Team training triumph
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CITATION
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Abstract
Enrolling on the Learning Leader project in 2012, the author describes her experience of Action Learning Sets and how she applied this reflective methodology to her team. The learning outcome exceeded all expectations in terms of team health, unification, knowledge, and resilience.

Keywords
training; reflection; team development

The story begins...
In April 2012, the Trust was in the throes of staff and strategic re-organisation with many key employees facing significant changes to their roles. It was during this turbulent period that I came across a leaflet boldly entitled Become a learning leader promoted by the Learning Network. I enrolled on the Learning Leader programme, but initially found myself confused and unable to grasp the expectations of the course tutors or the Trust.

The programme introduced me to the continuous process of learning and reflection known as 'Action Learning', a term coined by Reg Revans (1907–2003). Revans (2011, p. 1) stated "those organisations unable to adapt are soon in trouble". He asserts:

Adaptation is achieved only by learning, namely, being able to do tomorrow that which might have been unnecessary today, or

Cognitive behavioural training for physical health staff
to be able to do today what was unnecessary last week.

Revans’s original idea involves learning taking place in a ‘set’ which is a group of people working together for a concentrated period of time. On the programme we were randomly assigned our set, but at this early stage on the course I failed to see how this was particularly significant or groundbreaking.

We were encouraged to keep a journal to chart the progress of the programme. On the evening of day one, (after reading the handouts and an extremely helpful booklet DIY Handbook for Action Learners produced by Mersey Care NHS Trust, 2010) I found a quote from Edgar Schein: “You can’t impose anything on anyone and expect them to be committed to it.”

It dawned on me that the learning culture of the Trust had been one of ‘imposition’. For example:
1. Imposition of targets and not outcomes;
2. Imposition of compulsory audits with little space for individual and team areas of interest; and
3. Significant imposition of mandatory learning with little scope for team-led learning.

Within my team, the Cumbria Community Acquired Brain Injury Rehabilitation Team (CCABIRT), such a culture seemed to have a dampening effect on enthusiasm and quest for knowledge to enhance our skills. There seemed to be little value placed in engaging, sharing, and communicating the wisdom held within an inter-disciplinary team such as ours. We seemed to be experiencing learning stagnation, which was at odds with my personal experience of the culture of CCABIRT where there were no voices to ever hear!

"I left with several actions and a high level of motivation.

Subsequently, I presented my proposal to CCABIRT at our business meeting in September 2012. I gave an overview to the team of the Learning Leader programme, and the nature and purpose of Action Learning Sets. I invited everyone to attend the next meeting to be held in October, emphasising that attendance was voluntary.

As I prepared for the meeting I realised that I had repeated the culture of imposition’ on the team by pre-determining the nature of the learning event, i.e., case presentations. After some reflection and discussion with the team psychologist, I devised a Learning Needs Assessment (Milne & Noone, 1996) to enable us to discover our own learning needs. I also wondered if the team might be interested in discovering theirs and others’ learning styles so I acquired Kolb’s 1984 shortened version of the Learning Style Questionnaire (Milne & Noone, 1996). To baseline the team’s view of the Trust’s current learning culture, I used Marcia Conner’s Learning Culture Audit (Connor, 2004).

References to ‘culture’ led me to reflect on the team culture that had insidiously developed over the four years of my employment within CCABIRT. Not only had this had a detrimental impact on the team’s learning, as I have outlined above, but also, in my view, operationally in terms of the team’s performance. Hinshelwood and Skogstad (2005) vividly describe ‘defensive techniques’ adopted by groups of healthcare workers which are then maintained by and locked into the group’s social system of becoming the ‘cultural norm’ in that setting. For example, the cultural norm in CCABIRT became a rising competitive anxiety between the North and the South teams which resulted in a defensive corrosive attitude of distrust, not only between the teams, but also between disciplines within each team. Thus, my personal outcome from the project was “to understand more about organisational cultures and how it develops in the
workplace and influences team functioning and behaviour”.

Our first meeting of the sub-group (which I shall refer to now on as the CCABIRT set) took place on 3 October 2012 at a neutral venue mid-way between the two teams. In spite of enthusiastically encouraging team members to attend, I received only three apologies for non-attendance and just three CCABIRT members accompanied by their two students came. I felt disheartened by the lack of members. I wrote in my journal “I had expected greater interest and support. It takes such a lot to instigate change and I arrogantly thought I could!”

