Q Learning Theory

Review of the evidence about what helps people to learn how to improve health and care and achieve large scale change.

NHS Horizons for Q.

HORIZONS

Learning is changing

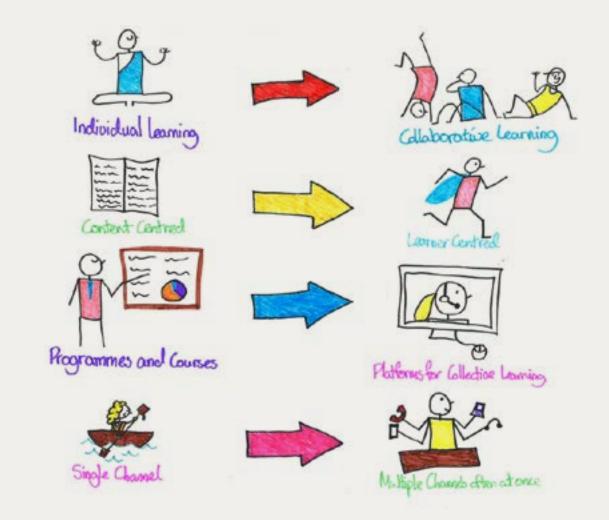# Introduction by Helen Bevan

"All theory and no practice makes castles in the sky; all practice and no theory is deaf, dumb and blind"
Healthcare Innovation Learning Network

I am delighted to contribute the Foreword to this review of the evidence about what helps people to learn how to improve health and care and achieve large scale change.

I have been an improvement leader, change agent and challenger of the status quo in health and healthcare for nearly three decades. When I look back and reflect, I can see the important role that learning has played in every improvement effort I have been involved in, whether the focus is large scale change programmes designed to achieve national priority improvement goals or small scale incremental projects initiated by my own local team.

As the Q Learning Theory shows, there is a profound relationship between learning, action, change and improvement. One of the first things we are typically taught when we go to quality improvement school is the importance of learning at a very practical (micro) level, through plan, do, study, act cycles. It is the very process of taking action that enables us to learn and to create future courses of action. The learning determines the whole improvement process. We also see the same foundational role for learning when we seek to make change happen at a whole system or organisational (macro) level. We want to enable learning to flourish so that people and teams can grow in skills and confidence and deliver our goals. We need learning systems that take account of the relationship between learning and change in a complex strategic, social, cultural and political context.

One of the most important aspects of the Q Learning Theory is that it helps to make theory explicit. We know that what really matters for Q and its members is the hard work of improvement 'in the real world'. We recognise that the very term 'theory' can seem abstract, irrelevant or even intimidating. Yet, when I look back over my experiences as a leader of healthcare improvement, it has been new models and mindsets about change, based on strong theoretical underpinnings, that have most often helped create breakthroughs in my thinking and practice. I can remember the "reengineering" change theory back in the early 1990s that gave my team the courage and belief to embark on whole organisational change and gave me a level of ambition for transformational change that has shaped my whole career. In the early 2000s, the Breakthrough Collaborative Model, based on a theory of collective learning and change, led to improvements for thousands of patients. More recently, "connectivist" learning theory has helped me to understand the potential of accelerating learning for thousands of healthcare change agents by connecting people up though digital channels to learn from each other.

The role of the Q Learning Theory is to make explicit the theories which underpin (or should underpin) the approach to learning of the Q Community. It is about strengthening the relationship between theory and practice. To quote the Innovation Learning Network: "All practice and no theory is deaf, dumb and blind. All theory and no practice makes castles in the sky." I hope this learning theory will help Q and its members to think about theoretical considerations more explicitly in their improvement practice and assess, prioritise and adapt the theories for their particular needs and practices and changing circumstances. I hope that this review will enhance both Q's offering and its relationships with Q members and prospective members, by enabling the explicit application of theory to optimise Q's design and the way Q members use it as a vital learning resource.

