

A co-produced teaching experience to promote nursing students' care and compassion towards mental health service users:

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This blog describes a teaching session we co-produced and delivered to around 300 second year student nurses. We recently followed it up by publishing an article reflecting on the experience (O'Brien and Davenport, 2024) and highlighting the need for a co-produced nursing curriculum.

The concept of co-production and its relevance to higher education

Co-production should be centred around the wishes of patients or service users, value their voices, and include these in a fair and mutual way (NHS England, 2023a). This extends to higher education (HE), and at Hull, service users are employed by the University and contribute throughout the student pathway, from interviews through their teaching and learning experience. It is recommended that medical education is both co-designed and co-delivered (Kealy-Bateman et al., 2021). In Nursing, evidence-based practice (EBP) must inform nurses' care and communication (NMC, 2018). The concept incorporates service user experiences alongside clinical experience and current research (Sackett et al., 1996), making this teaching approach not only evidence informed, but appropriate for undergraduate nurse education.

Our aims for the session

A key challenge was to model effective co-production. We sought to bring our individual perspectives to design the session from a "blank canvas". This had the benefit of minimizing any potential power differential arising from the lecturer-service user dyad. Time was required to develop our own rapport, necessary for safety to share ideas and understand each other's knowledge and experience.

Rather than specify a number of learning outcomes, our aim was that students could consider and challenge their pre-conceptions of mental health service users. In the knowledge that student nurse education is split equally between study and practice, we recognised that students could take these understandings into their nursing practice. Their learning was based on the professional principles and values of Nursing and Midwifery code (NMC, 2018). By encouraging critical thinking students could also develop their own worldview (University of Edinburgh, 2023), and develop self-awareness and confidence as student nurses.

Benefits of the session

One key advantage of this session was the opportunity to challenge students' perceptions of "difficult" patients, which can result from challenging practice experiences and result frustration in nurses (Podrasky & Sexton, 1988). Given that we presented to student nurses from a range of branches, including child, adult, mental health and learning disability, we also highlighted mental health service user needs to students working in non-mental health settings, where this aspect of health may be less visible, which has a benefit of preparing them for practice outside of their chosen "branch". A further benefit, and a valuable learning point which was communicated to the students, was the positive influence that co-production had had on the second author's life and recovery overall. This information therefore reinforced the importance of the service user voice, and offered an insight into the needs of the population the students are seeking to serve.

A collaborative and co-produced lesson design and delivery

As co-teachers, we planned and agreed the content and design, bringing high levels of knowledge through research and lived experience respectively. The processes of co-production were described by the second author through an analogy of baking and using ingredients suitable for all diets, something taken from a local mental illness charity event and for which permission was given to reuse. Examples of other co-production work outside the university illustrated the points made during the session. Overall, the use of co-production in nurse education offers a clear positive message by our university to the service user community, who may be lacking in trust for authority generally. This may be due to the fact that despite services ticking the box of co-production, the reality is tokenistic and does not really value or include lived experiences, particularly in mental health. Such a situation alienates mental health service users and creates a distrust of services and staff. Thus, by extending co-production to nurse education, we sent a message not only to students, but to a wider marginalised community of service users, that their voice is valued.

Limitations of a co-produced session

In achieving a co-produced design, one limitation was around time. Co-production can be a vulnerable process, and time to establish relationships and share ideas is important. Yet, time is a valuable resource in higher education, at risk from many wider demands. Accessibility was also an issue, since the second author is a wheelchair user who also needs to travel a considerable distance to the University campus, which can also impede in-person meetings. Nevertheless, frequent email communication facilitated our ability to work collaboratively.

One contentious issue, risking the usual approach to accessibility such as Panopto recordings, was that students were informed they were not able to record the lecture., Lived experiences are confidential, and respecting this-by not recording such sensitive information and publishing it digitally- is a quality valued in nursing and a good lesson. In order not to disadvantage diverse learners, lecture resources were uploaded to Canvas prior to the session for pre-reading, giving students the opportunity to ask questions or prepare prior to attending. This can also be useful if lectures may evoke student distress since they can review content in advance. During the lecture, students were also signposted to university support if they felt it necessary, given that supervision can minimize anxiety (NHS England, 2023).

Outcomes and future plans

This teaching received an encouraging response from students. Some, once the majority of their peers had left the lecture hall, even shared their own experiences of mental health. To us, this demonstrated the real relevance and importance of valuing lived experience in nurse education as well as in patient care services. However, more work still needs to be done and this needs to be justified by stronger evidence of student learning. Our co-working will continue, and we will design a method to measure our teaching effectiveness, to support a sustainable approach to value a marginalized community of mental health service users.

References:

Kealy-Bateman, W., Gorman, G. M., & Carroll, A. P. (2021). Patient/Consumer Codesign and Coproduction of Medical Curricula: A Possible Path Toward Improved Cultural Competence and Reduced Health Disparity. *SAGE Open*, 11(2).

NHS England. (2023a). <https://www.england.nhs.uk/long-read/co-production-an-introduction/>

NHS England. (2023b). Supervision guidance for primary care network multidisciplinary teams. <https://www.england.nhs.uk/long-read/supervision-guidance-for-primary-care-network->

[multidisciplinary-teams/#:~:text=The%20benefits%20of%20effective%20supervision,scope%20of%20practice%20and%20competence](#)

Nursing and Midwifery Council (2018). The Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates <https://www.nmc.org.uk/standards/code/>

O'Brien, S., & Davenport, C. (2024). Embedding the service user voice to co-produce UK mental health nurse education—A lived experience narrative. *Journal of Psychiatric and Mental Health Nursing*, 00, 1–7. <https://doi.org/10.1111/jpm.13031>

Podrasky, D.L. and Sexton, D.L. (1988), Nurses' Reactions to Difficult Patients. *Image: the Journal of Nursing Scholarship*, 20: 16-21. <https://doi.org/10.1111/j.1547-5069.1988.tb00022.x>

Sackett, D. L., Rosenberg, W. M. C., Gray, J. A. M., Haynes, R. B., & Richardson, W. S. (1996). Evidence-based medicine: What it is and what it isn't. *British Medical Journal*, 312, 71–72.

University of Edinburgh (2023). Institute for Academic Development-Critical Thinking. <https://www.ed.ac.uk/institute-academic-development/study-hub/learning-resources/critical>