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# A Team Building Project Enhancing Quality Care Indicators.



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# A Team Building Project Enhancing Quality Care Indicators.


## Abstract

**Purpose:** The purpose of this paper is to illustrate the development and delivery of a project aimed to facilitate team building and leadership and management skills in a London Paediatric Unit. The project content was tailored to meet the developmental needs of the staff working within the units, incorporating both soft and hard leadership teaching approaches.

**Design/Methodology/Approach:** This paper describes how the project was designed, developed, implemented and evaluated. Beginning with the needs identified by the Unit managers and the identified needs of the staff members, the self awareness person centred approach was used instilling individual responsibility for growth and development.

**Findings:** All staff participated and found themselves to have significantly developed both as individuals and team. They also identified the support required from management in order to fulfill their potential and to work effectively as a team. The teams have since completion of the project been more cohesive and are working more effectively.

**Practical Implications:** The Team Building project demonstrated how externally developed team building projects can be an effective approach to team building and leadership skill set acquisition, which can then be utilized in the practice arena.

**Originality/value:** Utilisation of a person centred approach to team building enables the individual to develop both as an individual and as a team – allowing them to contribute at a higher level.



**Keywords:** Leadership, Management, Quality, Communications, Health Service Sector, Paediatrics.

**Article classification:** Case study

**Overview of paper**

A project was undertaken for a London NHS Trust to support staff on a paediatric ward with team building and leadership skills. The Trust requested a project to develop a team of staff on a particular unit, in order to enhance team building and cohesion. The broad scope of the project was - team building to enhance quality indicators.

A number of new staff had recently joined the team and the ward manager had identified some personality differences within the team. The practice environment had been previously divided into two areas and the teams had been rostered separately. However just before the project commenced the rota was changed so the entire team could work across the whole ward rather than in two separate teams. This was to enable staff to work in all the unit areas, such as acute care, high dependency unit, day care or oncology and to work as one whole team.

**Planning phase**

During the planning phase the facilitators explored how awareness of management and leadership skills could be incorporated and how they could be embedded to improve actual practice delivery in the clinical setting. The aim was to identify ways in which the skills of the individuals

within the team could result in much greater team coherence. It would also facilitate opportunities for team members to consider specific areas, commensurate with their responsibilities that **they** wanted to personally develop within the setting and for their own personal development. It was envisaged that the project would increase the quality of care delivered and hence have a positive impact upon practice. The funding allowed for a four-day project to be delivered by two facilitators for two separate groups to ensure the unit was sufficiently staffed.

The project was developed and facilitated by the authors. Michelle Ellis has expertise in Practice Development and has managed teams both in practice and in the higher education setting. Billie Kell has expertise in the development and delivery of leadership programmes. Jointly, a four day training package was produced following discussions on the most appropriate content and modes of delivery. A key aim was for participants to recognise the links between:

1. **Leadership styles**
2. **Team working**
3. **Quality**
4. **Practice Development**

The discussion of the content planned and rationale for inclusion led to the recognition that the content planned fell into two themes: hard and soft leadership theory (table 1).

***Please place table 1 here***

The Trust was clear on their expectations, and the facilitators had no constraints placed on them in terms of content or methods of delivery. It was vital however, to instigate the team to bond, and appreciate both their individual and team responsibilities, which contributed to the effective running of the unit and enhanced the quality of care given to patients.

Discussion of the content and acknowledgment of the morale of the staff on the unit required a delicate approach to the training package. For this reason the decision was made to make the focus of the training, personal self development of the individual. By learning about themselves and becoming more self aware the training could be personalized to the staff members.

**Content**

*Introduction*

The first session commenced with an icebreaker which allowed the group to introduce themselves to each other. This was particularly useful for the new members of the team to get to know each other in a "non threatening way" (Phillips, 1994). In line with the goals of the project the ice breaker 'Marooned' was used. The question was posed 'If you were marooned on a deserted island which 3 people would you want with you? They can be dead, alive or imaginary'. This enabled the group to start exploring what they valued in someone in a given situation. It related to Maslow's (1999) hierarchy of needs. Group members identified people who would help them meet the basic needs and Maslow was a theory that as health professionals they already understood.

