APPRECIATIVE INQUIRY
Stories of successful change in EBL or other student-centred forms of learning

Introduction

These stories of strategic change were prepared to inform discussion at a Southern Universities EBL Meeting on January 11th, 2006. Participants in the strategic discussion strand were invited to:

*Identify a good example of a significant change to teaching and learning practice that you and other colleagues have made that it is more or less successfully accomplished (ideally ... related ... to EBL and other facilitated, collaborative, student-centred forms of learning).*

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1. A good example of a significant change to teaching and learning practice that I and other colleagues have made that has been more or less successfully accomplished:

The Enterprise in Higher education Initiative

2. The essence of what happened (the nature of the changes):

The introduction of the development of skills and initiatives into curricula which until then were wholly content oriented. This was based on a UGC statement concerning the essential need to develop these. From the start, it was clear that the meaning of 'Enterprise' was not to be a narrow 'Thatcherite' one.

3. The key factors that enabled successful change to be accomplished:

- The Employment Department offered £1M over five years to any institution that wanted to achieve these objectives. Throughout, the ED remained prescriptive, but only in the broadest manner, using carrots in preference to sticks, but never wholly abandoning the use of sticks.
- Initial bids were refined and then accepted through a collaboration of the institution and a Higher Education Adviser of the Employment Dept (The HEAs - of whom I was one - were academics who from beginning to end acted as go-betweens. They were the major innovation.)
- There had to be matching funds from each institution and an associated industrial/commercial enterprise, which in practice was always in kind.
- Each successful bid was monitored annually for the five years of the contract by a team of two from the Emplt Dept: A civil servant who was there to see that the contract was kept to and the HEA who gave advice. In practice, the two acted as a team, both fulfilling both roles, and both acting as mentors rather than as monitors. Contracts could be (and were) altered annually in the light of experience by agreement. In all projects, finance was devolved to the lowest possible levels, so that much of it was in £ small thousands, at departmental discretion.
- Appropriate academic staff development was an essential part of each programme. It was found that this had to be 'owned' by those who were to be 'developed', rather than provided top down in a cascade process.
- In retrospect it was found that the general approach had been essentially in agreement with Lewin’s theory of change, particularly the appropriate pas-de-deux between re-educative and power-coercive strategies.
4. The key difficulties/issues/ barriers to change that were encountered:

- Lack of institutional recognition of teaching compared to research. From 1992, this was aggravated by the RAE.
- None of the most prestigious universities, except University College London, were involved.
- Vice-Chancellors who wanted the money, but were not prepared to abide by the rules. (They were weeded out in the bidding process)
- The fact that Treasury counted the HEAs as purely administrating the projects and not participating. This made the budgets appear top heavy in administration.

Note that the same evidence - the fact that the actual EHE units have not survived- has been interpreted as a failure (the units have not survived) and a success (the ideas and practices have been institutionalised).

An account of the change process can be found in:


A copy will be available at the meeting)
Fifteen years ago Occupational Therapy programmes were moving from diploma to degree status. This provided the department with the opportunity to revisit the whole curriculum. The starting point for this was a staff group sitting down and considering the knowledge, skills and attributes that they wanted the qualifying occupational therapist (OT) to have. In the ever changing culture of health and social services it was felt that adaptability to change was vital with the need to empower students to become lifelong learners, able to identify their own learning needs. The occupational therapy process of assessment, planning, intervention and evaluation closely mirrored the problem solving process and problem solving was recognised as a fundamental skill needed by OTs. The staff group present at the time also felt strongly that education should follow the principles of adult education and should be meaningful and most importantly fun. We had stumbled, without fully realising it on Problem-based learning (pbl).

The big challenge then was how to convince the clinicians, all of whom had been trained on traditional style courses, that this was a good move. The concern, as always with pbl was the potential lack of content, in particular around the subject of anatomy and physiology. The more able students going out on placement were questioning and challenged the practice they were witnessing, the weaker students tended to play the game, saying that they had not been “taught it in college”. A highly evangelistic staff group, who had battled with issues of process versus content when designing this new curriculum needed to sell their new product to a public on whom they were dependent for practice placements and change perceptions.

