Exploring the physical health needs of people with learning disabilities: Facilitation student engagement in learning, using Kolb's experiential learning cycle

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SUMMARY
Using Kolb’s experiential learning cycle as a framework, this paper will describe the facilitation of an experiential learning journey by a small group of learning disability nursing students in the UK, studying the physical health care needs of people with learning disabilities. Highlighted are the problems faced by people with learning disabilities in accessing primary health care services and some of the policy drivers for these services. This is then followed by an account of an educational process designed both to support learning about physical health and to enhance engagement and motivation of learning disability nursing students.

Introduction
Experiential learning has gained prominence in the last 25 years and has been influenced by Kolb (1984) amongst others, including Cowen (1998) and Boud and Walker (2000). There are many experiential models but all rest on at least four steps. These begin with the student having a concrete experience followed by a period of reflection, discussion, analysis and evaluation. All models agree that students seldom learn from experience unless they reflect upon and assess that experience. Through this process students should embark on a process of discovery to gain insight and understanding, and motivation and engagement in the learning process should increase.

Using Kolb’s experiential learning cycle as a framework, this paper will describe the facilitation of an experiential learning journey by a small group of learning disability nursing students in the UK, studying the physical health care needs of people with learning disabilities. It is generally accepted that this population has greater physical health needs than the general population, yet often fails to access appropriate health care (RCN, 2007; DH, 2009). The paper begins with a brief overview of learning disabilities and the role of the learning disability nurse, followed by discussion surrounding the health care needs of this client group. This is then followed by an account of an educational process designed both to support learning about physical health and to enhance engagement and motivation of learning disability nursing students.

Learning disabilities care in the UK
In the UK learning disability is defined as ‘a significant reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning) which started before adulthood, with a lasting effect on development’ (DH, 2001, p. 17). Awareness of the existence of people with learning disability has been evident for centuries, with the roles of carers variously including custodial guardians, overseers and educators. 1945 saw the first recognition of nurses as specialists in this field, when consideration was given to recruitment, training, statutory registration and terms and conditions of employment for people engaged in caring for the ‘mentally defective’. With the development of the National Health Service in 1948 institutions housing people with learning disabilities became ‘hospitals for the mentally subnormal’ and care attendants became nurses who were accountable to psychiatrists (Brigdon and Todd, 1993); hence the involvement today of nurses in learning disability care.

Modern learning disability nursing is a ‘person-centred profession with the primary aim of supporting the well-being and social inclusion of people with learning disabilities through improving or maintaining physical and mental health’ (DH, 2007a). Learning disability nurses practice in many settings, and lead and participate in a variety of therapeutic activities. They work alongside people with additional complex needs such as physical disabilities, epilepsy, sensory impairments, mental health and behavioural problems that co-exist with the learning disability.

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Learning disabilities and health care

While the life expectancy of people with learning disability is increasing, it is still shorter than in the general population, and it is known that they experience higher levels of poor health compared with the general population. Health needs associated with the older person with learning disabilities, for example, and include sensory impairment, dietary problems, dental problems, and conditions associated with bone structure (Barr et al., 1999; Kerr et al., 2003). It is also known that people with learning disability suffer from higher rates of obesity than the general population (Bradley, 2005) and die of higher rates of respiratory problems than the general population (Durvasula et al., 2002). Women with learning disabilities are less likely to attend breast screening clinics than women generally (Djuretic et al., 1999).

Despite these and other health care needs, access to health care services is poorer than for people without learning disability. The Disability Rights Commission (2006) has suggested that poor access may lead to abuse, undiagnosed illnesses and possible death. A review by Kwok and Cheung (2007) highlighted that despite the higher prevalence of co-morbid physical and mental health problems, the healthcare needs of people with learning disability are frequently unmet. It is acknowledged that people with learning disabilities often do not seek out healthcare, but even when they do, they may face barriers to accessing health care services (DH, 2007b). These barriers include physical access to buildings, inadequate time to communicate problems, and healthcare professionals’ lack of knowledge and skill in communicating with people with learning disability. The expression of pain, discomfort and distress is a complex communication process for the non-learning disabled person, let alone for a person with learning disabilities, and healthcare professionals are often uncertain how to respond. For example, Jones et al. (2007) demonstrated that the use of a picture book could help explain to people with learning disabilities about cancer, its treatment and what the person could expect. One of the outcomes of the study suggested that although the picture book was useful, doctors still did not discuss cancer with the patient.

