

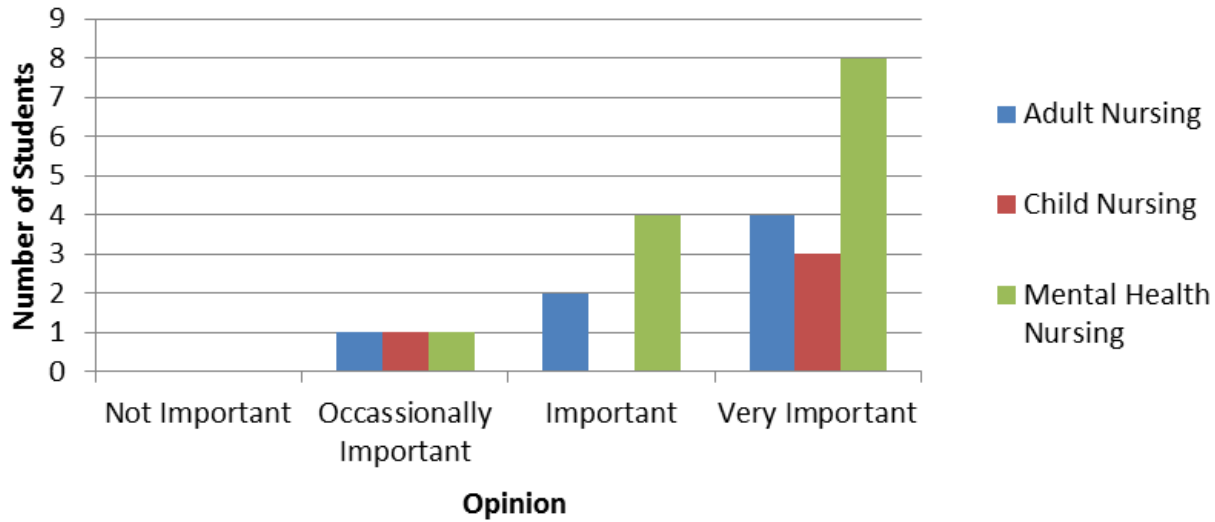
Increasing service user/carer
involvement within nurse education
from a staff perspective:
*Exploring the issues-
A qualitative study.*

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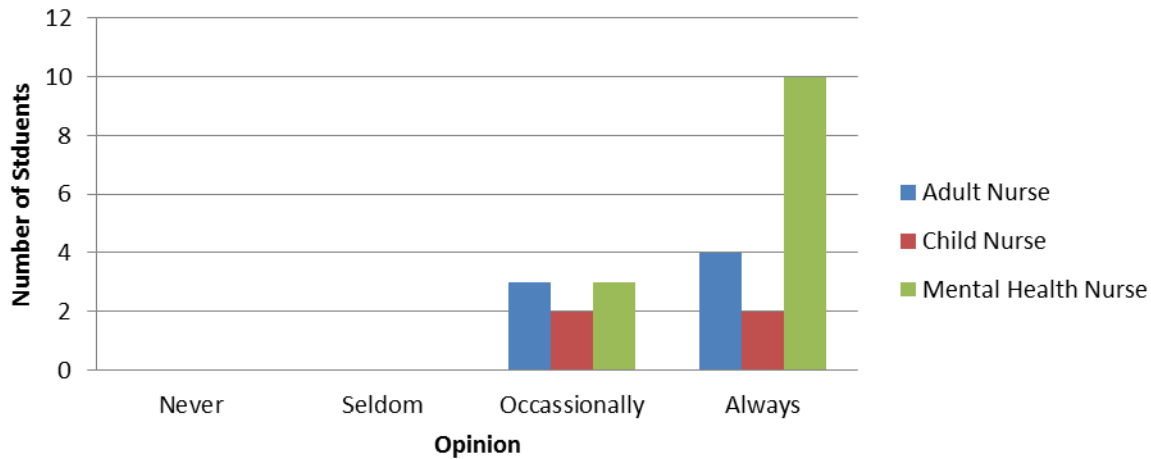
Setting the Scene.....

