

E-learning in health profession

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Chapter ONE: Introduction

Health professionals are working in an engineering goaded workplace, there are high outlooks that nurses develop accomplishments in information and communicating engineering (ICT) ; (Connecting for Health, 2008) . E-Learning has an important function to play in the future way of nurse CPD within the administration, with restraints on support for staff development activities (Rivers, 2007) , together with the increased publicity of e-learning directed learning within CPD activities and an addition in digitised resources being made available on-line via inter and intranet, e-learning within professional development within the administration is indispensable. Given the demands for an IT literate work force within the NHS the writer considers e-Learning to be a valuable medium for CPD activities and recognised a demand for further geographic expansion in this country of ongoing pattern development.

The Nursing and Midwifery Council (NMC) require nurses to continually update themselves through CPD, normally referred to as PREP (Post Registration Education and Practice) (NMC, 2008b) . This poses a peculiar challenge in today 's workplace where there are fewer finances available to run into the demands of the diverse scope of staff development required, budgets are often set aside to supply little other than the 'mandatory ' preparation and as a consequence nurses frequently perceive the demand to self fund 'non compulsory ' CPD activities (Rivers, 2007) . Additionally nurses besides face the challenge of happening time to update, being released from pattern is frequently a challenge ; these challenges were recognised by Bahn (2007) in her survey into nurse orientation towards

prosecuting in formal and informal acquisition within ongoing instruction and womb-to-tomb acquisition. Sing entree to e-Learning in the workplace, Wright & A ; Bingham present several barriers: `` work force reserve to the usage of ICT for larning, combined with deficiency of basic ICT accomplishments, the restrictions of local IT infrastructures, and deficiency of staff clip to set about acquisition " (2008, 4-5) . They go on to province that the deficiency of accomplishments and expertness to develop and present e-Learning and blended acquisition (larning comprised of a combination of traditional and e-Learning attacks (JISC no day of the month)) is a farther important barrier within about every administration they surveyed.

The publication of the National Framework For Lifelong Learning (DH 2001) and subsequently the development of the scheme Supporting Best Practice in e-Learning across the NHS (National Workforce Group, 2005) work together to determine the development of C & A ; IT expertness within the NHS work force ; the National Programme for InformationTechnology(NPfIT) delivered through local execution by Strategic Health Authorities (SHA) (Connecting for Health, 2008) and consequences of the E-Learning Scoping Exercise for NHS South Central part (Wright & A ; Bingham, 2008) are expected to further back up the bringing of NHS Improvement Plan and the Standards for Health through more effectual preparation and development advancement at a local degree.

There has been significant investing in increasing the proviso and handiness of IT resources to back up work based larning & A ; CPD. Many collaborative undertakings saw the outgrowth of resources developed by the former NHS <https://assignbuster.com/e-learning-in-health-profession/>

University (NHSU) , abolished in 2005, whose purposes were to make and better chances for learning ; make high quality learning environments, and lead research into future learning demands. This developed into NHS Institute for Learning, Skills and Innovation (DH 2005) , and subsequently NHS Institute for Innovation and Improvement. The Core Learning Units (CLU) developed under the NHSU were transferred to the Skills for Health administration and hosted within the NHS Core Learning Unit web site (CLU, 2008) .

Concurrently there has been apparent growing and development within the National Library for Health (NLH) which in April 2009 was transferred NHS Evidence and rebranded The NHS Evidence Health Information Resources (NICE, 2008) with an increased proviso of e-books, and on-line diaries, together with increasing handiness of staff development resources within organizational Intranet or practical acquisition environments ; including digitised learning stuffs, pictures, CD-ROM and audio files ; often delivered online via Internet synchronised with Learner Management Systems (LMS) for monitoring and entering staff development activities.

Research into e-Learning has increased in recent old ages with a turning figure of studies concentrating on developments within Higher Education Institutions (HEIs) viz. Higher Education Funding Council for England (HEFCE) (2005) , JISC (2007) , Sharpe et Al (2006) , Waite & A ; Bingham (2008) and developments concentrating on implementing e-Learning within the NHS examined by Farrell (2006) , Gill (2007) , National Workforce Group (NWG) (2005) and Wright & A ; Bingham (2008) ; the findings and

recommendations from these publications will be considered within the design and execution of the research undertaking.

Given the demands within the NHS for an IT literate work force, from the grounds presented, e-Learning proposes to be a potentially valuable medium to heighten CPD activities. Locally it is recognised that further geographic expedition of the factors that influence the determinations of learning disablement nurses integrating of e-Learning into their CPD is needed.

