Bedfordshire & Luton Community NHS Trust

A critical evaluation of the implementation of a degree-level post-registration module for mental health practitioners: *developing skills in evidence-based psychosocial interventions.*

John Butler
Lecturer / Practitioner in Mental Health
Bedfordshire & Luton Community NHS Trust
March 2003

Content

Introduction

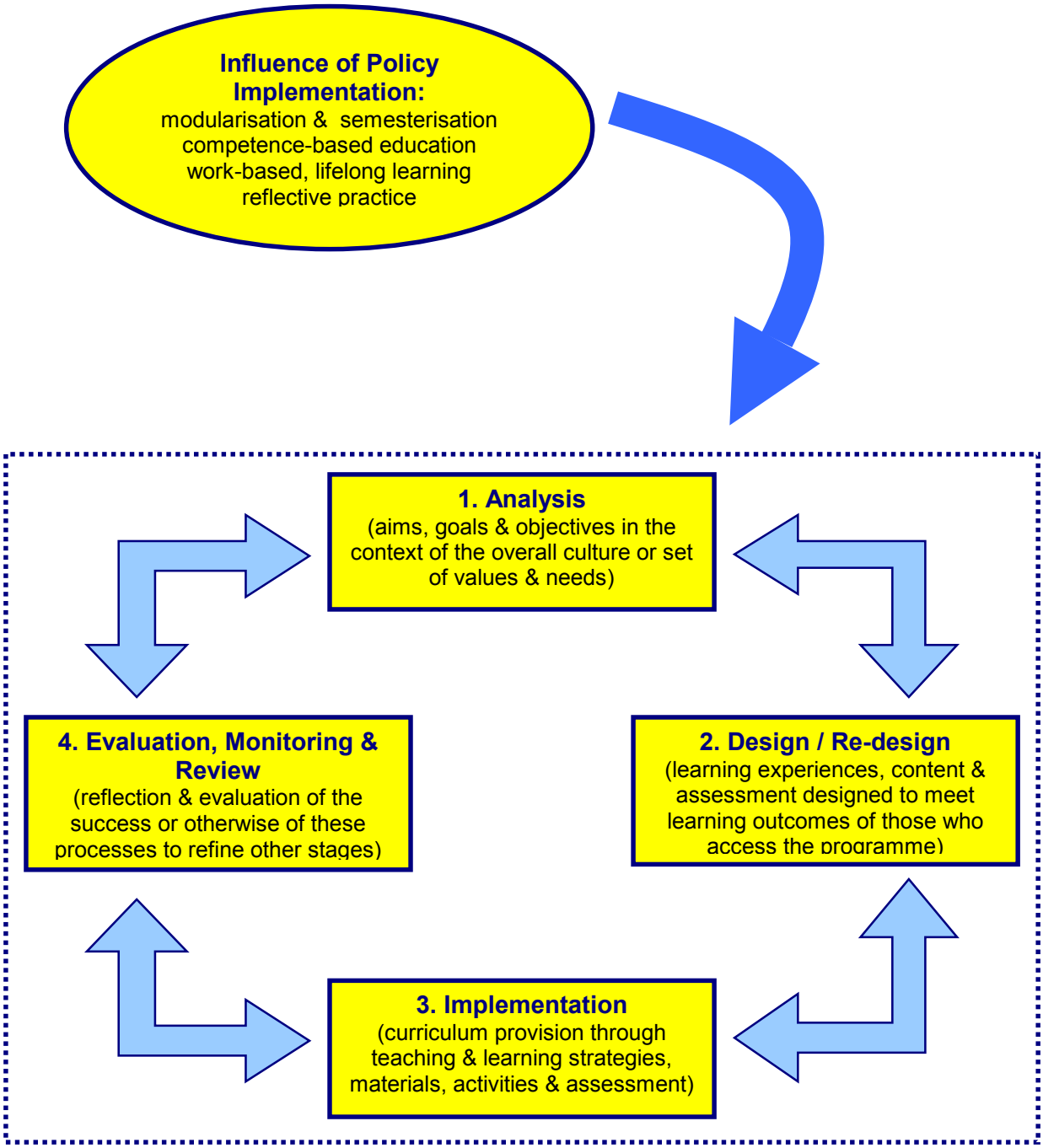
National mental health policy highlights the need for mental health practitioners who possess a range of core capabilities, thus emphasising a competency-based approach to education and training, which provides practitioners with the knowledge and skills for implementing specific evidence-based interventions and fulfilling specific work roles, which have been shown to significantly reduce symptoms and improve the quality of life for service-users and their families (DOH 1999a, SCMH 2001, DOH 2001).

As a response, a multi-disciplinary curriculum development group, representative of both the University and health-care Trust, was formed in 2000 to develop a new mental health degree-level pathway, building upon a number of in-house short courses that had been developed by Trust clinicians over the preceding three years. With the support of both Trust managers and local practitioners, this new accredited University / Trust programme was established, incorporating a series of core and optional modules, including a new double module, *evidence-based psychosocial interventions,* offering 30 CATS points at Level 3, which thus formed 25% of the programme. Both the programme and this module unit commenced in 2001. This module primarily concentrates upon the development of practitioner level skills in interventions that have been shown to be effective (BPS 2000), emphasising learning in the clinical mental health environment and the development of competencies.

The implementation of this post-registration module, as a significant component of this new programme for mental health practitioners, is reviewed in relation to a cyclical process model of curriculum development, as shown in *Fig. 1*.

Entering the curriculum development process at the implementation stage in mid 2000, both the programme and module had already been established and validated by the university, but had not run due to the subsequent lack of relevant skills within the existing university module team – a *resource* design issue. Trust lecturer-practitioners therefore helped to re-establish the curriculum development group, implementing this module for the first time during 2001-02, following which a review was carried out. Subsequently, a number of changes to the module were proposed prior to being implemented on a second occasion from October 2002. Focusing in particular upon the stages of implementation and evaluation (*as highlighted in Fig. 1*), areas for change and development are considered.

