



## **Assessment & Learning in Practice Settings (ALPS)**

**A Centre for Excellence in Teaching & Learning**

### **Interim evaluation report**

**July 2007**

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## ALPS Interim evaluation report

### 1. Executive summary

Assessment & Learning in Practice Settings (ALPS) is an ambitious programme bringing together a collaboration of five Higher Education Institutions, health and social care providers, including the NHS, service users, carers and students. With the shared aim of ensuring that students graduating from courses in health and social care are fully equipped to perform confidently and competently at the start of their professional careers so improving the standards of care, ALPS is identifying examples of existing good practice and using these to develop innovative methods of assessing students in practice.

Much of the work undertaken in the first two years has been about establishing the collaboration and finding ways of working across the organisations and professions. Building trust and undertaking a programme of work has had its challenges but progress has been made with partners working together producing assessment resources, developing a research programme and undertaking mobile technology feasibility projects. These activities have involved various stakeholders with particular efforts to ensure that the experience of practice assessors, students and service users is integrated into the programme. ALPS has worked with the sixteen health and social care disciplines and their respective professional, statutory and regulatory bodies.

By providing students with more opportunities to be assessed and learn in the workplace will enable them to develop competences through a range of assessments. By undertaking this programme ALPS is working with assessors to develop new methods and practices in assessing students. Three common competency maps for use in interprofessional assessment are completed or nearing completion. Assessors include not simply practice staff but also service users, carers and students. Through this work ALPS aims to enhance the students' experience of learning and so improving their confidence and competence on graduation.

By using mobile technologies to support student assessment learning in practice ALPS has linked with each partner Higher Education Institutions' IT staff and their strategies to ensure embedding and sustainability beyond the lifetime of the funded programme. Similarly the links we have established with the local Strategic Health Authority and the Department of Health will support ALPS as it moves into its transformative and embedding stages.

Through working as a collaboration ALPS has learnt what works and what does not, where barriers lie and how they might be overcome. This is valuable learning which we report on more fully. Similarly in working across the sixteen ALPS professions, across the partner organisations, service providers and professional and regulatory bodies, we have begun to see a few professional barriers start to break down. It is in the context of a changing health and social care service culture that this changing professional culture will make impact as staff work together in a more interdisciplinary way.

## 2. Introduction

The purpose of this document is to report on the success and impact of ALPS in its first two years. Whilst the report refers to activity over this period, the first two ALPS' annual reports are available to recount progress against project plans. In the first instance the report is provided for the ALPS' partners to consider the substantial progress made and the learning accumulated over this period. The intention is that at this half way stage the ALPS collaboration takes time to consider impact to date and how the first two years will inform and develop the further three years of the ALPS programme<sup>1</sup>.

The report also fulfils the requirement issued by the funders, the Higher Education Funding Council for England, at mid-point in the Centres for Excellence in Teaching and Learning programme.

### Structure and audience

This interim evaluation report is positioned at the mid-point of the CETL five year programme. The report structure is designed to give an overview of progress towards achieving the strategic aims of ALPS and the extent to which activity is already having an impact either directly or indirectly on the student learning experience. We then report on our findings to date concentrating on the evaluation "lenses" as set out in the ALPS Evaluation Strategy:

- student learning experience
- pedagogical approaches
- partnerships
- process of change
- reward and recognition
- policy

Much of the work to date has been on establishing the collaborative arrangements across the five universities and NHS partners and instituting the agreed work plans. As such, this report has been written with all stakeholders in mind, including partner organisations, but considering the focus, may be of most interest to partner academic sites, including discipline and policy leads, NHS Workforce and Education, HEFCE and those colleagues involved in the map consultations and mobile technology pilot projects. These activities include individuals from health and social care practice, students, service users and carers. As we move into the transformative stage we expect the audience for our reports to increase in scope.

In conclusion we report on our learning points and any adjustments we have, or are making, to our programme plans.

### Connection with other reports

Reporting and good communications are important features of ALPS because of the complex nature of the collaboration (appendix 2.a). The following are a selection of reports and reporting mechanisms within ALPS:

- partner representatives provide written or oral reports to ALPS Management and Working Groups on activity within their own partner HEI and ALPS Partner Site Implementation Groups (PSIGs). Similarly reports from these ALPS' Groups on work and progress are discussed and implemented at PSIG meetings
- Partner Leads and Chairs of ALPS Management and Working Groups report quarterly to the ALPS Joint Management Group. Reports consist of activity and key action points. The Joint Management Board review, comment on and provide advice to the Partner Leads and Chairs who are present at the meeting
- the Programme Manager presents an annual report of activity against operational objectives and milestones, and key action points to the Advisory Board. Annual reports are provided as interim six monthly written updates. Reports on specific activities, of a strategic nature, are provided to the Board for their contribution and external perspective
- the ALPS Risk Assessment Group, which audits ALPS on behalf of the lead institution (University of Leeds), reviews the ALPS Risk Register (appendix 2.b) on a quarterly basis and

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<sup>1</sup> The ALPS programme officially finishes in September 2010 with funding ceasing in March 2010

reports back findings to the Chairs of the Joint Management and the Monitoring and Evaluation Groups

- reporting also takes place through the University of Leeds' (as lead partner) Annual Monitoring Statement to HEFCE
- partners undertake internal reporting to their host institutions

Detail of the programme of activities can be found in the two ALPS annual reports (2006 and 2007) (appendices 2.c & d) which have been submitted to the Advisory Board. These reports provide a breakdown of the work undertaken and monitoring against the ALPS Strategic and Operational Plans (appendices 2.e, f & g) including milestones. Both reports are complementary to this report and fulfil part of the reporting function.

As well as a range of communication methods to support dissemination of reports, ALPS has made use of the Virtual Knowledge Park (VKP), an open access website providing a range of facilities to support intra- and inter- organisational collaborative working. All reports and documentation are posted to the VKP unless they are of a sensitive nature. From July 2007 the VKP will be replaced by the University of Leeds Sharepoint service which will provide a comparable service.

### Summative report

It is proposed that the final summative report will take the following format:

Section	Heading	Content
1.	Background & purpose	<ul style="list-style-type: none"> <li>• Rationale for &amp; context of programme</li> </ul>
2.	Approach	<ul style="list-style-type: none"> <li>• Methodology used</li> <li>• Explanation of terminology adopted</li> </ul>
3.	Key findings	<ul style="list-style-type: none"> <li>• Headline conclusions</li> </ul>
4.	Impact by objective	<ul style="list-style-type: none"> <li>• Discussion of progress against each objective, using both qualitative &amp; quantitative data</li> </ul>
5.	Overall impact	<ul style="list-style-type: none"> <li>• Value for money, added value, taking into account other factors that will have an impact on outcomes achieved</li> <li>• Level of embedding and sustainability</li> </ul>
6.	Learning points	<ul style="list-style-type: none"> <li>• Examples of good practice &amp; errors to avoid</li> </ul>
7.	Conclusions & recommendations	<ul style="list-style-type: none"> <li>• Including recommendations for other key players</li> </ul>
8.	Appendices	<ul style="list-style-type: none"> <li>• Research instruments</li> <li>• Supporting data</li> </ul>

### Purpose

The central goal of ALPS is to increase the reliability and validity of assessment and learning in practice settings across pre-registration health and social care education, streamline the processes across the professions thus providing them with effective tools to allow them to engage with the process more effectively. By fulfilling these strategic aims ALPS seeks to identify common competences both across and within the sixteen disciplines involved in the programme, generated practice or work-based assessment tools that may be used by different assessors from both within and outside of the students' own discipline to assess generic professional skills and supported distance learning and assessment with the innovative use of mobile technology.

These activities work to foster the mission of ALPS which is to ensure that graduates are fully equipped to perform confidently and competently at the start of their careers.

### 3. Brief description of the aims and scope of ALPS

Assessment and Learning in Practice Settings (ALPS) is a collaborative programme between five Higher Education Institutions with proven reputations for excellence in learning and teaching in health and social care: the Universities of Bradford, Huddersfield, Leeds (lead) and Leeds Metropolitan and York St John Universities. ALPS works in collaboration with NHS Yorkshire and the Humber, as the local Strategic Health Authority, which forms the major link to practice networks across the region. The HEI partners provide a range of programmes across the full spectrum of pre-registration health and social care (H&SC) courses. HEFCE funded programmes include Medicine and Dentistry at the University of Leeds, Pharmacy and Optometry at the University of Bradford, and Social Work across four universities in the partnership. The NHS funded programmes cover Audiology, Clinical Physiology, Diagnostic Radiography, Dietetics, Midwifery, Nursing, Occupational Therapy, Operating Department Practice, Physiotherapy, Podiatry and Speech and Language Therapy. Appendix 3.a provides the H&SC undergraduate/pre-registration courses involved in the ALPS' collaboration.

#### Purposes

All HEI partners can demonstrate how the focus of ALPS is central to their learning and teaching strategies which '*stimulate and support continued innovation in the delivery of learning and teaching*' (Leeds) and '*support and reward staff in developing learning and teaching*' (YSJ). Additional aims such as: '*Develop new collaborative links in the delivery of learning and teaching*', and '*Encourage and reward involvement in external learning and teaching activities e.g. recognise and share expertise from work with professional bodies*' were quoted in the original bidding document (October 2004) (appendix 3.b).

The ALPS mission statement is, "***to ensure that students graduating from courses in health and social care are fully equipped to perform confidently and competently at the start of their professional careers***". This is being achieved by building on existing excellence across the partners and by developing staff through identifying, rewarding and disseminating excellent practice.

Currently, HEIs can find it difficult for some professional groups to provide the required number and quality of teacher assessments in practice. Often assessors have minimal training and understanding of reliable assessments and frequently are subject to the increasing demands of delivering a service. As a result the pool of assessors available has diminished.

For newly qualified H&SC professionals, taking up their first post is often highly stressful. There are many publications reporting their feelings of lack of preparedness for the role they are required to fulfil. We believe that the key to equipping these professionals for the real world is increased partnership between HEIs, students and stakeholder employers involving work-based learning, in particular the attainment of service user-centred practice competence. Many of the skills required at graduation are shared across all H&SC professionals and recipients of that care are dependent on the smooth integration of these skills. ALPS forms a centre which draws together the collaborative uniprofessional expertise in workplace H&SC assessment and which can then disseminate good practice both within and across the institutions. By looking for commonality of purpose across H&SC education and sharing scarce resources to assess common outcomes, we can provide a more robust framework for the assessment of practice competence and use this assessment to drive strategic learning.