- Paradigm shift has occurred within the last two decades.
- Successive governments instigated policies that empowered individuals to drive their own healthcare needs.
- Reflected in healthcare education via bodies such as the GMC and NMC.
- Academic staff can dictate the levels of service user/carer involvement in H.E.I's due to the authority they hold over curriculum content and delivery.

How important do you think it is to involve service users?



Each time you have met service users, have you come away feeling you now know more about their condition or how it affects people's lives?



The Ladder of Involvement (Tew et al, 2004)

Level 1: No involvement *at any level*

Level 2: Limited Involvement *service users/carers invited to 'tell their story'.*

Level 3: Growing involvement *in at least two of the following: module planning, delivery, student selection, evaluation, assessment. Service users/carers not involved in key decisions such as course content & learning outcomes*

Level 4: Collaboration *service users/carers full team members in three of the following: course planning, delivery, student selection, assessment and evaluation plus contributing to key decisions such as course content & learning outcomes.*

Level 5: Partnership *Service users/carers employed as teaching staff on fixed term contracts and working together strategically and systematically with teaching staff. Key decisions made jointly.*

Qualitative study to explore staff perspectives of user/carer involvement within nurse education.

- Study focused on exploring how the involvement process is helped or hindered by academic staff.
- Nine academic staff purposively interviewed via semi-structured format.
- All 'pro' involvement.
- 4 from Mental health field, 3 from adult nursing and 2 from the child nursing field.
- Interviews subjected to thematic analysis via the use of CAQDAS (Nvivo 10).
- Using Grounded theory approach advocated by Corbin and Strauss (2008)

Main Themes Identified

- **Identifying the most prevalent types of involvement**
- **Articulating the benefits of involvement**
- **How staff get involvement right**
- **The barriers to involvement**
- **The power and control of staff over service users and carers**

Theme 1: Identifying the most prevalent types of involvement

Types of Involvement	Sources	References
Curriculum development	6	7
Recorded media activity (audio & video formats)	2	2
Recruitment activities including service users	2	4
Telling their story face-to-face	7	8

Theme 2: Articulating the benefits of involvement

Articulating the Benefits of Involvement	Sources	Refs
Acknowledging the expert patient	2	3
Face-to-face student benefits	4	7
Relevance of the lived experience	7	16
The tempering of academic language	1	1
Staff personal reasons for making it a success	3	3

“I think It’s like that old cliché Isn’t it... hearing it from the horse’s mouth. I just think really it’s so much more powerful and really brings it home”.
(Interview 6)

“the students actually say they get a true picture of what it is that service users and carers actually feel about the care they receive and the support they get or not within the practice arena and it’s done in such a way they feel they can ask questions far more comfortably than they can within clinical practice as there are a number of other duties they are involved in and a number of other distractions around their learning experience that doesn’t afford them this opportunity” (Interview 8)

Theme 3: How staff get involvement right

How staff get involvement right	Sources	Refs
Advantages of a coordinating role	4	5
Employing a user academic	2	3
User group involvement advantages	3	3
Maintaining a service user/carer database	5	7
Good preparation a key facilitator	7	12
Importance of being involved at the beginning	1	1
Developing staff protocols to aid involvement	1	1
Supporting face-to-face sessions	3	4

“Having a bank of people to go to I think or a person to go to... to say these are the people that may be appropriate for what you’re looking to do. So just really knowing what’s out there and who to go to and how to contact them” (Interview 4)

Theme 4: The barriers to involvement

The Barriers to involvement	Sources	Refs
Academic jargon	3	3
Dangers of user and staff relationships	2	4
Difficulties in making contact with service users/carers	2	10
Face-to-face student experience disadvantages	8	10
Fear of tokenism	2	2
Institutional barriers	4	9
Perceived negative effects of face-to-face sessions on service users/carers.	3	6
Operational barriers	7	9
Payment issues	8	14
Personal issues	4	9
Poor preparation of students	2	2
Poor preparation of service users/carers	2	4
Potential dangers of employing a service user academic	7	14
Perceived time pressures of staff that prevents involvement activities	5	5
Service users/carers being unreliable	4	6