Looking forward in our world of health and healthcare, if we are to continue to meet the needs of the populations and communities we serve, we must prepare for accelerated learning and change on a scale never seen before. Learning, based on a sound platform of theory and practice, will become even more important to health and healthcare improvement efforts. As improvement leaders we will need to reflect deeply about how we learn and learn to lead. We will need to adopt more emergent approaches to learning, change and improvement, based on monitoring progress, learning and adapting as we go. Having a theory of learning is an important step towards this future.

I commend the Q team on its foresight in commissioning this review. Different Q members will use this review in different ways. Overall, I hope that it will lead to an even stronger focus on the relationship between learning, action, change and improvement in ways that makes a very big difference.

Helen Bevan

Introduction by Penny Pereira

"Probably the most important single process involved in effective change is the process of learning while doing"
Beckhard and Pritchard

Learning is at the heart of Q. It's an initiative inspired before all else by the Berwick Review vision of a NHS devoted to continual learning and improvement.

When first invited to develop Q, we could've used the available funding to run a new large scale training course, but decided early on to take a much broader view of capability building. We were led by our founding members, and the experts that advised us, to think about learning as a process that was systemic, and interwoven for our members with the daily practice of making change. Being capable is linked to issues of identity, context, confidence and connectedness. We have development offers and resources available for members within Q, but we came to realise that all aspects of what it means to join and be part of Q can support learning for individual members and – in some cases – the system more widely.
Why did we commission this work? Well, the ongoing design of Q is a live example of learning while doing. Research informs what we do at every stage, but this has mostly happened as part of the fast-moving, social, often messy process of co-design. We've relied on our friends and members to filter and make sense of what's most likely to be useful.

By more systematically reviewing relevant theories, we are challenging and refining the provisional conclusions we came to about what is most likely to help people doing improvement. Where we discover our approach is consistent with evidence about how people learn and improve, this work helps us – and individual members – articulate the rationale for investing time and resources in Q.
There are a number of ways in which we think we can use this work to refine what's on offer through Q. Rather than set this out here, we decided to get this report out there and reflect on it together.

We take seriously our responsibility to think deeply about how we can improve the infrastructure supporting the Q community so it's as useful and impactful as possible. Take this report as an invitation to help us think collectively about what we could be doing better.
And Q is more than its infrastructure. Q will succeed only to the extent that community members make good use of the spaces and opportunities available – and help others to do so. This report draws out what we think the implications are for Q members: as individual learners, as members of a learning community and as people who support others to learn. Pull it apart, bring new things in, debate and dispute – as we're finding, that's often a productive route to learning and change!

The Q Theory of Learning

"In science, a good theory reveals compelling hypotheses that subsequent experiments will validate."

Zenger (2014)

If you are reading the Q Learning Theory, it is probably because you are curious about how we best learn to improve health and care.

If so, you are just the sort of person we had in mind when preparing this publication. We recognise that the world of learning and knowledge is changing fast. As health and care practitioners who are passionate about the role of improvement, we have designed the Q Learning Theory to reflect that changing landscape.

We intend it to be read through from beginning to end, as well as to provide a useful reference point to support your understanding of the relationship between theory, learning, change and improvement. Each step of the way, we offer reflections on how those seeking to improve health and care can optimise learning for themselves, and those they work with.

Our Approach

NHS Horizons seeks to bridge the gap between theory and practice, and support effective change agents to make a positive difference in their communities. This purpose has informed our approach to the Q Learning Theory.

We intend it to be:

Actionable: Both accessible and practical, equipping users not simply with information but also enabling them to make sense of the theories and how they may apply in their specific context.

Adaptable: Designed, in both its structure and content, to be adapted as circumstances emerge, recognising that the Q Community is about audiences (plural) and that a spectrum of views exists across Q and the wider quality improvement community as to the essential and desirable learning for improvement.

Aligned: Created with Q's existing context, programmes of work and methodologies in mind, recognising the importance of connecting to these to achieve cumulative impact.

Holistic: Designed around a blended approach which considers the roles of explicit, implicit and tacit knowledge and their inter-relationship with approaches to learning. We consider learning along a continuum, rather than as having a beginning and end.

Sustainable: Rooted in a sound evidence base, underpinned by core principles that are co-designed through an iterative process, and which propose a Learning Theory commensurate with Q's vision, mission and resources.