We administered the Learning Needs Assessment which resulted in the CCABIRT set wanting to pursue learning through: (i) debate; (ii) contemporary newspaper articles; and (iii) radio/TV news coverage. The CCABIRT set was not interested in examining their learning style so this was abandoned. Instead we formulated our ground rules and decided that we would identify presenters for a debate at the next meeting on 7 November 2012. The topic for the meeting would be gleaned from the Jeremy Vine Show on BBC Radio 2, which we all planned to listen to en route. It seemed important to the CCABIRT set that preparation time be kept to a minimum as everyone felt that their current workload precluded any further demands on time.

On 7 November 2012, five members of CCABIRT and two students attended. We held one informal and one formal debate. For the formal debate, one member of the team volunteered to take one side of the argument and one volunteered to take the opposing view (irrespective of their personal beliefs). It became a lively, entertaining, and informative debate. One member noted at the close that “It had really helped her to talk on her feet” as it was all unprepared and unscripted. The CCABIRT set decided that the rapport and ambience was sufficiently robust to debate a work-related issue at our next meeting on 19 December 2012. Therefore we agreed to identify an issue from the following business meeting on 5 December 2012.

Though the CCABIRT set had now met on just three occasions, it felt as if we were taking enormous strides. The trust and commitment between members had grown and we felt that we had a safe and friendly environment in which to explore and learn. However, at this time I became consciously aware of the exclusivity of the set and the time prioritised by the CCABIRT became consciously aware of the exclusivity of the set and the time prioritised by the CCABIRT set to attend provoked some derogatory remarks from the wider team.

I reflected on this within my Learning Leader Set (LLset). I seemed to have inadvertently perpetuated the team divisions. The LLset asked me some very probing, insightful questions which led me to see another way forwards in which I could include the whole CCABIRT team. By planning a training morning, utilising the skills of the programme tutors, I could give my whole team the experience of action learning and not just the CCABIRT set.

Therefore I decided to spend my project budget on the entire CCABIRT team by hosting a morning of Action Learning Sets on 6 March 2013 at a suitable hotel. I was thrilled to have found a way to satisfy the demands of the whole team and fulfil the expectations of the Learning Leader project.

Listening closely throughout the next business meeting for a topic we could bring to the CCABIRT set, I was overwhelmed when a CCABIRT member remarked that she “missed doing CPD together”. Consequently, at the following CCABIRT set meeting this was the pressing issue that we chose to debate. The CCABIRT set considered CCABIRT’s expectations of continuing professional development (CPD) in terms of:

a. Mandatory CPD;

b. CPD for role within CCABIRT;
c. CPD to maintain registration; and
d. CPD needs identified by CCABIRT.

Points (a), (b), and (c) were largely acknowledged to be the responsibility of individual clinicians. However, the identification of ‘needs’ could emerge from acknowledging ‘trends’ that the team face. For example, the team had recently received four referrals for clients suffering an acquired brain injury following encephalitis. The team felt in need of revision and updating of knowledge about encephalitis, which would increase their confidence and competence in dealing with these clients. Thus, three positive actions emerged from the CCABIRT set:

1. To invite the Encephalitis Society to give a presentation;

2. To briefly research the current encephalitis pathway within the team; and

3. To feed back to the wider team.

The whole day on 6 March was dedicated to learning. Initially, through the CCABIRT set and then as a whole team, we have been able innovatively to address our team’s learning needs productively, surpassing my original ambition of simply re-introducing case study presentations. The secondary aim of my project to “understand more about organisational cultures and how it develops in the workplace and influences team functioning and behaviour” has been a personal voyage of discovery.

Though a moderate cultural change was required to bring our team in line with the Trust’s renewed vision of learning, it was not as catastrophically incongruous as I had initially
thought it to be. We simply required a safe space and forum in which to confidently share our knowledge, insights, and reflections to enable us to grow and learn together.

The team training day on 6 March dawned. I was feeling anxious as we had not spent a full day as a team since a troubling one 20 months earlier when our relationships and style of working had been measured by Judi Egerton in her capacity as a Psychotherapist.

