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CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

Creating and analysing practitioner comics to develop a meaningful ward manifesto for a new dementia care unit

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Abstract
Context: Our acute trust recently opened a unit for people with acute medical problems and dementia. As well as environmental changes, we realised that an explicit statement of the values, beliefs and attitudes of our new team was required.
Aims and objectives: We wanted our manifesto to be a collaborative document with real meaning for us as practitioners. We hoped adopting this method would empower the staff team to take an active part in shaping the kind of care we want to offer. We ran a workshop that used comics and practitioner research methods. We aimed to get 'under the surface' of practice and allow a liminal space for multi-disciplinary communication. In this article, we aim to explain the principles of our practice, describe what we did as part of our induction for staff on the unit, show the outcome (our ward manifesto) and discuss what learning might have taken place.
Conclusion: Staff engaged enthusiastically in the workshop. The comics produced, and analysis of them, allowed practitioners to look at practice in a new way. There was real communication between team members from different disciplines. The manifesto shows the complexity of our values in a simple, accessible way and is now displayed on the unit.
Implications for practice:
- Innovative learning methods can be useful when exploring the values of practice
- Creating a safe, liminal space allows creativity and honest communication within a team

Keywords: Comics, creativity, practitioner research, dementia, teamwork, learning

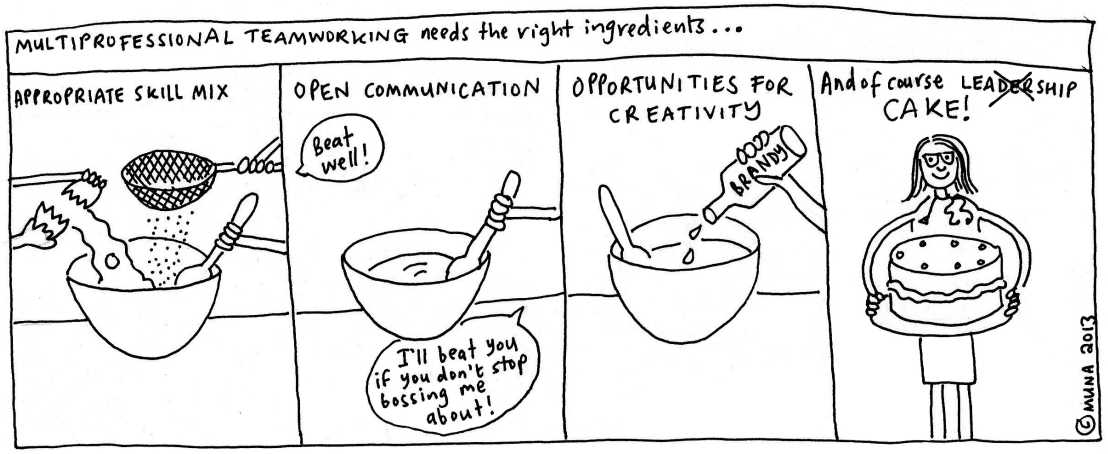
Introduction

The Emerald Unit is a 15-bed ward in the Royal Sussex County Hospital, a teaching hospital within Brighton and Sussex University Hospitals NHS Trust in the United Kingdom. It is designed for people admitted to hospital with a medical problem related to dementia. The vulnerability of people with dementia in hospital points to the need for specialised care (Russ et al., 2012). Although there are arguments for and against caring for a relatively small group of patients with dementia in a single place (Weyerer et al., 2005), the unit fits the trust's overall dementia care strategy. The Emerald Unit is seen as a hub of good practice and a base from which the team can reach out to all areas of the hospital where there are people with dementia. One of the objectives set out in the National Dementia Strategy (Banerjee and Owen, 2009) was improving hospital care, and the number of dedicated dementia care spaces being developed in acute hospitals reflects the response to the strategy.

The unit opened in April 2014, after much negotiation around funding for adequate staffing with the necessary expertise. As well as the usual multidisciplinary team members (doctors, physiotherapist, social worker, dietician, discharge coordinator) we have a greater number of nursing staff than other wards, with four registered nurses and four healthcare assistants for 15 patients. We also have a specialist occupational therapist, a consultant in older persons' mental health (two sessions per week) and two specialist nurses who support the staff on the unit. The unit was refurbished and redesigned to create an environment suitable for people with dementia (Waller et al., 2013).

