



RCN and RCNi Education, Learning and Development Strategy 2021-2024

Underpinning evidence in the development and enhancement of RCN Quality Assurance Framework

Evaluation model of education, learning and development

CORPORATE



Acknowledgements

Thank you to the following workstream members:

Andrea Childe, Chair and author – Professional Lead for Learning and Development

Jacky Price, Co chair and author – Professional Lead for Education

Nicky Clarkson, author – Professional Lead for Learning and Development

Linzi McIlroy – Senior Professional Development Officer, Northern Ireland

Cathryn Peppard – Information Manager, UK HQ

Mirka Ferdosian – Project Manager, UK HQ

Richard Hatchett – RCNi

Emily Davies – Learning and Development Facilitator

Jennifer Underwood – Mackie – HCSW Development Officer, Scotland

Diane Powles – Associate Director Professional Practice, Wales

Julie Connolly – Senior Regional Officer

Janette Astles – UK Learning Reps

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK. The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this website information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

© 2021 Royal College of Nursing. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Publishers. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the Publishers.

Contents

Background.....	4
4.0 Introduction.....	6
4.1 The aim.....	6
4.2 The project objectives.....	7
4.3 Background.....	8
4.4 Critical evidence review.....	9
4.5 Summary of the evidence review.....	13
4.6 RCN stakeholder group.....	15
4.7 Conclusions.....	17
4.8 Recommendations.....	18
4.9 References.....	20
4.10 Appendices.....	22
Appendix 1: Summary of models.....	22
Appendix 2: The in-depth analysis of the key themes that emerged from the research and the expert literature.....	25
Appendix 3: Proposed evaluation model template.....	29
Appendix 4: Two working examples of workstreams using the proposed adapted model.....	30

Background

The RCN and RCNi is committed to providing an inclusive, supportive and inspirational learning environment, where the entire health and social care workforce feel encouraged to share their knowledge, skills and experience. All education, learning and development are included in the RCN and RCNi Education, Learning and Development Strategy (ELD). This includes informal, formal/accredited programmes, practical/skills-based, Continuing Professional Development (CPD) (including for revalidation) and Lifelong Learning (LLL) which contributes to career development and progression.

At the commencement of the RCN and RCNi ELD Strategy project it was identified that a review of the quality assurance models underpinning the delivery of education and learning required a formal evidence review. Four workstream pillars undertook an evidence review of the following aspects of education, learning and development:

- Pillar 1 Identifying a programme framework – a needs assessment for ELD activity
- Pillar 2 Identifying the policies required to underpin the learner journey
- Pillar 3 Assessment of learning activity
- Pillar 4 Evaluation of learning activity

Each of these workstream pillars had a range of stakeholders involved in task and finish groups. Staff stakeholders were engaged from across the RCN and RCNi and across the UK. The outputs from these workstreams were scrutinised by the RCN Professional Nursing Committee Task and Finish group for the development of the ELD Strategy.

The Royal College of Nursing offers both trade union and professional learning, education, advice and support for our members and RCNi, our group publishing house which offers learning through RCNi learning. This strategy is the first ever opportunity to address education learning and development as a joint offer for the UK.

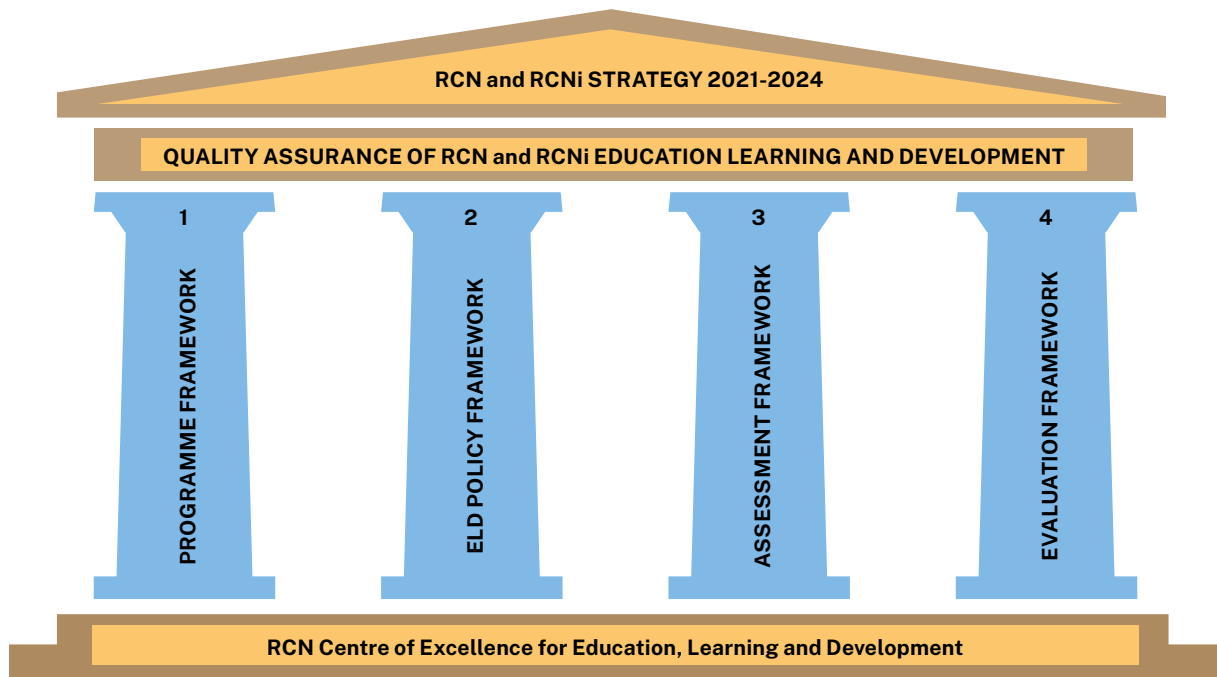
The RCN and RCNi ELD Strategy vision is:

‘To provide RCN leadership and influence across the entire UK health and social care workforce through the provision of quality education, learning and development.’

The ELD offer will enable the development of a competent and capable workforce, influencing, leading and delivering person centred safe and effective health and social care. The ELD Strategy supports the growth, recruitment and retention of the entire workforce.

The figure below outlines the quality assurance processes required for the development of all education and learning resources.

Fig. 1: Four pillars for developing education, learning and development



4.0 Introduction

Evaluation underpins a wider quality assurance framework and is a crucial element in determining whether the learning and development being offered meets the strategic aims of the organisation and external stakeholder requirements. A critical review of current evidence of evaluation models and frameworks was undertaken to establish:

- whether or to what extent the learning outcomes are achieved
- the impact the learning activity had
- a comprehensive strategic focus enabling a review of the planning, development, delivery and resource management informing the future RCN and RCNi ELD offer.

