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ABSTRACT

The Chief Nursing Officer's recent review of mental health nursing called for the widespread involvement of mental health service users in the education of mental health nurses. This paper describes an innovative project that involved mental health service users in the education of pre-registration mental health nursing students through an online discussion forum that blended e-learning with enquiry-based learning (EBL). The findings of an evaluation are presented, drawing on quantitative and qualitative methods. Overall, the project was a success with students and service users engaging in online discussions on a range of issues. EBL presentations demonstrated understanding of the service user experience and students reflected on implications for clinical practice. All participants would take part again and recommend the online forum to others. Analysis of activity data revealed different levels and styles of student involvement. Limitations in communication skills appeared to limit student participation, alongside logistical difficulties, whereas the service users eagerly utilised the forum. Potential implications for healthcare education are discussed and recommendations made for developments in user-led e-learning and further research.

INTRODUCTION

The recent Chief Nursing Officer's review of mental health nursing advocated for the widespread involvement of mental health service users in the education of mental health nurses (DH 2006). This paper describes an innovative project that involved mental health service users in the education of pre-registration mental health nursing students through an online discussion forum that blended e-learning with enquiry-based learning (EBL). The findings of a detailed evaluation are presented and potential implications for healthcare education are discussed.

BACKGROUND

User involvement in nurse education

Service user involvement in healthcare education as 'experts through experience' is now widely recommended (Clarke 2004, Levin 2004, Tew et al 2004, Fadden et al 2005, Quality Assurance Agency 2005). In mental health nursing education, user involvement has a number of aims and objectives as outlined by Repper et al. (2001) (see Figure 1). It is also integral to a 'recovery' model of mental health care (DH 2001a), that respects diversity, challenges inequality and focuses on users' strengths (DH 2004).

Insert Figure 1 about here.

Benefits from user involvement in healthcare education have been found to include reduced use of professional 'jargon' and greater empathy with clients'

experiences (Wood & Wilson-Barnett 1999), positive changes in attitudes, greater understanding of user perspectives and more holistic, patient-focused approaches to care (Barnes et al 2000, Happell & Roper 2003, Livingston & Cooper 2004, Khoo et al 2004).

Information technology and e-learning

Higher education has also experienced a move towards greater use of information communication technology (ICT) (NCIHE 1997, DfES 2003), although ICT has been relatively under-utilised and seldom researched in nursing education (Howatson-Jones 2004). However, e-learning has been adopted as part of England's health service modernisation agenda (DH 2001b, Covell et al 2004), and to register as a nurse, students need to demonstrate proficiency in utilising and managing ICT (NMC 2004). Consequently, there is a demand for ICT approaches to be employed within nursing education (Adams 2004).

Enquiry-based learning (EBL)

Enquiry-based learning (EBL) is an effective strategy that helps students link theory to practice and develop team work and learning skills (Goreham et al 2005). The EBL cycle begins with a facilitated session during which ground rules and aims are discussed, then small groups of students jointly research and discuss aspects of a scenario or 'trigger'. The cycle is completed when the students present their findings to colleagues and reflect on the learning process. Mental health service users have been successfully involved in EBL in at least

one study, where they took part in classroom sessions with students before,

during and after mental health placements (Rush & Barker 2006).

AIMS AND OBJECTIVES

The key aim of the project was to develop positive appreciation and empathic

understanding among mental health nursing students of mental health service

users, their experiences and perspectives. The objectives were to explore the

ability of mental health service users and mental health nursing students to take

part in a moderated online discussion forum and to evaluate the impact of this on

student learning outcomes within an EBL framework.

PREPARATION

Developing the online discussion forum

A project site was designed, developed and piloted by the project team (the

authors) and located within CitySpace, a customised version of WebCT Vista 4, a

virtual learning environment. The secure site contained welcome messages and

advice on posting messages sensitively ('netiquette'), practice discussion threads

and the EBL 'trigger'.

Ethics

Ethical approval was granted by City University research ethics committee.

Potential participants were provided with written and verbal information and

invited to take part in an exploratory educational research project. Declining to

take part would not have any adverse impacts and participants could withdraw at any time. Contributions to discussions or interviews used in presentations, reports or papers would be anonymous. All participants provided signed consent.

<u>Recruitment, preparation, training and support</u>

Thirty-five mid-course pre-registration mental health nursing students accepted an invitation to take part in the online discussion forum and evaluation. They were provided with two-days training about using the forum and CitySpace literature with contact details for ICT support. Students were promised a £20 book token if they completed all components of the evaluation.