Fig. 1: Curriculum Development & Implementation
(based upon a process model of curriculum development: FEU 1987)



Module Implementation

This module is delivered by a joint module team of lecturer / practitioners from the Trust's Mental Health Training Unit and lecturers from the University, bringing both academic and clinical credibility to the teaching team. Implemented through twenty study days over two academic semesters, on a day release basis, the module is delivered through a variety of adult teaching

and learning strategies (University of Luton 2002). Furthermore, students are encouraged to practice and test out skills within clinical practice, and to prepare two short seminar presentations as the basis of two formative assessments.

To assist the student in meeting his/her learning needs and learning outcomes, individual and group tutorial sessions are offered by a named module tutor, in addition to which peer group clinical supervision sessions are scheduled into the course, to complement workplace-based clinical supervision sessions. This provides opportunities for students to present and reflect on their application of psychosocial interventions with a minimum of two clients, as part of their own clinical practice.

A range of learning materials are drawn upon to support the implementation of this module and the practice of newly acquired skills, which include: an introductory guide to the cognitive-behavioural approach (Butler 2001, Beck 1995), a practical manualised guide to behavioural family therapy (Falloon et al 1996), and a resource folder on medication management (based upon: Gray et al 2002). Each student is given a copy of these materials, in addition to which an extensive reading list is made available.

Review of Curriculum Model & Rationale

Part of a degree-level programme, this module is primarily based upon an instrumental and progressive curriculum, aiming to produce a professional nursing workforce with the relevant skills which enable fitness for purpose (DOH 1999b) and, of secondary importance, emphasising the needs, aspirations, personal and professional growth of the mental health practitioner, through the use of adult, experiential and reflective learning approaches (Quinn 2000:1, 134-5). Developed for practicing qualified mental health practitioners, this module focuses upon developing the practitioner's knowledge and skills, to support his/her practical application of key skilled interventions. As such, several important values were accepted for course development, being reinforced through implementation (Beck 1995, Falloon et al 1996, Gray 2002), which include: the importance of collaborative working; social inclusion; and, providing evidence-based, client-centred, care within the least restrictive environment.

It is evident through implementation that this module draws upon many of the principles described in Beattie's (1987) fourfold curriculum model, which offers a useful framework:

- *map of key subjects*: the intervention components of the module are clearly based on a blend of the biological, psychological and social sciences; students are encouraged to actively participate in the learning process
- *schedule of basic skills*: the module incorporates considerable opportunities for the student to practice and enhance skills for the effective performance of professional tasks, and thus draws upon behavioural learning theories

upon which many of the psychosocial interventions are based (Beck 1995), through extensive use of teaching and learning strategies such as modelling, vicarious learning and guided role-play (Thomson 1999)

- *portfolio of meaningful experiences*: within both the programme and module, there is a strong emphasis upon learning through reflection, based upon Schon's (1987) reflection-in-action and reflection-on-action, which enables the student to link theoretical knowledge with skills practice (University of Luton 2001[a]); it is through this process that 'students will begin to analyse, synthesise and evaluate care provision, developing their personal knowledge and attitudes towards practice' (University of Luton 2001[b]:55); a variety of teaching and learning strategies are thus adopted, such as reflection, experiential learning, problem-solving, the use of a reflective diary, feedback on tutor modelled and short audio-visual recordings and discussion (Thomson 1999)
- *agenda of important cultural issues*: the module relies very much on the role of the tutor as a facilitator of group-work in stimulating students to enquire, consider multiple perspectives, explore and critically appraise aspects of practice and the application of newly-acquired skills, and provides opportunities for case discussions and for presenting journal articles

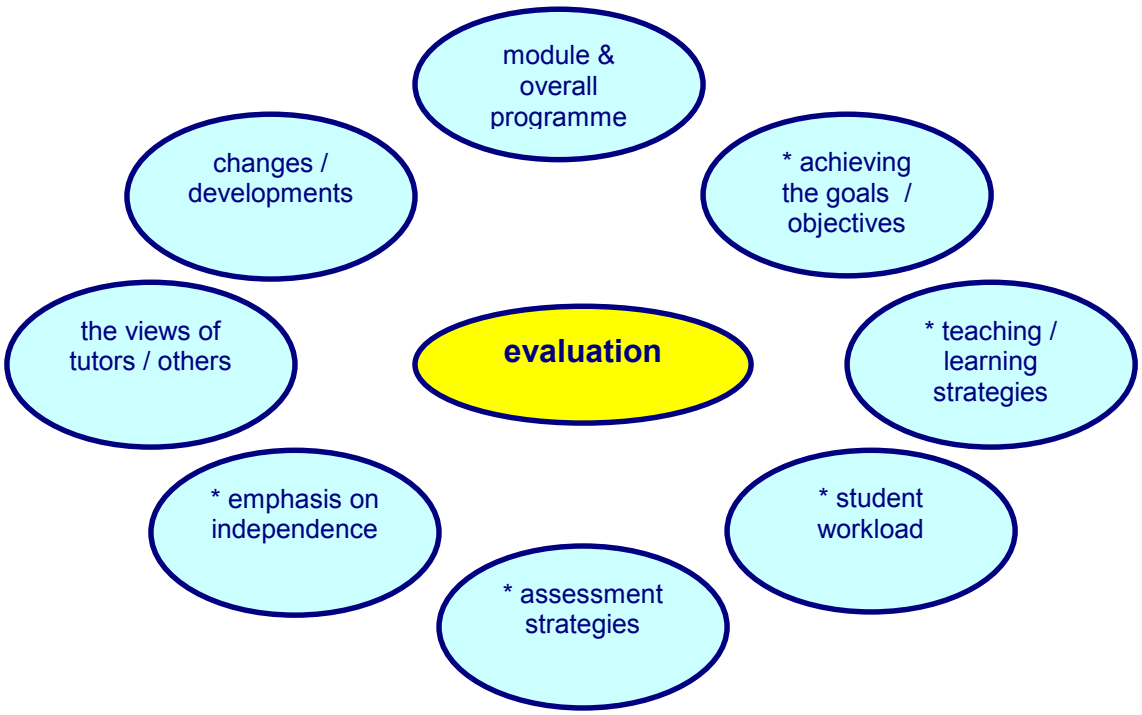
Beattie (1987:32) suggests that these four approaches be combined in adopting a more complex and multi-faceted approach to the curriculum, as highlighted within module implementation.

