

Protocol for Reflective Practitioner and Service Improvement Work by University Staff

UPR RE01, Appendix 1 - version 13.0

Policies superseded by this document

This document replaces version 12.0 of UPR RE01, Appendix I, with effect from 1 September 2024.

Summary of significant changes to the previous version

Amendments have been made to clarify terminology and processes.

Glossary

A glossary of approved University terminology can be found in UPR GV08.

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This Protocol should be read in conjunction with UPR RE01¹ and elaborates upon and clarifies the regulations which relate to collecting data for reflective and operational developmental work (see section 10, UPR RE01¹).

Section A

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1 It is recognised that in the course of thinking about their professional work, staff reflect and evaluate current practices, make plans to modify them and instigate changes in terms of developing the curricula, pedagogy, operationalisation of strategic objectives and service improvement. Significant revisions may also appear in the revalidation of programmes, in the design of new programmes, and in

UPR RE01 'Studies Involving the Use of Human Participants'

appraising the effectiveness of the operationalisation of objectives, and services at various levels.

- 2 Increasingly commonly, such changes may be reported informally and formally through discussions, working groups, committees and conferences both within and outside the University of Hertfordshire.
- 3 The intention of this protocol, together with the illustrative narratives, is to give guidance to staff engaged in this kind of work and to help them decide whether their work is covered by this protocol, or whether they need to apply to an Ethics Committee with Delegated Authority (ECDA) for ethical approval.
- 4 The intention of a member of staff who reflects on their realm of operation, how it operates, how it matches the stakeholders' needs and expectations and the requirements of external bodies and so on, is simply to update and/or improve practices in the interests of doing what the University is charged to do: providing an operational environment that is current and comparable to that offered at other institutions.

This is normal professional practice and is undertaken with purely pedagogical, developmental, and service enhancement concerns in mind. The staff member has no research agenda in mind at the time and it is important that this professional updating should proceed without any staff member thinking that it should be inhibited by ethical considerations. Assuming that what happens to the students and staff as a result of the changes continues to be ethical in a broad sense, there is no need to apply for ethical approval for them. The distinction to be made is that that the changes were made by the staff member in the interest of improving the module, the programme, broader operational matters and the student/staff experience, and not, at least initially, in the interest of carrying out a piece of research.

- 5 Reflective activity of this sort is likely to feature, for example, local evaluations carried out via questionnaires, personal response systems, interview schedules, online surveys and so on. Practitioners need to ensure that any such instrument is prefaced with statements to the effect that:
 - i the University routinely uses such methods as part of its evaluation of curricula, programmes, services and other operational/strategic matters;
 - ii the data so collected will be utilised for this primary purpose;
 - iii such evaluation of curricula, programmes and other operational/strategic matters is undertaken for pedagogical and developmental reasons to enhance the broader student/staff experience and is not conceived as pure research;
 - iv there may be public dissemination of the data and findings, in which case confidentiality must be maintained.
- 6 A further stage is reached when a staff member decides to open a discussion with University colleagues about the results or effects of these changes, typically at an internal seminar, or conference, working party or committee. Again, this is to be

seen as normal professional practice, in which the role of the staff member is one of process/service enhancement, strategic objective development and curriculum designer - not wholly as a researcher.

- 7 On the other hand, there is a potential issue here of individuals being identified. Colleagues may know personally the participant in question or at least be familiar with their programme, role and position; or a staff member may report that a (readily identifiable) sub-group of the population being studied is benefited or disfavoured by a particular innovation. Thus, although the staff member's intention had been to improve the curriculum, process and/or strategy and report on how this attempt worked in practice, they are in a similar position, though arriving there by a different route, to an investigator who reports findings about subjects or informants on whom they knowingly conducted research. So, the same ethical considerations should apply: for example the concern not to identify individuals.
- 8 Colleagues need to decide for themselves on the merits or otherwise of masking various factors that allow the report to make full sense: for example, the name of the institution in which the work was done: see the Checklist in SECTION B.
- 9 Another stage is reached when a staff member decides to disseminate this work outside the University. But, providing that the usual caveats about identifying individuals are observed, there is no substantive difference between this stage and the preceding one.
- 10 A further issue that arises from reflective practitioner work is the use of 'retrospective data': that is, a staff member might come to think that information collected simply as part of the business of running a programme, module, meeting strategic objectives, operational processes or service provision, might, if interrogated in the right way, yield interesting findings. This is the point at which the stuff of ordinary professional practice can 'turn into' data. Again, at this stage, the staff member is in a similar position to an investigator who has deliberately set out to execute a piece of research. The guiding principle here should continue to be that of confidentiality. Researchers should not be prevented from developing fresh insights into the results of past practice, provided, as ever, that confidentiality is respected. What this protocol permits is that staff can reinterpret past practices; it does not confer approval on a staff member who is planning a new intervention.



