**Awards to Support Innovative Approaches to Service User Involvement in Healthcare Education and Research**

1. **Melissa Chamney (Adult Years): Service users’ and carers’ collaboration within adult student nurse learning.**

The nursing curriculum is based on a commitment to relationship-centred care where health professionals and students value the relationships that form the context of care, including those of service users and carers.

When the HSM043 module was run for the first time (Experiencing Long Term Care, Rehabilitation and Recovery) student’s stated they would like to have met the “face” of these conditions. I considered this and the NMC (2010) requirement for involving service users and carers in nursing programmes of study in a consistent and meaningful way and created a “*programme manager’s seminar series*” based on service user and carer perspectives to run alongside the HS2043 module of the nurse training for BSc (Hons) Adult Nursing students.

The individual sessions included lived experiences of the individual with a neurological condition, a renal condition, living with cancer and specialist support and management of an individual with dementia undertaken by a carer and showing videos of the individual suffering from dementia as she goes about her daily life.

This was extremely well evaluated and I wish to use the award to integrate and develop this series further into both HSM043 (PG Diploma Module) and HS2043 as an on-going aspect of these modules. It will allow the service users / carers to be paid for their time and allow me to run a paid workshop for them including them assisting the development of “patient” scenarios.

Meeting service users and carers outside clinical environments helps students gain a clearer understanding of how conditions can affect people’s daily lives (Terry 2011). It provides a focus for students to be aware of the tools and systems available to service users and carers to help them manage their long term condition. Students can then use these to incorporate into the care of their patients and their family and friends (Expert Patients Programme 2012).

1. **Shashivadan Hirani (Health Services Research and Management): Utilising service user expectations and experiences of mobile assistive technologies to improve service provision training of health and social care professionals.**

The UK Government is pursuing a strategy of integrating assistive telecommunications technology (i.e. telehealth, telecare) into health and social care services, to remotely monitor the changing health status of NHS and social care service-users. Horizon scanning indicates wearable mobile monitoring sensors, have the potential to serve many monitoring requirements, thus will be integrated into service packages. However, little information exists on the impact newer technologies may have on health care providers and/or service-users, or these groups’ views of such service changes.

To address this, the SHS is developing a new module (APM017 – Engaging Technology) to train professional care providers to better utilise technology in their service provision. Within the

course professionals are required to utilise the remote monitoring technologies they are asking service-users to use, to gain experience and better insight and reflection on the tasks they ask patients to undertake; and potential reasons for the non-adherence or misuse of technology.

This learning could be vastly augmented with first-hand accounts from service users of their experiences and perception of the same equipment. To do this we would like to ask a series (n=12) of service users to utilise this newer technology; then interview them (individual and group) to obtain first-hand users perspectives on the technology. In order to produce learning objects for participants on the course, we would like to film users engaging with the technology at different stages of their experience (from expectations beforehand, to after a sustained period of use), and examine their user experience and acceptability of the technology. This material will also be qualitatively analysed for research purposes and to develop materials for self-management interventions, for use when introducing technology-based services. Similar processes can subsequently be undertaken with the professionals themselves.

Through this work we can produce materials suitable for: professionals' education, service provision and research.

1. **Byki Huntjens (Optometry and Visual Science): ‘My Experiences in the Big Chair’: Service user experiences of common eye diseases.**

A new series of tutorials will be designed for UG and PG optometry programme, whereby service users with common eye diseases discuss their everyday experience of the disease, their experiences of the national screening services, and any treatment received. The tutorials will support numerous clinical modules within the current UG02/03 and PG curriculums with communication skills, service user experiences of eye disease, investigative techniques and optometric management. The eye diseases that will feature in the series are Age-related Macular Degeneration (AMD), glaucoma, and Diabetic Retinopathy (DR).

The tutorials will be partly available ***online***, whereby the student can access a recorded eye examination performed by the carer at our Fight for Sight eye clinic, including 1) history and symptoms; 2) investigative techniques; and 3) optometric management. Each part will conclude with a short interview where the service user talks about their experience of the eye examination. On separate occasions, the service users are invited to ***attend*** tutorial sessions to support a dialogue with small groups of students regarding their everyday experiences coping with the disease, and undergoing annual screening and treatments.

**By introducing the service user perspective to optometry students, I envisage that the improved understanding of the patient perspective will translate into enhanced communication skills and optometric management when students’ progress to the professional eye clinics in their final year of study.**

The online material will be prepared by the applicant; however, I would like to give a student the opportunity to play the role of optometrist. The small group tutorials will be part of the UG module OV2006 *Clinical Skills II* and the MSc module *Medical Retina* (*currently designed*).

