"It taught me to expect the unexpected": an evaluation of the impact of a consultant group of co-teachers with learning disabilities upon the practice of Adult Nursing students

An Evaluation of "LOUD"

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Evaluation of the LOUD Co-teacher Consultant Group at CCCU

Situation

Service user participation has in recent years become a sine qua non of healthcare education in the UK, stimulated by a socio-political climate that demands greater involvement of users in service delivery, with resulting legislation and policy (Health & Social Care Act 2012, DoH 2012). Practice across the UK varies significantly, with differing levels of participation ranging from involvement in recruitment through classroom-based narrative to curriculum planning (Terry 2013) . Whilst people with learning disabilities [PLD] have been engaged in effective teaching (Beadle et al 2012, Nazarjuk et al 2013, Attoe et al 2017), there is little evidence of their involvement in ways that might be considered more influential and which reflect the higher echelons of Arnstein's ladder of participation (Arnstein 1969).

At the author's university, PLD had participated in the education of healthcare students for some years before the need to offer them a louder voice in the delivery of this education was identified. The university had then, as it does now, a well-established Learning Disability Education Group [LDEG], which comprises academics, service providers and practitioners and which is tasked with the monitoring and development of education in the subject, though this lacked involvement from anyone using services. Since that group decided that the involvement of anyone with a learning disability in its frequently complex discussions could prove tokenistic, the decision was made to set up a parallel group of co-teachers which would share the same aims, and that was invited to comment upon the deliberations of the LDEG.

Funding was secured from Health Education Kent, Surrey and Sussex to help establish and evaluate the group, and in the three years since its inception, members have reviewed the teaching they have delivered, commented on potential teaching opportunities, and discussed ongoing matters such as payment for their time. Since the university made participation in a Simulated Hospital Admission [SHA] involving a person with a learning disability mandatory for all pre-registration Adult Nursing students (Nazarjuk et al 2013), every member of LOUD has had substantial experience of participating in these events, and thus they have been a frequent topic of conversation in meetings.

The structure of a Simulated Hospital Admission is fairly simple. A small group (n = 10) of students begins the day with 1.5 hours of preparation, which comprises discussion of the nature of learning disability, evidence of unmet healthcare need, an introduction to potential reasonable adjustments and a review of the brief for the day. Co-teachers then arrive (n = 5+), and about an hour is spent over sharing refreshments and ice-breaking exercises designed to promote relationships. Following this, students are required to seek the consent of their co-teacher for the proposed activities using an easy-read consent form; subject to receipt of this, the "patient" is then "admitted" to the ward by means of completing a locally produced healthcare passport and

taking basic observations. Students are encouraged to use a range of adaptive communication tools, including the Hospital Communication Book (Clear Communication People 2013).

Although the fundamental structure of the SHAs has not changed, discussions at LOUD have influenced the ways in which they are presented. For example, visitors are never referred to as "service users" (a term of abhorrence to the group), but as "co-teachers", a term that the members felt would afford them greater respect. Following student feedback, a decision was also made by another meeting to swap students in the course of the SHA when time permitted, thus giving both co-teacher and student a broader range of experience. At the same meeting, members agreed to use an easy-read and short questionnaire as an alternative to the customary healthcare passport if the latter was proving too onerous for the co-teacher. On another occasion, the possibility of conducting the SHAs in a classroom (due to pressure on the simulation suite) was discussed, and rejected by the members. All these decisions have been put into practice by the lecturers facilitating the SHAs.

Hence, since LOUD members have had a significant influence on the recent delivery of the SHAs, it seemed logical to evaluate the impact of the group through an assessment of the impact of the simulations upon student learning.

Background

The prospective research was submitted for approval to the Faculty of Health and Wellbeing ethics committee, and authorisation to proceed was gained.

The researchers opted to design and deploy an online questionnaire that students who had completed the Simulated Hospital Admission (SHA) would be invited to complete. The aim was to evaluate the nature and extent of their learning as the result of an experience in the design of which LOUD members had played a significant part.

As the researchers wished to involve the members of LOUD as far as possible in this project, the latter were consulted in a routine meeting about the content of the questionnaire. They were invited to reflect on three questions:

- What do we do well?
- How do we do it?
- How could we do it better?

