Central Lancashire Online Knowledge (CLoK)

Title	Co-producing nurse education with academics, students, service users and carers: lessons from the pandemic
Type	Article
URL	https://clok.uclan.ac.uk/43968/
DOI	
Date	2022
Citation	Garner, Janet Mary, Gillaspy, Emma, Smith, Michael orcid iconORCID: 0000-0003-2631-369X, Blackburn, Charly, Craddock, Adrian, Drew, Tonisha, Holmes, Steph and Jones, Robert (2022) Co-producing nurse education with academics, students, service users and carers: lessons from the pandemic. British Journal of Nursing, 31 (16). ISSN 0966-0461
Creators	Garner, Janet Mary, Gillaspy, Emma, Smith, Michael, Blackburn, Charly, Craddock, Adrian, Drew, Tonisha, Holmes, Steph and Jones, Robert

It is advisable to refer to the publisher's version if you intend to cite from the work.

For information about Research at UCLan please go to http://www.uclan.ac.uk/research/

Title Page

Title

Co-producing the future of nursing education with students, service users and carers: Lessons from the pandemic

Authors

Janet Garner, Emma Gillaspy, Michael Smith, Charly Blackburn, Adrian Craddock, CC (Comensus volunteer), Tonisha Drew, Steph Holmes, Robert Jones, School of Nursing, University of Central Lancashire, Preston, UK.

Abstract

This paper presents a holistic view of re-designing learner-centred nursing curricula in a post-coronavirus pandemic digital educational system whilst maintaining authentic service user and carer involvement. Higher Education is facing turbulent times through ever-increasing recruitment targets and financial demands. This is coupled with increased requirements from healthcare professional bodies to involve students and service users and carers in co-creating curricula. Reflecting on our collective experiences pre-Covid-19, during Covid-19 and looking to the future, we present a service user and student-led proposal for the future of digitally enabled nursing education which involves people with lived experience in an authentic way.

Keywords: co-production, service user and carer involvement; nurse education, blended learning; COVID-19.

Conflict of interest: The authors declare that there are no conflicting areas of interest in this article.

Ethical approval: N/A. All academic staff, service users and students contributing to this collaborative reflection on practice are listed as co-authors.

Title

Co-producing the future of nursing education with students, service users and carers:
Lessons from the pandemic

Abstract

This paper presents a holistic view of re-designing learner-centred nursing curricula in
a post-coronavirus pandemic digital educational system whilst maintaining authentic
service user and carer involvement. Higher Education is facing turbulent times through
ever-increasing recruitment targets and financial demands. This is coupled with
increased requirements from healthcare professional bodies to involve students and
service users and carers in co-creating curricula. Reflecting on our collective
experiences pre-Covid-19, during Covid-19 and looking to the future, we present a
service user and student-led proposal for the future of digitally-enabled nursing
education which involves people with lived experience in an authentic way.

Keywords: co-production, service user and carer involvement; nurse education,
blended learning; COVID-19.

Introduction

This collaborative reflection on practice is co-authored by three service users, three pre-registration nursing students and three academic staff at a North West University. Our collective aim was to reflect on the digital shift in our own School of Nursing and propose key recommendations for the authentic co-production of future nursing educational practice across the sector. This paper does not seek to provide all the answers. Rather, we hope this reflection on practice will help to generate ideas and raise key questions for debate when applying contemporary educational theory such as heutagogy to the practice of co-designing contemporary authentic nursing curricula.

Higher Education (HE) is moving away from outdated methods of didactic education towards learner-centred active participation in distance, blended and face-to-face learning (Alexander et al. 2019). This digital shift was turbo-boosted by the emergency pivot to remote learning during the Covid-19 pandemic (Leigh et al. 2020; Nerantzi 2020). Heutagogical design has been shown to help in facilitating an active and authentic blended learning experience for nursing education which leverages human agency and develops self-determined learners (Gillaspy and Vasilica 2021). This study and others (Blaschke and Hase 2016; Agonács and Matos 2019), highlight the importance of encouraging learners to investigate topics they are passionate about and stretch their cognitive boundaries to differing extents according to their readiness for self-determinism.