Our Process

Social learning principles formed the basis of our approach to developing the content of the Q Learning Theory.

We were guided by Q's Learning Objectives and work to date. Q has identified objectives for its role in supporting
    (a) individual learning,
    (b) collective learning ,
    (c) learning beyond the Q Community.

The learning strategy deployed by Q to date has focused on managing an iterative and emergent approach to content development and action learning as well as using bottom-up approaches (cf. RAND 2016). This has led it to develop a number of social learning approaches, from communities of practice to reflective workshops based on single and double loop learning theory. Many of these approaches have been developed organically with the support of Q members and others who are invested in the Q Community.

We undertook a rapid literature review. Our review addressed a wide range of theories related to learning, from behavioural, constructivist and connectivist and transformational learning theories to theories related to the dialogic OD field and pedagogy from community organising and social movement theory. We sought to understand the latest theoretical evidence related both to established theories and more emergent themes such as learning as identity, psychological readiness for change and digital habitats. We identified the status of various theories and curated a table of references relating to each. We used an iterative process, meeting regularly with Q staff, Q members and others invested in the Q Community. We sought to make sense of the large amount of data using a 'commensurability' approach, enabling direct comparison of theories to determine which theory might be more valid or useful in Q's context.

We facilitated an intensive workshop to co-create a prototype learning theory. The workshop brought together a diverse range of Q members and other improvement and learning experts. We invited participants to 'stress test' both our approach and initial findings. The insights generated enabled us to refine our overall design of the Q Learning Theory, as well as re-consider a number of our underlying assumptions about specific theories.

We reviewed and refined the final design. In this final stage, we focused on creating a narrative to build meaning, engagement and commitment to the Q Learning Theory.

The Q Learning Theory is structured so as to present a coherent story for the user on how we optimise learning to improve health and care. The environment in which learning takes place runs as a thread through this publication. Within that, we group the main theories of learning into three families, or 'Frames':

- Change Starts with Me.
- From Me to We.
- Organisations and systems.

Each Frame includes the main theories which inform the narrative, along with a selection of tools and models. We also include a list of reflections for users seeking to consider how the Q Learning Theory might inform both their own learning and their role as supporting other's to learn how to improve health and care.

The three Frames chosen are only one way to make sense of the vast underlying literature. And many of the theories could sit in multiple frames. In striking a balance between nuance and accessibility, we hope that our approach helps users to make personal sense of the whole: to understand why it matters.
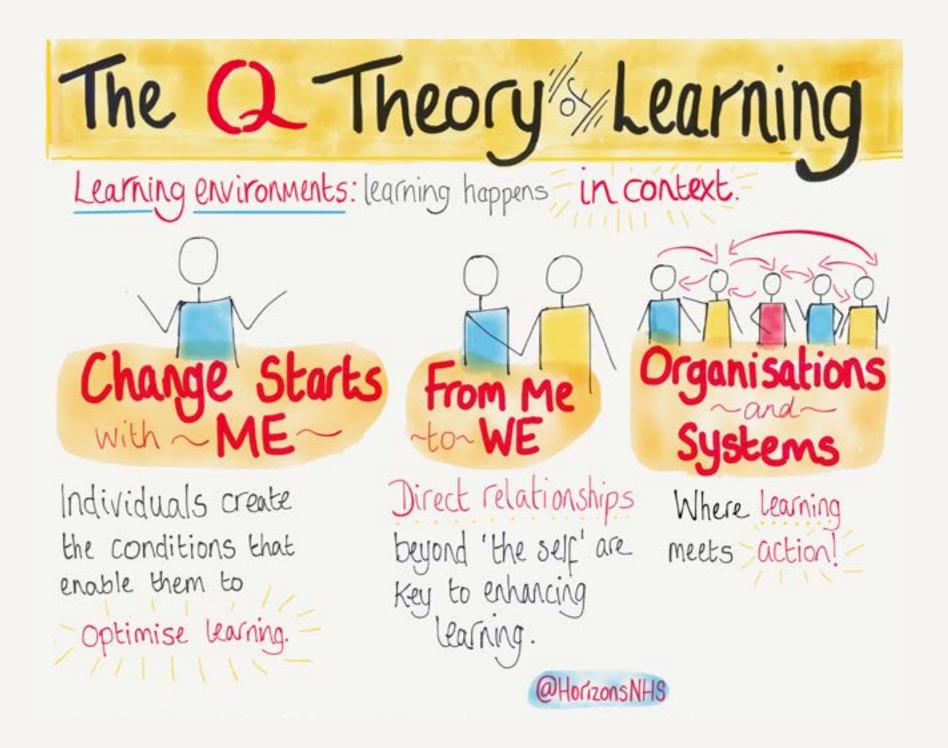
Put simply, the Q Learning Theory is designed to help Q and its members do their work better. We hope it helps you to:

- Reflect on the sorts of learning needed to achieve your improvement goals.
- Understand barriers to learning and what's known about how to overcome these barriers.
- Navigate the key principles that underpin new modes of learning for improvement.

The NHS Horizons Team
October 2017

 Change Starts with Me.   From Me to We.   Organisations and systems.

Learning environments

Learning, action and change are inherently interwoven.

Learning environments

Learning, action and change are inherently interwoven. While much emphasis is placed on explicit knowledge and structured training, our premise is that most learning takes place on the job, through 'real work'. To make best use of an actionable learning theory requires an appreciation of the contexts, or 'environments', in which learning happens.

Given the inter-relationship between learning, action and change, optimising the effectiveness of each depends to a large extent on optimising the context within which they take place. Edward Deming (1900-1993) suggested that the job of a manager is to remove the barriers to joy in work. He proposed creating an environment where people are free to question, experiment, learn and fail, without fear of reprisal. Deming's premise was simple: learning is neither linear nor easily explained through models that track cause-and-effect. Rather, our ability to survive and thrive is optimised when we seize opportunities to catalyse learning within the messy reality of the world.

Our review of the evidence suggests that learners are more likely to develop through observing the practice and behaviours of others, increasing their own capability and capacity to apply new skills, and experiencing a supportive environment which enables them to use those new skills. Explicit knowledge and structured training may be embedded in that wider context of continual learning and improvement.

It also suggests that the relationship between a learner and her/his environment is reciprocal. Each influences the other, for good or ill. To optimise learning may require changing the environment. It may also require us to change ourselves.

Change starts with me: Individuals create their own learning spaces and have ultimate responsibility for creating the conditions which enable them to optimise learning.

From me to we: Direct relationships beyond 'the self' are key to enhancing learning.

Organisations and systems: Wider networks of people and knowledge enable us to learn best; they are where learning actually happens.

Learning environments:
What does this mean for me?

Our ability to learn is enhanced when we better understand the factors influencing the learning environment and our inter-relationship with them:

- **Critically assess your learning environment.** To optimise your learning may well require changing aspects of the context in which you learn.

- **Pay attention to the context in which you apply your learning.** Knowledge is not easily separated from that context. Be aware that transferring knowledge from one context to another is notoriously difficult. Mind the gap!

- **You will not learn through sitting in armchairs talking about it.** Learning flows through doing, and reflecting on doing.

- **Give more attention to tacit knowledge and practical wisdom** in the learning strategies you use individually and with the people whose learning you support.

- **Develop your understanding of social approaches to learning,** to complement your developing technical expertise.

Frame 1: Change starts with me

"As a leader, first work on yourself – increase your self-awareness"
Assegid Habtewold

"We hold ourselves accountable for the ways that we manage our time and ….our money. We must learn to hold ourselves at least equally accountable for how we manage our energy: physically, emotionally, mentally and spiritually."
Loehr and Schwartz

Change starts with me: summary of theories

- Adult Developmental Psychology
- Habits of Improvers
- Inner complexity
- Intrinsic/extrinsic motivation
- Psychometric segmentation
- Self-directed learning
- Theory U
- Transformational learning theory and trans-theoretical model of change
- Vertical learning

Change starts with me: a selection of tools and models

- Immunity to Change model, Robert Kegan (described here)
- Five Learning Disciplines model, Peter Senge (described here)
- Action Logic model, David Rooke and William Torbet (described here)
- Habits of Improvers, Lucas & Nacer (2015)
- Inner Skills, Kate Hopkinson (link here)

Change starts with me

Each one of us is ultimately responsible for our own learning. While the contexts we operate in may determine how effectively we learn, to optimise learning requires us to develop the capacity and capability to be self-directed. Our review supported the conclusion that leaders who are willing to work at developing themselves to become more self-aware are more effective.

