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## **The Light at the End of the Tunnel**

For many managers, it seems that whenever something goes wrong in their institution (whether business, school, hospital or small enterprise) they see the answer lying in training, since training is generally intended to improve output, increase success in acquiring resources, raise the trainees’ ability to respond more helpfully to their clients’ needs, and create a more efficient internal operation (Spilsbury, 1995, 43). When workers and managers alike are in the dark and all around seems bleak or black, the opportunity to head off on a training course, either individually or collectively, may be seen as the light at the end of the tunnel. This paper was written following the author’s attendance at a recent training (“course A”) and in the light of his research undertaken during the past few years, which has examined training courses provided (mainly for educational managers) in many countries around the world. Included in this examination has been the nature of the courses themselves, how, when and why each course was provided, who compiled it, who evaluated it and who decided on any structural changes which might be helpful. Many similarities were found which appear to be independent of country, prosperity, language, culture or any other of the more common factors and it is against these similarities that course A is being measured in this review. This paper aims to outline the motivation behind the provision of course A, its content and delivery, as well as the modes of evaluation used, and to examine whether the reality lived up to the expectations of both trainers and trainees.

March reports (1980, 439) that training programmes for managers in the UK continue to aim at improving their behaviour in ways that bear only a passing resemblance to ordinary managerial life, and that, until there is a fuller recognition of what managers actually do and why they do it, the training given will be naïve. Abbott and Hewlett recommend (1991, 33) that the trainers themselves should undertake in-depth self-examination, particularly to seek radical alternatives to established working practices so that the training offered does not become outdated and predictable, but Guthrie believes (1991, 175) that existing training programmes are incapable of radically adjusting so that they could prepare modern school leaders effectively. Buckley found (1985, 86) that some people resent being invited to a training course at all, some try to mask their insecurity, others feel uncomfortable through fear of criticism or inadequacy, other resist being in any situation where their prejudices may be exposed, and all appear to be uncertain facing training which may be unfamiliar and even threatening.

In the USA the National Commission on Excellence in Educational Administration examined existing training for educational administrators and recommended that 300 programmes out of 505 be closed and that the remaining ones should concentrate on preparing fewer leaders better. Earthman says (1991, 242) that the majority of preparation programmes in the USA appear to give a person a license to obtain a job rather than train him or her for the challenges and problems to be faced once they start working. His extensive list of topics missing from these training programmes includes a definition of good leadership, leader recruitment programmes, collaboration with other similar organisation, systematic professional development, relevance to the job demands, and a structured content containing clinical experiences.

Training programmes in Norway recognise that change takes a long time and so three years is allocated for training a school principal, for example. This lengthy period of time allows the participants to gradually modify their attitudes, becoming more sensitive and more considerate to others (Buckley, 1985, 117-128). Esp feels (1982, 69) that the real problem with training courses is evaluating their effect on both the participants and their institutions. His findings from Sweden are that, for positive results, trainers need to adopt a questioning and active guidance role when helping trainees to apply the training to their working lives. Buckley reports that this course is very positively received and that the participants are evaluated again five years after the course has finished (1985, 161). However, some reports point out inefficiencies in the way in which the course uses the natural or spontaneous situations of learning that arise (Ekholm, 1983, 57). Trainees also related well to training exercises which forced the participants to take a stand and hence learn from each other. However, one of the most distressing conclusions from this most comprehensive training programme comes from Ekholm, who says (1983, 65) that there are no reasons to be optimistic about changes in working practice resulting from changes in the professional roles or the personal behaviour of the trainees.

Buckley offers a summary of the essential principles for establishing a training course along the lines of the French system (1985, 58-60 and 132-133), including appropriate and realistic training, beginning with the participants' needs, experiences, preoccupations and problems, taking great care with practical aspects of the course, alternating practice and reflection throughout the training, and keeping programmes flexible and adaptable, allowing the trainees to design programmes themselves, suggesting areas of experiment and engaging in action research. Hopes points out (1983, 92) that the German training system does not give a clear statement of what the ideal balance is among the varying demands for training in the course, and he concludes that short courses are inefficient because they do not give long enough for practicing skills or internalising values in a neutral environment.

