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THE CHALLENGES OF CREATING A COMMUNITY OF INQUIRY

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Introduction
Action research is a powerful vehicle for transforming and changing practice and recognizes research as inclusive of change. It is cyclical and dynamic and recognizes that research can change and evolve according to the participants and the researcher’s needs. The philosophical underpinning of this inquiry is based on the post-modern epistemological approach of critical theory. A fundamental stance of critical theory is that the investigator and the investigated are interconnected, as both seek to search for the truth, with the values of both influencing the inquiry.

The aim of this study is to enhance and or improve the physical health and well-being of patients who receive long acting depot neuroleptic medication. The focus within the literature suggests that patients who are prescribed neuroleptic medications receive suboptimal physical health care (Miller 2010) and consequently loose approximately 25 years of life (Wildgust and Beary 2010), mostly due to undetected metabolic syndrome; which results from adverse disturbances in glucose and lipid homeostasis, as well as significant weight gain and hypertension due to the effects of neuroleptic medications. Despite the fact that a number of clinical guidelines (De Hert, et al. 2010, Gothefors, et al. 2010, Stahl 2010) have been formulated to provide practical and useful standards for the prevention, detection and management of metabolic syndrome the literature suggests that monitoring of patients taking neuroleptic medication was alarmingly low (Mitchell, et al. 2012).

The study objectives are to monitor the physical health of patients receiving long-acting neuroleptic medications with particular reference to identifying the predisposing factors for metabolic syndrome. It also seeks to develop action plans to address any deficits in the physical health of patients receiving long-acting neuroleptic medications, in collaboration with the patients and staff. An action research approach was specifically chosen for this study because it conducts research in a collaborative way, with people rather than on people (Reason and Bradbury 2008) and deliberately aims to actively engage the participants who shape the process of investigation (Coghlan and Brannick 2010). To date has been no studies that used this inclusive approach with patients to incorporate best practice initiative on improving their physical health and well-being. Action research is appropriate with this community of inquiry, it has a philosophy that is inclusive of staff and patients and considers patient needs and focuses on their overall health and wellbeing.
What are the challenges of collaborative inquiry?

As already alluded to action research plays a role in social transformation and has as its concern a desire for systemic change. To achieve this it uses collaborative inquiry methods to empower individuals into constructing action plans and implementing change. This collaborative inquiry engages a diverse group of people who will work together to identify problem(s) in practice and seek ways to bring about practice change(s) aimed at improvement. Traditionally there has been power inequities between researchers and research participants because in traditional research paradigms, researchers acted as experts who exerted professional control, and participants voices were not included in the research design or regarding actions, activities or decisions. As an action researcher my role strives to shift the power base and offer shared control of the research process by establishing non-hierarchical structures within the inquiry groups.

Issues of Control and Power

The major challenges that exists for this collaborative inquiry, is staff and patient “buy in” and the establishment of working relationships and the breaking down of barriers. This study begins by involving and seeking “buy in” from the consultant psychiatrists. The psychiatrists are the key stakeholders in this community setting and they hold the power base. It is well established that the medical model enhances the control and status of the mental health services and they all too often use an authoritarian doctor/nurse–patient relationship, where the health professional decides and the patient is expected to comply (Brimblecombe 2005, Gray, et al. 2009). The philosophical underpinning of this study is critical theory which emphasizes participation, capability building, ownership of knowledge and empowerment (Freire 1970). For that reason the study is aimed at drawing on the knowledge of all the participants, rather than on the knowledge rooted in those who have power to claim authority (Kemmis 2008).

Patients in receipt of psychiatric care are often described as a vulnerable population and in danger of covert pressure to participate in research, which may be due to the unequal power relationship between health professionals and patients (Cutcliffe and Happell 2009). This study seeks to engage with patients in cooperative inquiry group meetings. Mental health services have over the last twenty years been shifting from the traditional medical focus on diagnosis and pharmacological treatment of mental illness to offering various psychological and social interventions all aimed at promoting wellness and recovery. The medical model has been shown to enhance the control and status of the provider, whereas a client-centred recovery model enhances the control and status of the patient (Marland and Cash 2001).
There is the issue of giving voice to the patients themselves and the challenges this brings in terms of promoting empowerment and effective participation. An Irish study by McDaid (2009) found that patients identified barriers to their equal participation as being due to unequal cultural, physical, mental and economic resources, time, power, stigma and lack of respect for their experiential knowledge. Therefore, I acknowledge the degree and complexity for true participation of patients might be challenging in bringing about their full participation.

Community psychiatric teams including psychiatric nurses have been reported to exert a range of treatment pressures on their patients (Sheehan and Molodynski 2007) including ensuring medication compliance by administering long acting depot neuroleptic injections. The final phase of this study seeks to engage patients and nurse in cooperative inquiry groups. Participants in these cooperative inquiry groups are being asked to become more involved in the research process not just to participating in a once off interview. Participants will be making a direct contribution not only to the research data but also the research process. There is also a further delicacy in so far as this research study is about bringing about change and improvement and as such it requires the cooperation of the care providers at all levels in the service.

Ethical considerations and my role as researcher and change facilitator

As an action researcher, I will be entering into a pledge with participants through a democratic process to do good, and to make the ethics explicit through all the acts that they partake in throughout their research inquiry. Herr and Anderson (2005, p.112) state that “doctoral students should go into the field expecting to face ethical challenges”. Although no ethical dilemmas are anticipated, the fact that this study involves a case note review of patients attending a mental health service and concurrent group interviews with patients and health professionals caring for them means that a number of ethical principles will need to be satisfied. The main ethical principles relate to the protection of a vulnerable population in the conduct of a field study. It has been suggested by Williamson and Prosser (2002) that it is difficult for action researchers to guarantee the confidentiality and anonymity of participants due to the nature of action research. The information letters and informed consent form used in this study conveys to the participants that action research encourages active collaboration of participants within the research process. It also states that each individual’s confidentiality and anonymity will be maintained in the management of data, which prevents a participant’s identity from being linked to their responses.

Over the last number of year’s physicians and nurses, especially nurses have being encouraged to grasp opportunities to engage in action research and use their pre-understanding within their nursing role to bring about improvements in practice. The advantage of nurses who are also action researchers, suggest that their pre-understanding gives them knowledge insights and experience of the research setting (Coghlan and Casey 2001). People who conduct research within their work setting
are referred to as “insiders” and some would say having an advantage over “outsiders” whom enter a hospital as an impartial observer (Coghlan and Brannick 2010). My pre-understanding as a former community nurse gives me a connection with many of the community mental health team and the ability to use my pre-understanding or insider knowledge into the setting. I am positioned, as an outsider coming into the setting but also as a former insider, who in collaboration with other insiders (Herr and Anderson 2005) I have an extensive knowledge base of the research question and a desire for an improved critique of practice and seeking a professional and organizational enhancement which fit with the proposed action research inquiry. My entry to the clinical setting will offer me various vantage points and lenses to observe the current practices which will assist this action research inquiry. There is a disadvantage in being an insider, as this may be a source of bias, as I approach the setting having being previously aligned to the medical/nursing model of care.

I hope to manage my bias by collective consciousness raising (Freire 1970) so that the inquiry can be performed from the perspective of the participants and not just the researcher. This will entail asking and clarifying the participant’s experiences and through collective sharing of each individual’s experience, collectively developing effective action(s) that are considered necessary, to resolve cause of the problem(s) surrounding the physical health of individuals receiving long-acting neuroleptic medications.

**Conclusion**

This inquiry will be carried out over the next 18 to 24 months, in an environment where the researcher had shared control of the research process, being able only to guide the inquiry towards its goals. The literature describes the complexities of mental health community care provision afforded to patients receiving of long-acting depot medications are many, I have explored these challenges of engaging in this inquiry and have offered serious consideration in the planning and implementation of this inquiry. The subsequent months’ work will further address realities of conduction this action research inquiry in addressing the aims and objectives of the study.
References


“I spend most of my time now thinking about thinking, than I spend thinking about doing, or even just doing for that matter, this is a fundamental shift for me. The intrinsic pressures are definitely greater than the external. The intrinsic is the quest for knowledge and learning to be liberated by education as Paulo Friere attests to in his banking concept of education. This is to acquire more learning, to help me grow as a person and a practitioner ‘to be more fully human.