After two sessions exploring the online forum, the students were presented with the EBL 'trigger' and divided into six groups to investigate aspects of the 'trigger' through online interaction with the service users alongside their use of traditional library resources. The students were asked to interact with the users over the next six weeks and were encouraged to post at least one message each week. All discussions were moderated by the project team.

Service users were recruited through local mental health day centres. Contact details and information on support and training needs were obtained. Those interested were invited to a meeting where information on the aims and nature of the project, payment, training and support were provided. The project site was also demonstrated. Twelve users agreed to participate in the project.

Weekly training and ongoing support was made available to the service users; refreshments were provided which encouraged informal discussion and support. Users were paid £20 each per week of activity, whether in training or interacting online, the maximum amount allowable without impacting on benefits entitlement.

DESIGN

This was an exploratory project, designed to establish whether an online discussion forum with service users could be set-up and implemented within a mental health nursing curriculum. Consequently, the evaluation methods were designed to maximise input from the range of participants or stakeholders (Guba & Lincoln 1983). Quantitative and qualitative methods were used, allowing triangulation between methods (McFee 1992).

METHODS

a) Activity Data

CitySpace records all participant activity on the project site, including number and length of times participants log on, open messages, send messages and complete assessments.

b) EBL presentations

Each of the six groups of students gave presentations in relation to their EBL topic, attended by service users, project members and the module leader.

c) Interviews

Talking with the Experts

Students were identified for interview using purposive sampling, with the aim of including a range of gender, age, ethnicity and level of engagement in the project. All 12 service users were to be interviewed. Interviews were conducted by an independent researcher using a semi-structured interview schedule, with 25 questions covering expectations and experience of the online discussions, impact on learning, student and user participation and recommendations for improvements.

d) Staff reflections

Throughout the project, the members of the project team regularly met and discussed the progress of the project. Notes were taken and have been referred to in the discussion of the findings.

FINDINGS

A total of 35 students and 12 service users participated in the study. Student demographics were only collected from those interviewed and are described below. Service user demographics are shown in Table 1.

Insert Table 1 about here.

a) Online activity

All students and services users successfully read and sent messages during the practice sessions prior to introduction of the EBL 'trigger' (Table 2). Sadly, one

student died, reducing the total student numbers to 34. Table 3 shows activity once the 'trigger' had been introduced.

Insert Table 2 about here.

Insert Table 3 about here.

In the EBL phase, 20 of the 34 (58.8%) students participated, reading and re-reading 10,452 messages from users and other students at a mean average of over 533 each, ranging from 60 to 1650. During that six week period, 15 students (44.1%) sent 107 messages, averaging just over seven messages each. Another five (14.7%) students read 1,410 messages between them but did not send any messages. Fourteen (41.1%) students apparently played no further direct part in the discussion forum, neither reading nor sending messages online.

During the same period, the service users sent 178 messages, an average of almost 15 each. One user sent just one message despite reading over 1,400 messages. Another, who was unable to maintain involvement with the project after the first session because of competing commitments, read 81 messages and sent three.

b) EBL presentations

Six groups of students gave EBL presentations at three sessions. Two of the presentations included little or no evidence of the online discussions. Two groups acknowledged the usefulness of the online discussions and included specific learning outcomes as a result. The other two group presentations had been strongly shaped by the content of the online discussions with users. One of these groups drew on the discussions to present role plays that demonstrated the importance of good communication skills in clinical situations and challenged dismissive labelling of users and racial or cultural preconceptions. Another provided academic definitions of the admission process on psychiatric wards and then described how their understanding of this process had been transformed in light of discussions with the users. They also identified interactions that they as students and future nurses could instigate to make the experience a more positive one.

c) Interviews

Interviews were conducted with 13/34 (38.2%) students and 10/12 (83.3%) service users. The user who withdrew after the first session was not approached and another user could not be contacted. Eight students were 'high visibility' participants (students that sent emails to users) and five were 'no visibility' participants. Nine students were men, and four women, with a mean average age of 36.5, ranging from 23 to 48. Reflecting the ethnic make up of the larger group, 11 students were Black African or Caribbean and two were white. Three had limited experience of working in mental health services.