O'Shea reports (1983, 40-79) that there was little evidence from the evaluation made three to four months after the end of the Northern Ireland training course that attendance had helped the participants to improve their actual performance in terms of developing new skills or making future plans. Instead, she found that in many instances the trainees had difficulty in translating the theory of the course into practical activity. She also stresses the need for high quality lecturers and presentations in the training course. Buckley (1985, 107) describes the Dutch training course for educational leaders as being only "an emergency kit" with much more required. Of the omissions, he mentions incomplete implementation by trainers of developments which they have helped to initiate in the workplace.

Gross, Giacquinta and Bernstein conclude (1971, 200-211) that there can be a tendency on training course to assume that any worker can read a document describing an innovation and then, on his or her own, radically change his or her behaviour in line with the new role model. Clearly, this fails to accept the trainers' own leadership role in implementing changes. The best method for training seems to be to move from practice to principle rather than the other way round, according to Buckley (1985, 129-141). He also notes that training should not just be comfortable for the participants, they need to feel actively involved. Hence, trainers must avoid the desire to give "wise papers" and discuss abstract issues and should concentrate on getting to the participants' real difficulties.

Again, one of the most disappointing findings relating to evaluation of training is that there does not appear to be any correlation between a change in the role of the participant and a

change in the organisation. Thus, Buckley concludes that training for such a change is misguided and a waste of time, effort and money, though paradoxically he does regard training as absolutely essential (1985, 160-167). Large-scale changes have not been reported in institutions in any of the countries examined, nor is there any great optimism among the researchers. The general conclusion is that the major difficulty lies in relating the training on a course to the reality of the working place. While administrative skills and procedures can be taught easily, it is much more difficult to provide training which will lead to real work improvement where change is commonplace (Esp, 1983, 10-11). Hopes (1983, 91-97) summarises the difficulties for those planning training courses by pointing out some training is required as pre-service, some as in-service, some can be incidentally acquired on the job, and some self-taught, the problem being to identify which piece of knowledge, skill or attitude belongs in which compartment.

Most evaluation of industrial training, according to Spilsbury (1995, 1-15) is rudimentary, tending to focus on the cost of provision rather than on any effects it may have had. In fact, he says that “there is more being written (and said) about measuring training effectiveness than is actually taking place”. Nevertheless, he identifies several benefits from evaluating training courses, including quality control, efficient course design, and appropriate criteria of assessment. Furthermore, he points out that evaluation is a waste of time unless it starts by clarifying the purpose it intends to serve. An integral part of this stage of the process is to know how it is intended to use whatever results are found, and this in turn implies that evaluation must begin even before the course is run for the first time. The lifecycle of a training course, as suggested by Spilsbury, has six identifiable stages, although many writers separate the second of these into further categories. These six stages are:

1. Identify any gap between the knowledge, skills and attitudes held by the trainees and those required of them to become efficient workers. This should give a clear exposition of the training need.
2. Design, prepare and deliver the training.
3. Find out the trainees’ reaction to the training and what they have learned.
4. Find out if any of the new knowledge, skills and attitudes learned on the course have been transferred to the workplace and, if so, whether they are being used as intended in the training. This stage is vital but unfortunately is frequently omitted.
5. Identify any effects of the training on the organisation as a whole. Although this is the next logical step to take, this area tends to be the one where most confusion exists, resulting in the lowest level of action.
6. Reinforce positive behaviour, since it is quite common for changes in behaviour to be only temporary.

In any evaluation of training the emphasis might be on the worth of that course to the organisation, which is best done quantitatively in terms of numerical data, or it might concentrate on the individual’s experience, where qualitative data is more appropriate. It is always very difficult to do both, but in spite of the extra work involved in finding this information, it should prove to be really useful. Spilsbury concludes, rather ruefully, that the full training cycle which he outlines is seldom used.