Premises:

This survey assumes that e-Learning (definition, see appendix 1) poses a important advantage in supplying nurses with the chance to run into Continuing Professional Development (CPD) (definition, see appendix 1) demands in a more flexible manner than through the more 'traditional contexts ' i. e. 'campus based face-to-face bringing, entirely. Flexible acquisition and bringing were recognised by Sandars who stated that e-Learning has tremendous potency, he predicted that progresss in engineering would `` let rapid entree to high-quality resources, both on- and offline, from work and place, and at a clip and gait to accommodate the person " (2003: 3) . Ease of entree is still a cardinal constituent for the success of e-Learning for professional development. The 'Martini ' gimmick phrase is still apparent today with any clip, anyplace, and any gait acquisition (JISC (Joint Information Systems Committee) 2008) . With this flexiblens there is besides the possible to convey together the traditional contexts with e-Learning to supply a richerlearning experience; normally this is referred to as 'Blended Learning ' (Sharpe et al, 2006) . Flexibility is one

of the cardinal advantages of e-Learning recognised by the National Workforce Group (NWG) and Department of Health (DH) (2006) who recognised the value of investing in workforce instruction delivered through e-Learning to back up the modernization of the NHS and the on-going development of its work force.

Research inquiry:

What factors influence the personal determinations of learning disablement nurses ' to incorporate e-Learning into their Continuing Professional Development (CPD) activities?

The survey aimed to place and research factors which encourage and support the inclusion of e-Learning within CPD activities and factors which discourage and suppress the inclusion of e-Learning within CPD activities.

Recommendations and findings of the survey seek to inform the development and bringing of CPD activities within the Ridgeway Partnership (Oxfordshire Learning Disability NHS Trust) .

Structure of the survey:

Chapter one, presents the survey focal point, placing influences from national authorities ; the professional organic structure for Nurses and Midwives rehearsing in the United Kingdom (UK) the Nursing and Midwifery Council (NMC) ; and influences from the Department of Health (DH) ; the National Health Service (NHS) and societal policy issues.

Background information is so presented followed by a principle for set abouting the survey. The research inquiry is presented together with the purposes and aims for the survey, basically these guide the whole undertaking.

In chapter two, contains the literature reappraisal. Existing literature refering to the subjects of E-Learning, Continuing Professional Development (CPD) and Learning Disability Nurses.

Chapter Three, presents the methodological analysis and methods of the survey, researching the philosophical constructs that inform the overall attack of the thesis ; showing the theoretical model, design of the survey and related ethical issues.

Ethical motives Committee blessing was sought for the survey, the moralss proposal procedure will be presented and explored. Finally the methods of the survey will be presented and discussed.

The consequences of the survey are presented in Chapter Four, accompanied by informations analysis.

Chapter five nowadays a treatment of the salient points which emerged from the analysis of the consequences.

Chapter six offers the decisions drawn from the treatments with cardinal findings of the undertaking. Recommendations for alterations in pattern associating to e-Learning and CPD activities are put frontward. A contemplation on the experience of carry oning this survey using the brooding model of (Reference) brings the thesis to an terminal.

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Chapter Two: LITERATURE REVIEW

While transporting out the literature reappraisal ; it became evident that there is a deficiency of published work associating to the experiences of learning disablement nurses ' engaging in Continuing Professional Development (CPD) activities likewise there is a deficiency of published work concentrating on learning disablement nurses ' prosecuting in e-Learning.

Structure how I under took the lit reappraisal...

Chapter Three: METHODOLOGY AND METHODS

The research inquiry requires the premises about nurses ' engagement in eLearning within CPD activities be explored. A survey to supply such replies would necessitate an geographic expedition of the ideas and experiences of nurses be aftering and prosecuting with CPD activities ; hence a qualitative attack will be adopted for this survey. Qualitative research permits an geographic expedition of the lived experience and is viewed through the eyes of the individual under survey (Bryman, 2004) . The survey will use an inductive, descriptive methodological analysis comprising of facets from both phenomenological and ethnographic attacks. Harmonizing to Creswell (2007) these are most appropriate attacks to see when analyzing experiences as lived by the survey participants. To accomplish this it is necessary that that the experiences of nurses prosecuting in CPD activities are collected, described and so analysed before decisions are drawn. Therefore a assorted attack has been selected as it appears to be the most appropriate in replying the survey inquiry.