How will this impact on my practice I don’t yet know but what if I can’t move forward, what if all the work I do for this programme is not good enough? The extrinsic consequences are obvious – no teaching qualification, no pay? But it’s the intrinsic that hurts, this is the first time I have shed actual tears over course work. I have encountered many learners I have worked with over the years and in many peers whom I would consider to be emotional learners. This is the first time I have experienced emotional learning to this degree. I do not like it”

I am well aware of the importance of the course content, the theories, the theorists, the application of knowledge and learning acquired. I have benefited greatly from my WIT journey. I secured a post that required a level seven qualification and my practice has definitely been shaped by learning that has taken place. I have a good understanding of how to develop curricula, rationales for lessons, learning cycles and styles and approaches to learning, understanding boundaries through counselling issues – the list is endless. Yet here I am stuck, stuck, stuck. Something similar happened with Critical Education Studies module too. What is going on? I mean I know what’s going on I know how to function; I just don’t know how to fix the internal mess!!” (Sandra: TEQ 2013)

Introduction
Sandra has had to overcome substantial personal, emotional and learning barriers in order to move forward in her life. Her experience is not unique. It illustrates the fear and related risk-taking, courage and initiative adult learners need to garner within themselves in order to move on and face these challenges. Significant learning is at the heart of education that challenges learners to reach their full potential. Academic learning is not restricted to objective facts; instead, new knowledge interfaces with existing knowledge within the individual on a personal basis. Learners realise new opportunities, new capabilities, new interests, and dreams; it is as if a new world opens up for them. The perspective transformation experience is a specific example of this ‘significant learning’ (Mezirow, 1978, 1995; Taylor, 1998, 2000; Cranton 1997, 2006; King, 2005, 2009; Graham Cagney, 2011).
Adult learners educational experiences often conflict with their worlds, and they have to resolve these challenges for themselves; in the end the learners’ understandings and perspectives change as a result. Such changes are not always obvious; they may not be revealed within the usual classroom, assessment and student evaluations (King, 2005, 2009). The question posed therefore is how can adult educators recognise this experience? Furthermore, how can they create, offer and facilitate a supportive teaching-learning environment (TLE) for such learning opportunities?

**Background and Context**

Professional development of teachers within further and adult education (FAE) is a new initiative in Ireland. From April 2013 a teacher education qualification (TEQ) may be required in order to continue working in the FAE sector. It is estimated that in excess of 4,000 teachers do not currently hold a recognised teaching qualification (IVEA, 2010). This has resulted, in line with national policy, in an increased demand for suitably qualified teachers with appropriate interdisciplinary knowledge, skills, qualities and dispositions appropriate for work within the sector. (Teaching Council Act, 2011; section 38).

The teacher education programmes (TEQ) are delivered, assessed and certified by Waterford Institute of Technology. They have been specifically designed to meet the needs of two distinct groups of participants:

1) **BA in Adult Education** has been developed to meet the needs of practitioners working within further and adult education who are now required to register with the Teaching Council of Ireland for the purposes of registration as a professional teacher within the sector. The TEQ is an integral part of the overall degree programme which attracts 60 ECTS and is awarded at Level 8 of the National Framework of qualifications.

2) **PG Diploma in Teaching in Further Education** has been specifically developed to meet the needs of persons working in, or intending to work in, the Further Education sectors who wish to register with the Teaching Council of Ireland for the purposes of registration as a Further Education Teacher. The programme attracts 60 ECTS and is awarded at Level 9 of the National Framework of qualifications.

Both programmes aim to provide participants with the necessary knowledge, skills and competencies required to teach in a variety of settings within further and adult education settings. They are underpinned by ongoing reflective learning aligned to the ideal of developing critically reflective practitioners with the skills of insider inquiry. This document sets out the context and rationale for the first stage of the research which also collaborates with a parallel research project with NUI Galway who are running a similar programme for the first time.
**Research Rationale**
Implicit within both programmes aims is the development of the professional teacher as envisaged by the Teaching Council of Ireland and embedded within their code of best practice. Participation in the programme encompasses certain learning expectations in respect of development critical reflective practitioners who are committed to the scholarship of teaching and learning, personal and professional development of teachers, contributing to their communities of practice, engaging in issues of social justice, equality and inclusion; and with a respect for the learner. It suggests certain assumptions in respect of the professional development of teachers in further and adult educational and of their teaching practice.

In order to gain an understanding of, and insights into the emergence of their professional identity as further and adult educators, the research explores how they learn. More specifically how adults learn new information and then understand and apply it for themselves. Through this research we hope to learn more about this process and how to help adult learners enjoy success in their studies and in their professional development.

**Research Significance**
Critical reflection; enhancing teaching-learning environments (TLEs) in higher education; and the relevance of creating opportunities for transformative learning to occur, formed the conceptual framework from which this research project is derived (Graham Cagney, 2011).

Post-doctoral research and testing of the conceptual framework has been conducted within a doctoral TLE at the Innovation Academy, TCD; and an R&D learning environment (RDLE) at the TSSG research centre, WIT. This proposed study builds on and further develops the conceptual framework within the context of two of the first graduate and postgraduate teaching education qualification (TEQ) programmes for Further and Adult Education (FAE) in Ireland.

Rather than an isolated learning incident or moment, the journey toward professional identity indicates that there is a direction some take – a general path which leads to perspective transformation – as they engage in adult learner-grounded professional development. The journey is one of fundamental transformations of perspectives, ways of understanding, and ways of empowerment that goes beyond teaching itself and is best explained through transformative learning theory (Mezirow, 2000). The learning journey that involves perspective transformation is one of reflection, questioning, analysis, development, empowerment and promise. Kegan identifies the essence of the experience ‘it is not so much changes in what we know, but changes in how we know, that depicts transformative learning’ (2000, p50).

Recognition of tensions in the dimensions of learning and the complexity of the adult learner’s life context should be acknowledged and supported (Illeris, 2006). This can
be achieved by taking account of the holistic nature of the learning environment, and by putting relevant structures and supports in place for individuals and others involved in the TEQ programmes. Critical reflection is fundamental to learning and to transformative (deep) learning in particular (Cranton, 2006). Specific provision has to be made within teacher education programmes to enable participants to build up the skills of reflection, critical thinking and critical reflection (King, 2005).

Perspective transformation offers a framework from which to examine the teaching education qualification (TEQ) learning experience. This framework highlights a process of critical reflection and self-examination that leads to personal development and change (King, 2009).

Research Questions
While questions usually frame a study, the research question in action research is an evolving process, subject to change or further evaluation while the study is being conducted. Coghlan and Brannick suggest, “as the initial questions and data demonstrate that they are inadequate for addressing the issues, you work at keeping inquiry active” (2010, p.55). Therefore, action researchers do not work with a rigid research design and as new developments come to light, the original idea may need to be constantly revised. The following research questions have formed the initial position for this research proposal:

• How can we learn more about the important things that happen when adults re-enter college and learn new things. For example:
  
  o Perspective transformation – how is critical reflection and self-examination linked to changes in Habits of Mind?
  o How does the need for trusted relationships, profound discourse and learning teams/dialogue encourage transformative learning spaces?
  o How do the ‘inner’ TLE links from teachers ways of thinking and practicing (WTPs) to Teaching and Assessing Course Content & Staff-Student Relationships support the transformative learning space?
  o Critical reflection and levels of learning – how does one connect to the other in leading to transformative learning? Can Insider Inquiry help to explain this?
  o What is the role of self-efficacy, motivation and volition in learning for adults in the development of professional identity?

Stage One of the project focuses on perspective transformation as a learning process in which adults recognise and reframe their culturally induced dependency roles and relationships; in this instance the study explores the formation of professional identity for teachers in FAE. By taking a focus on participants’ intentions, expectations and experiences, it follows their evolving progress over the first year of their TEQ programme.
Dependant on the outcomes from Stage One the project will then move within Stage Two and will explore the impact of critical reflection and insider inquiry on levels of learning and engagement with the reflective processes that occur when adults change their ‘meaning schemes’ (beliefs, attitudes and emotional reactions), which are derived from their life experiences (Taylor 1998). The results of this stage will inform and redefine the transformative learning spaces model in order to enhance future TEQ teaching-learning environments. It will also form the basis for Stage Three of the overall action research project.

**Research Population**
The research population will be drawn from the students currently (2012-2013 academic cycle) participating on the two TEQ programmes. In line with ethical guidelines and good research practice, students who self select to participate in the research have been provided with information about the research project, and have been assured of confidentiality and anonymity and have been supported in their participation (granting consent, consequences of the research, uncertainty of outcomes).

**Methodology, Data Collection and Analysis**
An action research methodology has been adopted because it is consistent with the nature of the research questions, the time frames employed within and between the phases; and its assumptions fit best the realities of the learning environment of the participants and others involved in the TEQ programme. It is also likely to reveal more important interpersonal and intra-personal dynamics in relation to the experience of transformative learning.

