View metadata, citation and similar papers at core.ac.uk

brought to you by CORE

provided by Canterbury Research and Theses Environment

Title: POSTED Postural Care in Education - Evaluation Report

Author: Eve Hutton, Reader in Children and Young People's Health & Wellbeing
Date: September 2017

Contents

Introduction....2
Executive summary....2
Results....3
Background....6
Evaluation methods....8
Summary....22
Recommendations....27
Acknowledgements....29
References....29
Appendix....30
Case studies....30
Literature review....33
Technology report (viability of an online version of POSTED)....40
....

Introduction

This report describes the evaluation of POSTED (Postural Care in Education) Train the Trainer workshops. The workshops, delivered at Canterbury Christ Church University, Centre for Work Based Learning (2016-2017) are part of the dissemination of original research arising from an NIHR Research for Patient Benefit study. Funding to support the evaluation was available through a Higher Education Innovation Fund award from Canterbury Christ Church University (2016-17).

Executive summary

This report describes the evaluation of POSTED (Postural Care in Education) Train the Trainer workshops. The workshops, delivered at Canterbury Christ Church University, Centre for Work Based Learning (2016-2017) are part of the dissemination of original research arising from an NIHR Research for Patient Benefit study. Funding to support the evaluation was available through a Higher Education Innovation Fund award from Canterbury Christ Church University (2016-17).

POSTED is a 'Train the Trainer' intervention. Children's occupational therapists and physiotherapists attend a one day POSTED training workshop that equips them to deliver an evidence based training intervention to parents and teachers who manage the postural care needs of children at home and school. The training package builds the knowledge, confidence and skills of parents and carers in postural care. The training has been evaluated and found to be effective in increasing knowledge and confidence and reducing the concerns parents and teachers have about postural care for their child (Hotham et al 2017, Hotham et al 2015).

The research Collaborators (EKHUFT, CCCU, UKC) appointed a Steering Committee to deliver and oversee the performance of 4 postural care train the trainer workshops prior to a decision about the long- term sustainability of the intervention. Short course approval by CCCU Faculty Quality Committee was obtained. A full costing for the workshops was carried out by the CCCU University Finance department and Royal College of Occupational Therapists endorsement of the POSTED Workshop was effective from August 2016 - August 2017.

Evaluation methods
A pragmatic approach was adopted. The aim was to gain an understanding/insight into aspects of POSTED to inform future decisions.

1. The profile of those attending the workshops
2. Response to the Training workshop (Product 1) format/location/resources etc.
3. Impact on practice (Product 2) diffusion of workshop in localities;
4. Potential barriers to the roll out of the training
6. Decisions made about coverage, pricing, cost.

In total, thirty-two participants attended the POSTED workshop. All 32 completed the Post Workshop evaluation. We contacted the thirty-two workshop participants inviting them to complete an online (POSTED BOS survey) or paper version, between three - twelve months post attendance. We were unable to contact two individuals (maternity leave/left job) leaving a total of 30 potential respondents. We received 13 replies (10 on line and three paper) resulting in a 43% response rate to the survey. The survey was sent out prior to and again at the end of the summer term. Two case studies of the implementation of the workshops are included in the evaluation providing additional detail. Ethics approval was gained from Canterbury Christ Church University Faculty of Health and Wellbeing. Ref: 16/H&W/CL183

Literature review
A research assistant was appointed to undertake a descriptive literature review with the aim of identifying current knowledge and gaps in this aspect of professional training. Included is a definition of the 'train the trainer' model and background to the development of this approach to the dissemination of health interventions, specifically in the field of health care and rehabilitation.

Results

Who attended the POSTED workshops?
Based on the original research our target audience for the workshops were occupational therapists and physiotherapists working with children requiring postural management intervention. Twice as many physiotherapists (66%) attended the workshops as occupational therapists (31%). There was representation at the workshops from the three equipment companies in the UK responsible for provision of specialist seating and standing equipment for children with disabilities.

Where did they work?
More independent/private practitioners (53%) attended the workshops, as compared to therapists working in the NHS (47%), a number were self-funding. This may reflect a trend towards greater self- funding of continuing professional development amongst AHPs and the effects of reduced NHS training budgets. We were approached by three therapists who reserved places but were unable to secure funding from their employer.

Where were workshop participants from?
Most participants came from London and the south east. A smaller number travelled from the midlands and the north with one attending from Northern Ireland and two from Scotland.

Response to the POSTED workshop
The data from the BOS survey suggests that the overwhelming majority (77%) were satisfied with the delivery of the workshop itself and had retained the impression that the workshop had met/exceeded their expectations sometime afterwards (3-12 months). Eighty five percent said that they would 'recommend the workshop to a colleague'. All participants completed a post workshop evaluation and were very satisfied with the facilitation of the workshop.

What was most useful?

The ‘practical aspects’ were cited most often in the open responses alongside opportunity to ‘network and discuss’ issues with other professionals working in the same area as themselves. Two therapists felt that the workshop didn’t meet their expectations.

How could the workshop be improved?
Post workshop evaluation highlighted the location of the training in the south east as being a barrier for some and suggestions included having longer ‘practical sessions’ in the workshop with opportunities to run through the workshop material. Suggestions about potential improvements from the BOS survey (3-12 months post attendance) focus on aspects of delivery in the workplace and highlight that therapists were considering how to implement the workshops in their localities on their return to work.

What impact has the training had on practice?
Based on the BOS survey data, almost a third of those attending the Train the Trainer workshops had already run POSTED workshops in their localities or were planning/ setting up the training. Seventy seven percent felt that attendance had changed their approach to training carers in postural management. Those that had run the workshops reported that the workshops had been successful and well received by parents/carers/assistants. Many therapists were delivering POSTED as an ‘in service’ training to their own therapy teams, as a means of improving service delivery and to raise awareness and knowledge of postural care issues. Data from the evaluation, email communication and feedback from participants underlines that therapists perceived high quality of the POSTED products and the value attached to the approach by specialists working in the field of postural management. A small number of therapists had taken time to express appreciation via email and describe their commitment to maintaining the principles of the training – having embarked enthusiastically on embedding and integrating this approach to carer support in practice.

Adaptation to the POSTED training
Several therapists had modified the content of the original workshop based on the learning needs or gaps in knowledge of their audience. The UKC PostCard questionnaire was identified by a small number as a resource used as a pre-training measure of the audience’s knowledge and skills. Several had ‘shortened’ the workshop to fit in requirements in the setting, some had removed content in the training that they felt was not relevant for the audience. Achieving the post workshop ‘follow up’ sessions was cited by many as difficult to achieve due to limited time or difficulty in coordinating appointments.

Potential barriers to the roll out of the training
Issues were practical in nature and associated with time and resources including having a suitable venue to deliver the training and difficulties liaising with schools regarding the timing of the training. The small numbers of therapists in community services influenced the potential roll out of the training (therapists leaving/maternity leave) affecting how feasible roll out of the training was within any one service.

Costs and pricing of POSTED Training
Two attendees said the cost of the workshop (£265.00) was too high - when added to individual travel and in some instances accommodation. Questions about charging for the POSTED training was an issue for some therapists who were uncertain about charging and

some were concerned about infringing the training agreement. Several NHS therapists felt they were not senior enough to make resource decisions.

Recommendations

Following completion of the four POSTED workshops and analysis of the data from a sample of participants about how the training has been disseminated and its influence on clinical practice it is possible to make a series of statements/recommendations and suggest future options for the sustainability of the POSTED products (manual and workshop).

(1) POSTED is a quality Train the Trainer intervention – highly valued by specialists in the postural management of children and has demonstrable impact in aspects of clinical practice associated with carer training.

(2) Dissemination of POSTED via the Train the Trainer model adopted during the evaluation was not sustainable. Numbers of therapists attending were insufficient to achieve break-even based on initial finance costing. There is also over reliance on a small number of facilitators/trainers to deliver POSTED in its current form and risks associated with skills and knowledge residing with a few individuals (EH, WB, MG, SG).

(3) Fidelity to the original POSTED concept/approach is problematic. Those attending the workshops have largely adapted the training to meet their own service needs (shortened the training /no follow ups). Where some adaptations are acceptable (e.g. minor modification of content to meet audience learning needs) major changes (e.g. not providing follow ups) must dilute the approach and raise questions over effectiveness/ evidence base.

(4) Therapists may not be best placed in the health care workforce to deliver the POSTED training into schools/to carers. Many therapists adopted a cascade approach - training aides/assistants to disseminate the training in their localities. A model of practice widely practiced within therapy, the cascade approach - where non-qualified staff (aides/assistants) deliver interventions under the qualified therapists may resolve the requirement for a critical mass of trainers to sustain delivery.

Options for further development/maintenance of the approach

1. Publish expanded manual/Text book.
2. Further articles/publications arising from the evaluation
3. Development of a shortened version of the UKC PostCarD questionnaire.
4. Further research - possible trial NIHR HTA

5. Work with HEE to explore POSTED as an element of wider workforce development in area of complex needs children.
6. Consider online options/version (see technology report).
7. Explore the potential role of equipment providers/ therapy assistants
8. Consider modification of POSTED concept to fit a 'cascade' model of delivery and explore potential for partnerships/consultancy work with equipment providers and others to achieve broader roll out of the POSTED principles in practice.

Background

What is POSTED?
POSTED is a 'Train the Trainer' intervention. Children's occupational therapists and physiotherapists attend a one day POSTED training workshop that then equips them to deliver an evidence based training intervention to parents and teachers who manage the postural care needs of children at home and school. The aim of the training package is to build the knowledge confidence and skills of parents and carers in postural care. The training has been evaluated and found to be effective in increasing knowledge and confidence and reducing the concerns parents and teachers have about postural care for their child (Hotham et al 2017, Hotham et al 2015).

Business case for the commercialisation of POSTED
Following the conclusion of the NIHR RfPB study, in July 2015 'A Business Case for Commercialisation' was developed by the original collaborators/researchers with the aim of identifying a sustainable 'route to market' and ensure the roll-out of the practical outputs from the research that had been converted into two distinct products: a Train-the-Trainer workshop (Product 1) and workshop manual and associated materials for parents, teachers, teaching assistants (Product 2) under a new identity 'POSTED'.

The work on the business case was supported through Higher Education Innovation Fund obtained through internal applications in University of Kent and CCCU in 2014 and with input from East Kent Hospitals University Foundation Trust, University of Kent and Canterbury Christ Church University. EKHUFT agreed to provide resources to support specific follow-on activities. A collaborative agreement was developed to support this next stage of the project (Appendix).

Three options were considered
1. Licencing the two products to established training providers operating in health training, disability movement and education SEND provider markets.
2. Delivering the Train-the-Trainer course (Product 1) through a University course, aimed at therapy teams, and providing a licence for trained therapists to roll out the workshops (Product 2) in their geographical areas through break-even and profit making models.
3. Conducting one or two Train–the–Trainer workshops (at reduced costs) with interested therapy teams as test cases to understand how therapy teams would diffuse the manualised workshop (Product 2) in their geographical areas; gather information on how they would do this, through which format, and whether teams would charge schools/participants. The aim would be to develop a more thorough understanding of coverage, drivers and pricing.

A decision was taken to pursue Options 2 and 3 based on a Train-the-Trainer workshop course delivered at Canterbury Christ Church University. It was agreed by the partners that a resource was available for managing external queries and bookings through the support for course administration and that the training was provided by a specialist trainer (EH), one of the original researchers involved in the NIHR RfPB and co-delivery by therapist(s) (WB, SG, MG) from East Kent Hospitals University Trust who had been a site for the original research.

The Collaborators appointed a Steering Committee to deliver and oversee the performance of 4 postural care train the trainer workshops on the understanding that a decision would be made at the conclusion about the long term sustainability of the intervention.

Quality assurance - POSTED Workshops

Prior to promoting the POSTED workshops an internal quality process – short course approval - was required to establish staffing and resource implications. Scrutiny by CCCU Faculty Quality Committee was required. A full costing procedure was carried out by the University Finance department. An application was made for a training endorsement from the Royal College of Occupational Therapists which was successful and came into effect from August 2016 - August 2017. Recommendations were made by those evaluating the workshop to include a reflective element to the training that would enable participants to contribute to their CPD portfolios – a professional requirement of the Health Care and Professions Council.