Theoretical position:

A qualitative design has been selected for the survey as it is extremely suited to researching the lived experiences of the participants to find which factors influence them when be aftering their CPD activities. The survey asked participants to portion their ideas and experiences to detect any possible barriers or restraints they have encountered when be aftering within CPD activities ; through singleinterviewit will place which factors discourage and suppress the inclusion of eLearning within CPD activities and which encourage and back up the inclusion of eLearning within CPD activities. Thematic analysis will set up subjects from which actions cane be identified for service development.

Paradigm - The paradigm of the survey consists of the followers ; the ontological position is relativist, the writer believes that there is no individual reply to the challenge, the result is dependent on context and is different among persons. The epistemic position is subjectivist, it would be hard to be nonsubjective in such a research undertaking as the writer has an established and seeable presence in larning & A ; learning in peculiar in e-learning in their employing administration, it is indispensable that this is taken into consideration as it may act upon upon the research undertaking and the methodological position is hermeneutic.

Methodology:

The survey is interview based and will use an inductive, descriptive methodological analysis seeking the experiences of larning disablement nurses prosecuting in CPD activities.

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The survey focuses on the experiences of registered learning disabled nurses, employed in a particular NHS Trust in England, UK. The inclusion standard is deliberately wide to guarantee nurses from any country of the Trust could take part. It is besides of import to roll up the positions of nurses who have non yet engaged in CPD activities utilizing e-Learning every bit good as those who have. Therefore for matter-of-fact grounds purposive sampling was employed.

Purposive sampling (Polit & A ; Hungler, 1999: 284) was utilised to try to happen a more closely defined group for whom the research inquiry will be important. Polkinghorne (1989) and Ryan & A ; Bernard (2003) advocator that trying continues until theoretical impregnation has been reached. This is advocated by Guest et Al (2006) who identifies in wellness scientific discipline research, that impregnation has become the 'gold criterion ' by which purposive sample sizes are determined. It was hence of import to guarantee that a sufficient Numberss of participants are recruited to supply the volume of day of the month required to make 'theoretical impregnation ' and remain manageable within the clip graduated table of the survey. A sample size of six has been chosen for this survey, this figure is suggested by Polkinghorne (1989) as a suited figure for informations aggregation via interviews.

Figure 1 Outline of the methodological analysis.

- Draft survey/ interview agenda (unfastened and closed inquiries) ;
- Informal testing ;
- Revise bill of exchange survey/ interview agenda ;

- Pre-test revised bill of exchange utilizing interviews ;
- Revise study once more ;
- Carry out chief informations aggregation interviews ;
- Transcribe interviews ;
- Send to participants for 'respondent proof ' ;
- Code informations and fix informations files ;
- Analyse informations and write study.

(Based on Robson 2002: 229) .

A Trust decision maker will direct a missive asking for engagement in the survey to each first degree, registered Learning Disability Nurse employed within the Ridgeway Partnership (Oxfordshire Learning Disability NHS Trust)

The invitation will include an lineation of the survey placing purposes and aims and time-scale and demands on participants. The participant information sheet and answer faux pas will be sent as enclosures to the invitation missive, they will be asked to return their completed answer faux pas. Correspondence will be sent via the Trust internal postal system, respondents will be provided with a return ego addressed envelope for their usage.

If the full sample has non been recruited within four hebdomads so a 2nd invitation to take part will be extended via the Trust 'Nurses Newsletter ' . This is a bi-monthly electronic newssheet produced within the Trust and sent by a Trust decision maker via electronic mail to all registered nurses.

Potential participants will be invited to reach Jill Pawlyn for more information on the undertaking and to bespeak the participant information sheet.

Inquirers will be sent a transcript of the participant information sheet and answer faux pas, they will be asked to return their completed answer faux pas. Correspondence will be sent via the internal postal system, respondents will be provided with a return ego addressed envelope for their usage.

Follow up letters will be sent two hebdomads after reacting to the initial question. If no response received so the participant will non be contacted once more. Participants who complete and return the answer faux pas will be invited to go to an single interview.

Although the focal point of the survey is on e-Learning activities, the initial invitation to take part is non being made electronically as this would instantly curtail the sample to participants who have a work electronic mail reference and are users of engineering at work.

Interviews will be structured utilizing the interview agenda ; participants will be asked a series of inquiries to garner an history of their experience.

To guarantee an accurate record of the interview is captured interviews will be audio recorded.

