

Informing work-integrated learning through Recovery Camp

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Recovery Camp is an innovative work-integrated learning (WIL) approach. Bringing together healthcare students and consumers with lived experience of mental illness, it is intentionally designed whereby each participant has a role that facilitates the educational experience. Student learning is developed through their involvement in activities, interactions with consumers and reflective practices. Consumers assume the role of educator, sharing their unique and personal experiences of mental illness with students. Recovery Camp challenges traditional healthcare WIL settings, by offering a setting that is both autonomy-supportive and provides the provision of structure. After attending Recovery Camp, students have shown themselves to be more self-determined toward working in the area of mental health, as well as displaying resilience and positive attitudes.

Keywords: Educational experience, nursing education, healthcare professionals, mental illness

As a field of knowledge, work-integrated learning (WIL) sees humans as creative and social beings, with an innate desire to learn (Pennbrant & Svensson, 2018). While the area of WIL is ever growing, it has become central to tertiary education, playing an integral role in how new professionals are developed (Bogo, 2015). WIL is generally considered an umbrella term for pedagogical methods and strategies (Berndtsson et al., 2020; Pennbrant & Svensson, 2018) which integrate discipline-specific learning with authentic experiences (Cooper et al., 2010). WIL curricula is associated with familiar activities such as internships, simulations, supervised practice and clinical placements (Smith, 2012), all of which enable students to test their knowledge in different ways, resulting in increased learning (Billett et al., 2018). Nagarajan and Mcallister (2015) suggest that understanding the learning which occurs during WIL is important for a number of reasons, including the need to maximise student learning, maximising the impacts of clinical placements and providing future graduates with the skills and capabilities that will assist them with their transition into the workforce. Yet, it is clear that WIL goes beyond a mere work placement experience (Pennbrant & Svensson, 2018); its overall aim is to engage students in order to facilitate an enhanced level of professional knowledge, understanding and skill (Cooper et al., 2010).

Traditionally, discipline areas such as law, education, medicine, nursing and health have incorporated WIL into student programmes (Abery et al., 2015). A longstanding element of medical education, WIL facilitates the progressive involvement in practice until a medical professional is deemed competent to practice independently. The early introduction of clinical experiences for students fosters the development of skills and a sense of professional identity within the medical community (McDonald et al., 2018). Among allied health students, WIL is regarded as being crucial to their education (Nagarajan & Mcallister, 2015). During their degrees, allied health students will participate in multiple clinical placements, developing increasing competency from one placement to the next (Nagarajan & McAllister, 2015). These carefully designed activities allow allied health students to apply their experience gained outside of the university setting with conceptual knowledge. More recently, WIL

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has been built into paramedicine education, with students indicating clear benefits such as personal growth and greater support provided by mentors (Simpson et al., 2016). Further, within the context of nursing, WIL ensures that nursing students are appropriately trained and prepared for the health workforce (Berndtsson et al., 2020). Since nursing education became part of the higher education sector, it has been increasingly important for theory and practice to be integrated (Scully, 2011). As such, WIL is now an essential component of the Bachelor of Nursing degree. Alternating between theory and practice, WIL bridges the gap for nursing students from education to working life (Berndtsson et al., 2020). WIL also ensures that this transition is easier and more efficient (Dahlborg Lyckhage & Pennbrant, 2014). However, the most optimal nursing learning strategies are those that expose students to authentic learning experiences which prioritise caring (Berndtsson et al., 2020). As an authentic learning experience, 'Recovery Camp' has been delivering professional learning to future nursing professionals in the area of mental health since 2013.

