
RESEARCH ARTICLE

Preparation for Practice through Service User involvement in the Diagnostic Radiography curriculum at University Campus Suffolk

Ruth Strudwick & Jane Harvey-Lloyd

University Campus Suffolk, UK

Corresponding author:

Dr Ruth M Strudwick, Senior Lecturer and Practice Placement Lead, Radiography, School of Science, Technology and Health, University Campus Suffolk, Waterfront Building, Neptune Quay, Ipswich IP4 1QJ, UK
Email: r.strudwick@ucs.ac.uk, Phone: +44 (0) 1473 338543

Abstract

The purpose of this small-scale study was to evaluate the student experience of service user involvement in the curriculum for the module entitled 'The Service User' as part of a BSc (Hons) Diagnostic Radiography degree programme.

Following four teaching sessions, at which service users came to speak to the students about their experiences, a questionnaire was distributed to 43 second year diagnostic radiography students. Twenty-six responses were received (60%). The questionnaire was used to evaluate the usefulness of the sessions. A mixture of open and attitudinal questions using a seven point Likert scale was employed.

The results were analysed and the feedback was generally positive in terms of the involvement of service users within the curriculum.

Keywords: service user, patient, client, education, curriculum

Introduction

'Service user' is an umbrella term which includes patients, clients and members of the public accessing health and social care services. This term is used throughout the article.

The Department of Health (DH) in the United Kingdom (UK) clearly outlined its vision for involving service users in the design and planning of healthcare services in its White Paper, *The NHS Improvement Plan: Putting People at the Heart of Public Services* (DH 2004). In educating the future healthcare workforce it therefore seems prudent to help students to develop working relationships with service users early on in their training and careers. There are also further publications and regulations calling for greater service user participation in health and social care pre-registration education. For example, the Council for Healthcare Regulatory Excellence (CHRE), which oversees the work of nine regulatory bodies, including the Health and Care Professions Council (HCPC), regards service user involvement as a necessity, not an option (CHRE 2010). Likewise, the regulatory and

educational bodies of health and social care professions have advocated and tried to ensure a greater level of service user involvement in education and training (e.g. GMC 1993, ENB 1996, NMC 2010).

Service user involvement is clearly a key aspect of healthcare education as it is thought to enhance students' understanding of the patient's perspective (Costello & Horne 2001, Frisby 2001, Blackhall *et al.* 2012). However, it is important that any educational initiative involving service users is evaluated in order to assess its usefulness to students, service users and academic staff members alike (Jones *et al.* 2009).

With this in mind, the aim of involving service users within the curriculum was to enhance the student experience and to give students insight into individual service user's experiences and stories. It was felt that meeting service users in the classroom setting would better prepare students for dealing with similar service users with complex needs in the practice setting. The authors considered that this would provide students with the opportunity to ask questions of actual service users in a more relaxed setting than that of the pressured practice environment.

Background

A review of health and social care education journals from the past decade was undertaken to establish the perceived benefits and issues of service user involvement in health and social care education. Key words include: service users, patients, clients, health care education and social care education.

It is clear from a review of the literature that the amount of service user involvement in pre-registration programmes has increased (Edwards 2000, Ward & Rhodes 2010). However, there is general agreement that such involvement needs to be well organised, so that all involved benefit from the experience (Repper & Breeze 2007). Morgan & Jones (2009) suggest that service users need to be prepared for the experience of engaging with students and, equally, that students need to be prepared for service user led sessions. They advise that service users be informed about the student group and the expectations of the session. Practical arrangements for service users also need to be considered so that they do not feel anxious about what is required (Le Var 2002). Service users need to be supported in their role so that they are aware of what is expected of them. As well as ensuring that they have the skills to be involved in education, it is important to make sure that they are confident enough to articulate their feelings and tell their story (Banfield 2009). It is also important to recognise that service users may need support if they are vulnerable or if involvement brings back difficult or distressing memories (Frisby 2001). Emotional support may be provided by the lecturer organising the session, or potentially by the students themselves (if appropriate), which would be good preparation for dealing with emotions in the practice setting.

Students' preparation for the sessions should include an introduction to each service user beforehand, together with an explanation of the purpose of the session. Students need to know what to expect and to prepare any questions they may wish to ask.

