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ABSTRACT (298)

Background: Globally, universities aim to involve people who use health services to enrich the nursing curriculum for students, but there can be barriers to this involvement. Many also want students to contribute to local communities. Online communication can help connect students to service users to achieve these aims. The online British patient feedback site, Patient Opinion, gathers comments from service users about services and encourages service responses to the comments.

Objectives: To explore the feasibility and acceptability of five ways of including Patient Opinion in the undergraduate nursing curriculum.

Design: Five case studies using mixed data collection methods.

Settings: British University with nursing students across two campuses, accustomed to using webinars, video presentations and social media.

Participants: Students from different years participated in the five approaches of making use of Patient Opinion in the curriculum; 18 students took part in an online forum to discuss Patient Opinion in the curriculum.

Methods: We trialled timetabled webinars, video-linked lectures, optional enhanced access for self-study, optional audit of service user comments for two local hospitals, and optional Twitter and Tweetchat. Students discussed the aims and approaches in an online forum.

Results: Of the five approaches trialled, webinars seemed effective in ensuring that all nursing students engaged with the topic. Video-linked lectures provided an alternative when timetabling did not allow webinars, but were less interactive. The three optional approaches (Tweetchats, audit exercise, self-directed study) provided opportunities for some students to enhance their learning but students needed guidance. Sending a summary of student reviews of patients' feedback to local hospitals illustrated how students might be agents of change in local health services.

Conclusions: Experience from these case studies suggests that webinars followed by use of Patient Opinion preparing for placements may be a sustainable way of embedding feedback sites in the nursing curriculum.

BACKGROUND

The authors of the Willis report, released in the United Kingdom (Willis Commission 2012), argued that “Patient-centred care should be the golden thread that runs through all pre-registration nursing education and continuing professional development.” For decades, authors have argued that patient and service user involvement in medical, nursing, and other health curricula can contribute to patient centred care (Towle and Godolphin 2012, Towle et al. 2010). Universities have involved service users in various ways (Regan de Bere and Nunn 2016). For example, at the University of Manchester (England), service users were invited to curriculum planning meetings, curriculum development and field groups, and were involved (after training) in recruitment of candidates and programme committees (Griffiths et al. 2012). Whilst academics would like more service user involvement in the curriculum they often face logistical problems including (i) lack of strategic leadership, (ii) workloads in linking with local organisations, and (iii) barriers in supporting service users (Gutteridge and Dobbins 2010, Speed et al. 2012).

The impact of service user involvement on nursing or health care students might be assessed in terms of improved empathy (Baldner and McGinley 2014), patient-centredness (Ferguson et al. 2013, Zachariae et al. 2015), cultural awareness (Lonneman 2015), possibly greater understanding of public health (Voss 1992), and the social determinants of health (Mahony and Jones 2013), and interest in particular groups, such as older people (Koskinen et al. 2016). Healthtalk Online (previously known as Dipex) (Herxheimer et al. 2000) has been used in the curriculum by 80% of British medical schools (Carrasqueiro 2016) to promote empathy and a greater understanding of the social determinants of health. Carefully crafted video stories such as Healthtalk Online provide an internationally relevant fixed resource for students to watch and learn but do not give any opportunity for students to interact with the local community.

Various authors have argued for universities to be socially accountable (Boelen 1999, Rudolf et al. 2014, Hosny et al. 2015, Ventres and Dharamsi 2015, Robinson et al. 2012), having an impact on the wider community. At a time of severely limited health and social care resources, wherever possible, finding ways to benefit the local community directly during the education of students is an important aim. The dental, medical and nursing schools of Plymouth University aim to be community-oriented, seeking to contribute to the region, and for our students to benefit from service user input (Kay 2007). For example, nursing students enrolled in Plymouth University have engaged with Twitter in the context of digital professionalism (Jones et al. 2016), and professionally use the Internet, including social media. We have also introduced a framework called Wider Patient Engagement into the pre-registration nursing programme that allows students, for example, to work with service user participation groups, both supporting their work and learning about service user concerns in different environments (Young et al. 2016).