Evaluation of the Module

Curriculum evaluation is regarded as 'the process of delineating, obtaining and providing information useful for making decisions and judgements' (Davis 1980:13), about which actions should be taken to improve practice in planning and implementing the curriculum (Ramsden 1992:217). It thus involves an 'examination of the appropriateness of the aims, objectives and content and of the effectiveness and appropriateness of the methods employed' (Jarvis & Gibson 1997:46). Open to change, good teaching involves constantly trying to find out what the effects of instruction are on learning, making modifications in light of the evidence (Ramsden 1992:102). Evaluation is therefore an ongoing (*formative*), rather than merely end-state (*summative*), process for 'coming to understand teaching in order to improve student learning' (Ramsden 1992:241), through 'judging its effectiveness, its efficiency and any other outcomes' (Thorpe 1993:5). Ramsden (1992:221) argues that 'the achievement of high standards of instruction requires a self-critical attitude, one which regards constant improvement as both natural and necessary'.

A number of important aspects of higher education thus form the focus of evaluation, representing many of the elements of effective teaching as identified in *Fig. 2* (after: Ramsden* 1992, Wisker 2002:78):

Fig. 2: Areas for Evaluation



Each of these areas is briefly considered in critically evaluating the implementation of this module and identifying areas for change and the impact of initial changes.

Module Evaluation – method

Evaluation is more thorough if considering evidence from several different sources, including the students themselves and other members of the module team, following which careful interpretation is required prior to undertaking action (Ramsden 1992:241). Module evaluation has thus to date been undertaken through a variety of methods:

- student completion of a brief University 'Student Perception of Module (SPOM)' survey form (*appendix 1*), which incorporates a series of rated items;
- student completion of a short questionnaire (*appendix 2 – with excerpt of student comments)* incorporating one rated item and several open comment items, presented at the end of the module;
- open comments from the student group at an interactive evaluation session with the module coordinator and a second member of the module team, based upon the nominal group technique (Lattimer 1991:193) (*appendix 3*);
- open comments from the module team.

The main findings of the first module evaluation are presented in the following section, with reference to or illustration with actual student comment.

Course (Module) & Overall Programme

The module has now been run once, with successful completion by 13 of 15 (87%) students, with no students discontinuing the module. The overwhelming student consensus was that: the module ran smoothly; handouts / course materials were very useful; there was ample opportunity for questions; information about the module was both available and accurate; and, the module enhanced a range of transferable skills covering the use of information, communication, presentation skills, problem-solving and team-work. The course achieved an overall student rating of 9.2/10 (range = 8 – 10).

Achieving the Goals / Objectives

For this module, a set of four aims and eight learning outcomes were identified by the curriculum development group, emphasising the integration of theory and clinical practice. These outcomes required the student to identify, critically appraise, and to apply and demonstrate skills in his/her practice of psychosocial interventions. These learning outcomes were both relevant to the intended aims of the module and to degree level study (Quinn 2000:207). As such, they were written in subject-specific terms, providing useful guidance for the student in describing what s/he would know and 'can do as a result of learning' (Otter 1992, Allan 1996). However, as outcomes, they were written in fairly broad terms rather than as very specific behavioural objectives (Mager 1962, Quinn 2000:150).

Whilst verified through assessment, many students confirmed their achievement of the set aims and learning outcomes, as shown by their comments in *Box 1*:

Box 1: *Student Comments*

> *'I found it helped me develop as a mental health practitioner enormously, giving me many new skills and much new knowledge that I have been able to transfer to practice.'*
>
> *'The module has made me far more confident in my ability / knowledge in one to one work and groups, I can present as a confident and knowledgeable therapist, I can undertake a lot more interventions myself and more flexibly, I work better collaboratively which helps clients.'*
>
> *'I can provide evidence for why I do what I do, I can now feel confident about using psychosocial interventions.'*
>
> *'I have a greater awareness of family work and its implications, and applying this to practice.'*

Appropriateness of the Teaching & Learning Strategies

All higher education institutions have been recommended to give high priority to developing and implementing learning and teaching strategies which focus on the promotion of students' learning (NCIHE 1997: *recommendation 8*).

For this module, the process of integrating theory into practice and promoting skills acquisition was therefore facilitated using interactive workshop-based learning approaches. Viewed as appropriate by the module team for this group of mature, professional students, learning approaches which encourage active involvement in learning related well to the stated learning outcomes and to the subject matter (Quinn 2000:183), assisting students to further develop their adult learning skills (Knowles 1984).

Several students highlighted the value of these interactive and experiential learning approaches within their evaluation comments, as shown in *Box 2*:

Box 2: *Student Comments*

> '*The practical side was immensely helpful in developing skills.*'
>
> '*Group exercises, handouts, personal experiences and support from the tutors (being available and approachable) were particularly helpful.*'
>
> '*The module is a skills-based module run by experienced practitioners – this is a breath of fresh air as it assists in promoting the skills of students e.g. as nurses in practice.*'

Some students also commented that sessions were well-planned and structured.

The subject matter 'acts in the process of education substantially as a vehicle for the presentation and mediation of the' learning process, and thus the student 'should learn *from* subject matter' (Burrell 1988:141-2). The subject matter was considered relevant and appropriate to the stated intentions and learning outcomes of the module, delivered by a knowledgeable module team of lecturers and clinicians. The sequencing of the subject content was carefully considered in an effort to avoid the problems of distinct, separate and mutually exclusive subject compartments (Burrell 1988:144), characteristic of collection curricula (Bernstein 1971).

A logical structure of moving through the client-centred care processes, from client referral to discharge, was thus adopted. However, several students and module tutors commented that this structure was at times confusing: *'perhaps it went backwards and forwards occasionally'* (student); '*changes of using CBT and BFT techniques at times confused which intervention was aimed at, although it did show how both interventions can be combined and correlate with each other*' (student).