4.1 The aim

To establish an agreed evaluation framework method for measuring the quality of the RCN and RCNi ELD delivery through achievement of learning outputs, application in practice and impact review, supporting potential improvements in ELD delivery.

4.2 The project objectives

	Original project objective	Outcome measures
1	To create a model for the evaluation of all education, learning and development delivered by RCN and RCNi	... the application of a model for the evaluation of ELD delivery will provide evidence that the quality of ELD delivery is measurable and identifies whether learning outputs have been achieved, whether they have or could be applied in practice and where there is room for further improvement
2	to ensure a framework would be inclusive of all four country ELD delivery	... an evaluation framework applicable to all four countries
3	to undertake a review of existing evaluation models, including the Kirkpatrick model, the Illing model and other relevant models identified	... produce a written report on the review undertaken, complete with recommendations for the model to be adopted by RCN and RCNi. This could be an existing model or an adaptation of existing models
4	to produce a framework which could be applied to the variation of ELD activity across the RCN	
5	to ensure the evaluation framework would uphold RCN values – reflect professional standards and regulatory requirements	... standards and guidelines which reflect the RCN governance requirements
6	to align this with the system of quality assurance that the RCN and RCNi agree in the ELD Strategy	

4.3 Background:

In 2018 the University of Sheffield and the Royal College of Nursing embarked on a five-year Strategic Research Alliance (SRA). One of the key themes of the work identified was evaluation (Robertson and Ryan, 2019). Evaluation is identified as the process of critically examining a learning intervention through collecting and analysing information relating to the activities, characteristics, quality, importance, amount, or value of the intervention in order to inform decision making and improve effectiveness (Cambridge University Dictionary, 2020; Patton, 1987).

DeSilets (2009) suggested that evaluation should identify what went well and what can be developed or improved, including establishing whether the aims of the learning have been achieved and importantly it should consider the return on investment.

Evaluation in ELD primarily focuses on the inputs that contribute to the learning event, for example the content, activities, and learner experience. It is identified that there are complexities and challenges to measure whether the learning outcomes have been achieved and the extent to which learning has enhanced practice. Therefore, the evaluation model should encompass the collective dynamics that guide the concept, development, delivery, and review of learning activities. Effective evaluation should collect data on the range of activity delivered, development and analysis of content, development of opportunities and gaining feedback from participants and stakeholders.

To support the RCN and RCNi position as an ELD provider a wider recognition of the following is required:

- learner engagement
- transfer of knowledge
- impact
- demonstrating resource efficiency and effectiveness
- a clear RCN and RCNi evaluation model established.

4.4 Critical evidence review

A focused review of the literature was undertaken using a structured, systematic methodology to identify current research and evidence focussing on evaluation models used in education, healthcare settings and specifically in the delivery of teaching and learning within nursing. The evaluation models identified included Kirkpatrick (2009), Illing et al (2019) and Stufflebeam (2004), often referred to as the CIPP model. In addition, stakeholder feedback identified Guskey's model (2000) and the bespoke model developed by the RCN Northern Ireland office, which was found to derive primarily from Kirkpatrick's new world model (Gandomkar, 2018). The Northern Ireland Framework for Commissioned Nurse Education has not been the subject of further research to measure the effectiveness of the evaluation method.

4.4.1 Overview of established evaluation models

A critical literature review of five models was undertaken to identify and propose the future evaluation model to be adopted by the RCN and RCNi:

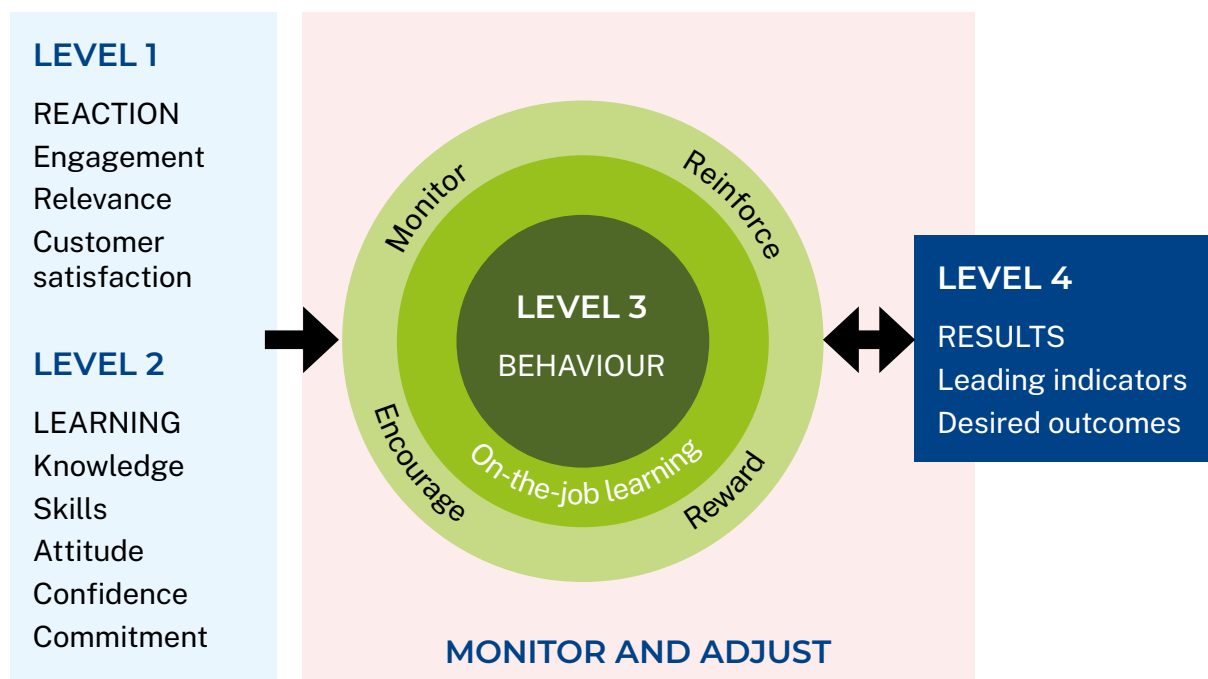
- Kirkpatrick's model (2009)
- CIPP evaluation model (Stufflebeam 2007)
- Illing et al., model (2019)
- Guskey model (2000)
- Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC).

Further detailed information can be found in [Appendix 1](#).

4.4.1.1 Overview of the Kirkpatrick Model

The Kirkpatrick' Model (2009) was developed in the 1950s in response to a growing need to evidence the usefulness of learning and development in organisations. The model uses a 'levels' based approach as demonstrated in [Fig. 2](#) and arguably has been primarily learner focused, with research findings indicating that most evaluation occurs at level 1 and 2 with limited consideration of levels 3 and 4. A contemporary review of the model by Kirkpatrick led to the 'new world' model that aimed to address the gaps between Levels 1 and 2 in the classroom, and application and results in the workplace at levels 3 and 4.