The intention of this paper is to provide insight into this innovative WIL approach, called Recovery Camp (Moxham et al., 2014). The first of its kind in Australia, Recovery Camp contributes 80 hours of workable experience time for nursing students, as well as serving as a mental health clinical placement for psychology, dietetics and exercise science health students. (Patterson et al., 2017). While experiential learning is an important component of any health student's training, the quality of mental health clinical placements can be varied (Perlman, Taylor, et al., 2017). Recovery Camp offers students authentic and immersive engagement with people who are recovering from mental illness (Perlman, Patterson, et al., 2017), with numerous research indicating its positive effects on student learning (Patterson et al., 2018), confidence (Patterson et al., 2017) and overall competence (Perlman, Patterson, et al., 2017; Patterson et al., 2018). This also has important implications for mental health care. After attending Recovery Camp, students are more self-determined toward working in the area of mental health (Cregan et al., 2016), and demonstrate a comprehensive understanding of mental illness, its symptoms and the importance of reducing mental illness stigma (Perlman, Patterson, et al., 2017). This paper will elucidate the benefits of Recovery Camp as a WIL approach, highlighting its grounding in the principles of Self-Determination Theory and the many lessons learnt from designing a 'non-traditional' mental health clinical placement. Recovery Camp provides promise for application within other educationally-based WIL settings.

RECOVERY CAMP

Recovery Camp is an innovative and immersive experience that takes place over five-days and four-nights in an outdoor recreational camp setting in New South Wales, Australia. (Cowley et al., 2016). Recovery Camp was planned, designed and implemented in collaboration with mental health nurses, nursing and education researchers and a person with lived experience of mental illness. Although Recovery Camp originally emerged as a pilot project from the University of Wollongong, it is now exploring its potential as a social enterprise. Recovery Camp has full ethical approval, granted by the relevant human research ethics committee (2019/ETH03767). The structure of Recovery Camp involves immersing a heterogenous cohort of participants, such as nursing students, consumers with a lived experience of mental illness (e.g., PTSD, schizophrenia, bi-polar disorder, depression) and Registered Nurses to engage in a variety of therapeutic activities (Cowley et al., 2016). Outdoor education specialists are also present during Recovery Camp, seamlessly facilitating activities such as high ropes, a flying fox, the giant swing and kayaking. To compliment these strengths-based activities, camp attendees may also partake in yoga, Tai Chi and arts and craft. Yet, the intent of each therapeutic activity is to (a) support consumers with a lived experience of mental illness with their recovery journey (Picton et al., 2018) and (b) provide opportunities for each student to learn from their diverse peers

about living with and caring for people with a mental illness (Perlman, Patterson, et al., 2017). Each activity within Recovery Camp is focused on providing a level of appropriate challenge that is either housed within the physical, cognitive and/or social domains (Picton et al., 2016). Providing experiences across the diverse domains (i.e. social, cognitive and physical) is intentional as these areas are viewed as imperative within the personal recovery journey for people living with mental illness and the provision of care they should receive (Picton, 2015). Student learning is enriched by engaging in this carefully structured combination of physical, cognitive and social learning environments.

Similar to other WIL settings, Recovery Camp is intentionally designed whereby each participant has a role that facilitates the educational experience. The outdoor education specialist is focused on providing activity directions, instruction and monitoring for safety. In essence, their role is to set the activity challenge, provide directions on the mechanics of each activity and monitor for safety. From an educational perspective, the outdoor education specialist creates and facilitates the educational context that allows the rest of the participants to learn and develop. The role of the Registered Nurse is two-fold based on the needs of the student and consumers with a lived experience. For the student population, the Registered Nurse is viewed as the nurse facilitator. A nurse facilitator is an individual that oversees, supports and assesses the learning of students during authentic placements such as their university clinical WIL (Becket & Wall, 1985). From a consumer perspective, the Registered Nurses provides professional support for participants when needed. The main roles of the outdoor educator and Registered Nurse is to create, support and facilitate the learning of the students and the consumers.