POSTED Workshop format

Aims of the Course

To enable qualified paediatric occupational therapists and physiotherapists to deliver a postural care training package to parents and teachers who care for children with postural care needs at home and school.

Learning Outcomes

At the conclusion of the workshop participants will:

1. Understand the content of the training package
2. Understand theory underpinning the training package.
3. Be able to deliver the training package in their locality

Course Structure

1 day workshop format

Learning, Teaching and Assessment Strategy

The workshop uses a mixture of teaching strategies including presentation, small group work and practical exercises. Participants are introduced to the training materials using an interactive power point presentation. A training manual has been designed and participants have their own personal copy during the workshop they will be encouraged to make notes in the training manual. There are opportunities during the presentation for participants to check their understanding and opportunities for questions. A series of practical exercises have been designed to enable participants to understand the principles of self- efficacy; participants will be encouraged to ‘try out’ activities that they will be expecting parents and teachers to engage in such as balancing on a wobble board or therapy ball. At the end of the workshop small group discussion will be used to help participants consider how they will apply the training in their own localities. A certificate of attendance is provided to those who have completed the training.

Train the Trainer agreement
A training agreement was developed with advice from the legal team at Canterbury Christ Church University with the aim of ensuring that Trainers maintained the integrity and fidelity to the original training approach. This is a requirement of attendance and all participants signed an agreement prior to attending the workshops.

Promotion and marketing of the POSTED workshops
The target audience for the POSTED workshops were clinical paediatric occupational therapists and physiotherapists with a clinical caseload of children with neurodisability, requiring postural management interventions. Information was distributed about the workshops via the specialist sections of the two professional bodies – The Chartered Society of Physiotherapists (CSP ACPC) and the Royal College of Occupational Therapists (COT CYPF). Flyers and notification of dates of the workshops were distributed by email, newsletters and conferences. The Posture and Mobility Group (PMG), a national charity that campaigns on issues related to postural care also advertised the workshops on their web site. No marketing budget was available. Feedback from the participants who attended confirmed that the majority of participants had received information via these routes.

Evaluation methods

A pragmatic approach was taken to the evaluation of the POSTED workshops. The aim was to gain a better understanding about the following aspects in order to inform decisions regarding the sustainability of the training approach.

1. The profile of those attending the workshops
2. Response to the Training workshop (Product 1) format/location/resources etc.
3. Diffusion of the manualised (Product 2) workshop in their geographical areas;
4. Decisions made about coverage, pricing, cost etc.
5. Impact on knowledge/clinical practice
6. Potential barriers to the roll out of the training.

Ethics approval
Ethics approval was gained from Canterbury Christ Church University Faculty of Health and Wellbeing. Ref: 16/H&W/CL183.

In total thirty two therapists' attended the POSTED workshop. All thirty two completed the Post Workshop evaluation. We contacted all thirty two workshop participants inviting them to complete an online (POSTED BOS survey) or paper version, between three - twelve months post attendance. We were unable to contact two individuals (maternity leave/left job) leaving a total of 30 potential respondents. We received 13 replies (10 on line and three paper) resulting in a 43% response rate to the survey. It is not known why others did not respond to the invitation to participate, it is possible that contact details for some were inaccurate or missing. The survey was sent out prior to and again at the end of the summer term and it is possible that some were on leave.

Profile of workshop participants
Based on data submitted by participants we were able to gather a profile of the professional background of those attending, their employee status and geographical location.

Post workshop evaluation

All workshop participants completed an end of workshop evaluation form at the conclusion of the workshop. This covered questions about ease of booking, location of the workshop, quality of trainers, and overall satisfaction. (Appendix)

POSTED BOS Survey
We sent invitations to thirty two participants who attended the workshops 3-12 months following their attendance at a workshop. The aim was to gain a greater understanding of how Trainers were implementing the training in their own localities. Questions (1- 3) asked about the Posted Train the Trainer workshop that participants had attended and whether it had changed/influenced their practice. Questions (4-8) asked for information about any POSTED workshops the participants were running or planning to run in their own localities.

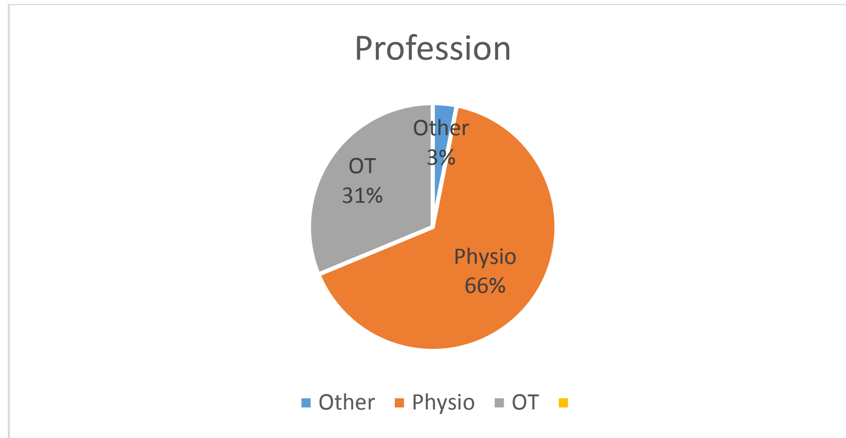
Case studies
Two therapists offered their experiences of implementing the training within their localities. One submitted a detailed report and another answered a series of questions over the telephone. This provided more in depth data and has been summarised into a case study detailing how the training was implemented and specific issues and constraints.

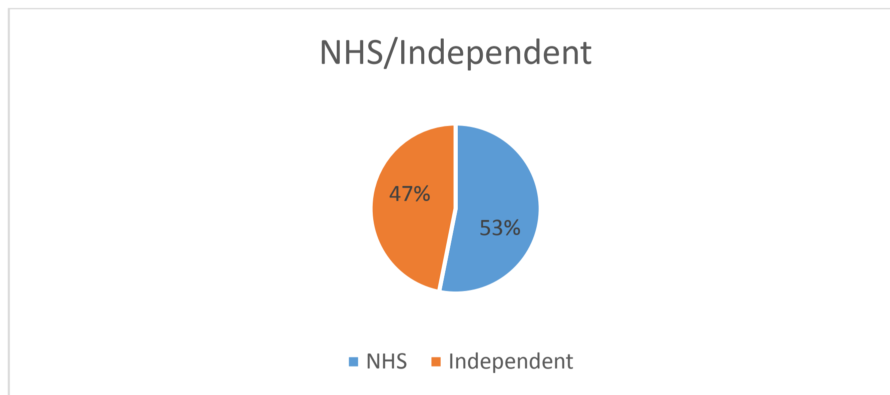
Literature review
A research assistant was appointed to undertake a descriptive literature review with the aim of identifying current knowledge and gaps in this aspect of professional training. A starting point was to define the 'train the trainer' model and provide a background to the development of this approach to the dissemination of health interventions, specifically in the field of health care and rehabilitation. Questions the literature review aimed to address included what characterises the Train the Trainer (TTT) model? How does TTT differ from or overlaps with Continuing Professional Development (CPD). What are the pros and cons? Is there evidence of its effectiveness as a means of delivering health interventions? Are there fidelity measures in place? Do trainers once trained 'adapt' training to meet the needs of their localities/patient groups? The aim was to inform further development of the POSTED TTT model going forward.

Data/Results
Profile of workshop participants

Numbers attending Workshop	Date of POSTED workshop
6	March 2016
16	October 2016
8	January 2017
4	June 2017

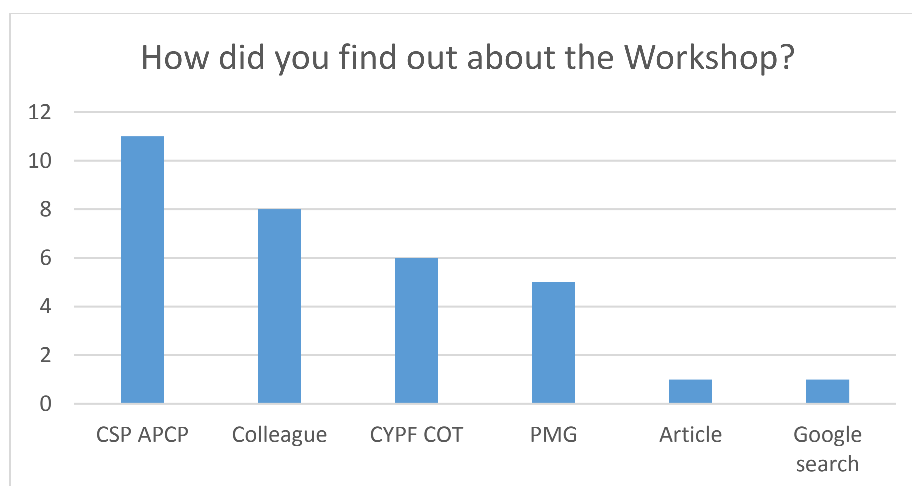
Seven individuals wanted to attend but couldn't due to dates that were offered, Three were unable to attend due to lack of funding from their employer. The charts depict the professional backgrounds and employer of the 32 therapists who attended the four POSTED workshop.





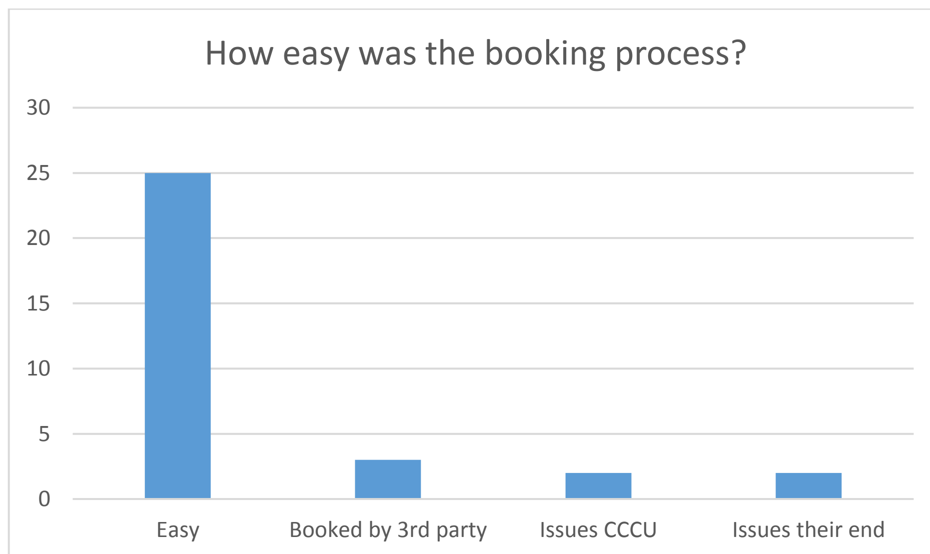
Geographical spread of attendees from across the UK

Post Train the Trainer Workshop Evaluations
32 Therapists attended the Train the Trainer Workshops and all completed an end of workshop evaluation. Charts depict a summary of the responses to questions about the workshop alongside a selection of comments representative of the range of responses.



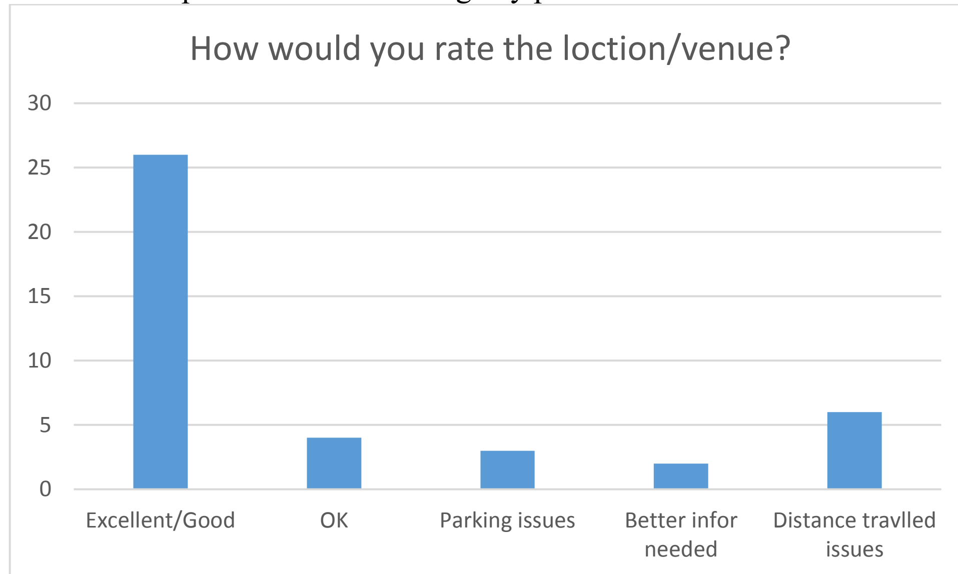
(CSP APCP) Chartered Society of Physiotherapists, Association of Paediatric Chartered Physiotherapists. (CYPF COT) College of Occupational Therapists, Specialist Section Children Young People and Families. (PMG) Posture and Mobility Group.