Fig. 2: Kirkpatrick model (2009)



4.4.1.2 Overview of CIPP Model

Stufflebeam (2007) introduces the CIPPS model, evaluating learning with a focus on the strategic aspects of learning development and redevelopment of learning based on evaluation that encompasses the context, input, process, and product (CIPP) of the learning program.

4.4.1.3 Overview of Illing Model

Illing et al., (2019) was designed specifically for health and social care with the aim of determining how education and training could be transferred to practice, taking account of the needs of all stakeholders and designed specifically with the aim of improving patient safety and the patient experience. An extensive review of available evidence determined how education and training may transfer to practice and benefit patients, however no further research has been undertaken to validate this model.

Fig. 3: Illing Model (2019)**Step 1: Need to change**

1. Organisational awareness of the need for a change.
2. Training is targeted at patients and a plan is in place to deliver, monitor and evaluate.
3. Engagement and commitment of personnel to confirm resources.

Step 2: Motivate to learn

4. Removing any barriers to enable access to attend the training.
5. Staff recognise they need the training as both important and relevant to their role.

Step 3: Desire to apply

6. Learner knowing what they need to learn. Learner engagement and commitment to apply to practice.
7. End learning event with a period of planning about how to introduce the new knowledge and skills when back in practice.

Step 4: Spread and embed

8. To facilitate transfer of learning, need to overcome barriers to ensure the learning can be transferred into practice.
9. The organisational commitment to the initiative.
10. Culture change to enable the learning to be spread and embedded. Ongoing monitoring and reporting on progress.

4.4.1.4 Overview of The Guskey Model

The Guskey model (2000) has been widely used within school education and some HEI sectors to demonstrate a positive application of research in practice. Similarities were identified to The Kirkpatrick Model using a levels-based approach, but it is reported as drawing on the CIPP model, acknowledging the complexity of the wider contexts of learning provision and focussing on the application of learning.

4.4.1.5 Overview of The Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)

RCN Northern Ireland colleagues align their work towards NIPEC. NIPEC establishes what learning is needed by way of learning needs analysis and evaluating the impact of the education programmes, practice, and patient outcomes. They continue to develop this piece of work and more information can be found at <https://nipec.hscni.net/work-and-projects/stds-of-ed-amg-nurs-mids/qa-educ-impact/>

4.4.2 Thematic analysis findings

The review found that research on the utilisation and validity of the Kirkpatrick model and Guskey's model, which is a contemporary development of Kirkpatrick, is primarily used in the context of school education rather than professional education. There is no published research in relation to Illing's model, which was developed specifically for health and social care with the aim of determining how education and training could be transferred to practice.

The overview of the key themes that emerged from the research and the expert literature are:

- **Evaluation of learning activity**
The utilisation of evaluation models focuses significantly, if not primarily, on the input, that is the learning activity and on the learner's reaction to the activity, predominantly through the measurement of satisfaction.
- **Measuring impact**
The challenge of effectively measuring impact through the learner's application of new learning to practice or through the impact on patient outcomes has proven challenging and of questionable value.
- **Bias in evaluation**
The commitment, responsibility and methods of evaluation all have the propensity to create bias making analysis of the data challenging.
- **Strategic level evaluation**
The wider contexts and variables of resource management including cost effectiveness and return on investment and the impact of external variables pertinent to the environment, the learner and the organisation in collecting evaluative data, all challenge the usefulness and reliability of the research data gathered from use of these models.

A further in-depth analysis of the themes can be found in [Appendix 2](#).

4.5 Summary of the evidence review

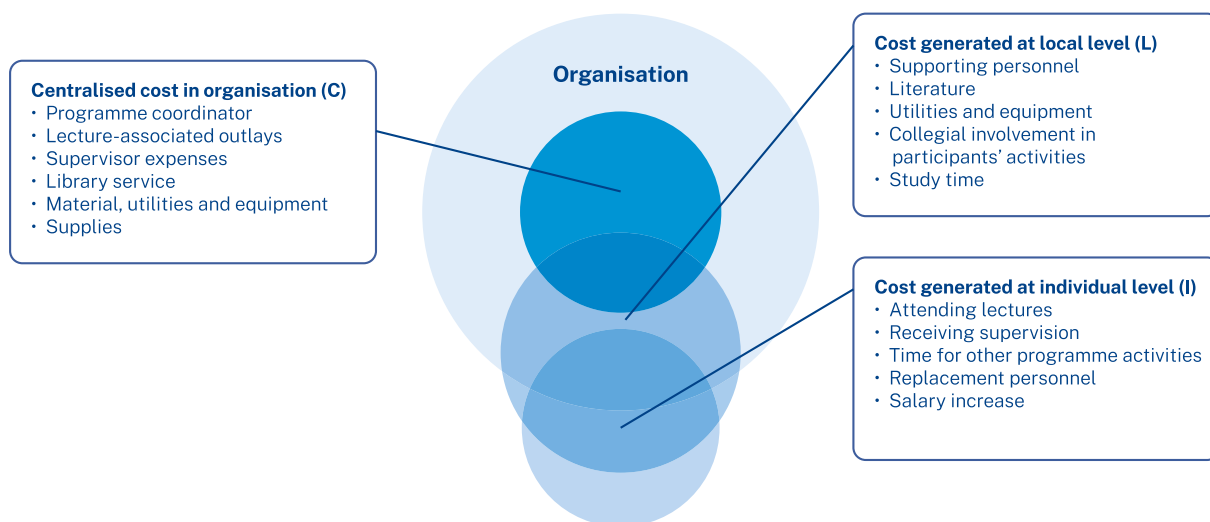
Whilst the adage 'It is better to evaluate imperfectly rather than not evaluate at all' can be argued to be the starting point for all learning activity review, it is also important that, although complex and challenging, evaluation methods aim to be comprehensive and systematic (DeSilets, 2010; Giangreco et al., 2008; Reio et al., 2017). It is also important to evaluate what matters to people so that what is valued is measured rather than just valuing measurement

Coldwell & Simkins (2011) propose that the design of evaluation process answers three questions; the focus of evaluation; the approach to investigation; and whose views should be included in the evaluation process. Pross (2010) stresses that success of educational evaluation at a strategic level is driven by visionary caring leadership, expert learning and development staff and promoting and enabling a dynamic curriculum.

4.5.1 Economic model review

The RCN and RCNi ELD offer must consider economic modelling to ensure efficient resource management and, where relevant, return on investment. However, not all learning and development will be considered in such economic detail. DeSilets (2010) advocates that to fully consider the economic value of provision and to calculate financial factors, there must be detailed account of all expenses including outlay for development, cost of providing the activity, evaluation expenses, and indirect or administrative and office expenses. Bjork et al., (2009) argue that the difficulty of estimating cost and the value of the outcomes of the activities contributes to a lack of economic modelling. In order to redress this, they present a model that enables collection of all activity costs (Fig. 4).

