

Mental Health Practice

Utilising CLINGO as a teaching and learning resource as a means to improving care planning. An evaluation

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Abstract:	<p>Clinical language has arguably evolved as a result of clinical expertise, professional grouping and an NHS that is riddled with clichés and jargon (Duffy, 2010). The game 'health cliché bingo' (CLINGO) was developed by the authors following a research project 'Does the practice of care planning live up to the theory for mental health student nurses?' (Rylance & Grahame, 2014) and in response to professional and legislative requirements (NMC, 2010 & DH, 2008).</p> <p>Essentially a bingo-style game, CLINGO can be played individually or as a group. Each CLINGO card contains a different clinical cliché on it and each participant(s) is assigned a CLINGO card. The facilitator will then randomly select a cliché. If the same cliché appears on the CLINGO card it can be checked off. As soon as a 'full house' is achieved, each clinical cliché is then discussed by the participants. It is the role of the facilitator to assist the group to find a more person-centred alternative. Central to the learning experience is the notion of teamwork and reflection. The utility of games as a teaching and learning resource is accepted within the educational literature (Blakely et al., 2009 & Gibson & Douglas 2013).</p>
Keywords:	Care planning; Clichés and jargon; educational games
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Author Comments:	We are not aware of any restrictions on using 'bingo -style' cards

Utilising CLINGO as a teaching and learning resource as a means to improving care planning

Abstract:

Clinical language has arguably evolved as a result of clinical expertise, professional grouping and an NHS that is riddled with clichés and jargon (Duffy, 2010). The game 'health cliché bingo' (CLINGO) was developed by the authors following a research project 'Does the practice of care planning live up to the theory for mental health student nurses?' (Rylance & Grahame, 2014) and in response to professional and legislative requirements (NMC, 2010 & DH, 2008).

Essentially a game of chance, health cliché bingo (CLINGO) can be played individually or as a group. Each CLINGO card contains a different clinical cliché on it and each participant(s) is assigned a CLINGO card. The facilitator will then randomly select a cliché. If the same cliché appears on the CLINGO card it can be checked off. As soon as a 'full house' is achieved, each clinical cliché is then discussed by the participants. It is the role of the facilitator to assist the group to find a more person-centred alternative. Central to the learning experience is the notion of teamwork and reflection. The utility of games as a teaching and learning resource is accepted within the educational literature (Blakely et al., 2009 & Gibson & Douglas 2013).

Background:

The Care Programme Approach (CPA) (DH, 1990 and DH, 2008) promotes person-centred care planning which involves mental health service users, their families and their carers' in all aspects of the process (Marston & Weinstein, 2013). This is supported through the Recovery Approach, which proposes a shift from the traditional care planning practice of problem identification (often without any service user input), to service users defining their own strengths, goals and aspirations in their own words (Shepherd, Boardman & Slade, 2008). Central to this notion of person-centeredness, is the idea of a shared language (Duffy, 2010). Despite this, as part of clinical socialisation, each professional group appears to have developed its own language (Neary, 2013). Clinical language has arguably evolved as a result of clinical expertise, professional grouping and invariably an NHS culture that is riddled with jargon and increasingly loaded with acronyms (Duffy, 2010). Often such language makes life easier for clinicians, but sometimes its meaning is far from clear to those outside the organisation including other health professionals, service users, carers and students. Thus, it can be argued that the utility of 'professional language' or medical jargon can seriously compromise the service user-health professional relationship as well as the professional-professional relationship (Bowers, Brennan, Winship & Theodoridou, 2009).

It is a fundamental requirement of Pre-registration Nurse Education that the recording of clinical information is clear, meaningful and jargon-free (NMC, 2010a, 2010b) This is not a new concept; the NMC standards for record keeping (NMC, 2009) stipulate that good record keeping should reflect the core values of individuality and partnership and involve the service user and their carer where possible. Indeed Barret et al (2009) posit that care planning and documentation is a fundamental clinical skill; no different from administering an injection or giving a bed bath.

Our initial study (Rylance & Graham, 2014); a qualitative descriptive study, informed by a phenomenological approach was designed to examine the perceptions of a group of mental health student nurses (from a range of community and ward clinical mental health placements) and their observations and perceptions of practice in relation to care planning. Our study revealed key themes around service user care plans being 'problem focused' and not 'solution or Recovery focused' as they should be in a contemporary mental health service.

A follow up analysis of the data revealed a subsequent theme cluster around the 'professional language' that exists amongst mental health professionals that consists largely of jargon, clichés and generic terminology. The study found that a 'copy and paste' culture was endemic across the clinical areas with students citing examples of staff asking for a copy of the 'schizophrenia care plan'. Of interest, the students acknowledged that a care plan should be collaborative, person-centred and use service user language. However, they commented that by doing so, it would look unprofessional to other agencies.

