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**PRE-PRINT**

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**The development of a shared e-learning resource across three distinct programmes based at universities in England, Ireland and Scotland**

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Recent discourses embedded in higher education policies advocate institutional collaboration and globalisation, while inter-professional learning and student-centred learning have each found favour as good practice in educational delivery. In this article, we detail the process of developing a novel innovation that operationalized components of these key discourses and learning strategies. The innovation itself, a case study based set of vignettes, was created and rolled out across higher education institutions in England, Ireland and Scotland. The purpose of the innovation was to enable students from health sciences programmes at the three institutions in question to share resources in developing culturally

sensitive care, and to communicate remotely with one another through a shared discussion board. The aspiration was to position students to develop their thinking from a wider repertoire of discourses than those immediately culturally and professionally available to them. We conclude that collaborations of this kind, though not without their drawbacks, can serve to mitigate tribalism, facilitate openness and increase transparency in higher education teaching.

**Keywords:**

E-learning; international; female genital mutilation; collaboration; education.

In this article, we provide insights into the development of a teaching resource shared among three universities that enabled students in England, Ireland, and Scotland registered to entirely different programmes to communicate directly with each other via an e-discussion board. The teaching resource in question was a *case study*, that is, a multi-layered realistic scenario presented to students for active learning which allowed for interrogation at multiple levels and around which there were no clear-cut solutions (Kembler & McNaught, 2007).

Before exploring the genesis of the collaboration, and indeed the development and production of the case study, a brief account is proffered of contemporary discourses of higher education within which the innovation is positioned. It should be noted that the focus of this article is confined to the development of the shared learning material by the academics involved; student evaluations of the endeavour will be published separately.

**The discursive context of the collaboration**

Within higher education, the notion of academics working in isolation in their own realm has been superseded by discourses of collaboration and internationalisation, initially in relation to research

but also now in relation to teaching (Hyde, Drennan & Clarke, 2013). The proliferation of technologies, competition for students, and the jostling for position over world rankings among higher education institutions have mediated these pro-collaboration and pro-international discourses that have become embedded in the policy strategies of the top universities. The development of 'a global civil' society has been proffered as the primary motive for such collaborations, as expressed, for example in a report to the British Prime Minister in 2009 in which the benefits of collaborations between the USA and the UK were extolled (US/UK Study Group, 2009). There are sceptics as to the motives of such grand collaborations, however, with critics such as Kirkpatrick (2011) taking up a counter-position in voicing concerns that they merely strengthen Anglo-American institutions and culture and reproduce Western dominance. We will revisit this issue in the conclusion to this article.

Parallel to emerging dominant discourses advocating collaboration and internationalisation across universities has been a change in conventional wisdom about how learning in higher education should occur. One shift has been in the redefinition of the role of lecturer to facilitator to maximise the intellectual engagement of the learner (Barr & Tagg, 1995) and one way that has been proposed to achieve this is through enquiry-based learning. Enquiry-based learning (EBL) (or IBL in the USA where 'enquiry' is spelled 'inquiry') is very similar to problem-based learning (PBL) (Savery, 2006). Both are based in the philosophy of John Dewey and are characterised as student-centred, active learning approaches aspiring to foster critical thinking, problem-solving and questioning. Savery (2006) distinguishes PBL and EBL by virtue of the fact that in the former, the tutor does not provide information about the problem to students; rather, the responsibility for information-seeking rests with the learners.

Mediating the advent of enquiry-based learning has been a shift towards inter-professional education (IPE), that is, having students from different disciplines sharing units of study. A Cochrane review of the effects of IPE on professional practice and health care outcome has

identified some positive outcomes from this type of shared learning (Reeves et al, 2013), and it occupies a positive position as innovative and progressive in emerging educational discourse.

