

## **Involving people with lived experience in physiotherapy education – Research report two: Harnessing the expertise of people with lived experience.**

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**DOI:** To be allocated

**Date submitted:** 27/06/2022

**Date accepted:** 09/01/2023

### Introduction

This report is part of a series of case reports critically reflecting on the involvement of people with lived experience in a UK based physiotherapy degree programme (see reports [one](#) and [three](#)). An initial scoping review of the literature (Jury, Mohan and Hughes 2022) found only two papers (Thomson and Hilton 2011, 2013) exploring the involvement of people with lived experience specifically in physiotherapy education. This is despite an education and training standard requiring service user and carer involvement in all approved programmes in England being in place since 2014 (HCPC 2018). Our goal as a public involvement in education and research partnership, is to challenge this by showcasing a range of approaches and impacts for involving people with lived experience in physiotherapy education and to develop an empirical evidence base for this involvement so best practice can be shared and developed. Other papers in the series focus on reflecting together to enhance teaching outcomes (Jury, Mohan and Hughes 2022) and developing equal partnerships (Buckley, Fazakarley and Hughes 2022). In this paper, we focus on the involvement of people with lived experience in co-facilitating a teaching session in which people with lived experience provide feedback and guidance to students.

In keeping with our partnership approach of bringing people with lived experience and academics together to work as equal partners, this case study has been co-designed and co-authored. It considers an activity from three different perspectives, Tom: a person with lived experience, Emma: a student, and Katey: a lecturer. Tom is an active member of the PIER (Public Involvement in Education and Research) Partnership which is a collaboration between Bournemouth University, around 100 individuals with lived experiences relevant to health and social care and multiple community organisations. The partnership's aim is to embed lived experience expertise in health and social care education and research.

Many published papers focusing on the involvement of people with lived experience in wider health and social care education (beyond physiotherapy) focus on people sharing their stories. This has proven benefits of enabling students to gain insight on a more humanised practice (Terry 2012, Turnbull and Weeley 2013, Feijoo-Cid et al. 2017). There are significant benefits from creating opportunities for students to draw on the expertise of people with lived experience by gaining feedback, support, and guidance on their continuing professional development and practice. Muir and Laxton (2012), for example, when drawing on the expertise of people with lived experience in providing feedback to medical students, found that service user educators were able to bring different and valuable perspectives to

the feedback. For example, the experience of receiving care, experiencing difficult news given to them or to a loved on, or the experience of losing independence due to a health issue. Naylor et al. (2015) found that it made the learning activity more relevant and meaningful for radiography students. Speers and Lathlean (2015) concluded that creating opportunities for students to seek feedback from service users led to more equitable relationships where student nurses respected the expertise of service users. In this report, we focus on the involvement of people with lived experience in an *Innovation in Physiotherapy* unit (module) and the benefits to all involved.

## Report

The following narrative reflect three different perspectives – Tom, PIER member, Emma, student and Katey, lecturer from the planning stage with the PIER members to carrying out a teaching session and planning for future sessions.

### Pre-session Collaboration and Planning

#### Lecturer Perspective:

Katey: I am a neurological physiotherapist by background and Senior Lecturer for Physiotherapy. In the final year of the BSc Physiotherapy degree programme, students take a unit (module) called *Innovation in Physiotherapy*. The final project for this unit is to develop an innovation for physiotherapy related to patient care, research, education or professional practice (Bournemouth University, 2018). Part way through the unit is a Project Week session. Students present their proposed innovation and receive feedback and feedforward (Wimshurst and Manning 2013) to further develop their idea. For this unit I developed a Dragons' Den style session involving PIER members as co-facilitators. Dragons' Den is a British television show in which individuals 'pitch' their innovation idea to a panel to win funding to develop their project. Students pitched their physiotherapy innovation to the 'dragons' who were two PIER members with lived experience and two physiotherapy lecturers. I felt it was important to include PIER members within this session as they have expert lived experience and could provide a unique perspective on the students' innovations.

My aspiration for the session was to have the students see their innovation from a different point of view; those with lived experiences who may be the user of the students' end product. The teaching team provided pre-session material and education to the PIER members. Pre-session material encompassed the unit and session intended learning outcomes, presentation schedule, example questions for the students, and feedback and feedforward to contribute to the session. My hope was this would help to support the PIER members and reduce their anxiety about providing feedback and co-facilitating the session. During the session each student had ten minutes. Three minutes to pitch their innovation and seven minutes of questions and answers with 'the dragons'. PIER members were encouraged to draw on their lived experience expertise to inform their questions, insights, and feedback to the students.