Fig. 4: Bjork et al., (Source: Nursing Economics, 2009)



The model takes an organisational perspective and enables rationalisation and explanation of costs, which can then be used to inform a wider perspective on economic modelling.

In terms of wider economic perspectives, the National Audit Office (NAO) (2020) uses a model for evaluating the value for money aspects of government spending which, has the potential application for the RCN.

NAO	RCN
Economy 'spending less'	<ul style="list-style-type: none"> • ensure all learning and development is cost reviewed • less costly options have been considered • rationale for the options chosen, are supported and robust.
Efficiency 'spending well'	<p>Alignment to:</p> <ul style="list-style-type: none"> • organizational agendas, contemporary nursing issues, relevant policy, and political debate • national, regional, and local priorities.
Effectiveness 'spending wisely'	<ul style="list-style-type: none"> • outcomes of the investment need to be demonstrable and valid • learning and development impacts at a personal and professional level and measuring effect and impact is challenging. • 'valuable' learning and development for members would be 'at risk' if evaluation was based solely on benefit cost ratios or return on investment. • moral duty of a professional organization to provide learning and development that would be unlikely to be delivered by others due to a lack of commercial viability.
Equity 'spending fairly'	<p>Evaluation of the learning and development offer, internally and externally, is subject to:</p> <ul style="list-style-type: none"> • rigorous and discerning economic review • informs and is inclusive of the concept, planning, delivery, maintenance, and cessation of learning activities.

4.6 RCN stakeholder group

The purpose of the review was to gain views, evidence and information from a wide range of staff stakeholders from across the RCN and RCNi across the UK in order to inform the establishment of an agreed educational evaluation model, fit for purpose across all learning and development delivery across the RCN and RCNi whatever its length, audience, environment or participant. A qualitative approach was used to ensure a wide range of feedback that reflected views, opinions, and experiences.

In order to expedite the review stakeholders were asked to:

- review a range of evaluation models and provide feedback on the forms provided
- consider the literature collated on evaluations models
- comment on an economic evaluation model
- review the draft report and provide feedback.

4.6.1 Stakeholder feedback

Feedback on Kirkpatrick's model

- Minimal variance in feedback
- Stakeholders familiar with model
- Simple and easy to use and adaptable to a range of learning activities
- Level 1 & 2 of the model most used
- Considerable guidance and development would be needed to implement stages 3-5 as set out in the 'New world model'
- Concern about using 'testing' to measure efficacy of learning.

Feedback on the CIPP model

- Minimal variance in feedback
- Viewed as a comprehensive model that enables evaluation of learner experience and the context of learning
- Introduces the concept of evaluation standards which may translate into a set of principles for RCN L&D evaluation.
- Acknowledged research to support the use of the model but concerns about the focus on the value and economics as integral to evaluation and the potential impact on some RCN provision
- It was felt that this model could be adapted to reflect the needs of the RCN learning provision.

Feedback on Illing's model

- Minimal variance in feedback
- Model designed and utilised for healthcare therefore alignment with RCN offer
- Acknowledged that no further research to validate the model
- Viewed as a comprehensive model to evaluate learning programmes and integrated the culture context of the learning
- It was deemed to be a complex model but offered the opportunity to consider how this could form the basis of a set of RCN principles for evaluation.

Feedback on Guskey's model

- Simple and easy to use and adaptable to a range of learning activities
- Acknowledges the wider context in which learning is commissioned, received, and transferred into practice
- It was felt that there were elements that could inform the RCN evaluation strategy.

Feedback on model developed by Northern Ireland Practice Education Council

- Designed specifically in relation to the commissioning and evaluation of NHS learning and development.
- Requires the use of a Learning Agreement prior to undertaking a commissioned education programme and an Impact on Practice Evaluation at the end.
- Draws on elements of Kirkpatrick and CIPP with a clear focus on post learning impact and feedback loops to drive improvements.

4.7 Conclusions

Literature supported by feedback from the stakeholder group and that reflected in the SRA report (Robertson and Ryan, 2019) indicates the need for an evaluation model that shapes and informs the approach, process, and outcomes of the evaluation of learning. It could be argued that all the models reviewed do, to a greater or lesser extent, enable a comprehensive evaluation process of the learning intervention. However, it is evident from the research and the feedback that the focus on evaluation of the learning activity and the learner experience predominates organisations approaches to collecting and analysing evaluation data (Paull et al, 2016; Surr & Gates, 2017). It appears that there are models and approaches that provide a better 'fit' and greater ease of use depending on whether the process is concerned with strategic planning, capabilities, delivery issues or operational level planning and review of outcomes of learning activities (Alarbeed & Hakim, 2014; Wangerin, 2015; Smith, 2011).

There was a recommendation voiced in a number of the feedback reviews that the more strategic models, CIPP and Illing, could offer an important focus for developing 'Principles' of evaluation that could then be applied across all organisational learning activity. The potential to draw on key elements of CIPP, Illing, the CIPD framework and the National Audit office economic model could lead to the development of a comprehensive assessment, delivery and review set of principles with a recording process that enabled ongoing critical review of the activity as well as generating some comparable data that would enable more strategic considerations.

It was also recognised in the literature and the feedback that evaluating learning activities from an operational perspective is an important element of the quality assurance process of learning organisations (De Silets, 2009; Gandomkar, 2018). This process also generates vital information on the quality and experience of the learning and can to some extent, in some situations, enable data to be collected on the impact of the learning on professional and patient outcomes (Illing et al, 2019). This latter element is notoriously challenging to achieve, and it is important to recognise that different strategies are likely to be needed depending on the nature of the learning activity (CIPD, 2007). For example, where there is the potential to collect valid data after the event, once practitioners have had the opportunity to put their learning into practice

and there are rigorous mechanisms to measure impact, then this process should be advocated. However, it is inevitable that there is greater likelihood that ‘impact’ data will be generated through the process of enabling participants to reflect on the learning and consider to what extent their new knowledge will make a difference in their practice. Evaluation methods will need to encompass a range of approaches to facilitate the most appropriate form of evaluation for the learning activity.

A bespoke system of evaluation was considered based on ‘levels’ of learning activity that would reduce the risk of bias in the data collection methods (Emerson, 2017). This would ensure that data collected across all provision enabled a degree of comparability. Likewise considering the differentiation between commissioned, non-commissioned, accredited or validated, income generating, or membership offer provision could inform the extent of the evaluation data collected.

Importantly it could be argued that for all learning activity there should be a baseline of collected data that includes information on equality and diversity. This is an established requirement for strategic planning within the organisation. If this data is not collected for all learning activity, then identifying whether strategic actions to promote and address these issues will not be measurable at an operational level.

