

Hafford-Letchfield, T., Leonard, K., Couchman, W. (2019) Exploring arts-based pedagogies in nurse education: The ARTE framework. In Sue Dyson and Margaret McAllister (eds) *Routledge International Handbook of Nurse Education* (Hardback) (accepted version)

<BOOK-PART>

<LRH>Trish Hafford-Letchfield et al.</LRH>

<RRH>Arts-based pedagogies in nurse education</RRH>

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<TITLE>Exploring arts-based pedagogies in nurse education</TITLE>

<SUBTITLE>The ARTE framework</SUBTITLE></BOOK-PART-META>

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<BODY><HEAD1><TITLE>Introduction</TITLE></HEAD1>

The shift towards interest in the arts in healthcare has been concurrent with what we know about the social determinants of health ([Marmot, 2010](#); [WHO, 2013](#)). There are many different ways in which this work is described (arts in health, arts for health, arts and health). Active engagement in the arts is not just restricted to benefits for patients and service users but has also been shown to improve care environments with benefits for staff retention and continuing professional development (Hafford-Letchfield & Huss, 2018 [Huss and Hafford-Letchfield, 2018](#)). [Eisner \(2004\)](#), an educationalist, asserts that the arts have the power to stimulate creative and intuitive thinking beyond text and talk given how we experience the environment through our sensory system during the lifecourse. This helps individuals to articulate their experiences, to reflect on ambiguities and uncertainties in life and often to challenge and transform long-held feelings and attitudes. In this chapter we refer to the term arts-based pedagogies (ABP), defined as “when a student learns about a subject through arts processes including creating, responding or performing” ([Rieger et al., 2016](#): p. 142). ABP facilitates the integrative and social model of health, and has opened the space for creative arts activities in healthcare education ([Couchman et al., 2014](#)). We consider and discuss the potential for introducing and engaging with the ABP in nurse education.

We write from the perspective of our own knowledge and experiences as educators from the UK where we have been utilising novel approaches to education for nursing and social work. This has led us to experiment with the arts as a means of enriching and achieving more

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critical and activist pedagogies that impact on professional practice ([Hafford-Letchfield et al., 2012](#); Leonard et al., 2016, [2018](#)). Having conducted and evaluated a number of approaches, we will share our own learning and offer the ARTE (activate, research, teach, evaluate) framework. This framework has emerged from our enquiries and helps to conceptualise learning methods which address affective and cognitive domains within holistic approaches. We have found ABP useful for managing the increasing complexity and uncertainty of practice alongside the acquisition of technical knowledge and skills in social work and nursing.

We start by looking at some of the arguments put forward as to why the arts are considered to be helpful to the caring professions, followed by a brief review of some of the key empirical evidence in relation to ABP. We then introduce the ARTE framework and illustrate this through an example from our own practice ([Leonard et al., 2013](#)). This chapter will conclude with key points for consideration in developing your own ABP in practice.

<HEAD1><TITLE>Background to arts-based pedagogies</TITLE></HEAD1>

Other chapters in this book have already discussed the impact of unprecedented political and socio-economic challenges on professional education as a result of globalisation, dramatic demographic and cultural transformation, combined with rapid technological advances ([Reisch, 2013](#)). In some developed regions of the world, an increasingly austere, market- and individually focused context has influenced the way in which professional education, including nursing, prepares students for their role in delivering quality care ([Hafford-Letchfield et al., 2016](#)). Some have observed how these have impacted on the autonomy and creativity of the academy ([Giroux, 2011](#)), the nature of nursing scholarship and the educational process itself ([McAllister, 2010](#)).

The delivery of a nurse education curriculum has to respond to constantly changing requirements. These emphasise nursing values, attitudes, knowledge and skills prescribed by those responsible for nursing governance. The foregrounding of evidence-based practice, for example, encourages a scientific approach to nursing care. [Carper's \(1978\)](#) classic analysis of patterns of knowing, however, also includes essentials such as “aesthetics and the art of nursing”, “personal knowledge” and ethics (p. 13). How curricula are interpreted, designed and taught is often left to the discretion of members of the team in the academy.

