

Improving student confidence through hearing the voices and thoughts of people with learning disabilities about their healthcare experiences

Summary: This case study outlines how co-production and active learning approaches were used to support student nurses develop their knowledge, skills and confidence to support people with learning disabilities accessing general healthcare. It also give an indication of how this work is being transferred to the education of paramedics and has the potential to develop across other courses.

Introduction

My personal teaching philosophy values supporting students to recognise and realise their potential through providing applied learning opportunities, encouragement and feedback to reinforce student's effort and achievements. I view students as adults and active partners in learning. I aim to excite and inspire students, presenting them with well-paced engaging and 'achievable' challenges. Collaborative working with people who use health services, practice learning partners and students underpins my approach to developing learning outcomes and innovative experiences for students. In addition, as a Professor I see my teaching philosophy as also including a role in supporting the development of colleagues in their development as educators and delivering academic excellence (MacFarlane., 2012).

What was done

The ability of students to think critically and adapt to change are outcomes that can be used to demonstrate teaching excellence (Ulster University., 2016). Inclusivity and the development of meaningful networks within local communities, that enables inclusivity and co-production of teaching materials are noted in the Ulster Draft Learning and Teaching Strategy and the European EFFECT principles for learning and teaching (Ulster University., 2018; European Students Union., 2017). Co-production is also a key driver in Nursing and Midwifery Council educational standards and within the Department of Health, who approve and commission nursing programmes respectively (DH., 2018; NMC., 2018). Within the nursing programme up to 50% of students would be classed as mature students and therefore adult learning approaches are an important consideration (Knowles., 1970; Mezirow et al., 2000). This includes to need to be clear to students why this learning is required, particularly

when it does not feature in many other nursing courses. There is a need to actively engage students in 'doing' and show the direct relevance to how their learning could transform their future practice. Nurse educators need to be aware of the need to facilitate adult learners to revisit their potentially well established, but potentially less effective patterns of learning, including a dependence on the educator to direct learning (Spies et al., 2015; Waltz et al., 2014). This case study focuses on how these requirements have underpinned the development of teaching student nurses about the experience of people with learning disabilities in contact with general hospitals. This case study outlines how an inclusive approach with people with learning disabilities and student nurses was used in the development of learning outcomes, teaching materials and practice learning experience for student nurses.

Motivation and aims

Many people with learning disabilities are well supported in general hospitals. However, over the past 20 years there have been persistent and growing concerns that people with learning disabilities often experience difficulties that can contribute to avoidable or preventable deaths when in contact with general hospitals either as outpatients or inpatients (LeDeR., 2017). It is now recognised that a key patient safety priority is to ensure nurses are knowledgeable, skilled and confident to support people with learning disabilities in general hospitals and make reasonable adjustments when necessary (Sowney and Barr., 2007; RQIA., 2014; NMC., 2018).

Undergraduate nursing courses have been traditionally skills orientated and focused on people with acute health problems. The 'contact' hypothesis argues that valued face to face contact and collaborative activities are key to reducing prejudice towards unfamiliar groups of people and positively changing attitudes (Scior and Werner., 2015). Therefore, in order to engage students it was essential that they actively participate in their learning. A further aim was that students would recognise the wider transferability of their learning to other core areas of their course, such as communication, decision making and critical thinking (Spies et al., 2015).

My motivation was to develop and deliver transformational learning in students that was underpinned by partnership with, equality for and the inclusion of people with learning disabilities and their family members in curriculum design (Mezirow et al.,

2000). The teaching approach at Ulster is aimed at providing inclusive active learning experiences that provides students with flexibly learning opportunities that are both person centred and student centred (Cook et al., 2018). The approach embedded at Ulster has provided students with the opportunity to meet with people with learning disabilities in supportive and safe learning environments.

Implementation

Four specific developments were introduced into the nursing curriculum for all undergraduate nursing students at Ulster. Firstly, on consultation with the members of a theatre company of people with learning disabilities, the topics that they felt nurses needed to be more competent and confident about were identified. This information was used to co-produce three learning outcomes of the nursing curriculum. Secondly, to capture the voices of people with learning disabilities in a clear and authentic manner, we worked together with a local playwright to develop six (2-3 minute) drama sketches on each of these topics. These sketches focused on improving accessible communication with people with learning disabilities, maximising informed consent, and understanding the factors that affect the health of people with learning disabilities. These performances were incorporated into the students' classroom sessions, with the opportunity to speak to people about their experiences. Thirdly, in partnership with colleagues who were less experienced in working with people with learning disabilities, I introduced the active involvement of people with learning disabilities in practical fundamental core clinical skills sessions for nursing students. This provided staff and students with opportunities to engage directly with people with learning disabilities in a supportive learning environment. Finally, all Yr. 1 nursing students undertake 75 hours practice learning with people with learning disabilities within residential, day care or school settings.