4.8 Recommendations

4.8.1 Adoption of a bespoke evaluation of learning model and strategy to be utilised across the RCN and RCNi based on research evidence and stakeholder analysis.

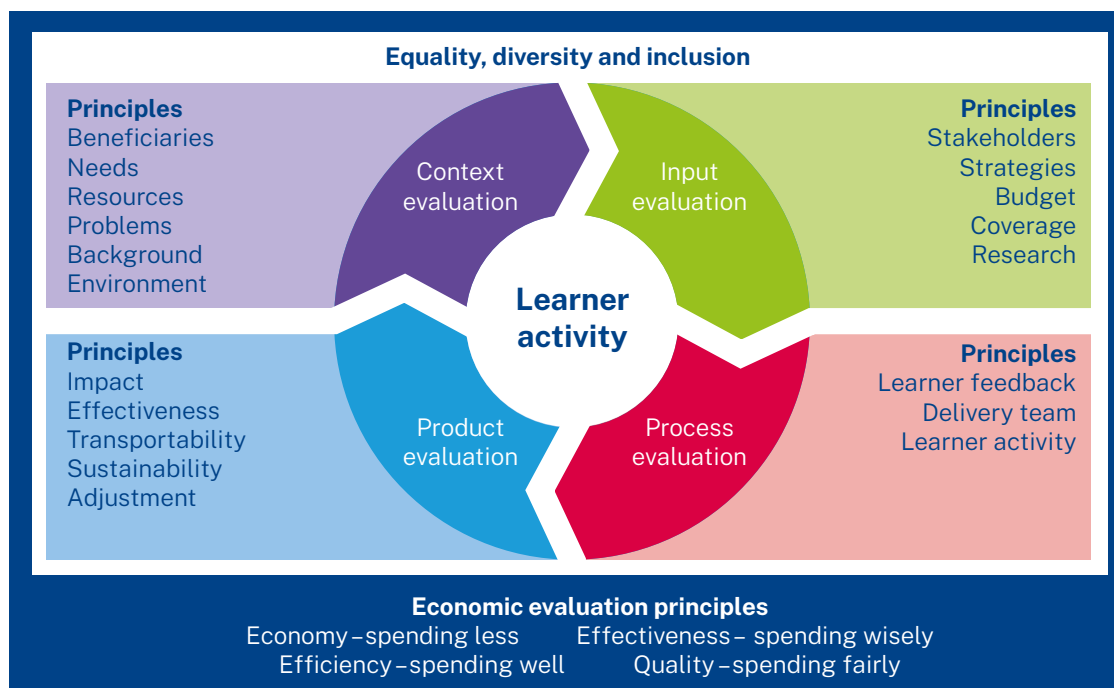
- A bespoke system of evaluation be considered based on ‘levels’ of learning resource/ activity.
 - o An approach could be that a feedback template identifies: small scale locally delivered; medium scale local, regional, national events 1-3 days; or large scale national, repeated provision, that then, through a flow chart process, identifies the appropriate learner and stakeholder feedback activities to collect the appropriate and relevant data. See [Appendix 3](#).
- A baseline of collected data that includes information on equality and diversity. (This is an established requirement for strategic planning within the organisation).
- The development of a ‘resource library’ of evidence based, reliable feedback activities that ensure evaluation data is collected using rigorous, fair, unbiased approaches enabling participants and stakeholders to effectively share their experience of the activity in a useful and meaningful way.

- All ELD programmes/resources/ events are reviewed in the planning stage, delivery and post-delivery in terms of resource management.
- The use of an economic model to review all provision using a staged approach from simple through moderate to complex delivery is recommended.
- To facilitate an organisation wide approach in the use of templates that are easy to use, accessible, promote collection of comparable data and enable compilation of local, regional, and national reports.
- To promote a learning organisation approach with the inclusion of action logs and feedback and feed forward processes integrated into the system. This should be modelled across the RCN.
- A ‘one size fits all’ approach to evaluating all learning events across the organisation is unlikely to result in a useable, adoptable methodology. Therefore, the key to the success of the evaluation strategy will be that it reflects the wide range of RCN and RCNi learning activities and facilitates the collecting of data that is comparable, useful, resource focussed and promotes organisational learning about the RCN and RCNi ELD offer.

Following the review and aligned with stakeholder feedback the CIPP model was felt to be the most appropriate model for the RCN and RCNi to utilise as its evaluation framework.

4.8.2 Proposed RCN and RCNi evaluation model

Adapted from CIPP model (Stufflebeam, 2007) and National Audit Office (2020) economic model:



There are two examples in [Appendix 4](#) demonstrating the use of the proposed model for an individual standalone one hour learning session and for a leadership programme.

4.9 References

Alarbeed A and Al Hakim D (2014) The transition to blended learning in a school of nursing at a developing country: an evaluation, *Journal of Educational Technology*, 11(3), pp. 16–21.

Armstrong L, Shepherd A and Harris F (2017) An evaluation of approaches used to teach quality improvement to pre-registration healthcare professionals: an integrative review, *International Journal of Nursing Studies*, 73, pp. 70–84.

Bjørk IT, Tørstad S, Hansen B S and Samdal G B (2009) Estimating the cost of professional developmental activities in health organizations, *Nursing Economics*, 27(4), pp. 239-44.

CUD (2020) *Cambridge University Dictionary*. Cambridge: Cambridge University Press.

Chartered Institute of Personnel and Development (2007) *The value of learning: from return on investment to return on evaluation*. London: CIPD.

Coldwell M and Simkins T (2011) Level models of continuing professional development evaluation: a grounded review and critique, *Professional Development in Education*, 37(1), pp. 143–157.

DeSilets L (2009) Connecting the dots of evaluation, *The Journal of Continuing Education in Nursing*, 40(12), pp. 532-533.

DeSilets L (2010) Another look at evaluation models, *The Journal of Continuing Education in Nursing*, 41(1), pp. 12-13.

DeSilets L.D (2010) Calculating the financial return on educational programs, *The Journal of Continuing Education in Nursing*, 41(4), pp. 149-150.

Emerson T F (2017) *Inside the VA: how workplace training evaluation impacts employee performance*. M.Ed. dissertation. University of Missouri.

Gandomkar R (2018) Comparing Kirkpatrick’s original and new model with CIPP evaluation model, *Journal of Advances in Medical Education & Professionalism*, 6(2), pp. 94-95.

Giangreco A, Carugati A and Sebastiano A (2008) Are we doing the right thing? Food for thought on training evaluation and its context, *Personnel Review*, 39(2), pp. 162-177.

Guskey T (2000) *Evaluating professional development*, Thousand Oaks: Corwin Press.

Illing J, Corbett S, Kehoe A, Carter M, Hesselgreaves H, Crampton P, Sawdon M, Swamy M, Finn G, Medford W, Ikah D, Rothwell C, Swan L, Page G, McLachlan, J and Tiffin P (2019) *How does the education and training of health and social care staff transfer to practice and benefit patients? A realist approach*. Department of Health.