Thus, the 'drivers' for the collaboration described in this article were sets of mediating discourses in higher education policies and practices in the contemporary period, namely, the positively-endorsed practice of collaboration, the quest for internationalisation, the advocacy of learner-focused educational strategies and the sharing of learning across disciplines. Cross-cutting these was another important development in higher education, namely, rapid technological innovation that defied distance and national boundaries. How collective thinking was harnessed around these and translated into an actual educational innovation is the substance of the remainder of this article.

### **The birth of the collaboration**

The collaborative project being reported here was initiated through personal communication between teaching staff at a university in England (the leading partner in the triad) and academics at universities in both Ireland and Scotland. Team members from the English university had recently been granted funding from their institution and were seeking partners with an interest in women's and/or global health with whom to develop and share an educational resource with students on a graduate entry nursing programme.

The first meeting with representatives from each of the three institutions was held in Dublin in July 2011 at which it was decided to initiate a pilot project with relatively modest objectives designed to get the project off the ground. Essentially, the point of merging would be a case study (this will be described in detail in a later section) to which students at each of the three institutions would be exposed, executed through the concept of enquiry-based learning. (Because some reading material was provided for students in the case of the present pilot project, the venture might best be described as 'enquiry-based' rather than 'problem-based' to draw on the distinction

referred to earlier.) Thus, while students at each site were registered to entirely different programmes, the aspiration was that each of the three sites would share exposure to the case study that was to form a fairly modest portion of content of the module delivered separately at each university. In addition, with the proposed shared learning resource in common, students at each site would be in a position to engage in peer learning through a shared virtual learning environment (VLE).

Because the shared dimension of the enterprise would constitute merely part of three distinct modules, each delivered by the individual university, participating institutions would retain control over their own module overall, including its assessment strategy and students would continue to be registered to the module at their home institution. Limiting the collaboration in this way to a small dimension of a module provided a safety valve lest the venture throw up unexpected complications.

Communication between collaborating partners was via regular meetings conducted remotely, and with support from educational technicians at the partner universities.

### **Influencing factors in developing the case study**

A number of different factors influenced the development of the case study, not least the needs of the different student groups, and the substance and existing philosophical underpinnings of the modules of which this single case study was to form a part.

### ***The needs of each of the student groups***

The students at each of the three universities were pursuing different degrees, albeit all at master's level. The specific titles of the modules which would dovetail for the purposes of the case study delivery were: *Experiences of health and illness: service user and carer perspectives* (English

university), *Women gender and health* (Irish university), and *Becoming a midwife* (Scottish university).

Students at the English university were registered to an accelerated programme in general Adult, Child or Mental Health nursing for graduates. Given that this programme was designed to prepare them to become nurses over a shorter duration than a direct-entry nursing programme, overall the module within which the proposed case was to be nested stimulated students to engage with, among other knowledge forms, knowledge from the biomedical sciences. By contrast, students at the university in Ireland were all qualified midwives studying for a master's degree in midwifery-led care. For these students, the content of the module (women, gender and health) and the programme (MSc in Midwife-led care) had a social and human science focus, with much less emphasis on biomedical knowledge as this had been covered extensively during the students' initial registration programme. Students at the Scottish university were pursuing a programme leading to a professional registration; however, those involved in this shared-learning pilot were graduates, studying at Master's level. At this point in their programme they were less engaged with the biomedical sciences being more focused on wider aspects of midwifery practice. The immediate challenge for the newly-created collaborative team was to develop a case study compatible with the objectives of each of the three partner-specific modules and that would speak to each of the distinct student groups.

### ***Existing content and philosophical influences of the module***

In developing the 'case' (the central focus of what students would study), the collaborators also considered the existing content and the philosophical underpinnings of the disparate modules within which the proposed case study was to be embedded. That the remaining components of the modules in which the shared resource would be located did not match did not deter the progenitors of the venture. At the university in England, the Graduate Entry Nursing programme (GEN) was

developed with a vision to produce nurses who have a working knowledge and clear understanding of the Millennium Development Goals (MDGs), a set of eight goal developed by the United Nations designed to alleviate extreme poverty, hunger, illiteracy and disease at a global level by 2015 (United Nations 2011) At the Irish university, the women gender and health module was heavily mediated by feminist theory, something to which students there had been exposed right from the start of the module and which required of them a shift in consciousness and engagement with conceptual literature around feminism. The Scottish School of Nursing and Midwifery was committed to ensuring that graduates acquired the knowledge to address the wider aspects of midwifery practice including collaboration with other health and social care professionals, both nationally and internationally.