All students value assessment processes that accurately and fairly measure their capabilities and provide effective feedback as a basis for reflection. ALPS will enable students to collect a wide range of workplace mini-assessments, both formative and summative, comprising teacher, self-, peer-, and service user comments to provide a comprehensive portfolio of practice competences. In the case of H&SC students, assessment must also measure students' fitness to practise and their progress towards professional registration/certification in order to assure public safety. ALPS will substantially enhance the reliability and validity of assessments in existing work-based settings and permanently change the culture of the organisations involved, in line with relevant strategic changes in workforce planning and the delivery of service user care.

### Specific goals

The central goal of ALPS is to increase the reliability and validity of assessment and learning in practice settings across pre-registration health and social care education and thus raise the status of practice assessors.

### ALPS strategic aims & outcomes

The ALPS Strategic and Operational Plans which describe the vision, aims and project plan are available as appendices 2.e, f & g.

Strategic aims:	Outcomes:
A1. To develop and improve assessment and thereby learning in practice settings for all health & social care students	Health & social care graduates are confident and competent at the start of their professional careers
A2. To develop the competence of people who support and assess health and social care students in practice settings	Health & social care professionals are competent as scholarly assessors and in the application of ALPS methods in assessing professional competences
A3. To enhance the role of service-users and carers in assessment and learning in practice settings	Increased participation and engagement of service users and carers in the process of practice-based competence assessment
A4. To develop effective project management, evaluation and partnership working	The aspirations of the ALPS programme are realised  Enhanced capacity and capability of partners to work together and provide the basis for future collaborative action
A5. To research and disseminate assessment practice	Health & social care professionals have a better understanding of how to assess professional competence & contribute to changes in professional cultures
A6. To respond to and influence national and international policy and culture in assessment	A vibrant, sustainable and multi-disciplinary community of practice that positively contributes to changes in professional culture

*(extract from: ALPS Strategic Plan - appendix 2.e)*

In order to fulfil these strategic aims and achieve associated outcomes, ALPS will have identified common competences both across and within the sixteen disciplines involved in the programme, generated practice or work-based assessment tools that may be used by different assessors from both within and outside of the students' own discipline to assess generic professional skills and supported distance learning and assessment with the innovative use of mobile technology.

### Progress and activities

The first phase of ALPS, covering the first three years, is described as "descriptive and developmental" and concentrates on mapping the competences, developing and piloting tools, identifying appropriate mobile technology and engaging with practice staff, students, service users and carers. Subsequent, and overlapping phases are: phase 2 (transformative) = years 2-5 and phase 3 (evaluative & embedding) = year 3 onwards.

This section of the Interim Evaluation Report will describe how the ALPS programme, particularly the establishment of the collaboration and the organisation of the work, has been undertaken.

The period between the announcement that the ALPS bid had been successful and the installation of the ALPS Core Team was managed by an interim project manager seconded from a central service within the University of Leeds. Her remit was to support the Director, who is also Head of the School of Medicine, a full time post, in recruiting members of the Core Team and to manage any issues which arose across the collaboration until the Core Team were in post. Three members of the Core Team, including the Programme Manager and Learning Development Officer, were in post by September 2005. In the period between September 2005 and April 2006 most of the partners' and Core Team effort was focused in establishing an organisational structure across the collaboration and writing the Strategic and Operational Plans. Whilst the partners all remained committed to ALPS the inevitable lull in activity between the award being made and the



recruitment of the Core Team, at a time when seventy-three other CETLs were going through the same process, led to delays in the programme start. The delays not only meant that other priorities had moved to the top of individuals' lists but that staff, key in writing the bid, had left posts, sometimes moving to other organisations, or that responsibility had been devolved to others. ALPS covers five local HEIs, sixteen professional disciplines across those HEI, matrixing out to thirty-two course/HEI permutations, the NHS Yorkshire & the Humber, practice assessors in health and social care, service users and carers. There are additional stakeholders who have been brought in subsequently, but those mentioned are those most directly involved. In addition, reorganisation, in 2006, of the Strategic Health Authority has resulted in changes in personnel. This has meant that establishing who was the lead point of contact and securing initial meetings all took considerable time.

The ALPS bid had outlined an organisational structure and this was the model followed. Partners were invited to nominate representatives to each of the Management Groups. Although it was agreed that representatives from each and every partner to a Group were not necessary, it is probable that there had not been enough trust established by this stage to allow some partners to take the lead and others to take more of a back seat. In establishing the Groups and developing both a Strategic and Operational Plan partners' efforts and tenacity were tested. However once the core work, eg. designing the common competency maps and piloting some of the mobile technology, was initiated then partners' interest was revived. The time and effort invested in building the organisational, accountability and communication structures within ALPS has provided a strong foundation which has already been shown to be effective in both ensuring that partners and the Core Team are clear where responsibilities lie, and in using appropriate communication channels.

Partner Leads worked with the Programme Manager and Learning Development Officer in late 2005 to develop both the Strategic and Operational Plans which directed and operationalised the ALPS vision. This was a relatively slow process as individual visions were re-articulated and synthesised into one overall vision and plan. However, as with establishing the organisational structure, the time taken in getting this right, and agreed by all partners, has stood ALPS in good stead in understanding the direction in which we are moving and embedding the work in partners' own strategies. Clearly, there were no short cuts to working collaboratively. The Joint Management Group (JMG), with membership comprising the five partner leads, Chairs of the Management Groups, Director and Programme Manager meet every two to three months to ensure that activities are well planned, on target and their appropriateness reviewed on a regular basis. Using the Operational Plan the JMG review and comment on the project plan against milestones agreed.

The Operational Plan was updated in November 2006 and now runs through until July 2008. Reviewing the Plan was an opportunity to take stock and consider what progress had been made. Some changes were made to the plan, eg. in agreeing the phases were not consecutive but overlapping, so that phase 1 would take until the end of year 3 whilst phases 2 and 3 were beginning as early as year 2. These discussions were quite challenging as the original vision was revised to accommodate issues and circumstances that had arisen over the first year and the vision which new members brought to the programme.

Once the methods for collaborative working were established partners were ready, and eager, to begin the core work. As stated earlier, the two ALPS' annual reports (appendices 2.c & d) provide detail of the work undertaken with what follows as a summary.

ALPS is currently mapping three common competences (communication, teamworking and ethical practice) to meet the professional and institutional standards across the sixteen ALPS disciplines. Maps describe aspects of the skill required and their relative assessment criteria. Maps are the subject of consultations across a range of assessors and stakeholders, including academic and practice staff, students, service users and carers with feedback being used to refine the map. The process of the first mapping has been used as a template for subsequent mappings. The third competence of ethical practice currently involves partners, a PhD student (part-funded by ALPS), a consultant from a skills mapping organisation and colleagues from both the University of Leeds School of Medicine and the Interdisciplinary Ethics Across Subjects CETL. An example of the first common competency map (communication) is attached as appendix 3.c.

Work is underway in the collaboration to identify partners' effective assessment practice alongside research into the most valid and reliable methods of work-based assessment of pre-registration



professionals and the underpinning evidence to support the use of mobile devices in practice settings. Pilot projects using mobile technology, to support learning and assessment in practice settings, have taken place at partner sites and informed the procurement of mobile technology systems and devices. The procurement exercise has been complex and has required the close co-operation of all the partners. It has been an opportunity to bring to life what ALPS will mean for the institutions and individuals involved. Working with partners, ALPS has involved strategists and operational staff from learning and assessment policy, IT services, e-learning and learning support units including university libraries, finance and purchasing departments. The sections below on “5.3. Partnerships” and “5.4 Process of change” provide more detail of what has happened during this exercise. However, one of the main achievements of ALPS has been in aligning the aims of the CETL programme (developing innovative methods of learning and teaching) with institutional business rules and regulations. Negotiating with central university services to accommodate programmes of expenditure including managing risk and long term commitment has been, at times, painful and an ongoing challenge for the Core Team. Leadership and perseverance has achieved some major outcomes in this area.

The competency maps, research, current practice and mobile technology work findings are currently being synthesised in order to identify ALPS “tools” to assess students in practice settings. Progress in all the areas mentioned will round-up phase 1 (end of year 3) of ALPS and has already moved the collaboration into phase 2 (start of year 2) – transformation.

### **Roles and participants**

The potential for ALPS to impact on training, education and ultimately health and social care service, is far broader than any single institution can offer. Built on established excellent practice networks and forums with strong practitioner involvement ALPS supports future development and expedites implementation.

The organisational structure ensures that all partners are represented and as such ALPS is viewed as part of, and not an add-on to, the wider organisational strategy with the partnership. Appendix 2.a shows the organisational structure of ALPS with the Advisory Board providing both an academic and professional voice advising and disseminating at professional and institutional levels. Membership of the Advisory Board includes senior managers (eg. Vice-Chancellors, Deputy Vice-Chancellors, Pro-Vice-Chancellors and Deans) from the five HEI partners and representatives from the NHS and professional and regulatory bodies. These members bring extensive knowledge of the wider sector-level strategic learning and teaching agenda and the NHS education commissioning agenda. The quality of contribution from Advisory Board members enables local partner self-interest to be significantly reduced with discussion assuming higher level collective aims. The Joint Management Board comprises partner leads who are responsible for ensuring that ALPS is operationalised at their host institution. Other members of the Group include Chairs of the Management Groups who ensure effective management and co-ordination of activities across the partner sites. Working Groups have been established for specific work packages and will dissolve or reform as work is completed or develops.

The wide reach of ALPS across institutions, disciplines, academics, practice, students, service users and carers has, at times, been a challenge for ALPS. Ensuring the involvement and “voice” of a wide range of stakeholders has had to be balanced with ensuring that the project plan is kept on track and that the inclusion of certain stakeholders is not perceived as “tokenism”. ALPS has addressed this by ensuring that stakeholders are not presented with a blank piece of paper but that initial work has taken place so as to stimulate discussion and elicit views. This has not always satisfied all parties but is seen as a practical way to ensure that both stakeholders’ views are included and that work progresses at a reasonable rate. One partner quotes, “ *ALPS has now opened up a forum for service users to shape and influence and contribute to clinical assessment in practice..... Dialogue with other health professions that exists because of ALPS has made us look at and revise our existing clinical assessment methods particularly with a view to how we can involve service users in the assessment process (Bradford)*”. ALPS is working to engage engagement of professionals from practice settings particularly mentor/assessors. Strategies have included involving existing network representatives and networks who “bridge” communications, eg. Practice Learning Facilitators who work between academe and practice. Partner service user, carer and student networks are becoming involved in ALPS as the work develops.

