

Bridging the Gap: An Experiential Enquiry-Based Learning Approach in Mental Health

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Abstract

This project involved the iterative development and application of an Enquiry-Based Learning approach in a pre-registration mental health nursing degree programme. The Enquiry-Based Learning (EBL) approach was 'blended' with a group supervision model, which was intended to encourage students to reflect on their clinical practice, as well as to identify, explore and resolve clinical, theoretical and ethical dilemmas. This model departs from the traditional model of using scenario developed by academic tutors; instead, students identified their own clinical cases and brought these to a supervision group. This involved students applying their clinical knowledge, previous experience and understanding of evidenced-based and practice guidelines to the identified clinical issues. Such reflective, evidenced-based practice has been highlighted as an essential skill required by all qualified mental health practitioners (Department of Health 2004)

To establish the most effective, acceptable and feasible method of delivering this model the authors compared a face-to-face group approach with an e-learning group approach. The evaluation suggested that a hybrid model that combines the best features of both a face-to-face and e-learning approach is the preferred option for students.

Background

The School of Nursing, Midwifery and Social Work within the Faculty of Medical and Human Sciences at the University of Manchester has a well-established history of providing nursing courses and is recognised as one of Europe's leading nursing education and research departments (University of Manchester 2009a). This project involved students in their third and

final year of a Bachelor of Nursing (Hons) degree, who had elected to specialise in mental health nursing. The successful completion of the degree programme leads to registration as a nurse with the Nursing, Midwifery Council (NMC). Students must complete 4,600 hours of study, which is divided into 50% theory (2,300 hours) and 50% clinical practice (2,300 hours). The focus of the specific unit in which this model was pioneered was the assessment, treatment and recovery of individuals who experience severe and complex mental health problems in community settings. All student nurses at the time were placed in community mental health teams, while also attending the University weekly for academic input, which involved a combination of didactic lectures, clinical skills development workshops and EBL sessions.

It is essential that the theory and practice are integrated in order to develop reflective, critical thinkers with an enquiring mind who can meet the challenges of implementing evidence-based practice in clinical settings (Murphy 2004) and contribute to the development of effective evidence based health care (John 2005).

Rationale

In recent years, students entering their final year of their studies have reported that traditional Problem-Based Learning (PBL), using a paper-based method had been overused. They were unmotivated by the process and participation was limited. However, tutors were keen to include principles of PBL that facilitate reflective and lifelong learning (Barrow *et al.* 2002; Ehrenberg and Häggblom 2007).

In previous years, students were visited on their clinical placement by academic tutors to discuss any clinical issues or dilemmas of concern to them. This was valued by students, but as a result of increasing student numbers this model of supporting students was unsustainable. Therefore, tutors wanted to develop a model whereby students could continue to gain transferable knowledge and skills gained from the original PBL model whilst also receiving support from academic tutors to address issues raised whilst on their clinical placement.

Aims of Project

- Address and resolve clinical, theoretical and ethical dilemmas as they arose from students' experiences on clinical placement;
- Encourage students to reflect on their clinical knowledge and apply this to their understanding of evidenced-based practice;
- Enable students to gain an experience of the supervisee's role using a supportive approach;
- To provide students with the opportunity to develop the essential Information Technology skills necessary in life-long learning.

In 2009, the University of Manchester developed a vision for the future recognising that the learning environments for students needs to be enriched by the use of innovative e-learning approaches (University of Manchester 2009b). To meet these aspirations tutors were keen to embrace the use of e-learning in the unit. This was reinforced by students who felt it would be beneficial to increase the flexibility of their learning by using a virtual learning environment.

Approach

The development of this project was an iterative process building on several cohorts of students' comments and feedback. In 2007, students were asked to bring clinically focused dilemmas from their practice into the academic arena. Each student presented a clinical dilemma or issue to the group to initiate further discussion, which replaced the tutor's developed scenarios (Figure 1). Students were supported in a face-to-face group to ensure that each issue brought to the group was clarified and formulated to ensure that the understanding of the issue was shared. The issues brought to the group were wide ranging including ethical dilemmas, issues related to the implementation of evidence-based practice and the implementation of clinical skills (Appendix 1).