“The concern that it is just that one person, and students may have difficulty in seeing that it is only one person’s experience (of a specific condition) at that time”. (Interview 3)

“potential disadvantages are if not managed properly the students will see that that person’s experience being the ‘be all and end all’ and not recognizing that it’s only one experience but I think that comes down to the staff”.(Interview 4)

“One of the disadvantages I think is that sometimes service users come in with a personal agenda that doesn’t match the learning that is required so I think we have to be very careful about the product that we are trying to create and use the service user appropriately to meet that end product”. (Interview 7)

Theme 5: The power and control of staff over service users and carers.

The power and control of staff over service users and carers	Sources	Refs
Partnership working with service users/carers	2	2
Personal facilitators	4	4
Power & control dynamics between staff and service users/carers	7	23
User involvement as a 'teaching tool'	1	3
'Using' service users	1	1

“I think it’s unpredictable and that unpredictability could raise fears in people”. (Interview 7)

“ I think it would be more of a fear thing to be honest in terms of what are they going to say? Exposing this person to my students. What are they gonna say, as I have no control over that”? (Interview 8)

Conclusion

- Most commonly used involvement strategy remains face-to-face 'telling my story' sessions
- Many good practice strategies were advocated by participants, including developing a database of users/carers willing to become involved, good preparation structure for all parties and clear guidance for academics (protocols).
- Institutions should be more flexible in terms of payment to service user/carers.
- Some academics reluctant to give over full autonomy to participants within involvement sessions, even though they outwardly support involvement *per se*.
- Reasons could be connected with professional identities, organisational practices and the need to develop new professional practices when creating partnerships with service users and carers (role reversal of nurse patient relationship?)
- This barrier has the potential to be a powerful barrier to full partnership working. Further research is required to more fully understand this phenomenon.