We felt that, despite enthusiasm among staff about the new unit, it might be a challenge to bring together this team, from different backgrounds and professions and with varying levels of expertise. We know attention to the needs and wellbeing of team members improves standards of patient care (Ballatt and Campling, 2011); our attitude to multiprofessional teamworking is illustrated in Figure 1.

Figure 1: Multiprofessional teamworking



In this article we aim to:

- Explain the principles of our practice
- Describe what we did as part of our induction for staff on the unit
- Show the outcome (our ward manifesto)
- Discuss what learning might have taken place

The principles of our practice

Our aim was for the team to come together around a shared manifesto for our practice. We recognised that the process of creating our own manifesto was a starting point for shaping team relationships in the future. We purposefully chose the term 'manifesto' as it implies a more practical embodiment of ideas and beliefs than the more commonly used 'vision'. NHS reforms are generally high on 'vision' and low on detail and real-world practicality (Ballatt and Campling, 2011) and we wanted to avoid following this pattern. 'Manifesto' also has political overtones. While this might put some people off, we feel that striving to enable appropriate care for people with dementia in hospitals is a socio-political act (in the broadest sense).

The drive for interprofessional team working in the NHS has been criticised for ignoring the fact that professions have different underpinning models and values (Campion-Smith and Wilcock, 2001). Within the existing literature on interprofessional learning, there is increasing recognition of the importance of socio-cultural aspects of practice (Hean et al., 2009). The moral basis of practice is not often discussed, as it lies under the surface of our day-to-day work. One of us attended a workshop on 'Flourishing places for people with dementia' (organised by the International Practice Development Collaborative

in England), which focused on a creative approach to engaging practitioners in examining their practice and improving dementia care. Although many aspects of this approach to transformational change and education were familiar to us, we were new to the frameworks of 'practice development', so set about investigating how the language and theory of practice development might inspire our unit induction workshop and ongoing educational activities.

Garbett and McCormack (2002) produced a concept analysis of practice development that described it as 'a systematic, rigorous activity underpinned by facilitation processes'. They describe its outcomes as 'changes in the behaviours, values and beliefs of staff involved' (p 87). Practice development has been used within a variety of nursing contexts. When underpinned by critical social theory, it is closely aligned with the authors' experiences of practitioner research (Manley and McCormack, 2003). There is evidence that engaging in reflective practice and learning according to the principles of practice development can bring positive change in the caring environment, emancipating staff to act in a more person-centred way (McCormack et al., 2010).

With the principles of practice development in mind, we combined three strategies to help our team gain an understanding of the values underpinning our practice and develop a shared manifesto for the unit. These were:

- Comics as a new way of seeing practice
- Learning as practitioner research
- Creating a liminal space for multiprofessional working

In this section we will explain the theoretical basis for these strategies.