Interviews will be conducted at a clip and workplace location which is most convenient to the participants, ideally an interview room on one of the three chief Trust sites (Oxford, Marlborough & A ; Aylesbury) which is near to the participants work base, is physically accessible and affords a sufficient degree of privateness to guarantee the participant can talk freely during the <https://assignbuster.com/e-learning-in-health-profession/>

interview. Jill Pawlyn will guarantee suited suites are booked for each interview.

Interview notes will be transcribed into direct 'accounts', a transcript of the transcript will be sent to interview participants for 'respondent proof'.

Data analysis will be conducted utilizing quantitative and qualitative attacks consisting of both thematic and descriptive analysis.

Data analysis will get down on reception of the returned transcripts. Data analysis will be aided utilizing NVivo, this package can manage big sums of informations rapidly, and it helps the development of consistent coding strategies and provides individual location storage for all informations and stuff for the undertaking.

Data will be analysed utilizing thematic analysis, informations within the interview transcripts will be given codifications, extra remarks and contemplations will be noted utilizing 'memos'; similar recurring phrases, subjects, experiences etc will be sought.

From the forms generated from the informations a set of 'generalisations' will so be developed these generalizations will be discussed and reported on in the concluding study (Adapted from: Miles & A ; Huberman, 1994: 9) .

Chief inclusion and exclusion standards.

Inclusion standard First degree, registered learning disablement nurses employed in Ridgeway Partnership (Oxfordshire Learning Disability NHS Trust) , and of this group the first six who express involvement.

Exclusion standard employees of Ridgeway Partnership (Oxfordshire Learning Disability NHS Trust) , who are non first degree, registered learning disablement nurses ; the research workers line director and those nurses to whom the research worker provides clinical supervising.

No exclusions will be made on the footing of age, disablement, gender, race, cultural beginning or nationality, faith or belief, or sexual orientation.

sample size for the research? How many participants/samples/data records do you be after to analyze in entire?

Sample size six nurses drawn from a population of 150 nurses within one NHS Trust.

Participants are all rehearsing nurses in the UK. Written communications within the trust are in English.

How was the sample size decided upon? If a formal sample size computation was used, bespeak how this was done, giving sufficient information to warrant and reproduce the computation.

The survey focuses on the experiences of registered nurses, employed in a particular NHS Trust in England, UK.

The inclusion standard is deliberately wide to guarantee nurses from any country of the Trust could take part ; for matter-of-fact grounds purposive sampling is being employed.

What are the possible hazards and loads for research participants and how will you understate them?

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There are no hazards or other obvious disadvantages from taking part.

There is a demand for participants to participate to take part in the information aggregation and look into the interview transcripts, across the continuance of the survey this should not exceed 1 1/2 hours in total.

To understate the hazard of inconvenience taking part in the survey, interviews will be held in Trust locations as near to the participants' work base as possible and at a time which is reciprocally convenient to the participant and research worker.

No hazard to self-esteem originating from the interview, inquiries are non-invasive.

What is the potential for benefit to research participants?

There are no direct benefits to taking part, although engagement will supply participants with an chance for personal reflection through which they may derive insights into their own acquisition preferences and place these for future CPD actions.

By taking part in this survey persons will assist us to understand how better to plan and back up CPD activities delivered via e-Learning within the Trust.

How and by whom will potential participants, records or samples be identified?

A Trust decision maker will direct a message asking for engagement in the survey to each first degree, registered Learning Disability Nurse employed
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within the Ridgeway partnership (Oxfordshire Learning Disability NHS Trust)

Confidentiality of the information provided by participants can merely be protected within the restrictions of the jurisprudence. Participant individualities will be protected through 'de-identification ' , participants ' will be given an single unique placing codification which will be know merely to Jill Pawlyn. Personal information and the identifying codifications will be held individually and be stored in a secure location.

Identities of participants will be held in assurance from other members of staff in the Trust. To make this, informations will be de-identified before it is analysed and in the concluding study participants will be referred to by a anonym.

No personally placing information will be presented in the concluding study.

The information will be kept firmly in the Trust, for two old ages from the day of the month of completion, before being destroyed.

How and by whom will potential participants foremost be approached?

Initial attack will be via a missive ask foring engagement in the survey. This will be sent by a Trust decision maker to each nurse employed within the Trust. The invitation will include an lineation of the survey placing purposes and aims and time-scale and demands on participants. The participant information sheet and answer faux pas will be sent as enclosures to the invitation missive, they will be asked to return their completed answer faux pas.

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The follow-up invitation will be achieved via the 'Nurses Newsletter' . The decision maker to the Director for Performance, Information and Nursing compiles and distributes the Nurses Newsletter, every two months.