“Initially via a work colleague … then via a CYPF day where research was discussed”.
“Via another colleague. Sent me the flier”
“Attended CYPF study day sharing initial research. Was notified by email as expressed an interest”
“Email from APCP”
“Via colleague who attended Postural Management Conference”
“PMG website and recommended by line manager”
“CYPF Paediatric OT specialist group”
“Manager”
“COT specialist section Children and Families newsletter”
“Via Email from management”
“APCP bulletin”
“Via OT colleague who has attended. Also online and reading a research article”
“APCP course email”
“Via a colleague”
“Through manager who saw it on PMG”
“APCP website advert”
“At conference”
“Flyer in PMG folder”
“APCP”
“From article on equipment website (Leckey/Vida) Also through CYPF Physical Disability Forum”
“Google search for 'postural care training'”



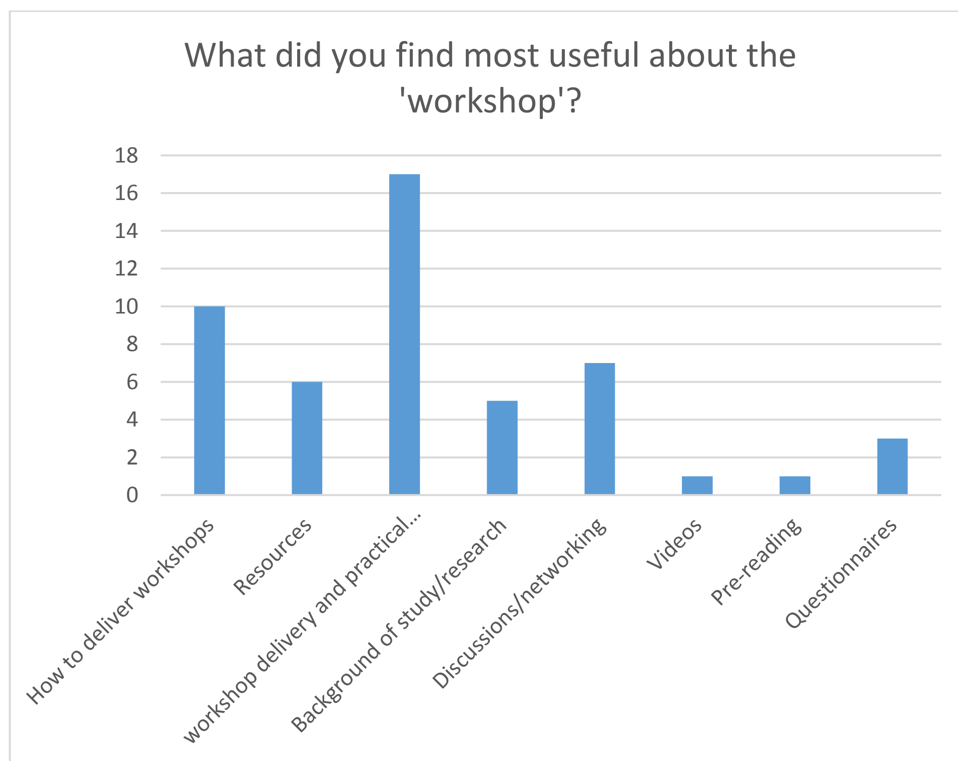
“Very easy, no difficulties”
“Very easy. (Box office collection of tickets option slightly confusing as not relevant option)”
“Tricky, paid on line, got a phone call saying it hadn't gone through (when it had) so paid twice. This has now been resolved.”
“Carried out through our booking team”
“Simple form from your side. Complicated form trust process”
“Very helpful. Administrator helped as my training department were not very proactive or quick”
“I did find the CCCU website a little confusing at first and couldn’t find the page I needed to book”

“Very efficient and helpful when overcoming any problems”



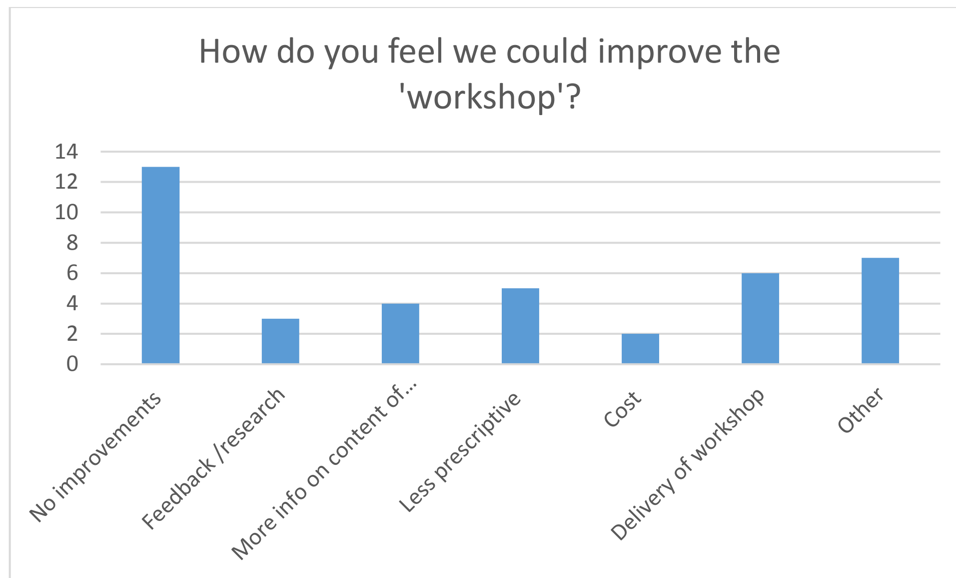
“Very good”
“Great. Easy to get to and close to City Centre”
“Great. Parking outside would be helpful but actually able to use hotel parking so not a problem”
“Good value, adequate space. Lunch facilities easily accessible. Good IT facilities.”
“Excellent”
“OK. Better signposting, notice on door”
“Good. A bit far to travel from Scotland! Any further training north of Manchester would be great”
“No concerns good location”
“Venue- very good. Location – long way East! (But very beautiful)”
“Good- although better info re parking/buses would have been useful”
“No easy to travel from Scotland”
“Closer to London would be easier but venue good”
“Good location and venue but expensive parking”
“Quite far to travel. ELearning or WebEx or webinar suggested. Would improve the take-up for those living afar.”
“Ok – no too far away from me. 2 hour drive. 10am start time helped to reduce stress of getting here.”

“Excellent, clear, good delivery, answered all questions well, good discussions”
“Good, she was very open to questions and making the course adaptable”
“Helpful and informative”
“Excellent knowledge of subject matter. Friendly and welcoming style. Inviting interaction and discussion.”
“Excellent balance of delivery of information regarding the training package, experiential learning and interactive dialogue to support fundamentals of treatment”
“Fantastic, great knowledge, excellently presented”
“Good varied sessions”
“Interesting, practical, relevant and informative. Excellent, approachable, knowledge, made us feel very welcome”
“Approachable, knowledgeable”
“Great. Interesting. Easy to follow. Would have liked more of a summary about the project as I did not realise it was a research project.”
“Approachable and open but introduction could have been clearer re ongoing research.”
“Both trainers were very clear in their presentation and ready to answer questions”
“Careful facilitation”
“Good having the balance between academic and health works well.”
“They were both fantastic. Great pace and gave lots of examples for facilitators”



“Overview of delivery of training, background of study, feedback from previous participants and research findings.”
“How to administer the training workshop to participants.”
“Experiential learning.”
“Re-familiarisation with the POSTED programme. Background theory, research and implementation of POSTED to parents/teachers.”
“Possibly the experiential activities to support theory of training.”

“Experiencing the workshop.”
“All elements provided a rounded package which should and could be essentially used by [name of organisation].”
“Practical sessions and group discussions.”
“Practical application of the training. Videos. Discussions.”
“Networking. Validating what I am currently doing.”
“The actual presentation and talking through how you would deliver it in school.”
“Liked the pre-reading to give background and then the practical run through.”
“Varied presentations modelling the training session.”
“Package of training and how general it is in terms of delivery to schools/parents. Also great resource/links accompanying course.”
“The practical sessions and having a structured training package to take back.”
“Time to discuss with other therapists. Free access to resources.”
“Practical learning, sharing experiences.”
“Great ideas and plenty of food for thought for future training idea. Good to have informal discussions with other therapists on how to move this forward.”
“It broke the session up allowing movement and reforming materials. It provided good idea of activities for our own training.”
“Questionnaire.”
“Understanding the influences on adult learning. Great activity ideas for illustrating points.”
“Going over the training.”
"Current up to date evidence included in content.”
“Content of presentation spoon fed which is important/helpful/time efficient in today’s climate"
“General run through of the trainer workshop programme support material.”
“The change in focus of postural care for participation function and activity.”
“Knowledge of what is happening in other areas. How research and health work together.”
“The consolidation/validated questionnaire and structured training session.”
“The guidelines on how to structure the training with level of info to include. This will help me focus on how to deliver the training, rather than worrying if the content is right.”
“Making me more aware of what others do not know but may not admit to.”
“How to run the training with opportunity to discuss issues within specific setting.”
“Everything, the tools to deliver the workshop.”
“The activity tips.”



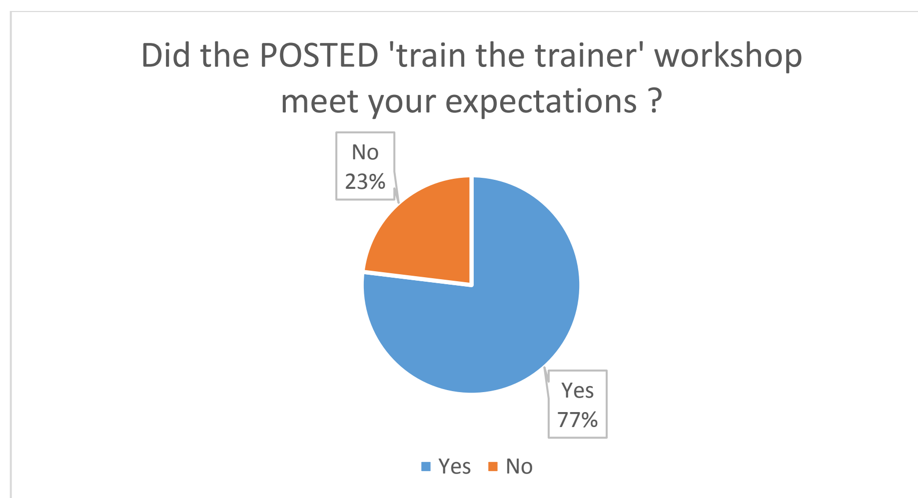
"I don't think I can add anything to this. I think it was well delivered."
"Maybe changing the equipment visuals to suit the service I work at."
"Perhaps more time for delivery. The delivery of the Postural Care Workshop was rather rushed as needed time to deliver and answer questions on delivery but useful included as notes."
"Include feedback from past participants on POSTED. Impact on children and teachers/parents could be video. More time allocated to delivery of workshop."
"Some pre-reading."
"Levels of knowledge base – higher level option for special school staff and skilled parents."
"More info on how to tailor the workshop to individual needs and understand that this is not set in stone."
"I would have liked more info (pitched at therapists) at what the actual evidence is or isn't for postural care e.g., SF etc. (Cochrane review e.g.)."
"Better explanation of what the course involves or is i.e. that it is asset programme that will be taught. Advertising was a bit unclear - like it was more general, flexible training."
"More on practical implications delivering the training and with the follow ups. Unsure how this will be delivered in my setting."
"With the practical run through, always like to be treated as a person that is coming to the training to help see how the key points are explained."
"More insight into how it fits into/links into overall therapy programme existing input."
"I feel that it was not made clear that data collated by POSTED trainers would be used to inform the continuation of this research. I feel the cost of this course is too much in light of this. I would also recommend that the data is individualised once collated to enable the trainers to identify if the course is of benefit on their own service which would inform funding for sending more trainers on the course."
"More info on course content prior to booking."
"More reference to special schools and less prescriptive."
"I found the price expensive at £190 – this could be reduced to make it more attractive. Make people aware it is more focused on training mainstream school staff."
"Move us around."
"I felt it could be a little more concise. Questionnaire is a little confusing at times (5-15) with switch from + ve to –ve questions."
"Longer on the actual workshop."