Several UK initiatives have been aimed at placing the health needs of people with learning disabilities higher on the agenda, while still promoting the notion that they should be included within and have access to the same healthcare facilities as the general population. These include, for example, ‘Once a Day’ (National Health Service Executive (NHSE), 1999) which identifies specific practice guidance to facilitate access for people with learning disability to good quality primary health care services.

It should be noted that general principles about improving access to health care apply to the whole population; as noted by Michael (2008), ‘... addressing the difficulties faced by people with learning disabilities in accessing general healthcare services does not require specialist knowledge about learning disabilities; the issues they face are relevant to all members of society.’

However, not only is access to health care reduced for people with learning disability, but also, the quality of care delivered is sometimes poor, despite policy guidance such as ‘Valuing People’ (DH, 2001) and Valuing People Now (DH, 2009) which aim to create a seamless service, to improve the lives of people with learning disabilities, their families and carers. The Primary Care Service Framework (DH, 2007b), too, guides service providers and practitioners in primary care to facilitate high quality, integrated health services for this client group.

Despite this guidance, recent reports demonstrate major deficiencies in health and social care delivery. Mencap (2007), for example, has criticised the care received by people with learning disabilities in hospital, stating that they do not get equal healthcare, receive fewer health screenings, and are often treated by people who do not understand learning disability. It published a report, ‘Death by indifference’ (2007), describing the deaths of six people with learning disabilities while in receipt of healthcare. Mencap believes that because of institutional discrimination within the NHS, these people died unnecessarily because they received worse healthcare than people without learning disabilities. In response to this report, the Parliamentary and Health Service Ombudsman (2009, p. 3) discovered ‘significant and distressing failures in service across both health and social care, leading to situations in which people with learning disabilities experienced prolonged suffering and inappropriate care’.

These reports are critical of access to and care within health services generally, rather than being critical of people specifically trained to work with people with learning disabilities. Not only is there a clear role for learning disabilities staff to contribute to greater awareness, involvement and understanding of learning disability care amongst other professional health carers, but also there is a real need for learning disability staff to understand the physical health care needs of their client group. In this way, a two way dialogue can be established which would benefit service users.

As illustration, the remainder of this paper discusses an educational intervention to facilitate greater health awareness in learning disability nursing students.

Learning disabilities nurse education and the experiential learning journey

In the UK, Learning disability nursing students participate in a three year programme leading to a professionally recorded nursing qualification. This programme is delivered over a three year period with the first year common to all branches of nursing. The aim is to produce a dynamic, highly motivated nurse who is well equipped to meet the global challenges of learning disability nursing.

The experiential journey discussed in this paper follows a group of learning disability nursing students from Keele University, at the end of their second year. The focus of the module is the primary health care needs of people with learning disabilities and is designed to ‘enable students to develop their knowledge, skills and attitudes in the understanding of contemporary issues regarding the primary health care needs of people with learning disability’ and ‘to understand the role of the learning disability nurse in the delivery methods of services available in meeting those needs’. The objectives of the module can be seen in Appendix 1. The students are assessed by a two hour exam. As with all modules, there is an element of teacher–student contact and a larger element of student directed content; this element is guided by the teaching staff but is the responsibility of the students to develop and take responsibility for their own learning. Seven students made up the group, all female ranging in age from 20 to 38 years. Two had very little prior experience of learning disability care, while the remainder had been health care support workers in the NHS and private organisations prior to commencing the course. These more experienced students had come from environments designed to meet the challenging needs of people with learning disabilities, for example, mental health needs, challenging behaviour and forensic backgrounds.

