



# E-learning in clinical settings

## Recommendations for implementers

Informed by key findings from an evaluation of NEPTUNE II resources on novel psychoactive substances and club drugs

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# Acknowledgements

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These recommendations have been summarised from 'Evaluation of NEPTUNE e-learning, an evaluation of NPS and club drug e-learning for clinicians'. The full report is available at:

[www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/research/novelpsychoactivetreatment.aspx](http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/research/novelpsychoactivetreatment.aspx)

*Cover image credit: NEPTUNE e-learning modules.*

# Background and context

## What are NPS and 'club drugs'?

Novel psychoactive substances (NPS) are usually compounds developed to mimic the effects of existing drugs. Before the Psychoactive Substances Act (2016) came into effect there was no legislation prohibiting trade of NPS in the UK. Hence, these substances have been referred to as 'legal highs' in the past. 'Legal highs' were marketed as 'plant food', 'bath salts', 'research chemicals', 'incense' or 'herbal highs' and typically labelled as 'not for human consumption', to avoid legal sanction. Club drug is a short-hand term used to describe a group of psychoactive substances that are typically used in dance venues, at house parties and at music festivals. Some substances are also used in a sexual context.



### The challenge

NPS and club drugs can cause limited or no problems for some people. However, some users become acutely or chronically unwell physically, and suffer poor mental health. This causes people to present in a range of clinical settings, including emergency departments, sexual health services and specialist drug services. These presentations have sometimes been challenging for clinicians. There is limited knowledge on the pharmacology and toxicity of NPS and club drugs. This, combined with the diversity and proliferation of use and legal ambiguities, has led some clinicians to report a general lack of knowledge and confidence in managing these presentations.



### A solution...

NEPTUNE (Novel Psychoactive Treatment UK Network) was setup to address the gap in clinicians' knowledge about managing acute and chronic problems resulting from the use of these substances. NEPTUNE produced clinical guidance for clinicians on how to identify use and minimise harms. The Health Foundation funded a subsequent phase of the project (NEPTUNE II) to translate the clinical guidance into a suite of e-learning modules for clinicians. The overarching aim was to develop an easily accessible and digestible resource for clinicians working in a range of settings. The rationale was that this group of professionals, who are often described as time-poor, would be more likely, and able, to start and complete an e-learning module than to read a clinical guidance document.

## Why e-learning?

There are some benefits of e-learning in clinical settings, as well as challenges that need to be overcome to ensure interventions are successful. The scope for individuals to tailor e-learning packages to their needs and preferences is a significant advantage. E-learning approaches also have the potential to reach a large number of clinicians in a cost-effective way, by removing the burden of clinician travel. However, it can be difficult to persuade clinicians to access and complete e-learning. Two key challenges are a lack of time and technical access issues.<sup>i</sup>

## Evaluating NEPTUNE II

The NEPTUNE development team wanted to pilot and evaluate their e-learning module, to understand how barriers to access and completion could be overcome. The team also wanted to understand how clinicians thought they benefitted from the module. The Health Foundation funded the Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI) to independently evaluate NEPTUNE II resources, and specifically to explore:

- The barriers and facilitators to accessing and completing the e-learning module.
- What helps overcome these barriers.
- In what settings, and for whom, is it not possible to overcome these barriers.
- Perceived impacts of the module on knowledge and confidence in relation to NPS and club drug presentations.
- What effects, if any, this might have on clinical practice.

A total of six services were purposively selected to cover settings where different types of NPS and club drug presentations were known to occur: sexual health services, specialist drugs

services and emergency departments. Two of each service type were included to help explore and explain emergent patterns. We also invited a small number of key stakeholders who were known to the NEPTUNE network to help us transfer and interpret findings for additional settings. We interviewed four stakeholder participants before and after the pilot period. Stakeholders worked with homeless populations, in prisons and with mental health service users. In total, 35 in-depth qualitative interviews were conducted.

**35 in-depth qualitative interviews**

This summary report highlights key findings and recommendations for future implementers of the NEPTUNE II module. However, we believe that these recommendations also apply to implementing non-mandatory e-learning in clinical settings more broadly.

## Key findings

When NEPTUNE's target audience (doctors, nurses, psychologists and some specialist drugs workers) completed the module they reported:

- An increase in knowledge about NPS and club drugs.
- A related confidence increase in managing these cases.<sup>1</sup>

For this group to benefit from the module they needed to perceive it as current and up-to-date. Therefore it was important that it was implemented in a timely way. Those outside of the target audience, however, found the module superfluous to the requirements of their jobs. There was a risk of this group attempting the module and advising their colleagues they did not think it was worth them investing their time in the module. This could deter people, including those from the target audience, from attempting the module. Therefore, it was important that implementers clearly explained the target audience of the module.

