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A Team Building Project Enhancing Quality Care Indicators.

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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

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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.

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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.

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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) 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. 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	
To see things differently	
Use experiences to do better and not repeat the bad	
To because a better and stronger person	

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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?
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

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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"

"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
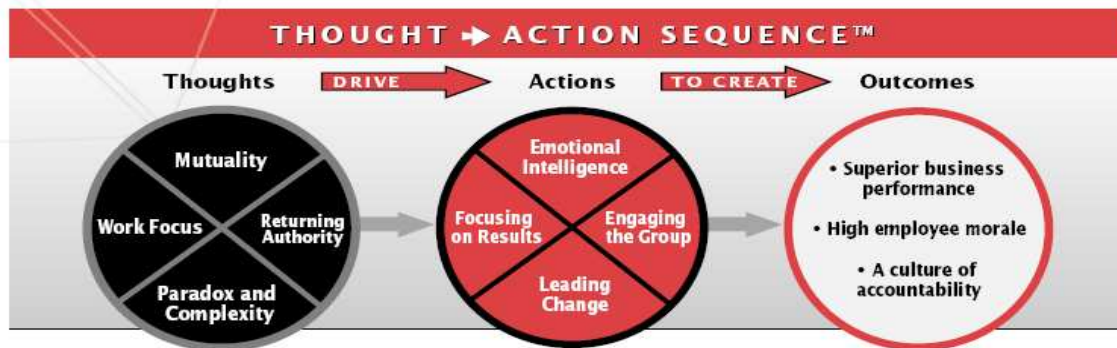
Figure 1

Figure 1 – Interactive Leadership Model (Burnham 2002)

Figure 2

Figure 3

Figure 3 – Personal evaluation template