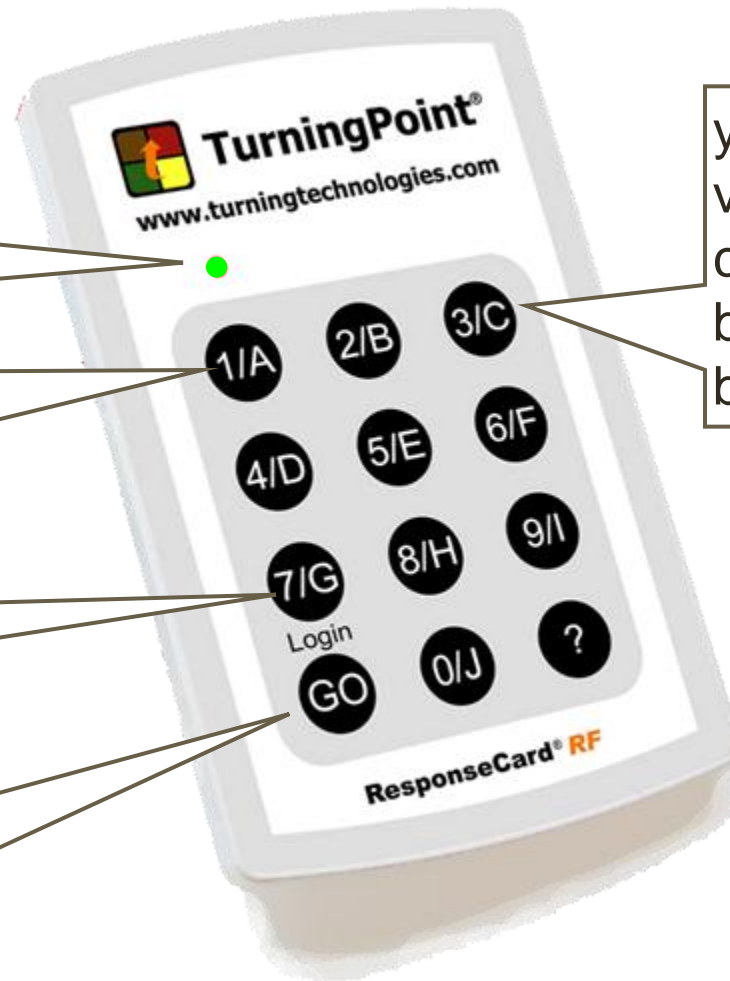
How to vote using your zapper

this flashes green when you vote

click a button (0-9 or A-J) to vote for your answer

it will not accept invalid answers

please don't press the GO button as it causes problems

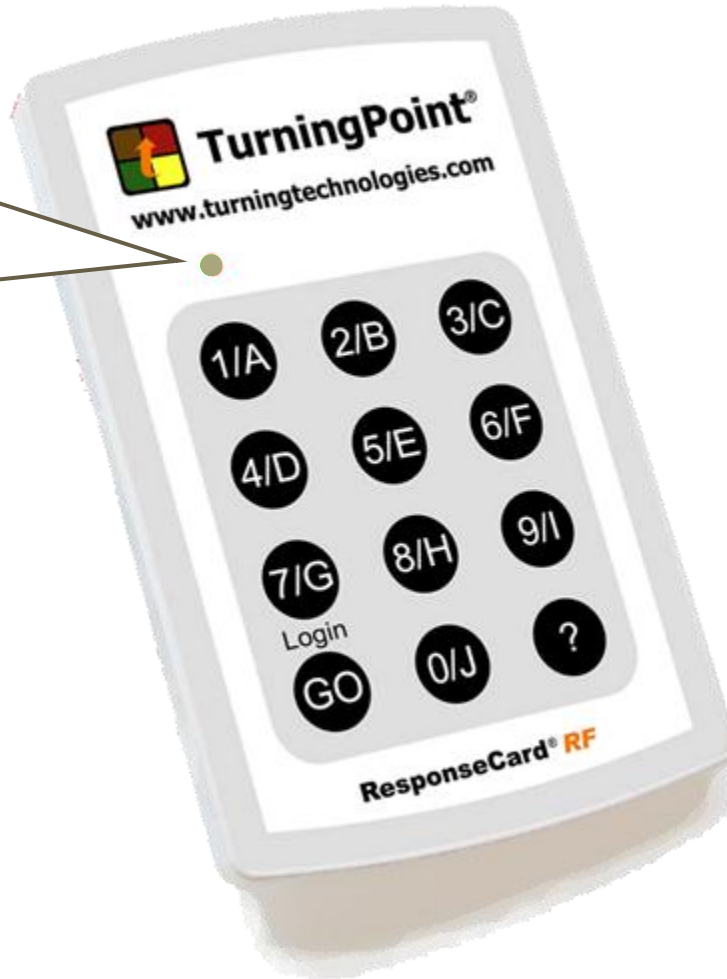


you can change your vote (until polling closes) by pressing another button

Is your zapper working?

