

## Introduction

This project began with a friend asking me a favour. Would I run a session on risk and decision-making for his Approved Mental Health Professional [AMHP] students. I considered the following questions from the PDSA Model (Speroff and O'Connor 2004):

1. What did I want to achieve? A learning activity that would be fun and engaging but is also time-efficient in its preparation.
2. How would I know it was effective? Student feedback and observing the class.
3. What changes could I make that will result in this improvement? This question is answered below...

### Problem-Based Learning and case studies

Problem-based learning would be a good place to start as it sees students working together in groups to solve complex issues (Allen et al. 2011; Loyens et al. 2012). It helps to foster a deeper understanding of issues, develop teamwork, and promote verbal communication skills (Hmelo-Silver 2004). The use of case studies in problem-based learning activities is common, and an effective way of delivering the problem (Romero et al. 2004; Ballantyne and Knowles 2007). A popular method of problem-based learning is the use of case studies (Romero et al. 2004; Ballantyne and Knowles 2007).

### Case Study Benefits

Allows students to engage in in-depth explorations of situations and events (Crowe et al. 2011). They help to develop problem-solving skills, critical thinking, and professional judgements (Ertmer and Russell 1995). They also help relate theory with practice in the safety of the classroom (Napier 2010).

### Case Study Drawbacks

Case studies can take a long time to write, and I would need to write several of them to be effective for the students to work in small groups (Popil 2011).



## Addressing the drawbacks of case studies



### Method

I was inspired by Dungeons & Dragons. In this game dice rolls help to determine things like a person's characteristics, items in a room, and the location of certain objects. The number on the die corresponds with information in a table, which is then used in the game. I decided to use this concept to design case studies. **I designed some random tables covering topics such as: Age, Relationships, Accommodation, Personality Quirks, Presenting Symptoms, Medication, Current Location, Presenting Symptoms, Hobbies, and Support.** I split the class into small groups, and gave them a set of dice. They used the information generated by the dice rolls to create their own case study. I asked them to assess risks and make a decision based on the information in the case study, and then share their work with the rest of the group.

### Results

- The different shaped dice drew the students attention and 'hooked' them into the activity.
- As the students rolled the dice and created their case study, the energy levels in the class seemed to rise.
- There was lots of discussion and sharing of ideas within the groups.
- The students were keen to see what other groups had come up with and how they had addressed different issues.
- Informal feedback from four students indicated they enjoyed this activity. They found it useful to look at different situations and became aware of issues they hadn't considered before.
- It didn't take a great deal of time to design the tables.
- As the case studies are designed on a 'random' basis, they can be used again by students and will result in different scenarios each time.

### Conclusion

I have since created more tables for other service-user groups e.g. older people, children & young people, people with learning disabilities, addictions, and carers. I anticipate it could be useful for other disciplines, not just AMHP students. There is no reason why this could not work for nursing, occupational therapy, or physio students, etc. I intend to develop this activity and write a paper in due course.

### Sample of Tables

Relationships	D12
Close relationship with one or both parents	1
In an intimate relationship	2
Just broke up from a relationship	3
No friends/family	4
Pet dog	5
Close to colleagues at work	6
Distant relationship with parents	7
New relationship	8
Problems with neighbours	9
Problem with house mates	10
Distant relationship with sibling	11
At risk of homelessness	12

Personality Quirks	D10
Laughs inappropriately	1
Becomes tearful and very easily	2
Hates wearing clothes	3
Repeats themselves, constantly	4
Chain smokes	5
Doesn't speak English	6
Arrogant	7
Hungry	8
Under the influence of drugs/alcohol	9
Sporadically barks like a dog	10

Medication	D4
Stopped taking it	1
Run out	2
Not on any	3
Can't find it	4

Accommodation	D6
Lives with parents	1
Lives alone	2
Lives with partner	3
Homeless	4
Lives in a hostel	5
Flat/house share with friends	6

Presenting symptoms	D20
Grandiose	1
Refusing medication	2
Angry/irritable	3
Pre-Occupied with lighting fires	4
Not eating	5
Confused	6
Auditory hallucinations	7
Visual hallucinations	8
Pressure of speech	9
Distrustful of professionals	10
Believes people are trying to kill them	11
Worried food/water is poisoned	12
Full of energy/can't sit still	13
Only sleeps two hours each night	14
Impulsive	15
Obsessed with weapons	16
Believes partner is the devil	17
Someone has put a chip in their brain	18
Wants to give away all their possessions	19
People are stealing their thoughts	20

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