#### 4. Evaluation framework and approach

The following section describes the means by which the progress made and achievements of the ALPS programme will be captured and evaluated. In doing so, a framework is set out for collecting and analysing evidence and disseminating the intelligence generated so as to inform future developments. This will be achieved by systematically collecting the evidence that determines the extent to which the ALPS programme has achieved its aims and outcomes as set out in the ALPS Strategic Plan. The ALPS Evaluation Strategy, from which the following is extracted, is attached as appendix 4.a.

##### Overall approach to evaluation

The principal purpose of the ALPS Evaluation Strategy is to enable ALPS to measure the extent to which its six strategic aims and related outcomes have been achieved. As such the ALPS Evaluation Strategy adopts an outcomes-based approach – the outcomes effectively describe what success will look like for ALPS if the strategic aims are realised, and the legacy that ALPS will leave behind.

Outcomes:	Suggested evidence base:	
	Qualitative	Quantitative
Health & social care graduates are confident and competent at the start of their professional careers	<ul style="list-style-type: none"> <li>Stakeholder perceptions (students on feelings of competence and competence, employer feedback, SU&amp;Cs feedback)</li> </ul>	<ul style="list-style-type: none"> <li>Baseline and monitoring of student confidence and competence (BORG/Research Group)</li> <li>LT&amp;A resources available (e.g. competency maps, literature review, assessment tools)</li> <li>Assessment methods/practices identified and branded ALPS (e.g. assessment tools via mobiles)</li> <li>Virtual assessment environment available across five partners</li> </ul>
Health & social care professionals are competent as scholarly assessors and in the application of ALPS methods in assessing professional competences	<ul style="list-style-type: none"> <li>Stakeholder perceptions (views/feelings of assessors related to confidence in assessing professional competence)</li> <li>Nature of involvement of assessors in innovative assessment work</li> <li>Responses from different communities (practice assessors, SU&amp;Cs, students) to availability of small grants, collaboration in projects, working alongside other professional groups</li> <li>Nature and extent of relationships established with PSRBs</li> <li>Extent of added value from ALPS as opposed to existing preparation for assessors/mentors</li> </ul>	<ul style="list-style-type: none"> <li>Number of assessors using ALPS resources</li> <li>Resources/processes available</li> <li>Number of assessors receiving ALPS training and updates to achieve common assessment approach</li> <li>Increased numbers of IP assessors</li> <li>ALPS staff appointed</li> <li>Partner reward mechanisms in place</li> <li>PSIGs functioning &amp; embedding activities into core work</li> </ul>
Increased participation and engagement of service users and carers in the	<ul style="list-style-type: none"> <li>Nature and extent of dissemination occurring across SU&amp;C groups</li> </ul>	<ul style="list-style-type: none"> <li>Number of SU&amp;Cs as assessors using ALPS resources/processes</li> </ul>

process of practice-based competence assessment	<ul style="list-style-type: none"> <li>• Nature and extent of partner involvement in SU&amp;C networks</li> </ul>	<ul style="list-style-type: none"> <li>• Number of SU&amp;Cs working with partners</li> <li>• Audit of existing practice available</li> <li>• SU&amp;C Working Group established</li> <li>• SU&amp;Cs feedback on competency maps</li> <li>• Register/s of SU&amp;Cs available to work with ALPS/partners is available</li> </ul>
<p>The aspirations of the ALPS programme are realised</p> <p>Enhanced capacity and capability of partners to work together and provide the basis for future collaborative action</p>	<ul style="list-style-type: none"> <li>• Stakeholder perceptions on the nature and extent of collaboration and partnership arrangements</li> <li>• Management and PSIGs functioning</li> <li>• Nature of ALPS/partners involvement in networks, committees and working groups</li> <li>• Quality of responses from ALPS/partners to consultations</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring &amp; revisions of Strategic &amp; Operational Plans</li> <li>• Financial planning and management information</li> <li>• Number of collaborative submissions, e.g. conference papers, research grant applications, etc</li> <li>• Numbers of research papers submitted/accepted</li> <li>• ALPS membership representative of stakeholders</li> <li>• MEG establish evaluative framework</li> </ul>
Health & social care professionals have a better understanding of how to assess professional competence & contribute to changes in professional cultures	<ul style="list-style-type: none"> <li>• ALPS practices adopted by health &amp; social care practitioners</li> <li>• Nature and extent of recognition given to health &amp; social care professionals</li> <li>• Nature of contribution made by ALPS Fellows/team to pedagogic research</li> </ul>	<ul style="list-style-type: none"> <li>• Number of collaborative submissions, e.g. conference papers</li> <li>• Numbers of research papers and citations</li> <li>• Number of conference presentations and workshops</li> <li>• Research Group implements research strategy and manages outputs (papers, conference presentations, posters and workshops)</li> </ul>
A vibrant, sustainable and multi-disciplinary community of practice that positively contributes to changes in professional culture	<ul style="list-style-type: none"> <li>• Stakeholder perceptions on the strength of the network</li> <li>• Conference materials/publications that cite the work of ALPS</li> <li>• What are the different/new ways of working/learning provided by ALPS</li> </ul>	<ul style="list-style-type: none"> <li>• Number of citations of membership/authorship in professional and academic literature</li> <li>• Number of invitations to respond to consultations received</li> <li>• Number of ALPS/partners members of influential committees/agencies</li> <li>• Number of research outputs submitted/accepted</li> </ul>

The key principles underpinning the ALPS Evaluation Strategy are as follows:

- Evaluation should be an ongoing part of planning and development
- Evaluation should involve all stakeholders and be relevant to them
- Evaluation should be part of learning and sharing successes and difficulties.

The ALPS Evaluation Strategy has been informed by the guidance from HEFCE on the evaluation of CETLs: *Centres for Excellence in Teaching & Learning (CETLs): approaches to evaluation* (November 2006) <http://www.hefce.ac.uk/learning/tinits/cetl/evaluation/CETLguide.doc>

The scope, design and implementation of the ALPS Evaluation Strategy will enable the realities of practice on the ground to be conveyed to stakeholders and inform programme developments. The evaluation will take account of the complexity of the learning and teaching process and of how excellence is viewed and disseminated. The evaluation will also examine both the intended and unintended consequence of the programme.

### **Evidence and data gathering**

As noted above the strategic aims and outcomes of ALPS provide the substantive focus for the ALPS Evaluation Strategy. Evidence, both qualitative and quantitative, will be collated and analysed in order to make an assessment of progress towards achieving the programme level outcomes. Detail about the type of evidence which will be collected is shown in the ALPS Evaluation Strategy.

Data will be gathered in a way that is mindful of data protection, confidentiality and ethical guidelines. Where possible, existing data sources will be utilised. Where data is not immediately available, a decision will be made by the Monitoring & Evaluation Group and/or within partner sites as to how best to source the data required. Much of the data will be collated by the Core Team (supported by the Monitoring & Evaluation Group and Research Group and its working groups: Baselines & Outcomes Research Working Group and the e-Valuation Working Group appendix 4.b) through the well-established monitoring mechanisms. These include:

- partner evaluation exercise (six monthly against Operational Plan)
- partner case studies based on ALPS activities and their impact
- dissemination and research log detailing presentations, published papers, workshops, etc. delivered
- ALPS Management Group reports of activity
- Programme's Manager's annual, six monthly and ad hoc reports of activity, for Advisory Board, Joint Management Group and Risk Assessment Group

Additionally, the Monitoring & Evaluation Group will support partner sites and the Research Group in collating robust evidence so as to facilitate an assessment of impact and added value. Such evidence is likely to be highly qualitative in nature and will be heavily reliant on gathering stakeholder perceptions. Appropriate mechanisms, taking into account resource required, will be deployed by the partner sites in collating such evidence such as face to face interviews, focus groups, telephone and web surveys.

The Research Group is specifically responsible for identifying studies that need to be completed in order to provide evidence of the validity and reliability of ALPS deliverables.

### **Reflections on the evaluation process**

The analysis of the data gathered against the framework outlined above and the assessment of progress towards achieving the expected outcomes of ALPS will be guided by a series of key evaluative questions, as follows.

- What happened? And why?
- What worked well? What worked less well? And why?
- What were the issues, challenges and sensitivities?
  - Were all the opportunities realised?
- What was achieved?
- Were there any unexpected outcomes?
- What has been the impact? And, on whom?
  - What has changed?
- What has been learnt?
  - How and in what ways has this learning been shared?
  - How has the learning been fed into (and embedded in) the planning and quality improvement of the initiative and its programmes of activity?
- What will be done about it?

### Evaluation lenses

In answering the key evaluative questions consideration will be given to a number of cross-cutting areas of interest (or lines of enquiry). These lenses will provide a specific focus to the evaluation and have been informed by HEFCE's *Centres for Excellence in Teaching and Learning (CETLs): approaches to evaluation* document.

A brief indication of what is meant by each lens is provided below.

1. **Student learning experience** – benefit to students, extent to which the learning experience has been enhanced
2. **Pedagogical approaches** – defining and identifying excellence, design, delivery and assessment, pedagogic research and scholarship, link between pedagogic scholarship and learning and teaching 'on the ground', capacity and scope to engage in further pedagogic research, dissemination and take-up of good practice
3. **Partnerships** – extent to which there is a shared and contemporary rationale for what is proposed, extent to which there is a shared understanding of the purpose and priorities for the initiative, partnership building and legacies
4. **Process of change** – conceptual and actual starting points, distance travelled, barriers and enablers, critical success factors, role and contribution of the Professional, Statutory & Regulatory Bodies, and the Higher Education Academy
5. **Reward and recognition** – incentivising individuals and teams, promotion and career progression
6. **Policy** – wider institutional influence on learning and teaching strategies, subject level, professional bodies, added value of excellence to strategic positioning of the institutions involved (e.g. contribution to student recruitment)

Additionally the operational effectiveness of ALPS will be given due consideration in line with strategic aim four and related outcomes:

- *To develop effective project management, evaluation and partnership working*

### Assessing Impact

The reach and level of impact can be mapped at different phases of the ALPS programme's development and implementation. The grid below demonstrates the potential level of impact on a wide range of stakeholders. The evidence collated will inform the assessment of impact.