Distribution is via the trust electronic mail and internal station systems.

Potential participants will be invited to reach Jill Pawlyn to bespeak farther information about the survey or to bespeak a transcript of the participant information sheet.

Invitation letters will be sent to Nurses by a Trust decision maker who has entree to the database of registered nurses. On question, possible participants will be asked to supply personal information for future correspondence within the answer faux pas giving ; name, work reference, email reference and work phone figure.

A follow up invitation to take part in the survey will be included in the Trust 'Nurses Newsletter' , the invitation will include an lineation of the survey placing purposes and aims and time-scale and demands on participants.

Consent

Potential participants will be sent a transcript of the participant information sheet and answer faux pas, they will be asked to return their completed answer faux pas.

Correspondence will be sent via the internal postal system, respondents will be provided with a return ego addressed envelope for their usage.

Follow up invitations will be sent two hebdomads after reacting to the initial question.

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If no response received so the participant will non be contacted once more. Participants who complete and return the answer faux pas will be invited to go to an single interview.

At the start of the interview Jill Pawlyn will corroborate inside informations of the Participant Information Sheet with the participant, supplying an chance to inquire any farther inquiries they may hold. The consent signifier will be issued and the participant will be asked to subscribe the signifier to mean consent to take part.

The participant will be given a transcript of their signed consent signifier for their records. The interview will get down.

Should any participant diminution to consent, they will thanked for their attending.

Participants will enter consent on a consent signifier. Consent received will be recorded in the survey records.

guarantee the confidentiality of personal informations?

Participants will be given an single unique placing codification which will be know merely to Jill Pawlyn. Participant name and work contact inside informations will be kept in an encrypted password-protected computing machine file held individually from any informations supplied during interview and audio recording ; accessible merely by Jill Pawlyn.

Identities of participants will be held in assurance from other members of staff in the Trust. Data will be de-identified before it is analysed and in the

concluding study, participants will be referred to by a anonym. No mention to personally placing information will be presented in the concluding study.

Relationships between research worker and participants

There are personal relationships in the administration patronizing the survey:

The main research worker (Marion Waite) is an employee of Oxford Brookes University, the patronizing HEI. Other research worker (Jill Pawlyn) who at the clip of get downing the syudy was an employee of the Ridgeway Partnership (Oxfordshire Learning Disability NHS Trust) , the site of probe and a parttime pupil at Oxford Brookes University, the research worker is besides sub contracted as a portion clip employee of Oxford Brookes University.

inform participants of the consequences?

Findings will be disseminated separately to participants and more widely through the Nurses Forum to Trust stakeholders in the signifier of an unwritten presentation and paper ; Presentation and study to the Trust R & A ; D commission ;

Presentation at relevant conference ;

Publication of findings in relevant diary or text book ;

The undertaking study will be located in the Trust Library and Intranet as a mention resource ;

A transcript of the concluding thesis is retained in the University library for mention.

Sample:

Entree to data/sample:

Data aggregation:

Datas analysis:

Data will be analysed utilizing a thematic attack, theme designation will be achieved using the techniques of Ryan & A ; Bernard (2003) .

Chapter FOUR: Consequence and ANALYSIS

methods of analysis (statistical or other appropriate methods, e. g. for qualitative research) by which the information will be evaluated to run into the survey aims.

Data analysis will be conducted utilizing thematic analysis, coding single responses for emergent subjects and issues. To help the procedure informations analysis package will be used (e. g. NVivo 8) . Interview notes will be transcribed into direct 'accounts ' , a transcript of the transcript will be sent to the interview participant for 'respondent proof ' .

Data analysis will get down on reception of the returned transcripts. Data analysis will be aided utilizing NVivo, this package can manage big sums of informations rapidly, and it helps the development of consistent coding strategies and provides individual location storage for all informations and stuff for the undertaking.

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Data will be analysed utilizing thematic analysis, informations within the interview transcripts will be given codifications, extra remarks and contemplations will be noted utilizing 'memos ' ; similar recurring phrases, subjects, experiences etc will be sought.

From the forms generated from the informations a set of 'generalisations ' will so be developed these generalizations will be discussed and reported on in the concluding study. (Adapted from: Miles & A ; Huberman, 1994: 9)

Chapter FIVE: Discussion

Discuss the of import points that emerge from the analysis of the consequences.