The groups were then given an individual resource to complete using Pandora's Box to ascertain their views of why they were attending the project. Each of their comments were addressed, as in the main they were negative; particularly as attendance was mandatory. Overall there was strong recognition that team morale was low and consequently the team was not working as effectively as they could have been. A major concern raised by some attendees was that management had not included

themselves in the project, and they were also part of the team. The opportunity was taken to elaborate to the group the facilitators understanding of the purpose of the project, and why they felt they were attending the training. Focus was placed on individual personal development, and how learning about themselves would aid their development both personally and professionally. It was highlighted to the group that **our** aim was to get them to learn about themselves and to initially explore methods and skills that would enhance their ability to develop. The approach taken personalized the learning experience and content: for them to explore what makes **them** happy? What motivates **them?** What type of communicators are **they?**

Self awareness is a fundamental aspect of every successful individual (Burnard 1992) although definitions of success obviously vary. Reflecting on oneself is challenging and there is a requirement to acknowledge that we may not always like what we see (Schon 1995). Hence self-awareness requires individuals to be brave and honest in order to develop. To facilitate this process a reflective journal was utilised. Each day's training would encompass an additional insert to the reflective journal. The purpose of the journal was explained as the tool for them to explore issues as they arose. The journal was **theirs** to use for their personal

development. They could add any resources they found useful and record what they learnt and their reflections on the theory and how they applied and related it to themselves. Although this was mandatory training it would not include a formal assessment. To illustrate how they had developed and to contribute to the team learning however they would be expected to produce a resource pack focusing upon the specialist topic they were responsible for on their unit, or an area of interest. This resource pack would then be presented to their peers on the final day of the project, and be made available for future use on the unit by the team.

*Motivation.*

The scene was set to focus on the personal development of the group members and this commenced by exploring the concept of motivation with the group. It was important to understand the significance of their definitions of motivation. A word cloud on motivation was shown to illustrate a diverse array of words that may be associated with motivation. Once the concept had been understood individually, types of motivation were explored. The first motivation for a human being is the motivation for survival – the need to stay alive; which forces us to satisfy our basic needs such as food, water and air. Visual examples were given using the trailer of the film 127 hours (You Tube 2010) to illustrate the

human need for survival. 127 Hours is the true story of mountain climber Aron Ralston's remarkable adventure to save himself after a fallen boulder crashes on his arm and traps him in an isolated canyon in Utah. Over the next five days Ralston examines his life and survives the elements to finally discover he has the courage and the wherewithal to extricate himself by any means necessary, scale a 65 foot wall and hike over eight miles before he can be rescued (Fox Searchlight 2010).

Participants were then given a scenario of feeling unwell and being at home, and yet if their house was broken into the need for survival would take over. Next external motivation was discussed with the group. A definition was given of this being the type of motivation we get from outside resources such as, parents, friends, managers and teachers, inspiring individuals and websites. The group were asked about who their external motivators were, which they shared with the group. The limitations with external motivators are that they do not last forever, and are not always present, which was acknowledged by the group. Hence the most powerful form of motivation is internal motivation; the kind that makes sportsmen excel for example. The group had to explore other examples of internally motivated individuals. This linked to the desire the group expressed about wanting to do their job to the best of their

ability. According to Stephen Covey "Motivation is a fire from within. If someone else tries to light that fire under you, chances are it will burn very briefly". (Thinkexist.com) A video clip was then shown of Stephen Covey presenting The 7 habits of highly effective people (Mind Perk 2011). It was important for the group to explore exactly what motivates them personally. This was instigated by using the quote "Dream as if you'll live forever…. Live as if you'll die today". This stimulated some debate and led to exploring those people who motivate them and why. These were shared with the groups and ranged from parents, friends and co-workers.