A key role of the educator is to engage with stakeholders such as patients, service users, carers and educators from practice. Teaching and learning are also not neutral processes. The

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design, delivery and evaluation of any curriculum tends to reflect the values held by its stakeholders. So whilst curriculum philosophies are rarely made explicit, they may integrate a range of epistemologies (Iwasiw et al., 2015). [Ironside \(2004\)](#) and [McKie \(2012\)](#) recognise that, with the increasing amount and complexity of knowledge needed to become a nurse, it is assumed that, if all content is covered, the requisite competent nurse will automatically emerge with the right thinking and behaviour.

[Warne and McAndrew \(2010\)](#) highlight how teaching methods based on these traditionally espoused knowledges have tended towards the didactic and are likely to suppress critical reflection. In order to move away from more didactic approaches (such as traditional long lectures) we need to have a range of pedagogical approaches at our fingertips. This steers away from learners “banking” knowledge which can quickly become out of date in the current context. We need to place more emphasis on developing independent creative practitioners who are capable of problem solving, critical analysis and reflection to manage the “lowlands” of practice and develop professional expertise ([Schon, 1991](#), p. 42). This attention to holistic and flexible learning requires curriculum philosophies that support concepts such as social constructivism which give emphasis to the social, cultural and collaborative nature of learning.

Learning theorists such as Freire (1990) emphasise the political and activist role of the educator in recognising the role of power and social justice in disrupting the taken-for-granted status quo to empower learners in education and to enhance practice. ABP is one method that can be integrated into curriculum models to develop learning across affective and cognitive domains and offer creative opportunities to address the nuanced and complex nature of professional practice ([McKie, 2012](#); [Rieger et al., 2016](#)). We now turn to the evidence of ABP as a method to understand and address these issues further.

<HEAD1><TITLE>Evidence for ABP: a short review</TITLE></HEAD1>

Arts-based approaches in education have already been embraced by disciplines such as medicine, the allied professions and social work. Some scholars have attempted to document and capture their impact ([Hafford-Letchfield et al., 2012](#); [Lake et al., 2015](#); [Ousager and Johannessen, 2010](#); [Perry et al., 2011](#)). Here we examine the current evidence base for their use in nursing and draw on two significant systematic reviews for a summative review of key messages ([Leonard et al., 2018](#); [Rieger et al., 2016](#)).

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Measuring the impact of the arts on learning and practice has proved to be varied and complex. Evaluative methodologies suited to understanding subtle and contextually diverse educational interventions have not really lent themselves to scientific and technical measures ([Lake et al., 2015](#)). In this real-world research environment, the researcher is often the educator and therefore ethical and epistemological considerations are determined by their role and potential for in situ reflexivity. The value of systematic reviews is to offer some clarity in the definition of “the arts” within professional education; to capture any empirical evidence on its specific impact on nursing and other related professional education; and to consider, identify and evaluate the different approaches to measuring impact on learners. These have addressed, for example, the process of engaging with art; their acquisition of learning, knowledge and skills; and the impact on educators in their delivery of learning and teaching in education.

[Rieger et al. \(2016\)](#) completed a systematic review of the use of ABP with undergraduate nursing students. The objectives of their review were to find out the learners’ experience of ABP. The review drew on Bloom et al’s taxonomy (1956) to identify the affective, psycho-motor and cognitive domains of learning, and review the impact of learning on competency compared to other forms of pedagogy. Rieger et al. (2016) found a total of 41 studies that met the Joanna Briggs Institute credibility levels, defined as “unequivocal” or “credible”. Twenty-one studies used qualitative and 20 studies quantitative methods. The types of ABP illustrated by the studies were: reading, including poetry, writing, theatre, creating and viewing art, “creative bonding” (p. 167) interventions, films, psychodrama, music and song making, story telling and digital story making and photography. Qualitative methodologies used by educators consisted of ethnography, phenomenology, action research, descriptive, text-based or narrative approaches. The quantitative studies included three random controlled trials, quasi-experimental, pre- and post-test or descriptive designs.

The synthesised findings across the studies in Rieger et al.’s review found that ABP had potential for providing cognitive and particularly affective learning opportunities for student nurses. These illustrated a deviation from the transfer of knowledge to independent critical thinking by students which could be transformational. Areas of nursing practice where ABP were used included theoretical and clinical courses covering surgery, pharmacology, concepts of illness, professionalism, communication skills, across hospital and community and adult and child nursing practice. ABP encourages clinical knowledge, personal learning and self-awareness, “relational and reflective capacities” (p. 156) such as empathy and attitudes

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towards patients, collaboration and ethical and cultural competence for holistic patient-centred practice and creativity and uses experience to develop different ways of knowing, reflecting Carper's (1978) conceptual structure of nursing knowledge.