"More succinct afternoon session”
“Delivered what was promised"
“Forum of trainers to exchange information.”
“I don’t. An excellent resource that is ready for teams to run with. A common thread that we need more of.”
“Free tea/coffee? I felt it is quite expensive initially -but understand all the work and research that has gone into it and it is great we can go away with all the resources and can share with our teams, without them needing to attend too – therefore good value for money?!”
“None needed. Great to have lots of time for chat.”
“I thought it was excellent.”
“Getting started earlier in day.”

POSTED BOS Survey Results.
We contacted thirty two workshop participants inviting them to complete an online or paper version of a post evaluation survey. We were unable to contact two individuals (maternity leave/left job) leaving a total of 30 potential respondents. We received 13 replies (10 on line and three paper) resulting in a 43% response rate.

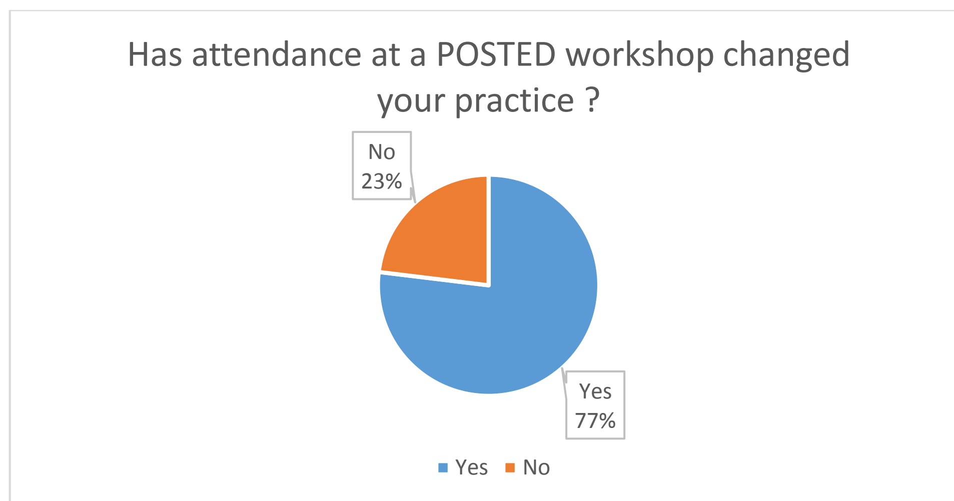
The first set of questions (1- 3) asked about the Posted Train the Trainer workshop that participants had attended and whether it had changed/influenced their practice. The second set of questions (4-8) asked for information about any POSTED workshops the participants were running or planning to run in their own localities.

The survey included yes/no responses with opportunities for elaboration. A representative selection of the open ended responses we received are included.

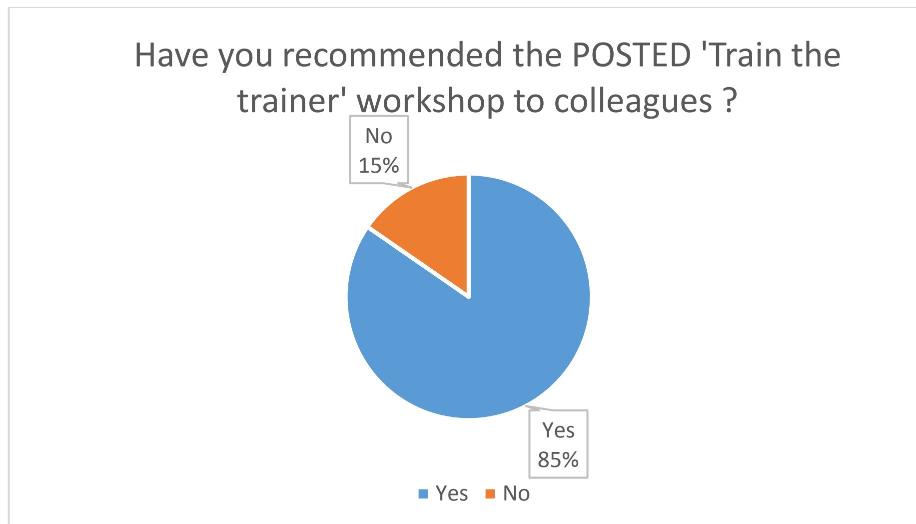


“It was interesting and informative”
“I was very impressed by the training - really loved how practical it was”
“It was very well delivered in terms of the background to the research and the theories used as well as the teaching on how to train others in postural care”
“Great to discuss clinical delivery with trainers”
“Made me realise that I can do more”
“Practical activities to support learning/understanding of posture and impact on daily life”

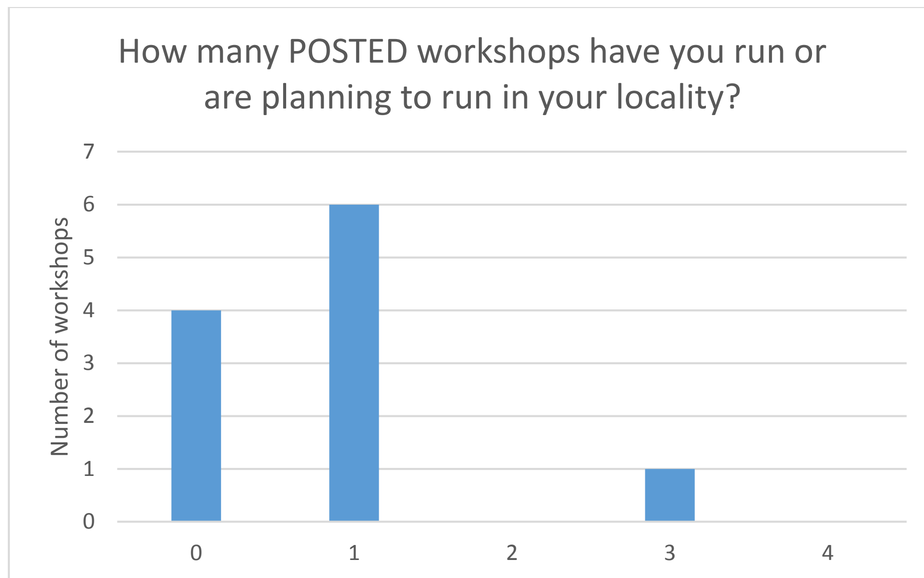
“It covered the actual training well, I did expect more on the reason for positioning but on reflection the course did cover what was needed”
“The workshop was really helpful in training us how to actually run a training session- not to just know the clinical information but how to make it meaningful and accessible to carers/parents, which is really important”
“It wasn't really appropriate for my job as a physio in the wheelchair service who does not train school staff. From the advert, this wasn't how the course was portrayed”
“For all the information provided the course was too short”
“Training presentation was more basic than expected and considered to provide attendees with a basic awareness of postural issues”



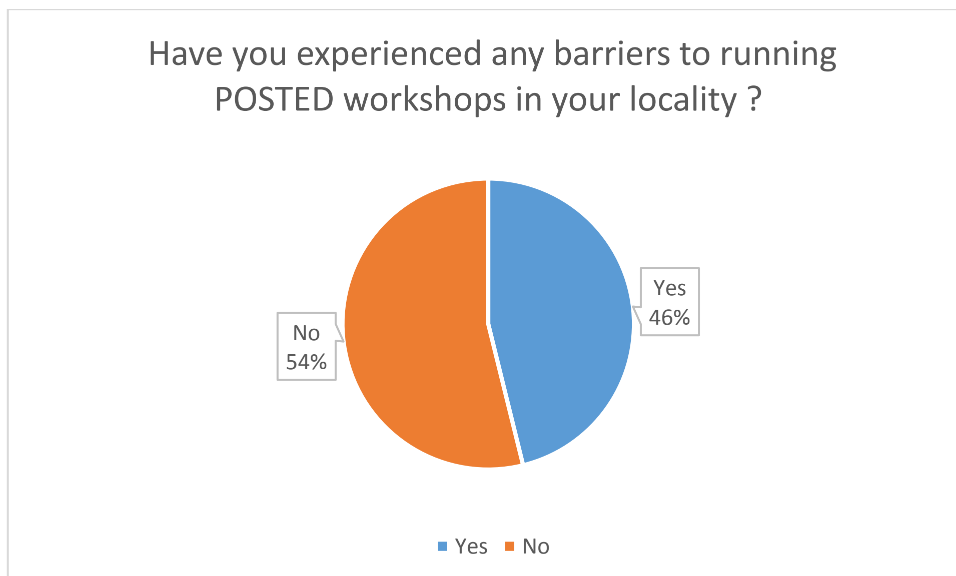
“Refocussed my thoughts on carer training”
“I will definitely be incorporating this into my own training”
“It reinforced what I already do in terms of giving time to parents and school staff to feel confident in what they are doing. I like that time has been quantified in the manual I feel that could really help in a tribunal situation and when writing an EHCP report”
“Mainly due to pressure of work - would have liked the opportunity to roll out the training to carers and staff which has not yet happened”
“I have arranged to train OT team (20) so it will develop my facilitation of training but also improve practice of team and therefore improve service”
“Foundation knowledge now provided to staff prior to training with equipment”
“In the way I explain some aspects of positioning (more in educational setting). I feel that all NHS staff could do this training and all schools have this training!”
“My direct practice has been influenced by some of the knowledge gained both on the day and the pre reading”
“Although I haven't been able to run a POSTED session, I have been more mindful about how I interact with and train classroom staff and parents, using the principles of the POSTED train the trainer workshop. I have also run an in service training session on postural management for my colleagues, using some of the practical elements from the workshop and giving an overview of the training. This was received really positively”
“Formalised how we support children, families and teaching staff at times of transition”
“Take the key messages of training and pass on to peer group and schools”
“I am not involved in staff training at schools”



This question was followed up with an open ended question “How can we improve the POSTED Workshop?”
“Some pre-reading could be useful”
“It would be good to have off shots perhaps which go into greater detail on some of the areas touched upon - e.g. why is standing important etc.”
“I don't really think there is much need for improvement - other than possibly extending the range of locations where you will deliver it. Canterbury was a long trek for me. I would suggest you could extend your locations”
“Increased publicity”
“Run it more centrally in the country”
“I did feel that the last section (which was discussing how to get into the community) could have been 10 minutes and not as long and more time spent on the training.”
“I really enjoyed the day and got a huge amount out of it, so really can't think of ways to improve the workshop. The only thing would be to get it more in the mainstream and really publicise how useful and helpful it can be, so courses can be run more widely and by a larger number of practitioners.”
“Time to share concerns about implementation of the programme back in the work place. Hearing how others have implemented POSTED and their experiences.”
“Longer practical session”
“Ensure description of course indicates that the training only provides a basic awareness.”
“More clarity in the advert as to whom it would benefit.”
“Over two days or a much longer day with opportunity to practice the teaching, more practical tips”

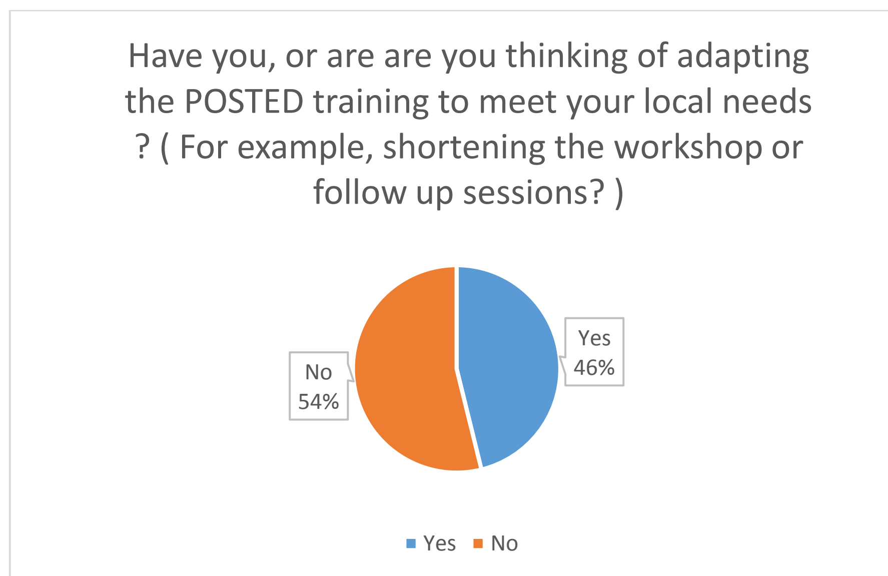


“I have not run any yet - I have 3 planned in between now and Christmas”
“Very positive. People felt valued and enabled, empowered; that they were part of the process - rather than being 'talked at'.”
“Appointment with management to discuss course this month”
“Very good they enjoyed it”
“Appropriate for school staff - adapted to meet audience/ so linked to the children they know.”
“Very good”
“Positive feedback from parents and teaching staff”
“Visit planned so unable to answer at present”
“None planned”
“I have not run any yet, and I am undertaking a work based project with a view to implement them locally, so I can't currently give an idea of how many I'm planning to run.”