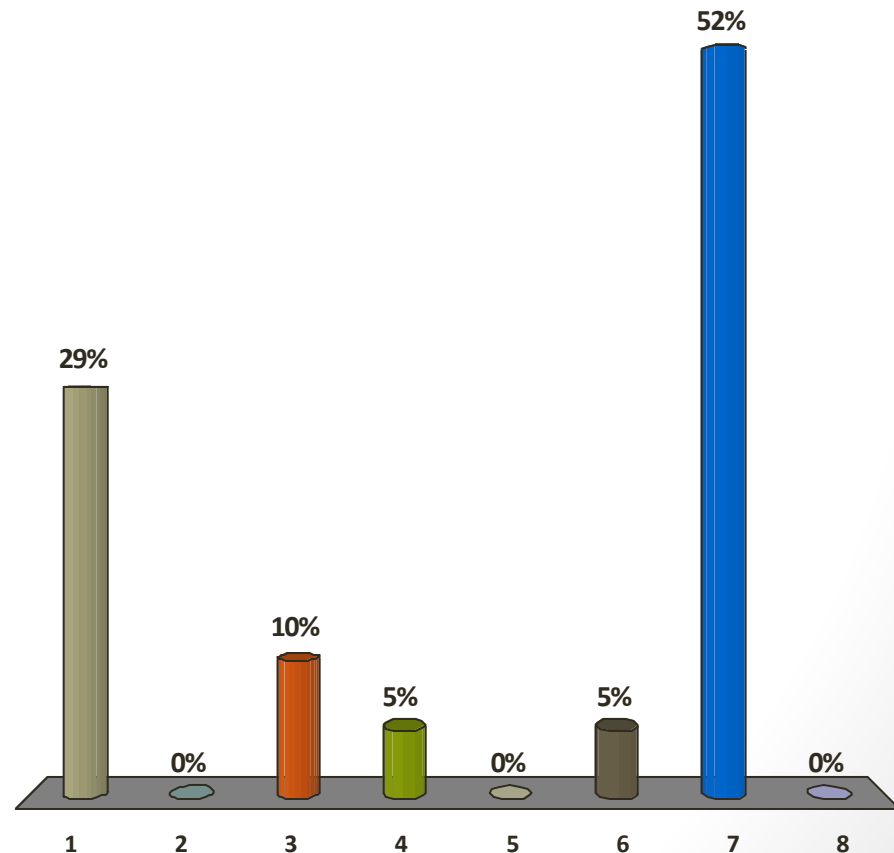
if this flashes red and green when you try to vote, your zapper is not set up correctly

if so, please put up your hand and tell your presenter – they will give you a replacement



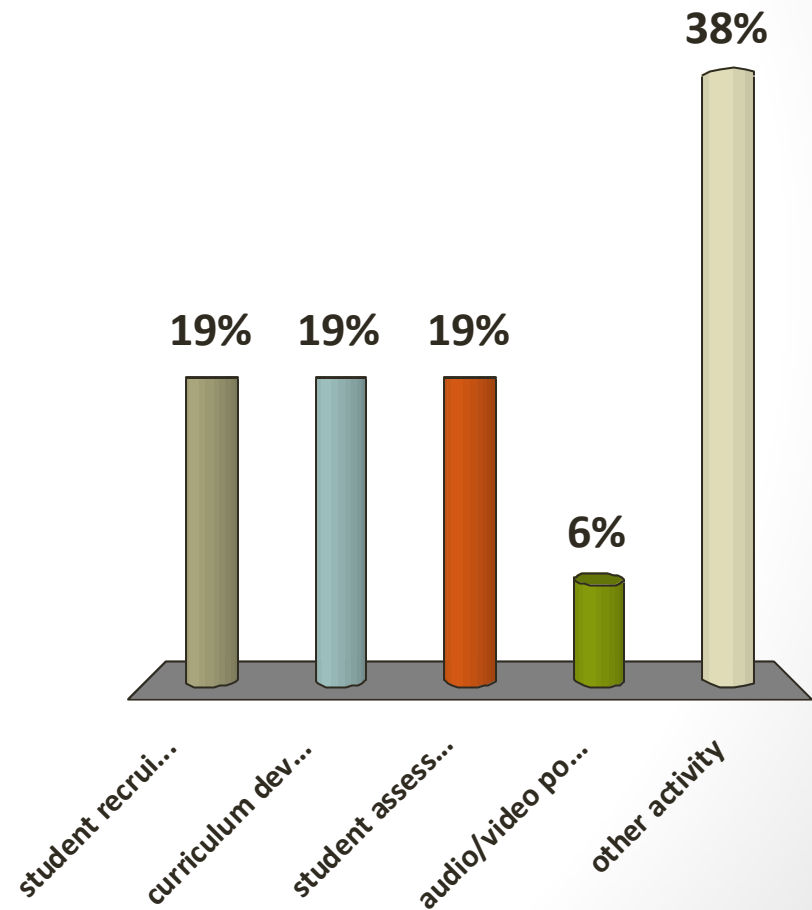
What was your main form of transport in getting to Southampton?

