outcome Measurement: B6 Confident in delivery of virtual training ALL: 59.2% (↑7.1%) IMPROVERS: 48.1% (↑13.5%); B6 Competence ALL: 57.1% (↑8.1%) IMPROVERS: 44.4% (↑11.1%).</p>			
Act	Describe what modifications in the plan		
<p>Invite comment from stakeholders and peers Take back to Senior Leaders and Team Leads Take to peers in SIFS 9</p>			

Interim Results – June 2021

Overview of Project

Table 7 give a summary of the project activity over time by Gantt chart. It can be seen that there is some overlap in the PDSA cycles, thus parallel ramp method was necessary given the nature of the project towards the aim: *By May 2021, 80% of Band 6 Adult Acute Physiotherapy Staff at NHS GGC who respond to the survey will be confident and competent in using virtual methods as a vehicle to deliver learning and development in keeping with service plan aligned to the AHP Learning & Development Strategy and NHS GGC Digital Strategy.*

Table 7: Summary by Gantt Chart of Main Improvement Tasks Planned

Task by date with indication of achievement by traffic light system	2020		2021									
	No	De	Ja	Fe	Ma	Ap	Ma	Ju	Ju	Au	Se	
Baseline Data Gathering	■											
Scoping & Clarifying Aim/Need		■	■									
Recruiting Improvers		■										
Sharing learning from those improved		■	■									
Sharing Resources and Training		■	■									
Bespoke Training from Library Services		■	■									
Practice Support Sessions				■		■	■					
Arrange Development Series				■		■	■	■	■	■	■	■
Concluding email of congratulations			■	■	■	■	■	■	■	■	■	■
Personalised Communication to Imp Gro						■						
Development Series 2021							■					■

Progress towards Aim by Outcome Measure

Two outcome measurement were collected throughout the project to determine results relating to the aim statement. Baseline results have already been reported in the scoping section of this paper. The results (Figure 6 and Figure 7) show currently we are 74% towards our target level of confidence and 71% towards the target for competence, so gains of 26% and 28% are required, unless it is decided that 80% compliance is too ambitious. Observed change has been due to 1/3 of the improvement group moving from not being confident / competent to becoming confident / competent.

Figure 6: % of Band 6 staff reporting confidence in delivering training and development by virtual methods. Showing data for all Band 6 responses, the subgroup of members in the improvement group and the target relating to the aim statement.