Comics as a new way of seeing practice

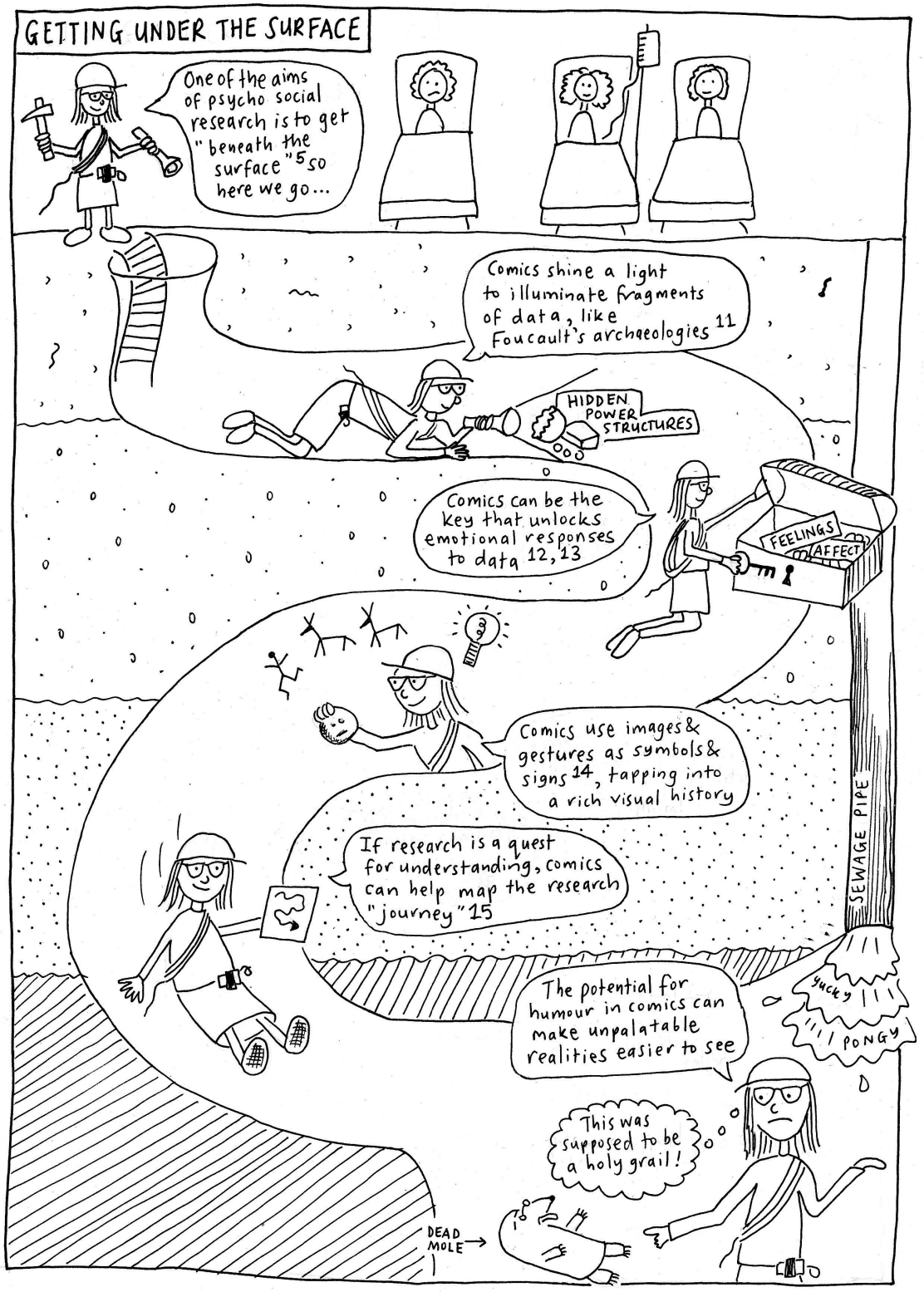
There is a large theoretical basis for the use of visual images in research (Weber, 2008). According to French philosopher Roland Barthes, pictures can be seen as both literal representations of reality (the denotative meaning) and as more symbolic representations depending on cultural and historical context (the connotative meaning) (Sontag, 1983). Eisner (1997) advocates arts based research as an especially effective way of generalising from the particular. The special qualities of images are that they can be immediately accessible, can incorporate multiple layers and evoke strong emotions and empathy.

In this extract from *The Cute Manifesto* (2005), James Kochalka suggests that art (particularly comics) can be used to enhance understanding.

Figure 2: Art for understanding (Kochalka, 2005)

One of us has suggested, in a previous comic-article, a number of reasons why comics are particularly good at getting under the surface of practice. Figure 3 is an extract from this article.

Figure 3: Getting under the surface (Al-Jawad, 2013)



Learning as practitioner research

We wanted an alternative to the traditional, transitional model of multiprofessional education. In terms of teaching our manifesto, the traditional model would have meant the ward manager setting out her idea of what the values of the ward should be and presenting them to staff to learn or memorise and hopefully adopt. We looked to Stenhouse for an alternative. Stenhouse (cited in Scott, 2008) believed in learning by inquiry, with the teacher facilitating discussion and discovery – the focus being on the process of learning rather than the outcome. Didactic methods that offer attitudes to be 'absorbed' do not take into account that practitioners are different from each other in terms of their existing knowledge and assumptions. Practitioners should be allowed to discover their version of truth, through discussion.

Alternative views also suggest that learning is essentially a transformation of the structures and frameworks that people use to understand the world (Mezirow, 1997). The change can be thought of as taking place within the inner being or personality of the person (Boyd and Myers, 1988), or as an emancipatory 'waking up' to the social realities of life in order to take action (Freire, 1996). Practitioner research can be used as way to stimulate learning, empathy and professional development (Dadds, 2008).

