



## Developing a service user facilitated, interactive case study—A reflective and evaluative account of a teaching method<sup>☆</sup>

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### SUMMARY

This article describes the development and ongoing evaluation of a method of service user facilitated case study in health and social care education in a UK University. An action research approach (Norton 2009) has been used in which the aim of the work is to improve personal practice with the aim of enhancing the student experience. The paper is written from the perspective of the service user with support from an academic colleague. The paper describes how a narrative monologue, over time is developed into an interactive case study. It draws upon literature from service user involvement, case study and pedagogic action research. The research group are health and social care students both under and post-graduates. Analysis is via a session evaluation form. Thematic analysis draws out key themes. Firstly that first person accounts have a resonance and interest with students. Secondly that the built in thinking time helps students to develop their reflection and critical thinking skills. Furthermore a theme emerges on how the technique supports students with their future careers. Finally the author reflects on how the approach enables the development of teaching practice and enhanced student learning.

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### Introduction

Several years ago, I suffered from a serious illness. I openly shared my story with friends, but wanted to share my story with a wider audience, with the aim of improving services and care from the service user's perspectives. I was fortuitous to be in the right place at the right time, and met my co-author, whose role at that time included service user involvement. The university was embracing the service user involvement agenda in line with the government agenda, so I had the opportunity to join, 'Patient Learning Journey Workshops' (Morris et al., 2009).

I then became involved in occasional teaching, starting off by telling my story to students and answering their questions. Over time my teaching methods developed (further detail below), and I have now reached the stage where I am developing more rigorous methods to evaluate and further enhance the impact of my approach to teaching for student learning.

### Background

#### Service user involvement

Service user and carer involvement has come about due to a variety of factors. Government Department of Health Directives have

been numerous (DoH, 2008a, 2008b; 2009). Lathlean et al. (2006) explains how it has been the users themselves and their campaigning which has led to a voice in both education and health services. Furthermore good practice is described where service users are active agents of change, rather than mere recipients, in both research and education.

Tew's Ladder of Involvement (2004) characterises involvement in five levels: no involvement, limited, growing, collaboration and partnership. Excellent examples of level 5 involvement can be found at the COMENSUS project based at UCLan, where service users form systematic and strategic partnerships with academics and students (Downe et al., 2007). Whilst climbing the aforementioned ladder is discussed by Ward and Rhodes (2010) as they set up a university involvement office. Literature reviews of involvement have also been carried out by Minogue et al. (2009) and Repper and Breeze (2007). Excellent examples of how to involve service users in Higher Education can be found in the *Developers of Carer and User Involvement in Education guidelines* (2009).

#### Use of case studies

The use of case studies covers a myriad of disciplines; however this review focuses upon health and social care education. Case studies in their simplest forms are often paper based providing key information about a particular narrative. Other formats may include videos for example 'Sharing Real Lives' (McCormack and Thomas, 2009), an authentic and professional video documenting 24 hours in the lives of children with disabilities and their families, produced by carers

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supported by an academic. Whatever the format, case studies are a resource which can be used to support the learning process. Popil (2011) found that case studies encourage the development of critical thinking skills whilst solving clinical problems. Hofsten et al. (2010) identified that the case (study) method when used in structured seminars in health education helps to deepen student understanding and develop their critical thinking skills.

Case studies are a method in health and social care education which now often includes the direct involvement of service users and carers. Where the service user is directly involved in the presentation of their story there is opportunity to not only learn about the subject in an objective way but to also engage with the individual. The use of narrative in the classroom relates well to what Reed (2011) identifies as the biographical approach to knowing the patient. Direct interaction between students and service users in a role as patient teachers also helps to enhance the culture of partnership working (Hasman et al., 2006 cited in Reed, 2011).

#### *Evaluating effectiveness of involvement*

Service user involvement in education like any other aspect of education needs to be evaluated as to its effectiveness. Studies have been conducted from a variety of perspectives including the staff perspective (Gutteridge and Dobbins, 2010) and models of involvement for example Stickley et al. (2009). What is less in evidence is an evaluation by a service user in their role as a facilitator of learning. This study fits well with what Norton (2009 p xvi) refers to as "...fundamental purpose of pedagogical action research is to systematically investigate one's own teaching/learning facilitation practice..."