Spilsbury (1995, 16-39) also criticises traditional training courses for concentrating too much on the skills to be learned by the participants and too little at the organisational context in which they will be required. To some training he assigns the term GAAFO – “go away and find out” – which he stresses is only useful if sufficient resources are applied. He also condemns the overuse of questionnaires for evaluation and suggests that testing for changes in attitudes and interpersonal behaviour can best be done using a method such as repertory grid

analysis. This, according to Easterby-Smith *et al.*, is “a method for uncovering the individual’s view of the world” (1991, 85). Although Newby (1992, 39) regards repertory grid analysis as “complicated and time-consuming” he does find that it can provide interesting results not readily available by other means. In his discussion on why training can fail to bring about any change in attitudes or work practices, he says “it is wise not to underestimate the power of inertia within a working environment”. A further complication arises when one has to remember that some changes apparently brought on by the training course might have happened in any case, though perhaps not at that time. These points will be considered again briefly when applied to course A.

Reay makes what he calls a “basic assumption”, namely that training is of itself worth while (1994, 13). However, he claims that this needs to be questioned each time a course is planned. So that organisers believe in what they produce. In a similar vein to many other writers, he is also of the opinion that evaluating a course makes for efficient and effective use of resources, but he does not feel that this is done sufficiently for most training courses. Any successful evaluation has to be valid, objective, feasible and reliable, and involve other people, he states. In essence, his criteria for a successful course include giving the participants the abilities to make better decisions, take more responsibility, delegate more effectively, and spend more time planning and innovating. Clearly, this list is not always applicable in its entirety to each act of training, but it does provide a useful set of guidelines by which we can measure the success or failure of a course. Rae also feels (1997, 15) that too much training is centred on the trainer, who decides the objectives of the course, its timing and length, its content and format.

Newby provides a useful set of questions to be asked of every training course with a view to measuring its effectiveness (1992, 22). These are:

- Has it achieved the results that it was set up to achieve?
- Are the actual results worth having?
- Were the results achieved by the most cost-effective method?

He also points out (1992, 31) that there is no automatic link between attitudinal change and behavioural change. Thus, to be effective according to the criteria given above, a course must not only change attitudes, it must also inspire the participants to apply their new knowledge and skills to their work, resulting in changed behaviour. This, of course, is the very essence of education and what differentiates it from mere teaching.

The aim of course A was to provide practical support for voluntary counselling work with which the author had been involved for the previous nine months. The work in question is general overnight care of patients with full-blown AIDS and who had previously been homeless – a double whammy which leaves these vulnerable people not only marginalised but outside the reach of most of the support nets in our society. A team of professionals cares for these people during the day, but volunteers are needed at night. Each volunteer undertakes one twelve-hour shift per week (from 9.00 p.m. to 9.00 a.m.) and is the sole carer in a building of up to nine patients, a few of whom also have partners living with them. Volunteer carers are not permitted to provide any medical treatment other than minor first aid or any prescribed medication, such as methadone, which has been dispensed for a patient by a professional and is awaiting collection. For example, even in the case of a headache, no analgesic of any form is to be administered. On the other hand, the vast majority of these residents have clear emotional needs, perhaps arising from their traumas when homeless, their lifestyles that led to their becoming HIV-positive, and possibly their forthcoming death. The variations in methods of dealing with these problems is as great as the number of residents itself, so that each carer

is required to be sensitive to a wide range of emotional positions, not all of which are predictable at any one time. Like so many others whose rigid timetables have been relaxed, the residents tend to sleep late in the morning but may become garrulous at night. This can mean that a carer may end up in conversation (mainly listening) with a resident for several hours at a time and well into the night. Quite clearly the skills demanded of the carers include sensitive, non-judgemental listening, together with the dual abilities to know when to challenge and when to remain silent, and how to leave these problems behind upon walking out of the door the following morning. This outline has been given so that perhaps the reader can appreciate the feeling of the task and the type of issues that voluntary carers would hope to see addresses on a training course.

