International Practice Development Journal

Online journal of FoNS in association with the IPDC (ISSN 2046-9292)

RESPONSE TO COMMENTARY

Advancing the practice development outcomes agenda within multiple contexts

Kim Manley, Jackie Crisp and Cheryle Moss

We welcome the thoughtful and considered critique and commentary of our paper and find ourselves agreeing with many of the points raised.

We, like the commentator, recognise the difference between the previously more technical approach to practice development compared with the emancipatory and transformational focus of today. In part this change in emphasis was influenced by a combination of factors; the practice development concept analysis (Garbett and McCormack, 2002), which began to flag up systematic work with practitioners' values and beliefs; inquiry and learning; the emancipatory action research approaches used by the Australian education movement (Grundy, 1982); and latterly, the ways of working and process outcomes reflected in the Collaboration, Inclusion and Participation (CIP) principles (McCormack et al., 2007).

It is the emancipatory and transformational approaches that we believe constitute the means by which practitioners become empowered and practice development processes and outcomes are achieved and sustained. We alluded in our paper to the need to promote sustainability as an outcome of practice development, which in terms of return on investment must be a powerful argument for supporting the commissioning of practice development. However, the notion of sustainability is at odds with the short-termism that characterises current health care; where chief executives are in positions for relatively short periods and where governments want quick fixes.

For these reasons, we believe that an outcomes framework for practice development needs to focus on demonstrating impact for the broad range of end-users and stakeholders: sustainable processes and effective health services and eventually broad health outcomes. Hence our consideration of best practice for capturing research impact internationally, and recognition of our need to become more savvy as a community in relation to capturing this.

We recognise that the evaluation of practice development processes and outcomes will always be a complex endeavour: because of the ongoing evolution of practice development theory and methodology; the complexities and messiness of the contexts in which we work; the dominant discourses concerning just what constitutes evidence; and the political realities surrounding competitive funding and commissioning processes. So our argument is to move to a collaborative and planned approach that focuses on the full spectrum of outcomes and impacts.

We believe that the main reason for looking at broader outcomes is to help those who fund and commission quality improvement and culture enhancement work to understand what practice development has to offer. Put quite simply, without funding and recognition by

others, the promise that practice development holds for more effective, sustainable and person-centred health services will not be realised, and the power of its fundamental principles and intent to make a difference to patients and service users at many different level will be lost. As a practice development community we are well positioned to organise ourselves, to engage with and influence all relevant stakeholder groups, in a way that few of us could achieve alone.

References

Garbett, R. and McCormack, B. (2002) Focus. A concept analysis of practice development. *NT Research.* Vol. 7. No. 2. pp 87-100.

Grundy, S. (1982) Three modes of action research. *Curriculum Perspectives.* Vol. 2. No. 3. pp 23-34.

McCormack, B., Wright, J., Dewar, B., Harvey, G., Ballantine, K. (2007) A realist synthesis of evidence relating to practice development: recommendations. *Practice Development in Health Care.* Vol. 6. No. 1. pp 76-80.