Section B - A checklist for practitioners

This checklist sets out key ethical issues to be considered when contemplating reflective practitioner work. It is designed to assist colleagues in the design of their reflective practice.

It is sometimes possible to give a straight 'yes'/'no' answer to the questions posed under each heading; in other cases, a suggestion as to how to proceed is made.

As ever, it is the responsibility of the practitioner to decide whether, on balance, the planned work is covered by the protocol or whether an application should be made to the appropriate ECDA.

1 The distinction between normal (evolving and changing) practice and manipulating practice for research ends (especially if it is of no direct benefit to the participants)

Is the planned work mainly:

- a curriculum development, service improvement, or informing strategic or operational changes or
- b pure investigation?
- If 'a', this aspect of the work is covered by this protocol.
- If 'b', consider making an application to your ECDA.

2 The beneficiaries of the activity (participants, other students, wider HE community, the teacher)

Are the principal beneficiaries:

- a current or future students/staff or in the broader university community and its stakeholders. or
- b myself and/or others as a researcher/s and consumers of research?
- If 'a', this aspect of the work is covered by this protocol.
- If 'b', consider making an application to your ECDA.

3 Risk (for example, whether the sorts of question likely to be asked pose any significant risk)

Do any of my questions, or any other aspect of the procedure, intrude on the participant's privacy, risk upsetting or disturbing the participants in any way or impose a significant time burden?

If so, consider re-designing the procedure and consider providing debrief material.



Have I made plans to assure the participants of confidentiality, anonymity and post procedure support (where appropriate)?

If 'yes', this aspect of the work is covered by the protocol.

If 'no', incorporate this in the procedure.

4 Coercion (the issue of whether the participants feel obligated to participate in a procedure)

Have I made clear to the participants their right to withdraw?

If not, incorporate this into the procedure.

Is it likely that some or any participant(s) will feel under scrutiny?

If so, consider means of minimising the participants exposure to scrutiny (for example, your absence from the room during the procedure) while maintaining the level of participation.

5 Inconvenience (for example, how much inconvenience it is reasonable to ask of participants)

If the investigation involves participants' responses (for example, an online survey, to a questionnaire), can I be sure that the time so used will contribute to improving these or future stakeholders' experience?

If 'yes', this aspect of the work is covered by the protocol.

If 'no', consider whether the planned work is pedagogically service enhancement driven or research driven.

Have I made clear to the participants involved that the work is in their interest of students and to justify to them the contents of the questionnaire (or other instrument)?

If not, do this when first presenting the procedure to the participants.

6 **Dissemination**

Am I respecting the usual norms of confidentiality, in terms of the anonymity of participants and of the institution?

Which identifiers is it either honest or realistic to disguise?

The default position will be to preserve identity unless there are good reasons to do otherwise.



7 Abuse of process: examples might be the use of a protocol to evade formal ethical procedures or use of data collected accidentally and without consideration of the protocol simply because the necessary permissions have not been obtained.

Can I be sure that the protocol covers what I want to do and that I am not doing anything that goes beyond it and that requires an independent application to an ethics committee?

If so, proceed.

If not, consider making an application to your ECDA.

8 Advice and reassurances given to students

Have I included, in my information to students, statements regarding the issues listed at 5.1 to 5.4 in SECTION A above?

These issues need to be explicitly addressed in the instrument (questionnaire, survey, etc) that you design.



Section C - Scenarios

These scenarios represent real cases: although they are anonymous, they are actual accounts, by the participants themselves, of situations where they considered the ethical implications of their practice and asked whether or not their work required an independent application to an EDCA for approval.

Designed to be read alongside the protocol, they are intended to show the trail that leads from ordinary classroom practice, to pedagogically driven research, to research for its own sake.

Scenario 1 – Pedagogy and curriculum enhancement

A lecturer initiates a poster presentation as a new method of assessment on a module. She writes the guidelines and, before the assignment has been marked and moderated, asks her students to complete a detailed written evaluation of the process. An analysis of the evaluation suggests that some groups of students feel they are disadvantaged by this method of assessment, in particular a very small number of second language learners.

She adds the analysis of the evaluation to the CEP. The external examiner is impressed with the method and suggests that she writes up the experience in more detail and presents it at a practitioner conference at his own institution.