**Level and reach of the impact of ALPS - as plotted against case studies**

Level of impact	Reach of impact								
	Partner Site Implementation Groups (cross-cutting and partner sites)	Other academic and support staff	Students	Practice assessors	Service users & carers	Senior managers (partner universities)	Senior managers (Strategic Health Authority)	Other organisations (NHS Trusts, Local Authorities, voluntary sector, private health and social care)	Policy makers (PSRBs) and funding bodies
Raised awareness and increased understanding									
Positive action taken									
Enhanced capacity and capability									
Strategic and sustainable									

Table 4.1: Level and reach of the impact of ALPS - as plotted against case studies

## 5. Findings addressing key evaluation foci

The Monitoring and Evaluation Group have developed and written the ALPS Evaluation Strategy which identifies the key evaluative questions and the “lenses” where evaluation will take place. In describing achievements and impact to date partners have participated in a self-evaluation exercise at the end of the first year (appendix 5.a), two evaluation workshops and have written case studies to gather evidence and engage in reflective practice towards the end of year two.

The evaluation lenses have been used as “themes”, within which to collate the analysis of ALPS activities and the evidence gathered, including the case studies, and are detailed in this section of the report. All case studies are available at: <http://www.alps-cetl.ac.uk/evaluation.htm> and are numbered. Case studies have been plotted in terms of level and reach on the *ALPS impact grid (as above)* as *appendix 5.b*. It should be noted that it is only the case studies which are plotted on this grid. Other ALPS activities could equally be shown to have impact, eg. working with the Professional, Statutory & Regulatory Bodies could be plotted up to the level of “strategic and sustainable”.

Key findings are highlighted at the end of each section.

### 5.1 Student learning experience

Engagement with students in the developmental phases of ALPS has been mainly in the shape of the mobile technology pilot projects and consultation on the first common competency map (communication). Listed below is a table showing the involvement of students in the first mobile technology pilot projects.

Partner	Pilot description	Number of students involved	Number of staff involved
Bradford	Midwifery - Formal assessment using tools developed for a PDA	30	10
Huddersfield	Physiotherapy, Nursing, Mentors, Lecturers - Development of the tripartite relationship between student, lecturer and practice assessor	16	2 x lecturers & 16 x mentors
Leeds	Radiography - Formal assessment using tools developed for a mobile device for use by lecturers and practitioners	40	5 lecturers & practitioners
	Medicine - formative assessment of medical students during Pre-Registration House Officer shadowing	20	1
Leeds Metropolitan	Physiotherapy & Dietetics - Log of pivotal incidents that support critical analysis + higher level thinking. Opportunity for inter-professional interaction to enhance inter-professional and collaborative working	46	4
York St John	Occupational Therapy, Physiotherapy - Reflection on practice experience using blogging	37	4

Table 5.1: First mobile technology pilot projects

Consultations on the remaining two maps (teamworking and ethical practice) will take place during year 3 and will draw on students’ views on aspects of assessment, including self- and peer-assessment. Consultation meetings held on the first map involved stakeholders as follows:



Partner	Consultation description
Bradford	<ul style="list-style-type: none"> <li>• Health &amp; social care academic tutors</li> <li>• Practice educators &amp; practice assessors</li> </ul>
Huddersfield	<ul style="list-style-type: none"> <li>• Service users &amp; carers</li> <li>• Students - Podiatry, Social Work and Physiotherapy</li> <li>• Practice education staff - Podiatry, Social Work and Physiotherapy</li> </ul>
Leeds	<ul style="list-style-type: none"> <li>• Health &amp; social care practice tutors</li> <li>• Senior education/trust managers</li> <li>• 2 academic tutor consultations</li> <li>• School of Healthcare Learning &amp; Teaching Committee – curriculum &amp; assessment subgroup</li> </ul>
Leeds Metropolitan	<ul style="list-style-type: none"> <li>• Health &amp; social care practice tutors &amp; academic tutors</li> <li>• Service users</li> <li>• Dietetic practice educators</li> <li>• Nursing &amp; Midwifery education trust meeting</li> </ul>
York St John	<ul style="list-style-type: none"> <li>• Professional practice educators - Occupational Therapy and Physiotherapy</li> <li>• Programme tutors - Occupational Therapy and Physiotherapy</li> <li>• Students - Occupational Therapy and Physiotherapy</li> </ul>

Table 5.2: Common Competency Map consultation – stakeholder involvement

The mobile technology pilot projects aimed to test the preparedness of institutional systems, staff and students to receive and use mobile technologies. The brief for the pilots was intended to come with “few strings” attached and encourage staff and students to be innovative in how they might use the technology to support students’ learning on and off campus.

Results showed that students were, on the whole, willing to embrace new technologies, many volunteered to be involved in the pilots and adapted fairly quickly, generally being familiar with such technology.

*“I liked that you could adapt it to your placement, to what ever’s going on and where you are. You can start by making little notes about where you want to be and then you can change it to what you’ve done and what you still need to do and then you can finish it off by I’ve done every thing and this is what I think”*  
(Bradford student)

In the York St John pilot students experimented with different approaches to recording learning experiences whilst on placement. Students were encouraged to use mobile devices to create reflective accounts on their learning experiences thereby using the technology to enhance student assessment. Providing students with web-based help through existing facilities ensured that the students were supported at times when they needed it. Students also developed informal systems of support using mobile technology to text and speak with each other which had not been anticipated. *“...this worked well because students were given free unlimited airtime”* (York St John staff member).

Similarly, in the Bradford pilot with midwifery students, an online discussion board provided help from a Learning Technologist or lecturer to students’ questions. As in the York St John pilot

students used the discussion board to help each other in their work. An outcome of the Bradford pilot was that a new grading tool was developed specifically for use with the PDA. Whilst it was acknowledged that this would have been developed at some stage in the future, in a paper format, the introduction of PDAs acted as a catalyst for this change in practice and expedited its "birth". ".....we were thinking about it and might have got it done for next year!" (Bradford staff member). The use of this tool, originally aimed at staff to grade a student, has been used by students to undertake self assessment in preparation for assessment interviews.

Bradford reported that the use of the PDA acted as a stimulus to promote practice based discussions between students, tutor and mentor. Students stated that by removing the focus from the portfolio document this allowed a three-way dialogue and the assessment process became "more student centred" (indicated by Bradford students).

Case studies report that students have enjoyed using the mobile technology and that for some it acted as an ice-breaker and a conversation piece as they went into practice. For others it was an additional piece of equipment, prolonged the assessment interview and, in the case of the PDA, more cumbersome than their own phone. All these are valid criticisms if students experience or perceive the equipment negatively.

ALPS was awarded just under £450,000 of capital funds to invest in refurbishment projects across the five partner sites to develop space and resources for staff and students involved with ALPS. Because of the time required to build and/or refurbish these spaces little evaluation has been undertaken to date. Images of some of the work are available on the ALPS website (<http://www.alps-cetl.ac.uk/DescriptionsandImagesofRefubishmentWork.htm>)

- Anecdotal evidence to date states that the ALPS Group Study Area (Leeds) has been well-used by students within days of opening. The Leeds partner worked in conjunction with Leeds University Library in developing this innovative learning space for students. Whilst ALPS have provided the development funds the University has taken on the maintenance of this resource thereby ensuring its sustainability for students. ALPS view this as innovative use of capital funds with the Library adopting the principles of this work to develop further learning areas for students around the campus.
- "The joint investment of the Leeds Met CETLs..... [has created]..... an outstanding learning environment in which CETL Teaching Fellows have shared office accommodation which will provide further opportunities for collaborative working".
- Huddersfield matched the ALPS funding with school funding and support from companies making clinical and skills simulation equipment to significantly refurbish their suite of clinical skills rooms. These include ward-like environments, home environments, operating theatre and maternity care and are used extensively by students across a range of health disciplines. Examples of use include routine teaching of clinical skills, plus formative and summative assessment.

Evaluations of all the capital refurbishment and new builds are planned for the future.

**Key findings include:**

- **students appear willing to embrace new technology**
- **student acceptance of the technology will be enhanced by early familiarity**
- **training and support for staff and students are essential to ensure acceptance & opportunities to maximise use of technology**
- **students will use opportunities to share their learning and develop support systems with peers on placement**

**5.2 Pedagogical approaches**

Evidence of change to pedagogical approaches is starting to emerge. Both York St John and Bradford have reported that the use of mobile technologies acted as a catalyst to encourage students to develop reflective skills early in the programme and, in Bradford, the PDA-based assessment tool "led to a fairer assessment and more detailed feedback for students in most cases" (Bradford lecturers, students and mentors).

In all cases partners reported that it was essential to identify academic leaders who positively viewed the innovation and potential changes which ALPS introduced and facilitated. In order to effect the enhancements to the curriculum, champions needed to be identified who would work with colleagues and promote the changes. These need to be within the institution and credible individuals, ie. involved with learning and teaching in the relevant disciplines.

As a result of engagement with ALPS, Bradford have introduced a new grading system which helps mentors to “arrive at the final grade for the student and was also used by the students to self assess themselves in preparation for their assessment interviews”. Bradford highlight the importance of “designing [assessment] tools to encourage certain activities”. Specifically discussion is focused on how the student can learn from areas in which they are performing well and in other areas where they might act differently in order to improve their grade. This was described as an improvement by students who felt that with the previous assessment forms an overall grade was given to them which might be based on the assessors ‘intuition’ of overall performance.

Bradford has subsequently revised their paper-based assessment tool. The revision includes the student preparing for their assessment interview by self-assessing their own performance. This self-assessment is used as a basis for discussion between student and tutor with the latter taking the self-assessment into consideration. Bradford evaluate this as providing the student with more constructive feedback in which s/he has had a greater part.

The focus on student use of mobile technology has also highlighted the need to enable students to use their own mobile phones in learning and assessment. As well as being familiar and needing less support using their own phones, students do not want to carry an additional piece of kit, sometimes more bulky, than their “small sexy little numbers” (Bradford student). ALPS is using £1.3million to support learning and assessment with mobile technologies. Across five institutions and multiple practice settings both assessment and mobile learning strategies will need to be embedded within institutions. The very real issue of who will pay for devices, air time and infrastructures in the future and thereby sustaining the innovation must be considered. One factor in this is likely to be students providing their own mobile device, viewed as another resource which they buy, to support their own learning. Whilst this may be more viable the issue of practice assessors, sometimes less familiar with the latest mobile technology, being required to assess students via multiple types of devices arises as a potential barrier. Whilst there is the need to exploit the technology and not simply replace electronic for a paper based system of assessment the integrity of the assessment needs to be maintained.

Potential barriers to introducing mobile technologies included the concern that data would be lost, was insecure and devices were not entirely “fit for purpose”, eg. typing anything longer than brief sentences was not easy on PDAs. “It is important that the task or assessment being given to the student has been designed specifically to be used with a mobile device. Text rich activities are NOT mobile suitable” (York St John staff member). These learning points have been shared and have fed back into the next phase of mobile technology projects and procurement exercise.