It provides a way of combining differing methods both within and between the various phases of the research. Reflective accounts will provide connections between each of the phases of the study which will be conducted over a three year timeframe. The WIT School of Lifelong Learning and Education (SoLLLE) is the context for this case study. Methods used include reflective learning journals and statements, survey, interviews, collaborative workshops and document analysis.

Literatures that inform this study include HEA, TCI and government policy and discussion papers and monographs; Entwistle (2009, 2008); King (2005, 2009); Graham (2011); Higgins (1987); Ibarra & Petriglieri (2010); Markus & Nurius (1986); Cranton, 2006; Coghlan & Graham Cagney (2013); Baxter Magolda & Porterfield (1985); Rodgers & Scott (2008); Hamman, Gosselin, Romano & Bunuan (2010).

Key words: transformative learning, insider inquiry, teaching-learning environments (TLEs), professional identity, perspective transformation, critical reflection, dimensions of learning.
Maximisation of Digital Data Within a Regional Collaborative Network: An Action Researcher’s Perspective

Dr. Christina Donnelly (National University of Maynooth)

Purpose: This research seeks to understand the role and impact of digital data (loyalty card data) within a collaborative network through the perspective of the action researcher, highlighting the existing marketing problems of small-to-medium sized businesses, the challenges to maximisation and ultimately the impact of exposure to formalised marketing intelligence in the form of Tesco Retailer Loyalty Card Data through a regional collaborative network.

Literature: The importance of small business to the sustainability and competitiveness of local, regional and national economies has been increasingly heightened amongst policy-makers in recent times. Arising from this awareness, public support instruments have emerged aimed at assisting small business in their innovation needs (North, Smallbone and Vickers, 2001: 303). This research is publically funded and reliant upon a regional collaborative network to facilitate the access, analysis and delivery of the digital data.

Action research underpins the research as it combines “theory, research and practice” (Heale, 2002) and is regarded as significant to the developmental needs of all societies, especially where people struggle with new and pressing changes, such as “those induced by modern technology and economic activity” (Stringer et al., 2006: p123). Emerging technology such as the retailer loyalty card data is a relatively new type of market intelligence which has begun to impact upon the marketing practices of most food and drink businesses (Humby, Hunt and Phillips, 2007). Retailer loyalty card marketing intelligence presents actual customer purchasing preferences, competitor activities and performance. Typically extant literature implies that larger firms with formal marketing planning approaches will be more able to leverage it, structured as it is within a formalized statistical format. Small business literature on the other hand emphasizes their more informal approach to marketing planning, mostly due to their lack of financial and analytical capabilities.

Design/methodology/approach: For consumer insight (deriving from the digital loyalty card data) to be used effectively, it was critical that the information was appropriately interpreted and used strategically to drive newness and innovation (Fearne and Dedman, 2000) through the network. An action research approach was therefore adopted, with the researcher generating and interpreting the digital loyalty card data for small business over a three year longitudinal observational period (2008 – 2011), in conjunction with the support, advice and assistance of all stakeholders. This took the form of industry workshops as well as bespoke reports.
This data derived from Tesco Clubcard which represents a very rich and powerful source of market information (Anstead, Samuel and Croften, 2008)

**Findings:** Findings identified that the action researcher was central to the success of the collaboration, attempting to train and educate the individual small business owner/managers, government and regional bodies executives and academics on the dissemination and analysis of the data for long term use, as the findings suggested that data alone was not enough but required the right person to be able to analyse and apply to the data to the small business. Additional findings also highlighted the need for incremental and continued analytical support provided through the action researcher.

Research findings demonstrated that exposure to the data facilitated innovativeness within the SME agri-food case firm as they successfully utilised the data to depart from old ways of thinking, merging their production orientation towards a more market oriented outlook (Harmsen, Grunert and Declerck, 2000).

The strength of the SME agri-food case firm’s culture and traditions supports existing literature which states that culture may play a significant role in aiding the firm to adapt to its environment (Stoica and Schindehutte, 1999; Deshpande, Farley and Webster, 1993). This was particularly evident in the firm’s ability to deal with the current economic climate and upsurge in promotional activity by competitors, with the result being that the majority of agri-food firms were highly risk aware. However, exposure to digital loyalty card data did aid risk management, encouraging agri-food firms to take risks, supported by the information deriving from the digital data. Therefore with an enhanced MO, SME agri-food case firms’ MO culture aided the firm’s ability to adapt to the food promotions environment.

The level of pro-activeness of the network members, in particularly the agri-food small businesses was demonstrated throughout the longitudinal period of the research, serving to support and contribute to the existing literature posited by Baker and Sinkula (2009) and Li et al., (2008) which stated that pro-activeness is the ability of the firm to seize the initiative in the pursuit of marketplace opportunities. The research agreed that those firms with a higher level of pro-activeness did actively engage in the data to advance their products. However, digital loyalty card data also in turn enhanced pro-activeness. In a minority of cases, where there was a low level of pro-activeness prior to exposure, digital data increased the firm’s ability to be more proactive, such as engaging in new lines or speaking to retail customers which they had never done before.

**Research Implications:** This research demonstrates the various types of utilisation adopted by the small businesses as a result of the network, and the related success of the utilisation in their businesses development. It would appear that the small business, who were exposed to and adopted the market information, did claim to
have a competitive advantage over those firms who did not adopt the market information. Despite the positive nature of the collaborative network (Berry et al., 2004) and the facilitation of mainly successful outcomes, error needs to be cautioned on the central role and reliance on the action researcher. This calls for a best practice approach as the economic and social implications of this collaboration on regional sustainability could be significant going forward.

**Originality:** With the emergence of new and formalized technology and data as a significant facilitator for business development, these findings serve to demonstrate over a longitudinal period, the role of a collaborative network for the maximization of digital loyalty card data. The nature of the collaborative network partners serves to support and build upon public policy and management literature which highlights the success and challenges faced by a new form of support instrument to small businesses within a regional setting.

**Key Words:** Public Policy, Management, Collaborative Innovation, Digital loyalty card market intelligence, Regional development.

**Key Words:** Action Research, Collaborative Network, Digital loyalty card.
References:


How can I support students to develop reflective and creative ePortfolios on a professional development Masters programme?

Muireann O'Keeffe (Royal College of Surgeons in Ireland)

This paper presents the findings of an on-going action research study which has implemented changes to learning and teaching strategies within a postgraduate programme for professional development of lecturers in Higher Education. The research seeks to explore how changes put in place have affected students on their learning journey and also explores my professional practice as an educator.

This research is situated within the context of my professional practice as a lecturer and educational developer within which I coordinate a Master’s programme for professional development of lecturers. This Master’s programme advocates engagement in reflection on professional practice. To facilitate reflective practice, ePortfolios have been implemented so that students can record their assessed work on a continual basis, reflect on their continuous learning and make connections with their everyday practice.

An initial exploratory study (2011) found that student ePortfolios were lacking in several areas: general content; deep learner reflection; creativity; artefacts developed via multimedia; and peer-participation. In order to explore and address these issues I designed an action research project running over two years (2011-2013). During the first cycle (2011-12) of this study I developed and implemented a series of activities to support ePortfolio development with first year students of the MSc programme. Cycle 1 established that students valued activities that encouraged peer support during the module; students called for increased support for reflective practice; provision of additional technology support to create multimedia; also it was deemed that ‘creativity’ as a concept and a process be explored and engaged with by students.

These findings informed strategies for cycle 2 (Sept-Dec 2012) of the action research. It was decided by the programme team that cycle 2 would work towards fostering creative practices in students taking the programme. The creative practices would be nurtured in the learning environment and demonstrated within the student’s ePortfolios. Having engaged with literature on creativity I decided to frame creative practices within Craft’s (2011) characteristics for creative education. Craft outlines four characteristics for creative education: pluralities, playfulness, possibilities and participation. I planned pedagogical strategies and a learning environment that would endeavour to support these characteristics and in turn would be demonstrated within students ePortfolios.

In conjunction with this I also needed to foster reflective practice with students. Reflection is seen as a practice that develops the creative individual (Brookfield,
Reflective practice can be the tool to facilitate this conscious act of decision making (Skiba, Tan, Sternberg, & Grigorenko, 2010). Thus forming a ‘creative diamond’ of creativity where divergent and convergent thinking are used together (Craft, 2011).

This paper discusses the strategies used to nurture creative practices among students. These strategies include: the development of a climate of psychological safety within the classroom; ice breaker activities; brainstorming activities; decision making activities; group and peer-learning activities; audio and video reflection-in-action; student led discussions and presentations.