The group was then asked to prioritise one issue that would be the focus of the group activity. Once the issue was identified, the group used a structure related to both the seven step approach of PBL and group supervision (Wilkinson & Gijsselaers 1996). Following a group discussion of the issue, specific lines of enquiry were allocated to individual group members. This involved such lines of enquiry as identifying good practice guidelines; seeking out current

health or social policy; reviewing relevant studies or research and using their own previous experience or viewpoints of other stakeholders such as clinicians or service users. This acquired knowledge was then brought back to the group and applied to the clinical issue or dilemma under examination. This process was repeated bi-weekly on six occasions, with each session lasting 90 minutes.

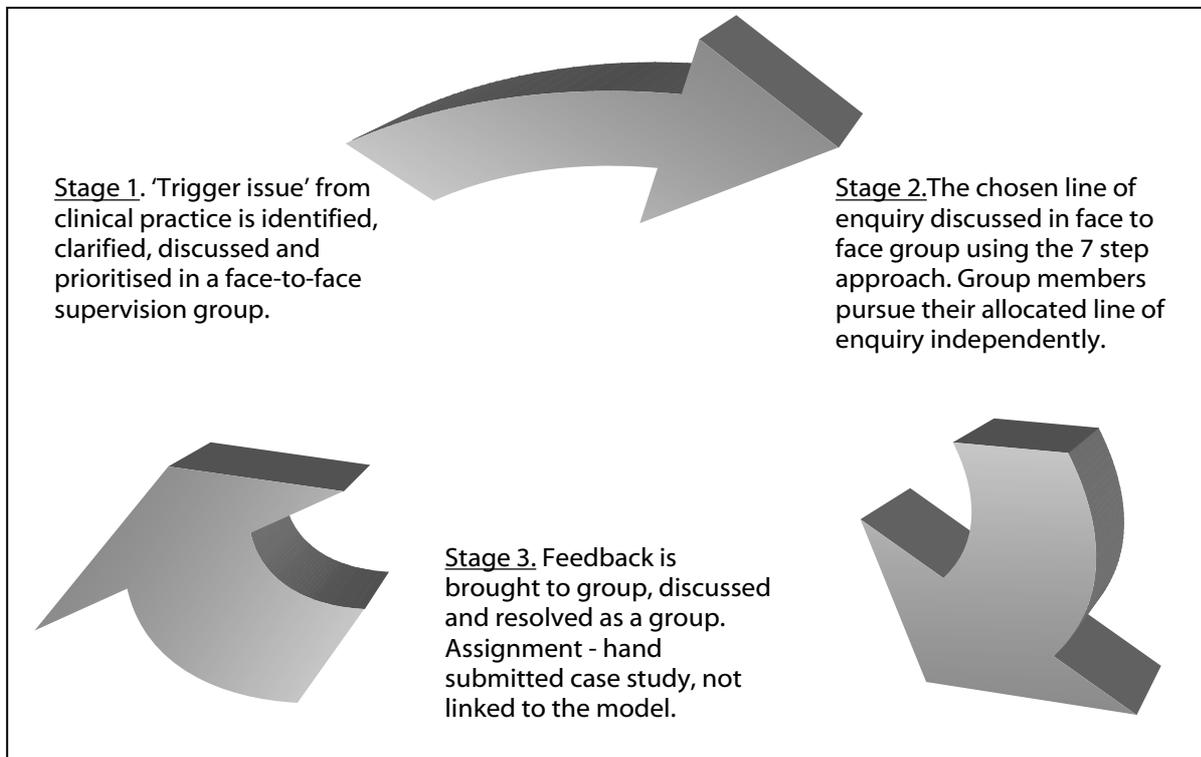


Figure 1. Group face-to-face model.