Some members of the group believed they were not functioning effectively as a group and this somewhat resulted in a lack of confidence in their own competencies. To develop and build their confidence Maslow's hierarchy of needs (1999) was utilised. This is a core component of nursing education programmes and hence a model most of the group were aware of. Relating motivation to Maslow's hierarchy enabled them to appreciate what they already knew and make links to their previous knowledge and current discussion upon motivation. To aid the group to understand their own motivation at a deeper level McClellan's motivation needs theory (McClelland 1967) was used to help each of the participants

to identify which type of motivation best described them: achievement, authority/power, or affiliation. The purpose of the exercise was to raise self awareness as this is a key contributor to the successful individual and to reiterate to the group that the learning was personal development for them.

*Communication.*

To do anything effectively in life there is a fundamental requirement to be able to communicate (Sully and Dallas 2010). Communication was hence next explored with the group; particularly miscommunication either via being lost in translation or where jargon is used. Reasons for communicating were explored with the group and they were asked why we communicate – such as forming relationships, and how we make sense of the world and our experiences. This led to a discussion on the role of good communication in improving patient outcomes and satisfaction. The groups were asked who they communicate with on the unit other than their patients (table 2).

***Please place table 2 here***

The significance of effective communication was discussed with the group by posing questions:

- What happens when you speak to someone whilst having to concentrate on doing something else?
- Have you ever spoken to someone and felt you weren't being listened to?
- How did this make you feel?

The debate stimulated led to the group members beginning to explore the concept of communication from the standpoint that they knew and were aware of. However, in order to enable them to develop and learn even more about themselves an assessment quiz was utilised that would help them to identify their dominant communication style (Sully and Dallas, 2010). Upon completion they were asked to discuss in pairs if the results were what they had expected or whether they had learnt something about themselves and furthermore, what did they think they now needed to develop? To help them to focus on this task, theories of effective communication were explored with the group. The importance of body language and the fundamental role of non verbal communication were highlighted by placing the participants into pairs and one of them telling the other what they had done over the previous weekend, whilst the

other had to deliberately avoid eye contact or display an annoying habit. The pairs then discussed how the exercises made them feel, the process of which clearly illustrated the importance of body language and non verbal communication. Barriers to communication, such as: environment, jargon, status of communicators, fear, pain or high emotion, language and cultural differences and preconceptions were explored. A healthy discussion occurred as the groups recognised each of the barriers and then identified ways of overcoming these. The group then explored the significance of active and therapeutic listening where not just the content but also the underlying message is comprehended and enhanced by using reflective statements with patients. The specifics of communication in health care were revisited from how a professional perspective might hinder effective communication; this led to questioning why they considered effective communication was important within a team.

At the end of the session the importance of understanding oneself was reiterated. The concept of the Jung Personality test (Human Metrics 1998) was introduced as a mechanism to explore their own personalities. This type of personality typing was used because it is renowned for it use in helping individuals to grow and self develop (BSM consulting 2012),

which was a key concept of this project. Jung's theory of individuals is based on psychological type based and the way we taking in information and how we make decisions. The groups were hence directed to an online Jung personality test where they could privately explore their own persona. These were then explored within the group setting. It was interesting that some participants found the results as no real surprise yet believed they now understood more about themselves.

*Leadership, Management and Team Working*

Leadership and management overlap and are often confused. This session commenced by asking the group what they thought were the differences between managers and leaders. Then definitions of managers and leaders were given. For example 'Managers are people who do things right…. Leaders are people who do the right thing' (Bennis and Nanus 1986).

According to Kotter (1990) 'management is about planning, controlling and putting appropriate structures and systems in place, where as leadership has more to do with anticipating change, coping with change and adopting a new visionary stance' (Harvard Business Review 1990, 68, 103-111). It was important for the group members to comprehend this to better

understand the different key players within the team environment. To emphasise the differences the group were shown pictures of different recognizable leader type personalities for them to explore who may be perceived as a leader and how a consensus may not be achieved, because of different leadership styles and of what constitutes an actual leader to different individuals.