The business meeting commenced and the Project Manager gave a brief explanation of his six-week role in assessing the viability of the Gill Rise unit in Ulverston as a base for the developing Neuroscience Service in which CCABIRT sits. Following a brief introduction to the origins and aims of one method of reflective learning, the team divided into two sets and Gill Rise became the ‘live issue’ presented for Action Learning. One set was led by the Project Manager and the other set led by a combination of the Team Leader and myself. We asked the team to consider:

1. What are the key issues to CCABIRT when delivering their service to clients?
2. What is the potential viability of Gill Rise in Ulverston as a base for CCABIRT?

After approximately one hour the team regrouped and fed back their views and thoughts in to ‘Pro and Con’ columns regarding Gill Rise. The Project Manager remarked on the “enthusiastic reception and helpful comments” provided by the team.

Now that the team was gelling and working well, I presented the two groups with a couple of reflective questions for them to discuss and give feedback on later in the day. This degree of openness would not have been conceivable six months earlier.

When the Chief Executive Officer of the Encephalitis Society, Ava Easton, arrived, CCABIRT gave an overview of our issues of working with encephalitis clients within the community to which Ava listened and, as planned, was able to address during her highly inspiring and informative presentation. Her talk was well received by the team who asked many questions and gave her extremely positive feedback. She, in turn, commented on the “fabulous atmosphere” within the team and how she had found this “most invigorating”.

We were joined in the afternoon by a CPFT Governor. He summed up all that he had heard, seen, and learnt during his visit concluding boldly: “there’s no fear of innovation...[within CCABIRT] that’s often prevalent in other parts of the Trust.”

My reflections

Summarised in July 2012, the aim of my project was to “draw the team together to focus on learning opportunities we can develop for ourselves.” From a personal perspective I wanted to firstly “develop myself and my role, in relation to the team, as a positive influence and facilitator of the team’s growth”. Secondly, I wanted to “understand more about organisational cultures and climates, how each is present, impacts on the workplace and influences team functioning and behaviour” (King, 2012). As part of the organisation context at the start of this period (April to June 2012) the team had relatively high sickness levels (e.g., in April 2013 the team lost over 20 days in sickness). Over the summer months our referral rate slowly increased as did face-to-face contacts. Simultaneously, over the same period, the sickness rate fell to just three days lost for the whole team in August. Though there was another peak in sickness in November (15 days lost), it quickly fell again to just four days in December and January 2013. We saw a surge in referrals by October 2012 to 20 new referrals in one month (double the referral rate of just 9 in April 2012). However, the referral rate has remained steady at 21 in January 2013, sick leave fell to four days lost and, incredibly, the face-to-face contacts for the team has surged by almost 100% to 258 in January 2013 from just 132 in April 2012.

I consider that these figures show a general trend towards a healthier team, receiving increasing numbers of referrals and making double the number of face-to-face contacts with clients. Consequently, some of the conjectured social, economic, and environmental impacts of my project (dated 8 July 2013) have indeed come to fruition. For example, I speculated that the social impact would result in a “greater sense of team vision/purpose/focus with improved levels of trust” coupled with a “more constructive and healthy team culture”.

I predicted that the environmental impact would be “more productivity overall” and that the economic impact would result from “less staff sick leave”.

It is clear that the team benefitted from the time spent together on the team day. Constructive comments following the day suggested a need for more time to debate, discuss, and talk together, and the team felt that the impact of the day was that it was easier “to do our job”. The reasons for this outcome range from “feeling more valued” to there being greater team “blending”.

Reference

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Conclusions
Experiencing Action Learning Sets first hand within the Learning Leader project followed by the Action Learning Set within CCABIRT, led me to believe that attitudes towards our own learning and culture could be changed. Importantly, the CCABIRT Action Learning Set gave a forum in which the team could safely communicate and reflect as a team on our own learning needs, which we had never experienced before. This resulted in us identifying current trends in recently referred clients with encephalitis which added to new management interest and support, we were able to capitalise on and utilise this information, creating our own solution in the form of a team training day.

Learning and reflection are considered essential to support successful adaptation of an organisation. (Revans, 2011). CCABIRT seems to be embracing a positive cultural adaptation, becoming more open to cross-team collaboration and cooperation which has the potential to further improve team durability, resilience, and flexibility. Our unique composition as an interdisciplinary team is now a healthy asset to the Trust at the time of writing.

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References