Their feedback resulted, with contributions from the researchers, in the content of the questionnaire that was used (see appendix). The questionnaire was then made available to all currently registered Adult Nursing students that had taken part in an SHA. One of the stipulations made by the ethics committee was that students would need to be sent a consent form and participant information sheet upon application to VS (a research assistant, who has not played any part in facilitating the SHAs). Given that CB had ascertained from their programme director that the opening of the questionnaire would not coincide with any extraordinary pressures for the students, this was very disappointing. It is possible that the process required by the ethics committee may have

played a part in the relatively small number of responses received: only 6, from a potential 621. However, the breadth and depth of the feedback from all six students proved extensive, and both researchers felt that it had potential to furnish a richly informed report.

Assessment

The researchers subjected the responses to thematic analysis using the model proposed by Braun and Clarke (2006), and identified four themes from their initial coding (see figure 1). They are discussed below.

Themes	Theme 1: Unease	Theme 2: Learning and Developing		Theme 3: Becoming autonomous	Theme 4: Organisational aspects
Subthemes		**2.1: Learning Journey**	**2.2: Developing a competency**		
Description	Feeling uncomfortable during the Simulated Hospital Admission. Avoiding using pronouns, instead referring to co-teachers as they/them. Language shows othering and depersonalisation but not stigma.	Having some prior knowledge about working with adults with learning disabilities. Developing some insights. A tension between a range of need representing an 'authentic' simulated hospital admission experience and a restricted range of need emphasising the simulated nature of the day.	Gaining competency with specific activities such as using the hospital passport. Engaging with carers. As a result of this students are becoming more confident communicators.	Beginning to see a broader perspective beyond own experiences. Seeking further learning or using own initiative to access extracurricular learning opportunities.	Aspects of the day relating to material/ temporal/ spatial organisation of the Simulated Hospital Admission. Organisational aspects are mainly negative.
Codes	• Depersonalisation • Depersonalised language • Uncomfortable experience	• Background knowledge (prior knowledge) • Gaining insight • Gratitude and exceeding expectations • Making assumptions • Positive experience • Mutuality and skills sharing • Restricted range of need • Diverse range of need • Personalisation • Becoming less rigid	• Practical skills • Building a rapport • Improved communication • Personalisation • Communication challenges • Working with carers • Building relationships	• Using initiative • Becoming an independent learner • Personalisation • Concern for carers • Benefits to co-teachers • Refection on practice	• Organisational aspects (positive and negative) • Time

		• Mutuality and shared experience • Skills sharing				

Figure 1: Themes emerging from the students' data

Theme 1: Unease

This finding was not anticipated by the researchers, or apparently by the members of LOUD. One of the students commented that their experience had been "awkward", due to the seeming reluctance of the co-teachers to participate on the day in question. This was at odds with CB's personal experience of the manifest enjoyment of the co-teachers during the simulations she has conducted, and those reported to her by facilitating colleagues, and so has generated some concern. There were also more subtle expressions of alienation from the students, including frequent reference by some to the co-teachers using third person plural pronouns (i.e. "they" and "them"), for example:

"we were able to take a blood pressure from them and they were ok about it"; and

"even simple words can confuse them so keep sentences short".

This seemed to indicate depersonalisation and "othering", if not active stigmatisation.

Theme 2: Learning and Developing

This theme was subdivided by the researchers into two subsidiary themes; *the learning journey*, and *developing a competency*. Both were characterised by the generation of insight and skill, and the awareness of students that they were on a trajectory of professional development.

2.1: The Learning Journey

Whilst one respondent acknowledged the utility of having had prior experience with PLD, they also stated that the simulation had offered them the opportunity to develop "greater insight" into the potential anxieties for an individual with learning disabilities being admitted to hospital. The development of insight was also mentioned by others, one stating that the day emphasised "how vulnerable they really are", and another that they had learned how "to value people from a socially marginalised group". Some participants seemed to have had their expectations of the day exceeded, and this was linked to expressions of appreciation. One student also referred to the gratitude they had expressed to the co-teachers for "what a good they done in helping me to learn a new skill", and another commented that, "some people were withdrawn from playing ice breaker games but when we were to ask consent to take a

blood pressure one surprised and came around by participating". Responses from all but one participant indicated a positive experience of learning; in answer to the invitation to describe the day, different students used such words as "fantastic", "positive" and "amazing". Some commented on what they perceived as an element of mutuality, with one stating that a helpful factor was "the games we played" (note the use of the first person), and another that "finding common ground between us" assisted them to establish rapport with a co-teacher who had initially been reluctant. This mutuality sometimes manifested itself in skills sharing, with one respondent stating that "explaining how to use things in the skills lab" in a way that was "basic" facilitated the development of adaptive communication skills. Mutual benefit was also commented upon, with one contributor reflecting that, "I got to learn or practise my skills and they got the chance to benefit what it might be like if they actually had to go into hospital."