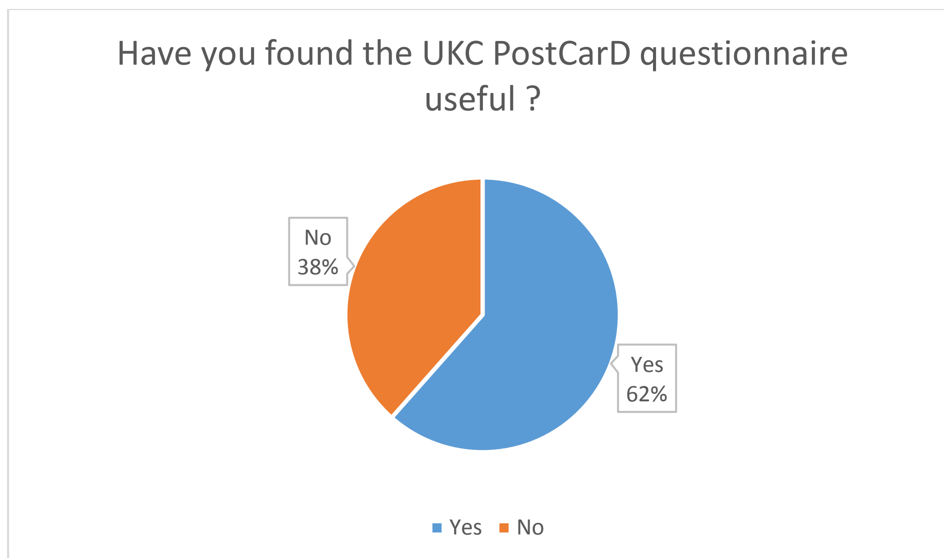


“Our Trust is trying to attach a cost to providing training and there is an expectation of parents and educational staff to pay. We don't have access to a decent lecture theatre or facilities where we are so that makes training more challenging.”

"Time and resources; follow up sessions not likely to be possible"
"I'm private and concerned about the charging aspect."
"Time, current established practice"
"I'm putting yes here as I am anticipating some barriers- joint working between school and NHS teams, generating interest are a few I can envisage."
"Agreeing dates/ time due to school CPD arrangements. Therapy vacancies putting pressure on clinical workload and capacity. General workload demands."



"I'm not sure yet but am open to adaptation depending on feedback when I run it."
"Already running annual update training for staff undertaking postural management assessments; will incorporate some aspects of training within this; if agreed, will hope to run postural management awareness sessions at schools and for carers to improve compliance and understanding of postural issues."
"Shortened it slightly by being less detailed in areas that staff are trained by others e.g. moving and handling/use of hoists."
"Modified course content based on their learning needs."
"Most care teams I'm very involved therefore the questionnaire wouldn't get filled in by the team - I've tried before so I question more at the beginning."
"Shortened the workshop. Group feedback sessions. Collating concerns via SENCO email to address final contact. Home visits for families linked with general reviews."



"Different way of presenting material"
"I have not yet used it."
"I think it really helps people to see where the gaps are for them and it demonstrates where they have improved."
"Not implemented yet."
"Gave a base line"
"Only used once - follow up difficult to gain - time consuming chasing participants for OT and school staff."
"Not yet used this but the concept is great and I hope to try this soon."
"I haven't used it yet but found it very useful in the workshop."
"Highlights issues for participants. Sets the scene for the workshop. A useful way of gathering feedback."
"Helps to structure"

Summary

Based on the data the summary highlights key findings in relation to:

1. The profile of those attending the workshops
2. Response to the Training workshop (Product 1) format/location/resources etc.
3. Diffusion of the manualised (Product 2) workshop in their geographical areas;
4. Potential barriers to the roll out of the training
5. Impact on knowledge/clinical practice

6. Decisions made about coverage, pricing, cost etc

Who attended the POSTED workshops?
Based on the original research our target audience for the workshops were paediatric occupational therapists and physiotherapists working with disabled children, likely to require postural management interventions. Twice as many physiotherapists (66%) attended the workshops as occupational therapists (31%).

One explanation of the greater numbers of physiotherapists is that distribution of information/marketing was potentially more effective within physiotherapy networks as compared with occupational therapy. The CSP ACPC operate a free to members' information exchange regarding training opportunities and we were able to disseminate information about forthcoming workshops through physiotherapists attached to the project. The COT CYPF charge for advertising professional courses and because there was no marketing budget we depended on the distribution of flyers to conferences and professional networking events to disseminate information about the workshops.

An alternative explanation is that physiotherapists perceived that the workshop was more relevant to them - as the professional most likely to take responsibility for the coordination of care regarding postural management intervention for children.

There was representation at the workshops (3%) from the three major equipment companies in the UK responsible for provision of specialist seating and standing equipment for children with disabilities. Equipment companies have extended their provision to include training for professionals and parents and carers in the use of equipment. One participant expressed interest in developing a partnership whereby sales reps/technical staff could be trained to deliver the POSTED training (see email).

Employee
More independent/private practitioners (53%) attended the workshops, as compared to therapists working in the NHS (47%), a significant number of these were self-funding. This may reflect a trend towards greater self- funding of CPD amongst AHPs and the effects of diminishing NHS training budgets and greater numbers of therapist's working in the private and independent sector. We were approached by three therapists who reserved places but were unable to secure funding from their employer. The profiles raise questions about the target market for the POSTED training – some therapists were interested in the training as an aspect of their independent/ private practice others felt that technical staff and therapy aides should be trained in the delivery of POSTED.

Geographical location of participants
Due to the location of the venue in Canterbury, it was expected that the majority of participants would come from London and the south east. A smaller number travelled from the midlands and the north with a one attending from Northern Ireland and two from Scotland. The location of the training venue was suggested by some attendees as restricting attendance.
"run it [the workshop] more centrally in the country",
"extend the range of locations where you deliver it, Canterbury was a long trek for me, I would suggest you extend your locations"

Response to the POSTED workshop

The data from the BOS survey suggests that the overwhelming majority (77%) were satisfied with the delivery of the workshop itself and had retained their impression that the workshop had met their expectations sometime afterwards (3-12 months). Eighty five percent said that they would 'recommend the workshop to a colleague'.

More detailed responses from the Post workshop evaluations indicated that the majority were satisfied with the facilitator/trainer(s) on the day. Comments focused on the trainers style of delivery, "excellent, clear, good delivery, answered all the questions well, good discussion". The knowledge of the trainer/facilitators "excellent balance of delivery of information regarding the training package, experiential learning and interactive dialogue to support the fundamentals of treatment", and the balance between the academic and clinical aspects of the training "good balance between academic and health works well".

When asked about what they felt most useful about the training, the emphasis on how to run the workshop and the 'practical aspects' were cited most often in the open responses alongside opportunity to 'network and discuss' issues with professionals working in the same area as themselves.

Two therapists felt that the workshop didn't meet their expectations and reviewing their comments this was a consequence of what they felt was misrepresentation of the course content in the advertising and promotion. "better explanation of what the course involves or is …advertising was a bit unclear"

How could the workshop be improved?
We asked this question twice, once at the conclusion of the workshop itself (the post workshop evaluation) and secondly after a period of time when therapists were back in their clinical locations (BOS survey). Suggestions about potential improvements from the BOS survey, focus on aspects of delivery in the workplace in comparison to comments from the post workshop evaluation where mention is made of the location of the training, and aspects of delivery such as having a longer 'practical session'.

The responses in the BOS survey highlight that therapists were starting to consider issues around implementation. There was a suggestion that we could include
"more info on how to tailor the workshop to individual needs and understand that this is not set in stone"
" more on practical implications delivering the training and with follow ups. Unsure how this will be delivered in my setting"
" more insight into how it fits links into overall therapy programmes and existing input"
Diffusion of the manualised workshop within localities

Based on the BOS survey data, almost a third of those attending the Train the Trainer workshops had already run POSTED workshops in their localities or were in the process of planning/ setting up the training within their localities. Those that had run the workshops reported that the workshops had been successful.
"the workshop was very well received with one teacher reporting it was the best training session she had attended in years!" (email correspondence)
"positive feedback from parents and teaching staff",
"very positive. People felt valued and enabled, empowered; that they were part of the process – rather than being 'talked at'"

Adaptation to the POSTED training
It was expected that some modifications and adaptation to the training may need to be applied to the manualised product once therapists started to run their own training sessions in their localities. We were interested to find out what types of modification therapists considered necessary/important – and whether this was likely to unduly affect the overall quality and fidelity to the original POSTED concept.

Several mentioned the need to modify the content based on the learning needs or gaps in knowledge of the audience. In some instances the UKC PostCard questionnaire was identified as a useful resource to aid this process as a pre training measure of the audience's knowledge and skills. Several had 'shortened' the workshop to fit in with timings required by a setting or by removing content that was not relevant to a situation.

"The workshop was modified in order that the original two-hour workshop could be delivered in one hour – we prioritised slides and activities we wanted to use for our target audience, and to fulfil the objectives of the workshop. As the students do not use specialist equipment e.g. standing frames, seating, we removed those aspects of the workshop, keeping the focus on the practical elements of the workshop" (case study B)

" shortened it slightly by being less detailed in areas that staff are trained e.g. moving and handling"

Achieving the 'follow up' sessions was identified as an issue in both case studies and others mentioned that they would be unlikely to carry out the follow up sessions in the manner suggested in the original training. This was due to limited time or difficulty in coordinating appointments.

In a couple of instances the target audience for the training were not parents and teachers but therapy aides, technicians and equipment representatives.

"[the technicians] Enjoyed the training and liked the 'positive messages' and emphasis on participation, liked the powerpoint POSTED slides, particularly mentioned the illustrations – felt it was very 'ground level' and liked the language that was used in the training specifically the idea of delivering a 'care' programme rather than posture 'management'. Felt it got the balance right in terms of clinical but also focusing on the child – 'clinical but not harsh'. Saw the relevance of the training to their everyday work – rather than 'doing things to the child' the training encouraged them to think about participation." (Case study A)

Several therapists suggested that they would also be using elements of the POSTED training to deliver 'in service' training to therapy teams as a means of improving service delivery and to raise awareness and knowledge of postural care issues.
This extends the POSTED training into an uncharted area where there is no evaluation data to support its effectiveness - however it may be that this type of 'cascade model' of delivery and the deployment of technicians and therapy aides who would be enabled to deliver the training into schools may work best for services where there exists a precedent for the delivery of interventions based on senior therapists providing supervision to those who delivery interventions on the ground.

Potential barriers to the roll out of the training

We asked therapist to identify barriers to the roll out of the training. These were identified as needing to resolve or agree issues about payment and whether NHS services should be charging for the POSTED training for schools. Other issues were practical in nature and associated with time and resources including having a suitable venue to deliver the training and difficulties liaising with schools regarding timing of the training etc.

In discussion with the therapist(s) who contributed to the case studies it was also apparent that the small numbers of therapists in typical community services mean services are vulnerable when therapists move jobs or take maternity - influencing the potential to roll out the training. This raises the question about the requirement of a 'critical mass' of trainers familiar with the approach within any one service.