#### PIER Member Perspective:

Tom: I am a software engineer and member of the PIER partnership. Since becoming involved with the PIER Partnership in 2019, shortly before finishing my own degree in

computing at the University, I've shared my story as a 24-year-old living with Cerebral palsy to countless numbers of future professionals within the health and social care sector. My hope is that this will positively impact their practice for many years to come. I have come to learn however, that to create the best possible interactions for the practitioners of tomorrow requires a true partnership between academia and those with lived experience.

This is perfectly illustrated by my involvement in the *Innovation in Physiotherapy* unit. My involvement started long before the session was due to take place with a planning meeting between service user colleagues (PIER members) and the academics involved. We discussed everything from timings and the Dragons' den format to the sorts of questions to pose to further the students' learning. The importance of the early working cannot be underestimated. At the planning session we were able to discuss what both sides wanted, helping both students and PIER members to get the most out of the activity. From the outset I gathered that the session aims were about encouraging innovation in physio practice. I decided to use it as an opportunity to improve my questioning skills to help the students critically evaluate their ideas to foster the innovative spirit that was desired by the activity. Had we not worked so closely together I wouldn't have thought to approach feedback in this way.

## The Teaching Session

### Student Perspective:

Emma: I am a Rotational Band 5 Physiotherapist working within the NHS. I graduated from Bournemouth University in July 2021. Therefore, at the time of this session, was a final year student on the BSc Physiotherapy degree course. As part of the final year, I attended a 'Dragons' den' session where I was asked to pitch an innovation to my lecturers and members of the PIER partnership. My idea was to produce an e-learning tool aimed at student and junior physiotherapists focusing on critical care myopathy and polyneuropathy to improve awareness of these conditions. Initially I found presenting quite nerve-racking as it was not only to lecturers and other students on the course, but also to a selection of PIER members who I had only met briefly before, if at all. In hindsight this made the presentation feel much more real and professional.

I did find the session uncomfortable as it was conducted using video conferencing. I found it more difficult to build a rapport with people via this medium. Due to the covid restrictions in place at the time I understood why this was necessary. It was also applicable to current practice as a large majority of physiotherapy outpatient appointments at the time were happening over video conferencing. I found this was beneficial therefore, to building my confidence in utilising these methods as well as improving my communication style.

After the session, I felt I had accomplished something and that the feedback I had received from the lecturers and PIER members had been beneficial. Other students were required to provide written feedback and I felt annoyed that I did not receive any feedback from the other student members. Not all students had engaged in the session in the same way I had, and I was left feeling concerned about the impact of this on the PIER members' experience. I felt that some students did not understand the importance of giving feedback and I felt during this session that some students saw providing feedback to other students as a box ticking exercise rather than seeing it as something that was going to benefit them. This encouraged

me to reflect on the importance of these sessions and the need for different types of feedback. I have continued to seek feedback from both service-users and colleagues throughout my degree and into my career.

#### PIER Member Perspective:

Tom: During the activity itself, I was particularly humbled at how each group of students listened closely to our feedback. They were all incredibly keen to learn from us and because we had helped to coproduce and build the activity, we could provide valuable input into their learning rather than simply being a tokenistic afterthought. I remember one group who wanted to use the Amazon Alexa voice assistant to combat freezing in stroke patients. I was able to constructively support the innovation process due to both my lived experience and professional background to strengthen the team's learning. The team then instantly took this on board and developed their idea further.

#### Lecturer Perspective:

Katey: During and after the session I felt proud of the students and the work they had done. I was excited to have PIER members present and collaborate in the session. I also felt nervous for the PIER members wondering if they felt comfortable and prepared and if they were worried about technology issues. There were some students that didn't attend the session. This caused me to feel frustration for the PIER members who had taken their time to contribute to student learning. It is important that PIER members feel like they are gaining something from the experience as well as the students and I was thinking about this.

#### Reflections Post Session

##### Student Perspective:

Emma: Looking back, I realise how beneficial the session was in the development of my innovation idea. From the feedback provided by PIER members, I found that I had neglected to consider the effects of e-learning on the service users and how it would improve outcomes for them. For example, I was designing the e-learning tool with pathophysiology in mind. After the session I realised I should focus on the e-learning tool leading to a more thorough assessment and clearer treatment plan for service users to improve their overall experience.