Comments were also made about the potential and limits of simulation. Whilst one student acknowledged that "there were a variety of individuals who attended", another deemed that the session they had attended featured only co-teachers who were "relatively independent". However, several people felt that participation in the day had facilitated the recognition of individuality and the ability to personalise assessment and care; one respondent averred the confirmation that the simulation had offered that "no two people are the same", and another said that it would have been helpful to have been able to talk to a carer prior to the simulation about the co-teacher's particular needs. There appeared to be learning that would result in a more flexible approach in practice from the participants, with one stating that they were prompted to "think about different areas and things that you haven't seen on placement yet but may see".

2.2: Developing Competency

Several students mentioned the acquisition of particular competences. Sometimes this was related to gaining knowledge of the tools used, such as the hospital passport, or the Hospital Communication Book (Clear Communication People 2013), and at others to broader issues, such as the emphasis upon individuality; one person claimed that the day had taught them "to treat each patient as an individual and be prepared to adapt my approach to them accordingly". Others felt that they had learned how to develop a rapport with their co-teacher/s, one commenting that they had learned "how to be approachable". The development of communication skills was a frequent topic; responses included references to "better communication skills" and "different communication techniques", and another student felt that they had learned to talk "about things the service user enjoyed to allow them to feel comfortable". Contributors also indicated the benefits of liaising with carers, finding them "very helpful" and a useful resource when efforts to communicate with the co-teacher had failed.

Some had encountered challenges to their communication skills. One student, whom it seems had a rather inflexible understanding of the nature of the activity required, stated that, "it was decided not to pursue some of the information required due to the frustrations over obtaining it", and another that they "tried to maintain interest – failed, and spoke to the carer instead". The challenges were regarded as a learning opportunity by some; the day "makes you think about your explaining and the ways you talk to people", as one participant commented.

Theme 3: Becoming Autonomous

It appeared that some students had been stimulated by the Simulated Hospital Admission to adopt a perspective beyond their immediate experience, and this had led them to use their initiative to seek additional "extracurricular" learning. One stated that they had arranged as a result to spend a day with the learning disability nurse at their local hospital, and that they felt that all students involved had "gained valuable knowledge for the future". Several students identified a greater capacity for personalised care, with one respondent averring that the simulation "taught me to approach every admission individually, by making sure my behaviour is personalised to the individual". Another stated, "I have made improvements to my person centred care. I make a real effort now to get to know patients and really treat each as an individual". An occasionally expressed anxiety for others involved in the day was evident; the student with prior experience offered their concern that students were not able to interact during the simulation with people demonstrating a fuller range of need. Another gave their opinion that "I think the carers and co-workers would benefit from the non - judgemental and positive experience of attending the session", and concern for carers was articulated by one student who commented that the limited capacity of the lift in the simulation suite building created great difficulties for them.

Respondents were asked for their perceptions of any benefits to the co-teachers, and a number identified the potential the day had to alleviate anxieties about hospitalisation; some also commented on the social opportunity it offered their visitors, one stating that "they benefit from meeting new people and communicating with people they perhaps wouldn't always have the chance to".

Theme 4: Organisation Aspects

The researchers identified some data indicating that not all SHAs ran as smoothly as they might. One student commented that a room booking problem had resulted in anxiety about the location of the simulation, and that frustrations were imposed by having to use a lift that accommodated only one wheelchair at a time; the same participant noted that some of the co-teachers had apparently not wanted to be there, and queried the approach to consent taken during the event. Another contributor stated that, on meeting the visitors, the room was set up so that some people had their backs to others, which clearly had not aided the creation of relationships. One student had noted that the co-teachers seemed to be so familiar with the passport that its meaning within the simulation was weakened, suggesting use of an alternative tool.

More than one respondent identified that their learning from the event was restricted by their encounter with just one person with learning disabilities, and one individual expressed a need to have spent longer with their visitors.

However, not all the data subsumed under this theme was negative. One student acknowledged that the day was "well planned", and another that "the session worked well and the simulation part was particularly useful". Contrary to the above remarks, one participant stated that "there was plenty of time to explain things to them to put them at ease which may not be a reality in an NHS ward".