It also suggests that learning is more effective when we better understand our own strengths and areas for growth. We are not passive recipients of information. Rather, we absorb it, process it, retrieve it, reject it, make sense of it and experience it in many varied ways.

We can enhance our own learning through becoming aware of, and valuing, different characteristic patterns of strengths, weaknesses and preferences as to how we take in, process, and retrieve information. Becoming familiar with different 'learner preferences' enables us to better understand our individual approaches to learning. We gain insight into how learning takes place for us and how it may take place for us with others.

As learners, we need to take responsibility for better understanding how to create the context and conditions which enable optimal learning to occur. This includes an awareness of how we process information – and how much information we can cope with, and in what forms, at any given time. Deepening our understanding of context will enable more effective management and use of our personal knowledge (knowledge gained directly through observation and experience). Through learning about ourselves – our preferences, capabilities and limitations – we may, in turn, becomes more effective at cultivating environments which are conducive to learning.

We recognise that this is no easy task. To 'sift noise' and create spaces which optimise learning requires more than an understanding of our own preferences and abilities. It also requires us to develop a range of skills which are more social and relational than technical. Emerging evidence suggests that developing these social and relational skills (for instance effective networking, relationship-building and influencing skills) is as important to professional learners as acquiring technical knowledge. Our review suggests we should seek out regular opportunities to learn, with others, in exploratory environments, in addition to refining our technical, professional skills.

What drives learning for health and care improvement?

Knowledge: The ability to recall data and/or information.

Comprehension: The ability to understand the meaning and significance of what is known.

Application: The ability to utilise an abstraction or to apply knowledge in a new situation.

Analysis: The ability to question and critique the literature, and (for example) to differentiate facts from opinions.

Synthesis: The ability to integrate different elements or concepts in order to form a sound pattern or structure so a new meaning can be established.

Evaluation: The ability to make judgements about the importance of concepts.

Adapted from: Greenhalgh, 2017

Change starts with me: What does this mean for me?

Thrive as an individual learner:

- Understand that 'change starts with me' and focus deeply on your own learning and learning environment.

- Invest in diagnostic tools to aid your understanding of your needs and learning preferences.

- Take a more holistic view of how you learn and how you support others to learn. Place at least as much emphasis on "learning while doing" as on structured educational activities.

- Understand and craft your use of tools for mastering your 'personal knowledge' more effectively, to provide a basis for optimising your learning over time.

- Develop strategies that enable you to negotiate and create more optimal spaces for learning.

- Pay more attention to questions of purpose and values (your 'intrinsic motivators'). Use methods, such as Public Narrative, which enhance your ability to think about these explicitly. Identify your purpose and seek out others who share it.

…in order to:

- become a better/the best version of myself.

- develop a better awareness of my motivations, strengths and areas for growth.

- develop the means to address my areas for growth.

- plan my self-directed learning.

- accelerate my learning by better understanding and practising the 15 habits of improvers

Frame 2: From me to we

"When we see that to learn we must be willing to look foolish, to let another teach us, learning doesn't always look so good anymore… Only with the support and fellowship of another can we face the dangers of learning meaningful things."