The limitation of my initial idea was due to me only discussing it with physiotherapy students and lecturers prior to this session. Having the feedback from PIER members allowed me to centre my idea and really focus on the impact on the service user. This enabled me to concentrate further on the assessment and treatment section in the e-learning tool. I included more detailed insight into the assessment and treatment of the patient as well as ideas on how to explain the condition to patients in ways that they would understand. Consequently, this ensured that the end goal of the e-learning was to improve the experiences of service users. Improvement of healthcare professionals' knowledge was a helpful steppingstone to achieve this.

##### Lecturer Perspective:

Katey: Overall, the session went well with positive feedback from the students, PIER members, and teaching team. There were a few issues with technology as this session was conducted over Zoom and it can sometimes be difficult to know who is going to speak

next. Questions and feedback from PIER members were excellent and thought provoking. I learned a lot seeing the innovations from a different point of view meeting my expectations for their involvement in this session. From my perspective the students were receptive to the PIER feedback which was great to observe.

#### PIER Member Perspective:

Tom: It is important to stress that the learning is not all one way from service users to student. Ever since starting my public involvement journey with the partnership back in 2019, I have been struck about how much I too have taken from my interactions, whether that be my ability to listen, empathise or support someone on the journey it all comes back to a crucial word: partnership.

#### Looking Forward

Emma: For me, the learning goes beyond the session itself. I feel I have been able to adapt my practice as a student physiotherapist as well as into my career as a newly qualified physiotherapist. I have ensured since then that I adopt a completely patient centred approach. For example, when leading in-service trainings, I now ensure that I consider the impact of the teaching on service users and how they will positively benefit from this development of knowledge. For example, when conducting in-service training for physiotherapy students that focused on chest physiotherapy for sedated patients, I highlighted the importance of talking to patients even when they are unable to converse. An extremely important principle I gained from the PIER member's feedback is to ensure that my approach is always patient centred and focuses on human aspects as opposed to only focusing on the clinical information.

#### Lecturer Perspective:

Katey: My analysis of the session is that preparation and expectations are key. Preparation for myself, the students, and PIER members ensured they had the information needed to co-facilitate the session with the teaching team. I need to create clearer expectations for the students to be prepared for the session. This requires organisation, proactiveness, and flexibility. In the future I will embed the PIER members earlier in the unit. For example, we could facilitate small group discussions where students share their initial innovation ideas and PIER members share what is important to them in terms of innovation for patient care, self-management, education, and research. This will create a more collaborative process and incorporate expert lived experience from the beginning. To follow-through the innovations the PIER members will be invited to join the Student Innovations Conference in which the students present their final innovation. Students will be able to demonstrate how they have incorporated PIER member feedback and how this has influenced their innovation. I look forward to developing this session further in collaboration with PIER members.

#### Discussion and conclusions

Tom, Emma and Katey's accounts illustrate the different perspectives from which we can view the same topic and the need to harness this in enabling students to develop their professional practice through co-facilitation of teaching sessions with people with lived experience expertise. There can be an over-reliance in health and social care education on

technical knowledge at the expense of lived experience expertise. Even when considering more holistic approaches in physiotherapy education, it is usually technical knowledge which forms the basis of any assignment or exam. The lack of an empirical evidence base for lived experience involvement in physiotherapy education (Jury, Mohan and Hughes 2022) suggests that lived experience expertise is not attributed equal status. As Emma acknowledged, focusing only on technical expertise can lead students and practitioners to lose sight of the end user's needs and prevent the development of practice which is genuinely person-centred and improves outcomes based on user priorities. Harnessing the expertise of people with lived experience in health and social care education has been shown to effectively bridge this gap (Hughes, 2013, Irvine et al. 2015, Carroll et al. 2018). It was Emma's interaction with PIER members within this session that led her to critically reflect on the goals of her innovation and what the benefits were to the end user. This is an approach that has continued to inform her subsequent practice.

This process of transformation and perspective change is recognised by Mezirow's (1990) Transformative Learning Theory. Mezirow advocated the use of catalysts or 'disorientating dilemmas' to foster a process of critical reflection which leads to a broadening of a person's frame of reference to one which is more 'more inclusive, discriminating, self-reflective, and integrative of experience' (1997:5). Within the PIER partnership we have found the involvement of people with lived experience in health and social care education to be an effective catalyst to foster transformative learning. Involving people with lived experience can enable students to consider experiences and viewpoints they may not have considered or encountered previously and to then incorporate this into their subsequent practice. This can be achieved by people with lived experience sharing stories, practising skills, providing feedback, assessing students' work and co-facilitating teaching sessions. What is important is creating an environment where students, people with lived experience and academics feel confident to explore this learning together. This was clearly evidenced in this example.

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