1. Train
2. Ferry
3. Plane
4. Bicycle
5. Walking
6. Piggy back
7. Car
8. Bus



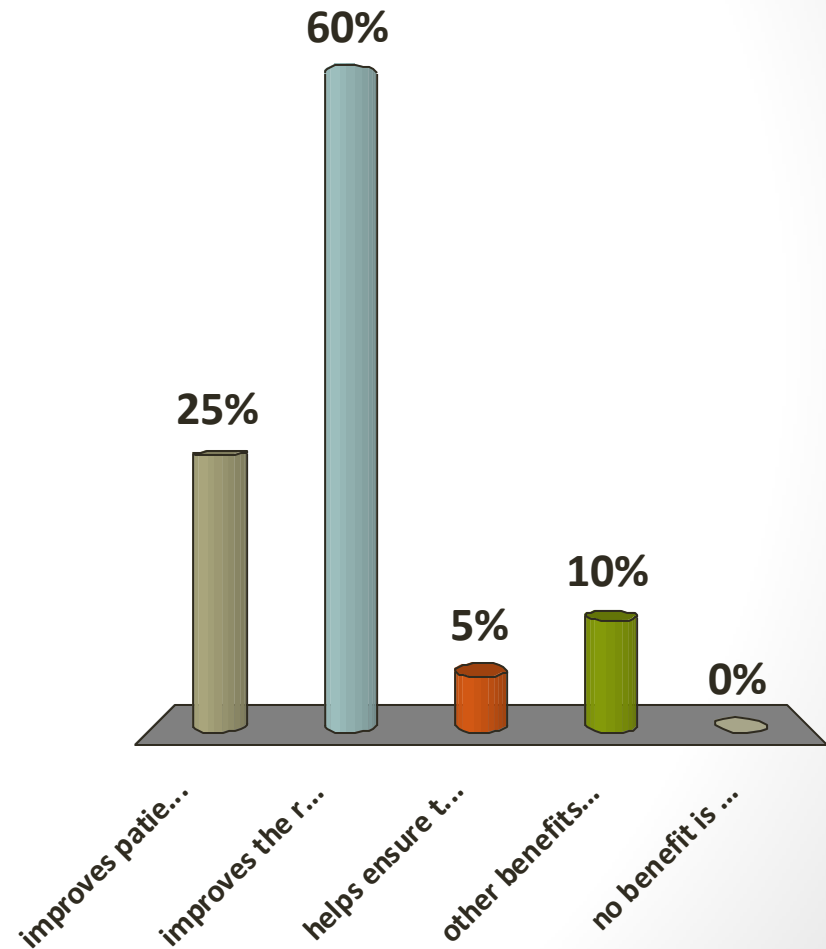
Other than 'face-to-face' sessions, what is the most common involvement activity you have participated in?

1. student recruitment
2. curriculum development
3. student assessment
4. audio/video podcasts
5. other activity



