# The Patchwork Text Assessment – An Integral Component of Constructive Alignment Curriculum Methodology to Support Healthcare Leadership Development

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**Abstract**

*Background:* A responsive and innovative postgraduate programme curriculum that produces an effective and competent multi professional healthcare leader whom can lead within the United Kingdom (UK) and international healthcare context offers a promising approach to contributing towards the challenging global healthcare agenda

*Aims*: The aim of the study is to evaluate the impact of utilising constructive alignment curricular methodology incorporating the Patchwork Text Assessment on the healthcare leadership development of UK and international postgraduate students

*Design:* Case study design, incorporating Kirkpatrick's Five Levels of Evaluation Model

*Settings and Participants*: 12 post graduate students (multi-professional, UK and international) studying on a healthcare leadership and management programme at one UK University in the North West of England.

*Methods*: Rretrieval of the critical commentary produced and submitted by students as part of the Patchwork Text Assessment process

*Data Analysis*: Thematic content analysis approach

*Results*: Four key themes emerged demonstrating how the success of constructive alignment and the Patchwork Text Assessment in promoting deep learning for UK and international postgraduate healthcare leadership students is underpinned by principles of good practice and these include:

a)  Curriculum planners incorporating work based learning activities into the generated learning activities

b)  Curriculum planners creating the best learning environment so the student can achieve the learning activities

c)  Providing the learning activities that reflect the real world of healthcare leadership

d)  Providing students with opportunities to contextualise theory and practice through relevant patchwork activity and learning activities

e)  Equipping students with the transferable postgraduate skills (through learning activities and patch working) to embark on a journey of lifelong learning and continuous professional development

f)  Targeting the postgraduate programme /module intended learning outcomes and assessment patches against contemporary leadership qualities frameworks

g)  Providing students with opportunities to reflect in multi- professional groups that remain constant in terms of facilitator and supervisor

h)  Creating the learning opportunities for students to apply their learning to their own healthcare organisation

**Keywords:** patchwork text assessment, constructive alignment, healthcare leadership development, postgraduate programme

## 1. Introduction

Universities are required to demonstrate an innovative approach to postgraduate leadership programme curricula development if they are to be recognised as a credible provider of healthcare leadership education. This requires a shift from producing theoretical postgraduate programmes to programmes that embrace work based learning (Seagrove et al. 1996, Flanagan et al. 2000, Rounce and Workman 2005, Brennan and Little 2006, Leigh et al. 2012, Marshall 2012). Concurrently, the competency based culture that is internationally prevalent and used to measure the knowledge and skills of the healthcare practitioner means that postgraduate programme planners need to make explicit how the programmes intended learning outcomes target contemporary leadership competency frameworks (NLC 2011). The drivers for global healthcare reform are explicit and require the healthcare leader to embrace change and deal with advances in technology (Mahon et al. 2009). Similarly, delivering the healthcare policy within a shrinking global economy requires the healthcare leader who can cost contain but deliver on quality and service improvements (DH 2010).

Recognising that leadership development does not happen by chance, one School of Nursing, Midwifery and Social Work in the North West of England worked in partnership with senior practitioners from entrepreneurial healthcare organisations to develop an innovative post graduate healthcare leadership programme. This paper evaluates the impact of the adopted curriculum design and embedded assessment strategies on the education and ongoing professional development needs of the healthcare leader.

## 2. Background

A responsive and innovative postgraduate programme curriculum that produces an effective and competent multi professional healthcare leader whom can lead within the United Kingdom (UK) and international healthcare context offers a promising approach to contributing towards the challenging global healthcare agenda. For example, the UK is experiencing unprecedented change within its National Health Service. Application of political policy (The Health and Social Care Act 2012) has resulted in the merger and integration of traditionally stable healthcare organisations, whilst at the same time there is a requirement of the healthcare leader working within these expanding organisations to cost contain but deliver on quality and service improvements. Similarly if nursing leadership is to be recognised as the vehicle to help transform healthcare systems in the USA (IOM 2011), assessment strategies embedded in the postgraduate curriculum design need to promote the healthcare leader as a lifelong learner. This supports Ramsden's (2003) philosophy of transferring the students own and others ideas to new emerging situations.