Some of the cares involved, including the author, had received previous training from an outside professional agency. That course covered five full days and included a variety of methods of presentation and content, but it was felt by those in charge of the residential project that 'in-house' training would be superior in that it would be able to address the needs which were specific to the care they provide. The first that the carers themselves heard of this new training was a letter which requested their attendance at a one-day training session of five and a half hours, not including breaks for coffee and lunch. At no stage in advance of the course was its content discussed with any of the carers, and the result of this became evident as the day progressed. Furthermore, it was evident that the impetus behind the course was the director of the residential units, who had virtually single-handedly put together a collection of topics which he considered appropriate, although the day's format and content were later approved by the professional team. The letter told carers that the course would cover infection control, basic first aid, drug use, and befriending skills, all of which would be considered essential knowledge in this area. A subsequent letter informed the carers that the day itself would be structured as follows:

- 09.00 Registration, tea/coffee
- 09.30 Introduction, stating the aims and method of the residential project
- 10.00 Infection control
- 11.00 Basic first aid
- 12.30 Lunch
- 13.30 Drug use
- 15.00 Tea/coffee
- 15.15 The American experience
- 16.15 Evaluation and close

Comparing this with the first notification shows three of the four major areas clearly included, but the fourth (befriending skills – arguably the most important of the lot) apparently being overlooked or abandoned.

Not too surprisingly, the timing on the day itself did not work out very closely to the plan. Perhaps much of the blame for this should go to the director, who brought in outside speakers for all sessions but did not appear to have emphasised to them the importance of keeping their presentations relevant and to time. Indeed, as the day progresses, it also became clear that the critical differences between the day-time and night-time work in the residential houses was not being fully taken into account.

The first session started fifteen minutes late and, in an attempt to catch up on time, the director condensed his presentation into half the time he had allotted himself. This meant that what he had to say, which was excellent in content and potentially the most important talk of the day, was rushed and, at times, almost unintelligible as overhead projector slides were

slapped on and whisked off with an agility and speed that would be the envy of a sleight-of-hand artist. The essence of this section of the day was the principles of care, which naturally form the foundation for all the work done on behalf of the residents. However, with the rate of delivery of the principles the impact was completely undermined, leaving the impression that this was a section which could either be classified as a necessary evil or an optional extra, instead of the vital central issue it is in reality. This immediately highlighted the first of the major failings of most training courses, namely the lack of a strong philosophical basis on which the course is built. Without this, a course usually deteriorates into a collection of helpful hints or “how to” sessions without having any grounding in “why”, the very reasons the activity is being done in the first place. It is never sufficient to assume that everyone knows why he or she is involved in a project. In fact, leaving the aims and objectives unspecified and unexplained can cause serious contradictions and major deficiencies, as witnessed by many of the training courses examined by the author. Thus, the first and perhaps the most binding of all the guiding principles for those planning training (even a new course in a university, for example) is to establish clearly the philosophy behind the course. This can best be done by those who are already *in situ* and who are most likely to be responsible for the ethos of the institution in this regard. However, having completed that stage, the actual content of the course can be influenced by those who are to take it as trainees. If this is carried out successfully, the training is capable of giving the participants what they really need from the course rather than what the trainers think they need. This is the second key point in planning a training course and was shown clearly by the second and third sessions in course A.

One hour was scheduled for a talk on infection control and this was aimed, quite reasonably, at how to minimise contagion, not only from the more obvious HIV but also from the far more virulent and contagious viruses like Hepatitis. Here it is worth noting that the volunteers are not permitted to take blood or urine sample from the residents and are clearly not supposed to have sexual contact with any of them, so the only obvious danger to the carers' health status is through blood spills. However, these occur very infrequently indeed and then mainly during the day when the professionals are on duty. At night, the only danger from this source is if a patient sustains a cut, say to a finger while preparing a meal, but most carers would expect to work with the project for a year or two without ever dealing with this. Further, if such a minor incident does occur, the method of dealing with it is essentially to use the surgical gloves provided, then treat it exactly as any other wound and dispose of the gloves and cotton wool, etc., safely. However, instead of concentrating on how to deal efficiently and effectively with more likely circumstances, course A treated the carers to a biological explanation of how HIV attacks the body's immune system and how antiretroviral drugs work. Vivid details were given of how opportunistic infections can weaken or kill the patient, such tragedies being described by the speaker as ‘unfortunate’ throughout! While this talk contained information which was of interest to the carers, it was of very limited use, since the volunteers are forbidden from dealing directly with the medical side of caring. On the other hand, the more real dangers already mentioned of infection from spilt blood – the one concern most in a carer's mind when it comes to being infected – was not adequately addressed. There was neither a demonstration nor a participative role-play of how to deal with a cut or how to mop up, vomit, urine or faeces, which could reasonably be expected to be required knowledge in the event of a resident's health deteriorating suddenly at night.

