SFHEA Worked Case Study

Example of a poor case study:

7.2 Written Case Study Title:	Applying inclusive practice assessment design to physiotherapy

The principle of embedding inclusive practice in learning, teaching and assessment is widely supported and encouraged by national bodies, universities themselves and most academic staff and yet in spite of this wide-ranging and high level support, so little extensive or embedded change occurs in practice.

> **Comment [PT1]:** There should be references to the academic literature to support these assertions here. This kind of omission is also evident throughout this Case Study.

Over several years efforts had been made to develop inclusive practice across the institution. An Inclusive Practice Framework had been written which sat under the SHU LTA Strategy, resources were provided to support staff on the SHU Teaching Essentials pages and numerous workshops and CPD sessions had been delivered to encourage staff to change practice. However, it was frustrating to note how little change was occurring.
It was clearly important to generate examples from within SHU of significant practice change and, at the same time, produce evidence of improvements that would reassure academic staff of the benefits and practicality of such change and provide real examples of what those changes might look like.

> **Comment [PT2]:** There is no mapping to the UKPSF in this Case Study - here V2 could have been claimed and inserted in brackets. This method should have been adopted throughout and several other dimensions claimed.

A project was proposed to, and accepted by, the Faculty of Health & Wellbeing Disability Working Group (DWG), which had the stated intention of guiding and supporting a module leader through the process of changing their module to be as fully inclusive as possible. The idea was to create a 'champion' who would lead the module teaching team (6-8 tutors) to implement the changes and thereby get them to experience change rather than simply hearing the theory. The aim was, thereby, to create a ripple effect based on the positive experience of change in practice that would spread from the one module and influence change within other modules on the course and beyond.

A series of meetings was arranged with the module leader to examine all aspects of the module, from learning and teaching practice to assessment tasks to module documentation. In order to be truly inclusive it is important to understand not only what currently exists in terms of teaching practice and learning resources, but also why. So it was important to question and understand the overarching context, the purpose behind the module as a whole, the constraints within which it existed both internally as a Course but also externally

> **Comment [PT3]:** At all the highlighted points we cannot see who carried out the actions - **the first person** should be used to make it clear what you have done within this Case Study.

being subject to Professional Body requirements. Equally important was the diversity of the student cohort, their cultural backgrounds and previous educational experience at SHU. In order for the Module Leader to not only to take on board any suggested changes but also to champion those changes to the other module tutors, it was critical that he understood and shared in the principles and values attached to inclusive practice before specific changes could be considered and discussed in detail. As a result, all the changes were fully accepted. The rest of the module teaching team had to be informed of the proposed changes via a series of planning meetings, and students were informed via induction sessions and introductory lectures.

Examples of a few of the changes to the module were as follows:

1. The module handbook, assessment criteria and learning outcomes were re-written in plain English to ensure all students could clearly understand what they were required to achieve and how they would be assessed. Some students can find the written word or the English language harder to interpret or process, particularly students whose first language isn't English and some disabled students.
2. Whilst the content of the summative exam task remained the same, the time slot was extended from 45 minutes to one hour. This enabled any additional time (usually 25%) to be built into the exam timetable for all students whilst still respecting any other specific learning contract (reasonable adjustment) requirements. The question was: was the original time constraint and any pressure that applied part of the criteria for assessment, or merely practical?
3. An element of choice was introduced to the exam timetable. These were practical one-to-one exams over several days. Students' ability to focus can be adversely affected by the time of day and/or the day of the week. Students were asked to e-mail a number ranging from 1-100 to the module leader. The lower the number, the earlier the preferred timeslot and vice-versa.
4. All students (instead of only those with Learning Contract recommendations) were allowed to record teaching sessions in any format they wished. For some more practical sessions students were allowed to film activities on their i-pads or mobile devices which enabled them to reflect on and revise such practical manipulations more easily.

Once the module had been completed, six student participants were recruited by the module leader for semi structured qualitative interviews which were recorded and audio-transcribed. Most of the students had a clearly positive appreciation of a variety of benefits, depending on the change referred to. The flexibility of exam time constraints was appreciated by one and the reduction in pressure and stress was appreciated by others. The principle of enabling choice as to the time slot for an exam was also valued.