Leeds Metropolitan reported positively on the way in which their staff came together to understand and disseminate details of practice learning assessment, placement organisation and processes for the different ALPS professions. As teamworking is a common competence which ALPS aims to assess interprofessionally, greater understanding and shared learning between professions is critical. One nursing delegate said, “We have learnt more about one another’s assessment processes as a result of this one workshop than we have in all the years that I have been working as part of the A(llied) H(ealth) P(rofessions) group.... I feel that I have learnt a lot from other professions’ best practice examples”. Following the event they reported a realisation of how little was known about each others’ practice assessment processes with the result that there was now far greater understanding of each others’ practice learning. As important was that the staff understood, were motivated by and remained committed to ALPS thereafter.

Similarly, Leeds PSIG discussed the benefits and outputs across the eight Leeds ALPS professions of the mobile technology pilots thus sharing the professions’ various modes of assessment.

To disseminate some of these early findings ALPS has been presenting at conferences and submitting journal articles. Appendix 5.2.a demonstrates a variety of these research outputs.

**Key findings include:**

- **innovation and change processes can initiate unexpected changes – there is a need to be vigilant to identify such opportunities and capture results**
- **credible partner leaders are required to champion innovation in their institution**

- ***the need to ensure that future initiatives are integrated into mainstream activity so that students can see the purpose behind the activity in relation to their learning***
- ***design assessments which encourage discussion between students and assessors***
- ***students often prefer to use their own technology as opposed to an additional piece of kit***
- ***however, whilst the above point would facilitate sustainability of new methods of assessment there is the need to take into account the wide variety of technology which would need to be used by practice assessors***
- ***the mobile technology should be appropriate for the task or assessment, and should be designed accordingly***

### **5.3 Partnerships**

ALPS is founded on a group of academic units considered to be excellent in their practice. The bringing together of these units is a determining factor of the ALPS collaboration. Whilst some of these units already worked together before the establishment of ALPS, evidence supports the fact that ALPS has strengthened these and created new partnerships. The case studies highlight a number of areas where partnerships have developed both within and outwith the partner HEIs.

Huddersfield, Leeds Metropolitan and the ALPS Core Team all highlight the development of their own teams through working across the ALPS partnership on the common competency maps and the way in which all sixteen disciplines have worked together to generate these maps. The Core Team highlight that the critical success factor of the common competency map work has succeeded through the value which members place on each others' contribution. A major tenet of ALPS is the need to educate students in interprofessional working and to develop teamworking skills. Demonstrating that academic staff do this as routine in their own work with colleagues is essential to foster the understanding and importance that is placed by the professions and government on multi-agency working. Leeds Metropolitan highlights the way in which they brought their six ALPS disciplines together, at an early stage, to share practice assessment processes and which led to a greater understanding and respect amongst staff (see above in "5.2 Pedagogical approaches"). Huddersfield quote that "*There was also a strong belief that the work we were doing in terms of interprofessional learning could be strengthened and developed*" through collaborating in ALPS. Similarly Bradford report, "*Increased knowledge in other schools.....and the similarities and differences in our approach to clinical practice learning and assessment processes*".

Four partner case studies cite how involvement in ALPS brought staff together from different divisions and central services within their HEI. Leeds report that their PSIG has enabled groups of senior staff across the eight professions who would not normally work together to share expertise. The building up of respect and trust between colleagues and different institutions takes time but is leading to new partnerships and developments. The strong service user and carer working group in healthcare has an important role in strengthening their voice in considering assessment in practice and ALPS has highlighted and assisted in this process. Leeds' service user and carer case study has identified the importance of involvement of service users at an early stage in the partnership. A spin off from this work has been the universities networking and sharing experiences of service user and carer involvement. Huddersfield state, "*The two postholders [ALPS-funded] are from different divisions and professions, thus making ALPS visible and relevant across a much broader spectrum of the school*".

The Core Team describe how the chairs of partner research ethics committees were brought together to discuss the procedures which ALPS would need to follow to gain ethical approval within the five partners. Incidental to the considerable achievement of agreeing a less resource-intensive exercise of having to go through five full ethical approval exercises, was the fact that the chairs had never all met together and they subsequently committed to do so on a regular basis. One chair stated, "*...ALPS meeting acted as a catalyst for this and is probably important long term in promoting reciprocal agreements between institutions re: ethics agreements for multicentre projects which involve educational research not including NHS and therefore not requiring R(earch) E(thics) C(ommittee) approval*". As well as achieving awareness of the ALPS programme and beginning to find a way in which to rationalise ethical approval ALPS has acted as a catalyst in building a network across the partners of senior research ethics individuals who aim to share experience and practice. This unintended outcome demonstrates some of more unexpected ways in which ALPS, and no doubt other CETLs, have begun to demonstrate impact.

ALPS has worked closely with, and with great support from, the NHS Yorkshire and the Humber. This has occurred at a time when the latter has been undergoing major reorganisation. Existing partner links with the organisation have been used and efforts have been made not to duplicate work or networks. Recognising it is a HEFCE funded initiative that would need a high level of practice support, the NHS Yorkshire & the Humber has been very supportive in contributing staff time. ALPS was also successful in drawing in additional NHS funding support in the form of small project grants (see section “5.5 Reward and recognition”) to support ALPS aims and funding for a half-time Educational Staff Development Officer and additional time for a Research Officer.

The mobile technology pilots which took place at each partner site necessitated the involvement of other central units such as the IT services. Whilst involving units outside the immediate health and social care disciplines has proved challenging it has also focused ALPS’ energy on ensuring that our systems and practices start to become embedded in existing partner infrastructures. Small pilots which are resourced both with funding and staff time and which start to investigate embedding issues provide opportunities to talk to both the IT strategists, at PVC level (University of Bradford), and those at a more operational level who can advise ALPS on the requirements for integration (York St John using the existing VLE). Such relationships also provide added capacity and expert knowledge to the ALPS team. Bradford state, *“It is also worth noting that the Bradford pilot brought professionals together from different Divisions within the School of Health Studies and wider University, who had a shared interest and enthusiasm but who had not worked together previously. Thus new partnerships and working relationships have emerged”*.

Beyond the immediate partner institutional and discipline reach, ALPS has built on existing relationships with practice staff, service users and carers who act as mentors/assessors for students in practice placements. As already stated, reach has been limited to developmental activities, such as consultation on the common competency maps and involvement in the mobile technology pilots. These activities have enabled ALPS to start to build a group of informed and supportive champions in preparation for the next stage of work when ALPS starts to trial both ALPS assessment tools and mobile devices. Leeds Metropolitan quote, *“Practice educators and users have been involved in mobile technology pilots and initiatives to involve users more widely in the assessment of students practice skills have been successfully introduced”*. The dichotomy between involving stakeholders at an early enough stage for their views to be incorporated whilst ensuring that there is something tangible to be discussed has already been highlighted (see “3. Brief description of the aims and scope of ALPS – Roles and participants”). ALPS have built early involvement of key stakeholders, particularly service users, into the development of the assessment tools, eg. by funding a project, *“What matters to Users of Service: Discovering and applying user and carer perceptions of the requisite skills and attributes of health and care students to enable shared care and decision making”*.

ALPS has also engaged at an early stage with the Professional, Regulatory and Statutory Bodies (PSRBs). Any changes affecting revalidation by PSRBs of academic courses must be developed with their approval. Hence, ALPS has started a programme of engagement with the PSRBs. In its first year ALPS brought together professional and regulatory bodies for the sixteen ALPS professions, a not insubstantial achievement in itself, by way of a seminar to raise awareness of ALPS and outline what it was aiming, and as importantly, not aiming to do. Shared aims have been identified, eg. the government requirement for interprofessional working to safeguard service user care, and these are being used to drive the programme of engagement. All sixteen PSRBs have agreed to work in “consultation” with ALPS and a second annual seminar will be held in September 2007. Leeds Metropolitan summarise working in the ALPS partnership as *“Collaborative working across professions enhances both staff development and practice learning”*.

**Key findings include:**

- **academic staff welcome and recognise the benefit of working with colleagues outwith their own discipline, particularly those from their own institutions**
- **innovation and change programmes can bring together individuals across partnership with shared interests who then build their own network**
- **build on existing networks and collaborations as well as build new ones**
- **build relationships with those who develop strategies/build infrastructures which can sustain ALPS**
- **involve stakeholders at different stages of the developmental work and beyond ensuring they have a voice in its evolution**



#### 5.4 Process of change

ALPS as a programme is already demonstrating different ways of working across partner institutions both as an organisation and across the sixteen ALPS disciplines. We have reported in section “3. *Brief description of the aims and scope of ALPS – Roles and participants*” that the level of commitment at Advisory Board is above individual university self-interest. Similarly, the ALPS Partner Leads established their own informal group early on in ALPS to discuss progress and share issues of concern. This established a strong basis for trust which manifests itself in not all institutions or professions being represented on all ALPS groups. Anecdotal comments from partners perceive this as a fairly radical change to working practices and requires considerable trust from and belief in each other as partners.

These different ways of working challenge individuals’ and groups’ existing methods of working. Examples of the former include, chairs of partner ethical research committees working as a group to consider ALPS’ research applications as opposed to five different applications, developing IT support systems (shared repository and server hosting) on behalf of the partnership; and the latter by sharing practice assessment criteria, methods and tools. In addition to these more operational issues, there has been a gradual movement across partners and disciplines, facilitated by ALPS amongst other stimuli, towards working in a more interprofessional way. Being involved in ALPS has supported individuals (mainly academic up until now) in working more outside their own professional “silo”. Historically, health and social care professionals have tended to work very much within their own profession without being outward facing. This is in part due to being regulated professions where each has its own accreditation standards which must be met in order to practice. Anecdotal evidence from ALPS is that those involved in curriculum development and teaching are beginning to look and be aware of good practice in other professions. Leeds Metropolitan reports, “*All professional groups commented that this was the first time that they had ever understood practice assessment processes in different professions and that they were able to benefit from the collated best practice initiatives*”. And “*People were very motivated to attend by their genuine interest in collaborative discussion regarding practice*”. In order to be sustainable and ensure a legacy beyond the funding period ALPS must address issues of priority for those involved and seek to provide some solutions which individuals and organisations can adopt and adapt.

Examples have already been given (see “5.0 *Findings addressing key evaluation foci*”) where ALPS has acted as a catalyst for change, eg. Bradford creating a new grading tool and centring the discussion between link lecturer, mentor and student on the student rather than the clinical portfolio document itself, both as a result of their work on the mobile technology pilots. Bradford also report the positive response by staff in “*going mobile*”, thereby creating the beginnings of a change in both preparedness and culture within this particular unit.