**Constructive Alignment: A Curricular Approach to Postgraduate Healthcare Leadership Development**

The role of the postgraduate healthcare leadership development programme planner is to produce a curriculum that promotes the qualities and skills required of the healthcare leader that are embedded within the global healthcare policy. These include skills to drive through change and deal with emergent complex leadership situations in innovative and creative ways (NLC 2011, Leigh et al. 2012). Concurrently, programme planners are required to provide the evidence for the University and wider audience of the Quality Dimensions (Gibbs 2012) of the postgraduate programme, and this is measured in part through student attainment, educational provision and value for money. The School of Nursing, Midwifery and Social Work that is the focus of this study used constructive alignment as the curricular approach to support postgraduate leadership development.

*2.1 Constructive Alignment*

The premise of constructive alignment is twofold. Firstly, teaching is viewed as a catalyst for learning. The student therefore constructs meaning from the relevant learning activities created by the curriculum planners. Secondly, the planners' create a learning environment to align the learning activities to the intended curricular or programme intended learning outcomes (Biggs 2003). Biggs (2003) summarises the key principles of constructive alignment into four key concepts:

1) Define the programmes intended learning outcomes

2) Choose teaching/learning activities that best support achievement of the intended learning outcomes

3) Assess students attainment against the intended learning outcomes

4) Arrive at a final grade

Through the curricular planners exposing students to university and work based healthcare development learning activities, provides the opportunity to close the gap (Sellman 2010) between what is taught in the university to the realities of healthcare leadership. This in turn operationalizes Rolf's (1993) approach of dissolving the theory practice gap through the practice of learning by doing. Indeed the philosophy of constructive alignment

complements work based learning through the student demonstrating what they have learnt back in the workplace, and where appropriate generating new theory (Leigh et al. 2012). Indeed, work based learning capitalises on the healthcare organisation as a legitimate learning organisation (Senge 2006) and as an efficient and cost effective mode of facilitating healthcare practitioners continuing professional development (Marshall 2012:277).

Implementing the constructive alignment curriculum requires the programme planner to create a culture whereby the university lecturer becomes the facilitator of the student's leadership development. An important role of the facilitator therefore is to promote the best environment for students to access the learning activities (Wash 2007), and in the leadership context, this may require a senior manager in the healthcare organisation to champion the student's leadership development through the opening of doors. Notwithstanding, the facilitator and programme team require a contemporary understanding of the healthcare environment to provide learning activities that reflect the real world of healthcare leadership (Leigh et al. 2012). Creating active learning opportunities operationalizes one of the seven principles for good practice for undergraduate education (Chickering and Gomson 1987) applied in this situation to the postgraduate context.

## Patchwork Text Assessment: Integral Component of Construct Alignment and Leadership Development

Success of the constructive alignment curricula is reliant on the development of assessment tasks that address the programmes philosophy and intended learning outcomes (Rowntree 1977, Powell 1982, Biggs 2003, Boud and Falchicov 2006); providing the opportunity to move on from the perception of assessment as a 'tragic enterprise' (Ramsden 1992: 181) to instilling creativity into the assessment process (Boud 2000), by the facilitator and student. Furthermore, applying Rusts (2002) stages of assessment requires the application of the range of appropriate assessment tasks that directly assess whether each of the intended learning outcomes have been met; and supporting the students readiness to complete the desired tasks. Rust et al. (2002) would concur how the requirements of a constructivist assessment process is to have clearly defined and explicit assessment criteria.

Applied to healthcare leadership development, the assessment tasks needs to demonstrate how the student is developing the skills associated with the effective healthcare leader (Leigh et al. 2012). Concurrently, assessment strategies need to operationalize what Boud (2000) refers to as meeting the learning and development needs of the present but without compromising the skills required for a journey of lifelong learning. Whilst the student attending a healthcare leadership development programme is often combing postgraduate studies whilst working in a healthcare senior leadership role, assessment strategies must demonstrate: the key attributes required of the postgraduate community (QAA 2007), transferable skills (Hager and Holland 2006, Moss et al. 2010), and those skills associated with employability (Dearing 1997). Indeed, graduate level skills and qualfications are seen as being increasingly important in the changing workplace, enabling innovation, enterprise and creativity within an organisation through its employees (Nixon et al. 2006). Furthermore, the subset of graduate employability competencies proposed by Knight (2007) are congruent with the skills and qualities associated with the contemporary and global healthcare leader and include demonstrating emotional intelligence, developing the partnership and relationships to effectively lead in often volatile and changing healthcare settings

The multiple requirements for the assessment tasks provided the catalyst or antecedent for the School of Nursing, Midwifery and Social Work programme planners to utilise the Patchwork Text Assessment as a whole curricular approach to the assessment of the student's leadership development. The Patchwork Text Assessment thus became an embedded and integral component of constructive alignment curricular methodology.