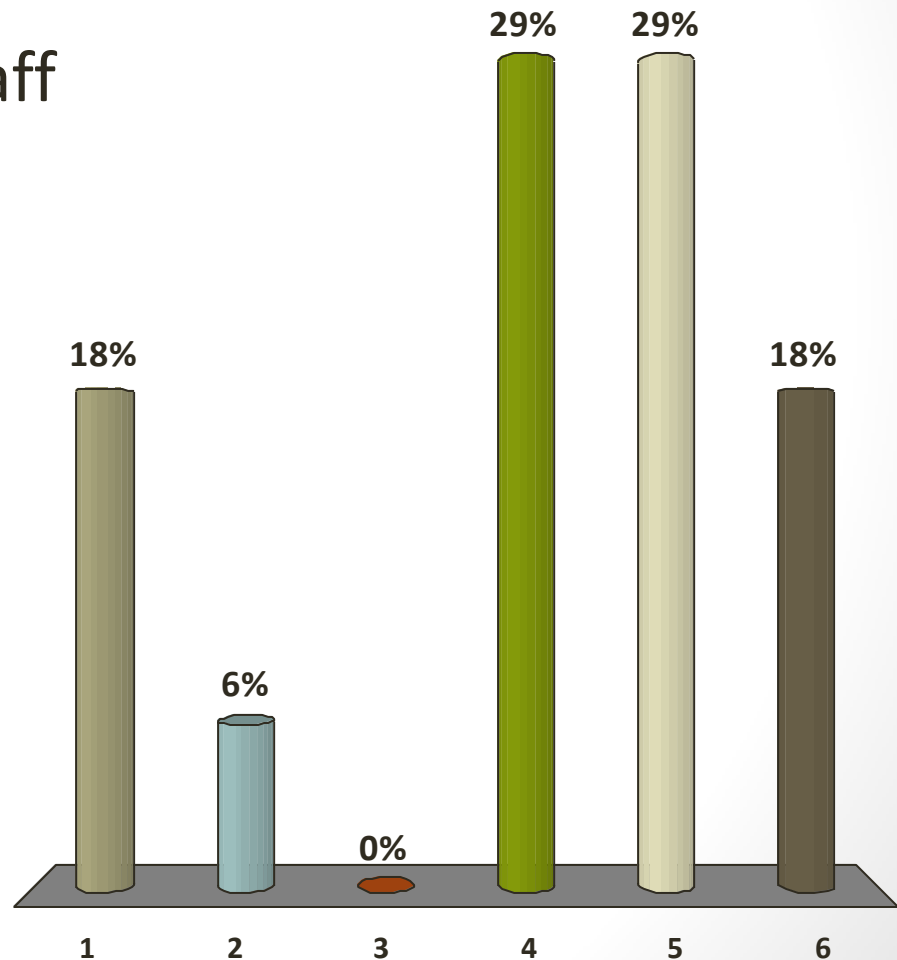
What is the most important benefit of service user/carer involvement in healthcare education?

1. improves patient outcomes
2. improves the relationship between patient and practitioner
3. helps ensure there will be no more Francis reports
4. other benefits not mentioned
5. no benefit is identifiable



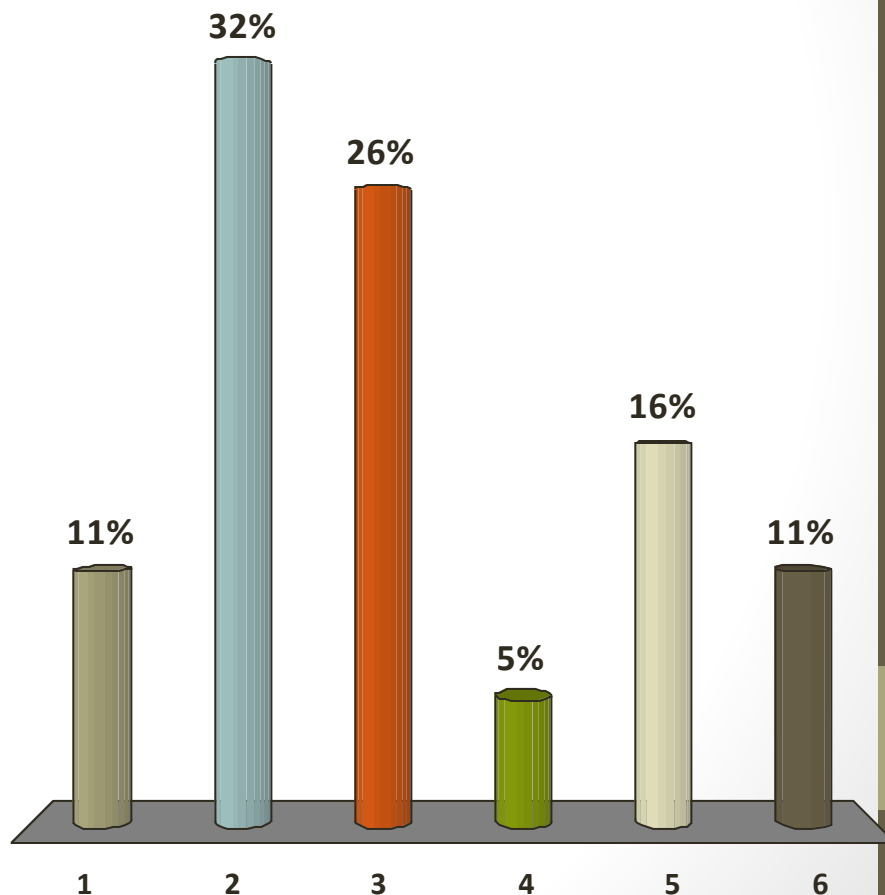
What is the biggest barrier to service user/carer involvement in HEI's?