By the time this group had commenced the health module the most experienced students were beginning to express concerns that they were not being ‘stretched’ enough, both in their practice and theory. As a result of this the whole group began to lose motivation. Motivation is central to most theories of learning and is closely related to arousal, attention, anxiety, and feedback/reinforcement. Receiving a reward or feedback for an action usually increases the likelihood that the action will be repeated.
Behavioural theories usually focus on extrinsic motivation (i.e., rewards) while cognitive theories deal with intrinsic motivation (i.e., goals) (Weiner, 1990). Prochaska et al. (1994) suggest that in any change process, a person has to go through a series of stages in a cyclical fashion before achieving stable change. In order to engage in the change process, a person has to go through a series of stages in a cyclical fashion before achieving stable change. In order to engage and re-motivate the students, Kolb’s (1984) experiential cycle was adopted; according to Kolb, students cannot learn by being passive, they have to be involved in an activity. Kolb’s cycle starts with the students ‘doing something’ – a concrete experience. Therefore, the group was enabled to attend a national conference that celebrated the Contribution of Students in Learning Disability Nursing (Choice Support, 2006). The conference was aimed at learning disability student nurses across the UK. International speakers discussed a range of topics including current philosophies of care, accessible health promotion tools, abuse, nursing in forensic settings and student experiences. The conference included formal papers, poster presentations by student nurses, and stands from differing organisations offering services and career opportunities.

The second stage in Kolb’s cycle is ‘Reflective Observation’; the student is encouraged to step out of ‘doing’ and into reflecting on and analysing their experience, and sharing their thoughts with others. Reflective practice has gained prominence in recent years and nurses have embraced such activity as a means to enhance professional practice (Walsh and Swann, 2002). Schön (1987) differentiates Reflection-in-Action from Reflection-on-action; although reflecting in action can be difficult as the practitioner may have to respond quickly in certain environments, reflection on action can be very productive. The students reflected on how much they were impressed with the content of the conference and how skillful the presenting students were. They also appreciated networking with other students and meeting recognised authors. The experiences at the conference helped students to re-gain their focus; they had been extrinsically motivated by what they had experienced. The students reported that they were keen to be involved in the conference the following year, and this began a total change in the students’ engagement and motivation.

Kolb’s third stage, ‘Abstract Conceptualisation’ is where students make sense of what they have experienced. This involves deeper thinking where they attempt to interpret, understand and make links and comparisons between the experience and what they already know. In this instance the students wanted to take control of their own learning and had discovered their own confidence to do so. The group’s motivation increased; they felt confident enough to say that they could at least produce a poster presentation for the next conference, if not even present a paper. An excited reflective debate took place, the outcome of which engaged the students and they negotiated taking control of their module. They spent time reading and analysing the module learning aims and outcomes and presented a proposal to the module leader demonstrating how they could still achieve these while changing the learning activities originally planned. After further discussion with the module leader this was agreed and thus began Kolb’s final stage. ‘Active Experimentation’ is when students consider how they are going to put into practice what they have learnt and understood, and predict what will happen next. It is during this final stage where the student needs to see how their learning is useful. The students identified four outcomes that they wanted to achieve:

- Design and present a poster at a national conference, focusing on the healthcare needs of people with learning disability.
- Produce accessible information sheets for people with learning disabilities, concerning health care.
- Produce a paper for submission to a journal.
- Network further with other learning disability students, nurses and people with learning disability.

**Poster preparation**

Poster preparation and presentation as an educational strategy is not a new idea (Duchin and Sherwood, 1990); posters are an effective means of communication (Miracle, 2003) and can be used as positive teaching aids. The students organised funding for their poster to be professionally produced and displayed it at a local hospital out-patients’ department. The poster was intended to help educate nurses from other specialities and other healthcare staff about the physical health needs of people with learning disabilities. They had copies displayed in the local hospital wards and the poster was finally presented at an international Nurse Education Conference in 2007.