The following session was on first aid, which might have been expected to implement and demonstrate some of the pointers from the previous talk. Instead, the highly enthusiastic speaker was keen to demonstrate her vast store of knowledge and experience, concentrating on the rather dramatic incidents she had dealt with, including broken backs, severe lacerations and

third-degree burns. Again, these are useful things to know but they all fall under the heading of ‘major emergencies’ rather than the more common daily events which are normally trivial but which can become potentially fatal if handled incorrectly in the context of HIV positive persons. Furthermore, in the event of a major emergency, the volunteers are under instructions to call in a member of the professional team immediately and to summon an ambulance in case of any doubt, thus reducing the need for knowledge of longer-term treatments. After an hour of listening the participants were allowed watch while one trainee was used to display the approved method for mouth-to-mouth resuscitation on a dummy. This demonstrated none too clearly the correct actions to take but all too clearly the *non sequitur* that a person with extensive knowledge and enthusiasm is perforce also an effective instructor, something frequently assumed, even in institutes of higher education. Thus, these two sessions confirmed the second and third key points for training, *viz.* ask the participants in advance what knowledge and skills they require and incorporate these into the programme, and ensure that all outside speakers are fully conversant with the particular needs of the trainee group. Neither of these appeared to have been done in the case of course A.

There followed a hurried lunch, though the food was of very good quality. In spite of the rush, this, as so often happens, became one of the better times of the day since the carers were free to chat amongst themselves and get to know each other. It was here, and during the coffee breaks, that the lack of nametags was more evident. While the professional team knew all the volunteers and each volunteer knew all the professionals, most of the volunteers had not met each other before, working as they do by themselves and at night. This meant that conversation tended to rather more formal and superficial than would be the case with a homogeneous group of friends. Thus, course A passed the fourth key point test, where arrangements are made for the trainees to be comfortable during the day by providing appropriate seating, warmth and food, but it ailed the fifth test, which ensures that they blend as a group, thus enhancing the exchange of knowledge and attitudes.

The graveyard shift of the immediate post-prandial session was allocated to drug use, the title of which caused more excitement than the content. This consisted of an amazingly amateurish video, made in the UK by two extremely knowledgeable men whose communication skills seemed obliterated through constant exposure to the drugs they were analysing. The result was about forty minutes spent laughing at the presentation and almost completely ignoring the far more important content. This confirmed the earlier (third) conclusion that, unless the presentations are specifically designed to cater for the needs of the target audience, no amount of technology can make up for poor performance.

However, this disappointing address was immediately followed by the only session of the day to have been heavily prepared by one of the professional staff involved. The group was divided into three smaller groups and each was given the same set of three situations to discuss. Each situation related to a real or possible event that might arise for a carer in the course of his or her ordinary evening’s and night’s work and which would cause a dilemma for the carer in establishing or maintaining boundaries. Great care had been taken to ensure that no extraordinary circumstance had been included and no specialist knowledge required to deal with the situation, but that the procedure was as close as possible to reality. That this succeeded was evident from the enormous amount of enthusiasm shown by the participants in discussing these topics in their groups, thus once again confirming the second key point that, when the subject matter is directly relevant to the training needs of the participants, they will learn eagerly and effectively.