Changes to practice

In addition to asking about implementation of workshops we also enquired about whether attendance at the training had changed therapists practice. Seventy seven percent felt that it had and identified a range of areas where they identified changes to the way they approach 'carer training'.

" In the way I explain some aspects of positioning (more in education settings) I feel that all NHS staff could do with this training and all school have this training."

" I have been more mindful of how I interact with and train classroom staff and parents using the principles of the POSTED approach."

"my direct [practice has been influenced by knowledge gained on the day and the pre-reading."

"foundation knowledge now provided to staff prior to training with equipment"

Costs and pricing of POSTED Training

There are two issues - one is the costs charged by the University for the workshop itself and the other related to how services approach the costs associated with delivery of POSTED within their localities. There were two suggestions that the cost of the workshop itself was too high, when adding the costs to the individual of travel and in some instances accommodation. But this was the exception and knowledge of other professional course would suggest that although not inexpensive the workshop could be regarded by some as good value bearing in mind the additional resources attached to the workshop itself.

" I found the price quite expensive – this could be reduced to make it more attractive.."

"I felt it was quite expensive initially.. but understand the work and research that has gone into it ..therefore good value for money."

The workshops did not meet their expected 'break even' recruitment target – 32 therapists attended whereas the target was to recruit 48 therapists over the four workshops. This may have been due to limited promotion of the workshops and over reliance on professional networks, one of the comments suggested that we needed "increased publicity". Without a proper marketing budget and marketing plan this would have been difficult to achieve.

The question of pricing and charging for the POSTED training within localities appeared to be an issue for some therapists particularly those working independently, with several

uncertain about what to charge and some concerns about infringing the training agreement. Within the NHS decisions about costs and administration needed to be made by managers within services and one of the case studies suggested that getting management and administrative support was important as therapists would be unable to make decisions about 'what to charge'. There was also a suggestion that charging at all was a decision that needed some managerial input should the training be regarded as part of a child's EHCP and therefore free to education?

Recommendations

Having completed the four POSTED workshops and gained information from a sample of participants about how the training has been disseminated and its influence on clinical practice it is possible to draw some tentative conclusion and make a series of recommendations including suggestions about the future sustainability of the POSTED products (manual and workshop).

It is important to emphasise the continued value and quality of the POSTED products (manual and workshop). Those attending the POSTED workshop were influenced sufficiently by the experience to change their approach to carer training on their return to work, many have subsequently shared their experience of the training with other colleague's, parents and teachers' by delivering POSTED workshops in their localities or running 'in service' training and all those who have participated have valued the training.

That the original concept has been modified and adapted by therapists is interesting and adaptations to the training linked to modification to the content, based on a pre-assessment of the knowledge and skills of those trained would be expected – however many have found it difficult to use the UKC PostCarD questionnaire and ability to provide the required follow up visits has been a challenge and therefore the focus has been on the delivery of a single element of the two hour POSTED workshop.

This under values the importance of the other aspects of the overall POSTED programme as originally developed and removes aspects that made the POSTED programme an effective means of increasing the knowledge and confidence of parents and teachers - raising questions as to whether the principles of self-efficacy that the programme is based on are diluted.

There may however, need to be recognition that the training includes content that has more general benefits for therapists - influencing their approach when supporting parents/carers and particularly the emphasis on participation and the basic language used to communicate complex information are valuable aspects that therapists referred to. POSTED may therefore lend itself to a more generalised approach to the support and sharing of information with parents, carers and other non-qualified staff about postural care.

There are some important considerations about where to target the training in the future if the aim is to achieve wider coverage of this approach to supporting parents and carers. The evaluation has highlighted how training small numbers of specialist therapists makes the intervention vulnerable to staff turnover/loss of expertise, many will have difficulty sustaining this type of intervention alongside their 'day jobs'. Most therapists are NHS band 5-7 equivalent and therefore predominately clinical meaning they are unable to make decision affecting resource allocation or have the authority to introduce 'new' interventions.

Consideration of costs and pricing / administrative support that is so important for the successful dissemination of this type of health intervention needs therefore to involve senior management.

NHS technical staff/ therapy aides and equipment reps may be better placed to deliver the training into schools with oversight provided by therapists. This would involve a significant departure from the original concept of the training – where trained therapists familiar with the child and family facilitated the training this was based on the premise that the trainer requires in depth knowledge of postural management to deliver this intervention effectively as part of a child's therapy programme.

Equipment providers have in recent years started to respond to a perceived lack of training provision in postural management – many are now developing training targeted at parents, carers and therapists that address wider issues that just their own equipment, to include more generalised information about postural management. There may be opportunities to work with equipment provider(s) to explore the potential roll out of a more generalised approach to the training.

Recommendations

Following completion of the four POSTED workshops and analysis of the data about how the training has been disseminated and its influence on clinical practice it is possible to make a series of recommendations and suggest future options for the sustainability of the POSTED products (manual and workshop).

(5) POSTED is a quality Train the Trainer intervention – highly valued by specialists in the postural management of children and has demonstrable impact in aspects of clinical practice associated with carer training.

(6) Dissemination of POSTED via the Train the Trainer model during the evaluation is not sustainable in its current form. Numbers of therapists attending were insufficient to achieve break-even based on initial finance costing. Reliance on a small number of trainer/facilitators.

(7) Fidelity to the original POSTED concept/approach. Those attending the workshops have on returning to work adapted the training to meet their own service needs (shortened the training /no follow ups). Where some adaptations are acceptable (e.g. minor modification of content to meet audience learning needs) major changes (e.g. not providing follow ups) may dilute the approach and raise questions over effectiveness/ evidence base.

(8) Therapists may not be best placed in the health care workforce to deliver the POSTED training into schools/to carers. Many therapists adopted a cascade approach - training aides/assistants to disseminate the training in their localities. A model of practice widely practiced within therapy, the cascade approach - where non-qualified staff (aides/assistants) deliver interventions under the supervision of qualified therapists may resolve problems associated with small numbers of therapists able to undertake

the training and the critical mass of trainers required to sustain delivery in any one locality.

Options for further development/maintenance of POSTED

9. Publish expanded manual/Text book.
10. Further articles/publications arising from the evaluation
11. Development of a shortened version of the UKC PostCarD questionnaire.
12. Further research - possible trial NIHR HTA
13. Work with HEE to explore POSTED as an element of wider workforce development in area of complex needs children.
14. Consider online options/version (see technology report).
15. Explore the potential role of equipment providers/ therapy assistants
16. Consider modification of POSTED concept to fit a 'cascade' model of delivery and explore potential for partnerships/consultancy work with equipment providers and others to achieve broader roll out of the POSTED principles in practice.

Acknowledgements

The author wishes to thank all the members of the POSTED steering committee, Helen Waymouth & Jacqui Douglas EKHUFT, Annette King and Kate Hamilton-West CHSS, UKC, Eileen Terry, Jan Jensen and Claire Thurgate CCCU and Maggie Gurr, Independent Physiotherapist. Special thanks also to Siobhan Gray, Wendy Body (EKHUFT) and Maggie Gurr, as key contributors to the POSTED training workshops and their commitment to supporting the original POSTED concept.

References

Hotham, S., Hamilton-West, K., Hutton, E., King, A. and Abbott, N. (2017) *A study in to the effectiveness of a postural care training programme aimed at improving knowledge, understanding, and confidence in parents and school staff.* Child: Care, Health and Development.

Hotham, S., Hutton, E. and Hamilton-West, K. (2015) *Development of a reliable, valid measure to assess parents' and teachers' understanding of postural care for children with physical disabilities: the (UKC PostCarD) questionnaire.* Child: Care, Health and Development.

Appendix

Case studies

	Case Study A - Community Therapy Service (NHS)	Case Study B –Community Therapy Service (NHS)
Who attended the training	10 therapy technicians (physiotherapy & occupational therapy) responsible for implementing therapy programmes within community setting including schools with supervision by qualified therapists.	25 Mainstream school staff Teachers, Teaching Assistants, 6 Parents
Who are the end users of the training	Parents and Teachers, Teaching assistants and children with a range of neurodisabilities including cerebral palsy in mainstream and special schools.	Parents and Teachers, Teaching assistants and children with a range of neurodisabilities including cerebral palsy in mainstream school.
Trainer(s) and format of the training	The training was delivered by an occupational therapist, there was no physiotherapist available. The therapist covered questions arising that would normally be the responsibility of the physiotherapist e.g. standing frame, hip migration. The trainer used the POSTED powerpoint slides and manual and kept to the basic format of the training but supplemented elements in response to areas where the service felt that the participants needed greater awareness e.g. hip migration and NICE guidance.	"The workshop was modified in order that the original two hour workshop could be delivered in one hour – we prioritised slides and activities we wanted to use for our target audience, and to fulfil the objectives of the workshop. As the students do not use specialist equipment e.g. standing frames, seating, we removed those aspects of the workshop, keeping the focus on the practical elements of the workshop. The date and times were pre-organised for 8 weeks after the workshop – there were 15 minute slots for individual or small group discussion. Not all of the attendees attended the meetings – HLTAs were able to attend but teaching commitments meant that it was not possible for teachers to be released. As an outcome from the workshop, staff identified that they were more aware of the challenges faced by the PD students, as well as a more general awareness of the posture of all children in the school. To this end,

		they have made practical changes to the furniture used in small intervention groups. As a consequence, they reported that there has been a positive impact on learning and behaviour. The staff are also more aware of the importance of good posture for themselves, both in and out of the classroom, at school and at home. For the parents, home visits were an opportunity to discuss any practical issues or questions arising from the training. These were organised for 6 weeks after the workshop and included the young people in the discussions."
Feedback from participants	Enjoyed the training and liked the 'positive messages' and emphasis on participation, liked the powerpoint POSTED slides, particularly mentioned the illustrations – felt it was very 'ground level' and liked the language that was used in the training specifically the idea of delivering a 'care' programme rather than posture 'management'. Felt it got the balance right in terms of clinical but also focusing on the child – 'clinical but not harsh'. Saw the relevance of the training to their everyday work – rather than 'doing things to the child' the training encouraged them to think about participation.	As an outcome from the workshop, staff identified that they were more aware of the challenges faced by disabled pupils, as well as a more general awareness of the posture of all children in the school.
UKC Postcard Questionnaire	Used as a pre-questionnaire before the training – participants thought it useful, comprehensive and helpful because 'you get to know your families in terms of how they struggle with things'.	These were sent to all staff by the PA prior to the workshop. In total, 17 questionnaires were completed before the training, of which two were from parents. Following the workshop, 5 completed questionnaires were returned, of which four could be directly correlated with pre-workshop questionnaires.

		There were two key themes in the four questionnaires with a before and after: • Greater confidence and knowledge of postural care – extent of change differs between individuals, dependent on previous experience and knowledge • Increased knowledge of postural care – acknowledgement that further training always useful despite extensive experience
Sustainability /Barriers to implementation	The trainer has now left the service and responsibility has been passed to another therapist. The therapy service is considering charging education for any training delivered in schools or related to education, although the trainer's personal view was that POSTED should be regarded as a health intervention and included in a child's EHCP. This is not an issue that the therapist felt they can influence i.e. marketing and costing needs to be dealt with at a management level. There are other issues within the service that have taken priority over the delivery of POSTED Currently physiotherapy is focusing on the implementation of hip surveillance recommendations/audit etc. Therapists are 'pulled in different directions' and this training has been put on the 'back burner'. Maternity leave (Physiotherapy) has also had an impact on ability to take things forward. This is despite	

	the perceived benefits of POSTED - specifically the ability of the training to improve the delivery of support to schools ‘ more professional and saved time in preference to existing higgledy piggledy, ad hoc training and support arrangements’	

Literature review

Literature review

Notes

- Failed to find research on AMPS delivered in the TTT format.
- Could not get full access to the following journals which may or may not be helpful. I sent off for them some time ago using the inter library loans system but the library has not got back to me

1. Train the trainer effectiveness trials of behavioral intervention for individuals with autism: a systematic review- **American Journal on Intellectual and Developmental Disabilities**
2. Train-the-trainer as an educational model in public health preparedness- **Journal of Public Health Management & Practice**

Strategy

- Consultation with Manfred Gschwandtner and Eve Hutton, which included the Identification of relevant databases, Worldcat, Pubmed, NHS evidence/ NICE, National Institute of health research, Physiotherapy Evidence Database, Cochrane Library,The UK Clinical Research Network UKCRN,E Guidelines, ERIC or EBSCO host on CCCU, Chartered society of physiotherapy, Evidence-Based Medicine, British Nursing Index, CINAHL, British Education Index, ASSIA,CCCU Library search,Google scholar,BioMed Central/BMC medical.(18 in total)
- Consultation on the development of a search string. Specifically- (“Train the trainer” OR TTT) AND (occupational therapy OR physiotherapy OR postural care OR speech and language therapy OR SALT) AND child* AND (implementation OR effectiveness)
- Search conducted and relevant journals selected
- Journals evaluated using a matrix synthesis with the following headings purpose of the study, method and sample size, findings, themes, similarities and differences.

