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## **Embracing diversity in radiography: The role of service users**

### **Introduction**

Since 2001, the United Kingdom (UK) population has undergone significant change. Figures released in the Office for National Statistics (ONS) 2011 census, divide the UK population into the following categories; White, Mixed/Multiple Ethnic Groups, Asian/Asian British, Black/African/Caribbean/Black British and Other Ethnic Groups. From the statistics it can be seen that the largest population increase was 1.1 million which was from the White category, specifically the Other White subgroup which includes people from Eastern Europe such as Poland. Other increases were in the Asian/Asian British ethnic group of approximately 0.4 million and the remaining other ethnic groups also showed increases<sup>1</sup>.

Not only is the UK more diverse in terms of ethnicity, the population is also made up of a much wider age range, varying genders and people of different sexual orientation, physical abilities and faiths<sup>2</sup>.

The NHS is committed to 'High quality care for all, now and for future generations'<sup>3</sup> and to ensure that this achieved services need to be planned and delivered that are inclusive, respectful, supportive, add value and reach out to all members of the population. The need for staff and students to understand the issues of diversity and equality has never been greater and there are four key laws that all health professionals should be familiar with:

- The Equality Act 2010 – this legislation provides protection against discrimination for people who possess one or more of the nine specific protected characteristics. These are age, disability, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, gender reassignment and sexual orientation<sup>4</sup>.
- The Human Rights Act 1998 – this legislation outlines the basic human rights and principles of equality. The 'FREDA' acronym helps you to remember what is covered by the Act: Fairness, Respect, Equality, Dignity and Autonomy<sup>5</sup>.
- The Mental Capacity Act 2005 – notably the Deprivation of Liberty Safeguards (DoLS) which aim to help people who lack the capacity to maintain their independence, dignity and the right to freedom. The DoLS aid vulnerable individuals to maintain their right to dignity and equality<sup>6</sup>.
- The Care Act 2014 – this legislation provides six key principles, which should underpin all work with vulnerable adults. This includes ensuring that adults receive support that is personal to them, chosen by them and has their consent<sup>7</sup>.

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The need for health care professionals to embrace diversity has never been more evident and in terms of educating students about the issues surrounding equity and diversity, it is important that these terms are defined. Equality means ensuring everyone in your setting has equal opportunities, regardless of their abilities, their background or their lifestyle whilst diversity means appreciating the differences between people and treating people's values, beliefs, cultures and lifestyles with respect.

In the Health and Care Professions Council (HCPC) Standards of Proficiency (SoPs)<sup>8</sup> it clearly states that radiographers should build relationships with service users based on mutual respect to provide optimum care despite personal differences. More importantly, SoP 5 requires radiographers to 'be aware of the impact of culture, quality and diversity on practice' and SoP 6 focusses on non-discriminatory practice. Throughout undergraduate radiography courses, it is incumbent upon the Higher Education Institution (HEI) to ensure that the education provided allows exploration of these issues and provides valuable learning opportunities so that students can develop an understanding of and the skills required to adhere to the SoPs when registering with the HCPC following graduation.

The HCPC Standards of Education and Training<sup>9</sup> also require service users and carers to be directly involved in the design of the undergraduate radiography programme and this provides an ideal opportunity in which service users can introduce diversity and equality issues to students in a meaningful way. Although the use of service users in the curriculum is not explicitly stated by the College of Radiographers, and is not a criteria listed by the Approval and Accreditation Board (AAB), anecdotal experience suggests that AAB assessors often look for service user involvement when validating and revalidating courses.