Student Workload

It was explicitly stated in the module handbook that learning would be achieved through 100 hours of direct teaching (20 days), 100 hours of practice-based client work, with a further 100 hours being allocated for tutorials, reviewing the literature and for preparing seminar presentations and assignments. Whilst the intention was to spread all components over the two semesters of the module, in an effort to allow students sufficient time for the preparation and completion of assignments, all formative and summative assessment components were in fact to be completed in semester 2, with both written assignments to be submitted in the final six weeks.

The latter was recognised as a particular weakness by students: '*the number of assignments and presentations in a short period of time*' was not helpful; it would be better to '*spread the assignments over a longer period of time*'; '*to be handed in over a more staggered fashion*'.

Appropriateness of Assessment

This module has a set of identified learning outcomes requiring students to demonstrate achievement through assessment, which involved two written reflective client case studies (summative), two seminar presentations (formative) and a reflective work-based diary (formative). Intended to 'focus upon the clear demonstration of knowledge and skills' (University of Luton 2001[a]:42), the reflective case-studies were formally assessed and graded as the method of summative assessment, using a criterion-referenced grading profile (Milligan 1996).

In addition, feedback was given to students on their formative assignments, with direct reference to the relevant grading profile. Incorporating tutor, peer and self-assessment, this provided an opportunity for giving helpful feedback on progress towards learning outcomes which was invariably valued and requested by students (*appendix 1*).

The limitations of the summative assessment strategy to written case studies was considered a major weakness by both the module team and some students, potentially missing whether or not students had truly developed important practical skills, over-emphasising the theoretical content of modules and offering only a limited assessment of skills (Downie & Basford 1991, Jarvis & Gibson 1997): a criticism of many courses which claim to provide skills-based learning (Ramsden 1992).

Emphasis on Independence

Ramsden (1992:100-1) highlights that 'high quality teaching implies a recognition that students must be engaged with the content of learning tasks in a way that is likely to enable them to reach understanding', providing the student with relevant and understandable learning tasks at the right level, encouraging investigation and enquiry, whilst avoiding over-dependence. Whilst the subject content was largely set, the use of interactive and experiential learning approaches achieved the aim of promoting the student's active

engagement in learning and offered some choice to the student in how best to learn and which aspects of the module to emphasise, as borne out through student evaluation comments.

Views of and by Tutors (Module Team)

It is noteworthy that the availability and approachability of tutors was commented upon very favourably by the student group, being viewed as highly supportive, relating subject content to researched evidence and generally creating a stimulating learning environment: '*making even boring items seem interesting*' (student).

The module team met on a number of occasions throughout the implementation phase to review, monitor and improve aspects of content delivery on a formative basis, and again in the summer of 2002 following module completion, to review and evaluate the module, during which student comments were considered. There was a high level of agreement between tutor and student evaluation comments, from which a number of areas for change were agreed, as set out below.

Planned or Implemented Changes and Developments

In assessing areas for change and identifying priorities for action, an analysis of strengths, weaknesses, opportunities and threats (SWOT) was carried out (Iles & Sutherland 2001:40, MindTools 2002), as shown in *Appendix 4*, highlighting a number of problem issues that had emerged in the module evaluation, which included:

1. the organisation of subject content across the two semesters coupled with requests for more discrete, dedicated and separate subject components for the different psychosocial interventions
2. whilst handouts and module manuals were viewed as excellent and extremely useful in supporting the practice of skills, some students thought that the material covered was occasionally too much
3. all formative and summative assessments being scheduled into semester 2
4. both summative assessments being required towards the end of the second semester, limiting the availability and value of tutor feedback
5. summative assessments being limited to reflective case studies and there being a lack of formal practical skills assessments
6. local service teams being reluctant to allow students to practice and thus consolidate their skills, even though the overwhelming student and module team view was that students had developed practical and highly relevant skills for modern-day mental health practice (DoH 1999a, SCMH 2001)
7. problems in gaining access to suitable clients with whom to practice new skills and thus consolidate learning
8. limited access to work-place supervision for some
9. problems in the administrative support for the module: the booking of suitable venues, as two rooms were needed for guided role-play exercises;

some students were late in receiving confirmation of their registration and, consequently, their access to library and ICT learning resources
10. poor marketing of the module and programme with potential students

Several changes were thus made to the design and implementation of the module as a direct result of student evaluation and tutor experiences with the first module group. These changes were proposed and presented to the University Faculty Academic Standards Committee on two subsequent occasions (FASC), in obtaining agreement prior to implementation with the second module group. Achieving agreement required further clarification of the structure and weighting of the proposed formative and summative assessments, the extent of the student workload, and the nomination of a University Lecturer as module coordinator rather than myself, a local health-care Trust employee.

These changes primarily relate to four areas:

a. Module Content & Sequencing

For the second intake in October 2002, a revised content and sequence has been adopted of progressing from the theoretical background to the basic skills components of each of the three distinct core interventions, highlighting the similarities and differences between each: cognitive-behavioural (CBT); behavioural family (BFT); and, medication management interventions. This change of sequence was a direct response to student evaluation comments.

The sequencing of content thus follows the key principles of moving from the simple to the complex, moving between highlighting the principles of a skilled intervention and practical application, and increasingly building upon students' existing knowledge and moving to more abstract concepts, both throughout the module and within individual teaching sessions (Burrell 1988:147-8, Quinn 2000:194-5).

