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Providing Education on Medication Management: using the action research approach to understand and enhance the effectiveness of teaching methods

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ACTION RESEARCH

As a follow-up to the action research study presented in edition 1, this paper describes how the action research approach was used to enhance interactive teaching methods.

Introduction:
A short skills-based course in medication management for mental health practitioners has been facilitated using more novel and innovative teaching and learning methods (Bradshaw 2002), in helping participants to develop knowledge, skills and attitudes to support their practical application of this evidence-based intervention within the clinical setting (Gray et al 2002). With a co-facilitator colleague, we have increasingly provided demonstrations of new skills, followed by guided role-play and feedback, primarily to directly illustrate and aid the participant's understanding of the principles and key skills involved in a series of collaborative medication management interventions: reviewing the illness history with the client; exploring his/her ambivalence about taking medication; testing beliefs about medication; problem solving; and, planning for the future (Gray et al 2002, Kemp et al 1998).

As a component of an action research study that focused on the application of newly-acquired practical skills following a short course programme in medication management (Butler 2004), my aim for this part of the study was: to identify and understand the style and methods of teaching which help and encourage participants to acquire new skills in medication management—which teaching style and teaching methods help participants to gain knowledge and apply newly acquired skills in medication management?

Methodology: *a rationale for the action research approach*
Originating with Kurt Lewin, Kemmis & McTaggart (1988: 5) define action research as: 'a form of collective self-reflective enquiry undertaken by participants in social situations in order to improve the rationality and justice of their own social or educational practices, as well as their understanding of these practices and the situations in which these practices are carried out…'.

McNiff et al (1996: 12-14), in expanding Bassey's (1995: 6) description, outline a number of characteristic and attractive features of action research: describing, interpreting and explaining events (systematic critical *enquiry*) while seeking to change them (committed, intentional *action*) for the better

(demonstrably worthwhile *purpose*). It is thus a method 'to bring about practical improvement, innovation, change or development' in practice, 'and the practitioners' better understanding of their practices' (Zuber-Skerritt 1996: 83), based on research activity organised by professionals', which involves taking a critical view of existing practice (Webb 1991: 156).

Rather than the uni-directional approach of other forms of research, the action research process develops through a self-reflective cycle or spiral of steps (Bruner 1960, Denscombe 1998, Kemmis & McTaggart 1992), each composed of a cycle of planning, acting (implementing), observing and reflecting about the outcomes of action, towards the achievement of an identifiable end point, achieved through a collaborative process between practitioners and researchers (Griffiths 1990, Webb 1991). Constant monitoring and evaluation of the activity, with the participants, is one of the key principles of the approach (Lauri 1982).

Used in a number of settings which have included nursing and education, action research seems 'highly suited to the kind of problem-solving and evaluation research which the profession needs', being very similar 'to the stages of the nursing process', and encouraging 'practitioners to take control of and change their own work' (Webb 1991: 155). As a discovery approach, Cohen et al (2000) highlight its value in studying teaching methods, learning strategies and evaluation procedures, assisting the continuing professional development of teachers.

Given the above, I considered the action research approach to be appropriate and potentially valuable in investigating, understanding and enhancing aspects of my own teaching practice.

Medication Management: *an action research side spiral*

My study is represented as a series of self-reflective spirals, one of which is shown in *Fig. 1:* a dynamic side spiral (McNiff et al 1996: 22-23)—a component of the main study (Butler 2004).

Methods of Data Collection

As a component of the main study (Butler 2004), I planned to use two qualitative methods in gaining an insight into my research question.

Semi-structured Group Interview:

A short semi-structured interview was developed to gain feedback from participants on their perceptions of the helpful and unhelpful methods of teaching and learning. A set of open questions was developed and used flexibly as the basis for a short group interview (Robson 1996: 231), as an efficient, non-threatening way of gathering data with the potential for discussions to develop.

Group & Peer Feedback / Review:

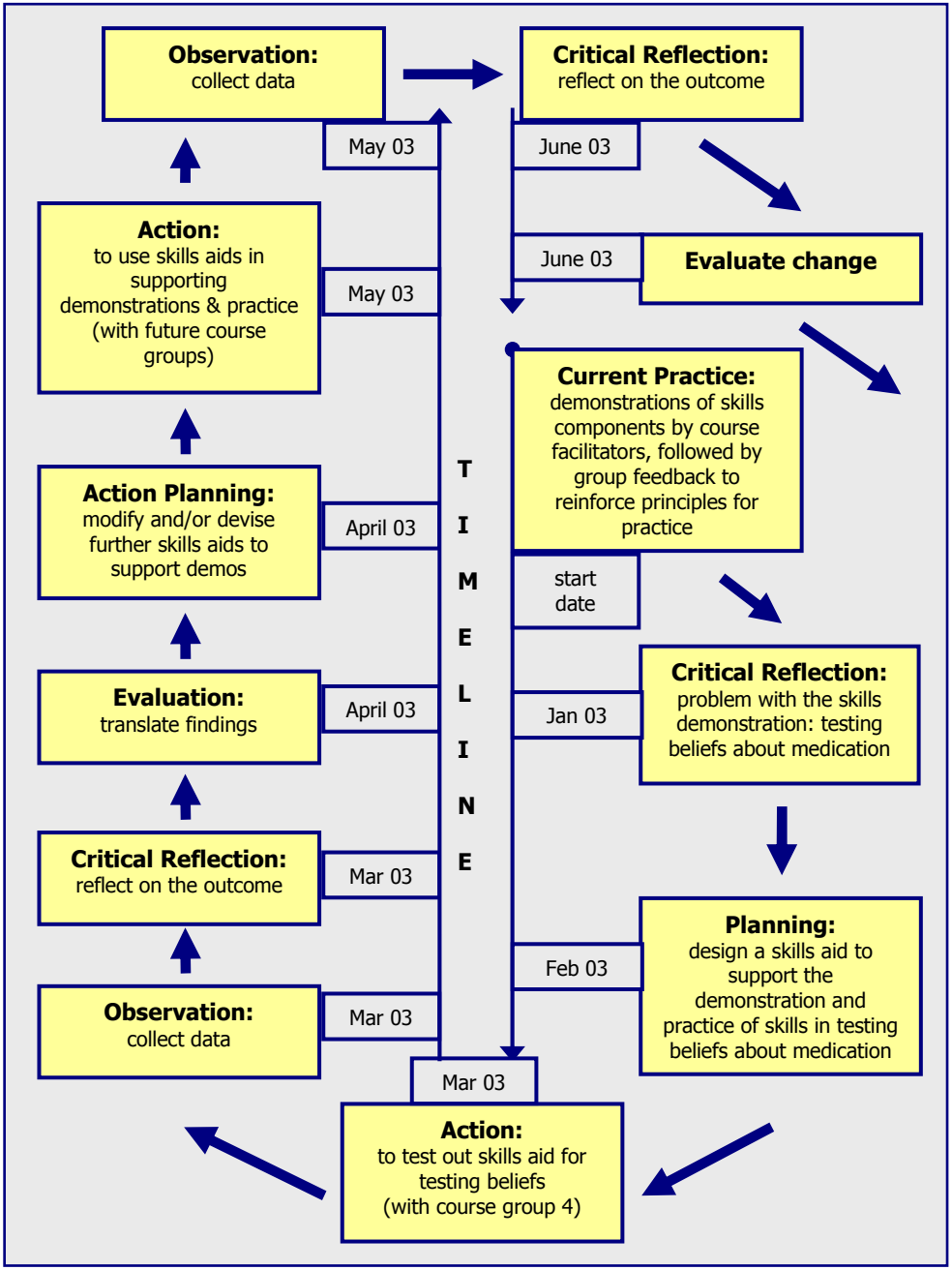
Particularly in investigating my use of skills demonstrations, as a side enquiry, group and peer (co-facilitator) feedback was sought directly after my use of demonstrations.

Implementation: *data collection and analysis*

Semi-structured Group Interview, representative of participants

Prior to conducting any group interviews, a briefing sheet and consent for participation was developed (McNiff et al 1996) and a short interview guide was written, tested and modified. An audio-recorded group interview was subsequently held with six participants, as an optimal group size, for about 40-

Fig. 1: **action-research side-spiral—enhancing skills demonstrations**



minutes, as an acceptable length (Robson 1996: 229). A full transcription of this audio-recording was made.

The value of demonstrations, guided role-play, facilitator and peer feedback were highlighted by several participants as particularly helpful:
facilitator demonstrations: *'these particularly helped in showing how to conduct sessions with clients'; 'these were much more useful than the video demonstration (reference to use of an Institute of Psychiatry video) of the 'Illness Timeline' exercise'*
guided role-play: *'although difficult for some people, this was valuable in encouraging learning'*
feedback: *'it's very useful to get feedback on how you're doing the job'; 'receiving positive feedback on practice was very useful'; 'it was important when taking the role of 'assessor' to get my own opinion in first during feedback, and for it not to be diluted by feedback from others'; '…..you gave positive feedback – whereas I'm thinking I'm rubbish, (that) I won't be able to do it, but you seemed to pick out the things that I brought out… I thought to myself: 'did I really say that?, did I really do that?'… it was quite positive, it made me feel like 'you' can do something'*

