

On-the-job learning trials

Case studies

& reflections on the role of facilitator

Case 1: Ward communication

Case 2: Customer care for hospital porters

Case 3: Mentoring for residential care (employer 1)

Case 4: Mentoring for residential care (employer 2)

Case 5: Customer care for hospital cleaners

Case 6: Health & Safety for hospital cleaners (employer 1)

Case 7: Health & Safety for hospital cleaners (employer 2)

Case 8: Telephone skills for residential care

Case 9: Leisure centre supervision (employer 1)

Case 10: Leisure centre supervision (employer 2)

Reflections on facilitator's role

*All trials took place between September 2007 and November 2008
Each trial lasted at least three months.*

Learning through Work case studies

Case 1: Ward communication

Employer:	NHS acute hospital trust
Staff group:	Nurses, HCAs, many from overseas
Aim:	Improve staff communication on acute hospital ward
Learning:	Communication skills, teaching & learning strategies
Domains:	Customer care, teamwork, supervision

What happened: Employer agreed trial to address communication problems with ward staff. Facilitators secured agreement with local managers then shadowed staff & consulted staff, managers & quality manuals to research what was required. Facilitators developed bite-size, on-the-job learning materials. A professional development nurse used the materials to coach staff during normal work activity.

Value added: On-the-job learning resource enabling employer to address ward communication issues that the employer had not previously been able to address

Difficulties encountered: Mentor unsystematic in use of materials; long-service staff reluctant to change own behaviour

Determinants of success: Senior management endorsement, active participation of professional development nurse, quality of materials (accessible, workplace specific)

Approach

- Secure agreement with employer
 - Research work routines to identify key communicative practices & performance problems typically associated with practices
 - Agree with training/quality managers the communicative behaviours required of staff by work activity
 - Create bite-size, on-the-job learning materials that specify, explain & exemplify the behaviours in language accessible to all staff
 - Induct training/quality managers in use of materials to
 - Standardise communicative practices
 - Coach staff in a structured, systematic way
 - Enable individual & peer learning.
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Learner's view: *Very helpful! It made me feel more confident. I didn't get nervous, I felt calm about doing it. I observed my mentor with patients, which was a good way to learn. When I'm on the phone I use the phrases from the manual. They have really helped me.*
(Nurse, NHS acute trust)

Mentor's view: *This is very patient-focused. Because it is in work & staff do not need release, it is much easier to do. The resource is broken down into manageable chunks, easy to use & very effective for learning on the job. It focuses on the way we do things, giving staff ideas & tools to help them improve their skills. Staff were particularly receptive to this approach. The programme puts the mentor in a collaborative role, working together with staff. Very useful for anyone leading a ward team, particularly if they don't have much experience of training staff - this will really help improve staff skills.*
(Practice educator, NHS acute trust)

Case 2: Customer care for hospital porters

Employer: NHS acute hospital trust

Staff group: Hospital porters

Aim: Standardise good practice in customer care

Learning: Communication skills, teaching & learning strategies

Domains: Customer care, supervision, induction

What happened: Portering department unable to release staff to attend trust's mandatory customer care training. Department manager agreed to trial on-the-job customer care learning. Facilitators consulted staff, managers & quality manuals to identify key communicative practices for customer care then developed bite-size, on-the-job learning materials. A supervisor used the materials to coach staff during normal work activity. Subsequently, the department incorporated the materials into its induction process.

Value added: On-the-job learning resource, supporting standardisation of good practice customer care through induction & on-the-job mentoring

Difficulties encountered: Key departmental manager on sick leave; turnover among staff

Determinants of success: Facilitators' flexibility, adoption by department, quality of materials (accessible, workplace specific)

Approach

- Secure agreement with employer
 - Research work routines to identify key communicative practices for customer care & performance problems typically associated with practices
 - Agree with managers & supervisors the communicative behaviours required for customer care
 - Create bite-size, on-the-job learning materials that specify, explain & exemplify the behaviours in language accessible to all staff
 - Induct managers & supervisors in use of materials to
 - Standardise good practice customer care behaviours (e.g. through departmental induction)
 - Coach staff in a structured, systematic way
 - Enable individual & peer learning.
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Learner's view: *Quite interesting, it was much easier doing it one-to-one than in a big group. I think people are more likely to open up if they do the training this way.*

(Porter, NHS acute trust)

Mentor's view: *A lot of people don't like to go on courses but training with their team leader works well for them. The team leader understands the job & can make the training more relevant by putting forward ideas & scenarios that relate to the person's job. It was more personal & they gave me more feedback. By doing this I got to know a bit more about the guys which will help when we go on for appraisal. We are very, very busy & it is hard to release staff for training but this way we can do it. It is easy to use, user friendly."*