Recommendations

The four themes that were identified by the researchers are graphically illustrated in Figure 2. The graphic seeks to depict the elements that constitute the student learning experience as delivered by members of LOUD in the Simulated Hospital Admission. It is clear from the data that a dominant theme is related to the organisational aspects of the event; if issues such as room bookings, seating arrangements and the consent of co-teachers perceived to be reluctant are not addressed, the potential the simulation has to enhance student learning will be limited. Not all these matters are foreseeable in advance, and therefore avoided. However, the apparent lack of consent on the part of at least one group of co-teachers is a matter of great concern, and will be discussed with LOUD.

The theme of *Unease* is curious. "Othering" has become a widely adopted term in relation to social exclusion, and a process that has been described in colonial terms, with a distinction being made between the "colonizers", who see themselves as "civilized", and the "colonized", who are seen by the former as "savages" (Tyson 2015). This language may seem harsh in relation to the experiences being described here, but finds a sonorous echo in the history of service provision for PLD (who once lived in institutions labelled as "colonies" – Gates 2007) and the discriminatory values with which they were then viewed. In terms of the present day, it is clear that the Simulated Hospital Admissions do not always promote the personhood of the co-teachers involved. This finding, too, will be taken back to LOUD for discussion with its members with the aim of developing the content of the session.

It would appear from the content of the theme of *Learning and Developing* that all students who responded to the questionnaire had found at least some aspect of the Simulated Hospital Admission beneficial to their learning. The enthusiastic tone of some of the responses, and the use of words such as "fun" within them, indicate that most had also found it enjoyable in addition. Informal feedback collected from co-teacher groups at the end of every simulation echoes this, indicating that the mutuality identified includes the relish of participation. The development of insight and skill does of course reflect the main objective of the simulation, and it is rewarding to see one student using the first person plural in relation to themselves and the co-teachers. It has been noted for some time that the Simulated Hospital Admission has the potential to offer benefits to co-teachers (Nazarjuk et al 2013), and it is encouraging to see some students' growing awareness of this. The matter of the limited range of need represented by the co-teachers is usually commented upon by facilitators in the introduction to the day, since the need for people to be able to consent to participate necessarily excludes people with more severe disabilities. However, given the evidence that participation in this teaching might help people falling into that group to be less anxious about hospital admission, a case could potentially be made on the grounds of "best interests"; this is something that will clearly require discussion at both LOUD and the Learning Disability Education Group. If LOUD members with more extensive needs were enabled to participate in the SHAs, there could be substantial benefits both to them and to the students involved.

The theme of *Becoming Autonomous* represents the perception of some students that their learning from LOUD members had the potential to extend beyond the immediate situation; a few also demonstrated consciousness of the needs of other participants in the event. This suggests the developing awareness of students of their personal agency and capacity to develop their own practice and that of others, which of course augurs well for the future of healthcare for people with learning disabilities.

There is clear learning for the organisers of the Simulated Hospital Admissions represented in the theme of *Organisational Aspects*. A range of actions have been taken that should preclude the situations referred to by the respondents from recurring; they include the existence of an easy-read questionnaire (designed by a Speech and Language Therapist at CCCU) to use as an alternative to the hospital passport if necessary. However, there is also a need to seek ideas from LOUD members about other vehicles for communication, with the potential development of a "bank" of such tools for future SHAs.

It would appear from the findings of this project that the interventions of LOUD, in terms of the Simulated Hospital Admissions, have a significant potential for student learning. Although the group was founded in response to a matter of principle rather than evidence of potential impact, it is clear that the consultation of co-teachers with learning disabilities about *how* they deliver educational experiences can make a substantial difference to Adult Nursing practice. However, the project reported here – somewhat paradoxically – has not been co-produced. The findings reported here indicate several potential directions for future research, and it is to be hoped that some of this, at least, could be effected with in true partnership (Arnstein 1969) with members of LOUD.

Acknowledgement

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Moving towards being an independent learner