Kirkpatrick D L, Kirkpatrick J D and Kirkpatrick W K (2009) *The Kirkpatrick model*. Kirkpatrick partners.

Lippe M and Carter P (2018) Using the CIPP model to assess nursing education program quality and merit, *Teaching & Learning in Nursing*, 13(1), pp. 9–13.

- Manley K, Martin, A, Jackson C, Wright T (2018) A realist synthesis of effective continuing professional development (CPD): a case study of healthcare practitioners CPD, *Nurse Education Today*, 69, pp. 134–141.
- Mellor P, Gregoric C, Atkinson L M and Greenhill J A (2017) A critical review of transition-to-professional-practice programs: applying a standard model of evaluation, *Journal of Nursing Regulation*, 8(2), pp. 23–30.
- Mertens D and Wilson A (2012) *Program evaluation theory and practice: a comprehensive guide*. New York: Guilford Press.
- National Audit Office (2020) *Assessing value for money*. Available at: www.nao.org.uk/successful-commissioning/general-principles/value-for-money/assessing-value-for-money (Accessed 13 April 2021).
- Patton Q M (1987) *How to use qualitative methods in evaluation*. Newbury Park: Sage.
- Paull M, Whitsed C and Girardi A (2016) Applying the Kirkpatrick model: evaluating an ‘interaction for learning framework’ curriculum intervention, *Issues in Educational Research*, 26(3), pp. 490–507.
- Pross E A (2010) Promoting Excellence in Nursing Education (PENE): Pross evaluation model, *Nurse Education Today*, 30(6), pp. 557–561.
- Reio T G, Rocco T S, Smith D H and Chang E (2017) A Critique of Kirkpatrick’s evaluation model, *New Horizons in Adult Education & Human Resource Development*, 29(2), pp. 35–53.
- Robertson S and Ryan T (2019) *RCN programme evaluation: discussion report*. Royal College of Nursing and The University of Sheffield.
- Smith B A (2011) *Predictors for associate degree nursing students’ first attempt on NCLEX-RN*. Doctoral dissertation. University of Phoenix.
- Stufflebeam D L (2007) *CIPP evaluation model checklist*. 2nd edn. Western Michigan University Evaluation Center.
- Surr C A and Gates C (2017) What works in delivering dementia education or training to hospital staff: a critical synthesis of the evidence, *International Journal of Nursing Studies*, 75, pp. 172–188.
- Ulum Ö G (2015) Program evaluation through Kirkpatrick’s framework, *Pacific Business Review International*, 8(1), pp. 106–111.
- Wangerin V S (2015) *Seeking success: program improvement plans as a strategy to increase pass rates on the national licensure exam*. Doctoral dissertation. Iowa State University.

4.10 Appendices

Appendix 1: Summary of models

Kirkpatrick Model

Summary of Kirkpatrick Model (2009)	
Who is it for?	<ul style="list-style-type: none"> • Most widely used for evaluating training programmes. • Used in a wide variety of training areas such as the Navy, academia, communications technologies, industrial and organisational psychology. • Also used greatly in eLearning.
What does it do?	<ul style="list-style-type: none"> • States that training programmes effectiveness can be evaluated by using four separate levels reaction, learning, behaviour, results with return on investment being included in the new world model. • Can be applied to any style of training – informal or formal.
Strengths and challenges	<ul style="list-style-type: none"> • Simple, practical, and effective – helps people think about training and evaluation criteria. • Flexible and complete. • The evaluation becomes more expensive and difficult to process with each successive level. • Many organisations only implement level 1 and 2. • Failure to consider wider cultural aspects of an organisation. • Relies heavily on questionnaires. • Encourages collection of data over a period of 3-6 months to evaluate programme.

CIPP Model

Summary of CIPP Model (2007)	
Who is it for?	<ul style="list-style-type: none"> • Management orientated evaluation designed to provide definitive valid information for decision makers and managers. Stating that evaluative information is an essential part of good decision making. It strives to provide pertinent information in order to understand the current state of the educational programme. • Considers the different levels of decisions and decision makers. • Considers who will use the evaluation results. • Often used in educational and medical education circumstances.
What does it do?	<ul style="list-style-type: none"> • Designed to address four different classes of decision making. Planning, structuring, implementing, and recycling. • The model can be easily modified to include only specific information required for the decision maker's making it directly relevant to them. • Allows the evaluators to evaluate at different stages – also helps to identify the political climate that could influence the success of the program (Mertens & Wilson 2012). • Can be used for both formative and summative evaluation.
Strengths and challenges	<ul style="list-style-type: none"> • Versatile for a number of situations – not designed for any specific programme in mind. • Blur the lines between evaluation and investigative processes such as a needs assessment. • Not widely known.

Illing model

Summary of Illing model (2019)	
Who is it for?	<ul style="list-style-type: none"> • Provision of an evidence-based framework for commissioning, managers, and educators. Also, for academics and researchers. Provides a model for quality assurance and evaluation/training in health and social care leading to improved patient benefit. • Can be applied locally, nationally, and internationally.
What does it do?	<ul style="list-style-type: none"> • Complements HEE's quality framework, NHS education, training and development and community and the training quality team. • A four-step model designed to demonstrate patient safety, participants motivated and ready to learn. The learner learns successfully and the commitment to apply the learning, learner has the capability to transfer learning into practice. (Need to change, motivate to learn, desire to apply, spread and embed).
Strengths and challenges	<ul style="list-style-type: none"> • How it can be utilised in RCN education strategy?

Guskey model

Summary of Guskey model (2000)	
Who is it for?	<ul style="list-style-type: none"> • Provides a framework for professional development in education based on the Kirkpatrick Model – developed specifically for an educational setting. • Provides a framework for both formative and summative.
What does it do?	<ul style="list-style-type: none"> • 5 level model of professional development: - Participants reactions to the programme – quality of material etc, Participants learning – the extent to which participants acquired the knowledge, Organisations support and change, evaluates the impact of the professional development on participants practice and understanding. The impact of the programme on student learning outcomes.
Strengths and challenges	<ul style="list-style-type: none"> • Relies heavily on questionnaires. • Takes into consideration work environment (organisation and culture affect learning). • Encourage data collection but no time specified.

Appendix 2: The in-depth analysis of the key themes that emerged from the research and the expert literature

4.4.2.1 Evaluation of learning activity

Throughout the literature, the focus of evaluation on the learner's experience was found to take precedence over the other possible contexts of evaluation. Coldwell & Simkins (2011) suggested that 'level models' focus on the first question of evaluation, the 'what', which aligns with the first 2 levels of Kirkpatrick's model: reaction and learning. Evaluation at levels 1 & 2 are the easiest to accomplish often collected through surveys, questionnaires, rating scales, open-ended questions, or debriefing exercises and are, to some extent, easily producible, measurable and provide a degree of comparability (DeSilets, 2009). However, it is argued that learner intent and application of learning is not considered due to the complexity that would be needed to capture meaningful data (CIPD, 2007; Reio et al, 2017).