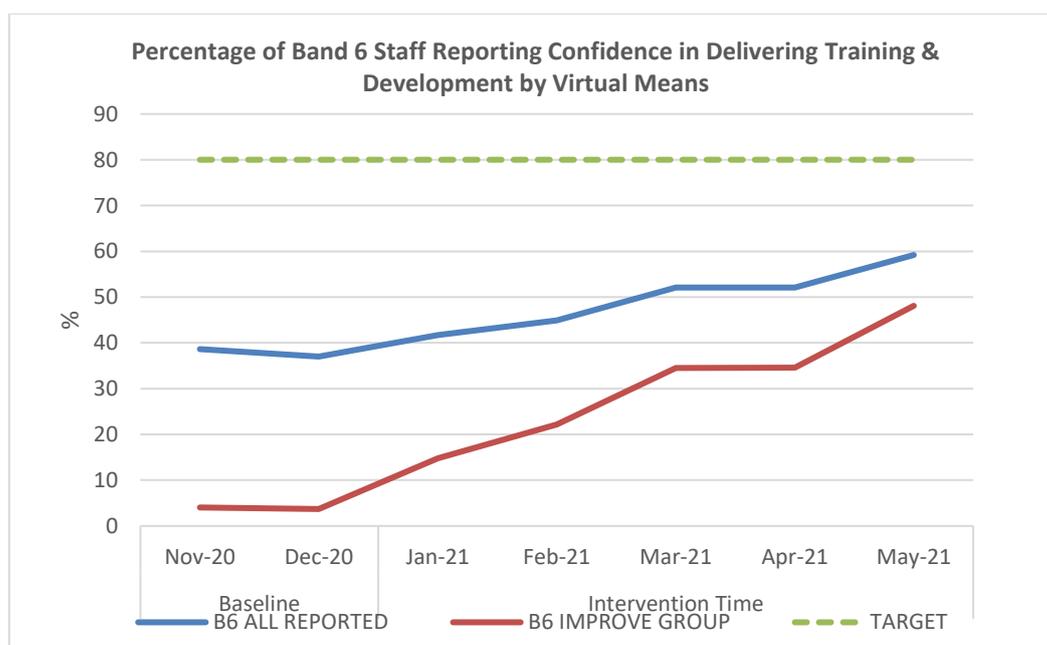
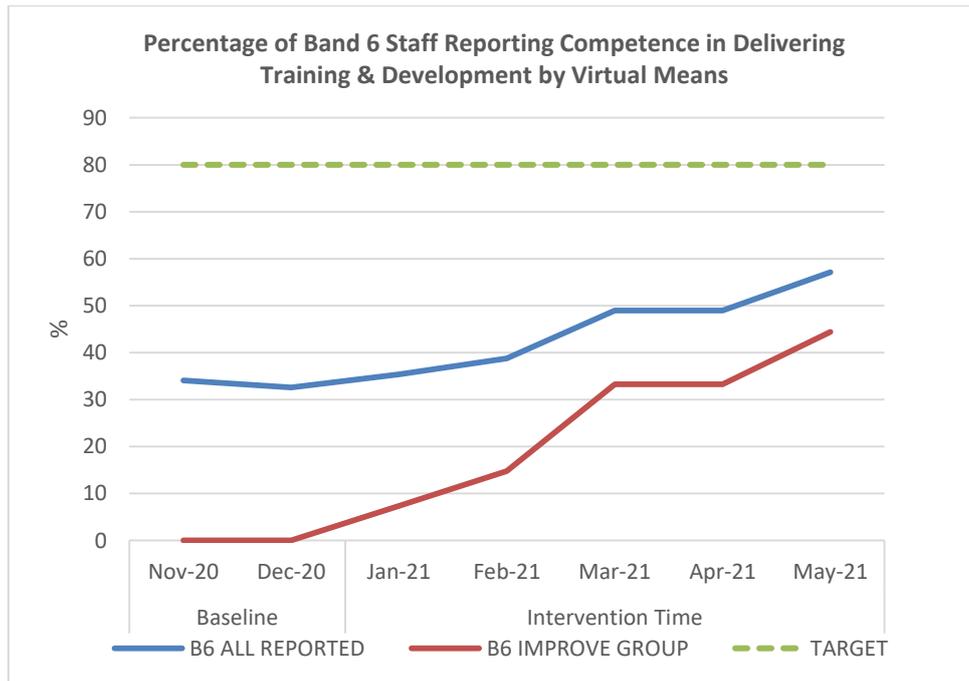


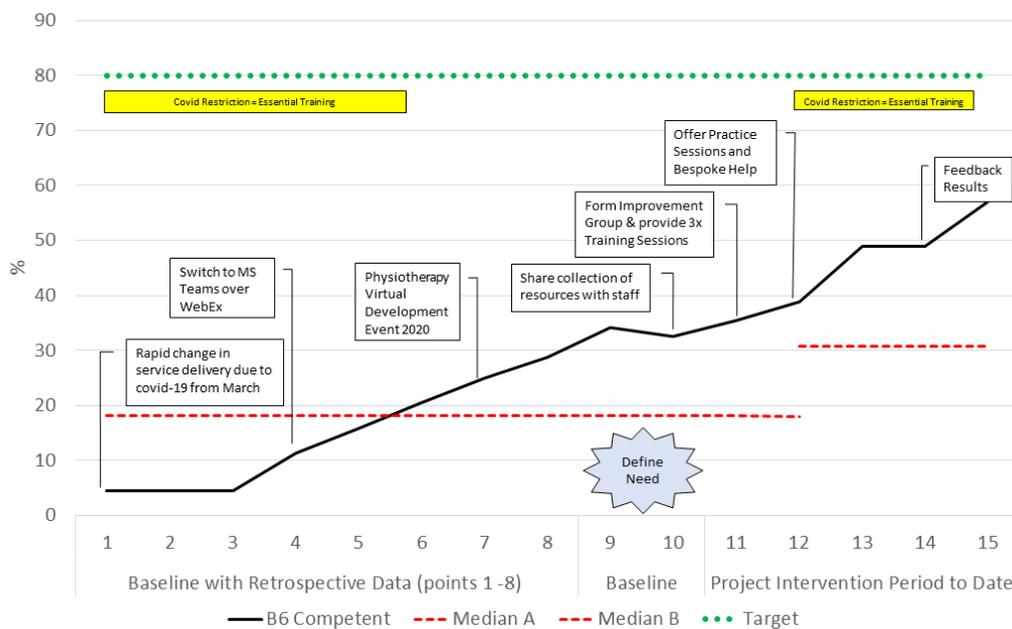
Figure 7: % of Band 6 staff reporting competence in delivering training and development by virtual methods. Showing data for all Band 6 responses, the subgroup of members in the improvement group and the target relating to the aim statement.