In the future, the series has the potential to be expanded with other *eye diseases* (e.g. visual impairment, amblyopia) and *eye conditions* (e.g. presbyopia, dry eyes, and contact lenses).

1. **Anne Laybourne and Julienne Meyer (Adult Years): My Home Life (MHL) Users and Carers project: Developing user and carer ambassadors for promoting quality of life in care homes for older people.**

**Background**

MHL (www.myhomelife.org.uk) is a UK-wide initiative to promote quality of life in care homes, recently been funded by Henry Smith Charity (HSC) to move into a 4th Phase (Sustainability). MHL began as a small project to synthesise the evidence base for best practice and is now seen as a social movement for quality improvement. The new phase will focus on how to support community engagement with care homes across the UK. We would like to apply for funding to create MHL User and Carer (U&C) Ambassadors to help inform three strands of MHL activity (research, enterprise and social action). These Ambassadors will also be able to inform other QCOP, School or University research and teaching activities, as deemed appropriate by them.

**Aim**

The work will build on well-established links with Age UK and Dementia UK to ensure that that the voice of frail older people (including those with dementia and sensory impairment) informs MHL and moves U&Cs up the ladder of participation (<http://www.serviceuserinvolvement.co.uk/whatisit_laderOfP.asp?id=1>) towards a place of having more control.

**How**

The funding will be used to:

* Support the development of two groups – one for users and one for cares (work with Age UK and Dementia UK Trust to recruit)
* Each group will be trained as MHL Ambassadors (facilitated workshops) to advocate for best practice in care homes/work in partnership
* Once trained they will be consulted on: MHL strategic direction, the LSCD programme and community engagement initiatives (MHL Advisory Groups and MHL U&C Network meetings).
* MHL Ambassadors will be encouraged to talk with other user and carers to inform their work, to help develop the future strategic direction of MHL and lay involvement with the wider social movement (MHL membership cards)

**Evaluation**

Formative methods will be used to ensure that the U&C experience is the best it can be.

1. **Abigail Levin, Celia Harding and Ros Herman (Language and Communication Science): The evaluation of a coordinated approach to service user involvement across LCS teaching.**

In LCS we have services uses integrated within a great deal of our teaching this was highlighted and awarded in the recent Health has Got Talent – Silver Medal. In order to maintain this level of user involvement and deliver new initiatives we would like to employ a research assistant/coordinator.

We would also like to use the money to find out all our service users’ experience of their sessions with our students. These data have been collected previously for some of our service users, but this would be the first time that it would be collected consistently across all service users involved in our programmes. Also to find out the impact of having a designated individual to coordinate the service user sessions.

The RA/coordinator would liaise with the teaching staff and the service users to make sure the needs of the module leaders and the service users are met for their sessions with the students. Currently the module leader will coordinate all aspects of the service user visits and complete all the preparation required. Including; contacting the service users, making sure any equipment that is required is available, liaison with estates services around room bookings and timetabling. This frequently takes a great deal of time and effort and can result in timetable clashes where some groups of students are unable to attend these very high impact learning sessions. We also have changes to our staffing in 2014-15 that could potentially have an impact on our goodwill relationships with our service users.

The RA/coordinator would create a database of service users that would be used for the following academic years.

We feel the requirements of the role - the development of the questionnaire; database creation, coordinating responsibilities, and initial data entry and analyses will take approximately 60 hours.

1. **Ahalya Subramanian (Optometry and Visual Science): Increasing patient involvement in Optometry.**

Patients are increasingly being used in medical schools for the design, delivery and evaluation of medical education. Patient involvement is beneficial to students as it can help develop communication skills, empathy and clinical reasoning. Although there is no published information about patient involvement in Optometry, patients are sometimes used in teaching and assessment. For example, at City University London visually impaired patients are used as volunteers in the low vision clinic and during assessments. In order to increase patient involvement in Optometry the following studies are planned which will improve both the educational provision as well as create evidence about patient involvement in Optometry education. It is anticipated that each study will be written up for publication in a peer reviewed journal.

**Involving patients in a review of the visual impairment curriculum for undergraduate Optometry students**

5 visually impaired volunteers who have previous experience of acting as volunteer low vision patients for undergraduate Optometry students will be recruited to help review the visual impairment curriculum. As far as the author is aware this is the first time that such an exercise would have been carried out in Optometry.

**Let’s talk about depression- a patient’s view**

Depression in common in people with visual impairment. It is important that Optometrists are aware of this as they are often the first point of contact. Personal patient stories can help students understand the experience of disease and make an impact on their learning. The aim of this study is to use a personal story from a visually impaired patient who is a speaker for the Macular Society to help students gain a better understanding of depression. Student knowledge of depression pre and post talk will be evaluated. Student and patient views of the session will also be gathered.