The above revision appears to have been received well by the students and relates better to the overall aims of the module and to the learning outcomes in breaking complex interventions into component skills for practice, leading to greater awareness and enhancement of skills.

b. Practical Application

Some students have expressed difficulties in finding clients suitable for practicing one or other of the psychosocial interventions and, even when commencing work with a suitable client, accessing sufficient and appropriate clinical supervision to further support his/her development of skills. These issues support the need for close liaison between academic and clinical teams in developing, supporting and evaluating course implementation. As a result, it is planned to offer a series of one-day events for work-place supervisors and clinical managers, focusing upon the nature, requirements and anticipated benefits of the course. Support from the health-care employer is particularly

important if the student is to begin and continue to practice his/her skills, and if realising the positive impact of the course.

c. Assessment Strategy

The module summative assessment strategy now takes the form of two practical skills assignments (audio-recorded client sessions, subject to written consent from the client), with supporting written critiques, and one written reflective case-study. Together with two formative seminar presentations, these assignments have now been spread across the two semesters. Whilst it is too early to decide, it is hoped that this will prove more achievable and less pressured in terms of student workload.

The key element of my proposal to the FASC concerned the assessment of practical skills. The assessment of practical skills at an academic level is less clear and more problematic (Quinn 2000), and therefore a criterion-referenced assessment rating tool was specifically developed for the purpose, being based upon two well-known and tested tools used in training in cognitive-behavioural interventions (Vallis et al 1986, Haddock et al 2001).

Although the proposal to introduce this new assessment strategy was accepted by the FASC, its introduction has produced considerable anxiety among the student group. As audio-recording client sessions is a new experience for most, this has largely been overcome through the adoption of interactive and experiential learning strategies, using both tutor modelling and audio-visual demonstration to explain the key components of practical skills, which form the criteria of the assessment tool, with ensuing guided role-play practice and tutor-facilitated group feedback, encouraging learning through an emphasis on positive feedback and reinforcement of skills. However, this requires a high level of facilitation skills, which initial formative feedback suggests is variable amongst module tutors. It is therefore planned to organise update sessions for module tutors in ensuring a consistent high quality of facilitation skills for supporting guided role-play.

d. Support Structures: Marketing & Administration

A particular weakness of the course, and indeed the programme, has been the administrative support, which has not been helped by three organisations (University, Trust and Workforce Confederation) attempting to relate to one another. As a result, the process of confirming applications has been problematic, with consequent delays in registering students and providing access to learning resources. An attempt to clarify the administration process was made in mid 2002 by producing and distributing a process flowchart: unfortunately, this has not yet resolved all of the administration problems, highlighting the essential need to consider resources and supports when developing a new course programme (Quinn 2000, Watson & Taylor 1998). Furthermore, the marketing of the course and the programme were initially problematic, with an over-reliance upon members of the module team, although this is now being addressed through various university publications

and through my recently established web-site: www.mhtu.co.uk (*in production*).

In Conclusion

As shown, this module adopts principles from a number of key approaches and theories that have been emphasised within national policies: the implementation of a primarily instrumental and progressive curriculum through a multi-faceted approach based on the principles of lifelong learning, adult learning and experiential learning, in particular (Beattie 1987, NCIHE 1997, Quinn 2000, Watson & Taylor 1998).

I have highlighted the importance of the interplay between curriculum design components in achieving successful implementation. When planning modules as part of an educational programme, it is therefore necessary to clarify the values, aims and objectives, which form the basis for the selection of appropriate content, materials, teaching / learning strategies and assessment strategies, within the broad context of policy implementation and the learning culture. All such design components need to be consistent for effective implementation, using available resources (Quinn 2000).

In summary, the first run of this module has been evaluated very positively by both students and the module team, highlighting a number of strengths: many students report an increased confidence in their ability in applying psychosocial interventions with their clients; many highlight their adoption of important key principles for effective intervention – flexibility in their approach, a greater focus, structure and direction to their work, collaboration with clients, and more routinely involving the client in completing pre and post intervention measures. This feedback is encouraging in that it demonstrates the achievement of the module aims and learning outcomes, and particularly as it is the first module that I have been involved in coordinating.

However, the principal and most useful focus of evaluation concerns the identification of problems and need for change and improvement (Ramsden 1992). Consequently, having planned and implemented a number of recent changes to this module, there is a need to remain aware of the extent to which each curriculum design component remains consistent with each of the other components, as summarised for the learning outcomes, teaching and assessment strategies in *Appendix 5* (based upon: Cannon & Newble 2000:160).

This module now has several positive features (HEFCE 1995, Jarvis & Gibson 1997): clear and explicit aims and objectives; stimulating and well-informed teaching, provided by those with the relevant skills; explicitly offering reflective skills training with appropriate assessment and feedback.

However, there remains clear scope for further developing the evaluation strategy: further extending the scope of the evaluation to the health-care stakeholder and to follow-up evaluation, in establishing the impact upon clinical practice and client outcomes and further facilitating the application of skills to practice; and, relating the evaluation of a single module to the programme as a whole, an oft-cited weakness of module evaluation (Watson & Taylor 1998).

John Butler
March 2003

References:

Allan J (1996) 'Learning outcomes in higher education' in *Studies in Higher Education* 21(1): 93-108

Beattie A (1987) 'Making a curriculum work' in Allan P & Jolly M eds *The curriculum in nursing education* London: Croom Helm

Beck JS (1995) *Cognitive Therapy – basics and beyond* London: Guilford Press

Bernstein B (1971) 'On the classification and framing of educational knowledge' in Young M ed *Knowledge and Control: new directions for the sociology of education* London: Collier MacMillan

British Psychological Society (2000) *Recent advances in understanding mental illness and psychotic experiences* Leicester: BPS

Burrell T (1988) *Curriculum Design and Development: a procedure manual for nurse educators* London: Prentice-Hall

Butler J (2001) *An introduction to the cognitive-behavioural approach – a handbook for practitioners* Luton: Bedfordshire & Luton Community NHS Trust

Cannon R & Newble D (2000) *A handbook for teachers in universities and colleges – a guide to improving teaching methods* 4th ed London: Kogan Page Ltd

Davis E (1980) *Teachers as curriculum evaluators* London: George Allen & Unwin

Department of Health (1999a) *National Service Framework – modern standards and service models* London: DOH

Department of Health (1999b) *Making a Difference – strengthening the nursing, midwifery and health visiting contribution to health and healthcare* London: DOH

Department of Health (2001) *The Mental Health Policy Implementation Guide: CD-ROM Resource* London: DOH

Downie C & Basford P (1991) 'How to devise and use a marking plan' in *Nursing Times* 87(18): 59

Falloon I, Mueser K, Gingerich S, Rappaport S, McGill C, Graham-Hole V & Fadden G (1996) *Behavioural Family Therapy – a workbook* Buckingham: Buckingham Mental Health Service / Busiprint Ltd.

