

Developing mental health nursing students' understanding of physical and mental health problems through formative peer learning seminars: a reflective account

Introduction

People with severe mental illness have increased risk of poor physical health and reduced life expectancy (Kings Fund 2016, NHS England 2016) due to a combination of factors including existence of co-morbidities, the side-effects of medication, smoking, chronic stress, lack of exercise, and problems with accessing health care (Gordon et al 2012, Small et al 2017, Kings Fund 2016). Nurses need to contribute to integration of physical and mental health care (Kings Fund 2016) and take opportunities to support service users in improving their physical health (Department of Health 2016). However, many mental health nurses are still under-skilled in physical health care, perhaps due to cultural and service design factors (White et al 2014) or because 'the physical health needs of service users tend to be neglected in pre-registration mental health programmes' (McIntosh and Gournay 2017). Ramm et al (2015) found that student nurses are under-prepared for their roles as educators, even though the Nursing and Midwifery Council (2015) counts 'supporting others' learning' as one of the core abilities of a qualified nurse. Peer learning (or students collaborating to teach each other) has benefits for both parties, developing effective teaching skills and improving academic performance (Ramm et al 2015, Williams and Reddy 2016).

The purpose of this reflective article is to report on an initiative within a pre-registration mental health nursing programme, in which student nurses research and present on a topic related to the mental or physical health of service-users. As the tutor and some of the learners involved, we hope that our experiences will benefit readers who may have completed their pre-registration education some time ago and who might be interested in contemporary teaching and learning strategies, and current students, practice mentors and educators who might like to adapt this initiative when developing their own learning strategies.

In responding to service-users' wishes for support that promotes physical as well as mental health and well-being, provided using a collaborative, holistic, person-centred approach (Public Health England 2016), mental health nurses will require improved 'health literacy' or the ability to find and understand information that promotes health (Hemingway et al 2015). Mental health nurses are committed to improving their practice in this area (Mwebe 2017) but need to build their confidence in responding to physical health problems (Chadwick and Withnell 2016) and in sharing their own expertise (Foulkes 2015), so that service-users can benefit from a more integrated, responsive approach regardless of the context of care.

Adult learners prefer learning strategies that are relevant to their working lives (Spies et al 2015), while nursing students have a variety of learning preferences (Hallin 2014). Nurse educators should therefore offer varied learning opportunities (Hallin 2014). Nurses in practice tend to learn from each other, their service users and multi-disciplinary colleagues in normal interactions (Pype et al 2014). So, peer learning reflects natural processes that occur in the workplace, where the ability to self-critique and offer diplomatic feedback to colleagues will become key skills.

Workshops have proved useful in improving mental health nurses' abilities to identify risk of diabetes and support people with diabetes (Hemingway et al 2015) and a range of other health problems (White et al 2014). It would not be possible for each nurse to be an expert in the whole range of potential co-morbidities that our service users may experience, but it is important that nurses prepare for life-long learning and know how to find, evaluate and communicate the evidence-base that supports clinical decision-making (Laaksonen et al 2013). Our current students will become the next generation of influencers, responsible for managing and leading their colleagues, so will need to develop confidence in articulating the importance of care, the evidence base and values that drive care decisions and explaining how care should be delivered.

The seminar groups

In this instance, seminar participation is a formative (unmarked) assessment activity that students prepare for independently in their study time, but then present together in a timetabled classroom session. Each student identifies a topic of interest, either related to physical health or to a mental health issue that is not explored in face-to-face teaching. On the day of the seminars students are divided into small groups of six or seven members, with a mixture of physical and mental health topics in each. The room is arranged to convey high expectations and some suspense, with table numbers, a menu of presentation topics on each table and a notice on the wall with details of who is in which group. Each student presents their topic informally for around ten minutes, with five minutes for questions and discussions, during which they are encouraged to challenge each other supportively, to clarify any gaps in their knowledge base, deepen their understanding and develop a more critical perspective. The role of the tutor is just to ensure the session is running smoothly, rather than to join and possibly disturb the group processes. However, it is possible to listen and learn while sitting to one side! Following the seminar, for the summative (marked) assessment the students then critically analyse their own topic and that of one of their peers, so that in their essay they are writing in depth about a physical health and a mental health topic. Their seminar notes (with descriptive content) are appendicised, leaving the main body of their assignment for analysis, which gains higher grades.