The benefits of service user involvement in the curriculum are expressed by several authors, who identify mutual benefits for service users and students. Service user benefits include feelings of empowerment (Frisby 2001, Masters *et al.* 2002), of being valued, listened to and respected (Costello & Horne 2001, Brown & Mackintosh 2006, Banfield 2009). They have the opportunity to offer their perspective (Le Var 2002) and are able to share their stories and experiences (Townend *et al.* 2008). For their part, students are able

to gain insight into the service user's experience (Costello & Horne 2001, Frisby 2001, Brown & Mackintosh 2006). Such insights can do much to challenge students' preconceptions as they are helped to see the person and not simply their illness or condition (Blackhall *et al.* 2012). Encouragement to reflect on such encounters offers the opportunity to see the experience from the service user's point of view (Le Var 2002, Skilton 2011).

However, recruitment of suitable service users can be difficult and it is important to avoid tokenism. Although the nature of diagnostic radiography means that large numbers of the population are service users, most users who attend for diagnostic imaging examinations are physically able and do not have complex needs. Appropriate service users for sessions with students are those who have more complex needs which require students to consider their patient care and how to manage such users in practice. It is therefore difficult to find suitable people willing to come and speak to students. McAndrew & Samociuk (2003) suggest establishing a service user group that can be involved over a long period. Ideally, relationships need to be built with service users so that they are clear about their roles and responsibilities (Cooper & Spencer-Dawe 2006).

Although the process of service user involvement does have its challenges (Bassett *et al.* 2006), there are numerous tangible benefits. Nevertheless, it is crucial that the experience is evaluated in order that all involved provide feedback to ensure that the experience is of optimum benefit (Jones *et al.* 2009). This intervention, of inviting service users to come in to the classroom and speak to students, is relatively unusual in diagnostic radiography. Although the HCPC requires students to be able to meet the needs of service users and provide them with information, the Council does not furnish explicit guidance to educators on how to incorporate this into the curriculum (HCPC 2013).

Aim

The purpose of this small-scale study was to evaluate the student experience of service user involvement in the curriculum for one module entitled 'The Service User'.

Objectives

The objectives of the study were:

- to identify appropriate service users to be involved in the curriculum;
- to gather information about the service user sessions from the students' perspective;
- to recommend improvements to the sessions for future delivery.

Methodology

The study involved 43 second year diagnostic radiography students studying at University Campus Suffolk (UCS). The students had already undertaken 20 weeks in practice in their first year of the programme. Four teaching sessions with four different service users took place during the module; following the sessions a self-completed questionnaire was distributed to the students to evaluate the usefulness of the sessions.

The service user sessions featured the following:

1. a service user with Coffin-Lowry syndrome accompanied by his two carers;
2. a service user with multiple sclerosis;

3. a service user with Parkinson's disease accompanied by his wife;
4. a service user who had recovered from bowel cancer.

The service users were recruited via personal contact with the first author and were selected either because they had long-term health conditions or disabilities (service users 1, 2 and 3) or had undergone numerous diagnostic imaging examinations (service user 4). These were all service users with complex conditions which the students were likely to encounter in their practice and were therefore considered to offer opportunity for student learning. Each session was 30 minutes long and consisted of the service user and their carer(s) introducing themselves to the group, explaining their experiences of the hospital environment and giving the students some pointers about how to help them should they visit the imaging department in the future. After this the students were invited to ask questions.

The evaluation questionnaire completed at the end of the sessions included a mixture of open and attitudinal questions using a seven point 'Likert' scale. Each statement was given a score on a scale of 1 to 7, with 1 indicating 'strongly disagree' and 7 'strongly agree'. The intention was to elicit both factual and attitudinal information. The open questions were designed to elicit views and opinions. The questionnaires were distributed to all 43 second year students after the fourth service user session had taken place.

Ethical approval was not required for this study as it formed part of the university's module evaluation process. However, the chair of the school ethics panel was consulted about the publication of the data and gave approval as all data were anonymised such that none of the students or service users can be identified. Data were analysed using a thematic analysis. Themes were identified by the first author who has experience in qualitative data analysis and then scrutinised by the second author as a form of member checking to verify the meanings ascribed to the data (Miles & Huberman 1994). Allowing the participants' voices to be heard through the use of direct quotes to illustrate the themes offers the reader analytical transparency.