Further Education Unit (1987) *Relevance, flexibility and competence* Further Education Unit

Gray R, Wykes T & Gournay K (2002) 'From Compliance to Concordance: a review of the literature on interventions to enhance compliance with antipsychotic medication' in *Journal of Psychiatric and Mental Health Nursing* 9: 277-284

Haddock G, Devane S, Bradshaw T, McGovern J, Tarrier N, Kinderman P, Baguley I, Lancashire S & Harris N (2001) 'An investigation into the psychometric properties of the cognitive therapy scale for psychosis (CTS-Psy)' in *Behavioural and Cognitive Psychotherapy* 29: 221-233

HEFCE (1995) *Review of Quality Assessment 1992-5* Higher Education Funding Council for England

Iles V & Sutherland K (2001) *Managing Change in the NHS – Organisational Change: a review for health care managers, professionals and researchers* London: National Coordinating Centre for NHS Service Delivery and Organisation R & D (on-line) Available from: http://www.sdo.ishtm.ac.uk

Jarvis P & Gibson S (1997) *The teacher practitioner and mentor in nursing, midwifery, health visiting and the social services* 2nd ed Cheltenham: Stanley Thornes (Publishers) Ltd.

Knowles MS (1984) *Andragogy in action: applying modern principles of adult learning* San Francisco: Jossey Bass Inc.

Lattimer V (1991) 'Evaluating teaching effectiveness' in Pendleton S & Myles A eds *Curriculum Planning in Nursing Education: practical applications* London: Edward Arnold

Mager R (1962) *Preparing instructional objectives* 2nd ed Belmont, California: David Lake Publishers

MindTools (2002) *SWOT Analysis* (on-line) Available from*:* http://www.mindtools.com/swot.html

Milligan F (1996) 'The use of criteria-based grading profiles in formative and summative assessment' in *Nurse Education Today* 16: 413-8

NCIHE (1997) *Higher education in the learning society – report of the National Committee of Enquiry into Higher Education* (on-line) Available from: http://www.leeds.ac.uk/educol/ncihe/

Otter S (1992) *Learning outcomes in higher education* London: UDACE

Quinn FM (2000) *Principles and practice of nurse education* 4th ed. Cheltenham: Stanley Thornes (Publishers) Ltd.

Ramsden P (1992) *Learning to teach in higher education* London: Routledge

Sainsbury Centre for Mental Health (2001) *The Capable Practitioner – a framework and list of the practitioner capabilities required to implement the National Service Framework for Mental Health* London: Sainsbury Centre

Schon D (1987) *Educating the reflective practitioner: towards a new design for teaching & learning in the professions* San Francisco: Jossey Bass

Thomson S (1999) 'The nature of teaching and learning' in Hinchliff S ed *The Practitioner as Teacher* 2nd ed London: Bailliere Tindall / RCN

Thorpe M (1993) 'Open learning and evaluation' in Thorpe M (ed) *Evaluating Open and Distance Learning* 2nd ed Exeter: Longman Group Ltd.

University of Luton (2001)[a] *University / ENB Stage Validation: The Healthcare Domain. Vol. 1* Luton: University of Luton

University of Luton (2001)[b] *University / ENB Stage Validation: The Healthcare Domain – Field of Primary and Public Health. Vol. 4a* Luton: University of Luton

University of Luton (2002) *Evidence-based Psychosocial Interventions - cognitive-behavioural / family / medication management: module handbook* Luton: University of Luton

Vallis TM, Shaw BF & Dobson KS (1986) 'The cognitive therapy scale – psychometric properties' in *Journal of Consulting & Clinical Psychology* 54(3): 381-385

Watson D & Taylor R (1998) *Lifelong learning and the university: a post-Dearing agenda* London: Falmer Press