- Findings written up.

Background

The Train-the-Trainer (TTT) model refers to a program whereby inexperienced trainers receive coaching and mentoring from experienced teachers or facilitators on how to teach, monitor and supervise others on a given approach *(Pearce et al., 2012).* The TTT process is designed to provide new trainers with the skills knowledge and experience to educate the relevant party effectively. This relevant party can include employees at the home agency or any given individual who requires the training. The TTT model offers many potential advantages over other forms of traditional continued education and Continuing Professional Development (CPD) programs *(D'Eon & Au Yeung, 2001)*."Unlike traditional continuing education programs that tend to rely on a lecture-style and ad hoc methods of knowledge dissemination, TTT models provide customizable administration, graduated instalments of information, and also emphasize cooperative or partnered learning" *(Russo et al., 2014,p.92)*. For example, parents of a disabled child may only require training specific to the particular needs of that child, not necessarily a fully accredited qualification. Moreover, intensive training of a select few enablers makes it possible to share knowledge with a far larger audience through subsequent training activities *(Tobias et al., 2012).*

Evidence

The TTT model has a robust body of literature supporting its effectiveness in a variety of contexts (Suhrheinrich,2011). For the purposes of this study however, this literature review will synthesize and evaluate the use of TTT models in health and social care settings. TTT methods have been successfully used to educate physicians, nurses, occupational therapists (OT's), speech and language therapists (SALT) and other health and social care service providers on a wide range of health interventions .

There are only a limited number of existing examples of TTT models used by allied health professions (AHPs) in the rehabilitation of children. The NAS EarlyBird and EarlyBird Plus programmes (EBPP) are parent-training interventions for children with autism *(Shields, 2001)*. "The programmes combine group training sessions with individual home visits which are designed to help parents understand their child's autism, develop their communication skills and establish good practice at an early age"*(Clubb, 2012 p.92).* Evaluations of EarlyBird programs throughout the UK using both parent-reported data *(Hardy, 1999; Whitaker, 2007; Shield and Simpson, 2004; Cutress and Muncer, 2014)* and data obtained by professionals *(Halpin, Pitt and Dodd, 2011)* show that the programmes had a positive impact on the child's behaviour, the parents understanding of the condition, communication between the child and their parents, parental coping and the family's relationship with the school.

Findings from studies on: rehabilitation *(Koerner et al., 2014; Meng et al., 2015)*, Disabled care *(Parsons and Reid, 1995)*, end of life care *(Mayrhofer A et al., 2016)*, continuing medical education *(D'Eon and AuYeung, 2001; Rubak et al., 2008;*

Sigalet et al., 2017; Rizio et al., 2016), community-based family interventions *(Agnes Y. Lai et al., 2017; Zhou et al., 2017)*, mental health diagnosis *(Brimmer et al., 2008; Russo et al., 2014)*, HIV prevention (Rabin, 1998), have demonstrated positive changes in knowledge, self-efficacy, shared decision making and patient satisfaction. For example, *Meng et al's (2015)* research on 'The impact of 2 interventions on implementation fidelity of a standardized back school program in inpatient orthopaedic rehabilitation facilities' compared and evaluated the implementation of two types of intervention; TTT workshops and a written implementation guideline. A trial was conducted using 10 randomly assigned rehabilitation clinics. A mixed methods approach was used, namely questionnaires and observation forms *(Meng et al., 2015).* Trainers saw significant improvement in both patient-oriented back school practice and achievement of manual-based educational goals using both interventions *(Meng et al., 2015)*. However patients in the TTT group exhibited significantly higher treatment satisfaction than those in the GL group *(Meng et al., 2015)*.

Rubak et al's (2008) Danish study aimed to establish the long-term effects of a 3-day TTT course on doctors' knowledge, teaching behaviour and clinical learning climate. Two groups were compared pre, and post course including long-term measurements. I-group consisted of 118 doctors from the departments of internal medicine and orthopaedic surgery at one university hospital. While C-group (control group) consisted of 125 doctors from corresponding departments of a different university *(Rubak et al, 2008*). Participants' knowledge and teaching skills were assessed via a written test, while teaching behaviour and learning climate were evaluated through questionnaires.Findings were consistent with other studies regarding the effectiveness of TTT programs to improve the implementation of health intervention. The TTT course resulted in significant gains in participants' gains of knowledge concerning teaching skills, teaching behaviour and learning climate after 6 months *(Rubak et al, 2008).* For example I-groups knowledge about teaching skills increased by 25% compared to C-group; these results were sustained 6 months after the course took place *(Rubak et al, 2008).*

Pearce et al (2012) carried out a systematic review on 'The most effective way of delivering a Train- the- Trainers program'. The study addressed two primary questions, (1) Are TTT programs an effective method of training health and social care professionals? and (2) What delivery mechanisms yield the most effective results? *(Pearce et al., 2012,p.216)*. The search criteria used found 18 health or social care related TTT studies. Three research designs were employed throughout the 18 studies: eight of the studies were randomized controlled trials, six were controlled before-and after studies, and four were controlled clinical trials. The majority of studies evaluated (13/18), demonstrated that TTT programs had a significant positive effect on the clinical performance and knowledge of the AHP's, or they resulted in better patient outcomes *(Pearce et al., 2012)*. Furthermore three of the studies rvealed a possible effect *(Pearce et al., 2012)*. The systematic review also highlighted considerable variance regarding methods of training. Many of the following methods and learning materials were used either in isolation or combination with others: case studies and scenarios, didactic presentations, video presentations, PowerPoint slides, group discussions, interactive components, practical demonstrations and exercises, role plays, motivational and attitudinal change elements, individual feedback on strengths and weaknesses, problem-based

learning, preparation to deliver future training workshops, and questions-and-general-comments session *(Pearce et al., 2012)*. Eleven out of the thirteen studies that showed a positive effect utilised interactive components to deliver workshops, thus suggesting that these methods are possibly better suited for training than passive lecture styled methods *(Pearce et al., 2012)*. Consequently implementers of future TTT workshops have to consider carefully the selection of the appropriate training methods to maximise the positive effect. Furthermore, despite the significant improvements shown in the majority of cases, three of the studies identified problems with long-term implementation of the TTT model *(Pearce et al., 2012)*. Specifically, the training programs suffered from high staff turnover and poor retention of employees who had been trained to deliver the TTT workshops *(Pearce et al., 2012)*. This occurrence raises questions for future implementers who may need to consider the level of staff commitment before embarking on a large-scale TTT program.

Despite the robust body of evidence supporting its effectiveness, the literature foregrounds a series of barriers to TTT programs. Many of those trained in the long term do not continue with replication training workshops at the local level. For example a TTT program for public health preparedness, found that only 20% of the trainers conducted replication training 6 months later *(Orfaly et al., 2005)*. Workplace practices and obtaining administration authorization proved to be significant barriers for participants in various TTT programs. In particular, existing subcultures and organisational readiness for change were highlighted throughout the existing literature on TTT programs. *(Brimmer et al., 2008; Koerner et al., 2014; Mayrhofer A et al.,2016; Parsons and Reid, 1995)*. Furthermore time constraints and emergencies, particularly in hospital environments led to considerable disruption of previous programs *(Sigalet et al., 2017;D'Eon & Au Yeung, 2001)*." The development of a successful TTT program thus requires the correct balance between the workshop being long enough to ensure adequate knowledge dissemination and learning, but short enough not to disrupt vital functions within the home agency.

Delivering TTT programs using a multifaceted approach has demonstrated the ability to reduce barriers to successful implementation. For example teleconferences were successfully integrated into TTT programs in order to ease concerns regarding time constraints and provide follow-up *(D'Eon & Au Yeung, 2001)*. Follow-up is defined as "any encounter between participants and workshop leaders, following an initial workshop or other development session, and is designed to enhance, maintain, reinforce, transfer, extend, or support the learning from the original workshop" *(D'Eon & Au Yeung, 2001,p.34)*. Research on follow-up in TTT continuing medical events (CME) found that audio teleconferences allow for and helped instigate professional discussion that is crucial to changing clinical practices *(D'Eon & Au Yeung, 2001)*. The physicians who participated in the program reported increased learning and also reported feeling more prepared to conduct CME consultations *(D'Eon & Au Yeung, 2001)*. Moreover audio teleconferences represented an effective way for participants to continue communicating despite the great distances travelled *(D'Eon & Au Yeung, 2001)*.Another example of a multifaceted approach is the use of video as a supplementary learning resource. *Russo et al (2014)* successfully used a DVD medium to facilitate knowledge transmission in their TTT model for occupational therapists. The didactic DVD curriculum not only represented a cost effective means of training, it also allowed for the efficient viewing of content

by large audiences *(Russo et al., 2014)*. Moreover participants could easily reinforce their knowledge by repeat viewings *(Russo et al., 2014).*

Conclusion

The broad scope of the studies discussed and the positive evidence-based results highlight the strong potential for the effective use of TTT methods in supporting children with complex health needs. There appears to be a gap in the current literature concerning the adaptation of training to meet the needs patients in specific or unique environments. The majority of the studies cited involve the education of qualified health and social care professionals. Participants' prior knowledge of adult training principles may have contributed to the success of many of the TTT models discussed. Consequently further research needs to take place on the impact of TTT programs on unqualified participants, for example parents.

The majority of TTT programs that showed a positive effect thus far utilised interactive components. In order to aid implementation fidelity, designers of TTT programs where possible, should try to ensure both reinforcement of training and follow-up. In addition, designers need to consider the organisational structure, readiness for change and the loyalty of staff members before embarking on a programme.

Bibliography

Lai, Agnes Y., et al. "an evaluation of a Train-the-Trainer Workshop for social service Workers to Develop community-Based Family interventions." Frontiers in public health 5 (2017).
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5491537/

Brimmer, D.J., McCleary, K.K., Lupton, T.A., Faryna, K.M., Hynes, K. and Reeves, W.C., 2008. A train-the-trainer education and promotion program: chronic fatigue syndrome–a diagnostic and management challenge. BMC Medical Education, 8(1), p.49.
https://bmcmededuc.biomedcentral.com/articles/10.1186/1472-6920-8-49

Clubb, Michelle. "An evaluation of EarlyBird and EarlyBird Plus over seven years: the benefits of parents and school staff being trained together." Good Autism Practice (GAP) 13.1 (2012): 69-77.