Initially this was tackled with a series of road shows around Wales to introduce clinicians to why the changes had been made and to provide insight into problem-based, enquiring based, experiential learning. Each student’s practice placement involved a mid-way visit by a tutor, providing an opportunity for discussion with both the supervisor and student (often becoming a time to explain or defend our position). As the pbl students have graduated and taken up positions within the local area the clinical environment has become more accustomed to this new breed of students. However, fifteen years on there is still a small voice of decent but a much larger voice of approval and a staff group still convinced of the benefits of student-centred, problem centred, experiential learning.
Professor Imogen Taylor  
University of Sussex School of Social Work and Social Care.

1. Nature of change  
An enquiry based module, Partnership and Interprofessional Practice (PIP) was introduced into two new qualifying social work awards, the BA (in 2003/4) and MA Social Work (2004/5). Both awards had previously been structured on a traditional seminar/lecture basis.  
BASW – 10 week module, Summer Term, Year 1 (students had one enquiry based module in each of the 2 preceding terms) (45 students)  
MASW – 10 week module Autumn Term, Year 1. (30 students)  

Structure each week  
Focus of enquiry for the term– one page ‘scenario’ of a mental health case study.  
One 90 min. session includes lecture that ‘maps’ the theme for the week eg teamwork; and classroom activities in the large group to extend learning re the theme. May be provided by visiting staff.  
Two 90 min. study group sessions (10-12 students), one facilitated by staff (same each week) and the other led by students who have agreed a process by which to do this (chairing; minute taking).  

Assessment:  
Assessed group presentation, videoed, Week 10, group mark. Assessed by 2 staff (study group facilitator and ANO). 30% mark.  
3000 word essay that includes 500 words individual reflection on the process of collaboration for the group presentation.  

Outcomes:  
BA students gave very positive feedback. MA students more mixed (prefer lectures; overloaded curriculum in first term; time needed to prepare for presentations; problems with group dynamics).  
Group presentations were excellent for both awards but staff and students query re dealing with students who do not fully contribute and managing unexpected absence (bereavement)  
Written assignments comparable to those for other courses.  
External examiners positive, questioned dealing with students who do not fully contribute and managing unexpected absence.  

2. Key factors in success.  
- Module convenor familiar with EBL from previous HEI; widely read on the issue.  
- Both facilitators (module Convenor and one other) skilled in groupwork and enthusiastic about EBL.  
- BA students had one enquiry based module in each of the 2 preceding terms and although there were differences and by the Summer Term they were expected to work more on their own, they were familiar with the enquiry based model.  
- BA Programme Convenor (also relatively new to Sussex) provided another EBL module and was entirely in support of EBL.
3. Difficulties.

- MA Programme Convenor a very experienced educator (PGCE trained in 70’s) who cautiously supported the EBL approach but I) questioned amount of staffing required; ii) concerned re coverage of curriculum; iii) sought to deal with overloading of first term partly by reducing timetabled time for PIP. **Strategy**: sought to debate pedagogic issues in Summer staff team ‘Away Day’, lack of time for thorough discussion.
- Some MA students less open to EBL: had very different experiences in first degree; not enough time for them to be oriented to EBL. **Strategy**: front load orientation for next cohort.
- External Examiners concerns re group assessment. **Strategy**: staff development session for EBL staff with Teaching and Learning Development Unit. Learning integrated into assignment requirements.
Dankay Cleverly  
Institute of Health and Social Care, Anglia Polytechnic University

Nature of changes
The decision to review pre-registration nurse education provision at Anglia Ruskin University was prompted by, (a) the expiry of the validation period of the current curriculum, (b) the need to update nurse education and professional preparation to reflect contemporary thinking and developments in nursing, and (c) the impact of changes in NHS provision on the nursing process and delivery of care.

A whole new curriculum was designed and implemented in 2000 to completely replace the traditional teacher-centred didactic model with an inquiry-based learning approach centred on the student which emphasized group working, the acquisition of critical thinking and problem-solving skills, and responsibility for own learning.

Key success factors
The stakeholders, namely University, Workforce Dev Con, NHS Trusts, and Health Authorities, working in partnership as the Project Steering Group, were responsible for strategic planning, resourcing, and monitoring progress from inception to implementation and beyond.