The students within the cohort positively evaluated this model, and, therefore, it was at this stage that the tutors asked the students to adapt the model to introduce an e-learning facility. Generally, students felt this would be a positive adaptation. Following consultation with the e-learning team and with funded support from CEEBL, the model was adapted to replace the face-to-face supervision group meetings. In 2008, the second cohort of students was introduced to Blackboard, a web-based virtual learning environment (VLE) used to support the traditional learning methods at the University of Manchester. Students were directed to the discussion board interface of the Blackboard system, which provided students with an overview of the process and specific discussion boards and weblogs to post their entries (as described in Figure 2).

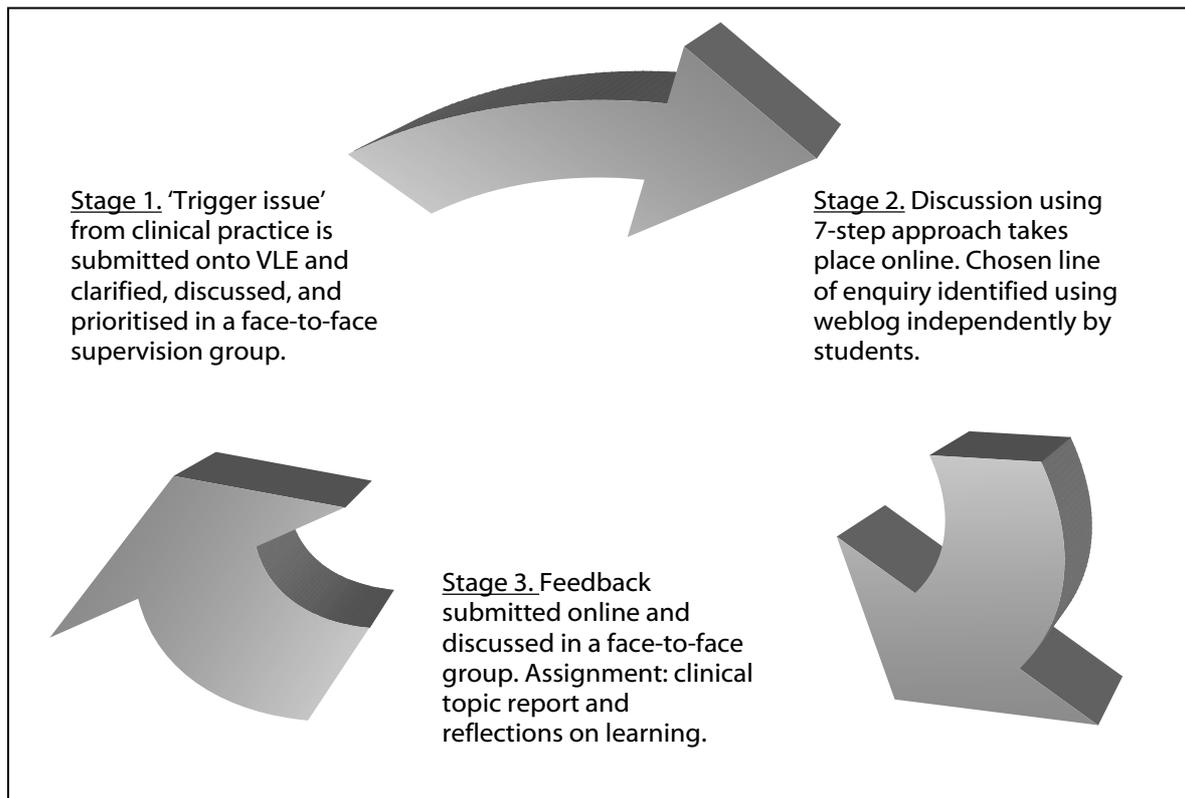


Figure 2. e-Learning model.

This e-learning model enabled students to work flexibly outside the university environment at a time conducive to them. Each week the unit leader allocated two half-hour sessions to facilitate the online process. It was also intended to provoke further discussion and encourage them in their thinking process, which are both advantages of an EBL approach (Kahn & O'Rourke 2004). Students were encouraged to work as a virtual group by responding and commenting on each others' contributions. Towards the end of the unit, students were asked to post their researched knowledge onto the Blackboard interface. The submitted feedback was then reviewed in a final face-to-face group.