Cutress, A.L. and Muncer, S.J., 2014. Parents' views of the national autistic society's earlybird plus programme. Autism, 18(6), pp.651-657.
http://journals.sagepub.com/doi/abs/10.1177/1362361313495718

D'Eon, M.F. and Au Yeung, D., 2001. Follow- up in train- the- trainer continuing medical education events. Journal of Continuing Education in the Health Professions, 21(1), pp.33-39.
http://onlinelibrary.wiley.com/doi/10.1002/chp.1340210106/full

DePoy, E., Burke, J.P. and Sherwen, L., 1992. Training trainers: evaluating services provided to children with HIV and their families. Research on Social Work Practice, 2(1), pp.39-55.
http://journals.sagepub.com/doi/abs/10.1177/104973159200200104

Halpin, J., Pitt, S. and Dodd, E., 2011. EarlyBird in South Staffordshire: reflections on an innovative model of interagency working to deliver an intervention for families of preschool children with autistic spectrum disorder. British Journal of Special Education, 38(1), pp.4-8.
http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8578.2010.00483.x/full

Hardy, S.L., 1999. An evaluation of the National Autistic Society's Earlybird Programme: early intervention in autism through partnership with parents(Doctoral dissertation, University of Teesside).
http://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.392650

Koerner, M., Wirtz, M., Michaelis, M., Ehrhardt, H., Steger, A.K., Zerpies, E. and Bengel, J., 2014. A multicentre cluster-randomized controlled study to evaluate a train-the-trainer programme for implementing internal and external participation in medical rehabilitation. Clinical rehabilitation, 28(1), pp.20-35.
http://journals.sagepub.com/doi/abs/10.1177/0269215513494874

Mayrhofer, A., Goodman, C., Smeeton, N., Handley, M., Amador, S. and Davies, S., 2016. The feasibility of a train-the-trainer approach to end of life care training in care homes: an evaluation. BMC palliative care, 15(1), p.11.
https://bmcpalliatcare.biomedcentral.com/articles/10.1186/s12904-016-0081-z

Meng, K., Peters, S., Schultze, A., Pfeifer, K. and Faller, H., 2015. The impact of 2 interventions on implementation fidelity of a standardized back school program in inpatient orthopedic rehabilitation facilities. Die Rehabilitation, 54(5), pp.325-331.
http://europepmc.org/abstract/med/26505184

Orfaly, R.A., Frances, J.C., Campbell, P., Whittemore, B., Joly, B. and Koh, H., 2005. Train- the- trainer as an educational model in public health preparedness. Journal of Public Health Management and Practice, 11(6), pp.S123-S127.
http://journals.lww.com/jphmp/Abstract/2005/11001/Train_the_trainer_as_an_Educational_Model_in.21.aspx

Page, T.J., Iwata, B.A. and Reid, D.H., 1982. Pyramidal training: A large- scale application with institutional staff. Journal of Applied Behavior Analysis, 15(3), pp.335-351.
http://onlinelibrary.wiley.com/doi/10.1901/jaba.1982.15-335/full

Parsons, M.B. and Reid, D.H., 1995. Training residential supervisors to provide feedback for maintaining staff teaching skills with people who have severe disabilities. Journal of applied behavior analysis, 28(3), pp.317-322.
http://onlinelibrary.wiley.com/doi/10.1901/jaba.1995.28-317/full

Pearce, J., Jones, C., Morrison, S., Olff, M., van Buschbach, S., Witteveen, A.B., Williams, R., Orengo- García, F., Ajdukovic, D., Aker, A.T. and Nordanger, D., 2012. Using a delphi process to develop an effective train- the- trainers program to train health and social care professionals throughout Europe. Journal of Traumatic Stress, 25(3), pp.337-343.
http://onlinelibrary.wiley.com/doi/10.1002/jts.21705/full

Pearce, J., Mann, M.K., Jones, C., van Buschbach, S., Olff, M. and Bisson, J.I., 2012. The most effective way of delivering a Train- the- Trainers program: a systematic review. Journal of Continuing Education in the Health Professions, 32(3), pp.215-226.
http://onlinelibrary.wiley.com/doi/10.1002/chp.21148/full

Rabin, D.L., 1998. Adapting an effective primary care provider STD/HIV prevention training programme. AIDS care, 10(2), pp.75-82.
http://www.tandfonline.com/doi/abs/10.1080/09540129850124389

Rizio, T.A., Thomas, W.J., O'Brien, A.P., Collins, V., Holden, C.A. and Group, A.A.P.N.R., 2016. Engaging primary healthcare nurses in men's health education: A pilot study. Nurse education in practice, 17, pp.128-133.
http://www.sciencedirect.com/science/article/pii/S1471595315002139

Rubak, S., Mortensen, L., Ringsted, C. and Malling, B., 2008. A controlled study of the short- and long- term effects of a Train the Trainers course. Medical education, 42(7), pp.693-702.
http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2923.2008.03044.x/full

Russo, T., Leach, C., Lysack, C., Paulson, D. and Lichtenberg, P.A., 2014. Efficacy of a train-the-trainer curriculum for increasing occupational therapists' mental health knowledge. Occupational Therapy in Mental Health, 30(1), pp.90-106.
http://www.tandfonline.com/doi/abs/10.1080/0164212X.2014.878515

Shields, J., 2001. The NAS EarlyBird Programme: partnership with parents in early intervention. Autism, 5(1), pp.49-56.
http://journals.sagepub.com/doi/abs/10.1177/1362361301051005

Shire, S.Y. and Kasari, C., 2014. Train the trainer effectiveness trials of behavioral intervention for individuals with autism: a systematic review. American journal on intellectual and developmental disabilities, 119(5), pp.436-451.
http://www.aaiddjournals.org/doi/abs/10.1352/1944-7558-119.5.436

Sigalet, E., Wishart, I., Lufesi, N., Haji, F. and Dubrowski, A., 2017. The “Empty Chairs” Approach to Learning: Simulation-Based Train the Trainer Program in Mzuzu, Malawi. Cureus, 9(5).
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5451206/

Suhrheinrich, J., 2011. Examining the Effectiveness of a Train-the-Trainer Model: Training Teachers to Use Pivotal Response Training. Society for Research on Educational Effectiveness.
https://eric.ed.gov/?id=ED518863

Tobias, C.R., Downes, A., Eddens, S. and Ruiz, J., 2012. Building blocks for peer success: lessons learned from a train-the-trainer program. AIDS patient care and STDs, 26(1), pp.53-59. https://ulms.ent.sirsidynix.net.uk/client/en_GB/CCCU/search/edsdetailnonmodal/eds:$002f$002f2131271864$002f0$002fcmedm$007c$007c22103430?qu=Building+blocks+for+peer+success%3A+lessons+learned+from+a+train-the-trainer+program.+AIDS+patient+care+and+STDs&if=el%09edsSelectFacet%09FT%7C%7CFT1&d=eds%3A%2F%2F2131271864%2F0%2Fcmedm%7C%7C22103430%7E2131271864%7E0&ir=Both

Tonge, B., Brereton, A., Kiomall, M., Mackinnon, A., King, N. and Rinehart, N., 2006. Effects on parental mental health of an education and skills training program for parents of young children with autism: A randomized controlled trial. Journal of the American Academy of Child & Adolescent Psychiatry, 45(5), pp.561-569. http://www.sciencedirect.com/science/article/pii/S089085670961203X

Zhou, Q., Stewart, S.M., Wan, A., Leung, C.S.C., Lai, A.Y., Lam, T.H. and Chan, S.S.C., 2017. Development and evaluation of a train-the-trainer workshop for Hong Kong Community Social Service Agency Staff. Frontiers in public health, 5. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5303710/

Technology report (viability of an online version of POSTED)

posted workshop – Train the trainer

Background

Following a request from Eve Hutton to develop an online version of the Posted workshop the Faculty Learning Technologist attended the face to face to workshop on 20th January 2017. The aim of this attendance was for the Faculty Learning Technologist to discover how this course was currently run and how it could be considered for online delivery.

The workshop

There were 8 participants who had travelled from across England including Nottingham, Newcastle and Gloucester. The workshop was facilitated by Eve Hutton and 2 colleagues from East Kent hospitals (an Occupational Therapist and a Physiotherapist). In the morning there was a PowerPoint presentation about the project and activities including making an origami frog. The aim of this exercise was to enable participants to realise that people learn in different ways. An overview of the Posted approach was provided. In the afternoon participants undertook the workshop they would be leading themselves and there were various practical exercises which included a wobble board, posture ball and balancing on one leg. These were very powerful learning experiences – I was particularly struck by the 'hands-on' approach to the workshop which would be challenging in the online environment. To give an example a melon was passed round the group and it was highlighted that this was

how much a human head weighed to highlight the importance of posture for children with postural care needs. There was also an open discussion with participants who had the opportunity to share their concerns about running this workshop and what the enablers and barriers to adopting this workshop in their workplace. All participants were provided with a detailed conference pack and a certificate of attendance as the course is endorsed by the College of Occupational Therapists. There is a charge for attending the course.

Reflections

The workshop reflected the theory which was outlined in the first section of the morning. This theory was based around self-efficacy and the 4 ways to promote confidence.

1. Perform relevant tasks successfully
2. Observe other performing tasks successfully
3. Receive encouragement and supportive feedback
4. Opportunities to discuss worries and concerns

To move this course to an online environment would require a complete redesign of the course. On speaking with some of the participants and facilitators there were mixed responses to an online version of the course with concerns expressed about finding time to complete an online version. One of the participants who was particularly enthusiastic about webinars was referring to the ability to stream the workshop which could be watched externally. We need to be clear what is meant by an online version of this course as opposed to being able to record and stream the face to face workshop.

It is clear there is a wealth of resources already online to support this workshop including YouTube videos which were shown in the workshop, a drop box which included copies of the powerpoint presentations and PDF versions of documents as well as an online version of the A-Z of postural care booklet. These resources should be able to be used successfully within an online course.

Approval of the course by the College of Occupational Therapists costs money and is only valid for one year. It would need to be considered whether there is a need for reapproval for an online version of this course

What is the rationale for making this an online course

It is clear there are a number of participants who travelled a long distance to take part in this course and an online version would negate the need for travel. However, the team will need to consider what they would want to achieve from a fully online version of this course as there are aspects of this course which would be challenging to replicate in an online environment – would participants be willing to share as much on an online discussion forum as they were face to face? Practical activities would need to be re-conceptualised in an online environment. The charge for an online course would need to be considered carefully and learner's expectations would need to be managed. The project has been going for 8 years so it would be good to have evidence that there is a continuing market for this workshop.

What is meant by an online version of this course

It is important for the team to consider the form an online course would take. If it is simply recording the face to face workshop and streaming it online this is a very different proposition to a fully online course. If this is the case then the lecture capture system which is being piloted may provide the option to do this. Participants would need to be informed that the session (or parts of it) would be recorded.

Will the online course take the form of asynchronous learning, where interaction occurs between the facilitators and learners with a time delay e.g. self paced course. It may be that a fully online course could take place over a period of time e.g. a week rather than a day. The practical exercises could be recorded for participants using volunteers who could share their reflections on the practical activities. When developing an online course it is important to consider active learning and activities the participants will undertake especially if a certificate of completion is issued. The charging for this course would need to be considered as would how much facilitation resource an online course will need. Evidence shows that there needs to be human interaction in an online course for it to be successful. If the successful team working approach between CCCU and East Kent hospitals is to continue in the online environment an acknowledgement of the work required to successfully put this course online would need to considered and costed.

The way forward

There are 4 options available to the team

Option 1

Continue to run the course as a face to face session

This course successfully run for 8 years but it could consider recording some/all of the session and make it available to participants. In the future lecture capture technology will make this easier than it is currently.

Option 2

Consider a Blended approach to delivery.

The Learning Technology team would be able to assist the team with a blended approach to the delivery of this course. The challenge with this approach for a short course such as this, would be to ensure busy practitioners engage with pre-course learning resources. Online resources have already been developed to support this course and these could be considered as part of a 'blended approach to this workshop.

OPTION 3

Consider delivery via webinars

We have the technology at CCCU to support Webinars where participants could attend an online presentation in 'real time' and they could interact using online chat (or audio if they have the correct equipment). These would need to be led by a CCCU member of staff but these staff could invite colleagues from outside CCCU to be facilitators. Participants would

be sent a web link to join the webinars when they had signed up. This approach would see facilitators and participants sitting in front of their own computer and facilitators could lead a presentation that could be a powerpoint presentation or a discussion with the participants. It would need to be decided how staff time for these webinars would be funded.

Option 4

Move to a fully online version of this course

If the teaching team would like to move this course into an online environment, the Learning Technology team would need to know the exact structure the online course would take. The structure of the course would enable the Learning Technology team to consider the costing by looking at the different elements of the course such as video production, production of Learning Objects and staff training in the use of web conferencing and discussion boards if the teaching team wanted to use these as part of their approach. There would need to be time dedicated to this project by the teaching team and consideration would need to be given to the resource required by the teaching team (which would be ongoing after the planning stage.) Online resources have already been developed to support this course so these could be incorporated in an online course with careful consideration given to the structure of the online course.

The challenge will be the platform on which to develop an online course which would need to be accessible for non-CCCU participants and facilitators. The Learning Technology team would be willing to investigate the possibility of using Blackboard course sites (an external Blackboard) if the team decide to go ahead with this approach.

This approach is clearly resource intensive and there would need to be evidence that there was a market for this course to be run online.

Conclusion

The teaching team are invited to meet with the Learning Technology Team to discuss this further.