Findings from the study will be discussed in order to answer the following questions

1. How have students’ demonstrated engagement in creative practices within their eportfolios.
2. How have student perceived the learning environment and pedagogical strategies in their development of their creative practices and work towards the eportfolio.

Data has been collected through four methods outlined next and I have sought to ensure rigour and validity through triangulation of the data and through use of critical friend. (Robson, 2011).

(A) This action research study includes an exploration of the learning environment that I facilitated and I investigate if the teaching and learning strategies I implemented were conducive to nurturing creative practices among students. As an action researcher and reflective practitioner I involved myself in my own reflective note-taking on various aspects of my teaching. I intend to draw on these reflective field notes during the analysis of data. These reflective field notes include: i. Reflections made during the period of teaching on the module (Oct-Dec 2012). ii. Reflections on module and class planning templates: reflections included action plans and changes outlined for the future of the module.

(B) Data from 2 previous cycles of action research are also investigated. This data informed certain recommendations which inform strategies implemented on this module (See Appendix 2). This data might also help comparisons when explore current eportfolios.

(C) Exploration of student eportfolios

Student ePortfolios were explored through the lens of a rubric (which I will discuss in the presentation), which was designed to identify creative practices within the eportfolios. These creative practices (investigated and justified within the literature review) were based on Craft’s (2011) characteristics of creativity (Participation, Pluralities, Play, and Possibilities) and demonstration of reflective practices. Each student eportfolio was explored for evidence of these creative practices.
Further data collection was facilitated through two focus group discussions (FGD) with students. At the end of the module all fourteen students on the 1st year of the MSc programme were invited to attend the FGDs, ten students were able participate in the FGDs at this time.

Initial analysis of the data has shown that students were largely positive about the learning experience and the learning environment. This group of students used various strategies to engage in reflective practice (audio and video recordings and written reflections); interestingly during the focus group, students articulated meta-reflections on the quality of the reflections achieved through different media. It could be said that the use of various media invoked higher order thinking on reflective practice within students.

Currently I am undergoing a process of checking my own interpretations of the data by making checks against my own reflections. Also I have presented current interpretations to a member of the programme team, acting as a critical friend; in order to ensure better reliability in generation of findings. The next steps of this process will then be to generate findings which have the potential to recommend and inform actions in support of the eportfolios with students of this programme into the future.
References


Health TRAC Clinic and Programme. An Action Research Approach to Improving the Physical Health of Those with Enduring Mental Health Difficulties.

Kevin Madigan (Institute of Leadership, Royal College of Surgeons in Ireland)

Diabetes and Cardiovascular disease often occur as a result of coexisting medical disorders known as the “Metabolic Syndrome”. The World Health Organisation (WHO) criteria for diagnosing Metabolic Syndrome is the presence of either impaired glucose tolerance, impaired fasting glucose or insulin resistance and a significant elevation of any two of the following: blood pressure, triglycerides, waist hip ratio and urinary albumin excretion. A number of studies have concurred that persons with schizophrenia are at greater risk of developing metabolic syndrome than the general population.

Persons with schizophrenia have a reduced life expectancy of approximately 25 years less than the general population and whilst death by suicide accounts for some excess in mortality rates deaths from natural causes such as cardiovascular disease and diabetes are also disproportionately high amongst this population. A number of lifestyle factors common in enduring mental illness can accelerate exposure to metabolic syndrome. These issues include sedentary lifestyle, reduced income, poor dietary intake, and increased cigarette smoking as well as co morbid cannabis and alcohol disorders. The Clinical Antipsychotic Trials of Interventions Study (CATIE) found that contemporary atypical antipsychotic medications whilst often proving to have greater efficacy in terms of reducing symptoms of psychosis for some service users than the traditional typical antipsychotic medication are closely linked to the development of the metabolic syndrome. Clozapine is the antipsychotic medication recommended in the Maudsley Prescribing Guidelines for treatment resistant schizophrenia. There are no known recovery focused lifestyle interventions available with proven clinical efficacy to help improve physical health outcomes for persons with schizophrenia and co morbid metabolic syndrome. The Irish Mental Health Commission Quality Framework 2007 recommends that mental health services promote recovery orientated care which empowers service users to be active participants in care that is personalized to meet the specific needs of individuals, whilst prioritizing their physical health. The mental health commission quality framework document also recommends that mental health services systematically evaluate the provision of services in order to maintain delivery of quality service. This study will utilize the action research method of Scientific Enquiry to proactively develop recovery orientated services which will incorporate two action research cycles. (1) A Health TRAC Clinic which systematically monitors physical health and (2) A Health TRAC programme which helps participants develop a lifestyle plan based on the Wellness Recovery Action Plan (WRAP). The research question is:
Can a Tailored Recovery Action in the Community (TRAC) Clinic and Programme have an impact on the physical health outcomes of those patients with treatment resistant schizophrenia?

The primary aim of this study is to utilize action research within a community adult mental health service to develop techniques which should improve the physical health and reduce the risks associated with metabolic syndrome for individuals with schizophrenia being treated with the antipsychotic medication clozapine. The objectives of this study are to:

1) Investigate the prevalence of metabolic syndrome amongst a cohort of persons with schizophrenia being treated with antipsychotic medication (Clozaril)

2) Establish a mental health service's compliance with physical health monitoring of a population of persons with schizophrenia being treated with antipsychotic medication according to the best practice guidelines of the Maudseley Prescribing Guidelines

3) Investigate the attitudes and perspectives of persons with schizophrenia and clinicians from each of the treating multidisciplinary teams towards the issue of comorbid physical health difficulties and their attitudes towards solutions for reducing the risks associated with metabolic syndrome in this population

4) Determine the clinical outcomes of the Health TRAC clinic which will systematically monitor the physical health of persons with schizophrenia treated with antipsychotic medication (Clozaril)

5) Evaluate the outcome of accrediting an internationally recognized algorithm for the monitoring and intervention of physical health problems for persons with mental illness by leading professional health bodies in Ireland in order to facilitate the routine referral of patients with indications of metabolic syndrome to external expert clinical services (Cardiology, Endocrinology)

6) Evaluate the Clinical physical health outcomes of the Health TRAC Programme which will encompass tailored recovery orientated physical health plans in a community setting that prioritizes amenable, accessible and cost effective innovative lifestyle intervention which will meaningfully address issues associated with the metabolic syndrome.

**Method**

Action Research will form the basis of the methodology that will be utilized in this study in order to develop meaningful recovery orientated interventions to reduce the risks associated with metabolic syndrome amongst persons with schizophrenia and to add the literature in this area. Coghlan and Brannick describe Action Research as
an approach to research which is aimed at both taking action and creating knowledge or theory about that action.

This study will follow the Clinical Inquiry Action Research Model of Schein (1995, 2008) which incorporates a clinical approach to Action Research in which trained clinicians:

(1) Emphasize in-depth observations of learning and change processes

(2) Emphasize the effects of interventions

(3) Operate from models of healthy functioning and focus on pathologies and anomalies which illustrate deviations from healthy functioning

(4) Build theory and empirical knowledge through developing concepts which capture the dynamics of systems

A central theme of clinical enquiry is the engagements of the clinician with the participants to help participants perceive, understand and act on events by helping them reflect on their insights about these experiences so as to make informed decisions and take action. The purpose of this project is to undertake two interlinking Action Research cycles aimed at improving the physical health outcomes for persons with schizophrenia treated with an antipsychotic medication (Clozapine). This involves a Health TRAC Clinic and Programme that is based on participant’s unique physical health needs.

Cycle 1 the Health TRAC clinic is a physical health monitoring service that will be offered to each participant by qualified registered nurses at the Cluain Mhuire Service. Physical Health monitoring will be based on the Maudseley Prescribing Guidelines for Clozapine medication which recommends that patients treated with this medication undergo an ECG, Routine and Fasting Lipids and Glucose, Blood pressure, Pulse and Body Mass Index (BMI). Measurement of psychiatric symptoms and side effects of medication will be made using the valid and reliable Brief Psychiatric Rating Scale (BPRS) and Glasgow Assessment of Side Effects Scale (GASS) respectively. Data from the GASS will be shared with study 526 who plan to combine it with other SJOG data to validate for use in clozapine patients.