Peter Senge

From me to we: summary of theories

- Transformative Learning Theory
- Collective Intelligence Theory
- Communities of Practice
- Community Organising methodology
- Connectivism
- Emerging OD
- Future of Work
- Liberating structures
- Normalisation Process Theory
- Personal Knowledge Mastery
- Psychology of Community organising
- Social Movement Theory
- Tacit knowledge

From me to we: example tools and models

- Personal Knowledge Mastery framework, Harold Jarche (described here)
- Mobilising vs. Organizing Framework, Hahrie Han (described here with visual)
- Seven Principles for Leading Change, Kate Hilton (outlined here)
- Communities of Practice Framework, Jean Lave and Etienne Wenger (described here)
- NoMad Survey, Tracy Finch and colleagues (described and accessed here)

From me to we

Learning is enhanced when people take action around a shared purpose. Put another way, we are more invested when we help to create and shape what matters to us. Our review of the evidence suggests that optimal learning comes through doing and, in particular, through doing with others in pursuit of shared aims.

It also suggests that growing connections that enable us to optimise learning is at least as important as our current state of knowledge. Peer networks provide a critical infrastructure enabling this to happen. Cultivating and engaging effectively in communities of peer networks allows us to optimise learning for ourselves, our communities and beyond.

Emerging evidence indicates that groups developed around shared purpose 'think' and act in ways which amplify the sum of their parts ("collective intelligence"). This insight applies as much to the acceleration of learning as to the conception and/or delivery of tasks. Connections to and within communities that enable us to develop bonding ties to peers can be complemented by fostering bridging ties to diverse perspectives which challenge our prevailing approach.

Our review also uncovered an emerging emphasis on the importance of 'collective energies'. Put simply, we learn best when we pay attention to, and learn to cultivate a will for change in ourselves and others. This insight relates to social energy (personal engagement, relationships and connections between people) and spiritual energy (commitment to a common vision for the future, driven by a shared purpose) as much as to more recognised intellectual and physical energies.

How do we harness our energies and those of other learners to improve health and care? Developing our storytelling skills is key. Storytelling both grows our confidence to learn with others and provides a basis for accessing and transferring tacit knowledge. To optimise our learning requires us to make space for sense-making to occur: coming together, socialising our understanding, exploring new ideas and framing/re-framing meaning as a result. The process by which we individually and collectively create an understanding to enable action is key to enhancing our ability to learn.

From me to we: What does this mean for me?

Thrive as a learner in relationship with others:

- Practise engaging and developing others, bringing together learning and action. Within this, develop skills that build shared purpose in an explicit way, focusing on the shared premise, (asking 'who needs to be part of the change?' and 'what unites us?') and the purpose (asking 'why are we making this change?').

- Draw on tools and approaches which provide opportunities to develop your skills and confidence as a leader simultaneously with enhancing your subject matter expertise.

- Enhance your skills as a 'sense-maker' and 'curator of knowledge' in relationship with others.

- Seek out opportunities for training with others 'where the rubber meets the road' (i.e. in the clinic and at the bedside).

- Explore the full value of Q and your personal networks. Use the opportunities purposefully, recognising that networks thrive on the basis of reciprocity.

- Start or join a community of practice. This enables the acquisition of tacit knowledge, sharing of best practice, subject matter challenges and leadership dilemmas on an ongoing basis.

- Interview a fellow leader of improvement about her/his improvement journey and share your insights with others (via the Q blog) – or seek out other ways to elevate each other and enhance your networks for learning.

…in order to:

- be better positioned to curate and share new knowledge with colleagues and peers, on the job, in the day-to-day work environment.

- develop a recognised identity as a member of a community of improvement practitioners, specialists and/or learners.

- more effectively act as a sense-maker, translating quality improvement learning into a compelling narrative, which builds a sense of shared purpose with others.

Frame 3: Organisations and systems

"Collaboration is vital to sustain what we call profound or really deep change, because without it, organizations are just overwhelmed by the forces of the status quo."