After another short break for coffee, during which the discussion on these real-life situations continued informally, there was an extraordinary but highly interesting address from an American psychologist who confessed to having been a crack cocaine addict for several years while practising as a drug counsellor! This was a moving talk from the heart, which outlined how the drug scene had changed in the USA and making predictions about the Irish case. While this was of great interest to all present, it did not in any way address the needs of the trainees in their weekly sessions at the residence. When this talk finished, the training course had run over time by thirty minutes, so the director again tried to make amends by hurrying through the remaining matters and letting people go home. During these few minutes various participants asked questions which were exactly the sort of things that arise each week in their duty but which had not been touched on during the day, but because of the lack of time they were given short shrift by the director. This was a great pity, since it was clear that these were the issues people had come to have addressed. Again, discussing with the volunteers in advance of the course what topics they would like to have covered could perhaps have presented this major problem.

Training course A lasted from 9.00 a.m. until 5.00 p.m.(a total of 480 minutes), of which 145 minutes (or 30.2%) were spent on lunch or coffee breaks. This left 335 minutes on training itself, and of this the only sessions directly relevant to the actual weekly needs of the volunteers were the 15 minutes at the beginning on “principles of care” (although badly presented), the 65 minutes spent discussing how to handle real problems, and the final 15 minutes of questions and answers. This totals 95 minutes, or just 19.8% of the course time. The remaining 240 minutes (exactly 50% of the course) referred more properly to emergency care and would be precisely the type of material that is best covered in short sessions, say at an evening meeting of carers. The only evaluation of the course was the ubiquitous questionnaire or “happy sheet” where participants are asked to fill in comments on the sessions they have just enjoyed or endured. Such comments are found to be notoriously unreliable and are virtually useless when it comes to modifying a course for future use. The standard reaction at the end of a course is one where the mood lifts because the work is finished, so that even the poorer sessions may tend to get a little more praise than they merited. Alternatively, participants may be in such a hurry home that they do not devote sufficient time to trying to recall what they originally wanted from the course so that they can list anything that was not covered adequately during the day.

We have seen that conclusions from around the world include the findings that very many training courses are planned solely by those who are responsible for running them, with the result that, while they are certainly well meaning, they tend to be ineffective. This is largely because only the perceived needs of the trainees is addressed, rather than their real needs. Furthermore, there is evidence that, in the presentation of new knowledge and skills, there is sometimes an assumption that many of the trainees already know this content, resulting in an embarrassed presentation. On the other hand, there can arise an unintended belittling of everyday skills, simply because their high frequency of use makes them appear trivial in the eyes of the expert presenter. Neither of these is justified by the facts, however. Indeed, many will be aware of the feeling of sitting in a group when the speaker says something to the effect of “you all know that ...” or “it is obvious that ...”, resulting in the feeling that you are the only idiot in the room who wasn’t aware of this apparently self-evident truth beforehand. Far from encouraging learning, this generally makes the hearer feel inferior, so he or she may well miss important points that follow immediately on this careless throwaway remark. Finally, there is the disconcerting evidence that training doesn’t really change anything very much!



In summary then, several key points have been found in the study of training courses around the world and these have been applied to course A. Regrettably, they seem to be more honoured in the breach in most training courses, and course A was found to be no exception. The main problems raised by this course were:

- The lack of a strong philosophical basis on which to build the course – this was evident from the hurried, almost embarrassed introductory session and the collection of talks which did not gel into a coherent whole;
- The determination of the actual content of the course by one person or a group of persons removed from the reality of the work involved – the participants themselves should be asked in advance of the course what knowledge and skills they require and their responses clearly incorporated into the programme;
- The lack of control on outside speakers to ensure that they are fully conversant with the particular needs of the trainee group and that their methods of presentation are appropriate to the existing skills and knowledge of the trainees; and
- The lack of encouragement for the group to blend as a unit, which would enhance the exchange of knowledge and attitudes.

Since course A failed so many of these criteria, it seems that, far from being the solution to difficulties, this light at the end of the tunnel was nothing more than an oncoming train.

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