

# Accredited Training for User Involvement in Higher Education Teaching – Exploring an Innovative Training Programme in Public Involvement and Partnership Working

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## Abstract

This article discusses a six-day course designed to address the current gap in provision of structured, accredited training for service users wanting to contribute to Higher Education (HE) Health and Social Care Education through public involvement (PI). It discusses the views of the participants who completed the course on its perceived impact on their future practice and their opinions on formal accreditation in this context. The course was delivered by a team of service users and academics. It covered three domains of involvement in HE: teaching, research and governance. This article focuses particularly on involvement in teaching and learning activities, drawing on findings from a focus group with participants carried out after the completion of the course. Focus group participants discussed five main outcomes of the course: 'new knowledge', 'new skills', 'confidence', 'personal capability and gratification', and 'added value on CVs or when applying for jobs'. They recognised the 'challenges of accreditation' but also felt that they had gained from the experience in terms of personal development, and in relation to what they would be able to bring to improve engagement with learners. As public involvement becomes increasingly mandatory and common, their experiences illustrate the key role of training for involvement in HE teaching activities to ensure that a more diverse group of users feel able to actively contribute. However, reflections on the development and delivery of the course also highlight some of the challenges involved, particularly in relation to assessment, time and funding.

**Keywords:** assessment; diversity; Patient and Public Involvement (PPI); training for involvement; user-involvement

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## Introduction

Public involvement (PI) has become a requirement in many aspects of health and social care education (Rhodes and Nyawata 2011), and there is a growing demand for service users and carers to become involved in Higher Education (HE), bringing the patient voice into the curriculum (Thistlethwaite 2015). Literature from the United Kingdom and internationally, describes a wealth of initiatives and types of involvement, including workshop facilitation, curriculum development, assessment and selection (e.g. Dearnley *et al.* 2011, Humphreys 2005, Matka *et al.* 2010, O'Keefe and Jones 2007). However, the involvement of service users and carers in HE is not without challenges and various issues have been raised within the literature, for example with regards to financial and logistic challenges (Gutteridge and Dobbins 2010), organisational commitment (Lathlean *et al.* 2006), and reliability and validity (Dearnley *et al.* 2011). It has also been suggested that the individual experiences of service users and carers alone may not always be enough for effective and satisfactory participation, and that preparation or training for involvement in research, teaching, and governance activities may be required (McGowan 2010, Rose 2009).

Training of service users and carers is a highly contentious area. It has been criticised for contributing to the professionalization of service users (Dudley *et al.* 2015), and linked to the recruitment of non-representative and selective user groups (El Enany, Currie, and Lockett 2013). However, absence of proper preparation may constitute a barrier for meaningful involvement (Jha *et al.* 2009). Service users and carers may not all feel equally able or confident to participate in HE teaching, research and governance activities, and inclusive training opportunities are therefore an important way to address issues of diversity and representation. Various training opportunities are offered within universities and the voluntary sector (INVOLVE 2012a), and a number of 'tool kits' have been designed to help service users and professionals work in partnership (Mental Health Research Network 2011, Burell *et al.* n.d.). These are often project-specific or ad-hoc, and there remains an absence of structured, accredited educational opportunities for those working in partnership to actively engage together and focus on both the concept of user-involvement and how best to operationalise it within HE.

This article describes and discusses an accredited training course for service users and carers designed to address these issues. The course was developed and delivered by the University/User Teaching and Research Action Partnership (UNTRAP) and the Centre for Lifelong learning (CLL) at the University of Warwick, United Kingdom, in 2011-2013. In the article, we present findings from a focus group evaluation with eight of the service users, who participated in the first two cohorts of the course. Based on their experiences, we discuss the impact of the course on its participants, and the value of accreditation. We show that while training is important for service user involvement and should be considered part of good practice, it is also not without challenges. The main challenges encountered in delivering and continuing the course are outlined in the discussion and linked to the broader context of training within user involvement.