Measurements of side effects and psychiatric symptoms will be considered important when developing individuals Health TRAC plan in Cycle 2. All findings will be feedback verbally to the participant, whilst the treating psychiatric team will receive written documentation via the Mental Health Information System (MHIS). General Practitioners (GPs) will receive a written letter with the results of physical health monitoring and copies of blood results. All assessments are routine assessments which are recommended by the Maudseley Prescribing Guidelines as best practice. The Health TRAC Participant will work closely with the principal researcher and activity co coordinators employed at the Cluain Mhuire Service under the job bridge scheme to consider the findings of the assessments which will inform the
development of individual Health TRAC programme plans which will be discussed in Cycle 2.

Prior to the establishment of the Health TRAC Clinic it will be important to examine the current strategies for health monitoring within the mental health service and also to investigate the existence of metabolic syndrome amongst patients who are prescribed the antipsychotic medication (Clozapine) and according to NICE guidelines this audit will examine the level of communication of results to general practitioners and referral to external expert clinical services i.e. cardiology, endocrinology when indicators of metabolic syndrome are detected. By examining the clinical records of the Mental Health Information System (MHIS) a physical health audit will establish compliance with the identified best practice Maudseley Prescribing Guidelines for health monitoring of patients treated with Clozapine in the CMS service (Approx 160 patients). This audit will examine the existing data to establish the prevalence of indicators of metabolic syndrome in persons who attend CMS. The audit will be repeated at three 6 monthly time points.

As part of Cycle 1, a physical health treatment algorithm widely used by psychiatric clinicians in the UK and Australia which provides treating psychiatrists with guidelines of physical health which indicates which physical health indicators might require referral to external medical specialists for further investigation will be accredited by professional organisations including the Irish College of Psychiatry, Bord Altranais, Irish Diabetes Association. This will be made available to treating psychiatrists and nurses in the Cluain Mhuire Service and compliance with the algorithm will be measured in the Health Audit incorporated in the Action Research cycle.

Focus Groups will be held with clinicians and participants at baseline and at 6 monthly intervals. The purpose of the baseline focus groups is to capture the attitudes and perspectives of clinicians and participants towards comorbid physical health issues and schizophrenia and to develop an understanding of their attitudes towards solutions to these difficulties. The follow up focus groups will endeavour to establish attitudes and level of satisfaction with the Health TRAC clinic and programme. Focus groups will be held separately with each of the mental health disciplines (Psychiatry, Nursing, Psychology, Occupational Therapy and Social Work) and will include approx 7 clinicians in each focus group. These focus groups will also be held with the Action Research Team (Health TRAC Clinic Nurses and Activity Facilitators. The participant focus groups will include the first 7 consenting participants from the Cluain Mhuire Family Centre Building and the Burton Hall clinic. The Focus Groups will be facilitated by KM and information recorded on a flip chart and analysed using thematic analysis.

Cycle 2. The Health TRAC Programme will interlink with the actions and evaluations of Cycle 1. The focus groups held at baseline and follow up of the Health TRAC Clinic will inform the initial and ongoing development of the Health TRAC
programme. The Health TRAC Programme will aim to work closely with participants to develop a Health TRAC programme plan. The Health TRAC programme plan will be developed on a similar basis to the Wellness Recovery Action Plan (WRAP). However it will focus on the physical health of the participant. Each participant will be allocated to an Activity Facilitator who will work with them independently. Activity facilitators (AF) are graduates of either a health related or activity and leisure discipline who will be employed on the FAS Job Bridge Scheme by the Cluain Mhuire Service and trained in Motivational Interviewing. Each AF will be allocated approximately 30 participants. They will meet with each person they are allocated at least every two weeks to either review activity or to accompany to an activity. The Health TRAC Programme plan will be developed in consultation with the principal investigator and the AF and will be based on the individual's clinical results from the Health TRAC Clinic, The Lowther 1999 Physical Activity Questionnaire self report will also help identify physical health strengths and needs. All Health TRAC Plans will be based on available community resources and the participant’s desire and chosen method to address this issue in a solution focussed manner. An example of this might be if a raised BMI is identified and the participant wished to address this issue, the Activity Facilitator will help the participant to identify a range of available resources in the community and will assist the participant in choosing an option which suits them, the AF will then assist the participant to make relevant short term goals and where necessary liaise with the relevant service on the participants behalf and request to attend the service or activity with the participant. KM will communicate all Health TRAC Plans to the clinical treating team. Health TRAC plans will be reviewed every two weeks and a thematic analysis of Health TRAC plans will be complete with a review of the Lowther Physical Activity Questionnaire on a 6 monthly basis.

The Cluain Mhuire Mental Health Service Management Team which comprises of a Service Director, Administrator, Clinical Director, Director of Nursing, Principal Social Worker and Principal Psychologist will act as a steering group and a presentation of results of the study will be provided by KM on a 6 monthly basis and the guidance and advice of the Management Team will be considered for the ongoing development of the study.
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Appreciative Inquiry is a form of Action Research that focuses on the strengths of the organisation to help develop a positive future for it. This research was initiated with an organisation for people with Intellectual Disability in order to facilitate it to develop a strategic plan from 2014-16. Fifty participants take part in the project made up of service users, family members, staff, volunteers and therapists. The focus of this paper is the first stage of Appreciative Inquiry: Discovery. By finding out what works well in the organization this provides a platform for developing a vision for the future strategic plan. Seven small groups met over a six week period and using thematic analysis 4 key building blocks for the future were discovered:

1. Positive elements of the previous strategic plan, 2. Making homes rather than institutions, 3. Respect for human needs and 4. Key organizational supports. The results are brought back to the participants to use as part of the Dream phase of the Appreciative Inquiry process.
LEADING CHANGE AS A PROFESSIONAL: WORKING ACROSS BOUNDARIES.

Dr. Pauline Joyce (Institute of Leadership RCSI) & Miss. Paula Kinnarney (Education Department, NUI Maynooth)

This presentation outlines an initiative, namely a leadership symposium, which developed from a chance meeting of like-minded academics at a seminar on education and leadership. Both academics were trying to achieve similar outcomes within their departments to include the scholarly activity of disseminating graduates’ action research and change projects. One department focuses on education of teachers from primary and post primary levels nationally while the other department focuses on leadership and education nationally and internationally with interprofessional groups of healthcare professionals. The idea behind the symposium grew out of an identification (during conversations) of similarities and differences between the teaching and healthcare professions and the learning across both communities. The academic staff recognised that both groups of graduates were challenged with leading projects in their workplaces and all identified opportunities and difficulties around this task. Despite the different contexts of the professions it was soon obvious that there were a number of similarities in the challenges met by both groups, as they proceeded with their projects. Organising a leadership symposium seemed an excellent opportunity for current students to benefit from hearing lessons learned by previous graduates. The focus of the symposium centred around the following:

• 3 key leadership challenges in undertaking the project
• 3 key leadership opportunities in undertaking the project
• Key lessons and learning for the wider professional community
• Considerations for ‘leading change, as a professional

The experiences of sixteen graduates, eight from the teaching profession and eight from healthcare were guided by action learning and action research. Some of the key learning among the teaching profession is illustrated by the following quotes:

‘Build a positive relationship with your staff’.
‘Have a critical friend who is not your “best” friend in work’.
‘Build skills and confidence in those around you’.
‘Believe in what you do and be prepared to accept and consider the opinions and concerns of others’.
‘When leading change it is essential to exercise acute situational awareness in gauging … readiness to engage in the change process…’

‘Communication is key in leading change. Assessing the organisation as it is in a particular moment in time – a snapshot’.
From the healthcare profession the following was quoted:

‘A systematic approach to the change management process is key and such an approach requires proactive resource acquisition, goal setting, methodology planning and implementation strategies that accord with corporate strategy’.  
‘The impact of leadership activities is pervasive and can be a key determinant to follower morale, productivity and operational successes however leadership perfection is a myth’.  
‘Communication at all levels and all stages of the change’.  
‘Resilience, self-belief, self-questioning, support structures, down-time, optimism.’  
‘Having the ability to understand ones environment and organisation’.

This presentation will draw on comparisons and contrasts where appropriate. It will connect the findings from the experiences of both groups of professionals to literature around the extended and restricted professional as well as highlighting how the projects were guided.

The key objectives of the symposium were to:

1. Develop synergies across the professional groups
2. Develop a network of professionals across teaching and healthcare
3. Highlight comparisons and contrasts in experiences of carrying out the projects
4. Place the outcomes and outputs in the contexts of the literature on leading change across professions
5. Extend the dialogue of change in the community
6. Develop an e-journal of the presentations so as to disseminate this good practice

The symposium developed to involve representatives at a national level around regulation and standards and at an international level with a keynote speaker, well renowned in his scholarly activities around change and leadership. Around the time of the planning of the symposium there were formal collaborations happening across higher education institutions and this initiative seemed to meet the overall strategic direction of such collaborations. The event was formally opened by a government staff member. Keynote speakers from national organisations focusing on policy and regulatory affairs were represented from both professions. For some these speakers it was the first time they had an opportunity to present their thoughts about change to another professional group.