**Accessible information sheets**

People with learning disabilities often have problems when faced with written information. The students aim to work with a small group of services users to produce information about physical health needs in what is referred to as ‘accessible format’. This is normally in pictorial form. The students have access to a computer data base of over 1000 pictures (CHANGE, 1999) from which can be produced a range of individualised information sheets. These sheets will be distributed to learning disability services and residential units.

**Paper in a journal**

The students felt that after spending time developing the above projects then would be able to present their work in a journal. Though they agree that this may be difficult they have taken on the challenge. In order to facilitate this, these students attended a workshop that aimed to guide the students through the process of writing from the beginnings of the idea to final presentation to a publisher. The workshop began with an overview of the writing process, selecting an appropriate publisher and the production of an abstract. The workshop was supported by on-line sources, workbooks and learning exercises. The students confirmed that the writing process would take more time than they had in the module and therefore proposed to have a target date for the paper to be submitted for publication.

**Networking**

The experience of meeting and talking with other learning disability students had a very powerful influence on the students. They exchanged contact details and are now in the process of negotiating an exchange visit with fellow students in a university in the UK. A further projection of this is to possibly make links with students in learning disability care outside the UK. The aim of the visit is to explore how other students learn, what services are available and, as what one student said ‘we can exchange caring ideas’.

**Conclusion**

Education of nurses across the world appears to be very diverse and only a small number of countries focus formal education on the health care needs of people with learning disabilities. However, what does appear to bring countries together are the general principle of inclusion, respect and choice and this is reflected in the UK nurse training programme. The students identified in this paper have moved from a position of being passive in their learning style to being actively in control of what they wanted to learn; they
clearly took responsibility for their own learning actions which enhanced their motivation. The student comments are useful reflections of how they found, and are finding the experiences: as a group they have always been close knit yet they report that they have ‘become closer’ and now ‘appreciate other teaching sessions including team building and leadership skills’. The module has clear aims and objectives which they now know they will achieve. One student asked ‘can all this work go on my CV?’ This demonstrated that they are forward thinking about their future and what can enhance their professional development.

A further student emphasised that the group ‘had set themselves some very hard targets but if we pull them off I will be very proud of myself…’ Students now feel that they are able to inform and develop their practice and advise services about using their newly gained knowledge in the development of accessible care plans. Clients too are benefiting from accessible information about their own health.

Evaluation of the module included an in depth focus group discussion to which an interpretative phenomenological analysis (Smith, 2004) approach will be applied to gain further insight and give meaning to the students experiences. This experience has demonstrated how students can take control of their learning while still meeting required aims and outcomes; they can develop ways of interacting with other professionals to reduce barriers and, in a small way, help to develop seamless care provision and awareness in other professionals of the health care needs of people with learning disabilities. It has made the authors aware of meeting students’ needs by adopting different and in this case complex processes to achieving goals and motivating students. Once the students have completed all their work, the information must be disseminated to other students: service providers and users, and must be used to inform future curricula development and programme delivery.

**Appendix 1. Learning outcomes for module**

Demonstrate the ability to identify opportunities that meet the primary health care needs of clients.

Explain the importance of, and participate in, evidenced based care which provides a rationale when formulating health promotional care plans for clients.

Critically evaluate and participate in person-centred care of clients.

Critically discuss and participate in the assessment of primary health care needs.

Actively engage in developing the nurse’s role when promoting health screening systems and justify the use of such systems.

Discuss the importance of considering ethical issues when developing primary care services for people with learning disability.

Critically discuss ways in which the family and carers can support people with a learning disability who also have a co-existing mental health problem.

Critically discuss the mechanisms, and demonstrate skills in, creating a safe environment for care delivery for people with a learning disability.

Discuss the concept of partnership in relation to care services, families and individuals with learning disability from the individual’s perspective.

Discuss the development of primary health care policy in relation to learning disability and how this will enhance the valued lifestyle of clients.

**References**


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