The focus group which forms the basis for this article was conducted in 2013 after the conclusion of the second cohort. Despite sustained efforts, UNTRAP was unsuccessful in recruiting for a third cohort and the course has not run since. Consequently, the findings from the focus group have not yet been used to make any particular changes in practice. The analysis presented in this article is instead used to reflect on the impact of PI training in general, and discuss issues of relevance to health and social care practitioners who wish to involve service users in practice and are considering how to prepare them.

## Background

The Professional Development Award: *User-Involvement in Teaching and Research* was developed by UNTRAP and the Centre for Lifelong Learning at the University of Warwick in

2011, and ran two cohorts in 2012/2013. UNTRAP is a membership organisation for local service users and carers, which has existed since 2004 and currently has around 200 members. The aims of the organisation are to develop, facilitate and support PI in HE teaching, research and governance in Health and Social Care.

The University of Warwick was one of the first UK Universities to build a mechanism specifically designed to facilitate and support the rapid developments in service user involvement at the time. Staff within the School of Health and Social Studies had worked with service users since 2003 to build an organization, with the purpose of supporting service users and academics to work in partnership. Service users decided that the name of the organization should be UNTRAP, reflecting their wish to avoid the 'trap' of marginalization and tokenistic involvement. Service user involvement was something already heavily embedded in social work training at the University, and an interest in building involvement also featured at a very early stage in the establishment of the Warwick Medical School ([Jackson, Blaxter, and Lewando-Hundt 2003](#)). The idea was that having a supportive organisational setting like UNTRAP would enable people to identify their areas of expertise and interests, and develop information about the learning needs of both professionals and service users. Furthermore, UNTRAP had discovered that, with organizational support, people who lacked formal educational qualifications, had lost confidence whilst out of the labour market due to ill health or caring responsibilities, or perhaps felt intimidated by higher education and professionals, were making highly valued contributions to student learning.

One particular focus of the work of UNTRAP, was how to encourage the involvement of a more diverse user-group in HE teaching, research and governance. Diversity and inclusion are important issues in user-involvement ([Branfield 2009](#), [Brett et al. 2014](#), [INVOLVE 2012b](#)), and appropriate support, including skills acquisition and confidence building, are key to ensuring both ([Beresford 2007](#)). Responsive to the demands of clinicians and service users for preparation for PI, UNTRAP had, for a number of years, run regular training events. Reflecting the increasing need to provide an ever more robust framework and structured support for the appropriate and meaningful engagement of a diverse range of service users and carers, it was decided by the UNTRAP steering group to build on the material from these events, and develop a formally accredited training course which would be suitable for both service users and professionals.

At the time, no formally accredited higher education provision existed in the United Kingdom to specifically support service users, or organisations seeking the involvement of service users, in developing skills related to HE teaching and research activities. In 2011/13, the University of Warwick funded and piloted a structured course on user-involvement, accredited at level 3 (equivalent to A-level) and 4 (equivalent to certificate of higher education) within the National Qualification framework<sup>1</sup> The requirements for the two levels were decided upon, together with the Centre for Lifelong Learning, and followed the Centre's general guidelines for assessment and accreditation. Because adult learners often have different expectations and experiences of being assessed ([Looney 2008](#), [Young 2000](#)), alternative methods of assessment, such as reflective diaries, audio presentations and portfolios were considered. However, these were dismissed in the end due to their incompatibility with the requirements of University assessment. To document the personal thoughts and development of the participants, a set of reflective questions were given to the participants at the end of each teaching day, which they were asked to submit with their final assignment. These were not formally assessed.

The course ran over six teaching days, and covered a number of topics relating to PI in Health and Social Care Education, including: (1) An introduction to user-involvement and what it means

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<sup>1</sup> An overview of this framework can be found at:  
<http://www.ncfe.org.uk/media/55540/Equivalence.gif> [accessed 14 December 2016]

to different stakeholders, (2) Teaching and learning techniques and styles, (3) Presentation skills, assessment and feedback, (4) Research design and ethics, and (5) Committee work and Governance. On the last teaching day (6), course participants delivered a presentation choosing an appropriate teaching technique, and provided each other with feedback. This day aimed to make the participants practice and reflect on the skills they had learnt throughout the course. All sessions were developed and delivered in partnership by UNTRAP members, academics and guest speakers. The groups were small (< 12) and the learning environment was kept as informal as possible.