Peter Senge

Organisations and systems: summary of theories

- Action Learning
- Cognitive Load Theory
- Complexity Leadership Theory
- Deliberately Developmental Organisations
- Digital habitats
- Ecologies for learning
- Communities of Practice
- Emerging OD
- Joy at Work
- Learning as Practice
- Learning Organisations
- Nudge theory
- Social Learning
- Systems Convening
- Tacit knowledge
- Scalable Learning
- Professional Bureaucracy Theory

Organisations and systems: example tools and models

- Action Learning Framework and tools, various (examples provided here)
- Five Behaviours Model, Stephen Swensen (described here under 'High Impact Leadership Behaviours')
- Person-centred Care Model, various (described here with a visual of the model)
- Tacit Knowledge Preservation and Transfer Models (examples of methods outlined here)
- Cognitive Load Processing Models (examples provided here)
- Step Learning Experiences Model, derived from Edgar Dale (examples provided here)
- Mindspace Framework, Behavioural Insights Team (described here)

Organisations and systems

Delivering change requires us to learn at multiple levels, both organisational and systems-wide. Improvement is a team sport and whilst peer-related learning gives learners a critical infrastructure, many of the most pressing issues in health care require learning to occur at a systems-level in order to make sustainable progress.

Exchange of ideas between organisations occurs best when individuals from those organisations can interact extensively (via such things as secondments, collaborative projects, job changes, conferences and networking events). The wider networks these enable provide the basis for generating and transferring knowledge beyond our current understanding. Our review suggests that knowledge is generated and refined by people, in relationship with each other. It follows, then, that wide and diverse networks as well as close and reinforcing relationships are key to optimising our ability to produce knowledge and to learn.

We recognise that there is a whole new level of organising skill required to achieve change with any level of ambition across organisations and systems. Systems leadership requires us to observe and influence at multiple levels. Within this, the ability to experiment, interact beyond 'linear' organisational boundaries, to fail and reinvent, are critical. Our review suggests that we optimise learning when we develop our capacity to contextualise knowledge both within systems (such as 'healthcare') and across ecosystems (such as 'health' and/or 'public service').

We recognise that theories of system leadership are under-developed in their ability to articulate the organising practices by which learning to lead and leading to learn are shared or distributed in organisations. Our review of available evidence suggests this frame may develop significantly in the coming years.

Organisations and systems: What does this mean for me?

Thrive as a learner in organisations and systems:

- Reflect on how knowledge and power flows through your organisation(s).

- Use organisational learning techniques (reflective practice, action learning sets, simulations and stories) to leverage your role in facilitating learning throughout your organisation(s).

- Consciously cultivate weak ties, which may enable you to access a more diverse and positively disruptive range of information and approaches to learning.

- Consciously cultivate system-wide connections. Draw on the expertise of others by presenting knowledge and experience in online ecologies designed to maximise learning.

- Harness the opportunities presented in the digital age, for connecting far and wide – start by finding and joining a campaign that is led elsewhere, but aligns well with your improvement goal/s, or by crowdsourcing ideas for improvement.

- Collaborate, collaborate, collaborate…

…In order to:

- develop a network (cohesive/strong tie or bridging/weak tie) which matches your level of ambition as an improver seeking to learn how best to improve health and care.

- build deep, trust-based relationships beyond your immediate learning environment, that can help all participants to learn faster by working together.

- gain access to expertise and networks that reach far beyond the confines of UK healthcare and healthcare improvement.

- make a more active contribution to establishing a dynamic, relevant improvement community which you have helped to shape over time.

- contribute to the Q community's understanding of organisations and systems learning as new evidence bases emerge in the coming years.

Q's Learning Objectives

Q's Learning Objectives

Learning individually: supporting individual members of Q to:

1. develop insight into their own learning and development needs around improvement.

2. build the knowledge, skills and working processes needed to contribute to and gain significantly from learning and improvement communities. This includes collaborative leadership, developing skills to be an effective member of Q, using knowledge resources, sharing learning, understanding how to operate through networks, effective navigation within communities.

3. be able to access to other development opportunities, resources and activities, available beyond Q.

Learning together: supporting Q members collectively to:

4. learn from and with others within Q about quality improvement, through peer learning and collaboration.

5. build shared learning, so that the sum of learning is greater than the parts and accelerates the Q learning experience for everyone.

Engaging others in learning: supporting learning beyond the Q community to:

6. build the capacity of Q members as leaders of learning so they can develop others beyond the Q community.

7. contribute to capacity/capability building in quality improvement in the wider health and care system through sharing, insight and learning.

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