The views of six of the teaching staff, however, were more striking. At the outset, there had clearly been a number of concerns articulated by some of the team, that some of the proposals which affected learning and teaching (although less so with the changes to the assessment task) would have a negative impact on both staff and students. However, the staff experience was that these did not materialise. The feedback highlighted how positively the outcomes of the changes were viewed. Furthermore, staff, like the students, felt the whole assessment process was less stressful. They were clear too about the benefits in

terms of equal opportunities whilst at the same time being clear that those opportunities weren't giving anyone an advantage.

Most importantly, several tutors cited real benefits resulting from the changes that have led them to transfer those benefits into other areas and other modules. Tutors expressed a desire to consider greater change and were more aware of what inclusive practice was and what it meant in practice.

This project has led to presentations being delivered at the SHU LTA Conference 2014 and the Inclusive Assessment in Practice Conference at University of Plymouth 2014 with an occasional paper for the PedRIO Conference proceedings publication and a visit to SHU by two lecturers in Physiotherapy from Birmingham City University, wanting to hear in more detail about the changes made in the project, also occurred.

Word count: 1054

The same case study, following re-working:

7.2 **Written Case Study Title:**	Applying inclusive practice assessment design to physiotherapy

The principle of embedding inclusive practice in learning, teaching and assessment is widely supported and encouraged by the Higher Education Academy (HEA) - both through a long history of project initiatives and through its UK Professional Standards Framework - the Quality Assurance Agency (QAA) Quality Codes, where institutions are expected to "promote the development of inclusive practice" (QAA, 2013 p.4), many Universities Corporate Plans and LTA Strategies and indeed, by academic staff on the ground (according to research (Smith, 2009) over 90% of Sheffield Hallam University academic staff supported inclusive practice in principle, for example), and yet in spite of this wide-ranging and high level support, so little extensive or embedded change occurs in practice. **(V4)**

I had spent some time working within Disabled Student Support as Head of Inclusive Practice and subsequently became an Education Developer with a specific remit for developing inclusive practice more broadly **(V2).** I had written the Inclusive Practice Framework and had it embedded within the SHU LTA Strategy, provided resources to support staff on the SHU Teaching Essentials pages and taught numerous workshops and CPD sessions to encourage staff to change practice but had become frustrated by how little change was occurring.

I was keen to generate examples from within SHU of significant practice change and, at the same time, evidence of improvements that would reassure academic staff of the benefits and practicality of such change and provide real examples of what those changes might look like. **(K6)**

I therefore proposed a project to, and had accepted by, the Faculty of Health & Wellbeing Disability Working Group (DWG) with the intention of guiding and supporting a module leader through the process of changing their module to be as fully inclusive as possible. I wanted to create a 'champion' who would lead the module teaching team (6-8 tutors) to implement the changes and thereby get them to experience change rather than hearing the theory. I wanted, thereby, to create a ripple effect based on the positive experience of change in practice that would spread from the one module and influence change within other modules on the course and beyond.

I arranged a series of meetings with the module leader to examine all aspects of the module, from learning and teaching practice to assessment tasks to module documentation **(A2)**. In order to be truly inclusive it is important to understand not only what currently exists in terms of teaching practice and learning resources, but also why. I needed to question and understand the overarching context, the purpose behind the module as a whole, the constraints within which it existed both internally as a Course but also externally being part of a professional route. **(V4, A1)** Equally important was the diversity of the student cohort, their cultural backgrounds and previous educational experience at SHU. **(V1)** Furthermore, I needed to secure and maintain the trust and confidence of the module leader. In order for him not only to take on board any suggested changes but also to

champion those changes to the other module tutors, it was critical that he understood and shared in the principles and values attached to inclusive practice before we began to consider specific changes. Thus, I explained my thinking at all times, offered possibilities and asked for ideas, accepted fears and concerns and negotiated workable solutions without imposing or insisting upon them. As a result, all the changes were mutually agreed.

The module leader then informed the rest of the module teaching team of the proposed changes via a series of planning meetings, and students were informed via induction sessions and introductory lectures.