This shift in learning design is coupled with the workforce needs of a global healthcare sector in crisis (Britnell 2019). One way nursing education can respond to this crisis is through developing a self-motivated workforce who are able to analyse, adapt and lead the significant changes required to create a positive future for healthcare. As early as 2010, it was identified the characteristics of the self-determined learner lend themselves well to such a complex working environment (Bhoyrub et al. 2010). More recently, Health Education England developed a framework to support the

improvement of the digital capabilities of everyone working in health and care (Health Education England 2018). The explosion of telehealth practice due to the pandemic will challenge future professionals to demonstrate compassionate person-centred care in new ways. The increase in mobile applications at the patient's bedside (Roberts and Williams 2017) and the rise in digital communication platforms for staff to communicate with each other may help to develop a more inclusive and unifying approach to understanding one another and sharing decisions (Jarvis 2019). In contrast, these technologies also risk de-personalising the curriculum and losing the human voice in Higher Education (Laura and Hannam 2017). The need for human agency and authentic connection in digital capability development further aligns the needs of this graduate workforce with the principles of heutagogy in developing the self-determined learner.

The publication of new standards for professional nurse education in the UK recognises that the authentic lived experience of service users and carers should be involved in both the delivery and design of new HE programmes (NMC Future Nurse 2018). Equally, in the NMC standards there is an emphasis on the newly qualified nurse to "keep abreast of new and emerging developments in nursing, health and care" (NMC 2018, p. 7) including the growth of digital healthcare and telehealth. Service user and carer involvement in health and social care education is not a new development; systematic reviews of service user and carer involvement in health and social care education have highlighted the proliferation of this field across the globe (Towle et al. 2010; Robinson and Webber, 2013; Scammell et al. 2015). For example, the Australian Nursing and Midwifery Accreditation Council (ANMAC) recommend that consumers and other stakeholders are involved in curriculum design (ANMAC 2012) whilst some HEIs engage service users or consumers in academic positions (Happell et al. 2019). Traditionally, service user and carer input into the theory components of healthcare curricula has been isolated to classroom delivery where service users and carers can

share their lived experiences with learners face-to-face (Scammell et al. 2015; Towle et al. 2010). Shifting to authentically involving service users and carers as partners in both the development and delivery of blended curricula could also potentially help new professionals begin to address issues relating to the balance of power between the service user and health professional (Felton and Stickley 2004).

A key challenge for the future of nursing education is advocating for the voice of stakeholders such as service users and carers in a lean HE landscape whilst developing staff to foster active learning environments for increasingly large nursing cohorts and new hybrid and hyflex modes of learning in a post-coronavirus pandemic educational system (Romero-Hall and Ripine 2021).

The following three reflections on nursing educational practice were written in partnership with contributions from:

- three students from each field of Nursing, who were at the time studying at our University,
- three service users and carers involved in curriculum design and delivery, and
- three School of Nursing academic staff members supporting service user and carer involvement in teaching and learning.

A series of collaborative online meetings were hosted using Microsoft Teams to reflect on our experiences. Following the first meeting where the topic, process, authorship and confidentiality was agreed, each author was then invited to add their personal experiences and opinions to a shared Padlet - a commonly used online message board familiar to all the authors. In subsequent meetings we shared these reflections and asked each other open questions to draw out key themes in each section. We then agreed to split into writing triads – each comprising one student, one service user and one academic staff member – to bring together everyone's feedback from these meetings into three collaborative reflections on practice: Before the pandemic; During the pandemic and Planning for the future. We refer to the 'Comensus group' of service users, patients and carers throughout this article, which was created in 2004 to service

the need for public involvement in professional healthcare programmes at our
University (Mckeown et al. 2010).

Co-creating an authentic digitally-enabled nursing curriculum

Before the pandemic 2019-20

Prior to the Covid-19 pandemic in 2020, service user and carer involvement in
teaching, interviews, assessments and meetings all took place on campus. Students
provided feedback through module evaluation questionnaires stating the negative
effect of large gaps between lectures and last-minute timetabling changes. Facilitators
of involvement were also affected by timetabling issues as they were supporting
service users and carers during sessions and escorting them to classrooms around a
large campus site. During the collaborative meetings, our student authors reflected that
virtual live lectures were not considered before 2020, though the recording of lectures
was encouraged for those students with specific learning needs or who were unable to
attend in person due to illness. All authors agreed that sessions with service users felt
real and human in the classroom environment and both student and service user
authors voiced their appreciation of the personal element, of being able to ask
questions in real time and experience an emotional connection. In other meetings,
student authors reflected on the value of being able to discuss topics they had learnt
about online, and bounce ideas off each other to consolidate and deepen learning.