This work would be covered by the accompanying protocol.

Scenario 2 - Pedagogy and curriculum enhancement

Two colleagues have been awarded funding to undertake a research project relating to the introduction of a blended learning strategy into particular programmes. The research involves substituting one of the taught sessions with a blended alternative and subsequently evaluating the innovation. The change necessitates an amendment to the module handbook but not the Definitive Module Document. The research is undertaken as an in-house project, with findings disseminated within the institution in the first instance.

This work would be covered by the accompanying protocol.

Scenario 3 – Pedagogy and curriculum enhancement

Stage 1: A lecturer was engaged in ordinary evaluations of his/her teaching, as part of the gradual evolution and enhancement of a programme in response to feedback from students and her/his own ideas, reading, dialogue with colleagues, etc.

They gave out an evaluation form (consisting of some closed and some open questions) in the last **15** minutes of a teaching session and asked the students if they would spend up to **10** minutes filling it out. They stressed that it was not compulsory and that they could leave



when they were ready. The lecturer was occupied at the front of the class whilst they were doing this, did not look to see who left early and collected up the questionnaires at the end.

The results of this informal evaluation may be disseminated informally at, for example, a departmental lunch, or, more formally, at the University's annual learning and teaching conference or the HEA conference.

Stage 2: As a result of attendance at the conference, the lecturer developed an idea for a new type of assessment for the module. He/she introduced this new form of assessment - for example, poster presentations instead of an essay (as allowed within the scope of the existing DMD); the change was discussed at the Programme committee and was approved.

The tutor was keen to know the impact of this change, and so compared marks on the new assessment with those for the piece of work it replaced. He/she also gave the students an ad hoc questionnaire to explore their perceptions of how they approached their study and what they thought of it.

Stage 3: As another means of evaluating practice, the tutor used Gibbs' Assessment Experience Questionnaire (AEQ) to measure/assess the students' perceptions in a more quantifiable way. He/ she used descriptive statistics to show differences in student perceptions.

Work at all the above stages would be covered by the accompanying protocol.

Stage 4: The tutor correlated student performance (i.e. the marks achieved for the presentations) with AEQ data to try to learn more about the interaction between experience and performance.

The distinction between Stages 3 and 4 is that in Stage 3, changes were made by the tutor in the interest of improving the module and the student experience and not in the pure interest of manipulating variables in the manner of an experiment.

Stage 4 is the point at which ordinary classroom practice and evaluation of programmes tips over into research. Here, the intention of the tutor is not to improve practice, but to carry out research.

Hence Stage 4 work would require a separate application for ethical approval to an ECDA.

Scenario 4 – Pedagogy and curriculum enhancement

A teacher particularly interested in the use of discussion sites may, as part of evaluating student engagement with the discussions, use a recognised framework to analyse the students' contributions (for example, knowledge-building activity, metacognitive activity, etc). This gives him/her a greater insight into which tasks might work best with future students, and how best to moderate them. The work can be used as a basis for a paper at the HE Academy conference.

The above work would be covered by the accompanying protocol.



Scenario 5 - Pedagogy and curriculum enhancement

The University has recently set up a consortium to provide large-scale pre-registration interprofessional teaching for healthcare students across several HE institutions. The role and responsibilities of the Practice Lead are to develop inter-professional learning opportunities for healthcare students.

Three projects are being developed and piloted:

- 1 Second year University of Hertfordshire students of nursing, midwifery, paramedic sciences, radiography and physiotherapy engage in discussion across patient pathways.
- 2 Final year University of Hertfordshire nursing students are paired with final year University College, London, medical students during clinical placements.
- 3 University of Hertfordshire radiography students are placed with final year Oxford medical students and final year University College Northampton nursing students during clinical placement.

These pilots have been evaluated by the students via anonymous evaluation forms.

Other data has been obtained via pre- and post- experience questionnaires relating to the students' levels of knowledge prior to experience and the knowledge they have gained from the experience. There have also been face-to-face debriefing sessions following the cross-institutional pairing and group projects. Findings will be disseminated via conferences and/or journal articles and they will influence the design of other, similar projects.

All the work in this scenario would be covered by the accompanying protocol.

Scenario 6 – EDI Service improvement

- Scenario 7 Support Service improvement
- Scenario 8 Programme Development

Scenario 9 – Institutional Service Improvement



Sharon Harrison-Barker Secretary and Registrar **Signed:** 1 August 2024

Alternative format

If you need this document in an alternative format, please email us at <u>governanceservices@herts.ac.uk</u> or telephone us on +44 (0)1707 28 6006.