Creating a liminal space for multiprofessional working

Building on these ideas, Meyer and Land (2005) suggest that transformation takes place through a state of liminality for learners, provoked by a threshold concept that is problematic or difficult. The liminal space is a 'third space', an attempt to escape from the 'them and us' attitude that can be a barrier to multiprofessional working. Liminal spaces allow us to step outside our usual role and, in a transitional state, become more reflective, creative and open to new ideas (Turner, 1987).

Transition into a liminal space often requires a ritual such as eating or drinking together (Van Gennep, 1960). With this in mind, offerings of tea and cake can be helpful in allowing a group to begin working together more effectively.

The induction workshop

Using the principles outlined above, the authors of this paper (a doctor and a nurse) designed and ran an induction workshop. All staff were invited from all professions who worked on the ward. We ran the workshop twice to enable the maximum number of staff to attend. It included time for group discussion and reflection on what the new unit might mean for us, and staff were offered the opportunity to raise concerns and talk them through. Tea and cake were available. Part of the workshop consisted of the group developing our manifesto through analysis of comics.

All participants were asked to draw a comic strip showing an experience from their recent practice that had evoked an emotional response, for example, joy, sadness, guilt or anger. These comics were then shared in pairs and analysed to elicit what was important to that practitioner and what their underlying values might be.

For example, one staff member drew herself feeling frustrated that she was unable to engage a patient who was very disoriented; she could not establish rapport or calm the patient down so she felt that she had failed. In this comic, another staff member discovered that the patient liked painting and arranged to bring in art materials. This established rapport with staff and the patient seemed much more content on the ward. Analysis of this comic showed the value placed on 'real' relationships with patients at a personal level and the value of our role in keeping patients occupied and emotionally (as well as physically) satisfied, and also highlighted the anxiety felt by staff knowing that we can't be perfect or get it right every time.

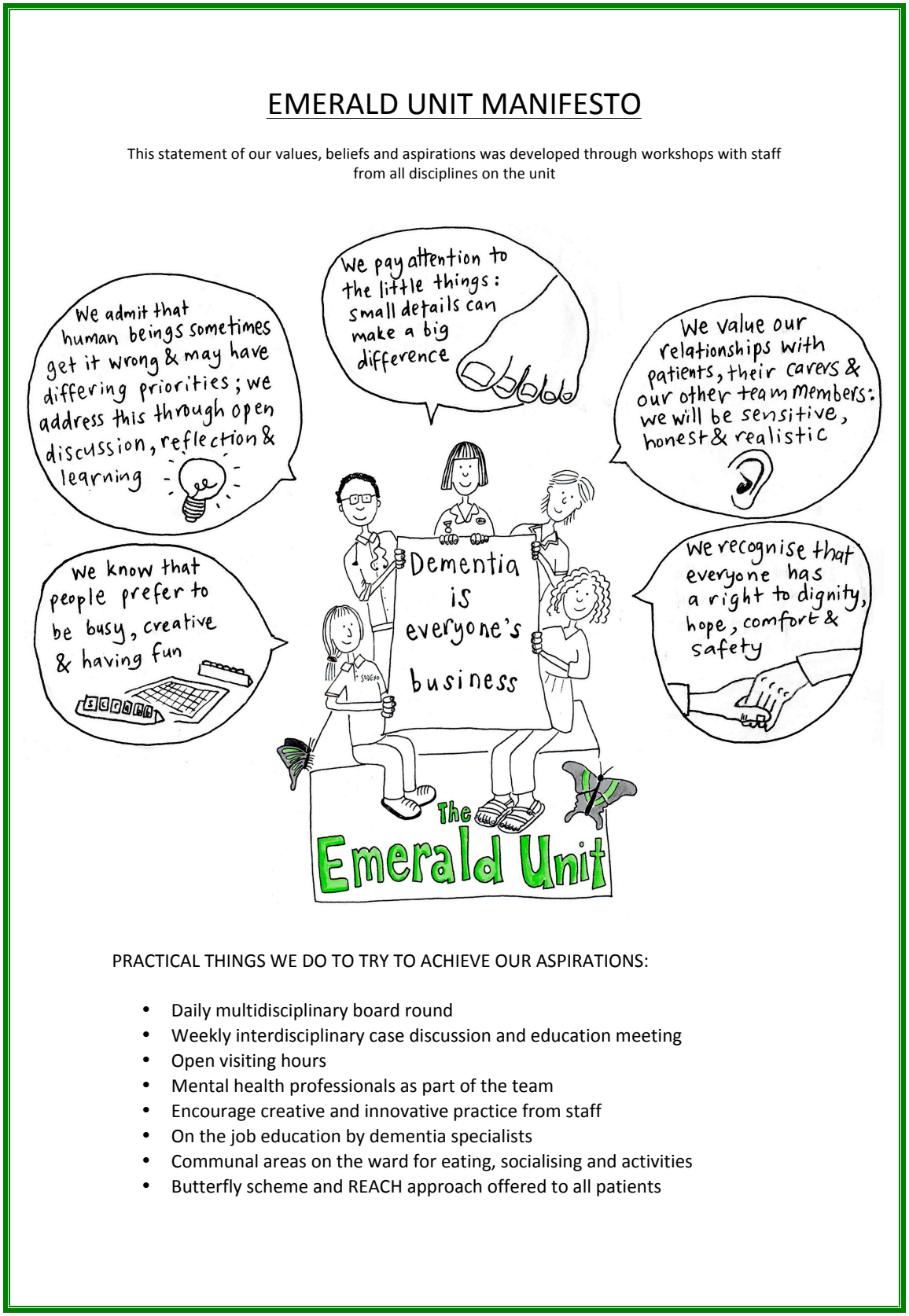
This analysis process was repeated for all participants in the workshop. As part of the group discussion that followed, we considered ideas for how we might attempt to achieve these values as a team and deal with any difficulties arising from the mismatch between our espoused values – what we aspire to do – and our actual practice.