Retrospective Data for Run Chart

It appears that improvement has occurred. Combining the retrospective data collected (from March 2020) on competence reported by Band 6 staff and combining with the data on competence for this project period, there was enough data points to apply a run chart. This will demonstrate variation over time and define if run chart rules can be applied to this project, but also compare data before this project began with the commencement of the project and to examine if the project has had an effect on the curve up to May 2021 (N=49).

Figure 8: Run Chart indicating number of band 6 staff reporting competence in delivering training and development including median line, target and main change interventions.



Improvement by early adopters in 2020 can be seen from the run chart (data points 1-10). The plateau of baseline at points 9/10 is the time where trying to engage with more staff across all teams not just the early adopters; this is the point where this particular improvement project began. When applying run chart rules baseline median has been determined and a shift (*6 consecutive points above or below the median*) had then been observed so that the next median line has been applied. The run chart confirms improvement has been observed and that the improvement is sustained over time.

Main change ideas have been marked along with the time where covid measures restrict training time due to clinical demand. It is also worth noting that training or resources may be the change idea, but we know that in order to gain the confidence and competence time is required to apply learning. It is difficult to determine from just the run chart, therefore process data and qualitative data helps understand change in relation to the interventions.

Process Measures

Quantitative Data

Process measures were used throughout and reported in detail in the PDSA cycle boxes. Some process measures were applied once and some were used throughout to show engagement with particular aspects of the project. These process measurement chart the journey of the project. The membership numbers to the improvement group and the MS Teams page rose to the point of Feb/Mar when numbers plateaued at 30 and 54 respectively. Figure 8 demonstrates the interaction with the Teams page and Figure 9 shows interaction with training videos developed specifically for this project. Both of these parameters show reasonable engagement with tools and resources developed.

Figure 9: Analytics from 'Getting Started with Virtual Learning Delivery NHS GGC Acute Physiotherapy' MS Teams page showing hit rate per month and cumulatively