A Project Leader with appropriate academic and management skills was appointed to lead the design, development, implementation, and operational phases of the project in collaboration with colleagues. The Project Leader was given sufficient autonomy to enlist essential support, negotiate timelines, and delegate authority to subproject leaders. The main project was broken down into eight subprojects, including staff development for academics and practitioners, e-learning, library resources, classroom environment, and practice experience.

Key difficulties/issues/barriers to change
The main challenge was resistance to the radical change in philosophy and practice required to move from teacher to student centred, exemplified in the change of role from lecturer to facilitator. This difficulty was addressed with staff development programmes, preparatory workshops, and updates. Ultimately it was the positive experiences staff gained when facilitating student learning that won many of them over.
Identify a good example of a significant change to teaching and learning practice that you and other colleagues have made that it is more or less successfully accomplished (ideally ... related ... to EBL and other facilitated, collaborative, student-centred forms of learning).

In 1996, the Medical School at the University of Glasgow introduced a new, PBL-based curriculum. This was in response to a call from the General Medical Council for medical curricula that: were not overloaded with factual content; required students to ‘learn how to learn’ (acquire self-directed learning skills); promoted team-working and communication skills; and encouraged integrated, contextual learning of the basic sciences.

What happened? (Describe the nature of the changes):

A new curriculum was designed and implemented. Although the main horizontal and vertical themes were determined prior to October 1996, the design of individual blocks (modules) was rolled out on a year-by-year basis. The main teaching methodology in years 1 to 3 is PBL, and students undertake a programme of vocational studies (VS), incorporating communication skills, ethics, etc. Clinical skills are acquired from year 1, and early patient contact is also a feature, with visits to A&E, hospices, etc. Specific projects in years 2 and 3 allow students to follow the progress of, respectively, a newborn and its family, and a patient with a specific chronic health problem. In years 4 and 5, students undertake a series of clinical attachments. An element of individual student choice is accommodated by allocation of 7x5-week slots for self-selected modules (SSMs).

The key factors that enabled successful change to be accomplished:

- A whole-sale change to PBL and support/directive from the Dean of the Medical School
- Purpose-built accommodation for small-group teaching (PBL, VS) – but not ready till 2003 (8th intake).
- Purpose-built study landscape (library and IT resource) - but not ready till 2003 (8th intake).
- Cohort of staff charged with implementing PBL. Several of these individuals visited the University of Maastricht, where PBL was implemented in 1974, and benefited from the expertise of their Dutch peers.
- Employment of a Curriculum Development Officer (an educationalist) and subsequently a Staff Development Officer.
- Training programmes for staff: PBL facilitators, VS tutors, Educational Supervisors (for years 4 and 5).
- Since 2001 – costing of the curriculum, with distribution of SHEFC funds reflecting each division’s contribution to the course.
The key difficulties/issues/barriers to change that were encountered:

- **Lack of co-operation**, resistance, even undermining of the course, from those not ‘signed up’ to PBL - e.g., those who were inclined towards didactic teaching methods and the notion of the ‘teacher as expert’.
- **Co-existence of the ‘old’ and ‘new’** courses for a period.
- **Inflexibility of PBL timetable**: some clinical academics and research-active staff unable to commit to twice-weekly sessions for a 5-week block.
- **Staffing of PBL sessions**: facilitators are required for 30 PBL groups in each of years 1 and 2, and clinically-qualified facilitators for up to 30 PBL groups in year 3.
- **Pressure on resources** means some hospital staff would prefer not to ‘waste time’ teaching 1st and 2nd year students, yet this is precisely one of the features that attracts students and helps provide a context for learning.
- Even now, a degree of **ignorance of PBL, student-centred learning and of HE issues/perspectives** (a fair amount of our teaching is delivered by non-academic NHS doctors and other health professionals).
- **Perception that specific disciplines are not adequately ‘covered’** (taught/learned) and an unwillingness of some academic staff to appreciate that the breadth of the curriculum, coupled with the need to reduce factual overload, requires that less material is ‘covered’ from each discipline than previously
- Increasingly, a **focus on assessment** (which to an extent stems from ‘fitness to practice’ issues, which in turn stem in part from ‘episodes’ like Alder-Hey, Shipman), conflicts with pedagogy of PBL
- **Tension/conflict between aspects of student-centred learning and the need to produce competent medical practitioners who meet a specific standard**