Each consumer who attends Recovery Camp has a dual role. Their first and most important role is to engage or be involved in as many activities across the five days to support their own personal development and recovery (Moxham et al., 2014). Second, each consumer is viewed as a resource of knowledge and expertise in the area of mental health. Consumers are considered experts by experience. During both formal (e.g., High Ropes Course) and informal (e.g., walking between activities) experiences, consumers are provided the opportunity to share their thoughts and ideas about living with mental illness. Students develop their understanding and knowledge about mental health based on the sharing of stories and real-world experiences of consumers. While the aforementioned activities enable social interactions to flourish, they also promote respect, working collaboratively and team work. Finally, healthcare students (e.g., pre-registration nurses) utilise their time at Recovery Camp developing their theoretical and practical knowledge, as well as deeply reflecting on their attitudes, for providing care to those individuals living with mental illness (Patterson et al., 2016). This learning development for students occurs through (a) combined engagement in activities (b) continuous communication with consumers and with Registered Nurses and c) formalised and structured reflective practice through the completion of clinical portfolios. The combined engagement in activities allows each student the opportunity to personally experience, to some extent, some of the symptoms and internal thoughts that a person living with mental illness may have. For example, students have reported feeling “out-of-control” and “overly anxious” when completing some of the physical activities which are suspended over 10 metres above the ground. Student’s feelings and experiences are carefully unpacked by the WIL facilitators and compared for example, to feelings of anxiety or psychosis. People with lived experience often state “I feel like that all the time” which provides students an avenue for insight into living with a mental illness. The continuous communication that occurs at Recovery Camp, nested within a safe learning environment that encourages inquiry, allows students to ask both consumers and Registered Nurses professionally relevant questions that helps inform their future practice.

