Chapter 20
Use of Blended E-Learning Resources in Higher Education: An Innovation from Healthcare Training

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ABSTRACT
This chapter discusses the challenges for higher education raised by socio-cultural, technological, and pedagogical developments. The authors’ response as experienced healthcare educators was to develop videos and e-learning objects as part of a blended approach to training mental health nursing students. The authors describe the initiative, discuss progress, analyse outcomes, and highlight implications for practice. The chapter ends by drawing wider conclusions about use of streaming media within professional education.

INTRODUCTION
The purpose of this chapter is to discuss and share our reflections, experiences and opinions on developing and using digital streaming media. We suggest that theoretical understandings have yet to catch up with practice; to some extent those of us working with this media are pioneers. This is our contribution to the ongoing debate on how best to use these resources.

Now is an exciting and challenging time to be working in higher education. Not only is a vast range of new knowledge and understanding being created, but new resources enable us to share these and learn from each other. Higher education is expanding all over the world, and the groups that we teach are so diverse that any interaction benefits from a multitude of perspectives. The push for active learning means that any lesson
can be full of surprises and generate new ideas for teachers as often as students. Living as we do in an age of rapid technological development, there are innovations waiting to be explored and applied in every lesson. The opportunities for students themselves to design and develop their own learning means that many come to class enthused by new research and wishing to share it with their colleagues. Classroom time is freed up for discussions, arguments and challenges, making each interaction more exciting and leading to further generation of theories and ideas. Not long ago we felt we were being creative when playing a record to students as they entered class, nowadays we and they have 24 hour access to a huge range of multimedia resources to stimulate and entertain. Learning as a result has become so much more fun – and so an experience that we are keen to repeat.

In this chapter we will be focusing on video-streaming in its use within mental health nurse training. In the UK, mental health nurses are specialists from day one, and draw all their experiences from this area. The University where we work, Birmingham City University, is a leading educator of all branches of nurses. Our background is as nurses ourselves, and our understandings are very much rooted in this tradition. The professionalization of nursing has meant that this practical understanding now must be underpinned with vast amounts of knowledge and theory, and nurses must be able to explain the relevance of the theory, and account for any interaction using values and evidence. So for us, nursing has become both an intellectual and emotional subject – care is difficult to define, when it is done well or badly this is clear to the recipient, but unpacking the whys and wherefores is quite a task. The recent emphasis on the perspectives of service users (previously known as patients!) and their family members, sometimes known as carers, has led to a more balanced power dynamic, although we still have a long way to go.

In our teaching, we need to develop multi-faceted abilities in the nurses of the future. Of course, they come to us having selected themselves on the basis of feeling that their personal characteristics matched what they imagined would be needed for the role, and they tend to be empathetic, skilled communicators with a commitment to social justice.

Their values and skills are applied in the context of government policy and theoretical approaches. Over the three years of nurse education, they learn about different specialities – older people’s mental health, which is Catharine’s area, community mental health care, which is Andrew’s, and others such as rehabilitation, crisis management, addiction and so on. The modular system of teaching means that students can study hard and do well in a module, but then forget about it afterwards! We realised that by their third year they may have strong discrete areas of understanding, but these tended to be disconnected and some previous learning was being wasted. As we teach them Community Mental Health Care in their final year, it seemed a good idea to tackle this issue and make a virtue out of the opportunity to revise and apply previous learning to a variety of realistic scenarios representing the sort of common problems people in their care could face.

The use of e-learning tools such as digital film has provoked a great deal of interest in recent years. We recognised an opportunity to use this new technology to enliven our teaching and promote greater engagement. We felt that this had great potential, and were keen to explore this further. As we looked into it, one thing led to another, and the ideas snowballed into one whole which has proven to be very exciting for us, as well as being very positively received by the students.

The learning we have gained from the innovation has been immense, and in this chapter we plan to share the process and tactics we used, together with the technological and theoretical background, so that colleagues will be able to take and apply what is useful for their own areas. This chapter also