PebblePad

CASE STUDY

The use of a PebblePad clinical workbook: Replacing an outdated, paper-based approach

Rachel Newcombe & Julie Mawson, University of Cumbria, UK

STORIES OF INNOVATION TOLD BY THOSE CHARTING NEW COURSES IN LEARNING, TEACHING AND ASSESSMENT.

THE CONTEXT

Diagnostic radiography students are required to provide evidence of the learning undertaken whilst on clinical placement which occurs beyond the university campus. This had been captured for many years via a trusty A4 folder, filled (or partially filled as was often the case) with various sheets of paper providing the necessary evidence. For most students this was easily achievable, but for some producing a well presented and complete portfolio was more problematic. The final paper-based portfolio was presented at the final exam board before students graduated and it was not uncommon, by the time this date was reached, for several key documents to have gone missing, necessitating frantic searching or pleading with clinicians to complete more evidence.

The medical imaging team recognised that an online portfolio would solve many issues being faced and would provide the additional benefit of allowing the academic team access to the students' clinical progression evidence, even when the students were away from campus on placement. We needed to design a portfolio that still accurately captured the clinical learning taking place whilst allowing us to demonstrate that key competences were being met, and that would also be available online and provide a safer way to store key evidence of practice. There has been a shift towards digital technologies in the university setting of late and opportunities afforded by such technology need to be embraced in order to achieve the desired impact on learning and teaching (Watty, McKay & Ngo, 2016). The advent of such technology should encourage both academics and clinical staff to implement new and innovate practices into the learning environment.

THE PROBLEM

The main driver for us to pursue an online portfolio was its natural alignment with our forward thinking and technologically focussed course. We also recognised that an online system would allow us to have evidence robustly backed up and that this evidence was far less likely to disappear from the portfolio. Literature evidences the overwhelming benefits of technology in learning and teaching and it is shown to radically change the way information is provided and used in higher education (Watty, et al., 2016).

An added key benefit is the ability for academic staff to access a student's portfolio at any time. Students tended to leave their portfolios on placement so academic tutors could only access them, and the evidence of clinical progression, by asking students to bring their folders in. Students were required to meet every two months with their personal tutor to review their portfolio, which required the students to remember to bring it with them from placement. If they forgot, and many frequently did, the meeting would need to be rescheduled.

The electronic nature of the new online portfolio enables a tripartite arrangement to occur whereby the student, clinical tutor and academic mentor all have continuous and equal access to the portfolio at all times. Basit et al (2015) discusses the importance of such collaboration between the University and the clinical setting, both for the facilitation of learning and for the development of the curriculum. An added bonus is the ability to control access to only those who require it, which assisted with compliance with GDPR. The ability to access clinical progression evidence remotely is particularly useful if students have been identified as at risk by the clinical staff. Even if the student is many miles from the campus, the academic tutor is able to access the portfolio and see how the student is fairing and can accurately see what the issues are. This shared access to documentation benefits both academic and clinical parties by allowing a 'synergy between facilities' (Basit et al., 2015, p. 1007). Timely access to records allows appropriate intervention, with all key evidence in one place.

THE APPROACH

Our academic quality team presented PebblePad portfolios at a training event and my team recognised its potential value to us. With much guidance from the academic quality team we looked at the many paper-based documents currently in use and worked out which could be completed solely online, and which would need a template that enabled students to upload a document. As most of the evidence of clinical learning is completed in its entirety by colleagues based solely in clinical practice, we needed the flexibility to be able to upload some word documents.

The PebblePad app proved very useful as students embraced the ease with which they could take and upload a photo. It made the evidence collection much easier. Young people are born into the digital world and expect that their education will reflect this in order to keep up with modern times (Guze, 2015).

We included items for lead clinical educators to complete and others for academic staff to complete, ensuring nothing of the previous system's robustness was lost.

THE RESULTS

Students welcomed the introduction of the online workbook as it meant that saving and uploading documentation could be done on their mobile phones and other electronic devices. This made evidence easier to collect and transfer. The electronic nature of the portfolio lead to improvements in students' digital skills and confidence in using technology, helping them to prepare for success in the world beyond (Leong & Latif, 2018). It is important to challenge traditional ways and foster more effective methods wherever possible. Even though new technology can create digital problems from time to time with respect to uploading and storage etc., the portfolio was generally well received.

Unlike the paper-based model, there is no versioning as there is only one workbook in existence and it is always up to date. This makes it very easy both to navigate and mark. The shared nature of the portfolio was also welcomed as this could be accessed 24/7. The portfolio was always available to all parties via any browser or mobile device connected to the internet, whether on clinical placement or in the academic environment. This enabled tutors and external moderators to see the work develop over time and add feedback at any point when necessary.

Guze (2015) discusses the need for cost containment and this was achieved in the reduction of paper resources and staff time required to produce many paper-based booklets every year. This also has a positive environmental impact.

Moving forward, students can take their PebblePad account with them when they graduate and so have continued access to this digital portfolio, allowing them to evidence their learning and achievements into the future.

LESSONS LEARNT

The biggest barrier to this change was working with people who were reluctant to embrace the new approach, particularly if they did not consider themselves adept at dealing with technology. Several of the academic team, and several more of the clinical staff, were very reluctant to engage with the system. Because it was new to us, there were teething issues and these were met with an attitude of 'it wasn't broke, why did you fix it?!' This attitude is slowly abating but there are still some who try their hardest to avoid using the online workbook. Often the lead academic has had to complete areas that clinical staff don't do because they are reluctant to engage. Resistance to change was evident and it was apparent that it brought about feelings of loss of autonomy, independence and status. This aligns with work of Snyder (2017) who discussed this phenomenon and mentioned how implementation of new systems can bring about fear and resistance to engage.

It is of course easy to allow things to remain the same, but likewise it is important to move forward and improve effectiveness wherever possible to avoid being left behind. We underestimated the time needed for people to adapt to this new system and the training requirements. We wrongly assumed that as issues arose, individuals would raise them with us, but instead people were happy to avoid using the software at all and issues built up. It is important to adequately support staff in the transition from paper-based to online portfolios and to regularly revisit how to use it.

Our strategy for dealing with this resistance was to increase the training by making sure that clinical staff were invited to the students' annual training session and that we regularly check in with clinical staff to monitor understanding and engagement.

IN BRIEF

- The Academic Quality Department were the best ally for this transition and their enthusiasm helped get people on board.
- Certain people will refuse to engage in a change, even if you demonstrate the key advantages of it.
- Negativity is infectious, but thankfully so is positivity!
- Persevere in the face of change reluctance. The old saying 'if you can't beat em, join em' usually proves correct in time!

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There are an awful lot of things that make PebblePad unique. Not least the fact that it's a platform designed by educators for educators. Indeed, the PebblePad team is bursting to the seams with innovators and practitioners, all of whom learnt their craft in teaching roles. If you want to talk to a team who really understands your world, get in touch.

PebblePad HQ (UK)

01952 288 300

PebblePad North America

(864) 650 5406

PebblePad Australasia

0400 899 820

✉ hello@pebblepad.com

🐦 https://twitter.com/PebblePad

in https://www.linkedin.com/company/pebblepad