Another participant highlighted the value of the ***interactive style of presentation:***
'you can be half way through a presentation and someone will bring something up and you don't sort of 'wait a minute, questions at the end', you let it flow very naturally and you let us contribute, let us join in, just add to the presentation, and you then go right back to where you stopped again… you're not the least bit phased by it, you don't get lost'

Group & Peer Feedback & Review:
During course 3, using a pre-set clinical scenario, I provided a 15-minute demonstration of the use of a cognitive-behavioural practice strategy aimed at exploring and testing the client's beliefs about medication and treatment, adopting the role of therapist, with my co-facilitator as the client. Importantly, my co-facilitator was substituting for my usual co-facilitator and our briefing for this exercise had been very limited. As the third demonstration with this group, I was aware that this had not proved as successful as previously. The participant group (N=15) and co-facilitator provided mixed feedback on my demonstration of the principles of the approach—general feedback is shown in *box 1*.

Following discussion with both course facilitators, a skills worksheet was designed, specifically to support the demonstration and practice of this skills strategy. In addition, the practice and thorough briefing of the various skills demonstrations with my co-facilitators was planned.

During course 4, I demonstrated the same practice strategy using the same clinical scenario, but this time introducing the client to the use of a skills worksheet. Following this demonstration, the participant group (N=10) and co-facilitator provided much more positive feedback—general feedback is shown in *box 2*. Consequently, skills worksheets have been designed for all five skills components of this short course in supporting tutor demonstrations and the application of skills within the participant's clinical practice. These skills worksheets have been validated by my co-facilitator and two other colleagues and are now being tested by participants in clinical practice.

Box 1: **Feedback on Facilitator Demonstration No. 3—by course group 3**

What went well?	*What could I have improved?*
1. Good agenda setting	1. To more thoroughly brief my co-facilitator in undertaking the client role
2. Making and reinforcing links to previous sessions with the client	2. To be more prepared for using the strategy with a client
3. Attempts were made to collaborate with the client	3. Give more of a rationale for the strategy
4. Reflecting	4. To select and focus on a belief earlier in the session
5. Focused on the nature of the strategy with the client	5. To use a visual sketch when asking the client to rate his level of conviction in the belief statements
6. Accepting of the client and acknowledging his concerns	6. To plan and take more time, slowing the pace, as this demonstration appeared rushed
7. Empathic	7. To ask fewer questions, as this demonstration appeared confusing for the client at times
8. Clarifying, probing and encouraging the client to elaborate	8. Re-state the client's original belief in his own words, and when considering the client's level of conviction in the opposite of the unhelpful belief, to rephrase this into a positive statement
9. Providing useful summarising	9. Be more explicit about the homework task
10. Clearly establishing homework with the client	10. To design a worksheet to support the practice of this strategy, as an aid for both the therapist and client

Box 2: **Feedback on Facilitator Demonstration No. 3—by course group 4**

What went well?	*What could I have improved?*
1. Good agenda setting	1. To give more of a rationale for the strategy
2. Making and reinforcing links to previous sessions with the client	2. To attend to environmental factors
3. Clear evidence of collaboration with the client	3. To be more explicit about the homework task
4. Reflecting	
5. Focused approach	
6. Accepting of the client and acknowledging her concerns	
7. Empathic	
8. Using guided discovery	
9. Clarifying, probing and encouraging the client to elaborate	
10. Adopted the 'curious style'	
11. Providing useful summarising	
12. Clearly establishing homework with the client	

Conclusion & Discussion:

As a practitioner – researcher, I have gained an understanding of some of the methods and styles of teaching and support which encourage participants in their acquisition and application of skills,

including the particular value of demonstrations and guided role-play, which to be effective requires: clear guidelines and preparatory practice with co-facilitators; explaining and setting out the sequence of skills involved on a flipchart / whiteboard; performing the skills, which is helped by using a skills worksheet; engaging the group in ensuing discussion to reinforce key principles; providing an immediate opportunity for practice and planning time for constructive feedback, which ideally should begin with the principal role-player – this requires skilful facilitation. This reinforces several of the principles described by Quinn (2000: 348-50).

The action research approach has been especially useful for evaluating and improving my practice, providing me with 'a powerful tool for change and improvement at local level' (Cohen et al 2000: 226), which has encouraged my analysis and reflection of practice, leading to my professional development (Lathlean 1994) and to a more positive attitude towards the value of research activity.

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