In considering the choice of case there was a sense that the conceptual framework that students already brought to the case study, rooted in the module to which they were registered, might manifest itself when they communicated with one another online, and that this might lend itself to a richer dialogue. There was no attempt to design the shared learning by imposing the philosophical framework of one module on another. To begin with at least, what emerged as centrally important in the case construction was that the substance of the case would be an issue relevant to women's health (the modular focus at the Irish university), to inequality and human rights (the programme-level philosophical affinity of the English university), and to world health (the programme focus of the Scottish university). A shared aim that spoke to all modules was to facilitate the development of culturally sensitive care among health care professionals. Whatever way students interpreted the case based on their prior knowledge and programme or module affinity would remain to be seen as the pilot project unfolded.

A consideration for the co-ordinator at the Irish university was that, unlike the situation at both the Scottish and English universities, EBL was not already an aspect of the women, gender and health module. Imposing on the module a different delivery format to the mainly pre-recorded lectures and classroom discussions of its existing design ran the risk of introducing a degree of

patchiness to the module. Any concerns in this regard were mitigated by the possibility that a departure from a more conventional way of delivering the module might actually enhance it and make for a new way of reconfiguring it in the future, so it was decided to embark on the collaboration.

### **Identifying the topic of the case study**

From a short-list of possible issues that could potentially form the substance of the case study, the topic of female genital mutilation was chosen because of its content affinity and philosophical compatibility with the modules at each of the three sites. Female genital mutilation is defined as 'the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons' (World Health Organization, 2011, p.1). The procedure is illegal in Britain (Female Genital Mutilation Act, 2003 (Commencement) Order 2004) and it is also an offence for UK nationals or permanent UK residents to carry out, or aid, abet, counsel or procure the carrying out of FGM abroad on a UK national or permanent UK resident, even in countries where the practice is legal. In view of the historically later pattern of immigration into Ireland from individuals from FGM-practising countries, similar legislation was still in the process of being introduced into Ireland in 2011 and has since been brought into law (Criminal Justice (Female Genital Mutilation) Act, 2012). Figures for FGM procedures in both Britain and Ireland indicate that girls and women who have undergone FGM are likely to be encountered by a range of health professionals, and indeed only a few months before the collaboration was initiated, the British government had published multi-agency practice guidelines in an effort to heighten awareness among health professionals of this covert cultural practice (UK Government, 2011).

Although the chosen issue was topical, the collaborative team was aware that not all aspects of FGM would appeal equally to each group of students. The documented immediate complications of FGM such as shock and infection (Simpson, Creighton & Hodes, 2012) were

deemed to be highly relevant in the education of nurses; indeed the nursing care of a person with septicaemia (an infection caused by bacteria contaminating the blood) learnt through the case study of a girl having recently undergone FGM (this will be expanded upon further on) could subsequently be applied to other cases of septicaemia. For midwives, biomedical knowledge about septicaemia in the immediate aftermath of the procedure would be less relevant to their professional practice; however, biological implications of FGM that may result in birthing complications in the long-term (World Health Organization, 2006; Raouf, Ball, Hughes, Holder and Papaloannou, 2011) would be highly relevant for these students. For all students involved in the collaboration, the wider legal, ethical, gender and political issues relating to FGM were deemed to be relevant. The challenge was to develop a case study that would allow particular groups to foreground the issues relating to the case that addressed the particular learning needs of the specific group.