Evaluation

The evaluation used a mixed-methods approach to gain an insight into the students' perspectives on the delivery, process and content of the unit. It was also the intention of the team to examine students' engagement within the groups and to analyse the contributions made by individual students. Students participated in a post-unit focus group led by two independent facilitators, Interns from the CEEBL Team. The focus groups were guided by a series of open-ended questions developed by the project team (which included a student representative from a previous undergraduate course).

As part of the evaluation students were asked to complete a questionnaire based on specific themes using a Likert scale. The content of the scale was developed from a review of previous literature and the findings of a previous evaluation of a similar group. The questionnaire consisted of 20 statements, which included a neutral value to increase reliability. An evaluation survey developed by the CEEBL Team was also used to evaluate the effectiveness of the EBL model within the context of the unit (CEEBL 2009). Signed informed consent was sought from all students and anonymity and confidentiality were maintained. The project was reviewed and approved by the School of Nursing Midwifery and Social Work Ethics Committee at the University of Manchester.

The evaluation revealed that students valued the opportunity to focus on clinical dilemmas that they had identified themselves. In the previous cohort (2007), the students had appreciated the interactive discussion, as they were able to relate to and learn from one another's clinical experience. The students who had experienced the e-learning model, however, struggled to appreciate the experience of others when the discussion was online. The main objection to the online component of this model was the difficulties in obtaining a meaningful discussion. Students did, however, identify that because the subject matter was owned by the group they had more motivation to direct their own learning.

The students placed much emphasis on the effective facilitation of the group and the importance of clear communication of the process by the tutors. They believed that the weekly input from the facilitators on-line was inadequate and requested that this be supplemented by a face-to-face group throughout the unit. The flexibility was, as predicted, valued by students although many struggled with the technology. Irrespective of the dissatisfaction of the e-learning model, there were some indications that deep learning (Murphy 2004) had taken place. Students identified that those areas of enquiry that had been researched had been well understood.

Further Development

The iterative process continues as the next model has now been adapted to use a hybrid, blended learning approach involving the re-introduction of the face-to-face groups on a bi-monthly basis, but incorporating e-learning elements to record the process. As a further development, face-to-face discussions will incorporate the involvement of service users in order to provide their perspective of the issue. A chat room will also be made available to students to informally discuss relevant issues with one another. An identified time will be allocated for

students to enter the chat room for a 'live discussion'. Students will have additional input from the Information Technology Team to assist with the electronic submission of the report.

Conclusion

The close collaboration with students throughout this process has both informed the development of the model and enhanced the educational provision. Replacing face-to-face seminar meetings with e-learning discussion boards was not found to be acceptable by students. Student feedback indicates that a hybrid model might be able to integrate both face-to-face discussions with some supported elements of e-learning.

Ideally, innovative teaching methods should be introduced to students in the first years of their studies. Any e-learning aspects should be supported by the Learning Technologists to allay concerns about new ways of learning. Students reported that they enjoyed the use of enquiry as a method of learning and felt that they could relate better to the scenarios driven by their own experiences rather than tutor-led, pre-written paper-based cases. The model is flexible and can be incorporated into other programmes where links between theory and practice are essential – particularly appropriate for practice-based professions.

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Appendix 1

Examples of Issues brought by students to the EBL process:

Issues brought	Themes
1. What do you do/say to someone who has just attempted suicide?	Clinical communication skills
2. What assessment can be carried out to judge a carer's capability to care?	Risk assessment
3. What is the evidence base in the treatment of someone who self harms?	Evidence based practice
4. How do you deal with inappropriate/sexual comments in clinical practice?	Clinical communication skills
5. What are the possible interventions for a client with co-existing mental health & learning disabilities at high risk of self neglect and vulnerability?	Evidence based practice / Clinical skills
6. How can someone with a dependent personality disorder be managed?	Evidence based practice / Clinical skills