The participants entered the course with many and varied experiences of involvement in teaching, research and governance. Recognizing this variety and the importance of their experiences, the course material drew on elements of experiential, constructivist and student-centred learning ([Beard and Wilson 2006](#), [Jonassen and Land 2012](#), [Kolb 2015](#)). Different techniques, such as role play, discussions in pairs, and reflective journals, were employed to maximise experience-based learning, facilitate discussion, model different learning and teaching styles, and aid self-directed learning and reflection.

The different situations of the participants, for example in relation to educational level, distance from home, employment and family obligations, furthermore constituted a range of institutional, situational, and dispositional barriers for them as adult learners ([Cross 1981](#)), requiring a flexible approach to learning ([Broek and Hake 2012](#)). The workshops were held on a Saturday to accommodate people who were employed, participants who could not attend one workshop were allowed to participate in the workshop of the other cohort, and due to the funding obtained, the course was free of charge for the two cohorts.

Students were given recommended readings before each workshop, and a book box with relevant literature was brought to each session. Each learner had a personal tutor to enable completion of five pieces of written work totaling approximately 2,000 (level 3) and 2,500 (level 4) words, which combined into a final marked presentation for summative assessment. The participants were given two different assignment options, depending on the level they were working towards, and the assignments were assessed on the basis of a level 3 and level 4 assessment framework developed together with staff at the Centre for Lifelong learning.

By summer 2013, sixteen participants, across two cohorts had completed the course. To evaluate their experiences and the perceived impact of the course on their future practice and involvement in HE, they were invited to take part in a focus group, which took place in August of the same year. The findings from this focus group form the basis upon which this article is written.

## **Method**

The methodology was qualitative and exploratory in nature. The focus group was chosen as the method of data collection, as it enabled a collective discussion of a set topic ([Bryman 2016](#)) (in this case the course), allowed participants to consider different views and experiences ([Litosseliti 2003](#)), and develop shared understandings. The focus group scenario was familiar to the participants, due to its similarity with the way the course itself had been delivered, and it was practical, from a time management and logistical perspective.

Eight course participants, representing both cohorts, and an equal number of women and men participated in the focus group. Prior to the group, each participant was given an information leaflet about the focus group and had signed an informed consent form, clearly stating that they had understood the purpose of the group, that they were willing to take part and share their experiences, and that they accepted the group being audio recorded. Institutional ethical approval was not required, as the focus group was part of an overall evaluation of the impact of the course on its participants.

Moderators are key to the success of focus groups ([Krueger and Casey 2016](#)). A member of staff who was not part of the teaching team, but had been a personal tutor on the course and thus had good knowledge of the content, was chosen as the facilitator. Participants were asked three main questions: 1) Has the course impacted on your practice as an educator, 2) What is the significance to you of having accredited training? and 3) What has been the impact of the course on your activity in research? These questions were discussed and decided upon jointly by the teaching team. In line with the focus of this article, the analysis below discusses responses to question 1 and 2.

The focus group lasted one hour, and each question was allocated 20 minutes. The facilitator intervened as little as possible in the discussion, but made sure that all participants had a say, and were respected by their co-participants. Due to the familiarity of the group and their acquaintance with basic ground rules for group behaviour, agreed upon at the course, the atmosphere in the focus group was amicable, and participants were very supportive of each other.

The recording from the focus group was transcribed and read individually by all authors of this article, who identified and coded the main themes they encountered, adapting a basic thematic analysis. Subsequently, the team, which consisted of the same four people who had been involved in developing the course (three academics and one service user), conducted a joint thematic analysis whereby emergent themes and concepts were discussed and refined. The themes identified through this process are presented below, organised in six key themes, under question 1 and 2.