In relation to the ease with which FGM as a topic rested with the philosophical affiliations of each module, it was found to have high compatibility. It is widely acknowledged that FGM has a negative impact on the achievement of the Millennium Development Goals (Amnesty International, 2010), and feminist activists have been key in leading campaigns to outlaw it (Mullally & Ní Mhuirthile, 2010).

### **The innovation (a case study centred on FGM)**

What transpired was the production of a three-part EBL case study run over 3 sessions, linked to a discussion board, the cornerstone of the collaboration, because this was the point at which students from Ireland, England and Scotland could communicate with one another on matters arising from the content to which they were exposed as well as their own perspectives on the topic. Students from all sites were provided with access to a shared virtual learning environment, a process fraught with technical hitches but which were ultimately resolved.

It was important to capture both the 'acute issues' associated with FGM to fulfill the requirements of the nursing programme, and the wider cultural, political and gender issues that were dominant in the modules at the Irish and Scottish universities. During initial discussions with all universities involved, it was also decided that the case should be constructed as vignettes (short meaning-laden scenes) and presented to the students in a video format because visual presentations of scenarios have been found to be more engaging for students than text-based ones (Butler, 2011). It should be noted that prior to developing the 3 sessions (video and supplementary material), a common sets of objectives was produced that captured what students at all three sites should demonstrate at the end of the sessions, and the module leader was free to create a set of supplementary bespoke objectives specific to his/her particular group. The three sessions were constituted as follows:

Part 1 comprised a short video using actors to depict the admission of a 14 year-old Somalian schoolgirl with septicaemia to an Emergency Department during which her distressed school friend (cast by a young White British adult actress as indicated above) describes to a nurse how the girl had collapsed at school. The presenting features point to a diagnosis of shock following an FGM procedure. Discussion points for students linked to Part 1 centre on the acute and immediate issues relating to FGM for girls and young women. Part 2, also a short video clip using actors, revealed the nurse who had featured in the first video discussing the issue of FGM over his coffee break with a colleague. The prompts for discussion for students relating to this part (Part 2) focused on the wider socio-political and ethical issues around FGM. Part 3 involved the presentation of a set of statements on the experiences of having had FGM from an activist involved in lobbying to have FGM banned. Possible discussion points for students were at a fairly general level and included asking students to consider the main themes and issues potentially coming through on the discussion board (such as different attitudes and stereotypes), which at this point would contain posts from students at all three sites if all went to plan.

As planned, the session videos were released on a specified date in January 2012 that suited

all three sites so FGM as a topic was positioned for that week in the timetable for each of the student groups. On release of the video vignettes, each module coordinator was free to plan the local delivery of the sessions to suit local needs. Thus, students were exposed to the same sessions separately in different locations (England, Ireland or Scotland), and with minor time variations - there was limited latitude with the timing as students needed to ensure that they had been exposed to the sessions and engaged with the course materials before the discussion board opened two days after the case study was released. The discussion board remained open for postings for 10 days.

### **Overview of discussion board activity**

It is not intended to provide a detailed analysis of discussion board activity here but rather to provide a brief overview. Before doing so, it is worth noting that evaluative research into the educational outcomes of new educational technologies such as discussion boards is in its infancy. While there is, as yet, little evidence that they actually enhance analytical and conceptual skills (Miers, Clarke & Pollard, 2007; Revere & Kovach, 2011), the discussion board has been commended as an integral instrument of e-learning with diverse uses (Harman & Koohang, 2005), as a means of facilitating camaraderie (Farquharson, 2007) and as an archive for fostering mutual accountability (Moule, 2006). For this, the pilot project, staff anxieties that the logistics and practicalities of the venture would run smoothly tended to detract from careful planning about how the discussion board would be used, and for this reason, the discussion board was set up in an 'open' way. Students were expected to post at least one meaningful comment and not merely an indication of concurring or disagreeing with existing posts.