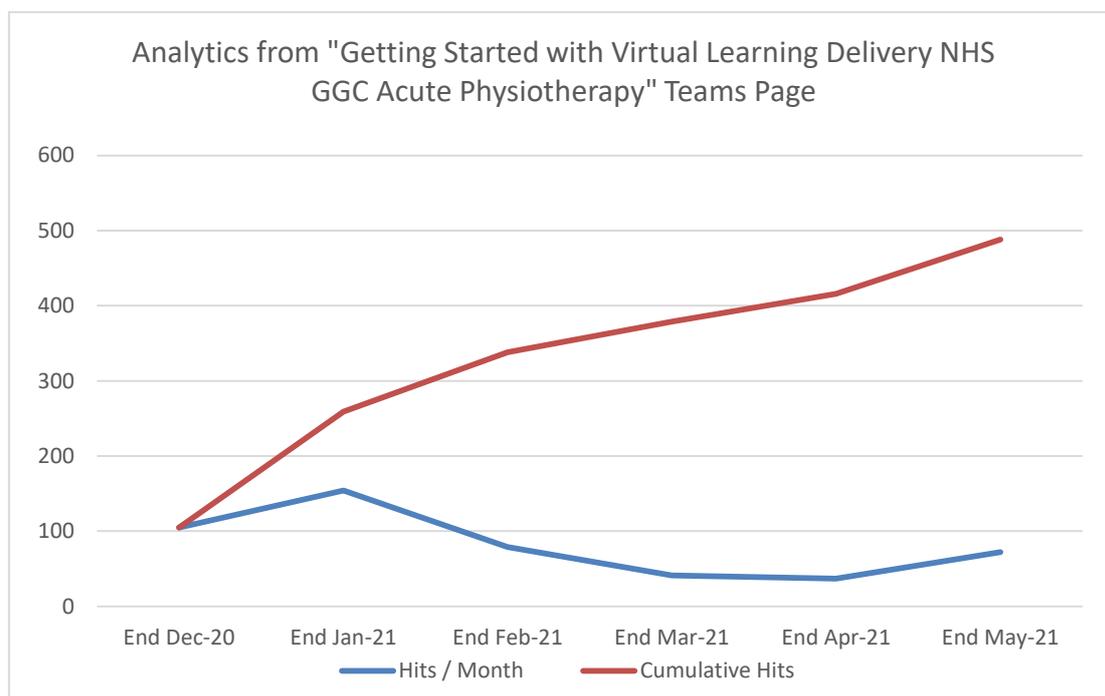
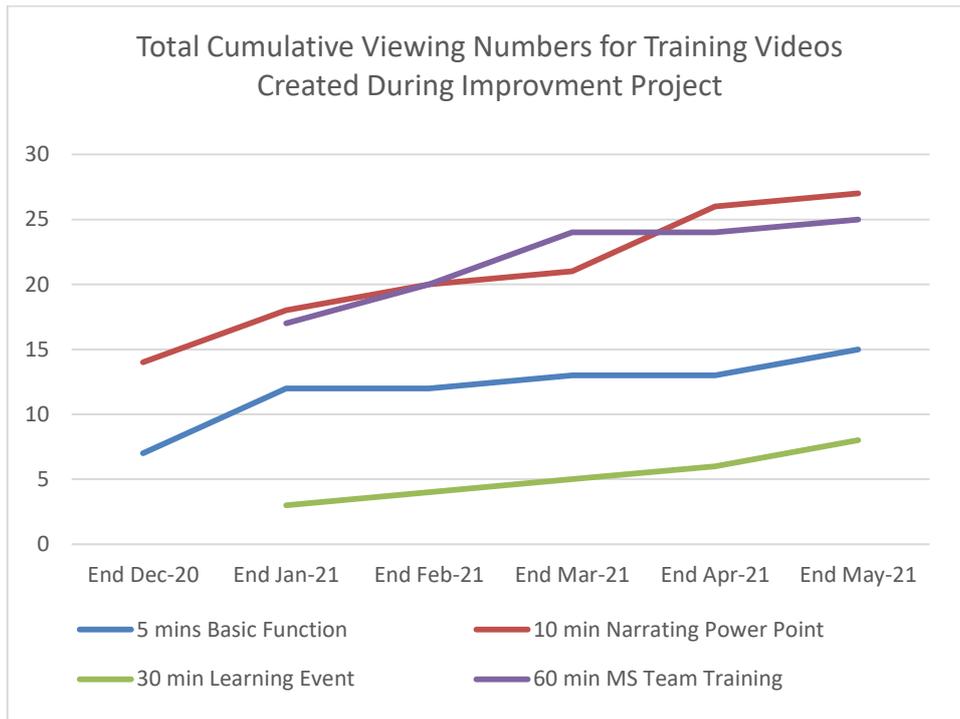
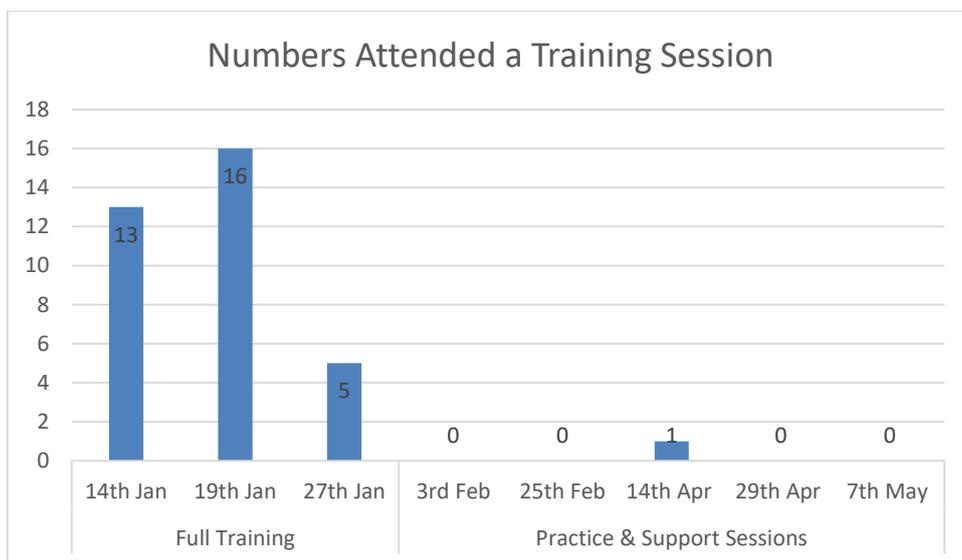