## **Findings**

### ***Question 1: Impact on practice***

Three main themes were identified by the participants in relation to the impact of the course on their future practice: new knowledge, new skills, and confidence:

#### *New knowledge*

Several of the course participants had entered the course with previous experiences of active involvement in teaching or research-related activities. The material presented at the course may not all have been entirely new to them. However, given the wholesale move in education away from didactic teaching towards a more student-centred approach ([Baeten et al. 2010](#)), the course presented those of the participants who were unfamiliar with such teaching techniques, the opportunity to learn about them and to practice them in front of a supportive audience. Participants valued this acquisition of new knowledge and skills, and believed that it would have an impact on their future practice. In addition, they valued a theoretical framework within which to locate their practice:

I taught for 28 years ... it's just part of what you do. But to be able to sort of sit down and say look, there's this style, that style [but to have] a more formalised way of thinking about it ... just adds to getting them more on track as it were so that you didn't miss some aspects of it, and I think that's been really helpful (Male participant 2).

It gives a theoretical side which gives it clarity about why you're doing it rather than just doing it... which is probably the difference (Female participant 2).

This was closely related to the participants' view of their own role as service users within HE education. Despite several participants on the course having had some past experience of university study, many had experienced long absences from education. Understanding the contemporary educational context and the status and potential influence of PI within teaching, was thus a powerful tool which they could use to reflect on their practice. Particularly one

female participant, commented on this point, and showed a strong sense of purpose, when discussing students' learning and assessment:

I think you have to be cognisant of the fact that they [students] are there to learn something. So I think it is a problem in PPI [Patient and Public Involvement] generally that you tend to talk about your own experience and go on about it without realising that there's a focus ... so you have to look at their [the learners] focus and structure things (Female participant 3).

... it's again sort of kind of PPI thing, but I said you can't have people just coming in and saying, that's rubbish or that's good without a) knowing what they're talking about b) able to give specific feedback and also, you know, it is a skill and an art and there's a whole theoretical framework about it and the way you give feedback (Female participant 3).

Her comments reflect well some of the controversy on user-involvement in HE, and show that the role and skills of service-users in teaching and teaching-related activities, such as feedback and assessment, is not always straightforward. As illustrated by (Rees, Knight, and Wilkinson 2007), there are varying ideas about the most appropriate role of service-users in HE, and their degree of professionalism. The above comment touches upon this debate by presenting the distinction and potential tension between 'personal experiences' and 'professional requirements'. However, the findings suggest that participants in general valued the opportunity to reflect theoretically on their own personal experiences and how these could be most usefully employed in teaching and learning.

### *New skills*

Several focus group participants commented that, having completed the course and witnessed the different teaching techniques modelled by the teaching team and other course participants, they felt better able to consider a range of teaching methods for their own practice. This development was often described in the context of their own experiences of learning. Those of the participants who had been educated in a very didactic style, had found it beneficial to be exposed to a range of different teaching styles.

When I was at school, there were three types of teachers. There was the good ones [they] read a chapter of a book word for word and then said, do the exercise at the end, and it never varied. Then there was the second type who couldn't be bothered to read it out and so you'd have to read it for yourself and then do the exercise. And the third kind of teacher issued you a project to do, so that [we thought] was the real lazy teacher who always said, you learn best by doing it yourself (Female participant 1).

I've gone through a life, where ... any teaching or training was basically a lecturer, who stood at the front of the classroom with a whole bunch of slides, which were PowerPoint... on the course obviously you learn different techniques... I found... that for me is totally new (Male participant 1).

During the course, the participants experienced a number of interactive teaching techniques, such as role play, 'talking wall', demonstrations and 'hot-seating'. When they themselves were required to do a presentation, they similarly experimented with different teaching and presentation techniques, often in combination (Table 1).

The variety of teaching techniques applied on the last teaching day, demonstrates the breadth of skills learnt, many new, and all appropriately applied for summative assessment. Participants furthermore commented on some of the more transferable skills learned on the course, which could impact on their practice as user-representatives more generally and in other contexts, such as paid work and service improvement activities.