An emphasis on encouraging more lived experience in the new NMC Standards
for Education (2018) led to a demand for increased service user and carer involvement
in teaching across our three campus sites. This created a huge challenge for our group
of service users and carers to meet increasing requests from academic staff for input
into teaching and learning. Service users were asked to contribute more audio and
video-based resources to meet this growing need; hence, staff colleagues developed a
new digital library in 2019 to support the integration of service user and carer

involvement across different modules or blocks of learning. This library allowed for increased service user and carer voice across a range of pre-registration nursing courses at multiple campuses and to an ever-increasing student body. The service user authors reflected on the initial nervousness in the Comensus group of having their stories captured in this way, as some thought this may be a ploy to 'replace' their voices in teaching sessions. Efforts were made to reassure members that the digital library would be used as an extra resource, not a replacement, and thankfully this proved to be the case. Extra safeguards were put in place by ensuring the library was shared internally only to Faculty staff members and was password-protected. Links for embedding resources were added for lecturers to include in online learning spaces for student learning and could be used by lecturers in their entirety or by focusing on a particular aspect contained within the resource to highlight or enhance academic teaching on a particular issue. This mode of blended learning allowed students to access the digital resources at their own convenience, however both students and services users shared during the collaborative conversations they missed being able to talk and interact, something that is a clear benefit of discussing a lived experience. Fortunately, we were able to organise follow-up sessions, if required, to address student questions, as these were our own local service users and not just videos from the internet. This fostered authentic human connection and encouraged learners to ask questions related to their interests, increasing alignment with heutagogy.

During the pandemic 2020-2021

Our collaborative group considered whether digital learning as experienced during the pandemic can truly replace the experience of face-to-face teaching. The pandemic challenged all our regular teaching practices, with students, service users and academic staff being forced to rapidly learn new technologies and ways of connecting with each other. From our experiences, it is worth recognising the adaptability and problem solving abilities of everyone involved in nurse education to have made it as

successful as it was. Whilst it would not be an experience anyone would wish to repeat, this forced shift incidentally developed self-determined capabilities in all of us.

Recording videos and lectures so students could engage remotely was an idea that had existed for some time and suddenly became a necessity. Some students found these asynchronous learning materials more accessible on a pragmatic level whilst they were juggling multiple demands during the pandemic. They also found this way of learning more accessible because they could control the flow and speed of the session, so they did not feel outpaced; as a widening participation university this was felt to be an important point. The students in the group particularly valued asynchronous materials involving service users, for example much preferring their video stories when compared to a narrated PowerPoint presentation.

Considering the online platforms such as Flipgrid, Sway and Padlet, using pre-recorded multimedia content, the discussions within the group identified that one of the main criticisms was around the lack of opportunity for asking questions, with some learners finding it difficult to engage fully with these asynchronous learning materials. Initially, students also commented that the transition to online learning meant losing much of the real-time service user voice – temporarily. This loss of the personal human connection, which was noted by the group to be particularly important with service user involvement, was felt by all parties and it was noted that live online sessions did not generate the same level of discussion that a classroom session would have. Service users and carers reflected on some poor experiences in live online sessions stunting conversational flow and creating a perceived lack of engagement. Students would often not switch cameras on, due to personal environments, internet quality or fear of being watched or judged, as was also found by Castelli & Sarvary (2021). Within the discussion group it was also identified that some did not have their camera on because they were joining a session whilst doing another activity such as driving. It was noted that increasing the awareness of the negative impact of 'talking to the wall' on both

staff and service users and carers was helpful to improve engagement from students during live online sessions. We reflected that small breakout groups tended to encourage some better discussion, but this was still notably less than in a face to face setting. Some optional live online sessions with service users did allow for the opportunity for engagement across the whole faculty, whilst the attendance was seen to be quite low given the number of students this went out to, the engagement in the sessions were very high. Overall whilst some elements of online learning have been found by the group to be preferential over traditional teaching methods, the lack of potential for genuine human contact was noted to be missing by all parties.

Planning for the future 2022-

Looking to the future of nursing education, we asked ourselves - Will we adopt a hybrid approach or simply return back to more traditional methods of face-to-face teaching? We took time as a group to celebrate the high levels of innovation, creativity and resilience we all faced during the pandemic in adapting to the many different digital platforms and acknowledge this has opened the doors to new ways of learning we never thought was possible. The word cloud in Figure 1. shows the keywords we used in our collaborative conversations when describing the future of authentic digitally-enabled nursing education.

Figure 1. Keywords describing the future of authentic digitally-enabled nursing education

We continue to value service user and carer involvement and our collaborative reflections on practice suggest that this can be achieved digitally, live or recorded, but ideally it should provide the opportunity to question service users to enhance self-determined learning. We agreed that any content shared needs to be directly relevant to the intended learning outcomes. For example, rather than using a whole video story of a service user, targeted clips interspersed with activities were perceived by the

group to make more of an educational impact.