A patchwork text assessment is gradually assembled throughout the duration of the module and students are guided in undertaking a sequence of short assessment tasks relating to a range of pre-determined activities designed to cover the intended learning outcomes of the module (Scoggins and Winter 1999, Winters 2003, Brunsden 2005, Crow et al 2005, Surridge et al 2009, Trevelyan and Wilson 2011, Leigh et al. 2012, Richardson and Healy 2012). Appealing to healthcare leadership is how the assessment tasks can legitimately integrate with contemporary leadership qualities frameworks (NLC 2011), an important leadership development measure utilised by healthcare organisations to gauge the leadership skills of the healthcare leader. The short assessment tasks (or patches) provide students with an opportunity to utilise personal skills for example presenting and writing to demonstrate their strengths. Each patch is complete in itself and the overall unity of these component sections although planned in advance is finalised retrospectively when they are 'stitched' together at the end of the module (Brunsden 2005). Raelins (2000) rationale for work based learning supports the integration of real life leadership situations to enhance the student's leadership development. The assessment should therefore provide students with opportunities to: critically reflect on the application of theory to work based leadership situations; review and learning from their experiences; problem solve within the work environment; and demonstrate the acquisition of meta- competencies of learning to learn (Raelin 2000).

Patchwork Text Assessment accommodate principles advocated by Wiggins and McTighe (2005) that promote deep learning through integrating the curriculum with assessment tasks. Thus the student demonstrates: self or meta-cognitive awareness; and an ability to: explain, interpret, apply, have perspectives, emphasise and have self-knowledge about a particular (leadership) issue. If used effectively and creatively, the Patchwork Text Assessment has the potential to support the healthcare leader to articulate their leadership journey and effectively manage the range of healthcare leadership situations, thus move on from the criticism of assessment that merely certifies achievement (Boud and Falchicov 2006).

Students are required to share each of their assessment tasks within a reflective or action learning group (Lowe et al. 2007, Young et al. 2010). These groups provide students with the space where they support each other, enabling critical reflection and the bringing of new theory, knowledge and evidence to bear on the complexities of 'real world' leadership situations that can then be tested out and brought back to the group (Leigh et al. 2012). For Mabbett et al. (2011), action learning helps students integrate theory and practice. Similarly, leadership development is reliant on personal reflection and self-assessment to support the student understand their preferred leadership style.

*2.2 The Critical Commentary*

Each completed patchwork text should act as a 'virtual' portfolio when 'stitched' together (Brundsen 2005). At the end of the module the student reviews their separate pieces of work in order to write their final section which consists of a critical commentary. The critical commentary acts as an interpretation of what the module material means to them now and to demonstrate what they have learned and how this has impacted on their leadership development. The student next plans for their ongoing leadership journey. The student clearly articulating their leadership development is timely and particularly important in the current climate whereby students and programme planners alike are required to demonstrate the outcomes of the postgraduate programme in terms of skills development and value for money.

## 3. Aim of the Study

The aim of the study is to evaluate the impact of utilising constructive alignment curricular methodology incorporating the Patchwork Text Assessment on the healthcare leadership development of UK and international postgraduate students. Two objectives are to:

1.　Critically evaluate the impact of the programme design on student leadership development

2.　Provide recommendations to universities and healthcare organisations of the best practice principles of constructive alignment and the Patchwork Text that optimise student healthcare leadership development

## 4. Study Methods

To investigate UK international postgraduate students' leadership development in depth and within its real life context, the case study is used as the empirical method of enquiry (Creswell 2007, Yin 2009). Analogous to the single experiment, studying one School of Nursing, Midwifery and Social Work's   postgraduate programme and embedded curriculum design makes this study a descriptive single case study (Yin 2009).

Kirkpatrick's Five Levels of Evaluation Model is being utilised as the theoretical framework for the study (Kirkpatrick 1983, Winfrey 1999).

The five levels of the model measure:

1.　Reaction- students initial thoughts and   feelings about the education and training experience;

2.　Learning - the resulting increase in knowledge or capability;

3.　Behaviour- extent of behaviour and capability improvement and implementation/application;

4.　Results - the effects on the business or environment resulting from the students performance;

5.　Return of Investment- this fifth measure is often used to demonstrate monetary investment in education and training

This paper presents evidence from levels 1 and 2 of Kitkpatrick's model and are presented in the context of an analysis of students' critical commentary produced as part of module assessment criteria utilising the patchwork text assessment.