(Portering team leader, NHS acute trust)

Case 3: Mentoring for residential care

Employer: Residential nursing care provider (independent SME, four homes)

Staff group: Care workers, some from overseas

Aim: Support personal care delivery

Learning: Communication skills, teaching & learning strategies

Domains: Quality assurance, supervision, induction

What happened: Employer agreed trial to close gap in quality assurance system. Facilitator researched work routines & consulted with managers & shift supervisors to develop structured coaching & mentoring. Facilitator created guidance materials for mentors & staff then trained & supported mentors to implement the approach at induction & supervision.

Value added: Structured coaching & mentoring system enabling employer to support induction & supervision more effectively, closing gap in quality assurance system

Difficulties encountered: Time required for development of guidance materials, creating shift patterns that brought mentors & mentees together consistently, ensuring appropriate mentor-mentee ratios

Determinants of success: Senior management endorsement, active participation of local managers & supervisors, quality of materials (accessible, workplace specific), linkage to care sector workforce standards, flexibility with timescale, facilitation

Approach

- Secure agreement with employer
 - Research work routines to identify key activities, behaviours required of staff & performance problems typically associated with activities
 - In consultation with training/quality managers & supervisors, create induction-linked materials to support supervisors coach & mentor staff on-the-job, including guidance on mentoring, workplace observation records, handbooks for staff
 - Train supervisors to act as coach-mentors
 - Support training/quality managers to implement system of on-the-job supervisory coaching & mentoring that extends initial induction training into shift work, enabling effective monitoring of shift workers
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Employer's view: *We were given a remit by Government to provide effective induction training. We were already doing this, but it lacked structure, especially around the care issues. This project gave the structure for [care sector induction] and put in place a system of mentors to implement it. The mentors needed a framework to do this. All of the metrics of quality assurance are showing consistent improvement. I am delighted with this project.*
(Owner, Residential nursing home)

Mentor's view: *It is passing on information that people need for their work and this creates more questions.*
(Senior carer, Residential nursing home)

See also Case 4, which trialled same approach with different employer

Case 4: Mentoring for residential care

Employer: Residential nursing care provider (independent SME, three homes)

Staff group: Care workers, some from overseas

Aim: Support personal care delivery

Learning: Communication skills, teaching & learning strategies

Domains: Quality assurance, supervision, induction

What happened: Employer agreed trial to close gap in quality assurance system. Facilitator researched work routines & consulted with managers & shift supervisors to develop structured coaching & mentoring. Facilitator created guidance materials for mentors & staff then trained & supported mentors to implement the approach at induction & supervision.

Value added: Structured coaching & mentoring system enabling employer to support induction & supervision more effectively, closing gap in quality assurance system, support for training/quality managers

Difficulties encountered: Time required for development of guidance materials, staff shortages, recruitment freeze, delays in allocating mentors

Determinants of success: Senior management endorsement, active participation of local managers & supervisors, quality of materials (accessible, workplace specific), linkage to care sector workforce standards, flexibility with timescale, facilitation

Approach

- Secure agreement with employer
 - Research work routines to identify key activities, behaviours required of staff & performance problems typically associated with activities
 - In consultation with training/quality managers & supervisors, create induction-linked materials to support supervisors coach & mentor staff on-the-job, including guidance on mentoring, workplace observation records, handbooks for staff
 - Train supervisors to act as coach-mentors
 - Support training/quality managers to implement system of on-the-job supervisory coaching & mentoring that extends initial induction training into shift work, enabling effective monitoring of shift workers
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Employer's view (1): *The LtW project was essential for getting [induction-linked mentoring] off the ground. The support is key, especially where there are learning difficulties.*
(Residential nursing home manager)

Employer's view (2): *It has reduced our induction paperwork from 100 to 22 pages. People coming into care as assistants are not used to paperwork. The support & mentoring pack has aided this enormously. The performance observation sheets are a very useful tool & less intrusive, enabling [supervisors] to assure safe & correct standards of working. It stimulates people to look beyond just coming in & doing a job. These are people with little educational experience & this can show them how they can achieve.*
(Training manager, Residential nursing home)

See also Case 3, which trialled same approach with different employer

Case 5: Customer care for hospital cleaners

Employer: Facilities management provider (contract-holder at NHS acute hospital trust)

Staff group: Hospital cleaners, many from overseas

Aim: Deliver customer care training to shift workers

Learning: Communication skills, teaching & learning strategies

Domains: Customer care, supervision, quality assurance

What happened: Employer agreed trial to bring customer care training to shift staff unable to attend company's mandatory training. Facilitator consulted staff, managers & training & quality manuals to create bite-size customer care programme delivered by supervisors at start of shift; trained & supported supervisors to implement the approach. Participating staff & supervisors achieved NOCN accreditation through the programme.