### **Developing Cultural Competence**

Many writers have tried to define culture. Ogbonna and Harris<sup>10</sup> define culture as "the collective sum of beliefs, values, meanings and assumptions that are shared by a social group and that help to shape the ways in which they respond to each other and their external environment" (p34). Crotty<sup>11</sup> sees culture as the source of human thought and behaviour, rather than the result and goes on to say that culture teaches us how to "see" things. Each culture has its own norms and values<sup>12</sup>, the culture can teach us how to "see" things as interpretations become layered and cultural meanings take over<sup>11</sup>. Culture is about how members of a group interpret the world around them by developing shared understandings, it provides people with rules about how to operate in the world in which they live and work<sup>13</sup>. Spradley<sup>14</sup> says that culture is what people do, what they know and what they make and use, i.e. cultural behaviour, knowledge and artefacts. He also says that culture is the acquired knowledge people use to interpret experience and generate behaviour.

It is evident that changes in UK population and the requirements of the professional and regulatory body necessitate health care professionals to develop cultural competence. According to Cross et al., cultural competence is 'a set of congruent behaviours, attitudes and policies that come

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together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations<sup>15</sup>. On an individual level it calls for practitioners to not only identify their cultural assumptions, values and beliefs but to also challenge them and in doing so be able to recognise that others may view the world through different cultural lenses<sup>16</sup>.

The challenge for HEIs is how to help students develop cultural competence in a way that is not only meaningful but allows them to practice in a person-centred way. By using service users at different points in the curriculum and for different purposes it allows HEIs to develop an understanding of working with service users from a range of diverse cultural and social backgrounds<sup>17</sup>. The key features of cultural competence can be seen in Figure 1.

Although it is useful for the students to develop an understanding of the wider contextual and organisational issues, the vital learning focusses on the skills required in the personal interaction section which forms the centre of Figure 1.

### **Ways of Service Users influencing the curriculum**

In 2003 the Department of Health introduced a new qualification for social workers. Previously a diploma, for the first time the social work qualification became a three-year degree course, a move which reflected the difficulty and professionalism of the job. Also, for the first time, universities and colleges offering the degree were required to involve service users and carers in the design and delivery of the programme. This was a pivotal drive for the use of service users in the social work curricula and as a profession they have been instrumental in driving this agenda forward, closely followed by mental health nursing<sup>18,19</sup>.

It is evident in the literature, that service users are involved in the education of health and social care professions in a variety of ways. This includes the; recruitment and selection of students<sup>20,21,22,23,24,25</sup>; service user led-sessions and storytelling<sup>26</sup> and practice-based activities and assessment<sup>27,28</sup>.

There are however, some clear challenges to engaging service users in the education of health and social care students such as; funding<sup>19,29</sup>, accessing vulnerable groups to ensure equity of representation<sup>21</sup> and power relationships between academics and service users<sup>19,30</sup>. It is suggested that more substantial evidence is needed on the impact of service user involvement in education using a longitudinal research approach to evaluate the benefits versus challenges of implementation and delivery<sup>31,32</sup>.

In 2011, The Health Foundation published a report, 'Can patients be teachers? Involving patients and service users in healthcare professionals' education'<sup>32</sup>. This report concluded that there is widespread service involvement across certain courses but that this is lacking in medical education, postgraduate education and continuing professional development. It was also noted that there

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needs to be significant cultural change within organisations to ensure that service user involvement becomes embedded and this includes influential leaders increasing its priority and establishing supportive policies and processes within the institution. Finally, further research is needed to develop an evidence base in order to identify and share best practice and to evaluate the effect that service user involvement has on the behaviour/practice of health professionals and health outcomes.

The Ladder of Involvement, described by Tew et al.<sup>33</sup>, is used to summarise the way in which service users are utilised within the curriculum. This allows service users and academics to work together in order to identify and monitor current service user involvement within the curriculum and to use this to develop potential areas of growth.

Using this Ladder of Involvement (Figure 2), it has been possible to identify where our HEI makes use of the following strategies to ensure service user involvement in the radiography curriculum. This demonstrates both service user involvement and inclusivity.

#### *Recruitment and selection of students:*

The HEI has a service user forum and the service users who are part of this forum are involved in many ways in all of the health and social work courses. Service users from the forum were involved in writing interview questions to be posed to students at selection days. Multiple mini interviews are used, and one of the stations is with a service user and an academic member of staff<sup>24</sup>. The service user asks the prospective student questions about how to communicate with and care for a service user in distress and asks them about privacy and dignity. Whilst interacting with the student the service user and academic observe how the student interacts with the service user. It is important that students can engage with service users and communicate with them. Service users are equal participants with the academic member of staff in making recommendations about offering the students a place on the course.