1. Payment issues
2. Time pressures of staff
3. Service users/carers being unreliable
4. Operational barriers
5. Dynamics of relationship
6. Other barriers not mentioned



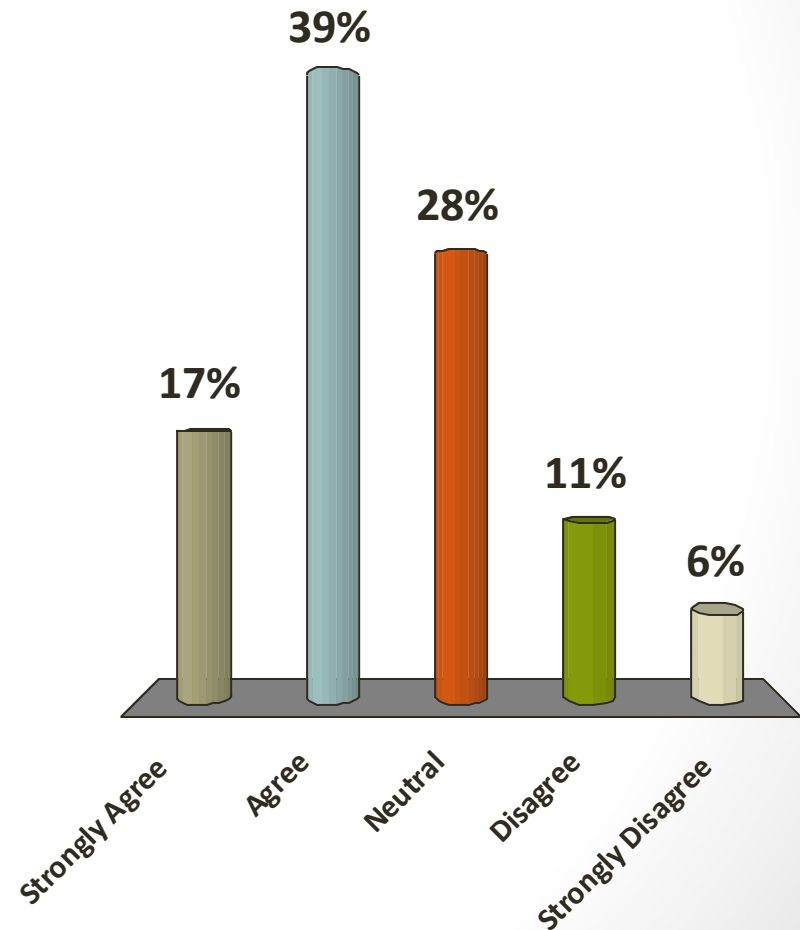
What is the single most important strategy for promoting successful involvement within an HEI?

1. keeping a user/carer database
2. running training/support sessions for users/carers
3. Developing staff protocols
4. Having an external reference group
5. encouraging more 'face to face' sessions for students
6. Other strategies not covered above.



Do you agree with the statement: There is a 'tension' between an academic outwardly supporting involvement but internally wanting to 'retain control' when students are exposed to the lived experience?

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree



And Finally.....

A MADMAN TEACHING

A madman stands at the blackboard teaching.
He remembers the doctor had him there,
Pointing, questioning, silencing him
With his interpretations.

Bowing ever so slightly
At his audience.

A madman stands at the blackboard teaching.
He remembers the nurse putting the needle in,
Saying it was all for his own good, that he wasn't
Quite right.

Bowing ever so slightly
Towards the charge hand.

A madman stands at the blackboard
teaching.

He remembers that the ward is closed,
The asylum shuttered.

A madman stands at the blackboard
teaching.

This is our day.

This is our century.

Peter Campbell (cited in Basset et al,
2006,p393)