Restrictions:

Restrictions chiefly originate in the sample method, purposive sampling introduces bias nevertheless it is necessary to concentrate the survey on the coveted mark group. The sample will merely include those who responded to the invitation to take part and returned completed consent signifiers.

Further restrictions arise in the prejudice declared by the research worker, who has a peculiar professional involvement in e-Learning and its application to nurse CPD and possible 'Observer Effect ' this is when the perceiver 's survey of the behavior changes the nature of the behavior, likewise this alteration can happen during interview. Robson (2002) indicates that addiction can cut down this consequence, placing how a individual becomes progressively familiar with the procedure of observation and hence less constrained.

Chapter Six: Decision

Mentions

- Bahn D (2007) Orientation of nurses towards formal and informal acquisition: Motivations and perceptual experiences. Nurse Education Today. 27 (7) , 723-730.
- Barker PJ (1991) Interview. In: Cormack DFS (Ed) . The Research Process in Nursing (2nd edition) . Oxford: Blackwell Scientific Publications, 207-214.
- Bryman A (2004) Social research methods (2nd edition) . Oxford: Oxford University Press.
- CLU (2008) NHS Core Learning Unit. Available at: hypertext transfer protocol: //www. corelearningunit. com/ (accessed 17/11/09) .
- Connecting for Health (2008) Programmes for IT: In your country. Available at: hypertext transfer protocol: //www. connectingforhealth. nhs. uk/area (accessed 17/11/09) .
- Creswell JW (2007) Qualitative Inquiry and Research Design: Choosing Among Five Approaches (2nd edition) Thousand Oaks, California: Sage Publications Inc.
- Crofts L (2002) Getting Started. In: Tarling M & A ; Crofts L (Eds) The indispensable research worker 's enchiridion: for nurses and wellness attention professionals (2nd edition) . Edinburgh: Baillie`re Tindall, 1-18.
- Department of Health (DH) (1999) Continuing professional development: Quality in the new NHS. Available at: hypertext transfer protocol: //www. dh. gov. uk/prod_consum_dh/groups/dh_digitalassets/

- @ dh/ @ en/documents/digitalasset/dh_4012012. pdf (accessed 17/11/09) .
- DH (2001) Working together, learning together: a model for womb-to-tomb acquisition for the NHS. Available at: hypertext transfer protocol: //www. dh. gov. uk/prod_consum_dh/groups/dh_digitalassets/@ dh/ @ en/documents/digitalasset/dh_4058896. pdf (accessed 17/11/09) .
 - DH (2005) The NHS Institute for Learning, Skills and Innovation: The Way Forward. Available at: hypertext transfer protocol: //www. dh. gov. uk/prod_consum_dh/groups/dh_digitalassets/ @ dh/ @ en/documents/digitalasset/dh_4107524. pdf (accessed 17/11/09) .
 - Economic and Social Research Council (ESRC) (2006) Research Ethics Framework (REF) . Available at: hypertext transfer protocol: //www. esrcsocietytoday. ac. uk/ESRCInfoCentre/Images/ESRC_Re_Ethics_Frame_tcm6-11291. pdf (accessed 17/11/09) .
 - Farrell M (2006) Learning otherwise: vitamin E learning in nurse instruction. Nursing Management, 13 (6) , 14-17
 - Geertz C (1973) The reading of civilizations: selected essays. New York: Basic Books.
 - Gill A (2007) E-Learning and professional development - ne'er excessively old to learn. British Journal of Nursing. 16 (17) , 1084-1088.
 - Guba EG & A ; Lincoln YS (1981) Effective rating: Bettering the utility of rating consequences through antiphonal and realistic attacks. San Francisco: Jossey-Bass.