**Table 1: Teaching and presentation techniques used by the participants on day 6 of the accredited training course:**

Technique	Number of course participants applying the technique
PowerPoint® slides	10
Informal talk	6
Role play/Drama	2
Asking participants to contribute	3
Visual aids	4
Game	1
Hand-outs	5
Group exercise/buzzing	2

### *Confidence*

The awareness of different teaching techniques and skills in how to use them appropriately, was described as having an impact on confidence, both in relation to what course participants themselves were doing, and in challenging existing practice of others or suggesting new ways forward. As explained by one of the participants quoted below, after having done the course, she had felt confident to comment on a planned presentation for a training day at a new job in the health sector:

But since I've done the course I'm now looking at it [teaching and learning] very differently and with this new job in fact there were some activities they wanted to do... And it made me think about what's being taught and I then sort of realised that it looked like it was going to be like a talking out session rather than any activity-based. And so I then felt confident enough to say to the people that had prepared this work that you're not going to get the engagement because you're going to be talking at them for four hours and they're just going to disengage, and then suggested a couple of things that could be done differently as a teaching activity to engage them. And that I think has given me the confidence to feel I can say that now, I wouldn't have had that before (Female participant 2).

As this shows, confidence, knowledge and skills development, are all significant outcomes of training for PI. They relate closely to the aim of enabling a more diverse group of individuals to participate in HE teaching and research, and present service users with a number of transferable skills, useful in contexts outside academia.

### **Question 2: Accreditation**

The focus group's second question, on accreditation, connected more broadly to other aspects of service users' lives. Three main themes were identified in the participants' discussion: 'renewed sense of personal capability and gratification', 'added value' and 'challenges of accreditation'.

#### *Renewed sense of personal capability and gratification*

The issue of validation and accreditation of training was found to be very important for the participants in the focus group. The participants on the course had various educational qualifications, but these were often acquired years before, and many had subsequently spent long periods out of the labour market. Findings from the focus group showed that completing the course with accreditation, gave them a renewed sense of personal capability and gratification.



I mean clearly the course because of the accreditation gave what we did currency and value and recognition of the work that was involved in doing it. Each one of us will use in a different way, it's very valuable. And I think any process of dedicated learning needs some accreditation and recognition in a way for people to have any significance really (Male participant 3).

Yes, I feel the same way, it gives significance to what I already do already. I was quite pleased to do it (Female participant 4).

### *Added value*

Besides providing participants with a personal satisfaction, having an accredited course also gave added value on curricula vitae (CVs) or when applying for jobs. Several participants emphasised the particular importance of the accreditation of this course:

...it is possible to go on sort of half-day courses and come away with certificates ... that's all well and good ... but they haven't got the value that the accreditation brings to it...[It] gives some added value and real added value (Male participant 4).

The importance of validation and formal recognition, emphasises the value of, not only structured but also accredited training, for PI. Furthermore, the comments made by the focus group participants showed that this related both to the world of academia and employment more widely:

I mean people asked about it, you know, but obviously when I was going back to work, it looked like I'd done something, because I had taken time out of work for a year and they could see that I had done something, I hadn't been at home doing nothing (Female participant 4).

...it's also given currency to me getting back into employment because I had some time out after having a breakdown and I added it to my CV and the world has just taken off since then and I'm back working full time (Female participant 2).

### *Challenges of accreditation*

In addition to discussing the benefits of accreditation, several of the focus group participants pointed out that the accreditation requirements made demands on the course participants, which may have been difficult for some:

I think it's very positive that it's got accreditation in my view, and I think it's also a positive that it's come from Warwick University because you recognise it's a high academic achieving institution. However... some people found that quite a leap to reach that standard of expectation (Male participant 2).

I didn't want to be elitist, however I do feel that some people struggled with the academic side of it. Understandably, they hadn't done that for many years; they weren't used to study, and it goes back also as ...there was little if any study skills. That was very necessary because some of the assignments required that. We were all told you can get out of it what you want, fine, but we weren't ever told, well actually there's... academic bias, there's expectation. And someone totally new to that would be, oh I can't do that, but they could with the proper support (Male participant 3).

The points raised by these quotations illustrate an important dilemma in relation to assessed and accredited training within university settings, and pose a number of questions for educators and practitioners thinking about the best ways of preparing service users for involvement in teaching activities. On the one hand, having an open, inclusive admissions policy was essential to the idea of promoting diversity. On the other, this led some participants to struggle with the

requirements. The need for basic study skills was an area which many participants emphasised while taking the course, and as a result, more study skills were integrated in delivery to the second cohort. This illustrates well the importance of support as highlighted in the last quotation.