## 5. Case Study Context

The School of Nursing is a large School situated in the North West of England that offers undergraduate, post qualifying and post graduate nursing and healthcare programmes. The multi-professional post graduate healthcare leadership programme aims to:

1.    Produce Post Graduate practitioners who are able to demonstrate a critical understanding of leadership and management concepts, theories and application of  skills to creatively lead patient care and/or  service improvements;

2.    Provide guidance and support via a mentoring role to advance the students personal growth and self- belief as a leader;

3.    Produce Post Graduate practitioners who are able to demonstrate a critical awareness of leadership and management practices based on research and evidence based practice, which will aid the effective transformation of health care practice, leading to patient benefits and service improvements within a changing and complex health care environment;

Students attend the programme on a full time or part time basis and are expected to complete four modules that support leadership development in four key areas:

1.    Critical exploration of leadership and management and understanding their health care organisation and its policy drivers

2.    Understand themselves as a leader and improve their personal leadership knowledge, skills and qualities

3.    Develop the skills needed to lead change and make quality improvements in clinical and health care services.

4.    Develop effective project management skills and learn to develop and justify their business case

If successful in the four modules, students undertake a final tow modules or dissertation that comprises of the implementation of a service improvement project relevant to their workplace. Constructive alignment curricular incorporating the Patchwork Text Assessment underpins the philosophy of the programme. The programme commenced in September 2010, attended by thirteen multi-professional qualified healthcare practitioners. The range of healthcare disciplines includes nurses, physiotherapist, occupational therapist, speech and language therapist and healthcare senior managers.

**Sample**

Application of purposive sampling techniques (Cresswell 2007, Silverman 2010) resulted in 12 post graduate students attending the first module of the leadership and management programme in one School of Nursing, Midwifery and Social Work situated in a Higher Education Institution in the North West of England being studied. The cohort of students consisted of UK and international male and female healthcare practitioners from a range of disciplines:

**6. Data Collection Strategies**

The data collection strategy comprised of retrieval of the critical commentary produced and submitted by students as part of the Patchwork Text Assessment process for module one of the healthcare leadership and management programme. An   overview of the patches that make up the Patchwork Text Assessment are identified in table 1.

Table 1. Overview of the Patchwork Text Assessment

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|---|
| **Introductory Patch** <br><br> Patch: Identify a major healthcare policy/initiative which has leadership implications for your organisation. You will be required to complete a SWOT Analysis in relation to how your organisation is positioned to respond to this major healthcare policy/initiative <br><br> **Critical Commentary** <br><br> The critical commentary provides an opportunity for you to critically reflect upon the processes and the application of the learning that has occurred and to demonstrate what the module material means to you now and to demonstrate what you have learnt and how this has impacted on your leadership practice when leading and managing in healthcare organisations, making reference to contemporary leadership frameworks |

### 7. Ethical Considerations

Ethical approval was received from the Higher Education Institution and required the researchers to adhere to key principles around issues of informed consent and confidentiality and anonymity of institutions and participants (RCN 2009). A Participation Information Sheet outlined the purpose of the study and that participation was voluntary. Participation was based on students' full understanding of what was involved and importantly the right to withdraw at any point, without any explanation being given (Green and Thorogood 2004, RCN 2009). Prior to data collection, the students had already received feedback and awarded a mark for their work. This reduced the potential ethical issue of the relationship between the researchers who are the module and programme team and students as study participants (DH 2005).

### 8. Data Analysis

A thematic content analysis approach (Granheim and Lundman 2004 Green and Thorogood 2004) was utilised by two experienced researchers to analyse the data from the critical commentaries. This provided the understanding of what participants had learned and how this impacted on their leadership practice and in the development of their leadership qualities and skills.

All the critical commentaries were read and re-read independently by the researchers. Data was organised into codes and then into broader categories and finally themes. This allowed for the classification of re-occurring or common 'themes' and themes unique within the data set (Green and Thorogood 2004) The researchers met to discuss the participants accounts of the phenomena and to agree on the emergent themes. This rigorous approach to thematic content analysis ensured that the links were being made between the empirical data and the claims made by the researcher (Green and Thorogood 2004, Yin 2009).