The rest of this summary report recommends ways future implementers of non-mandatory e-learning can implement modules in a timely way, clearly explain the target audience, and overcome other barriers.

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<sup>1</sup> Please note, this was to varied degrees, as elaborated in the full report.

# Knowing your audience

## Appealing to individuals or managers?

We found there were instances when it was more successful to persuade individuals to complete the e-learning modules, and other times when it was more helpful to target service managers. Two key influencing factors were:

- **Views on the broader role of professional development**  
At some services managers used professional development to help improve morale amongst staff. These services prioritised NPS and club drug training for their staff. We found it helpful to work with managers from these services to promote the e-learning module to staff.
- **The size and structure of the service**  
When services were large and disparate in nature, and included multiple sites and professional backgrounds, it was harder for service managers (clinical leads and consultants) to directly influence training content. While these service managers agreed that NPS and club drug training was important, they were understandably, less inclined to encourage staff to complete the module, since it fell outside of the remit of their job.

In these settings, it might be more appropriate – and successful – to appeal to clinicians on an individual level, rather than through service managers.



**Recommendation:** It is important for future implementers to understand how individuals perceive their need for NPS training and service managers. This will help determine who it is best to target.

## Understanding previous e-learning experience

Previous experience of e-learning and professional background influenced receptiveness to e-learning as an approach. We propose three different types of e-learning user:

### 'Exasperated' user

This type of user had a particularly challenging relationship with mandatory e-learning, which was linked to stressful experiences of completing or asking others to complete modules. This made it hard to compartmentalise negative views associated with e-learning, to the point where it was sometimes difficult to identify any benefits. This type of user instead favoured face-to-face training or reading. They were unlikely to proactively seek new e-learning opportunities, and would need to be highly interested in the subject matter of a non-mandatory module to complete it.

### 'Mixed feelings' user

E-learning was not always this type of users' preferred training style, but even when it was not they identified some benefits, for instance that it was convenient and saved time. They acknowledged there were good and bad quality packages, and could compartmentalise any negative experiences associated with mandatory modules. These users were more likely to do non-mandatory e-learning compared to 'exasperated' users, but would not necessarily go out of their way to find e-learning opportunities.

### 'Enthusiastic' user

For this type of user, any negative views of mandatory e-learning were offset by positive experiences of e-learning where they had quickly filled a knowledge gap. This type of user could separate negative experiences of mandatory e-learning, and sometimes adopted an '*I just have to do it*' approach. This group were most likely to proactively look for non-mandatory e-learning modules to fill knowledge gaps, and circulated them to colleagues when they were helpful. This group frequently had new knowledge gaps to fill. The group included emergency department medical staff, those working on clinical trials, and those who were new to their roles.

The 'exasperated' user was the hardest to persuade of the potential benefits of the module. We found that they either needed to have an interest or strong perceived need for more knowledge in the subject.



**Recommendation:** We recommend that future implementers consider how to appeal to the 'exasperated' user carefully when implanting non-mandatory e-learning.

## Spreading and implementing e-learning

We make three categories of recommendations for the implementation process of non-mandatory e-learning in clinical settings.

### Implementation

- ✓ **Strategic buy-in:** The importance of strategic buy-in from the highest relevant authority was highlighted as essential. In prisons this was the governor, in NHS settings it was the trust, and in charitable organisations it might be HR or the chief executive. There were potential challenges in getting this buy-in across settings.
- ✓ **Dissemination:** Wider awareness and understanding of NEPTUNE increased receptiveness to the module. This highlights the value of national and local dissemination activity in raising awareness and promoting credibility of the resources. When possible, we recommend investing in wide-ranging dissemination opportunities, in addition to a general invitation.
- ✓ **Implementer:** People were more likely to complete the module when they respected the individual who invited them to complete it. It could be helpful for implementers to reflect on who does this role. Additionally, if the role is delegated, it is important to ensure the new person is given plenty of time and involved in early planning.
- ✓ **Training curriculum setters:** Stakeholders suggested asking those who set the content of mandatory training programmes for clinicians to promote the module.



## Targeting

- ✓ **Audience:** Implementers should clearly explain who the module is for. If a service wants those from other professional backgrounds to complete a module, it is important first to test appropriateness before sending a general invite.
- ✓ **Larger services:** At larger services which work across sites with less regular shifts it could be helpful for implementers initially to target a few staff (up to 10), to increase the sense of accountability and help the task feel more manageable.
- ✓ **Purpose of resource and target audience:** Implementers need to clearly understand the purpose of any resource (and staffing groups for whom it is appropriate). This was especially important in settings with multiple professional backgrounds who had varied levels of contact/involvement with the e-learning content (in our case this was NPS and club drugs).