There are numerous online feedback sites for healthcare professionals and services in various countries with different functionality. For example, various commercial sites in the USA are increasingly used to rate individual practitioners (Gao et al. 2012) mainly using a Trip Advisor (www.tripadvisor.co.uk) style of star

rating with added comment. In the UK, the NHS Choices website (www.nhs.uk) has been incorporating anecdotal comments from service users about primary and hospital care since 2007. Patient Opinion (www.patientopinion.org.uk) is a widely-used site for online feedback about health and social care services in the UK. Its main focus is on gathering people's comments and encouraging services to respond to those comments, rather than star ratings. Others have experimented with using Patient Opinion in education, but none have tested the use of a range of mainly online approaches. For example, nursing students at Edinburgh University used selected comments made by patients and the responses from NHS providers to discuss quality of care and how organisations should respond to feedback (Tevendale and Armstrong 2015). Sheffield Hallam University used cases from Patient Opinion as the basis for discussions between large numbers of students studying an inter-professional education module. Case studies were used for self-directed and group learning (Byewater 2016). In a pilot study at Kingston University, students on placement have posted their own comments about the care provided (Pustam 2016), using Patient Opinion in a different way. Finally, students (typically 20-30) on an inter-collated year studying emergency medicine at Plymouth University had webinars about Patient Opinion and some used examples in course discussions.

Feedback sites, such as Patient Opinion, are rarely used in education, mostly face-to-face, and only in a fairly passive manner.

AIM

We explored the feasibility of introducing Patient Opinion into the nursing curriculum using five approaches as part of our aim of service user involvement in a socially accountable curriculum. We assessed five different, mostly online, approaches across all three years of a large pre-registration nursing curriculum. In particular, we asked can we

- (i) ensure that all students have a basic understanding of patient feedback sites?
- (ii) encourage some students to reinforce the impact of patient feedback to improve local services?

METHOD

Design: In this exploratory study, we examined participation rates, student feedback, and engagement with the wider community of five approaches to including Patient Opinion in the curriculum. The five approaches were: (i) video-linked lectures, (ii) timetabled webinars, (iii) optional use of Twitter including optional Tweetchat, (iv) optional enhanced access to Patient Opinion data for self-study, (v) optional audit of patient comments for two local hospitals. We reviewed this experience with a student online focus group.

Setting: Plymouth University has 1500 undergraduate nursing students in three programmes (Adult, Child Health, Mental Health) based on two sites, 55 miles apart. We currently have two intakes starting each year; a full class (all three programmes and both sites, 450-500 students) in September and a smaller class (Adult and Child, 80-100 students) at the main site only in February. We have been using webinars and live

video presentations in the curriculum occasionally since 2003 (Jones et al. 2006) but more often since 2014. Since October 2014, all first year students have had an introduction to digital professionalism including the use of webinars, chat rooms or discussion forums, and Twitter (Jones et al. 2016). Students are expected to set up a Twitter account and to follow specific accounts including Patient Opinion. Students have the option of actively Tweeting (in addition to lurking, that is reading, but not posting) or writing an essay about the pros and cons of using social media; over 98% choose active Tweeting.

Patient Opinion offices are a 7-hour train journey from the nearest of our two sites so face-face lectures by Patient Opinion staff were not feasible.

All nursing students are introduced, during year one, to the importance of working with patients and service users in a wider context, in addition to the clinical placement activities required within the programme. Students have possibilities to engage more widely with patients and service users non-clinically during their programme such as working with service user participation groups in GP practices.