Successes and lesson learnt

Initially all aspects of this innovation worked well, the students positively evaluated the drama performances, they valued having people with learning disabilities involved in clinical skills sessions and were largely positive about the practice learning experiences. This student evaluation forms completed at the end of the practice learning show 83% of the most recent Yr. 1 students reported their practice learning

as either excellent (54%) or good (29%). This is reflected in the feedback received from Yr.1 students in Table 1.

Table 1: Examples of feedback from Yr.1 Nursing students on their learning experiences with people who have learning disabilities

- *'it developed more empathy and understanding towards people with learning disabilities'*
- *'it gave the confidence, knowledge and understanding needed going forward in nursing'*
- *'I learnt to be 'present' in my communication instead of shying away'.*
- *'it transformed my views, opened my eyes to the different care that can be provided to people with learning disabilities'*
- *'amazing opportunities – I enjoyed every minute of every shift',*
- *'I learnt people were valued and involved in decision making'... having their needs met with privacy and dignity'.*

Excellence in teaching should also be evidenced in a wider impact that shows how teaching and student learning transformed the students' confidence and wider application of their learning. Guskey (2016) proposes five levels of impact from teaching, of which Level 4 is evidence that 'students learning made a difference in their professional practice' (p35). The results of a Qualtrics evaluation undertaken two years after their practice learning experience has produced evidence of Level 4 impact. The survey was completed by 108 students, with 93% reporting their learning experiences related to people with learning disabilities had increased their communications skills and 92% stating it had increased their confidence. Increased their knowledge about the abilities and needs of people with learning disabilities and how to meet their health care needs was reported by 98% of respondents. Students also noted that this learning had been transformative to their communication approaches when working with other patients who did not have a learning disabilities. There is wider evidence of Level 4 impact reflected in students' feedback, including comments about how they have developed new knowledge, skills and confidence as noted in Table 2.

Table 2: Examples of feedback from Yr.3 Nursing students on their learning experiences with people who have learning disabilities

- *'I developed more empathy and understanding towards people with learning disabilities' 'it gave me confidence, knowledge and understanding needed going forward in nursing'*
- *'I now know the importance of really, really listening to what is being communicated' 'it totally changed my perspective and boosted my confidence in caring not only for people with learning disabilities but for all patients with communication difficulties'*
- *'I realised that communication isn't just about speaking, it's much more and I definitely developed a great skill set in trying to understand a person and also ensuring that person understands me'*
- *'the communication skills have been developed in a way of finding alternative ways of communicating with someone with no verbal communication'*
- *'it helped me to consider different types of communication and taking time to understand the person, their capabilities and what level of support they need'*

Feedback from student also reported that whilst they valued their learning experience, and many would have valued more time across their course and they had not kept up to date with new resources. They were aware of changes in services and professional guidelines, but found that when they became immersed in their current modules they did not access specific information on people with learning disabilities. On reflection many of these new guidelines and resources are free to access electronic resources. Therefore I am exploring how I can add links for these to the overall course support area and perhaps provide an annual 'newsletter' as an update.

Transferability

The approach to learning and teaching is transferable to other courses with content about people with learning disabilities, it is also transferable to learning about other patient groups. For example, I embedded content about the needs of people with learning disabilities in emergency and urgent care settings in the curricula for the FdSc Paramedic Practice. These changes were extremely well received, with NIAS students reporting *'it helped me treat someone with learning disabilities the same as every other patient and to lead by example'*, and *'it taught me not to dismiss important signs and symptoms as part of learning disability'*. To build further capacity and resilience of delivery, I have facilitated new partnership working between Mencap and the Northern Ireland Ambulance Service (NIAS) through my networks. This increases the capacity, sustainability and reach of NIAS educators in developing and delivering this

important teaching. I have also extended the reach of this important area of learning by integrated classroom teaching and scenario exercises into the curriculum for the first MSc Advanced Nursing Practice (ANP) in Northern Ireland and the Postgraduate Diploma in Physician's Associate.

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