Results

Twenty-six responses were received from 43 students, a response rate of 60%. This was a disappointing response rate given the nature of the activity, but it may be that some

Table 1 Responses to attitudinal questions

	Strongly disagree	1	2	3	4	5	6	7	Strongly agree
The use of service users in the curriculum has been useful				1			4	21	
Service users have a lot to teach radiography students			1			2	2	21	
I have enjoyed the input from the service users							4	22	

students had no strong opinion and therefore did not complete the questionnaire. The responses to the attitudinal questions were as shown in Table 1.

The responses to the open questions were grouped into the themes shown in Table 2.

It is clear from the results that the students found the service user sessions to be a positive experience overall and there were very few negative comments. The responses to the attitudinal questions were overwhelmingly positive.

Table 2 Themes from open questions

Hearing the service user's experiences and points of view.
 The sessions took up a lot of time on the module.
 They don't know what radiographers do.
 Listen to the service user and treat them as an individual.
 Be patient and caring.
 Really useful sessions, we want more.

Themes

Hearing the service user's experiences and points of view

In response to the first open question, 'What do you think the advantages are of using service users in the curriculum?' the students highlighted the impact of hearing the service user's experiences and points of view. The students felt that the sessions helped them to empathise with the patients and to see their perspective. Student comments included:

"It makes you see the condition at a personal level and makes the information more memorable."

"Easier to identify with people's issues when you have met them."

"Personal experiences from service users provide insight."

"Good to hear directly from the service user, has more impact."

"Real experiences and genuine examples."

The students also appreciated having the time to listen to the service user's perspective in the more relaxed environment of the classroom rather than in the pressured practice environment. They also appreciated having the time to ask questions.

The sessions took up a lot of time on the module

One disadvantage mentioned by the students was the amount of time needed for the sessions. Time was required to brief students before and after each session, but this time was factored into the module timetable. Time was also needed to brief the service users before and after each session.

They don't know what radiographers do

Students were surprised that the service users did not know exactly what radiographers did on a day to day basis and in fact they seemed concerned about this, even though it might be deemed to be tangential to the main purpose of the sessions. However, during one of the service user sessions the first author had to correct the service user as they had been passing on inaccurate information, something which may have prompted the students' comment that users did not seem to know what radiographers do.

The students were asked about each of the individual sessions and their responses can be grouped into the remaining themes:

Listen to the service user and treat them as an individual

The students commented that they had learned a great deal about the conditions from which the service users suffered, but they also learned that everyone is different and that

they needed to ask the service user what help they might need and take their cues from the individual. Students' comments included:

"Treat everyone as an individual; ask the service user or carer if unsure."

"Don't generalise or be patronising; always ask if someone needs help, don't assume."

"Look for cues from the patient."

"There are different effects from conditions for different people; they will know their symptoms and capabilities, so ask them."

Although the four service users' conditions and experiences were different, they all told the students not to make assumptions about what they could and could not do. The students also learned to appreciate that sometimes people's conditions can vary from day to day.

Be patient and caring

Despite the increasing demands on the diagnostic imaging service, the students still felt that it was crucial to give the service users the time they needed. After meeting the service user who had Coffin-Lowry syndrome the students commented:

"I learnt that I need to take my time."

"I need to be patient and give the patient time."

"I will endeavour to be more caring and considerate of other people's feelings."

"I learnt that you should not rush someone with learning difficulties."

After session two, with a service user who had Multiple Sclerosis, the students said:

"Always listen to the patient."

"Try to empathise."

"Be respectful and caring."

Similarly, the comments after the third session with a service user who had Parkinson's disease were:

"I learnt the need to be patient as he needed more time."

"The patient needs time to do things himself."

"They need more time so that they can be independent."

"Let the patient relax and then they can co-operate."

After the fourth session with a service user who had recovered from bowel cancer the students commented:

"This patient's experience has made me want to be more caring towards cancer patients."

"We need to take time with the patient."

“Be more attentive and considerate.”

“Be sensitive to the patient’s needs.”

Finally, the students were unanimous in agreeing that the service user sessions were “really useful sessions, we want more” suggesting that they had definitely been worthwhile, which was very pleasing to read on 18 of the questionnaires.

Discussion

It appears from the results of the evaluation that the radiography students considered these service user sessions to be a positive experience, and that they learned much from them. These findings are similar to those of other studies (Le Var 2002, Repper & Breeze 2007, Morgan & Jones 2009, Blackhall *et al.* 2012).