This research aims to answer two questions: firstly how to deliver my story - what is the most appropriate and interesting way to deliver a unique narrative? The second question was how to engage student learners with the narrative and ensure that their learning objectives are met.

#### *Background to personal involvement*

Prior to my first teaching session, I was briefed by an academic. I gave a monologue of the story, whilst the academic facilitated. There were visual signs of active listening in students. Questioning started off slowly and nervously but gained momentum, when I explained that students could ask wider questions than would be expected in a practice setting. Afterwards several students thanked me, so I knew that the contribution had been valuable. De-briefing with lecturer confirmed that this session had gone well.

#### *Next phase of teaching—interactive case study monologues*

Over time, my method developed from monologue, to pausing and taking questions along the way. Whilst I was recounting the same narrative, different aspects came out each time. Emphasis was placed on my role as a mother with Health Visitors, whereas medication and ethics dominated mental health nurses questions. I was concerned that whilst most students listened attentively, there were others who appeared fidgety. I realised that whilst I was teaching, how could I be sure that students were learning? How would I know if they had really thought about the narrative and how they could use it?

#### *Development of a method for interactive case study*

A further trial of the method took place at the design and delivery of an inter-professional learning workshop day. 'Mental Health: It's Everyone's Business', (Balén et al., 2010). The day was aimed at undergraduates on children's, adult and mental health nursing, occupational therapy (OT), and social work course. The day consisted of three workshops: a service user theatre group performed a play about

depression, 'Stuart a Life backwards' about a homeless man, and my narrative delivered as an inter-professional, interactive case study.

An introduction was made to the group, explaining that a narrative was to follow. A deliberate choice was made to not disclose the content, so not as to prejudice their answers. The narrative began, similar to case study method (Popil, 2011), then paused at a trigger point. These are linked to key events in the story and are asked from the view point of the health professional involved in my care. For example, did the midwives believe that I had a normal birth? What should a GP do who observed my behaviour? Students would need to have to call upon both their academic and practical experience to decide upon actions. This approach supports the partnership approach described by Hasman et al. (2006) cited in Reed (2011).

At the first trigger point, the whole room was overtaken by silence. Student's body language indicated they hadn't the foggiest idea what to do, and were daunted by the task. Gradually students started speaking and discussing. Soon there was buzz of excitement and ideas as the students were actively debating potential solutions. Hofsten et al. (2010) notes that students critical thinking deepens with the case (study) method. At each trigger point only one question is asked, enabling the students to focus into the situation in small self-formed groups. (For inter-professional learning I tend to allocate groups with members from different professions). Some students found considering the viewpoint from a different health professional group from their own to be challenging. However, this is a skill which is needed in the workplace as graduates are often expected to work in an inter-professional team.

The students were allowed around five minutes to discuss the scenario and their outcomes. A spokesperson from each group was asked for their feedback. A facilitated discussion took place on both student responses and the narrative. This is where the method develops upon the case study method, as the response is from a first person perspective, rather than a textbook perspective. This approach led to discussions from multiple perspectives and approaches to problem solving. The questions allowed for actual discussion on whether the suggested approaches would be beneficial from my perspective. Fairly frequently my discussions would be contrary to either establish theory or practice. For example the importance of de-briefing women after birth, can conflict with ward priorities. Where there were differences, the group was asked discuss with their academic tutor. If a session was co-facilitated by an academic the questions and discussion could take place in situ.

The trigger point approach continued for the remainder of the narrative. At the second and subsequent trigger points the students showed little apprehension about the task and just seemed able to carry on.

The narrative covered many professions including midwives, GPs, mental health nurses, occupational therapists and health visitors. This is to enable students to find out about how health professionals work together (as I had done as a service user), in preparation for increasingly inter-professional future careers.

#### **Method**

The evaluative research used for this paper was collected from three cohorts of students over the 2010/11 academic year. The students comprised: 39 students from Midwifery Studies BSc (Hons), 15 students from MSc Public Health Nursing Practice, and 3 students from the MSc Health and Social Care (Approved Mental Health Practice). This allowed for trials of the method with both postgraduate and undergraduate students and both health and social care students.

Each group of students took part in the service user facilitated, interactive case study. At the end of each section each participant was asked to fill out a short session evaluation form. The form asked four questions each with a 5 point Likert scale, and space for questions:

1. Did you enjoy the lecture?
2. What did you think of the teaching method? (Narrative pause for discussion, then continued the narrative)

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