All partners reported that having designated staff responsible for ALPS work and its integration into mainstream activity is essential. As well as these individuals leading the work on behalf of ALPS there is also the perception across HEIs that there is a commitment to integration, for example, the Leeds’ partner has taken the initial approach of investing in existing staff across professional groups with learning and teaching responsibility to develop ownership. Where there are two or more individuals tasked with ALPS work this is seen as even more advantageous as they provide mutual support and motivation to lead innovation across the partner site and, in some cases, the overall partnership.

However, poor communication and lack of engagement is a major barrier for partners with some professions less engaged than others. Potential solutions to this have included involving them in specific aspects of ALPS work, eg. common competency mapping and mobile technology pilots, plus supporting these with individual meetings with discipline and partner leads.

Ethical approval discussions have already been highlighted but mention should be made of the barriers which working collaboratively can impose. Because ALPS work is collaborative there is often no precedent for how applications are processed. Recent events, documented in the Alder Hey Report and Bristol baby heart investigation, have led to much stricter requirements for ethical approval. One view is that instead of ethical approval making research safer it has resulted in creating barriers for research even at the level of obtaining approval. With little precedent for five HEIs working together, across multiple professions and involving a variety of stakeholders, there has been a tendency, within ALPS, to discuss the issues at length rather than start to take informed decisions. ALPS has overcome this by building relationships with “experts” (senior academic staff with relevant experience, chairs of research ethics committees in

HEIs and NHS managers involved in the National Research Ethics Committee) and clearly defining whether work is research or curriculum development. ALPS has also developed a statement of its work in relation to ethical approval requirements and this is being disseminated across the collaboration to inform and be used by partners.

A similar discussion took place regarding the involvement of service users, carers and practice staff in ALPS work. Originally, their involvement looked as though it would only take place once ethical approval had been obtained. Through a process of discussion, particularly with social work colleagues at Leeds Metropolitan, it was confirmed that where these stakeholders were already involved in the partners' processes of curriculum development then ALPS could use this route to obtain their views without undertaking the formal process of obtaining ethical approval.

The above examples have been major challenges for ALPS but through a process of negotiation, identifying existing mechanisms and the sharing of ALPS' aims we have developed ways of progressing and maintaining integrity of the activities. We know that there remain considerable ethical approval challenges but much has been learnt and contacts established over the first eighteen months.

A discussion at the ALPS Advisory Board in July 2006 focused on the negative as well as the positive effect which a CETL can create on an institution. Whilst participating in CETL work brought prestige and an enhanced reputation it was also a disruptive influence on corporate planning and schedules. In trying to embed activities and outcomes staff were taken out of existing work. Overall funding for the CETL programme provides resources for HEIs. However, where the CETL is collaborative as in ALPS, the funding is split six ways (five partners plus the Core Team) and then split again across sixteen professions, making a total of thirty two courses across the partnership. As a result funding is significantly reduced for each partner and whilst collaborative working brings its own unique results, the funding is relatively low in comparison to one-institution CETLs. This can create tensions across the partnership as ALPS work is seen as "additional" to core work and inevitably it is considered less of a priority. Again visible support from senior management is essential to ensure that partner staff "buy-in" to the initiative.

Capital funding has been used by ALPS to develop mobile technologies to support student assessment and learning in practice settings. The capital expenditure deadline, two years into the five year funding period, has provided a considerable barrier to ALPS. In order to purchase devices, airtime and systems within the deadline, payment has had to be made at the start of the contract. This would not normally be considered prudent practice and ALPS has worked hard to ensure safeguards and accountability. The procurement purchase was helped to some extent by the use of the Government procurement framework (Catalist) which allowed tenders to be submitted by approved suppliers. However, the developmental and innovative aspects to ALPS were considered to be high risk activities by the partner institutions, particularly finance and legal sections, who wanted high levels of control and guarantees on the purchases. By working with HEFCE, financial and legal staff a resolution was negotiated but it became clear that funding models for CETLs, coupled with HEI financial regulations, found it hard to accommodate innovative use of the funds. One unintended outcome is that, despite finding the process challenging, ALPS wishes to draw benefit from this exercise. Work is already underway at one partner site, led by the Pro-Vice-Chancellor for Learning and Teaching, to identify the barriers which exist to working innovatively in a Higher Education Institution. By working with senior management we hope to identify ways in which institutions can align businesses processes and attitudes to such innovative programmes of work.

Similarly, discussions with HM Revenue & Customs finally resulted in ALPS securing eligibility for zero rated VAT. This was not a straightforward decision and took some negotiating both with HM Revenue and Customs and with the University of Leeds. However, the result was that whilst saving c.£200,000 for ALPS, it has also set a precedent for the type of work we are involved in and is likely to benefit ALPS, and other such programmes, in the future.



**Key findings include:**

- **collaborative working can rationalise processes and require less resource if shared across the partnership**
- **introducing an innovation can prime staff and students for future changes, and accelerate the speed in which these changes are introduced**
- **identify champions to work at partner level to lead the change process**
- **demonstrate commitment at highest management level in partner HEIs including revisions to strategy and operationalising the programme plans**
- **where engagement is a problem consider identifying small projects for these groups to undertake**
- **the size and complexity of collaborations can be an issue particularly where multiple stakeholders are involved, however, agreed informed discussions must be followed by decision taking**
- **obtain clarity and agreement on whether work is research, audit or curricula development**
- **raise awareness of such programmes of work across university central departments in order that they are supportive when required**
- **use negotiation to encourage a flexible attitude to accommodate innovative approaches**

### **5.5 Reward and recognition**

Approximately 75% each ALPS' partner budget is to be used for both staffing costs and for reward and recognition activity. In effect, most partners have used both budget lines as some form of incentive to reward staff. Where buying-in of staff time has occurred this has taken the form of a new post or buying protected time for individuals such as Teaching Fellows.

Leeds has focused on establishing the PSIG with a senior member of staff from one School taking on responsibility of coordinating ALPS across the three Schools within the Faculty. In addition to individual discipline leads across the eight Leeds ALPS professions there are also three named leads in Healthcare, Medicine and Dentistry. These are senior managers and contribute at both the PSIG level and at the various ALPS Management Groups. This has enabled Leeds to identify the role requirements for a Teaching Fellow, now appointed, and in which they have now invested significantly as a fulltime post with a clear direction from year three onwards.

Huddersfield report that, initially, they invested the bulk of their funds in a senior appointment to lead and manage the ALPS work. This was reviewed after one year when the individual was seconded elsewhere and the decision was taken to appoint a senior member of the School management team whilst using a proportion of the funds to co-fund two Principal Lecturer posts who would integrate ALPS work with existing School activity. The level of these two appointments (grade 9) attracted high calibre candidates who could strategically develop and embed ALPS work into the School's business working with the senior manager. For the individuals this was affirmation of their knowledge and skills and also conferred on them a senior status and autonomy within the School. The appointments were also perceived as a serious commitment from the School, and institution, on the importance of their contribution to ALPS. Informal feedback from both the partner and ALPS is that, with this new model, ALPS work is being strategically embedded and integrated at School and institutional levels to a higher degree. Huddersfield state, *"The posts are graded at a level that gives career development opportunities to the secondees, which make them attractive, and means that the post holders can have a level of autonomy and strategic involvement that makes the post interesting and challenging"*.

Another model adopted is that of awarding Teaching Fellows to individuals. These appointments are in addition to part-time co-ordinator and/or discipline leads. These awards are based on *"[rewarding staff] with an established expertise in practice learning"* (Leeds Metropolitan). For these individuals the appointments were made in line with their institution's existing criteria for awarding Teaching Fellows. This initiative was led by a senior member of the institution, Pro-Vice-Chancellor for Assessment, Learning and Teaching, who has taken a strategic role in ensuring effective impact and embedding of CETLs at her institution. This championing at the highest level, has again evidenced the strategic importance that institutions have placed on the ALPS programme and on the particular individuals. In turn, such support motivates these individuals to become champions for ALPS. One Teaching Fellow, appointed at the outset of ALPS, has since left her institution, having obtained promotion at another partner site. She states, *"As a previous Teacher Fellow, I feel that the involvement I had with ALPS opened up vast opportunities for me. It gave me the chance to network with colleagues from other disciplines within my institution but, perhaps more importantly, it gave me the opportunity to make contact with colleagues from other*

*institutions, professional and statutory bodies, and other CETLs. This allowed me to develop a greater understanding of how boundaries between disciplines and organisations may both blur and are unique, essential for contemporary health and social care education. In addition, my involvement in ALPS undoubtedly gave me a more solid foundation, through a better understanding of collaborative and partnership working, to facilitate my transition into a new job role."*

A new Teaching Fellow has since been appointed to this post and has a history of involvement with ALPS. She says, "*I feel I get a lot from ALPS - in being in the ALPS community of practice to develop research ideas and networks and resources to put these into action. This informs my own practice and enables me to disseminate some of the outputs more widely to other subject areas at my institution."*

Involvement in the CETL programme appears to be beneficial to individual career development in that two members of the ALPS team have been awarded a National Teaching Fellowship in the last two years. Teaching Fellows have also benefited from research funding in line with the institutional Teaching Fellowship policy. During year 2 ALPS have funded two research projects which will contribute to the core work. The funds were originally contributed by the West Yorkshire Workforce Confederation (part of the previous Strategic Health Authority) to the University of Leeds who made the funds available through ALPS. A funding call was announced which encouraged applications particularly from partner and practice staff, thereby supporting both the collaboration but extending the reach of ALPS.

Other partners have rewarded staff with buy-out of their time ranging from 0.1fte to 0.5fte with a dedicated remit to work across their various ALPS disciplines and ensure engagement of colleagues and that work programmes are implemented. This protected time is in recognition of the key position individuals play both in their own professions and across school activity. However, as expected where the fte fraction is small individuals may not always perceive this award as recognition, rather that it is "in addition" to existing commitments. One partner has adopted a funded half-time post to lead and co-ordinate activity on behalf of the partner. Whilst this amount of resource enables continuity and a clear overall view across the partner site investing so much resource in one individual results in considerable pressure on this individual who is only part-time. As institutions and individuals struggle with existing time pressures there is the danger that if an individual leaves then the corporate knowledge of the work leaves with them.

