



Service user involvement in nurse education: A report on using online discussions with a service user to augment his digital story

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ARTICLE INFO

Keywords:

Nurse education
Service user involvement
Digital stories
E-learning

SUMMARY

Service user involvement is a key element within current pre- and post-registration nurse education in the U.K. but achieving this is challenging. Most service user involvement is through classroom visits. Digital stories, film and audio are alternatives but lack the interactivity and development of reflection that can be achieved through face-to-face contact. This report reviews the background to service user involvement in healthcare professional education then provides a reflective account of a novel initiative whereby a spinal-injured patient was involved in creating a digital story around some of his in-hospital experiences and then engaged in online discussions with post-registration nursing (degree) and practice educator (masters) students. These discussions provided a richer experience for the students enabling them to reflect more deeply on how nursing care is delivered and perceived by service users. The report concludes that digital stories can be used with repeated groups to inspire discussion and reflection. Augmenting such digital stories with online discussions with the service user whose story is told helps practitioners develop greater empathy, insight and understanding which are beneficial for improving service delivery and nursing care.

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Introduction

Service user involvement is a key element within current pre- and post-registration nurse education in the U.K. (Lathlean et al., 2006; Brown and Macintosh, 2006). However, achieving this is challenging. This report first critically reviews the background to service user involvement then discusses how a spinal-injured patient was involved in creating a digital story around some of his in-hospital experiences followed by him engaging in online discussion with students. The educator's journey to the making of the digital story and encouraging the service user to engage in online discussions is reported in the first person to provide readers with greater insight so that they too may reflect on their own journeys as nurse educators (Leppa and Terry, 2004). Next, selected extracts from the online discussions are reported to show how they enabled students to reflect more deeply on clinical practice and also how new concerns came to light which were not revealed by the digital story alone. There is then a discussion that identifies the benefits and challenges associated with augmenting a service user digital story with online discussions with the service user involved. The report concludes that this is a very powerful educational combination.

Background to Service User Involvement in Nurse Education

"Service users" are patients, relatives, carers, visitors, advocates or anyone who receives, or is affected by health or social care services and, in the U.K., such services are provided as a public good by the citizenry regardless of their uptake or use thereof (Bradshaw, 2008). Service user involvement was a central part (Porter et al., 2005) of the Labour government's proposals (1997–2010), reinforced through legislation, to improve healthcare provision in the United Kingdom following poor patient satisfaction reports (Department of Health (1998); Edwards and Staniszewska, 2000). For example, the National Institute of Clinical Excellence guidance required service user involvement in cancer services (National Institute of Clinical Excellence, 2004) and the National Health Service Act 2006 places a duty on NHS bodies to involve patients and the public. The Local Government and Public Involvement in Health Act 2007 requires NHS organisations to have a stronger service user involvement in how services are planned, developed and provided. The Department of Health recognises that the public want an NHS that get the basics right and treats people as individuals (Department of Health, 2009). The review of the NHS by Lord Darzi contained a pledge to involve service users (Darzi, 2008) thereby addressing years of "disempowerment" (Felton and Stickley, 2004).

The commitment to service user involvement extends to the education of health and social care professionals since it is only "meaningful" if it occurs at "every stage of the cycle from government

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policy making, to commissioning workforce education and training" (Jones et al., 2009, p.29). Service user involvement is now a mandatory requirement in the U.K. for the education of healthcare professionals and the Nursing and Midwifery Council (2010) requires evidence of service user involvement in pre-registration nurse education. Good practice in post-registration nurse education requires the same and National Service Frameworks such as for Mental Health require service user involvement in "planning, providing and evaluating education and training" (Townend et al., 2008, p68). The involvement of service users in education has been encouraged in the U.K. since the early 1990s (Le Var, 2002). Educational initiatives include involvement in higher education commissioning, curriculum development, teaching and research (Jones, et al., 2009). Service users are now involved at some point in most, if not all, healthcare professionals education (Morgan and Jones, 2009; Jones et al., 2009; Agnew and Duffy, 2009; Rush, 2008; McAndrew and Samociuk, 2003) and can facilitate deeper understanding of the service user perspective (Agnew and Duffy, 2009). Different models include service users providing firsthand accounts, partnerships between service users and educational provider organisation to plan and develop education and training to appointing service users as honorary (lecturer or trainer) positions (Townend et al., 2008). Forrest et al (2000, citing Goss and Miller, 1995) present a hierarchy of involvement from no involvement to partnership with passive involvement, organisation-centred communication and listening and responding as the levels in between. In contrast, and possibly reflecting the maturing of service user involvement, Lathlean et al (2006) identify a continuum of participation in services and education ranging from user-led initiatives to users as recipients of services with collaboration and consultation being separate points in between.

