

Using Care Opinion in teaching- simple ideas for getting started

James Munro, 21 November 2020

“The first thing our students said was ‘why haven’t we had this before now?’”

Clinical teacher

“The person isn’t sitting in front of you, so there’s a bit of a distance – but their voice can still feel very powerful.”

Teaching development lead

“The CO site breathed new life into the module. It is very hard to teach IPE, and almost impossible to find case studies which students from all professions can identify with . The CO site gave us this”

“We use the CO site as the basis of the assignment... it helped the students write their essay, in that it gave them something real to relate to”

Year 4 IPE module leader

About Care Opinion

Care Opinion is the UK’s non-profit feedback platform for health and social care services, used by around 10,000 staff in 500 organisations.

The Care Opinion site (www.careopinion.org.uk) offers in excess of 400,000 experiences of care from all forms of health and care service including acute, mental health, community, maternity, emergency and social care. Around 80% of the stories have a response from health/care staff.

Anyone can read these stories and use them in teaching and learning activities.

Is it valid to use stories in teaching?

You might find it helpful to discuss how different types of evidence are suited to different purposes. Compare patient stories (subjective experiences) with statistics (objective measurements). How can each be used to improve services or understand illnesses? If students are unconvinced of the value of subjective evidence, consider examples such as [Long Covid](#) or the [Francis Report](#) into the Mid Staffordshire NHS Trust.

Getting started with using Care Opinion in teaching

Care Opinion is designed to be simple and straightforward to use. Most teachers and students will become confident users after just a few minutes of exploration.

There are plenty of ways to use Care Opinion in teaching which do not require you to log in. When teachers or students can log in to an educational subscription, additional features become available.

This document sets out a range of simple ideas which can quickly form the basis of stimulating and insightful activities or assignments. Most of these can be used without any need to log in: where an educational subscription would provide additional possibilities, this is noted.

Step 1: What's the teaching topic?

Start by defining the teaching topic. Not every topic is a good fit for Care Opinion stories and responses.

Care Opinion is about people's experiences of care, and what makes those experiences better or worse. The stories and responses patients and staff post shine a light on a wide range of significant issues in health care, including:

- Patient experience
- Carer/family experience
- Relationships
- Communication
- Culture
- Access to care
- Patient safety and harm
- Kindness, compassion, trust
- Quality improvement
- Shared decision making
- Leadership
- Team working
- Person-centred care
- Ethical issues: consent, confidentiality, autonomy
- Concerns and complaints

You may be teaching about such issues with a specific focus: for example, on a specific **condition** (dementia, diabetes, cancer) or service **setting** (maternity, mental health, end of life care). Or you may want stories to be **recent** (last 3 months) or **local** (Sheffield, Rotherham).

Step 2: Finding stories or responses related to the topic

You can select the stories and responses on Care Opinion you need for a session or an assignment in two different ways:

Teacher finds the stories/responses	Students find the stories/responses
In this approach, the teacher will have selected some stories/responses on Care Opinion beforehand.	In this approach, the students select the stories/responses themselves, as part of the activity or assignment.
<p>Advantages:</p> <p>Selection of rich and highly relevant narratives</p> <p>Saves time during the session itself</p> <p>Ensures all students see the same stories</p> <p>You can carefully curate selections of stories for different purposes</p>	<p>Advantages:</p> <p>Students can focus on their own interest</p> <p>Selection of relevant narratives can be part of the task set</p> <p>Selection of narratives can be an individual or group activity</p> <p>Students will develop skills in using Care Opinion for learning</p>

Teachers and students select stories/responses through using the search feature on Care Opinion.

Without logging in: you can search by condition, procedure, emotion, location, service, specialty and specific phrases (by using quotes)

If you log in: many further search options, including by story length, response helpfulness. Download stories to Word, Excel or PDF. Explore stories through data visualisations.

Step 3: Ask questions or set an activity

Questions about stories

Once you and your students have some stories, you could start a discussion, ask some questions, or set an activity.

Of course, this part is completely up to you: it all depends on your teaching topic and objectives. Here are a few ideas to get you started:

Patient experience

For the authors of these stories, identify the positive and negative aspects of their experience. What do you think mattered most to each author? Which members of the care team had the biggest impact on each author?

Communication

Identify specific examples of effective or ineffective communication or information-sharing in these stories. What makes the difference between effective and ineffective communication?

Patient safety

Read each story and highlight any patient safety issues you see. Were these issues raised with staff at the time? Has effective action been taken? (You may need to read the responses to these stories to find out.)

Trust

Healthcare depends on trusting relationships between patients and clinicians. Use the selected stories to explore what aspects of care help to build, or undermine, the trust patients have in the staff who care for them.

Quality improvement

What opportunities can you see for service improvements in the experiences which have been shared? Consider any improvements, even small ones. If you were working in this service setting, are there any changes you could make immediately in response to any of these stories?

Shared decision-making

Of the stories you have, which ones report an experience of shared decision-making? How has the patient/carer reacted to being involved in decision-making? What longer-term effects do you think this might have on their physical or mental health?

Team working

Consider each of the staff members (clinical or non-clinical) identified in these stories. What contribution, if any, does each staff member make to the patient's experience of care? Is there any evidence in each story of teams working well, or not so well, together?

Ethical issues

What ethical issues are raised in the stories you have selected? To what extent have the patients and clinicians in these stories made the same judgements about the ethics of the situation?

Concerns and complaints

In each of the stories, the author raises significant, and sometimes serious, concerns about their care. For each story, discuss what steps you might take next, and how you would respond to the author online or in person.

The value of positives

Around two-thirds of stories on Care Opinion are positive, many of them heartfelt and detailed expressions of gratitude. There are no processes in healthcare for dealing with positive feedback. What kinds of impact might positive feedback in healthcare create?

Questions about responses

Here are some ideas for learning from the responses posted by health/care staff to online feedback:

Personal or generic?

Consider the responses in your collection. Which responses show that they are replying personally to the feedback author, and which could be standard responses to anyone? Which kind of response would you prefer to receive, and why?

Addressing the issues?

Take some stories which offer a mix of positive and negative feedback about an episode of care. To what extent do the responses address the positives and negatives in the feedback? Do some issues remain unaddressed, and why?

Apology

In some responses you will see “I am sorry...” or “we are sorry...”. Analyse the range of things that people are sorry for/about. Which expressions of sorrow do you think are apologies and which are not? What are the essential elements of an apology? What might be the result of an authentic apology, or an inauthentic apology, for someone who has raised a concern about care?

Quality improvement

Compare the responses to a number of stories which raise concerns about care, in terms of improvement actions taken. Do some responders make improvements more than others? Why do you think that is?