However, the symposium was organised so that the graduates took centre stage. Key issues around ‘being a professional’ were identified from details provided via a survey of open questions, in advance of the symposium. One group viewed their role more as the ‘extended professional’ while the other group as the ‘restricted professional’. Reasons for these differences will be suggested. The symposium has
acted as a springboard for the next cohort of students in planning their projects and encourage them to think more deeply about the challenges and opportunities which lie ahead.

Key lessons learned from the event is that both groups of professions have synergies and that the same challenges occur, across the boundaries, when change is planned. One group used an action research framework to plan and implement their projects while the other group were guided by action learning and the use of change models. The graduates themselves were amazed by the similar issues encountered such as insider-outsider challenges, power, trust, relationships and ethical issues. While each group was apprehensive about presenting to the other, this apprehension was quickly dissipated once they heard the each other's story.

These action research and action learning projects are having an impact on teaching and healthcare practice and are supported at high levels in organisations. The guidance of the action research and action learning processes have been powerful in the journeys of the graduates and this has been borne out in their reflections. The benefits of professions sharing their experiences opens up a new chapter in working across boundaries as it is too easy to consider one’s challenges unique to the different professions. Real world research involves people building relationships, managing upwards and getting buy-in at all levels. Action research and action learning can guide this process in a strong supportive way to allow the student to get maximum benefit and learning. Sharing encounters across professions will extend the dialogue of change and develop networks which may not have yet been considered.
CANCER-RELATED PAIN MANAGEMENT, THE EFFECT OF IMPLEMENTING AN ACTION LEARNING PROGRAMME ON HEALTHCARE PROFESSIONALS' KNOWLEDGE, ATTITUDES AND PRACTICE.

Mohammed Kasasbeh (Trinity College Dublin)

Background
Inadequate treatment of pain is a pervasive clinical problem in hospitalised patients resulting in significant physiological, psychological, and financial consequences. Inadequate pain relief for cancer patients can be attributed to health care professionals’ lack of knowledge about pain assessment, management and the incidence of narcotic addiction as well as the negative attitudes regarding therapeutic levels of analgesia. Assessment of health care professionals’ knowledge and attitudes of cancer-related pain management is essential in order to achieve optimal management of pain among patients with cancer. Understanding what health care professionals know about cancer pain management is fundamental to finding ways to improve quality of care provided to oncology patients.

Despite the availability of the World Health Organisation guidelines and the advancement of pain management modalities many patients continue to experience pain associated with cancer. Research reports emphasise that more than 85% of patients with cancer still suffer from pain in the advanced stage of the disease.

Effective pain management is reliant on the knowledge, attitudes and subsequent skills of health care professionals. Under treatment of cancer-related pain is often mirrored by health care professionals who lack the appropriate knowledge to assess and manage pain effectively. Several studies indicate that knowledge deficits and inadequate pain assessment are the most important barriers for health care professionals in implementing effective pain management. Many similar studies that investigated the knowledge and attitudes of health care professionals in relation to cancer-related pain management reported a significant knowledge deficiency especially in terms of pharmacological management. Various studies emphasise the misconceptions and negative attitudes of health care professionals in relation to pain assessment as well as analgesics administration, prescribing, and their related concerns including addiction and respiratory depression. Additionally, many other studies report poor adherence to recommended documentation practices with regards to pain assessment and management. Despite the various complexities which influence the delivery of effective pain management, there is sufficient evidence to support that educational interventions targeting health care professionals play a crucial role in improving pain management in patients with cancer. However,
Despite the agreement amongst researchers on the essential role of education, in improving knowledge, attitudes, and practice, the efficacy of traditional educational programmes in the field of pain management remains debatable. The impetus for this study derives from the need to develop a suitable education programme to health care professionals which aims to develop their knowledge, attitudes and practice with respect to cancer related pain management. Therefore, this study utilised action learning sets as a tool for the education of health care professionals. There is a need for an educational model that is based on the premise that the learner develops ‘questioning insights’ based on experiences at work, to find solutions to work related issues, and the need for an approach that has the benefit of realising both personal and organisational objectives and may help to bridge the gap between theory and practice. These elements are expected to be found in action learning where communication skills are advanced and developing self-awareness and leadership skills are constructed.

**Aim and objectives:** This study aimed to evaluate the effectiveness of implementing an Action Learning Programme among health care professionals with regards to cancer related pain management. The study was guided by the following objectives:

- To assess healthcare professionals' knowledge, attitudes, and practice of cancer-related pain management before and after implementing an action learning programme.
- To evaluate the effectiveness of an action learning programme as an intervention in developing practice among healthcare professionals.
- To compare the effect of the action learning sets between healthcare professionals.
- To compare healthcare professionals' views in relation to action learning sets as a tool of developing practice.
- To evaluate the effect of a multidisciplinary action learning set on participants within their clinical areas.

**Action Learning Sets:** The intervention employed in this study was the introduction of action learning sets. This involved meetings with key stakeholders in the assessment, treatment and evaluation of cancer-related pain. The three action learning groups were chosen based on specific criteria; health care professionals who are involved in assessing, prescribing, administering, and evaluating analgesia and had a willingness to use action learning as a problem solving tool for their particular problem.

**Methodology:** An Action Research design was utilised incorporating mixed methods, in which quantitative and qualitative approaches were used for data collection, and as such, a pragmatic approach to this research endeavour was taken. A mixed method design was chosen as it was believed that its methods were most suited to addressing the research questions and providing a wider and valid result.
rather than using one method in isolation. The action learning sets were evaluated by means of a quasi-experimental design. A pretest-posttest design was used to test the effect of the action learning sets. A retrospective audit was used to collect data on the documentation system and strategies of the cancer-related pain assessment and management in medical and surgical wards in the particular hospital. While the quantitative approach was adopted to determine the knowledge, attitudes and practices pertaining to cancer-related pain management among multidisciplinary health care professionals, the qualitative approach was mainly utilised to evaluate the efficacy of the intervention programme on health care professionals’ views and experiences, by conducting one to one-interviews with the participants. ‘Total population sampling’, a purposive sampling technique where the entire population is chosen to be examined, was used in this study. This method of sampling was chosen as the target population delineated was all health care professionals working on the medical and surgical wards.

**Study Setting:** The sample was obtained from a major academic teaching hospital in Dublin, serving the local and national population. The number of beds in the research site is approximately 250. Two medical and two surgical wards were accessed to collect data with a total of 110 registered nurses and 70 doctors comprising physicians (medical doctors) and surgical doctors. The medical wards are covered by 5 different medical specialist consultants including respiratory, rheumatology, endocrinology, gastroenterology and gerontology. The surgical wards are mainly covered by 4 surgeons. The pharmacy department within the hospital consists of 8-10 pharmacists.

**Data collection:** In total, four instruments were used to collect the data for this study. These were audit, the Knowledge and Attitudes Survey Regarding Pain (KASRP), by Ferrell and McCaffery (1987), one to one interviews and the Action Learning Set Evaluation (ALSE) Tool, Lamont et al. (2010). The data collection process was divided into three stages: the pre intervention stage, the intervention stage and the post intervention stage.

**Reliability:** A two-week test retest reliability was performed during the period of the pilot study. Anonymity was guaranteed and participants were informed that they would be required to take two assessments. Although they were told that a second assessment would take place exactly two weeks after the first, they were not informed that they would take the same survey twice. Twenty-four of the forty-four participants completed the test retest survey. The test-retest reliability was r>0.77 and the internal consistency reliability was Cronbach’s alpha Coefficient > 0.71. Alphas above 0.7 are considered acceptable (Knapp 1998).

**Data Analysis:** Quantitative data will be analysed using SPSS and qualitative data from interviews will be transcribed.
**Researcher's Role:** The term ‘Outsider/Insider’ researcher is frequently cited in the literature and describes the status of a researcher specific to action researchers. Inside researchers are already immersed in the organisation and have a pre-understanding from being an actor in the processes being studied, which plays an important role in the political process of framing and selecting their action research project. It has been asserted that the manager-action researcher (insider) engages in inter-level processes engaging individuals, teams, the inter-departmental group and the organisation in processes of learning and change to ensure that the action research project contributes to the organization's learning. Insiders are already familiar with the common language within the organisation, group or area of practice including the ‘jargon’ and ‘window dressing’. This consequently enables manager-action researchers to grasp the opportunities such research projects afford for personal learning, organisational learning and contribution to knowledge.