Value added: On-the-job learning system created that enabled employer to deliver customer care training to shift staff unable to attend company's mandatory training

Difficulties encountered: Lack of access to corporate management, lack of access to supervisors as a group for preparatory training, staff shortages, operational pressures related to national NHS initiatives (hospital 'deep clean')

Determinants of success: Management endorsement (based partly on perception of cost-effectiveness), work group commitment (incl managers & supervisors), quality of materials (accessible, workplace specific), flexibility with timescales, facilitation

Approach

- Secure agreement with employer
 - Research work routines to identify key activities, behaviours required of staff & performance problems typically associated with activities
 - In consultation with training/quality managers, supervisors & staff create bite-size on-the-job customer care learning programme facilitated by supervisors, offering NOCN accreditation to both staff & supervisors; programme materials include guidance on facilitation & mentoring for supervisors, workbooks for on-the-job staff learning
 - Train supervisors to deliver programme
 - Support training/quality managers to implement supervisor-led programme
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Employer's view: *The customer care training would not have happened with this group of workers without the LtW project. The supervisors are better equipped and rounded than when they started.*

(Cleaning manager & training manager, FM contractor)

Mentors' view: *We have been impressed with the idea of the course and the way it has worked. This approach seems to work better than previous training methods. We can see a difference in the quality of work and communication of those we are mentoring. They are more likely now to identify problems and raise this with the supervisors. Their confidence has grown and they are talking to patients and nurses. This enables them to develop better working relationships. There is a visible effect on work performance that is attributable to the project. It has changed my attitude to learning.*

(Hospital cleaning supervisors, FM contractor)

Case 6: Health & Safety for hospital cleaners

Employer: Facilities management provider (contract-holder at NHS acute hospital trust)

Staff group: Hospital cleaners, many from overseas

Aim: Improve & standardise infection control practices

Learning: Communication skills, teaching & learning strategies

Domains: Health & safety, supervision, training

What happened: Employer agreed trial to support infection control procedures. Facilitators researched work routines & consulted with managers & supervisors to specify infection control procedures then created bite-size on-the-job learning materials to support training & supervision. Facilitators supported training manager to use materials with staff.

Value added: Infection control procedures standardised within work group, accessible staff training materials describing procedures created for training manager

Difficulties encountered: Employer management & communication systems ineffective, infection control procedures disputed within work group, training manager unwilling to share learning materials with supervisors, complicated division of responsibility for cleaning quality assurance between employer & client organisation, staff shortages, low work group morale

Determinants of success: Employer management systems (incl communication across departmental & organisational boundaries), commitment of managers & supervisors, quality of materials (accessible, workplace specific), flexibility with timescale, facilitation

Approach

- Secure agreement with employer
 - Research work routines to identify key infection control practices, behaviours required of staff & performance problems typically associated with activities
 - Create bite-size, on-the-job learning materials that specify the infection control practices in language accessible to all staff
 - Induct training/quality managers & supervisors in use of materials to
 - Communicate agreed infection control practices
 - Monitor infection control practice by staff
 - Coach staff in a structured, systematic way
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Learners' view: *We can understand [the learning materials]. | I think I know what to do now. | I can take [the learning materials] home & look in the dictionary.*

(Hospital cleaners, FM contractor)

Employer's view: *Surprisingly they do use [the learning materials]. Basically it's because they are more understandable. Normally I used to get all my handouts left on the table but they're taking these. Also I used to have to tell them the same thing 20 times but now I only need to go through it once & they understand. It makes my job easier.*

(Training manager, FM contractor)

See also Case 7, which trialled same approach with different employer

Case 7: Health & Safety for hospital cleaners

Employer: NHS acute hospital trust
Staff group: Hospital cleaners, many from overseas
Aim: Improve & standardise infection control practices
Learning: Communication skills, teaching & learning strategies
Domains: Health & safety, supervision, training

What happened: Employer agreed trial to support infection control procedures. Facilitators researched work routines & consulted with managers & supervisors to specify infection control procedures then created bite-size on-the-job learning materials to support training & supervision.