Through meeting the service users and hearing their stories the students were enabled to see the person and not just someone with a particular condition (Blackhall *et al.* 2012). The students were also able to learn about the service user’s perception and gain an understanding of their experiences (Le Var 2002). The students acknowledged that they could make a difference to the experiences of service users in their care and they realised how service users felt when they were vulnerable. This was particularly evident for service user four who became emotional during the session. The students responded by saying that this had made them realise that service users may be upset when they visit the X-ray department and that it is important to look out for emotional cues from patients. Students would be expected to deal with emotional patients in practice and need to understand why this might happen. Patients in a diagnostic imaging department may be worried about their diagnosis or about the examination, or they may be in pain or distressed and students need to be ready to deal with such situations.

In terms of negative aspects, considerable time was needed to prepare the service user sessions. Logistical organisation involved aspects such as the timing of the sessions, arranging car parking and access to buildings, meeting and greeting and arranging payment. Time was also taken to brief and debrief both the service users and the students before and after each session. It is important to acknowledge that service users and carers are not trained lecturers and so may find the situation daunting. Service users need to have the practical skills to be involved and an appropriate level of confidence (Banfield 2009). The service user needs to be supported throughout the process, and so the first author and module leader briefed all the service users and sat in with them during each session. After each session she also escorted them from the classroom and carried out a debriefing straightaway. Service users may find it hard to tell their story, which may bring back memories of difficult, sensitive or emotional issues (Frisby 2001). Service user four became emotional when telling the students about her cancer diagnosis. However, she indicated that she wished to continue the session and during debriefing said that she had not expected to become upset, but that she was happy for the students to see this as she felt that it was important that they saw the emotional aspects of being diagnosed with cancer.

When discussing the sessions with the students beforehand and afterwards, the learning that could occur was discussed beforehand and then reflected on afterwards. In other words, they were encouraged to ‘reflect on action’ (Schon 1991). The students can consider what was said and done, how successful the activity was and if any changes are needed. In reflecting on the service user sessions the students were able to make links between their own practice and the service user’s needs. The students were enabled to be evaluative and analytical about the service user’s needs and how they would meet these in the practice

environment, important skills for students to develop and practise as they promote self-awareness and professional development.

It is important to acknowledge that the involvement of service users can pose a challenge to students, some of whom may feel vulnerable and potentially demoralised (Stickley *et al.* 2010). All students were given the option not to attend if the issues were too sensitive for them, but none opted out. Whilst it is acknowledged that in practice qualified radiographers would not normally have the choice about dealing with a patient, it was felt that students might find the patient's experience upsetting. Therefore an opportunity was provided for students with any emotional involvement to opt out, for example, students with relatives with bowel cancer like service user 4. This is an instance of the ways in which the lecturer needs to ensure that both students and service users are supported throughout the experience.

The sessions were also beneficial to the staff members involved in that they too were better able to understand the service user's perspective in addition to being able to observe the sessions to ascertain if they were a useful addition to the curriculum. The first author sat in on all four sessions to act as facilitator and to support the service users. The sessions needed to be evaluated (Jones *et al.* 2009), firstly, to ensure that they were beneficial, secondly, to find out if all those involved had been well supported, and, thirdly, to take suggestions for the future. In this case all those involved viewed the sessions positively; in fact, the students wanted to meet more service users with different conditions and issues as part of the course.

Conclusions

The four service user sessions were worthwhile and beneficial to both students and staff. In fact the sessions have become an important part of the curriculum and are seen to be good practice by the HCPC. However, students need to understand their purpose and relevance and come prepared to ask questions. Staff members need to be present to facilitate the sessions and to support the service users and time needs to be allocated to prepare for and debrief after these sessions to ensure their effectiveness for all involved.

Recommendations

For this course:

- Continue with the service user sessions.
- Recruit further service users for the module delivery.
- Brief service users so that they know more about the role of the radiographer.
- Continue to ensure that students are briefed and debriefed so that they understand the context of the sessions and can optimise learning from them.
- Consider service user involvement within other modules on the course.
- Undertake further research with the service users about their experiences of being involved in radiography teaching.

For others considering implementing service user involvement:

- Recruit suitable service users and meet them beforehand.
- Brief the service users and students before the sessions.
- Debrief service users and students after the sessions.

- Consider at which stage of the course service user involvement is most appropriate.
- Allow enough time for such sessions.

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