**Dr. Susan Jamieson**
Institution: University of Glasgow
Subject: Cell and Molecular Biology of Development
Course: Developmental Medicine (module of intercalated BSc course)

Identify a good example of a significant change to teaching and learning practice that you and other colleagues have made that it is more or less successfully accomplished (ideally ... related ... to EBL and other facilitated, collaborative, student-centred forms of learning):

In the late 90s, I was asked to contribute to the Developmental Medicine module of a one-year intercalated degree course (BSc [Med Sci]) offered to medical students at Glasgow. The module co-ordinator was aware that students were not meeting/coping with the expectations of some academic/clinical lecturers, who assumed students’ background knowledge would be more advanced, with regard to the basic biology underlying developmental medicine. In other words, many didactic teaching sessions
were pitched at too high a level for students from the ‘new’ PBL-based curriculum. As one way of tackling this, the module co-ordinator asked me to help the students reach a level where they could understand the material offered by specialists elsewhere in the module.

What happened? (Describe the nature of the changes):

Allocated 4x2-hour slots at the start of the academic year, and (with the proviso of preparing students for coping with lectures later in the course) total control over what I taught, and how, I designed sessions to help students move from the level of knowledge I knew them to – potentially! - have from their MBChB course, to the level where they could read complex scientific articles in developmental medicine and ‘get the gist’ of these. Further, I wanted to do this in a way that promoted the students’ self-confidence and fostered self-directed learning skills acquired in their MBChB course.

The key factors that enabled successful change to be accomplished:

- **Time** – the fact that I was able to spend 2 hours with the students in each session, and that I taught the class over 4 such sessions, meant I could develop themes and return to topics.
- **Building on the previous experience of the students**, both in terms of the information to which they had been exposed (taught), and in terms of their experience of small-group, interactive teaching/learning – e.g., I used techniques from PBL (brainstorming) to help students ‘activate’ relevant background knowledge in embryology
- My familiarity with the students’ previous experience: I knew exactly what they had ‘learned’ in the MBChB to date and so could tailor my teaching to this (this might translate as ‘vertical integration’ or ‘integrated teaching’ at a strategic level).
- The free rein I was given (space/permission for teacher to be creative/teach creativity; trusting the teacher’s professionalism)
- Inclusion of **fun activities/elements** (making plasticine models of embryos; picking a ‘cell’ from an ‘embryo’ [=name from a hat] in selecting a presentation topic)

The key difficulties/issues/barriers to change that were encountered:

Relatively few:

- Potentially, **conflicting teaching methodologies**; ‘scary’ lectures taking place between my various sessions may have undermined my attempt to gradually build the students’ confidence in their ability to learn the material for the course.
Dr. Susan Jamieson  
Institution: University of Glasgow  
Subject: Research topics (professionalism)  
Course: Intercalated BSc (Med Sci)  

Identify a good example of a significant change to teaching and learning practice that you and other colleagues have made that it is more or less successfully accomplished (ideally ... related ... to EBL and other facilitated, collaborative, student-centred forms of learning):  

Recently, the co-ordinator of a one-year intercalated degree course for medical students was seeking to make changes to a component of the course: the Research Methodologies lectures. This series is given by various Faculty staff, and was originally conceived to teach students about some of the common research methodologies used by biomedical scientists (relevant, since the students subsequently undertake a basic or clinical science research project). However, changes in personnel meant other staff had been drafted in to give talks and the series had evolved into a mish-mash of lectures with no clear relation to the original theme. From a personal perspective, two of my lectures were not well-placed in the timetable, which reduced their effectiveness, but I could not be flexible on timing due to existing commitments.  

What happened? (Describe the nature of the changes):  

Following a brainstorming session, the theme of this course component was changed to ‘Research Topics’, which was broader and therefore less limiting than the previous theme.  

I amalgamated my two lecture slots and devised an interactive, student-centred session on ‘The Professional Scientist’. I first asked students to form a picture of a scientist in their minds, based on people they knew (teachers), or on famous scientists. We discussed some of the images they had conjured up and moved on to the idea that society has expectations not only of what a scientist might look like, but how he/she might behave. In groups, students then used a variation of the nominal group technique to come up with a list of those qualities they would expect of a professional scientist. Using this, we compiled a class list of the 6 top attributes of a professional scientist, then compared these with published codes of professionalism for scientific researchers. In their groups, students then discussed scenarios highlighting ethical issues that might be faced by a research scientist. Each group reported its conclusions and a general discussion ensued. I finished by distributing our own institution’s ‘code of conduct’ for (scientific) researchers.  

