LIFE AND LEARNING AND LEARNING ABOUT LIFE: AN EDUCATIONAL EXPERIENCE FACILITATING THE DEVELOPMENT OF LIFELONG LEARNING SKILLS UTILISING A MENTAL HEALTH CASE STUDY

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ABSTRACT

This paper undertakes an analysis of a problem based learning (PBL) package which is designed to facilitate the development of lifelong learning skills in health professionals and persons who encounter and/or work with those people who have a mental illness. The PBL package, a structured learning experience utilizing a progressive case study of a serious mental illness, schizophrenia, is based on a client's experience, and therefore presents situations and events that are commonly encountered in clinical practice. With 1 in 5 Australians having a mental illness, learning how to deal with these disorders has now become a challenge for everyone. Problem based learning is effective in the development of such competencies, attributes that if nurtured carefully remain with us for life. Discussion of the development of these attributes, which are facilitated and nurtured by the utilization of a PBL package, forms the basis of this paper.

LEARNING ABOUT MENTAL ILLNESS

It has been estimated that 1 in 5 Australian's will at some stage of their life experience a mental illness affecting their quality of life (Mitchell, 1995). This is a frighteningly large percentage of the population. However, according to Andrews (1991), only 3% of these people will seek professional help for their condition. For students undertaking tertiary studies, especially those who are engaged in health related courses such as nursing, occupational therapy, psychology, therapeutic recreation, leisure studies, social work, etc. it would seem fairly relevant that at some time during their course they should be exposed to the study of mental health.

The schizophrenia learning package emanated as a result of a successful funding submission for a $43,000 CAUT grant. The idea was to create a learning activity package which would enable students in health profession and other related courses, to optimise their exploration of the knowledge, skills, and attitudes necessary for effective participation in the mental health assessment of clients, and involvement in multi disciplinary case conferencing. The learning package and model of facilitation presented reflect values, beliefs, and principles inherent in problem based learning. These characteristics have been identified by Alavi & Margetson (1997) and are, "a problem-focus from the outset; initial enquiry; consulting resources; reflection: refinement and development; iterations of the five preceding steps and a conclusion" (p 27).

The learning package, which was authored by Larni Kelleher, Lorna Moxham, Archie Mckay and Gloria Teale, consists of two trigger videos, learning stimulus information, and an accompanying facilitator guide. The first video is of a client who has been diagnosed with schizophrenia and who is being interviewed by a psychiatric nurse soon after he was admitted to a public mental health facility. The second video, a 'fly on the wall' type expose, allows the learner to see what takes place during a 'run of the mill' multi-disciplinary case conference. The structured learning package is a progressive case study, which follows the progress of a client with schizophrenia over a 13-day admission to an acute public mental health facility.

The developmental process (people, planning & problems)

The learning material was constructed in two phases.

Phase one consisted of scenario development which incorporated:

- the elaboration of the script,
- the development of learning stimulus material,

- the construction of a comprehensive facilitator guide,
- producing and then editing the videos.

Phase two consisted of introducing the package into an undergraduate curriculum, and then undertaking a reflective analysis of its effectiveness. This was achieved by incorporating the package as learning stimuli for Baccalaureate Nursing students in the final year of their degree at the University of Western Sydney, Macarthur. The learning material was evaluated by the third year nursing students and also by the lecturers who facilitated its progress.

The whole package is based on information gathered from a real client whose confidentiality is protected by many changes. The learning stimulus material, associated resource papers and accompanying facilitator guide, underwent numerous rewrites. Information was analysed over and over, modified, and then analysed over again so as to ensure complete accuracy. Medical records, biopsychosocial and spiritual history, family information, dates, times, medication prescription, and administration details, etc. all had to be totally accurate, and were consistently checked and rechecked. This was an extremely time consuming process. The development team was confident that if any incorrect information had been included, the eagle eye of the third year students would spot them immediately and thus we would be able to rectify and modify the package. To complicate this further, the learning package had to conform to the curriculum requirements of the NSW Division of Nursing. Prescriptive concepts and issues had to be included, so writing them into the package was mandatory if it was to be included in a Bachelor of Nursing program.