Approaches trialled: Five approaches to introducing Patient Opinion were trialled:

1. Live video lecture for second year students: Over 400 second year students in the Adult nursing programme in lecture theatres in our two locations were simultaneously given a one-hour live video presentation about Patient Opinion using widely available video conferencing software (Go To Meeting) by a presenter from Patient Opinion. This presentation was included as part of the public health module, and followed an introduction to public and patient involvement in health services. Students were able to ask questions at the end. Students were asked to volunteer to carry out an optional exercise rating opinions about the acute hospitals in our two cities using the Friends and Family Test (NHS England 2016) (FAFT) (see 5 below).
2. Live webinars for first and third year students: First year students, (both September 2015 and February 2016 cohorts), had a scheduled webinar (using widely available Go To Webinar software) about Patient Opinion given by a presenter from Patient Opinion as part of their introductory module in the first four weeks of the curriculum. Students participated either individually or in pairs, usually at home, and were asked to respond to multiple choice questions during the webinar. The September 2015 cohort (Adult and Child Health students), was invited to a follow up webinar in April 2016. Third year students had a scheduled webinar and were asked to answer different questions to the first years (Table 2).
3. Twitter and optional Tweetchat on Patient Opinion: All students in the October 2014, February 2015, and October 2015 cohorts, and half the students in the February 2016 cohort were asked to follow @patientopinion. Analysis of 7693 Tweets by the February 2015 cohort, between March 1st and May 18th 2015, demonstrated how often students referred to Patient Opinion. Students (mainly October 2015 first years) and others were invited to participate in a one-hour Tweetchat about Patient Opinion in

November 2015 three weeks after their webinar. The Tweetchat was hosted, by two first year students, initiating and trying to maintain threads of discussion, but with major input from a colleague from Patient Opinion.

4. Optional access to Patient Opinion: All students were given full registration access to Patient Opinion for the duration of their programme. This meant that in addition to search facilities available globally, they could set up various alerts and have advanced search options.
5. Optional second year exercise rating of patient feedback: Two students volunteered. The last 54 comments for the two hospitals were extracted from Patient Opinion from August to October 2015. These were allocated randomly to the two students to rate using FAFT, i.e. from 1 (extremely likely) to 5 (extremely unlikely) to recommend the hospital to friends or family. Thirty-six of the 108 comments were rated by both students to assess observer variation by cross tabulation and calculation of Kappa. Seventy-two of 108 of the comments were rated by one student only. To compare overall hospital ratings, the mean FAFT score was calculated for those comments rated by two students. In January 2016, the Directors of Nursing in the two hospitals were emailed a summary to gauge the utility of this exercise in reinforcing Trust reaction to patients' comments. Comments including the original 54 and up to April 25th 2016 (approximately 120 comments) for each of the two hospitals were extracted from Patient Opinion and Trust responses reviewed to see if the nature of responses had changed over time.

Student online focus group: we recruited a sample of 25 volunteer students. These were invited to take part in an online discussion forum over the course of one week at the beginning of June 2016. They were asked to watch a short YouTube video (Jones 2016) that explained how we had tried to incorporate Patient Opinion in the curriculum. Students were asked to post at least two or more comments over the week in response to the original question shown in Figure 1. The discussion was facilitated by two nurse academics who posted further prompts during the week and summarised the main points using a thematic approach.

RESULTS

Video Lecture: The video lecture was well received by students at both centres. Observation of the students by the on-site lecturers showed them to be clearly highly engaged and focus group feedback was positive. Two or three questions were asked at each site by students coming forward to speak to the presenter via the webcam.

Webinars: 407/499 (82%) of the October 2015 intake and 63/88 (72%) of the February 2016 intake of first year students logged in to their live webinar and voted on at least one question. Some students accessed the webinar as a pair, so we estimated student participation at about 90%. Substantial numbers of the 407 October intake did not vote on some questions. In both cohorts, those who did not answer have been

combined with those that answered 'not sure' or 'don't know'. The webinar for February intake had some technical problems and question three was omitted. Most students would want to see patient feedback and thought online feedback would help them be a better nurse (Table 1). Third year students, when asked to consider how they would act as a patient themselves, would like to see the leader of the team caring for them respond to online feedback (Table 2). Adult and child health nursing students in the October 2015 first year cohort were invited to a follow up webinar in April 2016; 183 participated and voted on at least one question (Table 3). Sixty percent had read stories on Patient Opinion.