The key factors that enabled successful change to be accomplished:  

- Chiefly, a willingness on the part of the course co-ordinator to be open to new ideas and give me free rein (space/permission for the teacher to be creative/teach creativity; giving teachers control; trusting in the professionalism of the teacher)
• A willingness on the part of the students to take part in interactive sessions (a student body signed up to the notion of actively taking part in learning)

• **Appropriate accommodation and resources** – it was essential to have accommodation for 40+ students to work comfortably in small groups and to have plenty of flip charts, etc.

*The key difficulties/issues/barriers to change that were encountered:*

• None really, since this was carried out at the behest of the course co-ordinator. But **some categories of teaching staff may not be given the opportunity to try out innovative ideas**
Lessons about accomplishing strategic change towards student-centred enquiry-based approaches: derived from stories of successful change.

Last week I helped facilitate a discussion at the L2L Enquiry Based Learning event amongst a small number of practitioners that had introduced EBL. Several participants had prepared a short personal account of how they successfully introduced EBL or PBL in their institutional context. The following lessons for strategic change can be drawn from these accounts.

Such change is more likely to be accomplished and sustained if:

**Change is led by inspiring and energising ideas** – ideas that contain and can be infused with much meaning, that open up possibilities, that can be sold to non-believers or doubters, that align to values and beliefs, that have the capacity to capture imaginations.

**Change is seen as an opportunity** for something better rather than an issue to be resolved. Opportunities are necessary to engage people. They encourage invention and adaptation. But to sustain change over many years we have to keep creating opportunities. In the course context – people who were not part of the invention/innovation process have to be given the opportunity to re-invent for themselves.

**Systemic change can only be accomplished through partnerships/collaboration** – we need to invest effort and energy in developing and maintaining relationships. Capacity/agency to connect/communicate/build maintain relationships is crucial to the success of strategic change.

**Systemic change can only accomplished with management support** – decisions about resources, deployment of staff and what needs to be focused on require managers to be involved. It helps if the enterprise is backed by the top manager.

**Systemic change requires lots of energy/commitment** by lots of people: persistence in the face of obstacles is crucial. The energy (or forces) may come from within (individuals who want to change) or by external pressures (including top down and outside in).

**Systemic change needs to be facilitated** – brokers/agents who engage, provoke, challenge, advise, coach/mentor, value and appreciate what is being done, support and encourage those engaged in change. What sources/expertise/capacity can SCEPtE draw on?

**Significant change requires long time scales.** While people and things can change over a few years (assuming that people are given the time and space to change), it takes 15 years or even a generation to change systems/cultures.

**Significant change requires significant resources** – financial/time – provide motivation/incentive but also part of valuing/ appreciation system. The pathways for change in resource-rich environments might be very different from those in resource poor environments.

**Knowledge for change** - We have to learn how to change in the particular situations for change – instigators may be experts or familiar but most people involved have to
grow the knowledge for change in the environments in which they work. While we can identify general lessons to guide actions they only have meaning when they are contextualised.

**Personal/professional development** – similarly in order to change their teaching practices teachers need to develop their skills and expertise. Professional development needs to be highly contextualised/ situated, self-determined rather than imposed, that meets the particular needs of those engaged in change.

**Accomplishing strategic change is a complex, emergent, problem working enquiry-based process.** Many problems are encountered along the way and these have to be solved in the contexts and with the people who are involved in change. You can’t import ready made solutions although knowledge of possibilities is helpful.

**Planning – monitoring – evaluating.** These have to be connected and integrated. They are a part of a valuing process as much as accountability - plans need to be flexible adaptable and responsive to opportunity.

**Contexts change as well.** Strategic change initiatives encounter the problem of changing contexts and priorities. What seems important when a project start might not be when it is underway. Strategic change agents have to be continually prepared to reposition what they are doing so that they continue to be aligned with and serve emerging contexts.