## **Discussion**

The findings from the focus group show that course participants considered the course to have significant impact on three main areas of their practice: It had increased their knowledge of different teaching styles and techniques, it had given or updated their skills in applying them, and it had provided them a level of confidence of what was to be expected of them in a teaching context. These, we would argue, are all important benefits of training, which can be expected to enhance the experience of both service users and the students they meet.

The importance given to accreditation by the participants showed their desire for their contributions to be properly validated, and equally, the importance of this validation being recognized outside the world of academia. HE accreditation, however, also carried with it specific demands for written assignments following standard university guidelines. Not having educational qualifications as admissions criteria for the course was intentional and essential. It meant that the course participants were of very varied backgrounds, and some needed more support than others to reach the expected academic standards. Having admissions criteria may have helped avoid this, but would have been detrimental to the goal of increasing diversity - one of the main rationales for developing the course. The academic assessment issues could be surmounted where accreditation bodies are open to conversations about more varied and creative forms of assessment, acknowledging the various backgrounds and areas of expertise of service users as adult learners.

The particular way in which diversity is dealt with in training is a topic of relevance for all practitioners who develop teaching material and/or assessment for any group of service users and carers. Adult learners may be quite different in the way they deal with the formal requirements of assignments and the feedback they receive, highlighting the need for an individual approach identifying the needs of individual students early on ([Young 2000](#)). In the case of this course, the teaching team actively embraced diversity and individuality by relying on interactive and experiential learning, having two different levels of accreditation, allocating a personal tutor to each student, and allowing for resubmission of assignments. Furthermore, acknowledging the key role of teachers in adult learning as providers of motivation, encouragement, and time ([Greef, Verté, and Segers 2012](#)), both teachers and personal tutors on the course were very conscious of presenting feedback to students in a constructive and timely way and allocated time to provide practical advice and personal support if needed. It has to be recognised, nevertheless, that this became a more time-consuming exercise than was ever anticipated and required a lot of personal commitment and institutional financial resourcing.

The first two cohorts were funded by the University, and thus the course was free of charge for participants. However, recruiting for the next cohort proved difficult even though the course fee was set according to the standard fee of CLL courses, and a wide range of organisations and individuals were contacted. A certain interest in the course was registered, but not enough to qualify running another cohort. Consequently, the training UNTRAP has provided since has mainly been ad-hoc and project based, as was the case previous to the course. Our difficulty in recruiting for a third, fee-paying, cohort illustrates a final point for reflection. Whilst training, in our experience, is part of good practice for user-involvement in teaching, it does require a significant amount of organisational commitment and funding. Considering the three types of barriers to adult learning identified by ([Cross 1981](#)), it could thus be argued that whilst an inclusive and student-centred teaching approach might help address some of the institutional and dispositional barriers presented to adult learners, the situational ones (including financial barriers) are more difficult. In the current economic climate, this is a crucial consideration for all practitioners and host organisations hoping to support diverse, inclusive and meaningful PI.

## **Conclusion**

Training for PI will no doubt remain a contested area ([Dudley et al. 2015](#), [Rees, Knight, and Wilkinson 2007](#)). The findings from this focus group suggest that participants valued the opportunity to reflect theoretically on their own personal experiences and how these could be most usefully employed in teaching and learning. In addition, the accreditation constituted an added value to the participants themselves, in HE and, potentially, also in other areas such as employment.

As we have argued in this article, offering structured and accredited training for PI may be one way of removing barriers to meaningful involvement and diversity, and maximising the impact of PI, by supporting knowledge acquisition, skills development, and confidence of service users in their involvement in HE and beyond. Interactive, student-centred, and reflective learning activities as well as extensive support, are particularly important when working with diverse groups of service user in a teaching context and can help make training more inclusive. One of the main challenges, however, remains the question of how to fund training opportunities and make them equally accessible and inclusive for all service users who wish to increase or update their knowledge and skills, and improve their confidence of working within a HE environment.

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