Preparation, training and support

The majority of students thought that the information, preparation and training had been helpful and sufficient. A few said they would have welcomed more training to increase their confidence in using ICT. Overwhelmingly, the support and training was praised and appreciated by the service users, as was the peer support and camaraderie of fellow users. Some users, confident using computers and the internet were able to contribute from home or libraries as well as in the weekly sessions. Those with no previous computer experience would have preferred more training and practice time. The facilitators were seen as warm, encouraging, flexible and available. The use of humour in the sessions was welcomed and the involvement of a former service user as a facilitator was described as 'inspiring'. Refreshments were enjoyed but the majority said they would participate if these were not provided. The weekly payment of £20 was seen as welcome and also a fair exchange for the time and commitment shown. A few said they had begun to value their time and expertise and thought this should be reflected in a higher payment.

Experiences of the online forum

Students were generally very positive about the online discussions with most saying they had read all or most of the messages posted. Some concentrated on the topic that they were required to address for their EBL assignment, but most read messages on other topics, sometimes to guide them in their own

contributions. Some directed their questions through one person who posted on behalf of their EBL group. Those students that had been most active spoke enthusiastically of the emails they had sent, whilst others acknowledged that they had sent just two or three messages. Some said they had found difficulty finding time to respond, whilst others had difficulty knowing when to stop!

> Online I spent a lot of time anyway, because I grew to have a taste of it so I had time to go on it, by the time I know it, then it's almost 3am. I used to go online most often in the evening or in the night. So by the time I realised, then I know now I have to go to bed. (Student).

Several students, in interviews and directly to the facilitators, expressed concern that the users might become upset or take offence at something posted during discussions.

> [I picked] the topics which I think were most useful to me going through life and … most important aspect is culture, culture differences, misunderstanding, I took that quite seriously … and language. (User).

The majority of service users read all or most of the messages posted while a few were more selective, picking out topics that they had an interested in or had experience of.

One challenge was to decide how much detail to go into because, as one user put it, "some of the questions you could get your teeth into". Others reported

being thoughtful and sensitive about how they responded and, like the students, did not want to upset anyone.

<u>What was gained?</u>

Students identified numerous benefits from taking part in the discussions, such as improved communication and computer skills and linking theory to practice. Above all they had acquired an understanding of the users' experiences of admission to hospital and about the feelings aroused by being spoken to or interacted with in a particular way.

> I think just an idea of, just an impression of how it is to be on a psychiatric ward, that's mainly what kind of things I asked about … how they found the atmosphere. What were their fears and what they found to be… the most worrying aspects of being in hospital. (Student).

Others identified hearing first hand experiences of the impact of mental illness and distress and reflected on how this could influence their clinical practice.

> I've learnt that maybe in future when I go on my placements, to put some of the things I've learnt on board … communication skills or during admission… that kind of a thing, so these are the kind of things I've learnt and I try as much as possible to implement in practice and improve more. (Student).

Students described the contributions of the users as 'responsive', 'brilliant', 'excellent', 'fantastic' and 'effective'. Some recognised an overlap between views

expressed by the users and their own experiences on placements. They were uncertain what the service users might have gained from participation in the project, but there was recognition that the project had given the users a 'voice'.

> They can express themselves freely, where they otherwise might not have been able to, especially in the normal setting of the hospital wards where things are regimented, so, in that sense they can express their expectations, what they hope for, how they feel, how they can be better helped. (Student).

One student saw user involvement in terms of social inclusion and of feeling 'part of the society, part of the community'.

The users were generally positive about the input of the students and thought they asked some good questions, but would have appreciated more involvement. One was disappointed that the students didn't ask anything about a range of issues such as the impact of mental health problems on families. Others expressed frustration with the limited way in which students asked questions and failed to follow-up responses, although they also cited positive examples.

> But then you had some who were really good, like the one about being admitted onto an acute ward and your experiences and I said about mine and someone wrote saying well how could it have been better, what would you have liked to have happened, which I thought was really positive. (User)

Talking with the Experts

There was also awareness that some of the students were nervous and hesitant about probing too far, which had led some users to offer encouragement.

> I know there was one or two students that felt they weren't confident enough to ask us, or they didn't want to cause us any offence and we emailed back, don't worry about it cos like we've had worse… I can understand where they were coming from but I think we're made of tougher stuff than that, yeah? (User).