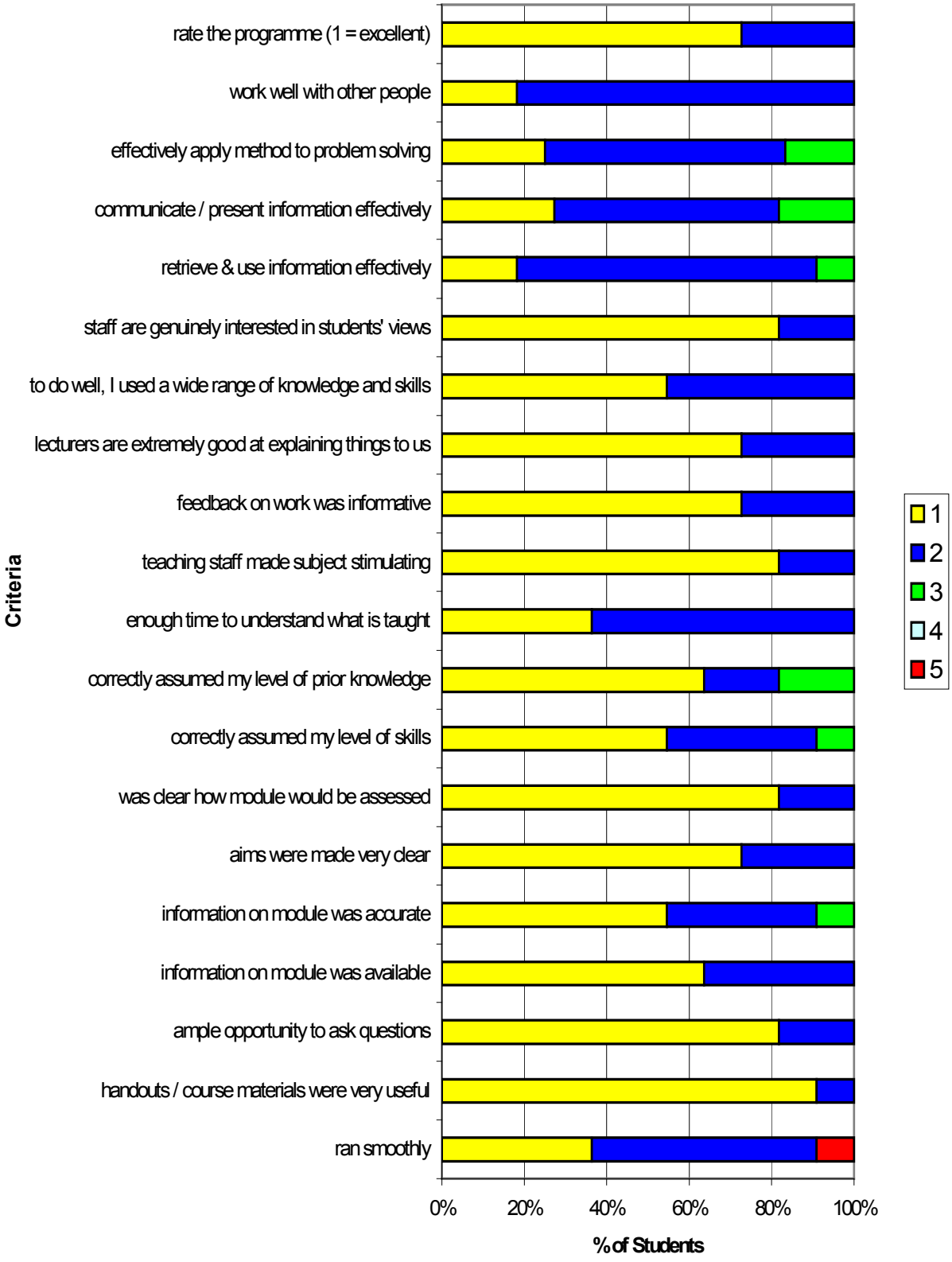
Wisker G (2002) *Developing and evaluating the higher education curriculum* Greenwich: University of Greenwich

APPENDIX 1: *Student Evaluation by SPOM survey for Module No. 1*

Student Perception of Module: ***Evidence-based Psychosocial Interventions (Oct 2001 - May 2002)*** **11 responses returned**

	1	2	3	4	5	
Module						
ran smoothly	4	6			1	did not run smoothly
handouts / course materials were very useful	10	1				were of little use
ample opportunity to ask questions	9	2				no opportunity
information on module was available	7	4				not available
information on module was accurate	6	4	1			not accurate
Module Content						
aims were made very clear	8	3				hard to know what's expected
was clear how module would be assessed	9	2				not clear
correctly assumed my level of skills	6	4	1			assumed skills I did not possess
correctly assumed my level of prior knowledge	7	2	2			assumed knowledge I did not possess
Teaching & Learning						
enough time to understand what is taught	4	7				not enough
teaching staff made subject stimulating	9	2				did not encourage or stimulate
feedback on work was informative	8	3				not informative
lecturers are extremely good at explaining things to us	8	3				not good at explaining
to do well, I used a wide range of knowledge and skills	6	5				all I really needed was a good memory
staff are genuinely interested in students' views	9	2				staff showed no real interest
Transferable Skills: improved ability to						
retrieve & use information effectively	2	8	1			not improved ability
communicate / present information effectively	3	6	2			not improved ability
effectively apply method to problem solving	3	7	2			not improved ability
work well with other people	2	9				not improved ability
General						
rate the programme (1 = excellent)	8	3				

Chart: SPOM Survey for Module Group 1



NOTE: a rating of 1 = excellent, whereas a rating of 5 = poor

APPENDIX 2

Post Course Module Evaluation

Course Module: Evidence-based Psycho-social Interventions
Dates of Course Module: October 2001 – May 2002

Course Evaluation: OPEN COMMENTS

Bearing in mind the general objectives of this module, what is your overall assessment? Please rate from 0 (very poor) to 10 (excellent):

Overall, what did you think of this course module programme?

What did you find most helpful about this course module programme?

What did you find least helpful / unhelpful about this course module programme?

How do you think this course module programme could be improved?

How do you think this course module programme has influenced / will influence your clinical practice? What do you think you can you do now? Please try to list at least three things:

What would you find helpful in terms of your needs for future support / further skills development?

Please attach any further comments.

John Butler / PSI Mod Eval 2002

Excerpt of Post Course Module Evaluation: *Student Comments*

How do you think this course module programme has influenced / will influence your clinical practice? What do you think you can you do now? Please try to list at least three things:

The module has made me far more confident in my ability / knowledge in one to one work and groups; I can present as a confident and knowledgeable therapist; I can undertake a lot more interventions myself and with more flexibility; I work better collaboratively which helps clients.
Developing psychosocial group teaching as core CBT strategies alongside with CAT trained staff; using brief strategies in individual sessions with acute psychiatric in-patients.
Developed my confidence, especially in regard to BFT.
Feel more confident in practice; focus more on model and involving the client within it; use monitoring scales more frequently.
Further develop my CBT skills: get clients / patients to explore their thoughts, feelings, emotions, behaviours and perceptions more thoroughly and put emphasis back in their direction, getting them to take control; look at other ways of perhaps getting groups together.
I can provide evidence for why I do what I do; I have a rich information resource of techniques and strategies that I can use in my practice; I can now feel confident about using psychosocial interventions.
Has enabled me to work in a structured way with problems I might previously have felt overwhelmed by; it has encouraged me to measure and showed me some tools; reinforced some of my own beliefs.
Able to assess clients' needs more constructively, use CBT skills / strategies confidently, and resolve clients' problems effectively.
Use CBT techniques not only to provide a more thorough assessment but in practice; has made me more focused in my treatment / input with clients; note-keeping much more clear and concise e.g. I am focused more on what I am doing.
Able to give more treatment options according to client's needs; greater awareness of family work and its implications, and applying this to practice; co-working groups with the multi-disciplinary team.
Incorporate the content into my patient care-plans and improve patient care, practice CBT & BFT.