The groups were then asked to state how others would perceive them as leaders. The significance of this was to commence with how they perceived themselves. This was then explored by the group to see how they were viewed as leaders by the wider group (Businessballs.com 2005). This culminated in a practical activity where they were required to lead their partner to achieve a particular task blindfolded. The session incorporated how leadership styles have changed over time. To embed this interactive and institutional leadership models were explored and how the former is recognised as being more beneficial to enhancing team spirit (Burham 2002). Group members discussed the approach they thought was being utilised in their work environment. Different personal leadership approaches were highlighted; co-ercive, pace-setting, visionary, affiliative, democratic and coaching (Change minds 2012) and group members considered which approach they used, when and why, and

the significance of using the appropriate approach to the situation in question.

This led on to how leadership is used to lead change. To illustrate this Burnham's (2002) Interactive leadership model was explained and explored (figure 1), to visualise the components and the process followed. The key components of the actions stage: emotional intelligence; engaging the group; leading change; and focusing on results were explored in greater detail.

***Please place figure 1 here.***

Making links with authenticity embedded the role of emotional intelligence and hence authentic and successful leadership were revisited using a range of articles (Upenieks 2002, Upenieks 2003, Shirey 2006, Triola 2007, Jumaa 2008, Shirey 2009). To ensure comprehension within the groups authentic/successful leadership definitions and characteristics that form them were discussed by the students.

*Quality*

In order to improve quality there is a distinct need to understand exactly what quality is. A group exercise, using Post It notes enabled the group to explore what they understood quality to mean to them. Definitions of quality were discussed: such as an essential or distinguished characteristic, good moral, mental or aesthetic characteristic, virtue or a degree of goodness. However, quality can also be seen in terms of customer wants, or in this case patient satisfaction (Deming 1991). The three dimensions explored were client quality – what clients and carers want; professional quality – service need as defined by the profession and referrers and management quality – the most efficient and productive use of resources within set time limits set by those in authority and purchasers. Models of quality within health care such as Donabedian's (2003) that describe and explain quality in terms of structure, process and outcome and Maxwell's six dimensions (2003) were incorporated. Using a combined Wright's matrix of the two models illustrated a therapy quality assurance strategy (Table 3). The limitations of this approach shared were that neither, Donabedian's or Maxwell's models focus specifically on patient needs or that of the whole organization.

***Please place table 3 here***

Quality and its application to children's nursing practice were included. Guidance notes on the 5 why's technique (Jasper, 2006) provided a definition, benefits, how to use the 5 Why's and examples of how to apply them was given to the group (IMS International 2010). They were also given details of the Critical Incident Technique (CIT) which included an overview and a process map for CIT interventions (Serrat 2010). Alongside this a template for the Plan, Do Study and Act (PDSA) Improvement cycle (NHS Institute for Improvement and Innovation 2008) was elaborated upon. The groups were asked to complete the PDSA in relation to an incident they had experienced. The process of applying the theory and the solutions they arrived at were shared with the wider group to enable lessons to be embedded, as storytelling is a powerful resource to learning (Heath & Health 2008).

Quality was related to them by using Ralph Waldo Emerson's quote 'Make the most of yourself, for that is all there is of you" (ThinkExist.com 1999). To apply this, the group had to explore quality in relation to a role in their life. The role was written onto the centre of a circle, on the periphery they had to write statements about how they undertake this role. Each statement then was allocated a weighting from 1-10 as to how much quality they gave to each statement. The reason for using a

personal role was because it would enable them to explore a concept they were very familiar with. Once completed, a number of questions were posed:

- What have you learnt?
- Are you doing enough?
- Could you do more?
- What more could you do?

The group members were very comfortable exploring a personal role in depth and stated they had learnt a lot from the exercise. This was then expanded to enable them to explore their roles at work. The transition was made by using another quote: "Pray as though everything depended on God, work as though everything depended on you" Saint Augustine (Think Exist.Com 1999). The same exercise was then undertaken, but this time their role/position was written in to the centre of the circle. On the periphery the different aspects of the role were stated. Subsequently each statement was allocated a number between 1-10 as to how much quality they gave to each aspect. The same reflective questions were then applied. Strangely enough the group participants all acknowledged that much less quality was being given to their work roles

than their personal roles. In order to illustrate how developments in quality could be made in their roles at work, a copy of their job description was given to them From this each participant added those aspects outlined within their job description that had been omitted from their statements. They were then asked to explore what they had learnt from the exercise about their role today. The result was interesting as some were suddenly defensive about their actions, which had not occurred when they had openly discussed their personal relationships. Questions were then posed as to why there had been such a different reaction.