Although it is argued that the models are not linear, with each element being interdependent from programme planning to implementation (Coldwell & Simkins, 2011), a review by Surr & Gates (2017) confirmed that evaluation predominantly reported on reactions to training and knowledge with only one study evaluating outcomes across all levels of the Kirkpatrick model. Paull et al, (2016) study of the Kirkpatrick model found that it offered a very straightforward basis for evaluation but stressed that it should be adapted to the setting and the circumstances.

Gandomkar (2018) posits that Kirkpatrick focuses on proving something about a program, for example the learners experience as an outcome, providing information for decision makers and therefore it is usually done at the end of the program. In comparison he argues that CIPP incorporates program improvement and therefore evaluation is inherent during all phases through development to implementation and review. Coldwell & Simkins (2011) considered the inter-relatedness of all elements of the programme and found that evaluation should assess not just one or more of the components but also the relationships between them. They promoted the idea that Guskey's model reflects this with the expectation that success at one level is dependent and necessary for success at other levels which is further reflected by Illing et al, (2019) who stress that the context of an educational intervention is at least as important as the intervention itself.

Ulm (2015) considers the broader perspectives of evaluation and argues that it is a continuous process and 'the very basic part of the program activities', that enables the accumulation and analysis of data to inform necessary changes and check the sufficiency of educational programmes.

It is evident that even at the simplest level of evaluation there are significant data gathering considerations that can influence the rigor, validity and usefulness of the information collected.

4.4.2.2 Measuring impact

One of the desired outputs of nursing and healthcare education is that the provision of learning results in a measurable change to professional practice including, where appropriate, improvement in patient experience and outcomes. In the Kirkpatrick model, DeSilets (2009) identifies that the connection between learning and behaviour is made at Level 3, arguing that this is the most valuable information and aims to measure whether participants apply what they learned in practice. Kirkpatrick's new world model added learners' confidence and commitment, engagement and subject relevance to Levels 1 and 2 to broaden the scope of evaluation and goes on to acknowledge at level 3 the complexities of the context of the program including the processes that enable or hinder the application of learned knowledge or skills (Gandomkar, 2018).

However, Reio et al (2017) point out that Kirkpatrick emphasized that there can be no guarantee that a favourable reaction to the training program assures learning, positive behavioural change, or favourable organizational results. This is an important point and one that challenges the value of evaluation data, particularly data that is traditionally collected at the end of a learning event. This is supported by CIPD (2007) who report that it is difficult to measure impact and the research is inconclusive on the validity and reliability of the outcomes in terms of the product of learner's activity.

Coldwell & Simkins (2011) argue that although Guskey presents a similar model to Kirkpatrick there are differences that focus the evaluation on measuring impact in changing participants' behaviour, measuring the use of new knowledge and skills and assessing student outcomes, resonating the focus of evaluation in nursing. Guskey's final change is in adding a further level 'organisational support and change' which aligns with the CIPP model.

Armstrong et al (2017) argue that there needs to be collaboration between educators and clinicians to promote evaluation that explores the multiple components and contextual factors associated with quality improvement education in practice. This is reflected in Illing et al (2019) review concluding that only when the complete learning sequence is followed, can the benefits be transferred to patients. They go on to stress that each level of evaluation is dependent on the previous and this can ultimately result in the transfer of training into practice for the benefit of patients.

4.4.2.3 Bias in evaluation

When undertaking evaluation, the reliability, validity and ultimately the utilisation of evaluative data is an important consideration. The focus of the evaluation on the learner's satisfaction or outputs can lead to changes in the learning input despite the lack of reliable evidence that the learner's achievement is directly related to the activity (Reio et al, 2017). The impact of external factors can be considered or ignored depending on the focus of the evaluation and lead to bias in the data. Data collection may be influenced by 'researcher' bias due to the 'self' administration and interpretation of the data resulting from the internal and external influences on the data collection method, content and analysis as supported (Mellor et al, 2017).

Evaluation data may also be influenced by the learner's perspectives including; the teacher /learner relationship; the expectations of the impact of the information provided; the learning environment both in terms of the physical facilities and the learning

atmosphere; and at a strategic level the different methods of evaluation being utilised and the commitment of the co-ordinator to undertake evaluation which could adversely impact on strategic level analysis of evaluative data (Emerson, 2017).

It is evident that all evaluation methods need to consider the potential for bias and act to reduce this as much as is conceivably possible.

4.4.2.4 Strategic level evaluation

Evaluation of the learner's experience and potential changes in practice, utilising valid, rigorous tools of data collection and analysis has been demonstrated to be of significant importance when focussing on the learner. However, this level of evaluation, it has been argued, assumes that poor outcomes are the result of inherent weakness in the programme; the assumption being that by improving the input, based on the learner's feedback, future learner outcomes will improve (Coldwell & Simkins, 2011). However, the research demonstrates that this assumption is unsubstantiated and is likely to result as much from external impacts, including the size of the company, the type of audience, the content of training, the legal framework, a focus on continuous improvement, accountability and costs (Coldwell & Simkins, 2011; Giangreco et al, 2008; Reio et al, 2017). The CIPD found that recent research shows just 7% of learning and development professionals evaluate the impact of learning initiatives on the wider business and that financial impact may result consequently or as an unintended outcome of learning (CIPD, 2007).

Level 4 of Kirkpatrick's model focusses on results at an organizational level drawing on data gathered at all other levels and leading to a more comprehensive picture, but it is acknowledged to be the most difficult, complex, time consuming and costly level of evaluation to do (Giangreco et al, 2008; DeSilets, 2009).

Giangreco et al (2008) state that there is no direct relationship between costs and outcomes, arguing that spending less in specific situations may lead to better results and that using the same evaluation method for different learners and different situations is an error as it does not account for the lack of homogeneity between people or the different contexts in which learning is delivered.





Gandomkar (2018) proposes that the CIPP model, which stems from the complexity theory, considers the educational program as an open system with emergent dynamic interactions among its component parts and the surrounding environment. Reio et al., (2017) support this stating that the CIPP model focuses not only on program outcomes, but continuous improvement and accountability, costs, and programme needs with the intent of refining training evaluations. The focus on evaluation as a more strategic process is identified in Kirkpatrick's new world model however Armstrong et al (2017) review of 10 papers, confirmed prior findings, with most only utilising levels 1 and 2, none had incorporated level 3 and only 1 utilised the more strategic view of evaluation at level 4.