## Spread

- ✓ **Providing an outlet for criticism:** Providing an outlet for criticism or feedback could mean the spread of the module is not impeded when someone does not like it. This could be done through a feedback button on the module itself, orally with colleagues, or via email.
- ✓ **Allowing time:** We recommend that services allow time for the spread of e-learning through informal networks. We found it can be a lengthy process (up to six months), which suggests there is value in sending reminder emails for some time after the initial invite.
- ✓ **Varied rates of spread** – news might spread more quickly in some settings compared to others. For example, in prisons, informal information networks helped spread news quickly. First impressions of the module might be especially important in these settings.

## Overcoming immediate barriers

There was a group of people who were highly receptive to the NEPTUNE module; they were interested in the content, had a supportive manager and liked e-learning. However, it was still possible for this group to experience a range of immediate barriers that delayed or, in some cases, prevented completion altogether. We make three key recommendations for how implementers can overcome immediate barriers.

### Helping prioritisation

We found that the time to complete the NEPTUNE module (typically 30-60 minutes) was not too long, in theory, and it should be possible for most clinicians to find this amount of time, if they prioritised it. However, the key challenge was prioritising a non-mandatory module. As one of our evaluation participants explained:

*'When people are really stretched for time if they are informed something is optional it doesn't always become a priority. If they've already got ten priorities they need to do and something is optional, unfortunately they don't always then add that into the priority list...[other priorities include] mandatory training, managing the service.'* – **mental health nurse, specialist drugs service**

When there was a focal event, like a teaching or training session on the subject matter (in our case NPS and club drugs), it was easier to prioritise completing the module. This created a deadline of sorts, because participants felt training sessions would be more useful if they came to it with a base level of knowledge; they would be better able to articulate their knowledge gaps and ask informed questions.



**Recommendation:** We recommend that future implementers arrange focal events when possible, to help clinicians prioritise completion.

## Protecting and exploiting timing

Participants reported that having time protected by their line managers to complete the module would be helpful, in theory. However, it relied on participants not having other, more pressing priorities that clashed with the allocated time. For example, a participant explained that they were unable to attend the weekly teaching session which had been protected for them to complete module because of an urgent deadline for another project.



**Recommendation:** We recommend that line managers and implementation sites work closely with their staff on an individual basis to identify a time when they could complete the module. This is especially relevant when time resource management tools were used, where line managers could ensure supervisees had enough office sessions booked in to support completion.

There were instances which participants identified as more opportune to receive an email about the NEPTUNE module compared to others. For example, in specialist drugs services Christmas was identified as a quiet period because it tended to be a time when service users did not want to address substance misuse problems.

Receiving the invitation close to appraisals also facilitated participants in completing the module. Completion of the module was used to demonstrate '*self-motivation*' and '*keeping up to date*', for example. The continuing professional development (CPD) credit attached was a further motivating factor for doctors and nurses when they were close to revalidation deadlines.<sup>2</sup>



**Recommendation:** Implementers should reflect on – and exploit – any opportune times, for example, quiet periods and appraisal deadlines.

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<sup>2</sup> However, another view was that incentivising non-mandatory modules with CPD points meant people did not engage with the content, but completed just for the points.

## Increasing access

Our participants reported that having their own laptop, or access to a quiet space clearly separated from clinical activity helped completion. Those who were prepared to complete the module at home felt they sidestepped potential technical and access issues because they had more control of their immediate environment.



**Recommendation:** Implementers should, when possible, provide staff with separate, non-clinical space to complete e-learning modules.

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<sup>i</sup> Key points were summarised from the following sources:

- NICE (National Institute of Health and Clinical Excellence) (2014), '*Development of local e-learning for relevant NICE guidance*', Kent and Medway NHS & Social Care Partnership Trust. Available at: [www.nice.org.uk/sharedlearning/development-of-local-e-learning-for-relevant-nice-guidance#results](http://www.nice.org.uk/sharedlearning/development-of-local-e-learning-for-relevant-nice-guidance#results)
- NICE (National Institute of Health and Clinical Excellence) (2016), '*NECS e-learning: antibiotic prescribing and antimicrobial stewardship in primary care*', North of England Commissioning support group. Available at: [www.nice.org.uk/sharedlearning/necs-e-learning-antibiotic-prescribing-and-antimicrobial-stewardship-in-primary-care](http://www.nice.org.uk/sharedlearning/necs-e-learning-antibiotic-prescribing-and-antimicrobial-stewardship-in-primary-care)
- Wong, G., Greenhalgh, T., (2014), '*Internet-based learning for training health care professionals in-service*', Queen Mary, University of London. Available at: [www.who.int/ehealth/resources/elearning\\_inservice.pdf](http://www.who.int/ehealth/resources/elearning_inservice.pdf)

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