Optional Twitter including Tweetchats: The 90 students in the February 2015 cohort posted 7693 Tweets in ten weeks between March and Mid-May 2015. Twenty (22%) of the 90 students mentioned @patientopinion in at least one Tweet and 50 (0.6%) of all Tweets mentioned @patientopinion. Thirty-three people took part in the Tweetchat in October 2015. Of these 30 were nursing students and three were people not from Plymouth University.

Optional access to Patient Opinion: Few students seem to have made use of the full registration to Patient Opinion or the notification facilities on the website.

Optional exercise by year two students: Two students volunteered to undertake this exercise. There was good agreement between students in their ratings (Table 4) (Kappa = 0.59) (Banerjee and Fielding 1997). An email was sent to the two Directors of Nursing describing how the students had reviewed comments on Patient Opinion and comparing their FAFT ratings between the two hospitals. There was no significant difference between hospitals (Hospital D 1.9; hospital T 2.3) although with this small sample (n=108) the power to find a difference in FAFT ratings between hospital was low. The Director of Nursing at hospital D said "*What a fantastic project! Many thanks for sending this though which I'll present to our next patient experience committee.*" The Director of Nursing at hospital T said "*The comment that hospital T does not refer to a member of staff is really helpful and I will ask that our future responses are changed to address this.*" Although the letter asked how the students' Patient Opinion FAFT scores compared with routine data, the Directors of Nursing did not respond to that question. Hospital D responded to fewer comments than hospital T (30.3% Vs 48.0%; $\chi^2=8.0$; 1df; p=0.005) (Table 5). However, of the 59 responses made by hospital T, only one (in more recent months) gave a named respondent whereas all 37 responses from hospital D were personal responses from a range of staff.

Student online focus group: 18 of the 25 students recruited to take part in the online discussion over one week contributed one or more posts. In total, 56 replies were made in response to the original question posted (Figure 1). Most replies were 150-250 words long (11,000 words in total). The 18 students comprised eight first year, seven second, and three third year students. The general consensus was that including Patient Opinion in some way in the curriculum was beneficial, helping to bridge theory and practice (Figure 2).

Students were aware of the types of posts that tend to be collected by Patient Opinion (*...what I have noticed is that the majority are either glowing praise or angry venting, there doesn't seem to be many opinions pertaining to "an average episode of care"*) and that students might help to encourage greater input of average opinions (*Perhaps utilising students to explain the purpose of the site more clearly, to as many patients as possible, may also be effective in getting a truer reflection of all levels of care*). Students also recognised that the people using feedback sites self-selected (*I think, however, not everyone is aware they can express their thoughts through such things as 'patient opinion' forums* (Student quote)).

Of the five approaches used, there were little commentary on the live video lectures, but webinars, as a way of introducing Patient Opinion were thought to be useful (*I enjoyed the webinars and found them very beneficial as I didn't know what Patient Opinion was prior to starting the course*). Some students qualified their support for this method (*I found the webinars useful but a bit too much of just reading out comments*) and commentary that not all students like webinars (*I don't know about others but I find webinars very hard to concentrate through*). Following Patient Opinion on Twitter was thought by some to be useful (*...liking, ReTweeting or replying to Patient Opinion posts is a great way of spreading the word*) but from others less so (*..I have, on occasion engaged in Patient Opinion Twitter activity, however, I believe this is only targeting a specific audience and not all service users will be aware of this.*)

There was little commentary on use of the full user registration on Patient Opinion or on the exercise carried out by two students. However, there was a lot of discussion and ideas put forward as to how Patient Opinion could be integrated into the curriculum particularly with some structured exercise and including it in some way in the Ongoing Achievement Record, a portfolio maintained by students with evidence of how they have met various learning objectives (Nursing and Midwifery Council 2008) (Figure 3).