The findings from the study suggests that a dichotomy exists between the service users own expression of their mental health issues and how that is then *translated* by the health professionals. The use of clinical clichés and what the authors describe as 'professional snobbery' seemed commonplace in the practice areas.

To understand this phenomenon further, the authors undertook a series of educational events on care planning, during which health professionals were invited to catalogue their own professional terminologies. The sessions took place in a variety of practice areas with a range of health and allied professionals. The authors subsequently examined the 'clinical clichés' and developed the teaching and learning resource CLINGO. CLINGO aspires to raise awareness of the previously mentioned 'professional translation service' that dominates the clinical care plans and hopes to engage the learner in reflection-practice-reflection. By utilising a model such as Kolb's (1984) reflective cycle, it

is envisaged that the resource will serve to challenge the seemingly useless clichés that appear in care plans and in doing so will promote the aims of the CPA and ultimately embed the Recovery Approach along with person centred care.

CLINGO is essentially a bingo-style game that can be utilised with teams of health professionals, students and or service users. Typically, a game of CLINGO is supported by a brief key note session, which is underpinned by legislative and professional best practice guidance.

A game of CLINO will last for half a day (depending on group size) and can be delivered by a person skilled in guided facilitation and reflective practice.

See example (Figure 1):

Figure 1:

C	L	IN	G	O
	“successful leave”		“appropriate package of care”	
“therapeutic relationship”		“Non-compliant”		“Optimum health”
“provide support”		“positive reinforcement”	“wandering aimlessly”	
	“reduce self-harm”			“Maintain a safe environment”

Each CLINGO card will have randomly allotted clinical clichés on it. Participants are assigned to teams with each team having one CLINGO card. Each team would generally consist of between 4 -6 players (depending on size of group). The facilitator will then randomly draw from a pack of cards, each one containing a clinical cliché (extracted from the catalogue). If the cliché is on the teams CLINGO card it can be marked off. As soon as team achieves a ‘full house’ each clinical cliché is then discussed in turn by the teams with the facilitator to find a more person-centred alternative.

Initial evaluation

The evaluation of educational games in higher education is not easy and has generally relied on studies of leisure based games (de Fritas & Oliver, 2006). That said, CLINGO has been subjected to an initial unstructured evaluation with two separate mental health student cohorts.

47 Participants were asked to feedback their learning experience of a game of CLINGO and what they gained from the experience that would inform their care planning practice. The narratives are summarised below:

My learning experience

- Good reflective exercise
- I don't feel stupid anymore
- CLINGO is a good learning tool
- Makes you think about documentation and how it should be person-centred
- Great debate
- Highlighted the irrelevance of some of the terminologies and ridiculous jargon
- Fun way to learn – an eye opener!
- Reminds me of my accountabilities as a nurse
- Should teach to qualified staff

How has this informed my practice?

- I will challenge my mentor when she says I'm writing too much
- I've realised that a lot of stuff I write is not suitable
- I need to think more about how I describe what I see
- I need to avoid clichés
- It going to be hard, as my mentor uses all the jargon
- I feel more confident in my ability to write a collaborative care plan with a service user
- Ask more questions

Discussion:

The initial feedback is interesting and suggests that CLINGO promotes personal reflective in a nonthreatening and fun way. Indeed, central to the learning experience is the notion of teamwork and reflection. Furthermore, there is a suggestion from the narratives that the students feel more confident both in terms of writing collaborative care plans and being able to challenge poor practice. It was interesting that the students acknowledged that registered staff would benefit from the

session; a perception that has been borne out in previous studies. Clearly, a further systematic evaluation is required.

The utility of games as a valuable teaching and learning resource is well accepted within the wider educational literature (Bochennek et al., 2007, Blakely et al., 2009 & Gibson & Douglas 2013) and seemingly adult learners prefer education that is relevant and reflects practice (Foord, 2009). Furthermore, game-based learning has been shown to be effective in the Higher Education environment (Ariffin & Sulaiman, 2013).

Initial findings suggest that CLINGO offers a novel way of meeting the learning needs of students, promotes personal reflection and enhances the students learning experience. By utilising the team discussions, it may be possible to advance care planning practice and develop a language within the care plans that is jargon free, meaningful and truly person-centred.

Limitations:

The temptation to offer an alternative 'person centred' template has been avoided by the authors as doing so would arguably lead to new jargon or more generic terminologies.

The authors acknowledge that the evaluation presently lacks any scientific rigour; but rather some initial gleanings into the utility of CLINGO as a teaching and learning resource.

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