#### *Telling/sharing their stories:*

Service users are invited into teaching sessions to tell their story to the students. On the radiography modules these are service users who have undergone radiographic imaging and can speak of their experiences in the imaging department. They are invited to speak to the students about what it was like for them and to give some 'top tips' to students.

#### *Curriculum design:*

Over the past five years, service users have sat on course validation panels for all health and social work courses. The course team also have a service user working with them in designing the curriculum. The service users have provided input into the curriculum design and content, particularly focusing on communication with patients and the skills that they value in health and social care professionals.

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### **Specific strategies used within the curriculum.**

#### *Service user feedback in practice.*

In practice, service users are asked their opinion about students when they are being assessed undertaking an X-ray examination. The service user is asked to comment on the way that the student communicated with them and if they felt at ease. This was developed from previous research into service user involvement within radiography practice assessments<sup>34</sup>. This enables students to find out how the service user feels about their examination and to give students feedback on their performance.

#### *Diagnostic Imaging 8 module – The Service User.*

This module covers all service users that the diagnostic radiographer would encounter; from birth to death, all abilities and disabilities, race, culture, religion, diversity and ethical issues. Case studies are used which are based on real evidence and students are encouraged to discuss the issues that uncovered within the case studies; these case studies form two teaching sessions, one looking at service users with specific disabilities and one looking at diversity issues).

Relevant legislation is also discussed in relation to equality and diversity and in caring for all service users. Service users come in and tell their stories, so far we have had the following different service users come to speak to the students; a woman in her 60s who has had bowel cancer, a gentleman with Parkinson's disease, a lady who has multiple sclerosis, a young male with Coffin Lowry Syndrome who was accompanied by his carers, a young female with learning disabilities, a female who has had breast cancer and now has metastatic bone cancer and a carer for her child who has mental health problems<sup>35</sup>. The online repositories 'healthtalk online'<sup>36</sup> and 'patient voices'<sup>37</sup> are also used in teaching sessions to listen to service user's experiences.

The assessment for the module requires students to discuss the care of a service user within the imaging department and consider what their individual needs might be.

#### *Interprofessional Learning Conference – 'Can you hear me? The voice of the service user'.*

This is a one-day conference for all health and social work students, as well as professionals working in health, social work, education and the police<sup>38</sup>. It is co-produced with service users. The purpose of the conference is:

1. To hear the voice of the service user & bear this in mind when planning & delivering services.
2. To enable students & delegates to understand the challenges of service users and other professionals in providing seamless care.
3. To gain a wider understanding of service users and service user pathways.
4. To learn from and about other professionals

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A variety of different service users have spoken at the conference over the past three years, each of them telling their own story.

Overall, the purpose of all of these activities is to raise the awareness of students when caring for people of all backgrounds in the imaging department. They need to make a careful consideration of the service user's needs and consider how they can meet these needs.

### Summary

All of these strategies enable students to learn about the different people that they will encounter in their professional role and to develop cultural competence, this is evident in the students' work and in their reflections on hearing the service users tell their stories<sup>39</sup>. The voice of the service user seems to be much more powerful than an academic member of staff discussing the issues and as such often evokes an emotional response in students resulting in them remembering the messages relayed and more likely to take this into their practice. It is vitally important that student radiographers feel comfortable to interact with and care for service users from different backgrounds and cultures and to be able to demonstrate an awareness of and sensitivity to the range of issues and individual needs of every service user they may encounter in their professional role.

There is also an opportunity to consider continuing professional development for qualified radiographers, perhaps a study day would be of use to encourage radiographers to continue to put the service user's needs first.

Although situated in the UK, service user involvement in radiography education and training could also be part of curricula in other countries.

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