Value added: Infection control procedures standardised within work group, accessible staff training materials describing procedures created for training manager

Difficulties encountered: Work group management & communication systems ineffective, infection control procedures confused within work group, responsibility for cleaning quality assurance split across departments, cleaning supervisors reluctant to monitor staff, delays caused by outbreak of infection & government requirement for cleaning department to complete 'deep clean' of hospital

Determinants of success: Employer management systems (incl communication departmental boundaries), commitment of managers & supervisors, quality of materials (accessible, workplace specific), flexibility with timescale, facilitation

Approach

- Secure agreement with employer
 - Research work routines to identify key infection control practices, behaviours required of staff & performance problems typically associated with activities
 - Create bite-size, on-the-job learning materials that specify the infection control practices in language accessible to all staff
 - Induct training/quality managers & supervisors in use of materials to
 - Communicate agreed infection control practices
 - Monitor infection control practice by staff
 - Coach staff in a structured, systematic way
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Supervisors' view: *I wish I had received [the learning materials] when I started six months ago. | The information about MRSA, C.Diff & HIV is really useful for all staff as there is confusion amongst staff about these infections. | These materials will be particularly good for new starters to have.*

(Senior Ward Housekeepers, NHS acute trust)

See also Case 6, which trialled same approach with different employer

Case 8: Telephone skills for residential care

Employer: Residential nursing care provider (independent SME, two homes)

Staff group: Care workers, mostly from overseas

Aim: Improve telephone communication

Learning: Communication skills, teaching & learning strategies

Domains: Customer care, supervision, training

What happened: Employer agreed trial to address staff difficulties in answering incoming phone calls. Facilitators researched work routines, consulted with managers & staff then designed a bite-sized learning programme for deputy manager to deliver during shifts. Trained & supported deputy manager to implement the approach.

Value added: On-the-job learning system created that enabled employer to address telephone communication issues that the employer had not previously been able to address; deputy manager's confidence & competence enhanced

Difficulties encountered: Long-term sick leave of key manager, lack of co-operation from nurse in charge of company's other home, deputy manager lacking self-confidence as trainer, owner/director's lack of involvement

Determinants of success: Support of manager, deputy manager's commitment, quality of materials (accessible, workplace specific), flexibility with timescale, facilitation

Approach

- Secure agreement with employers
 - Research work routines to identify key communicative practices & performance problems typically associated with practices
 - Create bite-size, on-the-job learning materials that specify, explain & exemplify the behaviours in language accessible to all staff
 - Induct training/quality managers in use of materials to
 - Standardise communicative practices
 - Coach staff in a structured, systematic way
 - Enable individual & peer learning.
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Learner's view: *It's good training. When I first came I had no English. Now I know how to answer the phone and what to say properly. | For me it's very good. I am happy. | I want this every week. | When you are at work no-one tells you if [your performance] is okay or how to do it better. Thank you for helping me. | It's good for me to be checked. Now I know I can ask the caller questions to make sure I understand. I wasn't sure before.*

(Care workers, Residential nursing home)

Employer's view: *Proof that staff value being part of this is that, although some had been reluctant to be involved at first, they are now missing their break to attend sessions. As for myself, I've been doing things like talking to relatives about difficult issues that I would not have had the confidence to do before being involved in teaching the staff. I can do more management jobs now and have been officially promoted.*

(Deputy manager, Residential nursing home)

Case 9: Leisure centre supervision

Employer: Leisure centre provider (ex-local authority not-for-profit SME)

Staff group: Leisure centre line managers & supervisors

Aim: Develop line managers' & supervisors' coaching skills

Learning: Communication skills, teaching & learning strategies

Domains: Supervision

What happened: Employer agreed trial to enable managers to improve staff customer care practices. Facilitator delivered three workshop sessions (covering objective setting, active learning theory & practice, assessment & feedback) to enable line managers & supervisors to use teaching & learning strategies when supervising staff.

Value added: Line managers & supervisors better equipped to address performance issues through supervision

Difficulties encountered: Workplace pressures led to session postponement, participants' ability to differentiate between attitudinal & skills issues, content of third session (feedback) already familiar to participants

Determinants of success: Employer endorsement, involvement of all relevant managers & supervisors, programme content (responsive to workplace need), support for participants to apply programme learning in their workplaces, flexibility with timescales, facilitation

Approach

- Secure agreement with employer
 - Research work routines to identify key people & performance management practices & problems typically associated with practices
 - Develop short learning programme to enable line managers & supervisors to use teaching & learning strategies in supervision to change staff behaviour
 - Deliver sessions to managers & supervisors, including input on
 - Setting learning objectives
 - Teaching & learning strategies for managers & supervisors
 - Assessment, feedback & evaluation
 - Support participants apply classroom learning in the workplace
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Learner's view: *This was enjoyable & useful. It is helping me in my work.*
(Reception manager, Leisure centre)