Other methods of rewarding and recognising staff contributions have taken the form of funding attendance at conferences. As well as the direct reward to those individuals, partners have remarked that this has raised the profile and status of individuals both within and outwith their partner site, and allowed them to extend their own networks and collaboration with others. It has not always been the most obvious individuals who have been rewarded, ie. from health and social care. Learning Technologists at two institutions have attended and presented at international conferences, and at a very early stage in the programme, ie. within the first year. A number of academic staff have presented ALPS work at national and international conferences. In some cases this has been with two or three partners collaborating in the presentation. For the most part, presentations tend to be from a single institutional perspective, when presented by partners, and from a collaborative perspective from the Core Team.

***Key findings include:***

- ***ALPS posts work more successfully when supported by and aligned to institutional strategy***
- ***the more successful models tend to show a split between strategic and operational appointments, however the more senior the better***
- ***staff value the opportunities which collaborative programmes offer for their own staff development***
- ***collaborative working across professions enhances both staff development and practice learning***
- ***appointments need to be realistic in terms of time buy-out, ie. too little does not allow work to be implemented and does not reduce existing workloads***
- ***a balance needs to be achieved between spreading financial resource too thinly ie. across multiple appointments, or by investing heavily in only one or two individuals***
- ***rewards do not always have to take the form of direct payment, ie. indirect support such as conference attendance and small research monies, are also motivators***

## 5.6 Policy

Amongst ALPS aims are those of increasing the opportunities for students to be assessed in practice settings thereby increasing their confidence and competence as they start their professional careers. In brief ALPS aims to fundamentally change how, where and by whom students are assessed. In order to ensure that the changes effected by ALPS last beyond the funding period it is essential to embed these changes in school, institutional and professional accreditation policies. Over its first two years of operation ALPS has been laying the foundations for embedding changes to assessment and learning, mobile learning, and rewarding and developing staff through establishing contacts, joining networks, building relationships, disseminating ALPS aims, implementing work packages across the partnership and evaluating outcomes.

ALPS is beginning to demonstrate impact on policy both at a school and institutional level. Several of the case studies report the need to mainstream ALPS work within their schools, identifying links and aligning the work with their own aims. Ensuring that ALPS and partners' aims are aligned makes sure that changes to learning and assessment strategies start to take effect and are embedded. By working with the Professional, Regulatory and Statutory Bodies (PSRBs), ALPS, including all its partner representatives, is making certain that changes to the curriculum and assessment processes are validated by the PSRBs thereby meeting regulatory requirements.

A cross West Yorkshire group already had established a module for supporting learning in practice settings for nursing, midwifery and allied health professionals which will begin in a number of partner universities in September 2007. ALPS is included within the programme and will be a captive audience for promoting change in practice assessment.

One partner reports that building on their strong work with service users and carers, and interprofessional learning, they have integrated, and effectively, are embedding ALPS activity in their own curriculum and student learning. Similarly, by co-funding relatively senior appointments to undertake this work they are sending the message that ALPS is now core work and supported by institutional/school senior management.

Findings on reward and recognition of those involved with ALPS have highlighted that some partners are effectively building this work into their human resources strategy. Leeds Metropolitan have adopted criteria to make ALPS Teaching Fellow appointments align with their existing strategy for institutional appointments thereby giving ALPS Teaching Fellows equitable status.

The mobile technology pilots acted as a stimulus to work with partner strategists and operational staff. Practically, for some of the technology to work ALPS had to engage with partner staff. To ensure consistency of services for both students and staff ALPS made use of partner Virtual Learning Environments, existing calendar functions and support services (all partners). The work preparing for and evaluating the pilots highlighted potential barriers, as it was intended to do. These were followed up both with operational staff but also with IT strategists. As the procurement exercise for the mobile technology systems progressed further requirements were identified and the implications of which were taken out to partner IT strategists. York St John state, "[following the mobile technology pilots] *Started to develop a strategy to introduce new technology to students*". One partner school (Leeds) is currently developing a technology enhanced learning strategy with the aim of enhancing student learning. ALPS has been written into this strategy as a means by which students can access learning opportunities and resources and staff can develop their own knowledge and skills in mobile learning. At the same time it has invested additional funds into ALPS to develop the use of mobile technologies in the medicine curriculum thereby using ALPS knowledge and existing platform to progress this strategy.

Bradford report, that following the mobile technology pilots, "*Outcomes....can be divided into two distinct areas of knowledge, based on the objectives of the study:*

- *Strategic and practical implications of implementing technology into the assessment process*
- *Impact on learning processes on implementing technology into the assessment process*".

What is apparent is that in order to embed any type of ALPS activity there needs to be a willingness on the part of partner institutions and individuals with sufficient status and credibility to lead and effect change in strategy. Some of this will happen at senior institutional level but also at school level where leaders in, for example, mobile learning, have been identified (York St John). To date, ALPS have achieved this in some of the partner sites. Programmes of engagement across institutional managers are taking place and efforts are currently being made to make sure

that, for example, student admissions tutors are aware of the marketing potential which ALPS offers.

***Key findings include:***

- ***aligning partner institutional and ALPS' aims will ensure integration into partner policies and will facilitate embedding and programme sustainability***
- ***continue to work with and support partner champions to ensure that ALPS is embedded into strategies and policies***
- ***identify individuals to assist where change appears not to be taking place***
- ***ensure that partners are involved in discussions and decisions in order that their views are incorporated and that ALPS is aware of emerging issues***

## 6. Lessons learned and future adjustments

This section attempts to draw conclusions from the case studies reported in section 5 of this report, partner evaluation provided to the Monitoring & Evaluation Group, the Operational Plan review held in November 2006 and ongoing evaluation discussions which form a regular part of ALPS activity. Evaluation of ALPS activity takes place in a dynamic environment with multiple external factors affecting our potential outcomes. By considering these external factors we hope to provide a comprehensive picture of the success and impact, to date, of ALPS.

### **Overview of new knowledge about how student learning might be enriched, enhanced, etc.**

Pre-registration students from the health and social care professions involved in ALPS need to demonstrate that they are competent in the knowledge, skills and attributes of their profession in order that the university they are attending can provide them with their qualification. Students, on graduation, should be competent and 'fit for purpose'. Creating both the content of, and the assessment "tool", in consultation with the different stakeholders, eg. assessors from different professions, service users, self- and peer-assessment, enriches the process. Part of pre-registration training involves students attending placements within a practice setting which may be in the NHS or elsewhere in the health and social care sector. Assessment of the student on placement advises both the student and their tutor on the progress the student is or needs to make.

Students on placement so far have been assessed by mentors or assessors from their own profession. Changes in the care-giving environment have led to mentors having less time to supervise, assess and give feedback to students which has in itself led to criticisms of placements. ALPS has embraced these comments and is looking at ways of increasing feedback to students on their performance through assessment. It is planned that through ALPS students will also be able to receive feedback from other 'stakeholder' groups who are ultimately seeking improved service user care. These groups consist of practice assessors from other professions, service users, carers and peers, which is largely a new practice to be developed by ALPS. There will also be the option of self assessment. It is planned that assessments from these groups will inform both formative and summative assessment. The groups are also involved to ensure that the views of each are taken into consideration.

Furthermore assessments may be carried out in either a paper format or in electronic version on a Personal Digital Assistant (PDA), with the latter offering new ways of working. A pilot within the Bradford partner site found that in using different assessment methods (that is, existing assessment forms were replicated on the PDAs) the assessment process was enhanced because this changed the locus of control to the student during the assessment interview. The use of PDAs in assessment is a new concept to the majority of practice environments. Amongst the many things that need to be considered when implementing new practices will be the security of systems (that is, once the assessment has been completed it cannot be altered), that the assessments are stored 'safely' and that data will not be lost in transmission. In order for new methods of assessment to be accepted students and staff must be confident of the systems. The opportunity for new learning materials, eg. podcasts, videos, etc, to be delivered via PDAs in practice, provides a whole new series of opportunities and challenges.

### **Emerging teaching practices**

Department of Health guidance suggests that pre-registration students both learn and work together, that is, interprofessional learning and working. Specifically it suggests that "Core skills, undertaken on a shared basis with other professions, should be included from the earliest stages in professional preparation in both theory and practice settings", (Department of Health, 2001. 'Working together - Learning Together'). Although interprofessional learning is currently occurring largely in the academic environment, the Department of Health advises that as a minimum, common learning should occur in practice with the ultimate aim of improving patient care. ALPS has identified three 'core skills' or competences that students from all sixteen health and social care professions involved share and can be assessed on whilst on placement, these are communication, team working and ethical practice. In order that this can be done, representatives from a variety of professions and all the partners involved regularly meet to agree on the demonstrable criteria that students should exhibit as part of these competences and that these can be assessed across professions. In this group we have learnt that although terminology differs



across professions eg. “mentors”, “practice educators”, “assessors”, the issues of placement assessment remain very similar across professions. As the initial competency mapping meetings included representatives from a variety of professions there was frequent discussion about terminology differing across their professions. However in subsequent meetings, and when new members join the group, we have now stated that we are not attempting to change profession-specific terminology but recognise that each profession has valuable input and should be encouraged to give contribute from their professional perspective.

### **Implications for university systems and practices**

ALPS has been sustained by partner and stakeholder willingness to contribute and progress the programmes of work. However, we have encountered a number of barriers during the course of the first two years. Specifically, some partner higher education institutions' central services, have found it difficult to accommodate the innovative nature of ALPS. Demands on practitioners' and mentors' time in the health and social care environment has led to them having less time for students, at a time when ALPS raises additional issues of safety, security and confidentiality in using devices within a practice setting. As such methods that will allow students to gain valuable experience on placement whilst still being assessed appropriately need to be found. Shared placements or interprofessional assessment are one means which ALPS proposes will benefit mentors in practice and therefore make ALPS attractive. The question, therefore, remains: “Can we sustain enthusiasm for such radical change at partner institutions and with health and social care colleagues?”.