Accountability enabled them to transition their ideas and explore how they demonstrate accountability both as individuals and as team members. Cartoons and comic strips were used to illustrate the futile efforts individuals will go to not accept accountability and responsibility (Figure 2) (Savage 2006).

***Please place Figure 2 here.***

To explore this concept the question was posed: How do we demonstrate we are taking responsibility? Using a personal example from life to illustrate, each group member had to make a statement, e.g. I take responsibility for my health by what I choose to eat and how much or little I exercise. The group commenced discussing examples of how they took responsibility in their own lives. An example was then given by the facilitator of how responsibility had to be taken if a whole cohort of students failed an assignment. This may be due to the fact that the facilitator had not explained the task clearly. This resulted in a discussion of how simple or challenging taking responsibility actually is, and the skills needed to undertake it.

Duty of care was included because as health professionals they needed to comprehend that their duty of care required them to take responsibility. A duty of care was defined using the UNISON duty of care handbook (2011) as an obligation implicit in their role as a health worker towards their patients/service users, colleagues, employer, self and public interest. However, the focus was not just on obligations but also on what makes employees function most effectively, because employee fulfillment has four key components (Barrett 2011) (Table 4).

***Please place table 4 here***

The work on the unit and how this did or did not fulfill these components was discussed and group members were encouraged to continue their personal reflections within their reflective journal. The concept was discussed that they needed to understand themselves and what they needed before they could ask for it. By exploring their own roles they were able to highlight what they did well and what areas they could develop and improve with help and guidance. From this the group members identified what support they perceived would be beneficial from management. These were noted, maintaining confidence and fed back to the management by the facilitators.

*Presentations*

An array of topics were presented by the group members ranging from materials for health promotion for children and parents to teaching sessions/ resources for colleagues and students and there was a range of quality to them. Unfortunately a number of group members were unable to attend the final session due to work commitments and sickness. The quality of some of the presentations were limited, however the group did explore their contribution to this and what they would do differently in future.

**Evaluation**

Evaluation of the project was undertaken in a number of ways:

- Pre and post questionnaires per session – to identify knowledge and learning gained.
- Overall evaluation of the project which enabled the group members to explore the benefits and disadvantages of project participation.
- Trust evaluation that incorporated a synopsis of the group feedback.
- Personal evaluation of what they had learnt and the actions required of them to get the most out of participating in the project.

*Personal evaluation*

The students were given a template (figure 3):

***Please place figure 3 here.***

In order to evaluate what they had personally gained from undertaking the project they were given the template show in figure 2. They were asked to complete in green ink what they had learnt and in red ink what actions they identified to continue to develop themselves. Table 5 illustrates the lessons they recognised they had learnt and what actions they felt they now needed to make to get the most out of what they had learnt.

***Please place table 5 here***

*Overall Evaluation*

The overall evaluation for the project enabled the groups to explore what they had gained from completing the team building project. The questions they were asked to evaluate the project are outlined in table 6 below.

***Please place table 6 here***

The groups evaluations were consistently positive throughout the project. Table 7 outlines some the feedback given in the overall evaluation of the project in response to the question stated above:

***Please place table 7 here***

**Conclusion**

Overall the project evaluated very well. It combined interactive methods, group work and team building exercises with self reflection. Emphasis was placed on how the group members could develop themselves and maximize the impact on the team and on quality indicators for patient care.

Since the project has been completed the teams have been more cohesive, and the staff have been working effectively as a team. There has been an improvement in communication amongst the staff. Staff appear more aware of colleagues' roles. The senior staff have been working more regularly in direct patient care and shift patterns which has enhanced relationships between the managers and the team.

Some staff have developed further in their areas of interest and this has led to promotion for some such as Clinical Nurse Specialist posts. Some staff have identified areas they will need to develop further and have progressed on to do modules for their degree and also mentorship

courses. This personal development will further support the development of their colleagues, students and the quality of their practice in caring for children and families.