An extremely important part of the learning package was the guide that was written for the facilitators. It was envisaged that the learning package could be utilized across a range of health disciplines which might include nursing, medicine, psychology, occupational therapy, and social and welfare workers, and as a result, possibly used as a teaching tool within a variety of courses. Further to this, not all institutions and facilities using the package would be familiar with problem based learning as a teaching style, nor would all facilitators be familiar with concepts of mental health and illness, specifically those related to, and associated with schizophrenia. A comprehensive guide which enabled appropriate and successful facilitation of the learning material was essential, and the writing of the facilitator guide took up more time than any other component of the package.

One eminently interesting task within the project was the employment or casting of the actors for the part of the client and those persons who would participate in the case conference. Should professional actors be employed who had no knowledge of mental health or schizophrenia? Or should mental health professionals be employed who had no knowledge of acting? After lengthy discussions with practicing film directors, and consulting with acting agencies, as well as seeking the opinions of production crews, it was decided that practicing mental health workers would be employed. The final decision was made with due consideration to fiscal parameters, who would perform the task with the least amount of trouble, and whether or not the project team would be able to exercise control over individuals. It was also felt that mental health professionals could be identified with on a professional basis, as all members of the project team were in fact trained psychiatric nurses. The acting team, then, consisted of a mixture of psychiatric nurses, psychologists and a social worker, who were all practicing clinicians. These 'actors' were all currently employed in a variety of public and private mental health facilities and settings.

After numerous hours of discussion, including a lengthy discourse with a film director, it was further decided not to script the actors. One reason for this, which would be known as a spontaneous approach, was that non-professional actors may find it difficult to 'pick up' exactly where they had left off, if and when a scene had to be 'cut' for any particular reason. A further influence on our deliberations was that the professional mental health workers had all been involved on numerous occasions with both mental health assessment interviews and case conferencing, and it was felt that they knew how to play their parts. After all, the roles that needed to be played included a community psychiatric nurse, a psychologist, a social worker, a consultant psychiatrist and the psychiatric registrar.

The main actor, however, was somewhat more difficult to find, as this person was required to fit specific physical and cultural characteristics as well as possess some knowledge of mental health concepts and issues. The person chosen to play the role of the client fitted the required ethnic origins very well, and had recently completed a degree in psychology – perfect. These attributes proved very useful as the actor fought to come to terms with the character that he was required to play. It was important too that all health workers were deliberately chosen from areas outside of where students who would be using the learning material may be sent as part of their clinical placement. In fact, we even imported the person who played the community psychiatric nurse, from New Zealand.

Prior to filming, the actors were forwarded relevant package material so that they could familiarize themselves with their roles and the role of the client who was to be the receiver of their expert care and attention. The actors were 'worked up' by encouraging them to think of a professional they knew and to role-play this person when they got into the filming of the case conference. The amateur actors excelled, so much so that their accuracy of mimicking the hierarchical nature of the health service system led to some interesting interchanges during the mock case conference. This was quite exciting and added an extra dimension for teaching and learning, as an analysis of group dynamics could be incorporated into the package as a consequence.

The video was shot over three days with three cameras (we were reliably informed by the director that Ben Hur had only used one). The extra cameras, although providing asthetic appeal and professional polish, proved to be an editing nightmare as it meant that the daily rushes had to be viewed on a number of videos simultaneously. This process was very time consuming and quite difficult for a bunch of amateurs who were soon to learn that each second of filming apparently contains 20 frames. Fortunately for the project team, one member had time on her hands due to a severely fractured and shattered ankle.

The package was duly trialed as a pilot, and feedback meant that the project team went back to the drawing board to modify as appropriate. The general consensus was that the problem based style of learning was enjoyable and encouraged exploration of issues and concepts in great detail. The two trigger videos were the highlight of the learning experience, as was expected, and there was lots of feedback about the reality of the settings.

Why use a problem based approach?