The researcher took on the dual roles of evaluator and facilitator of the action learning sets. The intent of the dual role was to clarify whether rigorous interaction among individuals critically informed subsequent changes to the cancer-related pain management during the study in addition to gathering evidence to explain the overall outcomes of the study.

**Barriers and challenges**

- Procuring ethical approval within the hospital required three submissions before it was granted.
- The lack of the researcher’s experience with regard to action learning and action research proved demanding.
- The lack of consensus in the literature regarding definitions of the terms ‘action research’ and ‘action learning’ was challenging.
- As the researcher was also the facilitator of the action learning sets it was not possible to leave the study site for the duration of the research and therefore was not in a position to apply for a scholarship causing considerable financial implications.
**Action Learning: Developing Leaders and Supporting Change in a Healthcare Context**

Louise Doyle (St. Vincent’s University Hospital)

**Action learning:** developing leaders and supporting change in a healthcare context

This paper outlines how action learning was used as the key component of a leadership development initiative for experienced managers in an acute hospital setting. It explains how the initiative was conceived and contains action learning principles. Insights into its evaluation are also included.

The leadership development initiative is called the Leader's Edge. The pilot programme started in November 2012 and is due for completion in May 2013. In conjunction with a third level university the hospital obtained accreditation of the Leader's Edge as a module at Level 8 on the National Qualifications Framework (NQF), as such each participant had three assignments to complete.

The initiative represents the next phase of the hospital’s leadership and management framework. It is intended to provide a development opportunity for more experienced managers that would bring the learning close to the participants’ roles and would stretch the participants. The 70:20:10 concept (Hoyle, 2012) that has become popular as a way of thinking about where learning takes place at work was influential in the decision to create a primarily experiential programme. Further aims were to support succession planning by enabling managers to develop their potential and broaden their understanding of organisational issues and challenges; and to enhance the capacity of managers and in turn of the organisation to manage change.

The Leader’s Edge was designed and facilitated by the hospital’s Head of Learning & Development. Buy-in was obtained from the senior leadership team who were involved in nominating potential participants for the pilot. Seven managers from across the multi-disciplinary team both clinical and non-clinical participated. Each participant identified a project that was of interest to them and of importance to the organisation to be undertaken. Participants also identified a project sponsor. The programme was structured to include an introductory workshop, five action learning set meetings and a workshop focused on understanding self and others using the MBTI delivered in the early part of the programme.
The Leader's Edge used an action learning approach for a number of reasons. Action learning is a ‘method for individual and organisational development. Working in small groups, people tackle important organisational issues or problems and learn from their attempts to change things.’ (Pedler, 1996, p. 13). Action learning is about bringing people together to exchange, support and challenge each other in seeking to act and to learn. Leonard and Lang (2010, p. 225) state that ‘action learning is being used increasingly as a primary method for building leadership skills and improving leadership behaviour.’ The types of skills that can be developed through action learning include: analytical, creativity and change management skills. Also skills such as influencing, engaging, collaborating and creating open communication (Leonard and Lang, 2010). Developing skills in individual leaders is only one aspect of effective leadership development according to Roberts and Coghlan, (2011) effective leadership development should also develop the organisation’s social capital. It is the social capital within an organisation’s networks that enable collective action. An action learning approach to leadership development is a means of marrying the development of the individual as a leader along with developing the organisation’s social capital.

The Leader’s Edge incorporated a number of action learning principles as described by Pedler (1996) and Chivers and Pedler (2010, p. 10 – 11). These included having a small group of seven participants each working on a project, meeting in a collaborative way to support and challenge each other through the action learning sets and learning from their efforts to introduce change. Learning starts from not knowing, and all participants were encouraged to present their current challenges/issues at set meetings to assist them with developing new understanding and devising a course of action. Preparation questions were provided to participants to consider in advance of the action learning set meetings. These drew on Chivers and Pedler’s work (2010, pp. 19). Action learning recognises that it is the people who take responsibility in a situation that have the best chance of taking action which will make a difference. All the participants were keen to make a difference with their projects. Finally a key principle of action learning is the belief that learning involves both programmed knowledge and questioning insight. An emphasis was placed on the role of asking questions and seeking to prompt new thinking and new insight on the part of participants and that all participants play a part in this. Non-experts can often ask the most insightful questions as they have fewer assumptions as to why things are the way they are.

The evaluation of the Leader’s Edge will seek to understand what benefits the action learning approach to leadership development has brought. Evaluation will have two aspects an evaluation of the action learning sets themselves and a broader evaluation of the programme following its completion. The evaluation of the action learning sets has been on-going and comprised of a set meeting review following each meeting which involves all the participants sharing what worked well, what was difficult and how could the set be more effective. Each participant also completes a
short anonymous questionnaire aimed at gathering information on the impact of being in the action learning set on their project and what leadership skills they believe they are developing. The facilitator also carries out a reflection to capture her impressions after each set meeting.

From the set meeting reviews that have taken place to date feedback has encompassed a range of areas. Participants believed that the rest of the group is interested in what each other has to say and in being involved in the process. There was a great group dynamic and an ease in discussing topics. Listening to other questions and ideas, and gaining a better understanding of issues was useful. Participants said that they got wider experience and found out things about the organisation. The questions from those outside a participant’s own environment were very helpful and that the questions were leading them to see things differently.

Areas where the group believed the set could be more effective related to getting started, setting the agenda for the set meeting and time keeping. From the second set meeting the facilitator took a more active role in getting the agenda agreed and in managing the time.

The responses to the short questionnaire completed to date have been positive. 82% of participants either strongly agreed or agreed that being part of the action learning set was useful in progressing their projects. 85% of participants either strongly agreed or agreed that they were gaining an understanding of wider organisational issues and challenges. 93% either strongly agreed or agreed that they were further developing skills such as listening, questioning and collaborating with others.

The set facilitator also captured reflections at the end of each set meeting. Things the facilitator believed worked well included, the dynamic within the group, the interest participants displayed in each other’s projects and their willingness to share useful information or ideas with each other. Participants spoke about the set being a supportive and encouraging environment. Individuals were for the most part taking action between sets and were preparing for meetings. Things that were difficult included giving over some time at several action learning set meetings to discussing the assignments that participants had to complete. This was necessary and useful for the participants but at times the facilitator was concerned that it would impact on the quality of the action learning part of the meeting as there may be insufficient time remaining. In later sessions it was agreed to keep some time at the end for discussion regarding the assignment and not to do it at the start of the meetings which worked well. The facilitator also wondered on occasions if a sufficient number of open questions were being asked to give enough opportunity for new insights or new thinking to occur. Participants asked questions of each other however sometimes they were more suggestions or advice. The facilitator did ask questions too, and was conscious of asking open questions. The facilitator noticed that while all questions may not have been truly open questions they were of use to participants
none the less and they valued each other’s ideas and on occasions requested input in that format from each other.

When the pilot is completed in May 2013 a broader evaluation of the leader’s edge will take place, focusing on: the individual leader development, teamwork/relationships and organisation development (adapted from Roberts and Coghlan, 2011 p. 237).

The indications so far would suggest that the action learning approach is positively impacting on leadership development and collaborative relations in the healthcare environment.

References


Addendum : Extended Abstract

Appreciative Inquiry

Discovery: The foundation for the organisation’s future

Richard Jackson, Dublin City University

Appreciative Inquiry developed in the mid 1980’s and is now considered a form of Action Research. David Cooperrider from the United States wanted to find a way of developing grounded theory that would challenge the guided assumptions of an organization’s social space and raise fundamental questions that can lead to new alternative actions that ultimately helps an organisation develop (Bushe 2011). I used Appreciative Inquiry as the method for this research project.

This research study is about working with a small disability organisation in a small town just outside Dublin. There are 14 residents that live in six houses dotted around the community and there also is one house for respite care. All of the residents go to various day services for people with intellectual disability between 9am and 4pm. Ground floor staff therefore work from 4:00 in the evening Monday to Friday and they sleep over in each house as part of their duties. They also cover 8am to 12:00 midnight during the weekends and holidays times. There is usually only one member of staff in each house at any one time.