All parties in the group agreed that more time could be allocated to digital learning with service users and carers in the future and this could provide valuable opportunities to avoid 'clinical skill fade' in between placements. Whilst initially challenging, we have discovered through the pandemic that digital learning offers greater flexibility of access to our service user and carer groups. Live seminar sessions support anecdotes and professionalism though these must be tempered in size to maximise learning and engagement. Our group agreed that recorded sessions are a reasonable runner-up; however, they lack the ability to encourage critical and engaging debate with a live guest. We noted the importance of following asynchronous learning with face-to-face sessions to create meaningful and evidence-informed dialogue. We felt this approach also closes the loop, enabling service users and carers to find out what the students learnt and how this will influence their developing practice, whilst providing valuable feedback for the academics on engaging learning design.

We thought we could do more as a sector to facilitate active learning through digital resources created in partnership with service users and carers to enhance interactive content and delivery. Now we are all more digitally capable, creating and sharing resources across universities becomes a more realistic prospect. We discussed the benefit of sharing the load could mean we have the time and collaborative creative energy to develop higher quality outputs. In any collaborative endeavour, we agreed the importance of respecting the personal choices of our service users and carers and enact relevant privacy and security measures. For example, we thought resources based on the lived experiences of our communities rather than personal video stories may be more relevant for collaborative development.

We reflected on the barriers to digital learning. We could each think of individuals in all three groups (service users, students and academics) who wanted an

immediate return to face-to-face learning after the worst of the pandemic and 'no more digital' but this was also plausibly argued and countered by those we could think of who simply don't want to return to in-person learning and much prefer the digital platforms that we have grown accustomed to during the pandemic. We reflected on the need to be self-motivated and interested to engage effectively with online learning and felt we all played an important role in this process: for academics to develop quality, active digital learning materials that spark the learner's interest; for service users and carers to share their authentic lived experiences through a range of media; for learners to commit to active participation in following their passions, both for the topic and for learning itself. Digital poverty and access are real issues, especially for a widening participation institution such as ours. To realise the vision of a future-proof blended learning environment for nurse education, we agreed we must strive to redress digital access barriers. Digital learning brings with it the benefits of no time or money needed for commuting and results in a positive impact on our carbon footprint (Roy et al. 2008; Yin et al. 2022) which we felt was an important consideration for universities, many of whom are seeking to be carbon-neutral or net zero.

A complete digital shift was forced upon us for tragic reasons and we concluded it has taught us all new skills moving forward that we have embraced and will strive to continue improving post-pandemic, whenever post-pandemic will be. We agree that in-person experiences can foster natural human connection with the potential for more emotional impact, but an evolution has taken place. Learners, academics and service users and carers can now see the true potential for keeping elements of the digital shift in facilitating a blended future for nursing education. For this hyflex, inclusive vision to succeed we must work together as equal partners, connecting with each other, celebrating our achievements and realising our potential as lifelong self-determined learners.

Conclusion

This paper reflects on our collective experience of nursing education over the past three years in a large widening participation university in the North West of the UK. We would encourage future participatory research in this area to create a body of evidence, particularly to inform future authentic and digitally-enabled curriculum development. Our partnership approach enables us to elicit feedback from all stakeholders so we can continue to flex our blended approach to nursing education. Involving service users and carers in nursing curricula provides real life, direct experience which benefits students preparing for practice, and benefits academics developing module content. It is vital we strive not to lose the human connection when designing our future digital learning experiences. Core skills such as open communication, resilience, problem solving, creativity and agility were evident as key enablers of positive experiences during the pandemic. In drawing upon these skills, we all enacted individual agency and self-determinism. Whilst we would not wish for another pandemic, we feel it is important to reflect on how we have grown and the ways we have supported each other so we can learn from this experience to positively impact the future of nursing education.

Key points (4–6 full sentences summarising the major themes)

This collaborative reflection on practice illustrates the high value placed on integrating the authentic voice and lived experience of service users and carers into digital learning experiences for nursing education. All parties agreed an active blended approach to learning design seemingly brings the best experience through balancing the flexibility of anytime, anywhere learning with critical dialogue and deep learning. As a group of students, academics and service users and carers, we noted the importance of respect and equal partnership in encouraging authentic voices to be heard. Working

together as equals, we demonstrated the positive ways we can bring the human into the digital space for the benefit of all.

Reflective questions

What steps has your organisation taken towards partnership working with service users, carers and learners?

What type of skills do you think a future academic or involvement worker might need to co-produce and re-design digital learner-centred curricula?