According to Forbes (1997),

> "Nursing is a profession which requires its practitioners to be prepared with requisite knowledge, skills and attitudes. To ensure the best possible preparation, some professional courses are now using the Problem-Based Learning (PBL) method to give learners both the necessary professional skills and knowledge and also to equip them with the learning skills to be capable of responding to the dynamic health care environment" (p 139).

This is also true for health related disciplines other than nursing. Problem based learning encourages a student-centered approach in which the learner is actively responsible for their own knowledge acquisition rather than the filling of the empty vessel as in the traditional transmission models of teaching. Woods (1994), describes PBL as a way of assisting students to "use a problem situation to drive the learning activities on a need-to-know-basis" (p 2). The principal attraction of the PBL approach, particularly for the study of a major mental illness, is its contribution to the integration of disparate sets of knowledge into holistic complex competencies. Qualities that are enhanced by the PBL approach include student centredness and involvement, intrinsic motivation, individual responsibility, and the ability to integrate thinking and feeling (confluence). Using teaching methodologies such as these, encourage a deep approach to learning which, according to Biggs (1993), cited in Hendry et al. (1997), refers to an intention to engage tasks properly and in a meaningful way, and is promoted by student-centred courses, while a surface approach is the intention to meet task requirements with a minimum expenditure of effort.

These are qualities that are highly prized in the arena of mental health, and if this integration can be encouraged and developed as a part of the learning process then lifelong learning may evolve.

Integration is a key element to successful lifelong learning, and the transportation of this learning into the workplace is crucial, as learning must and does extend beyond the classroom and into the social and professional contexts of the students' external life. Within the learning package described above, the opportunity for individualized learning, and the real situation that the stimulus material is based upon, allows for this workplace integrity. In fact, PBL is a way of developing knowledge which can be used in practice (Engel, 1991).

Mental health care is a complex area, and schizophrenia is perhaps one of the most complex and socially disruptive disorders that a human being could live with. Learning about mental health and a major mental illness such as schizophrenia can be quite arduous; therefore, a carefully structured learning package which can be delivered in manageable pieces, was required. The problem based approach allowed for such a delivery, and also allowed students the freedom to drive their own individualized learning based on what their own learning motives were. The main objective in utilising a PBL approach was to develop a student-based learning package that simulated a complex clinical situation which may be commonly encountered in mental health services. Progress through, and subsequent successful completion of the package would enable students from a variety of health profession courses and disciplines to develop

competencies, knowledge and skills needed in the treatment and care of consumers and their families who live with, or who are affected by, a major mental illness – schizophrenia.

As an adjunct to the learning package that the students were being guided through, they were also provided with lectures that were appropriate to the acquisition and enhancement of their mental health knowledge. According to McPherson (1995), in PBL, a lecture should be integrated with the problem, and in the case of this learning package it was the students who decided and subsequently requested the content of the lecture that they felt they required. Again, the learning was student driven and their requests were based on issues that they had identified and that had arisen from the situation in need of improvement contained within the PBL package.

In this instance, PBL allowed utilization of scenarios which were derived and further developed from the problems that the patient, the patient's family, and the health care team encountered in a real life situation. The use of the trigger videos and accompanying learning guides were consistent with the experiential and problem based methodologies in the institution where this type of student-centered learning occurred. The PBL approach meant that learners had to deal with some critical problems, and as a result of its construction from humanist educational philosophy, which believes in the notion that the learners' potential and their motivation to learn arises when they realise the usefulness of what is to be learnt (Hongladarom, 1988), self directed and lifelong learning was enhanced.

PBL also facilitates students to develop initiative, and it is initiative that is often required in many professional roles. Within the domain of mental health care, professional initiative is a valued skill. Due to the often unusual and bizarre symptomatology and behaviour that can be exhibited by persons who are experiencing mental health problems, worker or professional initiative, which requires the ability to assess complex clinical situations and to participate constructively in decision making conferences, are critical competencies essential for a variety of health profession students. Mental health assessment, both formal and informal, is a constant requirement for workers involved in the care of clients who are living with a mental illness. The formal mental health assessment as depicted in Video 1, represents a typical intake, mental-status examination where the interview elicits the major features of the clients current experience. Such an assessment is the basis upon which treatment and care occurs within a mental health context. The case conference, as depicted in Video 2, is usually the forum in which the assessment data is evaluated and treatment and care determined.