### 9. Findings

From the thematic analysis of the critical commentaries, four key themes emerged:

1.    Programme philosophy and its impact on the success of the Patchwork Text Assessment

2.    Leadership Development targeted against Leadership Frameworks (Leadership Qualities Framework (NLC 2011)

3.    Application and applicability of learning to students own healthcare organisation

4.    The importance of multi-professional reflective groups

***Theme: Programme philosophy and its impact on the success of the Patchwork Text Assessment***

The review of student learning through the critical commentary confirms the benefits of integrating the philosophy of work based learning with a constructive alignment curricular methodology that incorporated creative methods of assessment (Patchwork Text Assessment). The whole curricular approach was instrumental in driving and shaping the learning activities that linked to the programmes intended learning outcomes. This in turn enhanced their learning experience and positively influenced their leadership development in ways that a more traditional approach may not have done:

 '....*This module has developed a conscious awareness of my role, skills, skill level and style in my role as a team leader. The combination of theoretical input linked to an analysis of myself and the service has allowed me to reflect much more deeply than previously...*' (Participant 4).

Deep learning (Rust 2002, Moon 2004) was achieved through the carefully constructed learning activities created by the programme planners. The scaffolding effect of learning supported the student's leadership knowledge development and skills acquisition. The learning activities ranged from self-assessment activities, senior manager meetings and what students called 'homework' which was normally the application of leadership theoretical models and tools in the context of their own organisation e.g. a SWOT analysis (strengths, weaknesses, opportunities and threats) exercise (Cottrell 2010). Students were able to identify gaps in their leadership skills and abilities, promoting the concept of lifelong learning, thus promoting leadership development strategies that are transferable to situations that happen beyond the duration of the post graduate programme:

'…*Having the opportunity to complete a SWOT analysis has helped me in developing an awareness if issues that surround any leadership decision making and exploring the options based on all areas and in future situations rather than just thinking about issues in specific terms....*' (Participant 2).

 '...*I utilized the analytical skills introduced during the module's learning activities to consider the challenges to the team I manage and also identify where the leadership challenges are for me in managing that team.....*' (Participant 7).

For some students, developing leadership skills meant being able to empower others to lead

*'.... I am able to empower my colleagues and generate a degree of ownership in the campaign within the clinical area.....' (Participant 4).*

For others the learning experiences resulted in raised career aspirations (Participant

*'....as a low level manager……my long term goal is to position myself…in senior management.....' (Participant 12).*

**Theme: Leadership Development Targeted against Leadership Frameworks (Leadership Qualities Framework (NLC 2011)**

All patch activities targeted the specific qualities set out in contemporary leadership contemporary frameworks (NLC 2011). This provided the student with a structure to the self- assessment process and subsequent evaluation of their own leadership competence in practice and leadership development process:

*'....The use of assessment tools (LQF) helped to identify strengths and areas for development....' (Participant 3).*

*'....I used the LQF to examine my leadership qualities…..the most important for my own personal and professional development was regarding the definition of political astuteness ….' (Participant 9).*

For one student, demonstrating a greater understanding of the qualities required of the effective leader provided the catalyst to register for a more detailed leadership self- assessment and to continue her journey of lifelong learning:

*'….I have registered for a 360 Degree assessment which is a tool based on the LQF….This detailed feedback will give me a more accurate picture of my strengths and weaknesses in relation to leadership qualities. The advantage is that it includes feedback from team members….*' (Participant 4).

**Theme: Application and Applicability of Learning to Students own Healthcare organisation**

Turnbull James (2011) place emphasis on leadership development that locates the students learning within the context of their own healthcare organisation and systems in which they work with.   The learning activities created by the programme planners capitalised on the students healthcare organisation as a legitimate place to learn (Senge 2006) and this approach seemed to accelerate the students leadership development.   Self- assessment of their own role as leader revealed their level of understanding about the context of the organisation, decision making, strategy development and implementation. It was evident from the commentaries that their perspectives on and about their own organisations changed as they developed a broader and deeper focus as the module progressed. Furthermore they learnt how strategic planning was undertaken within their own organisations:

*'....from gaining a deeper understanding of the organisation, its structure and strategic planning I have been able to develop personally and engage in a personal journey of self discovery, self improvement and reflection enhancing authentic leadership......'(Participant 10).*

*'…I understand the external factors, I have an in depth view of the organisations competing priorities, vision and mission statements' (Participant 2).*

*'........Throughout the weeks that followed it became clear that understanding how the organisation is structured and who the stakeholders are for the services  creates a picture of where leadership and management responsibilities lie…' (Participant 5.*

Some students moved from a reactive response to policy implementation to one that was proactive, positively supporting, and driving change forward.