APPENDIX 3:

open comments from the student group at an interactive evaluation session with the module coordinator and a second member of the module team, based upon the nominal group technique

Several respondents, during a short group evaluation session with 10 module participants, highlighted the acquisition and value of:

- enhanced nursing strategies
- application of practical skills
- gaining significant knowledge
- being able to apply skills daily
- being more structured and focused
- helped personal development
- benefits for clients
- increased confidence in assisting their client group
- flexible, creative ways of working with clients

In addition, a number of areas for improvement / change were identified:

- change of venue, with better access to rooms for small group work
- provide BFT component of module as a distinct and separate course component
- incorporate more sessions on medication management
- schedule seminar presentations into an earlier part of the course
- further separate the two summative assignments

APPENDIX 4

a SWOT Analysis of Module Group 1 Implementation

Mission: to offer a module which develops the skills of mental health practitioners in the application of evidence-based psychosocial interventions

Internal: what is on offer	
Strengths	**Weaknesses**
a. a joint University – Trust curriculum development group monitors the programme and modules (courses) b. the module is supported and encouraged by mental health managers, and is viewed as a core module for Trust clinicians undertaking the degree c. all module places for Trust clinicians have been funded by the local Education Consortium / Workforce Confederation d. module is delivered by a module team of University lecturers and Trust clinicians, adding both academic and clinical credibility e. module focuses upon the theoretical background for interventions and upon enhancing and applying skills for mental health practice f. module is delivered using adult learning approaches which include reflective practice g. module incorporates several support structures: peer group supervision; tutorials; flexible learning and resource materials h. the initial implementation of the module in 2000-01 was very positively evaluated by students, with a high success rate and very low drop rate i. module is meeting local Trust organisational needs/demand for professional development	a. module has not yet been marketed well b. over-ambitious module content (overloaded) and a sequence which is considered confusing by some students c. a demanding module assessment strategy which does not incorporate the direct assessment of practical skills d. some students may prefer not to study a module at a 'new' university, due it's limited or lack of reputation in the field e. module runs only once in an academic year, with a necessarily small intake of students (maximum of 15 students) f. module is only part of a wider degree-level programme and does not constitute a full course in psychosocial interventions g. the module does not confer a qualification or provide accreditation as a therapist h. entry to this module is restricted to practicing clinicians i. some students have reported problems in selecting suitable clients for practicing skills in the workplace j. the administrative support for the module has been problematic, with students having had to wait for access passes to library facilities
External: what the market wants	
Opportunities	**Threats**
a. the module has been developed and validated by the university, and is offered and monitored through a University - Trust curriculum development group b. the local Trust has a recognised former Beacon Status site which continues to offer short preparatory in-house educational and development opportunities in CBT and behavioural family therapy c. the university still does not possess lecturers with the relevant skills and expertise to offer this module d. there are no other similar modules available in the local area e. the local Trust are increasingly being required to meet the extensive health modernisation agenda (DoH 1999, DoH 2001, SCMH 2001) f. the module meets the demands of the health employer and health practitioner, enhancing the practice skills of health practitioners g. availability of the module will assist the recruitment and retention of Trust clinicians h. the module will form another source of income generation	a. threats and challenges from other disciplines – psychology, psychiatrists b. future competition from developing degree level programmes in therapeutic skills / approaches – the Thorn programme c. an over-reliance upon Trust clinicians to coordinate and deliver the module d. module being delivered solely by university lecturers, rather than involving Trust clinicians e. limitations of funding support for student places by the Workforce Confederation – a reality f. Trust managers not understanding the relevance of the module programme and not supporting applications from potential students g. Trust services presenting obstacles to the student in applying newly-acquired skills and in acquiring workplace clinical supervision h. an unequal partnership between the Trust and university, with the consequent risks involved if not addressed sensitively

APPENDIX 5

Analysis of the Course / Module Design

Learning Outcome *at the end of the module the student will be able to:*	**Learning & Teaching Strategies** *used within a facilitated workshop setting as preparation for practical application*	**Assessment** *through opportunities for tutor and peer formative and for tutor summative feedback*
1. explore how problems in mental health affect the personal and social life of individuals and their carers	short presentations / mini-lectures modelling of skills video demonstrations experiential skills-based exercises guided role-play facilitated discussion tutor feedback peer feedback	direct observation; formative seminar 2 (recognising & managing a side-effect); summative audio-tape of practical skills, with reflective critique; summative reflective case-study
2. critically analyse the theories of psychosocial ideology and practice and associated research	short presentations / mini-lectures facilitated discussion	summative reflective critique of practical skills; summative reflective case-study
3. identify relevant literature that supports the use of psychosocial interventions and critically appraise strengths and limitations	short presentations / mini-lectures facilitated discussion peer journal meeting	formative seminar 1 (cognitive-behavioural intervention); summative reflective critique of practical skills; summative reflective case-study
4. explore the effectiveness, scope and limitations of using psychosocial interventions	peer group supervision sessions	summative reflective critique of practical skills; summative reflective case-study
5. enhance skills in utilising psychosocial interventions within the context of his/her own practice	modelling of skills video demonstrations experiential skills-based exercises guided role-play tutor, self & peer feedback peer group supervision sessions	direct observation; case presentations within supervision sessions; summative audio-tape of practical skills, with reflective critique
6. reflect and appraise personal strengths and limitations in the use of psychosocial interventions within his/her own practice	guided role-play tutor, self & peer feedback peer group supervision sessions	case presentations within supervision sessions; summative reflective critique of practical skills; summative reflective case-study
7. effect skills in team work through increased understanding and utilisation of social interactions	guided role-play tutor, self & peer feedback peer group supervision sessions	direct observation; summative reflective case-study
8. effect skills in negotiation through increased skills in listening, the understanding of interactions, negotiating and the therapeutic use of verbal intervention	modelling of skills video demonstrations experiential skills-based exercises guided role-play tutor, self & peer feedback	direct observation; summative audio-tape of practical skills, with reflective critique