While there was plenty of discussion board activity, there was clearly room for better guidelines so as to maximise the learning opportunities for students. Some students pasted large quantities of work they had completed in relation to FGM on the board without participating in a dialogue with fellow students *per se*. Students were also free to start new threads of a dialogue as

they saw fit, and this indeed happened. What tended to emerge, however, were cluster groupings; some nursing students exchanged information among themselves about the bio-scientific aspects which tended to be ignored by those studying midwifery. The wider ethical and socio-political issues associated with FGM were discussed by students across the universities, and these followed a dominant Western liberal discourse in emphasising human rights, equality, and democracy and conveyed strong opposition to the practice. Since the boundaries of Eastern and Western perspectives are cultural rather than geographical and are far from clear-cut in view of diversity *within* broad categories of Eastern and Western modes of thinking, one would have expected some individuals to defend the practice of FGM; however, not a single comment indicated support for the practice.

The joint venture was evaluated by students at all three sites using a single evaluation form. In order to achieve a level of depth, the results of this evaluation will be published separately. In summary, the learning endeavour was largely well received though, as expected, with room for improvement.

To revisit Kirkpatrick's (2011) criticism, referred to at the start of this article, that international collaborations serve to buttress a dominant Western perspective and cultural stance, the collaborators of the current innovation did reflect in retrospect on how their framing of the case study itself as genital 'mutilation' implicitly conveyed their own ideological (Western) anti-genital cutting position. The unanimous critiques of FGM posted by students on the discussion board did cause the collaborators to consider whether cultural dominance and their own moral position and may have silenced students who held oppositional views. Although a provocative article by a US feminist writer (Smith, 2010) which criticised the universal Western position on FGM featured on the students' shared reading list, it was not invoked in student contributions to the discussion board. Educators involved in collaborations of this kind need to be mindful of their own cultural biases. Had the collaboration involved an FGM-practising country, the case and responses to it may have been constructed in a different way.

## **Conclusion**

Given the challenges that the innovation threw up by virtue of diversity across the groups for such a small enterprise, one might reasonably ask the question, 'Why share?' What needs to be borne in mind is that the spirit of EBL/PBL is that learning should incorporate a range of disciplinary perspectives and some educationalists even propose that at undergraduate level at least, a singular disciplinary focus should be collapsed completely (Sternberg, 2008). This, it is argued, mirrors the way that people in the real world are challenged to integrate a range of knowledge forms in grappling with real problems (Savery, 2006).

The experiences presented in this article provide insights into how higher educational discourses on collaboration and globalisation are played out in actual educational practices. As with all novel ventures, the international sharing of teaching resources can bring burdens and compromises, particularly in relation to technological hitches and the need to engage with others beyond one's own institution. It can also become a burden for students if participation is token and they are not prepared to meaningfully engage with the course materials or with each other. However, in our experience it can create new possibilities for educators to open their minds to diverse ways of thinking and of teaching, mitigate tribalism, moderate cultural silos and increase transparency. It can bring new perspectives to a programme as the strengths of each educator are combined in novel ways. The progenitors of this project are currently engaged in extending the collaboration to two US universities and the interchange between students at each side of the Atlantic with culturally diverse experiences is likely to throw up new challenges and possibilities.

## **Notes on contributors**

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Kay Wilkie, BSc, MN, PhD, RN was formerly Senior Lecturer at the School of Nursing and Midwifery, University of Dundee. Her career in nursing and nurse education has spanned over 40 years. Over the years her interest has focused on small group teaching, in particular Problem-based Learning, and assessment strategies for both theory and practice.

Aimee Aubeeluck, BA(Hons), MSc, PGCHE, PhD, CPsychol, FHEA, AFBPsS, is an Associate Professor and HCPC Registered Psychologist in the Faculty of Health Science at the University of Nottingham. Her research interests predominantly focus on the impact of Huntington's Disease (HD) on the quality of life (QoL) of family carers as well as communication and global learning initiatives in Higher Education.

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