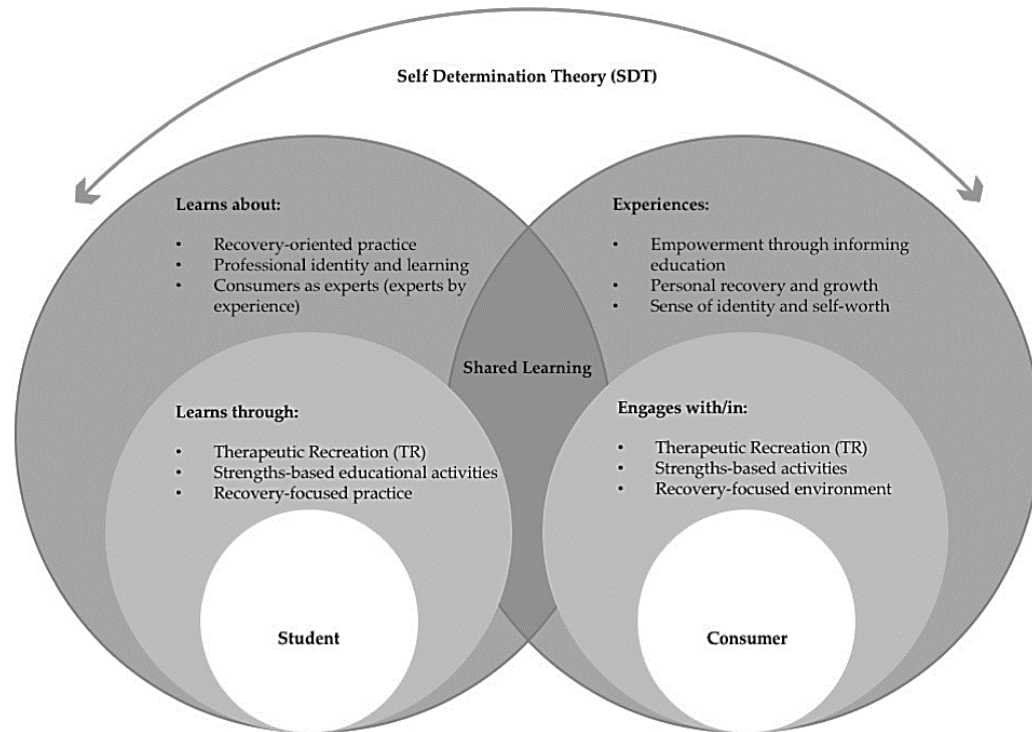
THEORETICAL BASIS OF RECOVERY CAMP

Recovery Camp is grounded in the framework of Self-Determination Theory (Deci & Ryan, 1985). SDT is a theory used to understand the influences on human behaviour across a variety of settings including teaching and learning (Deci & Ryan, 2004). SDT posits that the creation of a social context that is motivational and educationally effective should be both autonomy-supportive and provide for the provision of structure (Vaastenkest et al., 2012). An autonomy-supportive setting is one that is perceived to allow for individual choice and control over behaviour (Jang et al., 2010). Application and implementation of an autonomy-supportive setting is one that nurtures the internal motivations of the individual, uses communication that is flexible, allows enough time to complete tasks and acknowledges a person when demonstrating negative emotions (Reeve et al., 2004). The provision of structure is associated with the organisational aspects that facilitate the direction for learning (Jang et al., 2010). In essence, the concept of structure are the elements that guide the educational direction of any teaching and learning experience. When there is a clear educational focus (e.g., professional knowledge about recovery) this allows for an enhanced level of understanding around the purpose of activities and the role of the student. The combined synergy of autonomy-support and structure create a quality learning environment that is supportive of the motivational responses and achievement of all learners (Ryan et al., 2009; Standage et al., 2005). Facilitation of the social context (i.e. level of autonomy-support and structure) is typically developed by the person leading the group or experience (Ryan & Deci, 2011). At Recovery Camp, implementation of the social context is initially developed by the outdoor education specialist and the Registered Nurses. For example, the outdoor education specialist outlines the guidelines for an orienteering activity while the Registered Nurse facilitates the engagement and conversations between students and consumers. As the WIL experience progresses, the leadership role moves to others at camp, such as consumers leading a lived experience session. This session includes consumers sharing their stories and answering questions about living with mental illness. When the social context is perceived as highly autonomy-supportive and structured there are a variety of positive benefits, such as enhanced motivational responses, positive experiences and subject specific achievement (Ryan & Deci, 2011; Black & Deci, 2000).

BENEFITS FOR STUDENTS USING SELF-DETERMINATION THEORY AND RECOVERY CAMP

There is an ever-increasing evidence base that supports the use of SDT and Recovery Camp as a framework for quality teaching and learning experiences within the area of mental health. Recovery Camp grounded research has illustrated that both consumers and students learn and grow (Picton, et al., 2018; Taylor et al., 2016). Consumers with a lived experience of mental illness have reported feeling a sense of empowerment (Picton et al., 2018) and personal growth (Moxham et al., 2017) when engaged at Recovery Camp. Consumers revealed that they felt they were key influencers on the development of the future workforce in the area of mental health (Picton et al., 2019). In fact, consumers describe a change in their identity from a person with an illness to one of a teacher, which they assert is profoundly empowering. This sharing of knowledge, as well as the underlying dynamics of Recovery Camp are exemplified in Figure 1.

FIGURE 1: Diagrammatic representation of shared learning at Recovery Camp.



Research evidence has also supported students significantly improved their professional learning (Patterson et al., 2018), clinical confidence (Patterson et al., 2017) and knowledge of recovery-oriented care (Perlman, Patterson, et al., 2017). By assessing nursing students self-reported attitudes in the Preplacement Survey (Haymann-White & Happell, 2005), Patterson et al. (2018) established that students who attended Recovery Camp indicated greater preparedness and more positive attitudes towards mental health nursing. This was compared to a cohort of nursing students who attended a traditional mental health nursing placement. Similarly, Patterson et al. (2017) administered the Mental Health Nursing Clinical Confidence Scale (Bell et al., 1998) to a cohort of nursing students from two clinical placement groups: the Recovery Camp group and a comparison group who attended a traditional placement. Compared to the comparison group, nursing students who attended Recovery Camp indicated greater ratings in communication surrounding mental illness, knowledge about antipsychotic medications and their side effects, as well as providing client education related to these medications. This difference between groups was not only noted at pre-placement, but at post-placement and at a three month follow-up. These findings suggest that nursing students who attended the Recovery Camp placement were afforded longer lasting mental health clinical confidence. Further, Perlman, Patterson et al. (2017) collected qualitative data in the form of individual interviews and student reflective journals, from nursing students who had attended Recovery Camp. Two overarching themes emerged as a result of the data analysis: (a) understanding stigma and (b) developing professional knowledge and skills. Perlman, Patterson, et al. (2017) determined that through Recovery Camp, students had acquired a greater understanding of the impact of stigmatising attitudes and developed their professional knowledge, while helping them gain insight into the recovery journey from the perspective of each consumer. Students have also been found to become more self-determined toward working in the area of mental health after attending Recovery Camp (Cregan et al., 2016). Possessing a high level of self-determination is important in the area of mental health as it has been associated with positive aspects such as high levels of resilience (Perlman, Taylor, Molloy, et al., 2018) and less stigmatising attitudes (Perlman et al., 2019). It is evident then, that the overarching design of Recovery Camp has a myriad of educational benefits for students, which should transcend beyond their training and into their roles as future health professionals. Patterson et al. (2016) highlights the uniqueness of this WIL approach on student learning “unlike a traditional clinical practicum, Recovery Camp gave me the opportunity to develop nursing competencies not always easily achieved elsewhere” (p. 16). Patterson et al. (2016) also demonstrates that this experience not only impacts students professionally, but remains with them on a personal level:

Recovery Camp has taught me a lot about myself as an individual and a nurse. Looking back at the camp I had a great time and I learnt more about mental illness, the different impact it has on individuals and the importance of the recovery process. (p. 18)

PRACTICAL RECOMMENDATIONS

There are a number of practical recommendations from lessons learned at Recovery Camp that can be of value to the WIL literature. First, the design of each activity within Recovery Camp is educationally-focused for two main groups of people; students and consumers. Student learning is housed under their professional skills in providing care and consumers are focused on growing their understanding and application to support their own recovery journey. While all WIL settings should be focused on learning, the ideas presented and implemented within Recovery Camp are different. Traditional WIL settings in the healthcare field have students attending areas such as hospitals or community-centres. The potential learning is not specifically designed and is conceptually connected with the idea that a student immersed in a setting such as a hospital will gain the knowledge needed. As evidence this may

not work, Moxham et al. (2016) found that students attending traditional mental health WIL settings became more stigmatising toward people living with mental illness. Second, the role of the educational professional within Recovery Camp (outdoor educator and Registered Nurse) is critical. Traditional healthcare WIL settings have students follow the lead of the Nurse Facilitator, who may only be present for limited amounts of time during the day and may not be a specialist in the area, which can limit the potential for student learning because the pedagogy is based on the “Bo-Peep Method” (Perkins & Salomon, 1988). This method means that the student hopes to learn by being immersed in a setting without an educator who can manipulate or adapt the setting to support learning (Perkins & Salomon, 1988). Therefore, Recovery Camp applies the pedagogical elements housed under SDT for creating a setting that is both autonomy-supportive and provides the provision of structure.

Autonomy-support is implemented within Recovery Camp by using strategies such as person centered language that allows for choice and provides adequate time to complete tasks that are based on student needs (Reeve et al., 2004). In addition, if a student demonstrates negative affect or emotions, the Registered Nurse will acknowledge and address this in a timely manner with the individual, so as to allow the student to get back on the educational track. Structure is associated with the clarity of instruction about how to reach the goals of the experience (Skinner & Belmont, 1993). High structure environments provide guidance when necessary, teacher initiated feedback and instruction that attempts to keep students heading toward the educational goal (Brophy, 2006; Carter & Doyle, 2006). The transferability of principles from Recovery Camp to other WIL settings lies in the ability of the educational professional to identify the educational intent of the experience and apply pedagogical principles housed with SDT. Specifically, the principles of autonomy support and structure can play a key role in the enhancement of learning across WIL settings. Furthermore, research illustrates that these principles are universal and can be applied in a variety of teaching and learning settings without the need to adjust the content being taught (Ryan & Deci, 2011).

CONCLUSION

WIL is a critical component of education for health students, and in particular, nursing students. WIL in nursing education encourages students to identify the practical knowledge they have gained on clinical placement, and combine it with the conceptual knowledge they have learnt through their academic studies. Recovery Camp is a highly innovative WIL approach designed for both nursing and health students alike. Occurring in an autonomy-supportive setting, students are provided with well rounded insights into mental health from those who are expertly informed: consumers. This autonomy-supportive setting also affords them choice, extensive support from facilitators and the opportunity to learn about person-centredness, recovery-oriented care. Recovery Camp represents a powerful learning tool for students, and could be adopted for other WIL experiences. Future inquiry surrounding Recovery Camp will focus on the experiences of WIL facilitators, phenomenological examinations of participating in therapeutic recreation and exploring consumers’ meaning of recovery through specific activities, such as art. As the flagship clinical placement is currently located in New South Wales, it is hoped that future Recovery Camps will be implemented nation-wide.

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