My role was to help the service to develop a strategic plan that will run from 2014 - 17. It was agreed with the CEO that I would use a participative method and would include as many people as wanted to be involved in the project. This meant including staff and all of the stakeholders involved in the service. Around two thirds of the people involved in the service took part:

- 10 residents
- 3 respite users
- 7 leaders of the service (all of them)
- 3 therapists (that work a few hours a week each)
- 3 volunteers
- 6 family members
- 19 frontline staff (working full time down to just a few hours weekly)
- 51 people in Total (approximately 66% of everyone involved in the organization)

My first challenge was to convince people to take part in the project. From both an ethical perspective and from the theory of AI it is really important that people take part because they want to. The CEO communicated that taking part was voluntary and that it was extra to the normal work load. However he did pay staff for the hours of the group work and subsequent workshops that took place.
From October to December 2012 I set about spending many evenings with service users and staff members getting to know people and explaining what the project was about. This initial engagement is really important as it is all about building relationship and building trust. People need to feel that potentially their investment of time is worthwhile. Spending time with people in the organisation also gave me an opportunity to informally get a feel of where the organisation was at and the kind of issues within the organization. I also spoke to family members, therapists and volunteers on the phone to explain the project and ask them to take part.

The consent process offered another opportunity to engage. This gave me an opportunity to sit down with some of the potential participants and engage and explain the study. People with intellectual disability are a vulnerable population due to their dependence on a level of care and their cognitive issues that can present a struggle to understand things. The process that I developed came from the literature and the NDA guidelines on using people with disabilities as research participants (NDA 2002, Walmsley 2010, Cameron and Murphy 2008, Ascott et al 1998). I led the session with a Key worker, (A staff member responsible to help a service user work on their life). We would run the session involving the person with ID as much as possible, provide easy read documentation and give the person as many breaks as they needed. The process usually lasted for under twenty minutes. The keyworker and I had to both agree that the person had given consent. Sometimes we had to accept that a person with ID did not want to take part. This is many ways affirmed the success of the process (Cameron and Murphy 2006).

**Appreciative Inquiry**

AI provides a positive focus in seeking to analyse and understand what is good and works well in a group or organisation. Change is created by building on the organizations strengths via the following process.

1. Discovery: finding out what is good and what works well in an organisation
2. Dream: developing a common vision for the organisation
3. Design: exploring ways to make the vision a reality and designing a process
4. Destiny: the process of creating vision

AI involves all employees in the organisation and stakeholders (in the case of this research study, service users and their families). Some studies however may involve one or two groups within the organisation, e.g. health workers and patients. The literature explored reports the following positive outcomes using AI:

2. Positive changes in social dynamics including improved teamwork and multi-disciplinary collaboration (Carter, Cummings and Cooper 2007) (Baker, et al. 2009)
3. An ability to gain whole group agreements as to how to improve an issue (Reed, et al. 2008), (Carter, Cummings and Cooper 2007) & (Lerner 1971)
4. Equality in relationships is evident empowering service users to have greater control over their own lives (Reid and Hickman 2002) (Reed, et al. 2008) (Hanpachern, Morgan and Griego 1998).

The AI Mind Set
One of the biggest challenges of this study is to convey the appreciative mind set. There are many varied interpretations as to what this is however some of the common things with in the mind-set are:

- To accept something works in every situation
- People can create their own destiny
- People need to be affirmed and appreciated
- We need to understand the positive stories in an organisation that can inspire change
- Good positive questions can facilitate new thinking to emerge
- If we are socially constructed then we can reconstruct what we do
- What we focus on becomes our reality
- All perspectives need to be accepted and become part of the mix for change

I found in these early stages that in my conversations I had with people that I tried to role-model the appreciative mind-set and see if potential participants would be drawn to taking part. The message I was giving was that Willow Brook could develop in new ways and move closer to its potential if we get together, talk about it and work together to improve it. I found listening, believing in and affirming people to be important. Recently management have expressed that more frontline staff took part than they expected.

Discovery seeks to find out what is good about the organisation already and what is working well at the moment. These become the building blocks that are used to carry the organisation into the future. Discovery gets all of the participants engaging together to share stories and have a conversation about what is good about the organization. Each person hears things about the service that they have never heard before and this starts the process of change in people’s thinking. These become the building blocks of the organisation. I organised seven small groups from three to ten people that represented at least three of the participating groups in each group. We met in the Kitchen of the Administration house of Willow Brook. This provided an informal and familiar place.

To prepare for the sessions I read a lot of the focus group literature (Kruegar 2006 and Morgan 1997) and the AI literature around asking questions (Whitney et al 2002, Whitney, et al 2004 and Watkins et al 2011). A sample of questions I asked is as follows:

- Tell me about one of the best days you ever had in Willow Brook?
Tell me about something you achieved in Willow Brook that you are really proud of?

When Willow Brook is at its best, what are the keys that make it that way?

What works well in the present strategic plan?

Some staff found the positive format initially hard to engage with however as the stories began to flow people began to see the benefit of “bringing the cream to the top” so that we could all look at what Willow Brook is like when it works really well. After a few weeks some of the meaningful stories and common themes began to emerge. The role of story needs some focus, Stories bring meaning to what we do with our lives. They can reveal the truth about something important? Stories can impact on relationships and reinforce deeply held values. Stories in our organizations can help us keep the status quo or help us change for the better. Generating positive stories provides a seed bed for new possibilities (Watkins et al 2011, Passmore et al 2011).

To analyse the stories I used a form of thematic analysis by Burnard (1991), this allowed an analysis of the material that showed 12 areas where the organisation thrives. The steps of analysis are as follows:

1. After each piece of group work write a summary of what the group was about.
2. Write out full transcripts of the group session
3. Read transcripts and make notes on the themes revealed (David Coughlan recommends do this side by side in two columns).
4. Categorise all data developing headings to describe each category.
   Categorise the usable and unusable data. This stage is knows as open coding.
5. Collapse categories into a manageable amounts
6. Develop headings for codes
7. Read transcripts alongside headings to make sure they fit
8. Highlight each of the categories with coloured pens
9. Cut out sections and put them together
10. Keep a full transcript of each session so that the original context is not lost
11. Write up findings: if unclear return to the original transcript.
12. Compare findings with the literature
13. Give examples of the unusable data
14. Validate the data with colleagues and/or participants

The aim is to find the core energy of the organisation. It is within the core energy that provides information on how the organisation can best move forward. 12 themes developed that provided a picture of what Willow Brook is like when it is really good.

The data was validated by many of the participants who said that this did reflect Dara at its best. Participants could identify with it easily. Primarily I aimed to communicate it in a way that would inspire and enable the participants to tap into their creative thinking to develop a vision for the next strategic plan that would be inspiring challenging and motivating to achieve. I talked about the findings with individuals,
produced a small report in easy read and ordinary text and presented the data at the beginning of the next stage “Dream” when all of the group were present.

Recently on reflection of the data and where it comes from I have considered the following. The data shows some of the following genuine positive stories of good times, achievements and keys to developing a really good organisation. Some stories of what is good perhaps come from a frustration of what could be better. e.g. staff expression of the need for more 1-1 time with some of the resident. Some stories come from difficult situations where some learning has taken place and there is a desire for something better, e.g. losing two older people to a nursing home, which many staff regretted happening due to a common value that Willow Brook should be a “home for life”. A clue to this data could be in Fitzgerald et al 2010. The authors write about AI as a shadow process where the positive focus also holds in parallel the difficulties in the organisation. Both rise together in the process however the positive mind set enables staff to find a way around some of the issues and by pass others in the process. Bushe (2011) states when an organisation is more positive than negative, the problem of negative conversation that keeps the status quo in place tends to diminish. AI is about “what can we take control of and taking responsibility for what can we change” it also seeks to find the natural leaders and the things that people want to develop or brings to light the things that need to happen if the organisation is to thrive.

The data did what it was required to do. Provide information that would help the organisation to move forward to the next stage Dream; where the participants would build a vision for the next stage of the process. The discovery process in this case hopefully achieved the following: to develop a positive image of the organisation that stimulates the potential for growth. It develops the environment to dream for something better. Rather than to focus on what is broken in the organization it focused on what is good. The process hopefully has built relationships and trust to opens people up to the idea of possibilities and ultimately deciding to take part in changes that are right for Willow Brook at this point in time.
### So What’s Good about Dara?

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<thead>
<tr>
<th>Creating Homes</th>
<th>About Each Person</th>
<th>People being happy</th>
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<th>Support for Learning and Education</th>
<th>Consistent Supportive Teams</th>
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<td><img src="image12.png" alt="More Ice Creams...Fun" /></td>
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References


Cameron, L. and Murphy, J. 2006. Obtaining consent to take part in research; the issues involved in including people with a range of learning and communication disabilities. *British Journal of Learning Disabilities*, 35: pp113-120


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