There is evidence to support the CIPP model as having a greater focus on this strategic level of evaluation. Alarbeed & Hakim (2014), Wangerin (2015) and Smith (2011) all offer evidence of CIPP being effectively utilised at a strategic level of programme evaluation and Lippe & Carter (2018) argue that when used appropriately, CIPP's model serves as a valuable guide for in-depth curriculum evaluation.

Illing’s model (2019) aims to achieve a more strategic approach as it facilitates decisions around the initiation of an intervention, funding, management, and evaluation, offering a comprehensive health focussed approach, yet there is no research data to validate this model.

The CIPD proffer a model, Fig. 5, that emphasises aligning the learning provision with organisational strategic priorities focussing on evaluation of learning strategy using a ‘Johari window’ approach to review internal and external stakeholders to inform the strategic development. The model recommends a three-stage approach to firstly determine alignment with strategic objectives, secondly develop and utilise a range of evaluative methods and thirdly establish and embed agreed methodologies.

Fig. 5: CIPD model (CIPD, 2007)

	Senior management trust in the learning contribution 	The organisation requires learning value metrics 
Emphasis on the short-term benefits 	Learning Function Measures	Return on investment measures
Emphasis on the long_term benefits 	Return on expectation measures	Benchmark and capability measures

Appendix 3: Proposed evaluation model template

Name of respondent and department	
Model reviewed	
What do you see as the advantages of this model?	
What do you see as the disadvantages of this model?	
Could this model be implemented within your scope of practice in the RCN for education, learning and development activities?	
If 'YES' – what are the key amendments if any, required?	
If 'NO' – what are the key areas that make this model unsuitable?	

Appendix 4: Two working examples of workstreams using the proposed adapted model

Example 1: Review of the RCN Developing Leadership Programme for band/level 5 RNs	
Principle	Comments
Context evaluation	
Beneficiaries	RNs, patients/residents/service users and employers
Needs	Created after scope of RNs voices on training required, feedback that leadership training for RNs band/level 5 not available only for higher roles
Resources	Suitably skilled facilitator, appropriate venue for learning, resources and reprographics identified and organised. RCN Business Unit (BU) contract in place with commissioner, where required
Problems	IT compatibility if delivered externally
Background	Understanding the commissioner’s expectations and in collaboration with the BU discuss with the commissioner
Environment	Suitable venue conducive with learning
Input evaluation	
Stakeholders	Ensure the facilitator understands the stakeholder’s specific requirements for the programme delivery
Strategies	Is everything in place for the delivery? Resources, facilitator booking, travel etc (arranged by BU)
Budget	BU have all budget control, ensure clear liaison with BU throughout
Coverage	Is there a clear RCN communications plan – BU?
Research	Is the facilitator up to date with the programme resources? Including country centric context
Process evaluation	
Develop	Post-delivery of the programme any developments/updates to be fed back by the facilitator to BU and programme leads
Implement	Programme lead(s) to update programmes appropriate and update BU and team colleagues
Feedback	From facilitator, commissioner and participants via established evaluation forms and BU follow up call
Product evaluation	
Impact	Debrief liaison with commissioner via the BU
Effectiveness	Evidence from programme evaluation forms from participants and commissioners
Transportability	Programme remains four country inclusive. BU can demonstrate programme is delivered in different geographical and environmental locations

Sustainability	BU has an associate consultant facilitation model for all RCN programme delivery
Adjustment	All programmes discussed at RCN UK wide leadership steering group meeting held every 4 – 6 weekly. Feedback and comments sought and discussed.
Equality and diversity	
Has the RCN Equality Impact Assessment been completed?	
Economic evaluation	
Economy – spending less	Is the programme cost effective? BU has operational and financial plan for programmes
Efficiency – spending well	Is the programme accessible for members and non-members and value for money?
Effectiveness –spending wisely	Finding the best, cost-effective venue for participants/employer and RCN facilitator. No negative equity to deliver programme. Does this delivery align with the RCN strategy?
Equality – spending fairly	Ensuring all costs are visible and discussed and agreed by BU and any programme delivered is delivered to capacity where possible

Example 2: Review of Bespoke Regional Learning and Delivery – Accountability and Delegation	
Principle	Comments
Context evaluation	
Beneficiaries	Nursing/HCSW, members/non-members, RCN colleagues, RCN teams
Needs	Identify the learning required and by whom – does it fit into the RCN’s learning portfolio?
Resources	Who is required to deliver the learning session? SRO/RO, legal? Who is the appropriate person to deliver? What other resources are needed? RCN publications
Problems	Are there any barriers to delivery? i.e. technology
Background	Managing the expectations – understanding the context of the ‘ask’
Environment	Suitable venue, branch, and board support
Input evaluation	
Stakeholders	SRO/O external/internal stakeholder, external organisations; Independent or NHS
Strategies	Who is best placed in the region to deliver/create content for the session
Budget	Regional discussion and support re-funding travel, refreshments etc – costing been agreed
Coverage	Regional comms – has learning event been advertised?
Research	Up to date resources used, guide audience to reliable resources

Process evaluation	
Develop	Are further developments required
Implement	Update programme as necessary within the RCN Business Unit annual review plan
Feedback	Review: Facilitators feedback and participants feedback
Product evaluation	
Impact	Debrief with commissioner
Effectiveness	Evidence from delegates and facilitators, written or verbal
Transportability	Can it be delivered elsewhere? Can it be delivery via face to face or virtually? Resource to be kept in a central repository
Sustainability	Fit to use again? Does it continue to be relevant to a regional focus?
Adjustment	Reviewed each time for delivery and feedback?
Equality and diversity	
Has the RCN Equality Impact Assessment been completed?	
Economic evaluation	
Economy – spending less	Is the programme cost effective?
Efficiency – spending well	Is the programme accessible for members and non-members and value for money?
Effectiveness – spending wisely	Cost effective venue. Facilitator and Delegates. Align with RCN Strategy?
Equality – spending fairly	Delivered to capacity and costs are fair and transparent.

RCN quality assurance

Publication

This publication is part of the RCN and RCNi Education, Learning and Development Strategy 2021-2024, and includes underpinning evidence in the development and enhancement of the RCN Quality Assurance Framework.

Description

One of four publications of the RCN and RCNi Education, Learning and Development Strategy 2021-2024, exploring the participant journey policies.

Publication date: May 2021 Review date: May 2023

The Nine Quality Standards

This publication has met the nine quality standards of the quality framework for RCN professional publications. For more information, or to request further details on how the nine quality standards have been met in relation to this particular professional publication, please contact publicationsfeedback@rcn.org.uk

Evaluation

The authors would value any feedback you have about this publication. Please contact publicationsfeedback@rcn.org.uk clearly stating which publication you are commenting on.

The RCN represents nurses and nursing, promotes
excellence in practice and shapes health policies

RCN Direct
www.rcn.org.uk/direct
0345 772 6100

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333
www.rcn.org.uk

May 2021
Review date: May 2023
Publication code: 009 711



Royal College
of Nursing