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COMMENTARY

Evaluation of a practice development programme: the emergence of the teamwork, learning and change model

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This paper describes the processes involved in evaluating a practice development project aimed at enhancing family-centred care in a special care nursery. The paper draws heavily on previous published work about the project and the authors use these papers to illustrate their arguments.

The evaluation of the practice development project utilised is the well cited Pawson and Tilley (1997) model of realistic evaluation. This model draws from scientific realism; a philosophy claiming that both the material and the social worlds are 'real' and can have real effects. According to Boyd (2010) scientific realists believe that the typical outcome of successful scientific research is the production of testable theory and that the knowledge developed as a result may or may not be observable. For example, when reading a scholarly article written by credible researchers there is good reason to believe the 'approximate' truth of the claims it contains and that there is every reason to believe that these truths are presented as they are and not according to the readers' academic understandings. Boyd (2010) also states that scientific realism recognises that scientific methods are fallible and that most scientific knowledge is approximate. It is therefore warranted to accept the conclusions of scientists prima facie.

Pawson and Tilley (1997) raise the following issues and assumptions for evaluation:

- Practice development programmes aim to address existing problems and create change
- Change occurs by enabling participants to make different choices
- Choosing requires a change in participant's reasoning (for example, values, beliefs, attitudes, or the logic they apply to a particular situation) and/or the resources available to them
- Programmes are not homogeneous and each individual will have their own response
- Contexts such as social, economic and political structures, the organisational, participants, staffing, geography and history affect the programmes outcomes
- There is always a relationship between context and mechanism, and this is what produces the programme's impacts or outcomes: Context + Mechanism = Outcome
- Programmes cannot be applied in any context and accomplish the same results though the lessons about 'what works for whom, in what contexts, and how' are transferable

Rycroft-Malone, Fontenla, Bick and Seers (2010) recently used the model to evaluate protocol based care. They found that realistic evaluation was suitable for implementation research especially in the climate of evidenced based research and practice where multi-factorial analysis and diverse data sources are examined. They provide a number of examples to illustrate the method, however despite this they note that literature related to the operationalisation of realistic evaluation is scarce and that

the original literature surrounding the model was not a 'methodological recipe' (p11). Fortunately the method is forgiving and though the researcher is left to make decisions, the outcomes as a product of both context and mechanism can be derived. Differentiating between mechanism and context, however, is a source of contention.

Another evaluation model that complements practice development work is the PRAXIS model (Wilson, Hardy and Brown, 2008). This model is based on involving stakeholders at the beginning of a project to inject new perspectives and to integrate expertise. The PRAXIS framework facilitates the deconstruction and reconstruction of ideas and assumptions; discovering connections; reframing questions and including additional questions as the project proceeds. It makes it possible to incorporate the myriad of small steps into the main project. There is a focus on what and where the priorities are and examining all the issues. It creates a non-linear evaluation framework.

Val Wilson and others have clearly established a programme of work related to family-centred care and this paper contributes to that work. By drawing from other publications, Val attempts to overlay realistic evaluation across each. Comparing the realistic evaluation with PRAXIS would make an interesting counter point.

A significant proportion of the paper is devoted to the role of facilitation (external and internal), leadership and action learning groups. However, they are not explicitly related to the mechanism component of the realistic evaluation model. My questions are:

- How did facilitation skills drive the change process?
- What constitutes 'appropriate facilitation'?

A couple of assumptions underpin the construct and they are that facilitation influenced the context and culture and that capacity building was solely through the action learning groups and not developed via other mechanisms.

Clearly leadership was pivotal for change to occur and the active role of the unit manager in the enabling process achieved not only better outcomes for family-centred care but the role modelling that occurred also contributed to capacity building and this needs to be linked to the realistic evaluation model.

Family-centred care was indeed improved following this practice development intervention. To fully fit the implementation into realistic evaluation some further explication of the outcomes might enhance the "Teamwork, Learning and Change Model (TLC)". In particular, family stories (paper 7) could be subjected to realistic evaluation against the outcomes; teamwork (paper 3) is noted as central, yet the TLC Model appears to treat each construct equally.

The difficulty in getting people to change is well noted by the author and the model is now being tested in various locations. Using other evaluation frameworks in conjunction with realistic evaluation would really support the TLC model.

It appears that the author has a sound understanding of the broad contextual issues that support appropriate mechanisms. Realistic evaluation is a practical framework for investigating how a practice development intervention might work and in what circumstances it might not work and is a significant attribute in creating a dataset about what works in practice development interventions.

The TLC Model brings together the numerous mechanisms of practice development and whilst it is set within family-centred care, it has the potential to cross many contextual boundaries leading to superior outcomes (M+C=O).

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