However, whether involvement is genuine or merely token (Townend et al., 2008; McAndrew and Samociuk, 2003) is debatable and one of the most significant problems is the failure of clinical staff to actively support patient engagement (Bradshaw, 2008). Barriers may be raised by educators who see the use of service users as teachers as a challenge to their perceptions of themselves as the "experts" and, in wishing to maintain their position of power reduce involvement to tokenism (Felton and Stickley, 2004). Challenges also include the lack of representativeness of the service user voice (Jones et al., 2009; Robert et al., 2003). Questions are raised regarding "what difference, if any" is made by involving service users (Jones et al., 2009, p.33). Barriers to service user involvement include envisaging a role for service users, negotiating ways to engage with organisations and individuals, achieving representativeness and creating environments conducive to involvement (Smith et al., 2009). Other problems relate to issues of equality between service users and professionals, how to deal with the implications of genuine service user involvement and whether the service user's perceptions of their experience are sufficiently objective or "coloured" (Robert et al., 2003, p.79).

The benefits of service user involvement in healthcare education include building "insight into the 'taken-for-granted' routines" (Robert et al., 2003, p79). Students can achieve greater understanding of the patient journey and benefit from the opportunity to learn about the service user perspective first hand which helps them reflect on their own role and relationships with other professionals (Gordon et al., 2004). Students may start to challenge existing approaches to service delivery and care enabling informed change to occur and may grow in confidence (Khoo et al., 2004). Research supports service user involvement in education of health professionals as a way of enhancing quality of care and developing learning experiences for students that are grounded in human experience and contemporary issues (Le Var, 2002). From a pedagogical perspective, service user involvement addresses the over-emphasis on "scientific knowledge" in the classroom in favour of "experiential knowledge" (Hansen and Mitchell, 2001, p.125). However, it is important to recognise that service user involvement

"may not be helpful or cost-effective in every aspect of the student experience" (Gutteridge and Dobbins, 2010, p.511); the important question for educators is whether student learning will be enhanced or not (Gutteridge and Dobbins, 2010). The service users involved can also benefit according to Morgan and Jones (2009) for example in relation to self-esteem, confidence and gaining satisfaction from helping students in their education. They may also become more optimistic about what they can achieve rather than focusing on their disabilities (Simons et al, 2007) and see themselves as "helpers" rather than "helped" (Hansen and Mitchell, 2001).

Most service user involvement is through classroom presentations (McAndrew and Samociuk, 2003; Wykurz and Kelly, 2002) although Simpson et al (2008) have used an online discussion forum to enable mental health service user involvement in mental health nurse education. Finding interested, articulate service users who can step back from their experience(s) and engage in a non-distressing or harmful manner (both for themselves and students) with the time and ability to get to campus for timetabled classes is difficult leading to a lack of representativeness of the full range of service users (Jones et al, 2009). Consequently, creative ways of involving service users are being sought through harnessing technology for example, through digital stories, videos or audio. Patient Voices is one of the best known digital story repositories www.patientvoices.org.uk. High quality media productions can be expensive (Brown and Macintosh, 2006) but reasonable quality results can now be achieved cheaply. Many mobile phones have high resolution photographic and video ability and the growth of YouTube (www.youtube.com) suggests everyone can make films. However, the problem remains that digital stories, film and audio are static, one-sided and lack interactivity (D'Alessandro et al, 2004). Classroom discussions can take place afterwards (or online since many universities now use blended learning: Pullman et al, 2009) but the service user whose story has been told is absent. This is disempowering particularly since service users often wish to make a positive difference to service delivery (Campbell, 2008). This report next discusses how a spinal-injured patient was involved in creating a digital story around some of his in-hospital experiences followed by him engaging in online discussion with students. As a reflective practitioner (Schön, 1987) the educator author's journey to the making of the digital story and encouraging the service user to engage in online discussions is reported in the first person.

Reflective Account of the Making of the Digital Story

I have been teaching ethics and law for twelve years at pre- and post-registration levels, mostly to nurses but also other health and social care professionals. Having adopted e-learning in 1999, I have researched its use within nurse education (Leppa and Terry, 2004) and, as a reflective practitioner, am constantly looking to improve my teaching effectiveness (Leppa and Terry, 2004). There is a university team supporting service user involvement in both teaching and research. but identifying suitable service users is often difficult and teaching involvement usually relies on the service user coming on campus to address classes meaning those who are in work are usually unable to participate. Consequently, different ways to involve service users have been explored. These include having mental health service users and people with learning disabilities as honorary lecturers coming onto campus and having looked-after older children mentor social work students. The challenges have been the same as those noted in the literature earlier so there is now a small number of faculty who are making and using digital stories to provide a measure of service user involvement. In-house training in making digital stories using Microsoft PhotoStory 3 (www.microsoft.com) proved straightforward and several practice digital stories were made to develop skills. However, by the time the digital story project with the spinal-injured patient started, I had only created two other service user

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