Bearing in mind Hockings (2010) above and Turner (2013), examples of a few of the changes to the module were as follows:

1. The module handbook, assessment criteria and learning outcomes were re-written in plain English to ensure all students could clearly understand what they were required to achieve and how they would be assessed. Some students can find the written word or the English language harder to interpret or process, particularly students whose first language isn't English and some disabled students.

2. Whilst the content of the summative exam task remained the same, the time slot was extended from 45 minutes to one hour. This enabled any additional time (usually 25%) to be built into the exam timetable for all students whilst still respecting any other specific learning contract (reasonable adjustment) requirements. The question was: was the original time constraint and any pressure that applied part of the criteria for assessment, or merely practical?

3. An element of choice was introduced to the exam timetable. These were practical one-to-one exams over several days. Students' ability to focus can be adversely affected by the time of day and/or the day of the week. Students were asked to e-mail a number ranging from 1-100 to the module leader. The lower the number, the earlier the preferred timeslot and vice-versa.

4. All students (instead of only those with Learning Contract recommendations) were allowed to record teaching sessions in any format they wished. For some more practical sessions students were allowed to film activities on their i-pads or mobile devices which enabled them to reflect on and revise such practical manipulations more easily. **(K4)**

Evaluation and impact

Six student participants were recruited for semi structured qualitative interviews which were recorded and audio-transcribed **(K5)**. Taking comments from 5 of the 6 students I found a positive appreciation of a variety of benefits depending on the change referred to. The flexibility of exam time constraints led to this for a disabled student:

 "I have to eat every half hour or so and there was no problem asking them if I could do that in the exam, whereas for the other module, they weren't very happy about that, because they thought it wouldn't be fair that I'd had a few minutes break to have a bit of food."

…..and the reduction in pressure and stress was also appreciated by the non-disabled students:

"...I felt, go, go, go, pressure in that situation. Whereas in the MSK module it was a bit more relaxed..."

"I think just having people who haven't been diagnosed but still need that extra bit of time and support, I think that's really good. Then if they finish early it's no problem is it?"

The principle of enabling choice as to the time slot for an exam was also valued:
"That was lovely yeah.... some people are morning people, some people are afternoon people, some want them all done at the beginning of the week, some want them spread out,..."

My conversations with teaching staff, however, were even more striking. At the outset, there had clearly been a number of concerns articulated that some of the proposals which affected learning and teaching (although less so with the changes to the assessment task) would have a negative impact on both staff and students. However, the staff experience was that these did not materialise. The feedback highlighted how positively the proposals were viewed: "Yes, excellent, I thought this was a really good move." Furthermore, staff, like the students, felt the whole assessment process was less stressful:
"I think it takes the pressure off all the students knowing that there is a little bit of run-over time"
".....it made the process for us less stressful"
They were clear too about the benefits in terms of equal opportunities:
"..it gives them an equal opportunity to shine and to show us their best and manage their nerves and anxieties. So, yes, lots of advantages I think."
At the same time being clear that those opportunities weren't giving anyone an advantage:
"A student that doesn't know something generally won't know it fifteen minutes later, so I don't think that it gave anybody any advantage at all."

Most importantly, several tutors cited inclusive practice improvements that have led them to transfer those benefits into other areas and other modules
"..we've certainly implemented this same thing with a vengeance in the....practice-based learning course." Tutors expressed a desire to consider greater change and were more aware of what inclusive practice was and meant. This positivity was important as it enabled the Course Leader to have confidence when entering the revalidation process. Thus, the project had directly led to further change as this extension of inclusive practice provision was fed into the course revalidation documents and resulted in the validation team being commended specifically on this by the external evaluator.

This project has led to presentations being delivered by me and the module leader at the SHU LTA Conference 2014 and the Inclusive Assessment in Practice Conference at University of Plymouth 2014 with an occasional paper for the PedRIO Conference proceedings publication. I also described the project at a meeting of the RAISE Inclusive Practice SIG which resulted in a visit to SHU by two lecturers in Physio from Birmingham City University wanting to hear in detail about the changes made in the project.

Word count: 1490

Comment [PT14]: Good use of both staff and student quotes to add credence to the impacts of the changes made.

Comment [PT15]: Here there is evidence of actual change clearly influenced by the project initiated by the applicant.