Figure 10: Viewing numbers for each of the training videos created for the project



In late Jan 2021 we entered another period of special measures restricting the amount of non-clinical work that could be engaged in by staff. Therefore offered adhoc 121 training during this time which was taken up on 3 occasions by members of the improvement group who were delivering essential training e.g. On Call Training. Figure 10 shows the uptake of formal in-person training session offered.

Figure 11: Numbers of staff attending organised training sessions



From baseline and during PDSA cycles, qualitative data was collected to determine how we might design the interventions. Data included in Figure 11 was collected when people define themselves as being confident and competent as they reflect on what activities it was that nurtured the confidence and competence, this helps inform work moving forwards. At this project stage, the main point of interest is to know what those who improved found to be most useful. The data is similar to baseline results and showed that that overwhelmingly Physiotherapist needed time to practice with the systems (84%) and opportunities to present for example delivering training (36%) or presenting at our

annual development event (12%). They need appropriate support and resource to assist with their development.

Table 8: Responses from band 6 staff December 2020 to May 2021 on what nurtured their level of confidence and competence in delivering learning and development via virtual means.

Learning Activity	n	Percent
Taking Time to Work Through the System on My Own	21	84.0%
Working with My Team to Learn the System	11	44.0%
Delivering Training Virtually	9	36.0%
Attending MS Teams Training Provided by Library Services in Real-Time	8	32.0%
Watching MS Teams Training On-Demand	4	16.0%
Something else (please define) <ul style="list-style-type: none"> Participated in QIP training and it was fully explained. Help from Julie Harvey - Practice Development Attending other presentations and being a part of other groups on MS Teams Information, files and links in the virtual delivery Teams channel 	4	16.0%
Presenting at Physiotherapy Professional Development Day	3	12.0%
Instruction Sheets of NHS GGC Acute Physiotherapy Professional Development Series 2020	3	12.0%
Attended Physiotherapy Professional Development Day as an Attendee	2	8.0%
One-to-One Help with Library Services or eHealth	1	4.0%

Limitations:

Improvement methodology was used, as such continuous measurement for improvement was advised. Engagement with staff submitting levels of confidence and competency regularly was poor; anticipating this difficulty the system was designed so that if an entry was not made in the current month the previous months data was carried forward and individual could also enter data retrospectively, an average of 2-3 entries were made by individual's over the course of the project to date, using the survey or emailing project lead directly. Therefore data collection method became more akin to pre and post measurement style at an individual basis with reflection over time, rather than continuous data collection. It is likely therefore that there was a lag in reporting of outcome measurement progress. The accuracy of the retrospective data used to inform the run chart data from March 2020 to November 2020 will be limited as it was dependant on recall over several months, but was robust enough to give a baseline median level.