These videos form the basis for students to complete:

1) a mental status examination based on observations of the client's behaviour in the video, including justification for their decisions and conclusions;
2) an analysis of the interaction process demonstrated in the video: students were expected to nominate an interaction model and use this as the basis for their analysis;
3) a treatment plan which is based upon:
   i) assessment of the data as presented in the video and,
   ii) exploration of the learning issues that have arisen from observing the video and, undertaking the mental status examination;
4) an analysis of the roles and interactions demonstrated by actors in the video, and the implications of this for ongoing care;
5) an investigation of the limitations and advantages of case conferences in determining client care;
6) an exploration of group dynamics within a team situation;
7) an identification of the range of community services that are available for clients in the mental health care system.

Many students have voiced concerns that although they were expected to achieve these competencies, when they actually attended their psychiatric clinical placements, they did not get the opportunity to participate in either a mental health assessment or a case conference. The PBL approach incorporating the use of the trigger videos, which allowed for an approximation of a real and complex clinical situation, enabled students to model and rehearse skills inherent in mental health assessments and case conferencing at their own pace and in a safe environment. This enhanced the development of the competencies and skills that the students would need. In addition to forming a logical infrastructure for generating knowledge, a PBL approach facilitated interaction with the culturally generated concepts of what is and what isn't mental illness. By utilizing PBL, students not only constructed for themselves the knowledge that underpins the course, they also took on board the philosophy of mental health service delivery.

STUDENT EVALUATION

Seeking feedback was a valuable part of the production and learning process, and student evaluation occurred in a variety of ways. A questionnaire was distributed to all 150 students who had completed the package on schizophrenia. A very healthy 92% response rate was recorded. The evaluation techniques gathered data which included eliciting students thoughts on the adequacy and comprehensiveness of the learning material, access, ease of learning and use, confidence in transition to clinical performance, and retention of information. Further to this, and to add a qualitative dimension, focus groups were also conducted. These were carried out upon the completion of the learning package, after the students had attended a psychiatric clinical placement, and close to the semester breakup. The focus groups were held approximately 6-8 weeks after the completion of the package. The focus groups, which lasted on average about 60 minutes, consisted of 10-15 students per group with two groups being conducted on each occasion.

Students commented positively on the relevance and immediacy of the videos and the accompanying learning guide. They also said that they felt that it was valuable for them to be able to view and reflect on the videos as often as they felt they needed to. Many stated that they weren't as self conscious borrowing the video as often as they wished, compared to not wanting to ask questions in tutorial sessions because they were embarrassed. They felt the ability to be able to privately self reflect whilst again viewing the video was a positive attribute of the learning package. Students also felt that the package helped them to improve their abilities to understand and model the effective interviewing and interaction skills that they needed to be able to perform in an assessment situation and/or clinical setting.

The reality of the situations was also something that was appreciated, and after one week of clinical placement in a psychiatric facility, students were commenting on the similarities between the video portrayal of a case conference and the reality of case conferences that they had observed in what they termed, "the real setting." Interestingly, many students also commented on the fact that they got to hear Australian accents rather than the usual American or English twang, and felt this to be a very positive step in the design of learning material for Australian students. By way of negative feedback, three students thought that "the package was too long," and two students thought "the package was too short."

CONCLUSION

Problem based learning is a well established form of enhancing the learning process for students. However, the majority of PBL packages are still currently delivered in written form, which tends to inhibit some knowledge acquisition – especially in the cloudy area of mental health care. Delivering a PBL package is an exciting opportunity for the facilitator, and this teaching technique can be enhanced by the use of non-written learning stimulus material. The use of a problem based approach enhanced student learning of a major mental disorder by developing learner comprehension and analysis of intentional interaction, frameworks of assessment, the dynamics of group processes, team decision making, the multi-disciplinary health care team and the lived experience, as well as carers' and significant others' ability to cope with schizophrenia.

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