Practice what we preach: Teaching health promotion in Higher Education (0355)

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Background

Health promotion has been defined as “the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions” (WHO 2015). Health promotion is an essential role for all health professionals as advocated by the World Health Organization since the Ottawa Charter (WHO 1986). This is reflected by the various professional bodies for health professionals in the United Kingdom. Health promotion is therefore included in health professional curricula in higher education institutions (HEI). However, how the subject is delivered in HEIs has received less attention. Health Promotion is a key module in the pre-registration MSc Physiotherapy programme at Glasgow Caledonian University delivered within the first year of the 2-year programme. However, this type of module has historically had poor engagement from students as they tend to prioritise and focus on the more Physiotherapy specific modules which encompass Physiotherapy techniques and rehabilitation. The module team wanted to address this lack of engagement by taking a different approach to module delivery. Facilitating health behaviour change in physiotherapy is commonly based on the principles of Motivational Interviewing (MI, Rollnick and Miller, 2013). The core concept of MI is to build on a person’s own motivation to make a change in their behaviour and a movement towards a personal goal in an accepting and compassionate atmosphere. The approach uses person-centred counselling skills, which are non-directive and based on the premise that the responsibility for change is located within the person, while the therapist takes a collaborative approach.
The engagement-through-partnership approach as presented by the Higher Education Academy (HEA, 2014) appeared to reflect the spirit of MI in an educational sense, whereby academics and students collaborate in partnership to achieve behaviour change i.e. learning. The delivery of the module was therefore based on the principles with the HEA framework (2014) and delivered in Academic Session 2014-15. The aim of this paper is to present the findings from the evaluations carried out with students in relation to module delivery.

Methods

The delivery of the module was staff-led for the first 3 weeks of the module, following a collaborative session in week 4 to discuss the delivery of the remainder of the module. In groups, students were asked to take responsibility for peer teaching one of 5 weeks of learning based on the learning outcome, and the staff took responsibility for the remainder of the weeks. Students were provided with individual educational support for each of these weeks by tutors and a weekly blog was written by tutors to provide students with feedback. CourseSiteswas used as the Virtual Learning Environment (VLE) which allowed both staff and students to have instructor status and ownership of the VLE. Assessment consisted of a group presentation and defence, and a website. Marks consisted of both tutor and group, peer and self assessment. Student evaluations were carried out midway using an online questionnaire and following completion of the module using a modified version of a Nominal group technique (NGT).

Findings

While all students passed the module with marks ranging from 60%-87% and engagement during class times was excellent, students in general did not evaluate the module well. In particular the peer led teaching was perceived by students as being unfair and with too much responsibility for students at both midpoint and end evaluation. At the midpoint evaluation students also indicated that they wanted more feedback on their performance and preferred to use Blackboard instead of CourseSites to avoid multiple sign in. In response the feedback blog was introduced and the VLE materials were moved to Blackboard. However, the peer teaching element was not changed. Students’ perception was that there was a lack of consistency and objectivity in the assessment criteria. Some students made remarks of a consumerist nature in which the monetary value of the course was evaluated against the input required by students.

Discussion

The module team set out to increase engagement with the module through a partnership approach. While they achieved a level of engagement, students’ perceived the absence of partnership. Our approach was partly based on the collaborative nature of the relationship between therapist and patient in MI. However, the module team, rather than identifying at what level students were in terms of taking on ownership for their learning, as would be the case in MI, we assumed that students were ready to share responsibility for the way their learning was structured and delivered. Many students came from a culture of learning where responsibility for the direction and delivery of learning lay mainly with tutors. This meant that many of the students’ expectations of module teaching were very different. This created tensions in students’ and staffs’ expectations of ‘teaching’ which, though partly resolved during the module, challenged the module team’s values and thinking in terms of the educational stance of the lecturer, the parallels and differences to MI, managing staff and student expectations, and the limits of the partnership approach in an assessment and credit driven University culture.

Conclusion

While the module team plans to continue to use an engagement-through-partnership approach, they will take into consideration the students' readiness to a different style of teaching, and dedicate more focus to managing students' expectations and the achievement of a sense of partnership.