How can we ensure we maintain the human connection between service user, carers and learners in the future?

Word count whole article: 3307 words.

References:

Agonács N, Matos JF. 2019. Heutagogy and self-determined learning: a review of the published literature on the application and implementation of the theory. The Journal of Open, Distance and e-Learning. 34(3): 223–240.

Alexander B, Ashford-Rowe K, Barajas-Murphy N, Dobbin G, Knott J, McCormack M, Pomerantz J, Seilhamer R, Weber N. (eds.) 2019. EDUCAUSE Horizon Report: Higher Education Edition.

[ANMAC] Australian Nursing and Midwifery Accreditation Council. 2012. Registered Nurse Accreditation Standards www.anmac.org.au

Bhoyrub J, Hurley J, Neilson GR, Ramsay M, Smith M. 2010 Nov. Heutagogy: An alternative practice-based learning approach. Nurs Ed Prac. https://doi.org/10.1016/j.nepr.2010.05.001

Blaschke LM, Hase S. 2016. The future of ubiquitous learning: Learning Designs for Emerging Pedagogies. Berlin, Heidelberg: Springer. Chapter 2, Heutagogy: a holistic framework for creating twenty-first-century self-determined learners; p. 25–40.

Britnell M. 2019. Human: Solving the global workforce crisis in healthcare. Oxford University Press.

Castelli F, Sarvary M, 2021. Why students do not turn on their video cameras during online classes and an equitable and inclusive plan to encourage them to do so. Ecology and evolution, 11(8): 3565–3576. https://doi.org/10.1002/ece3.7123

Felton A, Stickley T, 2004. Pedagogy, power and service user involvement. J Psyc MH Nursing, 11(1): 89-98.

Gillaspy E, Vasilica C, 2021. Developing the digital self-determined learner through heutagogical design. Higher Ed Pedagogy. 6(1): 135-155.

Happell B, Bocking J, Scholz B and Platania-Phung C, 2019. Implementation of a mental health consumer academic position: Benefits and challenges. Persp Psych Care. (55:2): 175-182.

[HEE] Health Education England. 2018. A Health and Care Digital Capabilities Framework. Retrieved from https://www.hee.nhs.uk/our-work/digital-literacy

Jarvis A. 2019. Reflecting on technology-enabled learning in neuroscience nurse education. Br J of Neurosci. Nurs. (15:4):190-192. MA Healthcare Ltd.

Laura RS, Hannam FD. 2017. The Technologisation of Education and the Pathway to Depersonalisation and Dehumanisation. Asian J Soc Sci Stud. (2:2): 1.

Leigh J, Vasilica C, Dron R, Gawthorpe D, Burns E, Kennedy S, Kennedy R, Warburton T and Croughan C. 2020. Redefining undergraduate nurse teaching during the coronavirus pandemic: use of digital technologies. Br J Nurs (29:10): 566-569.

McKeown M, Malihi-Shoja L, Downe S supporting the Comensus writing collective. 2010. Service user and Carer Involvement in Education for Health and Social Care. London. Wiley-Blackwell.

[NMC] Nursing & Midwifery Council. 2018b. Future nurse: Standards of proficiency for registered nurses. https://tinyurl.com/2p8vxm48 (accessed 25th January 2022).

Roberts D, Williams A. 2017. The potential of mobile technology (#MoTech) to close the theory practice gap. Nurs Ed Today (53): 26-28.

Robinson K, Webber M. 2013. Models and effectiveness of service user and carer involvement in social work education: A literature review. Br J Soc Wk. 43(5): 925-944.

Romero-Hall E, Ripine C. 2021. Hybrid flexible instruction: Exploring faculty preparedness. Online Learning 25(3): 289-312. doi: 10.24059/olj.v25i3.2426

Roy R, Potter S, Yarrow K. 2008. Designing low carbon higher education systems: Environmental impacts of campus and distance learning systems. International Journal of Sustainability in Higher Education, 9(2):116-130.

Scammell J, Heaslip V, Crowley E. 2015. Service user involvement in preregistration general nurse education: a systematic review. J Clin Nurs. (25): 53-69. John Wiley & Sons Ltd.

Towle A, Bainbridge L, Godolphin W, Katz A, Kline C, Lown B, Madularu I, Solomon P, Thistlethwaite J. 2010. Active patient involvement in the education of health professionals. Med Ed. 44(1):64-74.

Yin Z, Jiang X, Lin S, Liu J. 2022. The impact of online education on carbon emissions in the context of the COVID-19 pandemic - Taking Chinese universities as examples. Applied energy. 314: 118875.