*'......I then realised that there is an expectation at my level of management that I understand the needs of the organisation and  that I am part of the Trust's leadership team and understand my role within the organisation.....'.(Participant 4).*

Here, the student demonstrated a proactive approach to their leadership development (Ramage 2005) and was able to reflect on their enhanced understanding of the healthcare organisation:

 *'......I would reflect that my improved understanding of myself as a leader of the concepts of leadership and my improved understanding of my organisation and my role within it have improved my effectiveness within the organisation. 1*

Students developed an outward facing perspective, moving from an intra-team or directorate constrained view of their organisation, to a more strategic perspective of the whole organisation and how their own unit was positioned within it. The learning experiences were enhanced whereby the student applied the theoretical content of the post graduate programme with learning activities that promoted engagement with colleagues within their own

organisation but outside of their own team, i.e. away from their direct sphere of influence (French and Raven 1962):

'... I now have a drive for results including identifying my vision for the future of the organisation.  I am developing a focus of the way forward and am communicating this not only to my staff but to the trustee team......' (Participant 3).

Others developed a sophisticated understanding of the challenges offered by national health and social care policies to strategic leadership from within and outside of their own organisations:

'....I was able to increase cross boundary working and develop a working relationship with external organisations….ability to view the bigger picture both from within the trust but also across the local primary care trusts.....I understand the external factors, I have an in depth view of the organisations competing priorities, vision and mission statements.....' (Participant 9).

**Theme: Integrating Theory to Practice through Theoretical Development and Work Based Activities**

Discrepancies between what is taught in universities to the realities of practice was not found when analysing the critical commentaries. The theory delivered as part of the module content provided the students with knowledge about the processes underpinning strategic decision making in a large organisation and was used by some students to influence the Trust's agenda and to achieve positive results:

'....I employed a strategy to give me the result I needed....' (Participant 1).

'.....It is essential to understand the motivations of the senior leaders on the Divisional Board in order to be able positively influence them to prioritise….and achieve results ...' (Participant 8).

Students utilised their real world leadership experience combined with their theoretical knowledge to generate informed actions in the workplace (Moss et al. 2010). This draws on the constructivism perspective in that that the philosophy of the programme and embedded assessment strategies particularly empowered the students to critically reflect on their own knowledge of practice:

'....Completing the research for this assignment and attending lecturers has allowed me to make sense of the complexity of current health policy in terms of service improvement within my work setting.... ' (Participant 5).

'….The sessions at the university have assisted in my development in the area of political astuteness. An example of this was gaining knowledge of the PESTEL Analysis (strategic management models) and applying this knowledge to an analysis of the external factors that influence the trust I work within….' (Participant 9).

The theoretical knowledge was also used to inform and prepare students for senior manager meetings. From this, students were able to link theory to practice, and visa versa and students appeared to develop a greater understanding of the complexities of policy implementation and decision making within large organisations.

'....I believe that as a consequence of the research and discussion with senior managers around the organisations structure and reacquainting myself with old and new government policies through out the module I have successfully been able to acquire a much "bigger picture" of the organisation...'. (Participant 10).

**Theme: The Importance of Multi-professional Reflective Groups**

In concordance with the literature (Lowe et al 2007, Young 2010) the students clearly valued the multi-professional membership and diverse roles of their peers that they were exposed to in their respective reflective groups. These were deliberately configured to expose students to different health and social care professionals and who operated at different levels within an organisation and the group membership remained static.  Students were able to hear first- hand accounts of leadership and management strategies and challenges operating in different organisations from different professionals, and to challenge and be challenged on these in a safe and rich learning environment.

 '...Because small groups were established of the course and didn't change the consistency was beneficial to help develop understanding about other organisations and how they work, but also   how others view leadership and where their responsibilities lie...' (Participant 5).

'….The fact that candidates along- side me in the reflective groups were not all nurses has greatly benefited me to gain a deeper understanding of leadership and management across primary and secondary care and in the vast array of specialisms and directorates...this has supported my development of intellectual flexibility….' (Participant 1).

