



E.C.L.O.

European Consortium for the Learning Organisation

Communication to the Mobile Learning Special Interest Group 1

November 2006

The E-Learner

The Editor for November 2006 is Diane Kelly and her colleagues at the NHS Education for Scotland

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NHS Education for Scotland (NES) was formed in 2002, bringing together the following organisations:

- Scottish Council for Postgraduate Medical and Dental Education (SCPMDE)
- National Board for Nursing (NBS)
- Pharmacy (SCPPE)

Since then, NES has continued to expand and now includes the following groups:

- Allied Health Professionals
- Healthcare Chaplains
- Dentists
- General Practice
- Hospital Doctors
- Nursing and Midwifery
- Pharmacy
- Psychology

The organisation is largely a government funded body and therefore follows Scottish Executive policy. For some of the staff groups who work within the organization and for whom NES serves, they often work on a contractual basis.

While there are expressions of willingness for professional groups to work together, and many actual examples, it is recognized that there are many challenges to achieving this. Each profession has its own tradition, background, behaviour, language and practice, all of which can combine to make working together and achieving a shared understanding more difficult. In NES there is a desire to enhance inter-professional collaboration. NES' purpose is to deliver educational solutions for workforce development for all NHS staff. In order to be able to do this to

the best of its ability and to meet the needs of the service, who themselves are increasingly becoming involved inter-professional working, NES needs to maximise its skills in this area.

Current research and development within my own section of NES are highlighting the importance of collective learning in teams, inter-personal dynamics and relationships, use of terminology and the barriers this can raise.

Questions from an organisational perspective:

1) How much do organisations with an educational role currently understand about what it is we are supporting?

2) How can educational bodies stay in tune with and responsive to whatever it is we are supporting?

Dr. Suzanne Bunniss, Research Fellow, NHS Education for Scotland

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As a research fellow within NHS Education, I am currently working on a study on Collective Learning and Change in Primary care teams. This research has been a fascinating project, perhaps because it has been such a powerful reminder of the power of the group. I'll be the first to admit that there have been times in my own life when I have been a little team-shy, but throughout this project I have had the opportunity to witness the fundamental intimacy required to make learning together a reality. It is probably this, more than anything else, which has made me wonder again whether collectivity isn't something worth having.

To use the word 'intimacy' in an organisational setting can be a somewhat uncomfortable thought, but what else do you call it when team members can predict each others responses and articulate each others' strengths better than their own? What term better describes individuals who can finish each others sentences and peel each others' orange? These are all things observed and recorded within the scope of this study, which have led us to the question: *How do you support teams in their learning, when much of what they do naturally is already more sophisticated and embedded than anything we could recommend?*

As we talked through this question together for the e-learner, we compared the formal educational support that is often provided as being a similar concept to an organ transplant. This might explain the 'allergic response' that sometimes happens when educational initiatives are rejected as foreign ideas. This analogy also highlights the moral obligation for organisations like NES to look again at what we do and how we might promote life long learning. Under what circumstances have we the right to transplant education into established team cultures, which we do not necessarily understand? Perhaps we need to revisit these fundamental ideas so that we can be led more by the wisdom of those who already learn and work in these complex service environments.

None of this is to say that the teams working in primary care contexts within the NHS are the complete embodiment of effective team working; we know that is not always the case with cases of stressed and dysfunctional teams. What we *can* say though with some certainty is that teams, sub-teams and informal networks continue to evolve and are incredibly resilient in undertaking the learning which allows them to address the human need of health and social care. The teams who have participated in this current project have been interesting and impressive, not because they reflect text-book definitions of grand vision or group cohesion, but because they seem to have found ways to support each other effectively as they work and learn in very complex situations.

Questions from the research to date:

1. How do you support teams in their learning, when much of what they do naturally is already more sophisticated and embedded than anything we could recommend?
2. Under what circumstances have we the right to transplant education into an established culture, which we do not necessarily understand?

Janice Turner, West Regional Education Projects Manager, NHS Education

(Regional practical implications)

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Having considered the organizational and the primary care team perspective, above, I would like to introduce the concepts of learning networks, both formal and informal from a west regional perspective. Currently, there are five territorial Health Boards and two Special Health Boards within the west region of Scotland, making it effectively representative of about 49% of the overall population.

Numerous small informal learning networks exist in relation to peer support, conceptualizing innovation, sharing intelligence, and constructing learning to support change. These networks are fluid and often 'ad hoc' with little operational responsibility or 'clout'. Interestingly they tend to ignore conventional barriers of power, culture, and geographical boundaries.

Many formal regional or Board level learning networks exist in relation to disease / clinically specific categories and tend to be inter-professional in membership if not in specified learning outcomes.

There would also appear to be a 'catalyst' role between formal and informal networks with some individuals being members of numerous networks, and therefore increasing the potential for inter-organisational learning.

Part of my current role is to facilitate a regional learning network at strategic level representative of all the constituent Boards. I would be very interested in how to facilitate the ongoing development of both types of network within the region in a mutually supportive role.

Questions from a regional perspective are;

1. How do I best 'capture' the enthusiasm and non hierarchical ambition to create and innovate that exists in informal networks?
2. How do I best enable intrinsic motivation within a strategic regional learning network that may be more focused on extrinsic goals?

IF YOU HAVE THOUGHTS OR COMMENTS ON ANY OF THE IDEAS ABOVE OR THE QUESTIONS WE HAVE OUTLINED, WE WOULD BE VERY INTERESTED TO HEAR FROM YOU.

New R&D Project, - “The Role of Mobile Learning in European Education”.

I am delighted to be able to inform you that E.C.L.O. has been accepted to participate in a new R&D project under the Minerva programme. I will dedicate the December e-learner to providing you more information, but as an introduction the project objectives are :-

Mobile learning is the provision of education and training on PDAs (Personal Digital Assistants), smartphones and mobile phones.

The objective of this project is to bring the unprecedented ownership of mobile devices into European education and training. For this reason the first target group is Commission decision makers and decision makers in the 25 EU states to whom the products of the project will be personally sent. Further target groups are the students and institutions in the partner countries, and eventually in the whole 25 countries. The problem is that students use their mobile phones constantly but not yet in their education.

The main activities, which will result in the products of the project, are

- development of a policy document on the role of mobile learning
- an overview of the role of mobile learning in the 25 states today
- listing of achievements of mobile learning
- pedagogical aspects of mobile learning
- adapting ILT and e-learning materials to mobile learning
- the development, adaptation, teaching and evaluation of mobile learning courseware for real students.