Table 9: % over time of when responses were made showing lack of consistency in data collection

Month	Responses from band 6 staff (N=66)
November 2020	61%
December 2020	4%
January 2021	15%
February 2021	6%
March 2021	10%
April 2021	3%
May 2021	1%

Further work:

The interim results were shared with the Physiotherapy Team Leads meeting on 9th June 2020. Discussion was had with the groups about limitations/restrictions, need, priority, commitment and benefit. It was decided that the project should be continued maintaining the target of 80% with the end date being re-scheduled to September 2021. Team leads will support this work, in particular those 2/3rd in the improvement group that have not yet reported desired levels of confidence and competence.

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Stander J, Grimmer K & Brink Y (2019) Learning styles of physiotherapists: a systematic scoping review. *BMC Medical Education*. 19, 2. DOI: <https://doi.org/10.1186/s12909-018-1434-5>

Appendix 1

Survey Using Webropol to Collect Data

QUESTIONS FOR
EVERYONE

Acute Physiotherapy Virtual Learning

Dear Physiotherapist,

Over the next 6 months we aim to capture the current situation and progress with using virtual learning methods as we move towards having a workforce that is both confident and competent in using methods available in NHS Greater Glasgow & Clyde. I would be very grateful if you could complete this short (< 2mins) questionnaire to help Practice Development to both define and shape this work. There are 3 very short core questions about virtual learning, then additional questions in case you are able to provide further information.

All the very best & many thanks for any information you are able to give at this time.

Julie Harvey Julie.Harvey@ggc.scot.nhs.uk Practice Development Physiotherapist

Survey Opens: 10th November 2020 (Ongoing monthly until at least May 2021)

Please provide your email address:

We, the Practice Development Team, may wish to make further contact with people as we build capacity of virtual learning. This may include contact people who would like further help, have examples of good practice or to follow-up on the survey.

NHS GGC
Email

Month:

Month: *

Grade:

I have set up my Microsoft Teams Account and I am able to use it's BASIC function *

	0	1	2	3	4	5	6	7	8	9	10	
Totally Disagree	<input type="radio"/>	Totally Agree										

Further information on the definition of basic function.

- Make a video call
- Receive a video call
- Mute microphone function
- Use raise my hand function
- Make a comment in the chatbox

What is your level of CONFIDENCE in using virtual learning methods as a vehicle to deliver learning and development to others in real-time and on demand? *

	0	1	2	3	4	5	6	7	8	9	10	
No Confidence	<input type="radio"/>	Total Confidence										

Further information on the definition of confidence:

Self-assurance arising from an appreciation of one's own ability using virtual learning methods* as a vehicle to deliver learning session in real-time & on demand.

0=none
7=sufficient confidence
10=total confidence

*Virtual learning methods means using MS Teams & PowerPoint Programme. Sufficient confidence means being confident to share a PowerPoint Presentation on Teams & know how to record session e.g. using Stream, Power Point Audio Recording or Video Recording.

What is your level of COMPETENCE in using virtual learning methods as a vehicle to deliver learning and development to others in real-time and on demand *

	0	1	2	3	4	5	6	7	8	9	10	
Not Competent	<input type="radio"/>	Totally Competent										

Further information on the definition of competence:

A combination of skills, knowledge and experience giving ability using virtual learning methods* as a vehicle to deliver learning session in real-time & on demand.

0=none

7=sufficient competence

10=total competence

*Virtual learning methods means using MS Teams & PowerPoint Programme. Sufficient competence includes being able to share a Power-Point Presentation on Teams & know how to record session e.g. using Stream, Power Point Audio Recording or Video Recording.

QUESTIONS DEPENDING ON RESPONSE

09/11/20

When people give a value of 7 or MORE for either confidence or competence

What nurtured this level of confidence/competence? *

Please select 1-3 as the methods best for you

- Attending MS Teams Training Provided by Library Services in Real-Time
- Watching MS Teams Training On-Demand
- Taking Time to Work Through the System on My Own
- Working with My Team to Learn the System
- Delivering Training Virtually
- Attended Physiotherapy Professional Development Day as an Attendee
- Presenting at Physiotherapy Professional Development Day
- Instruction Sheets of NHS GGC Acute Physiotherapy Professional Development Series 2020
- One-to-One Help with Library Services or eHealth
- Something else (please define)

Please expand on what has helped nurture your confidence/confidence:

When people give a value of 7 or MORE for either

When people give a value of LESS than 7 for either confidence or competence

Was competence in this area recently acquired?