DISCUSSION

Most students think that Patient Opinion is a good idea for service users and staff and should be embedded within the undergraduate curriculum. Service user feedback sites in other countries, that focus on people's commentary, rather than simple star rating may serve the same purpose. Although not all students at Plymouth University like webinars, most do, and webinars appeared to be the most practical way of introducing the topic to large numbers of students with a remote presenter while getting feedback (voting) from students about the topic. For webinars, students normally would be online at home. If that is not possible a video-linked lecture is possible but lacks the individual interactivity of webinars and the ability to get immediate student feedback. However, it is not clear if having more than one webinar is needed to introduce students to Patient Opinion.

The three optional additional approaches to including Patient Opinion all appear to have some value. As part of our nursing curriculum we ask all students to set up their own professional Twitter account and to

follow a number of nursing and health related accounts including Patient Opinion. One in five students with no further prompt engaged with @patientopinion, but running Tweetchats following webinars or other more clearly specified requests from lecturers may include more students. Although this is a useful part of digital professionalism, bringing service user stories to the attention of students may have negligible immediate impact on care as it did not engage professionals or service users, other than those already involved with that Patient Opinion story. Nevertheless, it is a useful way of introducing students to the importance of service user involvement through online methods.

Our second aim was to encourage some students to reinforce the impact of patient feedback to improve local services. Only two students volunteered to review comments on local hospitals. The email that we were then able to send to Directors of Nursing seemed to engage their attention although we received no feedback that it resulted in action. The way that Edinburgh University have used examples of good and poor Patient Opinion feedback suggest that our letter to the Directors of Nursing may have been more effective if it had made comparisons of hospital responses. As the FAFT is routinely collected in hospitals, we thought that converting patient comments from Patient Opinion via FAFT would engage the attention of the Directors of Nursing. However, how the hospitals responded was of more interest. Views about the utility of FAFT are in any case divided with some arguing it is of little use as a measure of quality (Greaves et al. 2013). In the longer term, we need to find a routine way to include student reviews of patient feedback. Comments from students suggest that combining a review of Patient Opinion before going on placement and then discussing with their placement mentors may be a way of having impact a more immediate and direct impact on patient care. As large cohorts of Plymouth University students join the workplace, they will hopefully bring with them knowledge of patient feedback sites and so help to promote more patient-centred care. However, our current use of Patient Opinion beyond the introductory lectures needs to be developed.

Students had many ideas of how Patient Opinion could be integrated in the curriculum. In particular, we need to devise more structured exercises in using patients' comments. We can learn from the work of colleagues in Edinburgh, Sheffield, and Kingston in doing so and hope that an annual Patient Opinion workshop to exchange ideas will facilitate this. Using webinar technology also offers the potential for efficiency savings in the introduction of Patient Opinion, for example, through joint webinars for several universities. Such economies of scale would work well in countries such as Australia and USA with large distances between centres.

There are various ways that patients or service users can be involved in students' learning (Table 6). Digital stories and patient feedback data, such as found on Patient Opinion, may lack the interactivity and development of reflection that can be achieved through face-to-face contact between students and individual service users. A London based study (Terry 2012) reports a novel initiative whereby a person with a spinal cord injury patient was involved in creating a digital story around some of his in-hospital

experiences and then engaged in online discussions with post-registration nursing and practice educator students. Some form of individual contact with service users, whether online or face-to-face or both, seems desirable but may require substantial administrative support in recruitment of both service users and allocation to students if employed at scale for large cohorts. At Plymouth University we aim to re-organise the undergraduate curriculum so that all students have service user contact and aim to include Patient Opinion as one of the fundamental learning methods for students. We then intend that students will promote its use to service users as an essential part of this framework. We are also considering how to get our students to build its use into their placements so involving their placement mentors.

CONCLUSIONS

This study is limited by the specificity of being an exploratory case study in one British university. Nevertheless, we think it has lessons for other universities and other countries. Students see patient feedback sites such as Patient Opinion that focus on patient comments, as relevant to their education and there is potential for them to learn from reading patient feedback. There are also possibilities to get students to use such feedback becoming agents of change in local health services, although further work is needed to see how best to do that.

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