Assessment is said to drive learning (Biggs and Tang 2011) but assessment can be *of learning*, *for learning* or *as learning* (Lam 2016). Choosing assessment as learning allows for more creativity in designing assessments that are relevant to the professional challenges that will face future nurses. Many of these challenges will be met using teaching skills, including the ability to express complex ideas to people who do not share a professional vocabulary. Nurses may use researching and related teaching skills in a range of situations (Table 1):

Table 1: Research and teaching skills used in nursing

<p>Nurses use research (searching for and evaluating evidence) skills:</p>	<p>Nurses use teaching (explaining, listening, using appropriate vocabulary, making comparisons, and so on) skills:</p>
<p>to check the evidence base for care or treatment interventions</p>	<p>to explain treatment and care options, (sometimes to people with varying degrees of mental capacity)</p>
<p>to develop a stronger rationale for an initiative they wish to develop</p>	<p>in therapeutic interventions including cognitive behavioural approaches, motivational interviewing and solution focused therapy</p>
<p>to assist service users who google their diagnoses and would like further explanation</p>	<p>to promote self-care and self-management of long-term conditions</p>
<p>to find evidence that supports alternative perspectives when challenging negative practice or embedded points of view</p>	<p>for health education and health promotion</p>
<p>to find out more about issues they need to understand to lead their teams effectively</p>	<p>to support family carers by interpreting and sharing information, at a level that suits their understanding</p>
<p>to find local third sector organisations for service users, to enable networking and mutual support</p>	<p>to contribute to multi-disciplinary team debates about alternative interventions</p>
<p>to advocate for service user rights, by evaluating research ethics and protection of participants should service users be invited to take part in studies</p>	<p>to promote positive outcomes from social prescribing</p>

to provide an evidence base when writing reports or journal articles	when mentoring students
when leading or contributing to studies that further develop nursing practice	when leading their teams – for example when analysing an incident or promoting an initiative

Seminar presentation has further benefits for students, as learning about a subject to a level that leads to confidence in teaching it to peers means knowledge becomes well-embedded (Ravanipour et al 2015). It is possible that the social pressure of performing in front of peers increases both anxiety and motivation. Students deliver their presentations in small groups; this enables practice before presenting to a larger group (or opportunity to present at a student conference) later in the programme. Presentations are often required in promotion interviews for qualified nurses (Foulkes 2015). Students also learn to give and receive meaningful formative feedback, to formulate sensitively challenging questions that promote critical thinking and mix with people who are not in their usual friendship groups. My perspective, as nurse lecturer, is that the learning experience is relevant to student nurses, both for their future practice and for development of the skills that will lead them to more immediate academic gain. All the students in the group were invited to contribute to this article. The quotes below represent the views of the three students who chose to participate by sharing their reflective accounts. Their post-session reflective writing reveals nuanced perceptions of the emotional and practical process of participating in the seminars.

There were some barriers which the students needed to overcome before achieving success. For example, it was an anxiety provoking experience:

The night before, I stayed up until late preparing for the next day's presentation. I was anxious, mainly because I suffer from a high level of social anxiety and am not a good public speaker. (LD)

So, if you tell a group of 2nd year Mental Health Nursing students that they have to present a seminar to other students, it is likely that a look of horror will fall upon their faces. That was my experience anyway, at least to begin with, and I'm pretty sure that's how at least some of my colleagues felt. It's not necessarily about doing the work, but more about being 'on show'. Is there an expectation that I will be an expert on my chosen topic? What if I can't answer the questions that other students pose? What if I look stupid? What if I go red and can't get my words out? What if I'm a boring presenter? All of these thoughts passed through my anxious brain. Fortunately, the task was just to present in small groups, not to the whole cohort (which may well have resulted in mass panic). On reflection I decided that everyone would be more concerned with their own presentation than to worry about judging me too much. (CG)

I am not very good at presenting, so I was quite anxious on the day of the presentations.
(LM)

The activity is formative, so it is the student's responsibility to decide whether to comply with instructions. As teacher, I was unaware that some students had not completed the preparatory work. Choosing not to take part may disadvantage these students in the summative assessment, but is also undermining and disrespectful to those who do:

Not all students approach the exercise with all the seriousness it requires. Some turned up without notes and appeared not to have studied or mastered their chosen subject well enough. Suffice it to say, these are in a minority and peers were reluctant to provide negative feedback of this approach to the exercise. (LD)