ALPS will use mobile technology in an innovative way during the course of its five year programme which has meant planning small pilots to trial work, reviewing, revising plans and repiloting. Specific achievements across the ALPS collaboration over the first two years include:

- developing shared repositories at partner sites which are accessible to the other partners
- sharing staff expertise and time on working on these workpackages
- developing a culture of sharing which is seen as valuable by partners
- working with external resources to add value to ALPS works, eg. Shibboleth
- developing resources and working practices which can be shared across the HEIs, and wider education and health sectors

The capital expenditure requirements, ie. that expenditure was completed by the end of the second year of the programme, meant that contracts had to be agreed with external mobile technology suppliers and service providers and paid by the deadline. Payment in advance for contracts has limited the range of equipment and contracts on offer to ALPS at this stage, whereas having funds available over the full five years would have provided ALPS with more negotiating power and improved upgrades over the contract lifetime. As a lesson learnt ALPS would suggest that for the future where programmes of innovation are launched that the associated business processes support the intended aims and do not work in opposition. Similarly, HEI finance divisions need to take a more flexible approach to innovative programmes where work is developmental and involves what can be relatively large sums of money. This is not to advocate poor financial management, but with the correct checks and procedures in place, an understanding of the programme aims needs to be shared. For ALPS, we were not simply buying an “off-the-shelf” package, but need to work with contractors to develop the systems and draw on their expertise. For many external contractors they see ALPS as an opportunity for new markets. By capitalising on their interest, often in the form of “free” advice and support, innovative programmes can gain added value from such contracts.

The sustainability of changing assessments practices from (in the main) paper based systems to electronic needs to be taken on as a strategy by institutions and cannot expect to survive beyond the programme lifetime if it remains project-based. Assessments in practice or field settings could all potentially use mobile devices but such a move would require changes to institutional strategies and be resourced accordingly. Consideration needs to be given as to how a change in assessment practice might be resourced as it may be more sustainable to encourage students to use their own mobile phones and for institutions to fund an amount of airtime to transfer data from outwith institutional services. Reference has already been made to the implications of using students' own mobile devices which in all likelihood would present practice assessors with too wide a variety of models.

As the requirement for collaborative working increases in terms of inter-professional working and, for example, where funding applications are involved, evidence that institutions can show that they have systems in place to support this collaboration will set them in good stead. Obtaining ethical

approval for learning and research activities, working with colleagues from university libraries and finance decisions which can accommodate cross institutional working, demonstrate their commitment and ability to work in partnership. Programmes such as ALPS need to record how their partnership has worked together and where results have been obtained. A good example of this was the negotiations with HM Revenues & Customs to confirm that ALPS was zero rated for VAT. This decision hinged on the definition of the ALPS mobile device as a handheld computer rather than simply a mobile phone and involved complex discussions between ALPS, the institutional finance department and HM Revenue & Customs departments covering both communications and education tax rulings. It is to be hoped that future funded programmes, where mobile technology is purchased, will be able to make use of the HM Revenue & Customs' decision in order to obtain added value for money.

#### **Any sector wide multiplier effects**

ALPS has established a working relationship with the Professional, Statutory and Regulatory Bodies for the sixteen disciplines involved. By signalling an early intention to work with the PSRBs on aims which they also share, eg. interprofessional working, and importantly alerting them to what ALPS does not intend to concern itself with, eg. discipline specific skills, PSRBs have been positive in engaging with ALPS. As PSRBs are involved in the validation of partners' academic courses it is essential to ensure both the validity of these courses and their sustainability through continued engagement.

Programmes such as ALPS, which are funded and resourced with staff, can provide the trigger for other changes to take place. The introduction of, for example mobile technology, into the student assessment process, can expedite and accelerate additional changes which were planned for the future. Staff involved in such projects may become motivated to reflect and be innovative in additional areas. Institutions should see funded projects as a potential catalyst to develop staff and to further change.

Similarly, mention has already been made of the value which all staff place on working with colleagues from other disciplines and organisations, including academic and practice, and across the health and social care sector including service users and carers. Organisations may find that for these individuals this involvement acts as a motivator to get involved in other projects and champion development. In ALPS, teams have formed of like-minded individuals with particular interests in research, work involving service users or mobile technology who have successfully collaborated on projects bids which may immediately outside the scope of ALPS but whose genesis has come about as a result.

A major question about which both ALPS and any change agent should be concerned is the question of whether organisations such as universities and the NHS can sustain enthusiasm and capacity for such radical change. As the pressure on organisations and their staff to deliver continuously improving services there must exist a limit to the ability of all those involved to accommodate the need to change existing practice.

#### **Adjustments and future plans**

The following points are intended as key learning points derived from both evaluation for this report and the culture of ongoing evaluation which ALPS fosters. The Monitoring & Evaluation Group and the partner leads will use this report as a basis for reviewing the ALPS Operational Plan, for its third iteration, later this year.

#### **Key learning points:**

- **ensure that assessments are fit for practice settings**
- **ensure that the integrity of assessments are not compromised through use of mobile technologies**
- **maximise the interprofessional working aspects by encouraging their "spread" into other areas of the curriculum and faculty working**
- **encourage staff to work across professional and discipline boundaries to generate a culture of mutual respect and staff development**
- **maximise student willingness and ability in using mobile technologies**
- **provide students with mobile devices at an early stage to ensure familiarity with the device before it is used in assessment**
- **provide early training and support for both academic and practice staff and students as it is critical to successful acceptance of mobile technologies**



- ***continue to work with partner IT strategists to ensure that the ALPS mobile technology architecture aligns with partner infrastructures***
- ***continue to discuss, both within ALPS and the wider partnership, the sustainability issues of providing devices to students and staff***
- ***encourage reflection on how ALPS is functioning to capture the unintended learning and, as importantly, build on it for the future***
- ***continue to work with partner learning and assessment strategists to champion ALPS and embed change***
- ***identify where change is not taking place and work with partner contacts to expedite***
- ***look for further opportunities to develop partnerships both within the ALPS collaboration and outwith across the various stakeholders***
- ***benefit in terms of staff reward and recognition need to be directly linked to the ALPS programme***

### **Reflections on the idea of ALPS as a change strategy**

The idea of investing in Centres for Excellence in Teaching & Learning was originally mooted as a means of more closely targeting HEFCE investment in areas already showing they were succeeding with the aim of rewarding those staff and spreading the good practice. Rather than investing in 'projects' which had a limited life and did not necessarily result in change, the aim was to invest in Centres which would become embedded and sustainable, and which were student-focussed.

ALPS is a particularly ambitious model, aiming as it does to change practice whilst collaborating across five Higher Education Institution and involving health and social care partners. The increased collaboration itself has enabled more sustainable joint working and the spreading of good practice and innovations in learning and teaching across the partners. Provided that the changes can be sustained and disseminated, as a strategy it is an improvement on previous Teaching Quality Enhancement Fund funding where dissemination and sustained change has been patchy. The additional capital has pump-primed investment in infrastructure that the individual universities might have been more reluctant and slower to undertake and has made a tangible difference to the student experience.

The advantage for some staff is that they have been able to be at the forefront of innovations and have achieved national recognition earlier than might have been the case without the CETL. The creation and extension of new networks and a common purpose is an exponential benefit of which ALPS is a particularly good example. Several partners have maximised the use of being part of ALPS by using resources and practices to add value to existing work. This has raised the profile of learning and teaching within the institution and has resulted in the "the whole being greater than the sum of its parts". Similarly partners involved in more than one CETL have created "a community of innovation" within their own institution thereby creating a catalyst for change. For some institutions this is working positively towards improving the profile of learning and teaching and influencing strategy.

The following are thoughts which have surfaced during the writing of this report:

- working with an evidence base encourages belief in the validity and reliability of the programme
- outcomes of the research eg. presentations and publications, enable public debate about the programme, thus enabling discussion and interrogation of areas where there might be difficulties
- the opportunity to debate increases belief in the programme where previously there might have been suspicion
- education and increased knowledge of the programme encourages support and increases the chance of success
- multi-organisational, multi-professional and interagency working enables debate about the progress of the programme to be intelligent and reach a broad section of the health and social care communities
- opportunities to be able to take part in the discussions and the work increases involvement and participation, which contributes to understanding and therefore enhances the motivation to change practice
- a strong, recognisable vision, with accompanying aims and objectives allows participants to understand the focus, even when the day-to-day progress is complex and (occasionally) confusing

- the modernisation and progression of health and social care delivery is dependant on partnerships between culturally (very) different organisations and agencies. ALPS encourages partnership, dialogue and therefore a greater understanding of the differences. ALPS is about learning to manage those differences with a common aim
- the sheer power and influence of this programme working under the CETL national strategy, enables groups to work together to achieve
- relationships are being formed (as demonstrated by some of the “stories” illustrated in this report) and are likely to remain and become embedded in the “way we do things around here” for the benefit of health and social care education and delivery
- as the work continues there is increasing confidence in the achievement of the vision, which, in turn encourages the change to take on a new momentum

ALPS has faced challenges as well as success over its first two years and it has been important that we reflect on these. It has been essential to be honest in admitting that the work is developmental and we do not always have the answers. We have also encountered barriers, some of which we have overcome, others we have not. The valuable lesson is that we take time to reflect, learn from our work and move on in a considered fashion. Working collaboratively has required that we establish a level of trust between partners. This is beginning to happen and is strengthening the collaboration. As we move into approaches which will transform methods and practices of assessment we must have this trust, initially between the partners, then with practice, students, service users and the professional and regulatory bodies in order to introduce innovation. The introduction of new technology will prove challenging to all stakeholders but by building on work to date and maintaining the principles we have already established, such as inclusivity, consultation and an innovative and supportive approach we look forward to the remaining three years of the programme.

## 7. Glossary

BORG	Baselines & Outcomes Research (Working) Group	LT&A	Learning, teaching & assessment
HEFCE	Higher Education Funding Council for England	MEG	Monitoring & Evaluation Group
HEI	Higher Education Institution	PDA	Personal Digital Assistant
H&SC	Health & Social Care	PSIG	Partner Site Implementation Group
IP	Interprofessional	PSRB	Professional, Statutory & Regulatory Body
JMG	Joint Management Group	SU&C	Service user & carer

## 8. Appendices

Appendix	
2.a	ALPS Organisational structure
2.b	ALPS Risk Register
2.c	ALPS first year annual reflective review
2.d	ALPS second year annual reflective review
2.e.	ALPS Strategic Plan
2.f	ALPS Operational Plan December 2006 – July 2008
2.g	ALPS Operational Plan timeline 2006 - 2008
3.a	ALPS health & social care undergraduate/pre-registration courses
3.b	ALPS bid (stage two)
3.c	Communication map
4.a	ALPS Evaluation Strategy
4.b	Baselines & Outcomes Research Working Group and e-Valuation Working Group - Terms of Reference
5.a	ALPS partner evaluation summary report October 2006
5.b	ALPS impact grid with case studies plotted
5.2.a	ALPS research outputs

Available at <http://www.alps-cetl.ac.uk/interimreport.html>

*This report has been written in consultation with and with contributions from the ALPS partners, Core Team and stakeholders. Thanks are extended to all for their assistance in writing this report particularly to Iain Nixon from The KSA Partnership who provided advice and guidance throughout the process.*

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