- Guest G, Bunce A & A ; Johnson L (2006) How Many Interviews Are Enough? An Experiment with Data Saturation and Variability. *Field Methods*. 18 (1) , 59-82.
- HEFCE (2005) Scheme for e-Learning. Available at: [hypertext transfer protocol: //www. hefce. ac. uk/pubs/hefce/2005/05_12/05_12. pdf](http://www.hefce.ac.uk/pubs/hefce/2005/05_12/05_12.pdf) (accessed 17/11/09) .
- Husserl E (1977) *Cartesian speculations: an debut to phenomenology*. Dordrecht: KluwerAcademicPublishers.
- JISC (no day of the month) e-Learning. Available at: [hypertext transfer protocol: //www. jisc. ac. uk/whatwedo/themes/elearning. aspx](http://www.jisc.ac.uk/whatwedo/themes/elearning.aspx) (accessed 17/11/09) .
- JISC (2007) Accessible e-learning in Higher Education. Available at: [hypertext transfer protocol: //www. jisc. ac. uk/media/documents/programmes/distributedelearning/delaccfinalreport. pdf](http://www.jisc.ac.uk/media/documents/programmes/distributedelearning/delaccfinalreport.pdf) (accessed 17/11/09) .
- JISC (2008) Effective Use of Virtual Learning Environments. Available at: [hypertext transfer protocol: //www. jiscinfonet. ac. uk/InfoKits/effective-use-of-VLEs](http://www.jiscinfonet.ac.uk/InfoKits/effective-use-of-VLEs) (accessed 17/11/09) .
- Miles MB & A ; Huberman AM (1994) *Qualitative information Analysis: An expanded sourcebook*. (2nd edition) . Thousand Oaks. California: Sage Publications.
- National Institute for Health and Clinical Excellence (NICE) (2008) NHS Evidence: Health Information Resources. Available at: [hypertext transfer protocol: //www. library. nhs. uk](http://www.library.nhs.uk) (accessed 17/11/09) .

- National Workforce Group (2005) Supporting Best Practice in e-Learning across the NHS. Preston: Cumbria and Lancashire Strategic Health Authority.
- National Workforce Group & Department of Health (2006) Modernizing healthcare preparation: e-learning in health care services. Available at: http://www.healthcareworkforce.nhs.uk/index.php?option=com_docman&task=doc_download&gid=42&Itemid=82 (accessed 17/11/09) .
- NMC (2008a) The Code: Standards of behavior, public presentation and morals for nurses and accoucheuses. Available at: <http://www.nmc-uk.org/aArticle.aspx?ArticleID=3056> (accessed 17/11/09) .
- NMC (2008b) The PREP Handbook. Available at: <http://www.nmc-uk.org/aDisplayDocument.aspx?documentID=4340> (accessed 17/11/09) .
- Polit DF & Hungler BP (1999) Nursing Research: Principles & Methods (6th Edition) . Philadelphia: Lippincott.
- Polkinghorne DE (1989) Phenomenological research methods. In: Valle RS & Halling S (Eds) Existential-phenomenological positions in psychological science: researching the comprehensiveness of human experience. New York ; London: Plenum, 41-60.
- Punch K (2006) Developing Effective Research Proposals. (2nd Edition) . London: Sage Publishers.
- Rivers S (2007) The learning journey, portion 4: who pays? Practice Nursing. 18 (11) , 560-563.

- Robson (2002) Real universe research: a resource for societal scientists and practitioner-researchers (2nd edition) . Oxford: Blackwell.
- Ryan GW & A ; Bernard HR (no day of the month) Techniques to Identify Themes in Qualitative Data. Available at: [hypertext transfer protocol: //www. analytictech. com/mb870/Readings/ryan-bernard_techniques_to_identify_themes_in. htm](http://www.analytictech.com/mb870/Readings/ryan-bernard_techniques_to_identify_themes_in.htm) (accessed 17/11/09) .
- Ryan GW & A ; Bernard HR (2003) Techniques to Identify Themes. Field Methods. 15 (1) , 85-109.
- Sandars J (2003) e-learning: the coming of age. Education for Primary Care. 14 (1) , 1-5.
- Sharpe R, Benfield G, Roberts G & A ; Francis R (2006) The undergraduate experience of blended e-learning: a reappraisal of UK literature and pattern. Available at: [hypertext transfer protocol: //www. heacademy. ac. uk/assets/York/documents/ourwork/research/Sharpe_Benfield_Roberts_Francis. pdf](http://www.heacademy.ac.uk/assets/York/documents/ourwork/research/Sharpe_Benfield_Roberts_Francis.pdf) (accessed 17/11/09) .
- Waite M & A ; Bingham H (2008) Best pattern counsel for blended acquisition attacks to CPD instruction for NHS staff. Available at: [hypertext transfer protocol: //www. nesc. nhs. uk/Docs/EL % 20Marions % 20Report. doc](http://www.nesc.nhs.uk/Docs/EL%20Marions%20Report.doc) (accessed 17/11/09) .
- Welman JS, Kruger SJ, & A ; Mitchell BC (2005) Research Methodology (3rd edition) . Cape Town: Oxford University Press Southern Africa.
- Wright A & A ; Bingham H (2008) E-learning Scoping Exercise for NHS South Central: consequences and recommendations: Separate One: Trusts and PCTs. Available at: [hypertext transfer protocol: //www. nesc.](http://www.nesc.https://assignbuster.com/e-learning-in-health-profession/)

nhs.uk/Docs/06052008 % 20- % 20Final % 20report % 20 (Public % 20copy) % 20- % 20v8 % 20AGW.doc (accessed 17/11/09) .