If you are able to, please reflect back on what your level of competence was between March & September. This will help us to project effect of change ideas moving forward. Please give one score of competence as you did previously (1-10) for each of the months below:

	1	2	3	4	5	6	7	8	9	10
March	<input type="checkbox"/>									
May	<input type="checkbox"/>									
July	<input type="checkbox"/>									
September	<input type="checkbox"/>									

What would help you improve your confidence and competence in delivery of learning and development by virtual methods?

Can the Practice Development Team contact you to help improve confidence/competence so, as a service, we can work to improve this? *

- Yes
- No

Appendix 2

Excel Data Collection & Processing Sheet

DATA COLLECTION TOOLS

SUMMARY OF OUTCOME MEASURE

Band 6 % score a score of more than 7 summary across all months							
Confidence							
	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
B6 ALL REPORTED							
B6 IMPROVE GROUP							
Competence							
	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
B6 ALL REPORTED							
B6 IMPROVE GROUP							
Cohort Number (N =)							
	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
B6 ALL REPORTED							
B6 IMPROVE GROUP							

PROCESSING OF OUTCOME MEASURE

Band 6 data processing for each month for all staff (improvers and all staff)

CONFIDENCE	NOV	NOV	DEC	DEC	JAN	JAN	FEB	FEB	MAR	MAR	APR	APR	MAY	MAY
Participant Code	Score (1-10)	Are confident? Y/N												
1														
2 cont. ↓ column														
Target	7		7		7		7		7		7		7	
COMPETENCE	NOV	NOV	DEC	DEC	JAN	JAN	FEB	FEB	MAR	MAR	APR	APR	MAY	MAY
Participant Code	Score (1-10)	Are competent? Y/N												
1														
2 cont. ↓ column														
Target	7		7		7		7		7		7		7	

For processing, Webropol generate an excel sheet with the score / 10 for each of the criteria
 Then filter the score column to over or equal to 7, will be allocated a code of Y in the adjoining column
 Then filter the score column to below or equal to 6, will be allocated a code of N in the adjoining column, the creation of these two coded columns means we can count the percentage for any given month. Then to get improvement group the improvement group are filtered, cut & paste a new sheet created so the same formulas can be applied.

SUMMARY OF PROCESS MEASUREMENT

Process Measurement for SIFS QI Project December 2021 to May 2021						
Getting Started with Virtual Learning Delivery NHS GGC Acute Physiotherapy Teams Page (Go to Team > 3 dots > Manage Team > Analytics)						
Membership	End Dec-2	End Jan-2	End Feb-2	End Mar-2	End Apr-2	End May-21
Teams Page Membership Number						
Improvement Group Numbers						
Analytics						
	End Dec-2	End Jan-2	End Feb-2	End Mar-2	End Apr-2	End May-21
Hits / Month						
Cumulative Hits		0	0	0	0	0
Number of Views of Videos on Stream (go to Stream > Watchlist to see analytics for 4 videos)						
Analytics	End Dec-2	End Jan-2	End Feb-2	End Mar-2	End Apr-2	End May-21
5 mins Basic Function						
10 min Narrating Power Point						
30 min Learning Event						
60 min MS Team Training						
KEY						
5 mins Basic Function Short Video on using MS Teams to make and receive a video call (created 02/12/20)						
10 min Narrating Power Point Short Video on narrating PPT by audio & video recording (created 03/12/20)						
30 min Learning Event Video on Learning from Delivery of Physiotherapy Professional Development Event (created 19/12/20)						
60 min MS Team Training Full Length Training Session Delivered by Library Services (created 19/12/20)						
End	The last day per month, if this falls at the weekend on Saturday collect on Friday, on Sunday collect on Monday					

For processing, MS Teams Analytics and Stream Analytics produce the required data to input into the Excel summary document.