Users spoke of gaining confidence in using computers and of the reward from working in the university. Being valued and taken seriously was in itself rewarding and empowering. Above all was a hope that they might be contributing towards positive change in the attitudes of staff and the delivery of mental health services. Some of the discussions were very emotive for the users but they were able to positively frame their survival of difficult life experiences and several explained how they had benefited from talking about their experiences. One user took printed copies of his discussions to show his keyworker and friends; another spoke of re-visiting past experiences and finding "closure". The distance and anonymity afforded by the forum was an advantage, perhaps suggesting the therapeutic potential of online communities.

How the online discussions informed learning

Some students discussed the online sessions within their EBL group or with selected colleagues and used them to shape and influence their EBL presentations. However, with some notable exceptions, the students appeared to

apply little time generally to their EBL projects, which were not formally assessed. Most students though, spoke of the added value of "firsthand experience" and "meaningful conversations" with the service users.

> What I've learnt from chatting is different from what I've read from the textbook, so the ones I've learnt from chatting with them sinks in more than what I'm going to read from the textbook. (Student).

Compared with clinical placements, some students said that the anonymity of the online forum seemed to allow people to "open up more". Others thought the experiences were similar but preferred face-to-face interactions and missed the advantages that having a physical presence provided in building rapport. A big difference was that the online users were mentally well and had chosen to be there to answer questions and were generally talking about things in the past. Overall, there was recognition that the different learning experiences were complementary.

Suggestions for improvements

The discussion forum went 'live' just as the students were about to start a new clinical placement, resulting in technical and other difficulties accessing the website from remote locations. Being away from other students and tutors that could have provided support and encouragement also reduced participation. Restricting topics to the focus of the EBL trigger was seen by some as inhibiting the development of discussion. Several students stated that they would prefer a

synchronous discussion for example with the use of webcams. Others would have liked to have met the users in person in addition to the online interactions. Providing an online discussion forum for a longer period or as a routine part of their educational process was also suggested to encourage greater participation.

Most of the users would have liked to have seen more student participation and a broader range of discussion topics. Some thought they could have taken more of a lead, set the agenda and asked more questions of the students – which some did towards the end of the project. It was also suggested that students needed to offer more feedback about the users' contributions and what they had learnt from the interactions. Most wanted the project to continue for longer.

DISCUSSION

The project was an overall success with all students and service users interviewed overwhelmingly positive about the online discussion forum. They valued the discussions, would happily take part in a similar project again and recommend it to others. They supported increased use of online discussions in healthcare education. Learning outcomes had been influenced to some extent in two-thirds of the EBL groups and students found that the online forum gave them an insight into users' experiences, improved their communication skills and provided motivation to work on psychiatric wards. Service users valued

contributing to the education of future nurses and of challenging stereotypical and stigmatising views of people with mental health problems.

Over half the students (58.8%) logged on and read messages from users and fellow students. However, it became clear that there was a 'visible' group of 15 (44%) contributing to discussions, with 14 (41%) playing no active part online, despite using the technology during the practice weeks. This level of engagement may compare favourably with other group activities or engagement in online communities (Preece 2000). However, it does reflect concerns expressed by the project group that students lacked confidence in communication. Awareness that academic staff were reading the contributions may also have had an inhibiting effect on the students. Also the EBL was not assessed, which may have reduced involvement amongst students with a more strategic approach to learning.

From interviews and attendance at the EBL presentations it was also clear that some students that had not sent emails still played an active part by reading and discussing the content of the users' messages. The tendency not to post emails reflects the common experience of any online discussion forum, where 'passive' membership ('lurking') often outweighs active participation (Preece 2000, Rennie and Mason, 2004). There is also some evidence that these low or no-visibility learners enjoy a reflective learning style that may be almost but not quite as effective as that employed by more interactive 'high-visibility learners' (Beaudoin 2002). In contrast, the majority of the service users played an active role online

they were more confident in using ICT than most students and were keen to take a leading role in the online community.

Future attempts to employ e-learning components within the curriculum need to ensure greater peer and tutor support to enable students to develop the ICT skills required in modern health care settings (DH 2001b). Also the development of EBL triggers and assessment strategies for future online learning activities would need to be explored in more depth.

CONCLUSION

The use of an online discussion forum involving mental health service users and students is both possible and highly desirable. Online interactions enabled users to discuss their previous experiences, explain the impact of their care and treatment and encouraged students to consider and reflect on the implications for their own practice. There is considerable scope to develop similar initiatives across health and social care education, which could include user-led, interprofessional and workplace learning. Future research might consider analysis of the content of online discussions and their impact on healthcare behaviours.

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