The same student concurs with Goleman (1985) that emotional intelligence is a prerequisite for successful leadership. The key characteristics of emotional intelligence are isolated and used to manage their emotions more effectively when networking in groups:

*'.....I have developed a more mature emotional intelligence key to my role ……………largely contributing to this has been the opportunity through the tutorial (reflective) groups to collaborate and network with a vast multidisciplinary group....this has helped me to redesign services and represent the patient, conveying the patient experience to senior managers and at a board level……'(Participant 1).*

## 10. Discussion

There are authors who have critically explored the underpinning concepts of constructive alignment and have debated the impact of the prescriptive elements of this method of curriculum design on the creativity afforded to students when addressing their own learning needs (Polanyi 1962, Meyers and Nutly 2009).   Although the student has not been given the freedom to fully negotiate their assessment, the carefully constructed learning activities and patches combined with the chance to reflect and complete the critical commentary provided the student with the opportunity to verbally present and justify whilst patch-working. Similarly, reflecting on the range of work based learning activities and critically assessing their leadership development mapped against contemporary healthcare leadership frameworks provided the best conditions to promote the skills of the lifelong learner. In other words, if the learning outcomes of the programme are realistic and the learning activities support the students own personal development needs, then the student can maintain some control in terms of their leadership development and control to promote assessment creativity. At the same time the curriculum planners create the best opportunities and learning environment to support their leadership development. Through attending the postgraduate programme, the students clearly demonstrate how their graduate level skills and qualifications are used to influence change in the workplace (Nixon et al. 2006).

## 11. Limitations of the Study

There are limitations to this study in that it presents the impact of constructive alignment and Patchwork Text Assessment targeted against one module as opposed to the whole curriculum. However, the curriculum planners by taking into account the whole curriculum when planning individual modules, ensures that by the end of the programme the student will be given the opportunity to develop in all the qualities expected of the healthcare leader targeted against contemporary leadership frameworks (NLC 2011).

Future study opportunities include the perceptions of the academic supervisor and curriculum planners in providing the best postgraduate learning opportunities to support healthcare leadership development. The student's academic supervisor evidenced the development of their students writing skills particularly because the patchwork text placed particular attention to the status of writing the students reflections, analysis and synthesis of their experiences of strategic management practices (Leigh et al. 2012). The academic supervisors cannot substantiate the claim made by Parker (2003) that writing can become a learning process and not merely a result of proof reading. This is because the students themselves do not report on their enhanced writing skills and how writing has contributed to the development of their leadership skills.

This study has clearly demonstrated how the success of constructive alignment and the Patchwork Text Assessment in promoting deep learning for UK and international postgraduate healthcare leadership students is underpinned by principles of good practice and these include:

1.    Curriculum planners incorporating work based learning activities into the generated learning activities

2.    Curriculum planners creating the best learning environment so the student can achieve the learning activities

3.    Providing the learning activities that reflect the real world of healthcare leadership

4.    Providing students with opportunities to contextualise theory and practice through relevant patchwork activity   and learning activities

5.    Equipping students with the transferable postgraduate skills (through learning activities and patch working) to embark on a journey of lifelong learning and continuous professional development

6.    Targeting the postgraduate programme /module intended learning outcomes and assessment patches against contemporary leadership qualities frameworks

7.    Providing students with opportunities to reflect in multi- professional groups that remain constant in terms of facilitator and supervisor

8.    Creating the learning opportunities for students to apply their learning to their own healthcare organisation

## 12. Conclusion

The aims and outcomes of the study have been met through evaluating the impact of a postgraduate programme's curricular methodology on the development of the student's leadership skills. This study has critically evaluated the impact of utilising constructive alignment curricular methodology, incorporating the Patchwork Text Assessment on student leadership development. Findings from this study clearly identify the best practice principles to operationalize constructive alignment curriculum methodology, integrated with the Patchwork Text Assessment to provide effective postgraduate education for the contemporary UK and international healthcare leader. Further application of the integrated methodology across the range and academic levels of the healthcare curriculum has the potential to expose a wide range of healthcare professional to innovative curricular and assessment strategies; ultimately impacting on improving patient outcomes, a key outcome of the global healthcare agenda. Application of Kirkpatrick's five levels of evaluation (Kirkpatrick 1993, Winfrey 1999) provides the evidence for the University of the Quality Dimensions (Gibbs 2012) of the postgraduate programme, and this is measured through student attainment, educational provision and value for money

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