The students reflected on the content of their learning and the strategy used. They could articulate academic benefits:

We students were asked to research a mental health or physical health condition and present it to other students. I did my research on Korsakoff Syndrome. The other students in my group researched on constipation, anxiety in older people, coronary heart disease and depression in older adults. The experience was good in that we all learnt something new within a short space of time and I personally enjoyed researching my topic. (LM)

It required students to critically study and reflect on their chosen topics in order to be able to share newly acquired information that will be beneficial to others in the group. Also, students had the unique opportunity of learning about a wide range of topics within a short period – one lecture session. Feedback and other evaluative comments by peers at the end of each presentation, for example, attest to a mutually beneficial learning experience and effective teaching strategy as students are both teachers and learners. (LD)

The importance of this is that it gave me the opportunity to work on my presentation skills as well as my research skills. There was a lot to learn from the whole experience. One topic caught my attention more than the others, constipation in older adults. I knew about constipation generally but had never looked at it the way it was presented. I learnt that constipation in older adults causes not only physical issues, but also mental, social and economic ones. I also learnt how to sometimes identify someone suffering from constipation by their body posture. (LM)

I had chosen a topic I was interested in based on my experiences on placement. I thought that even if I didn't have enough 'facts' I could at least talk about experience. I chose to present on 'ECT as a Treatment for Depression in Older Adults'. I started off talking about my reasons for this choice and shared my placement experience, then went through the prepared power point presentation. I found that basing my interest on experience made the situation more chatty and less formal, whilst the power point gave me structure to ensure I covered all bases. My small group members listened, and took notes - meaning the words

that came out of my mouth must have made some sense. Being in a small group gave us opportunity to discuss points raised in the presentation as we went along. Having concluded with further points for discussion, both taken from research and thoughts of my own, meant there was plenty to talk about at the end. (CG)

The activity seemed beneficial for confidence and self-awareness. While some of their responses seemed related to relief that the activity was over, the students could also draw conclusions related to their immediate and long-term development:

I realised how sometimes I take things lightly when they are big and could cause more harm than I think. I learnt that as a nurse, I have to be more critical and think out of the box a lot more. I have now set myself a goal to work on my skills of being critical and analytical and to also display this on my written assignments. If I can do this, I will be able to pass my assignments and will then be able to give my clients a better service as I will be competent in what I am doing as a student and qualified nurse. (LM)

Contrary to my fears, the day itself went smoothly as my presentation went generally well. I was relieved. I received positive feedback from my peers with a few of them marvelling at my ability to discuss an otherwise mundane topic in a manner that held their interest and taught them new information. On the whole, this departure from the traditional method of teaching and learning, though challenging and quite daunting for some students, had immense benefits for most if not all participants. (LD)

Chatting to the group, and other colleagues from my cohort, the overall feeling was that presenting a seminar in a small group was a good experience. It was good to share information, and to be able to discuss topics freely, knowing that this was formative and not assessed. It was good to have had autonomy to choose our own topics, and choose the

topic that we would concentrate our own note taking on. It was good to see other people's styles, and talk to people I didn't know so well. It was especially good when it was over - not because it was awful, anything but - but because I now feel that I've done that now, I have been in an uncomfortable situation, and it wasn't as bad as it first seemed. I feel I could even do another one, and not worry too much about it. For me, instilling confidence and courage are really important aspects of nurse training, and presenting seminars and learning from others has certainly done that. (CG)

Recommendations

Collaborative approaches to learning are congruent with nurses' learning preferences (Laaksonen et al 2013) and active learning strategies enable deeper learning (Biggs and Tang 2011), so a seminar-based approach could be used more widely in nurse education. Pre-planning and a clear structure to the session, together with explaining the benefits of the activity to students, contribute to its smooth running. Anxieties can be an initial barrier, so reassurance about the small group size and short time of the presentations is useful. It is also encouraging and reinforcing for students to know that formative work provides a strong basis for subsequent summative work.

Conclusions

Seminars for peer teaching and learning, in which students informally reflect on their own abilities and give formative feedback to peers, seem to have positive outcomes in building on students' researching and presentation skills. Students' accounts also indicate that self-esteem is enhanced, and that they can appreciate the advantages effective searching skills, the ability to evaluate evidence and confident self-expression have for their future careers.

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