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Tables for Team Building Project to enhance quality care indicators

Table 1

| Hard theory | Rationale |
|---|---|
| Leadership + exercises | Gave insight into the differences between the concepts of leadership and management. |
| Team building + exercises | Provide an opportunity for the groups to illustrate effective team working. |
| Quality | Demonstrated the significance of quality and how this impacted on the care of children and families. |
| Practice development | Facilitate an opportunity for the groups to develop an aspect of practice/area of interest |
| | |

| Soft theory | Rationale |
|---|---|
| Motivation | Provide a core understanding of what motivates them and how motivation impacts on our actions. |
| Jung personality test | Identify their strengths and limitations and know what areas to develop. |
| Self awareness | Fundamental to effective functioning as a human being and how their behaviour may be perceived and |

| | |
|---|---|
| | affects others. |
| Communication | Vital component in all aspects of life; teams and working with families included. |
| Self- Actualisation | Ability to fulfil own true potential. Transferring qualities and skills from personal to work life. |

Table 1 – Overview of Hard and Soft theory and rationale

Table 2

| Who else do you communicate with other than the patient/child? |
|---|
| Children |
| Families |
| Colleagues |
| Other health professionals |
| Play specialists |
| Ward clerk |
| Porters |

Table 2 – Persons other than patients communicated with.

Table 3

| Wright's Matrix | | | |
|---|---|---|---|
| | Donabedian's approach | | |
| | Structure | Process | outcome |
| Maxwell's Dimensions | | | |
| Access | Child friendly location (pushchair access) | Easy booking, sufficient appointments | Parent and child attend |
| Equity | Facilities for families with special needs (physical/hearing problems)<br><br>HP resources in range language | Different appointment lengths available | Attendance – families feel they have been listened to |
| Appropriate, relevant to need | Facilities for hearing testing (soundproofed?) | Programme reflects client group e.g. Anaemia screening inner city area | Hearing problems detected |
| Acceptability | Clinics at appropriate time e.g. Not at same time as methadone clinic | Programme acceptable to parents – doesn't not include unacceptable tests (HIV?) | Attendance |
| Efficient | Skill mix of | Programme does not include inefficient | Cost per annum |

| | | | |
|---|---|---|---|
| | examiners | tests | identified problem |
| Effective | Equipment in good working order e.g. Calibrated instruments | Programme contains only effective tests. | Children with developmental problem identified.<br><br>Parents correctly reassured over concerns |

**Table 3 Wright/Maxwell and Donabedian's matrix**

Table 4

| Component | Aspect |
|---|---|
| Physical fulfilment | A decent wage and outstanding employee facilities – canteen, nursery, gym. |
| Emotional fulfilment | Open communication, friendliness, work appreciation and professional growth |
| Mental fulfilment | Accountability, opportunity to learn, to express personal creativity and find personal growth. |
| Spiritual fulfilment | Work that has personal meaning, a sense of making a difference, and an opportunity to be of service |

Table 4 - Four components of employee fulfilment (Barrett 2011)

Table 5

| What I have learnt | Actions to develop |
|---|---|
| To aim high | I didn't feel I accomplish my set goals of giving 100% always |
| Ambition to see my end result first | My presentation needed more |

| | |
|---|---|
| | effort and enthusiasm |
| What you put in is what you will get | Stop thinking of excuses and just do your best |
| Be punctual – work on yourself first | Making sure everyone attends all sessions |
| Think you are being looked up to by parents, child/family | Shorter, longer and regular sessions |
| Be a good leader, manager, listen before you contribute → better team member | I just wish it (the project) could have been longer and hope everyone gets the chance to do this. |
| Run the extra mile | |
| Self motivation | |
| Motivation from other people | |
| Types of leadership → successful leadership | |
| Reflection about what I have done | |
| Learning about myself | |
| Determination | |
| To start doing things | |
| To focus on me, what I want | |
| To find what motivates me and stick to it | |
| To help me further in life and solve problems | |
| Taught me how I am as a person | |
| To think more clearly | |
| To focus on things that actually matter<br><br>To see things differently | |
| Use experiences to do better and not repeat the bad | |
| To because a better and stronger person | |