Employer's view: *This helps us address specific behaviours of key personnel that impact on our operational objectives. We are seeing improvements in performance.*
(Centre manager, Leisure centre provider)

See also Case 10, which trialled same approach with different employer

Note: Cases 9 & 10 were not included in the project's external evaluation

Case 10: Leisure centre supervision

Employer: Leisure centre provider (ex-local authority not-for-profit SME)

Staff group: Leisure centre line managers & supervisors

Aim: Develop line managers' & supervisors' coaching skills

Learning: Communication skills, teaching & learning strategies

Domains: Supervision

What happened: Employer agreed trial to enable managers to improve staff customer care practices. Facilitator delivered three workshop sessions (covering objective setting, active learning theory & practice, assessment & feedback) to enable line managers & supervisors to use teaching & learning strategies when supervising staff.

Value added: Line managers & supervisors better equipped to address performance issues through supervision; workplace procedures modified

Difficulties encountered: Participants too thinly spread across the organisation to support each other outside of sessions, low-trust/Taylorist management approach favoured by some participants, communication with participants between sessions, low attendance at third (final) session, lack of follow-up from employer/senior management

Determinants of success: Employer endorsement, involvement of all relevant managers & supervisors, programme content (responsive to workplace need), support for participants to apply programme learning in their workplaces, flexibility with timescales, facilitation

Approach

- Secure agreement with employer
 - Research work routines to identify key people & performance management practices & problems typically associated with practices
 - Develop short learning programme to enable line managers & supervisors to use teaching & learning strategies in supervision to change staff behaviour
 - Deliver sessions to managers & supervisors, including input on
 - Setting learning objectives
 - Teaching & learning strategies for managers & supervisors
 - Assessment, feedback & evaluation
 - Support participants apply classroom learning in the workplace
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Learner's view: *Value is added to performance when individuals have a good understanding of a task. I have started to hold weekly staff meetings and now set all attendees objectives in these sessions. I have made a chart to monitor how they are progressing with them.*

(General manager, Leisure centre)

See also Case 9, which trialled same approach with different employer

Note: Cases 9 & 10 were not included in the project's external evaluation

Reflections on facilitator's role

At the end of the trials, the workplace learning practitioners who had developed and facilitated the cases outlined above were asked to reflect on their experiences as developers and facilitators of on-the-job learning. Their comments, reflecting their own skills, experiences and aptitudes, give insight into the facilitator's role.

Areas of satisfaction reported by facilitators included: 'helping employers to get things to work', 'analytical problem-solving, getting others to work together', 'employer engagement, planning', 'researching needs and working out the best approach', 'identifying the skills in work tasks', 'working out a plan jointly, bringing together education and business', 'finding the right people to work with, building relationships', 'developing learning materials', 'project development, action planning', 'seeing the changes in people and how they are empowered as a result of the intervention', 'seeing people enjoying learning, seeing learners progress', 'transferring my role to someone within the organisation', 'new experiences, variety, learning new skills'.

Areas of difficulty reported by facilitators included: 'picking a way through the organisation's internal politics', 'communicating the model to employees', 'dealing with cancelled appointments when you have time constraints, asserting yourself', 'knowing when to be proactive', 'dealing with chaotic organisations', 'being in the position of asking for 'favours' from the employer organisation, not being a priority'.

Features noted by facilitators when asked to **characterise the role** included its collaborative, collective nature, from objective setting with the organisation to concern for collective learning; also the role's focus on enabling learning, which extends to coaching and mentoring, rather than instructing. A good understanding of the workplace and its broader context was considered valuable, an interest in solving workplace problems essential.

Facilitator view: *'The facilitator operates in a less structured environment than a classroom instructor. They need a tolerance for ambiguity and the ability to think on their feet.'*

Evaluator's view: *This may seem obvious, but the contribution of the facilitators was essential. They demonstrated significant additionality in their role. The facilitator logs demonstrate how, in the midst of somewhat chaotic workplaces, with managers pre-occupied with fire-fighting, they succeeded in helping managers clarify and communicate work routines and priorities more effectively. A number of trial cases had already explored potential new learning methods, principally around induction, but they were not working and the facilitators were able to overcome this. They built up trust relationships with key stakeholders in the organisations and started to instil a degree of confidence amongst staff that was contributing to improvements in learning culture. From this, the key outcomes of the project followed.*

Stuart, M., Winterton, J. (2009) *Learning through Work - Phase 2 Evaluation Report*, Centre for Employment Relations Innovation & Change, Leeds University Business School (p46)