Developing a competency

Becoming autonomous

Learning and developing
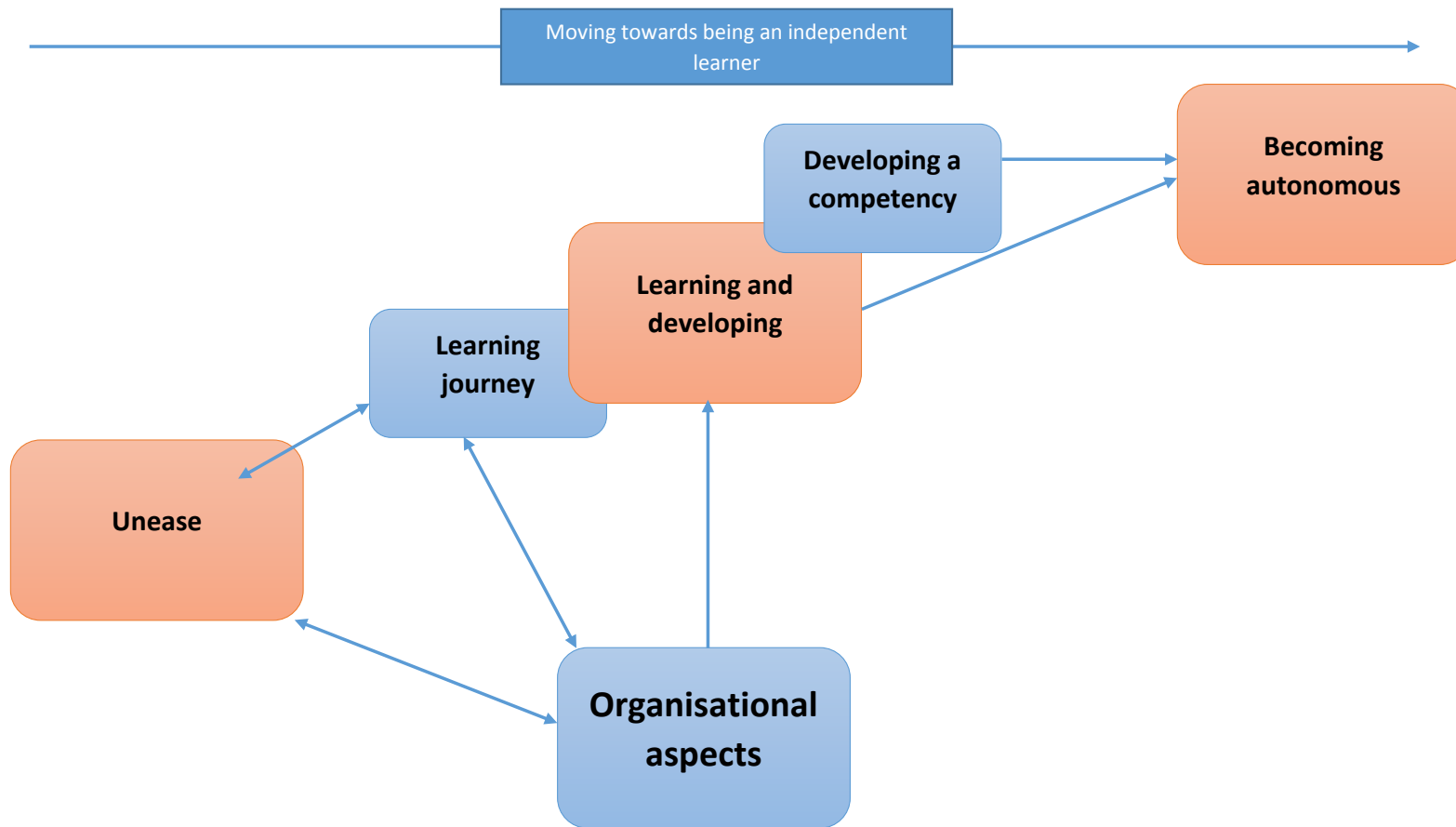
Learning journey

Unease

Organisational aspects

Figure 2: The Process of Learning through the Simulated Hospital Admission

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Appendix 1: Questionnaire Content

The following questions comprised the Bristol Online Survey used in the project:

1. When did you take part in the Simulated Hospital Admission?
2. Which campus did the simulation take place on?
3. Please describe your experience of the simulated hospital admission conducted by a LOUD co-teacher.
4. What worked well in the Simulated Hospital Admission you took part in?
5. What could have been improved?
6. What skills did you gain from the Simulated Hospital Admission?
7. What helped you to build a relationship with your co-teacher (and, where relevant, carer)?
8. What do you feel were the mutual benefits (for yourselves, co-teachers, carers and lecturers) of taking part in the Simulated Hospital Admission?
9. What challenges did you face during the Simulated Hospital Admission?
10. How did you respond to these?
11. In what ways has the Simulated Hospital Admission helped your learning as a nursing student?
12. What was memorable about the experience of the Simulated Hospital Admission?
13. How has your practice developed as the result of taking part in the Simulated Hospital Admission?
14. Thinking about the future, what would improve working with co-teachers from LOUD during the Simulated Hospital Admission?
15. Please identify your gender.
16. I wish to withdraw from this study. In doing so my responses will not be included.