| | |
|---|---|
| To motivate myself to be better at my job and course | |
| Work more now | |
| This course has made me re-evaluate my life and job | |
| I have applied the principles to everything I do both at home and at work | |
| My communication skills have improved greatly | |
| I am thinking more now | |
| My anger with certain things has disappeared | |
| Nothing matters anymore as long as I give my all in a positive way | |
| I'm more positive now | |
| I now feel like I belong to a team rather than a group of people | |
| I have given more respect and vice versa | |
| My approach to things has improved/changed | |
| I think the teacher was great in my practice sessions | |
| Very engaging | |
| Great work | |

Table 5 – What group had learnt and actions they needed to take to develop

Table 6

| Evaluation |
| --- |
| How applicable was the content of the Project to your role and the team? |
| How has the project enhanced your practice? |
| What area have you developed? |
| What areas do you plan to develop further to enhance clinical practice or your role? |
| How has this project benefited the ward? Please link to QIPP (Quality, Innovation, Productivity, Prevention)? |
| How has what you have learnt benefitted the team? |
| How can you link what you have learnt in the project to your future Continuous Professional Development?<br><br>How can you link the knowledge, skills or experience gained with the pre-registration or post-registration curriculum? |

Table 6 – Questions asked in the Evaluation

Table 7

| **Comments from the student evaluations** |
| --- |
| *"The course has enabled me to know more of my role and other people's role"* |
| *" I am able to understand tools to improve practice"* |
| *"The project has enhanced my practice by enabling me to share ideas and concerns with the others and see things from others perspectives"* |
| *" The project has reminded me of my accountability, responsibility and duty of care which has a direct benefit to the ward as I am more conscious of how I do* |

| |
|---|
| *things and how I affect others"* |
| *"I can use my project as evidence of enhancing patient care standards on the ward, and use this to continue to develop ideas, and thus myself"* |
| *"Motivation of the team, able to communicate effectively, able to work as a team"* |
| *"Being taught topics that are very relevant and will help to improve practice in order to provide quality care"*<br><br>*"It has made me more aware of other individual's roles. I have been able to identify my own strengths and weaknesses"* |
| *"It will improve the quality of care patients will receive on the ward as well as improve the team working skills and communication between colleagues. Identified issues that need to be improved on the ward which can now be taken back to managers"* |
| *"Solve conflicts, better solutions"* |

Table 7 Comments made by the participants in the Evaluation

Figure 1

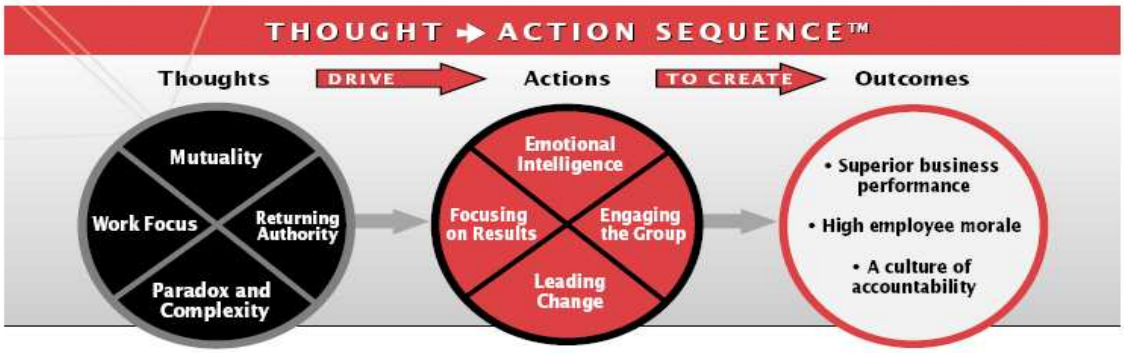


Figure 1 – Interactive Leadership Model (Burnham 2002)

Figure 2

Figure 3

Figure 3 – Personal evaluation template