One of us collected all the analysis and comments arising from the workshop. These were re-examined and analysed for common emerging themes. These themes were then summarised and represented as a combination of text and image; the main emergent themes are shown in the manifesto below. We also included practical ideas of how these values might be achieved. This was shared with the group by email and in person, and the comments sent to the authors were taken into consideration as we produced the final Emerald Unit Manifesto. As an example of the feedback and editing process, one discussion involved the use of the word 'hope' in the final speech bubble. One team member felt using 'hope' might offer false optimism to people that they would recover, when we know sometimes people decline despite treatment. However, most other team members felt hope was an important concept to include. It did not have to signify hope for recovery; it might be hope for relief from suffering or for a good death. So, in the end, we kept the word 'hope' in the manifesto.

Outcome

Our manifesto is presented below in Figure 4.

Figure 4: The Emerald Unit Manifesto



What we learned

Overall we, the organisers, felt the workshop went well. The comics produced by practitioners were surprising, funny and touching. The cake was all eaten and discussion felt fairly free and open. The analysis from group members was rich, complex and honest, as we expected when using narrative analysis (Hollway and Jefferson, 2000) or analysing visual images (Weber, 2008). It should be noted that this was perhaps a new opportunity for members of the team who considered themselves more 'junior': 'I'm just a healthcare assistant' was one remark. This highlighted to us the importance of engaging all staff groups. Our motto 'Dementia is everyone's business' is central to this ethos.

We feel we achieved our goal of using comics to look under the surface of practice. We also successfully used practitioner research to enable participants to analyse and learn about their practice and underlying values.

We learned that staff from all professions and levels of expertise can draw and analyse the values of their practice. It is difficult to provide evidence that we created a liminal space. We felt that although there is always a pull towards the 'them and us' attitudes, in general all staff appeared to engage in the process and gain something from participating in the session. Supporting and working with staff to facilitate attitudinal change is key in caring for patient's with dementia (Nilsson et al., 2012).

We have built on this learning by involving staff in weekly, half-hour, case based discussions. A challenging case from the preceding week is brought by a member of the multiprofessional team and discussed over tea and cake. So far, these educational meetings have worked well and we have continued good attendance from staff in all disciplines and at all levels of seniority, including students. At present, notes from these meeting are collected by one team member in written form. Comics take more time to synthesise so it has been too difficult to create them as the discussion is happening. We plan in future to present key cases and themes from our meetings as a comic for staff on the unit.

Our manifesto is prominently displayed on the wall of the unit, so that staff, patients and relatives can see our values, beliefs and attitudes represented in words and pictures. Our case discussion records are displayed for one week in the staff room and then collated by the ward manager. We accept that our care is not perfect or excellent every time and we continue to learn together in many other ways. So far, we hope the Emerald Unit is a place where staff and patients can flourish.

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