Bibliography

- Murray PJ (1996-2002) Nursing the cyberspace: a instance survey of nurses ' usage of computer-mediated communications. Available at: hypertext transfer protocol: //www. peter-murray. net/msc/disscont. htm (accessed 01/05/08)
- Microsoft (2006) IT Training Any Time, Any Place for NHS Staff. Available at: hypertext transfer protocol: //www. microsoft. com/uk/press/content/presscentre/releases/2006/12/pr03774. msp (accessed 01/05/08)
- Pope C, Ziebland S & A ; Mays M (2000) Qualitative research in wellness attention: Analysing qualitative informations. British Medical Journal. 320 (7227) : 114-116
- Sandars J & A ; Langlois M (2006) Online collaborative acquisition for health care go oning professional development: lessons from the recent literature. Education for Primary Care. 17 (6) : 584-92
- Smith JA (1996) Beyond the divide between knowledge and discourse: utilizing interpretive phenomenological analysis in wellness psychological science. Psychology & A ; Health. 11 (2) : 261-271.

Appendix

Definitions

Continuing professional development (CPD)

A First Class Service (DH 1999: 5) defines CPD `` as a procedure of womb-to-tomb learning for all persons and squads which meets the demands of patients and delivers the wellness results and healthcare precedences of the NHS and which enables professionals to spread out and carry through their possible " ;

`` CPD should be focussed on the demands of patients and should assist persons and squads deliver the wellness results and healthcare precedences of the NHS, as set out in national service models and local wellness betterment programmes. CPD should be a partnership between the person and the administration ; its focal point should be the bringing of high quality NHS services every bit good as run intoing single calling aspirations and learning demands. All chances should be taken for patients and patients groups to hold an input " (DH 1999: 6) .

e-Learning

JISC (Joint Information Systems Committee) (no day of the month) indicate that e-Learning can be defined as `` learning facilitated and supported through the usage of information and communications engineering ' . It can cover a spectrum of activities from the usage of engineering to back up learning as portion of a 'blended ' attack (a combination of traditional and e-Learning attacks) , to learning that is delivered wholly on-line " .

Mentions:

- Department of Health (1999) Continuing Professional Development Quality in the new NHS. Available at: hypertext transfer protocol: [//www. dh. gov.](http://www.dh.gov)

uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecircula
rs/DH_4004315? IdcService= GET_FILE & A ; did= 27906 & A ;
Rendition= Web (accessed 01/06/08)

- JISC (no day of the month) e-Learning. Available at: hypertext transfer protocol: //www. jisc. ac. uk/whatwedo/themes/elearning. aspx (accessed 01/06/08)

Useful Web sites:

- Interpretative Phenomenological Analysis (IPA) this website lineations IPA and its application to qualitative research - hypertext transfer protocol: //www. psyc. bbk. ac. uk/ipa/
- The NHS Core Learning Unit (NHS CLU) has delivered core larning programmes since October 2005 following the death of the NHS University (NHSU) . The Unit isahosted administration within the National Health Service. Programs are funded by the Strategic Health Authorities in England and are, as such, available free of extra charges, to NHS staff. - hypertext transfer protocol: //www. corelearningunit. com/

Useful web site

- hypertext transfer protocol: //www. nesc. nhs. uk/e-learning__libraries/e-learning/strategy, _policies__documenta. aspx
- The NHS Institute for Innovation and Improvement supports the NHS to transform health care for patients and the populace by quickly

developing and distributing new ways of working, new engineering and first leading - hypertext transfer protocol: [//www. institute. nhs. uk/](http://www.institute.nhs.uk/)

- The NHS and Social Care E-Learning Resources Database - contains inside informations of e-Learning plans that have been developed and are available for usage within the wellness and attention sector - hypertext transfer protocol: [//www. nhselearningdatabase. org. uk/](http://www.nhselearningdatabase.org.uk/) .
- Skills for Health was established in April 2002 with support from the DH, the independent and voluntary wellness sectors and staff administrations to go the Sector Skills Council (SSC) for wellness across the UK. Skills for Health takes a UK-wide lead for the development and usage of incorporate competence models across health care - hypertext transfer protocol: [//www. skillsforhealth. org. uk/](http://www.skillsforhealth.org.uk/)