In summary, [Rieger et al. \(2016\)](#) concluded that there were “encouraging preliminary findings about the effectiveness of ABP that can inform educational practice and future research in nursing education” (p. 176).

In the second systematic review, [Leonard et al. \(2018\)](#) included nine studies on the arts in social work education which had an explicit evaluation design from which to draw some reliable conclusions. [Thomas and Harden's \(2008\)](#) thematic synthesis was used to report on the three analytical themes reported in the review: firstly, the exploration and development of links between social work practice at the micro level such as psychological, individualistic and familial perspectives with macro level practice perspectives. These consisted of the understanding of social structures, power, oppression, social justice and social issues and implications for the practitioner's well-being. The included studies involved community action initiatives, peer theatre, drawings, co-productive intergenerational drama and a virtual online literature group using narrative to promote professional growth. These studies also examined social workers' coping mechanisms in circumstances involving political conflict and discourses on inequalities, for example, by including auto-ethnography and cultural theory. These examples illustrated how engagement with the arts facilitated a paradigm shift in knowledge and attitudes and skills which could be applied to social work practice. Each example provided an environment where an arts focus facilitated sustained activities that required the learner to engage in active learning both individually and as part of a group, either face to face or virtually. ABP can facilitate a process of disruption (see [Savin-Baden and Wimpenny, 2014](#): p. 198) which involves “getting it out”. This theme suggests that one way in which art works is through the provision of a political vehicle for transforming troubles by healing, solving, reframing, politicising, advocating and mobilising.

The second theme ([Leonard et al., 2018](#)) addressed the role of the arts in aspects of partnership working and co-creation of learning. Engagement with the arts enabled transgression beyond verbal reasoning or rationality in participants' learning styles. ABP talked to issues of power, discrimination and equality in learning and identified the value of co-production and leadership by and with service users. Those studies that involved service users reviewed and identified aspects of “recovery” and surprise in being able to tolerate uncertainty

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in the face of a new experience. Teachers also took risks through sharing power in their own direct participation and being open to the unknown/unexpected. This in turn created a climate in which the feelings and attitudes of the learners were valued. These senses of levelling and participatory styles of leadership were seen to alleviate institutional dependency, a feature of managerialist discourse which is difficult to transcend.

The third theme analysed the specific processes underpinning the designs of the studies in [Leonard et al.'s \(2018\)](#) review to stress the importance of positioning arts-related research philosophically to establish its rigour. The theme spoke to useful typologies from “arts-enquiring pedagogy” to “arts-related evaluation” (see [Savin-Baden and Wimpenny, 2014](#)) and described a range in which arts are used. Examples are using ABP as the method or intervention and the use of arts to represent findings.

Leonard et al.'s review contributed to the debate about what constitutes effective evidence on the impact of the arts in social work education. It concluded that the application of research findings in applied contexts such as professional education needs to be supported with evaluation of quality, fitness for purpose and relevance in answering empirical questions about what works in learning and teaching. The studies reviewed drew on a range of disciplines and contributed to some theoretical perspectives on what the arts have to offer in our understanding of social structures, relationships and other cognitive and emotive aspects of our selves. What is more certain is that professionals need creative methods to find creative solutions as well as globalisation of methods to adapt to local circumstances.

In bringing the findings of these two systematic reviews together, a key point to note when developing ABP was the importance of good evaluative design from the outset. Rieger et al. found a need to explicitly address the epistemological and methodological approaches which were absent for over half of the qualitative studies, as was any discussion of the reflexivity of the researcher. This was also evident in quantitative studies where there were concerns about bias; the lack of consistency of the control group led to difficulties in managing variables that impacted on causation arguments for the effect of ABP. Leonard et al. similarly found that the epistemological bases informing the evaluations of specific arts-based methods used were not always attended to and outcomes were hard to establish from some studies. The main differences in the reviews were the attention given in social work education to the wider context for care and the integration of macro and micro perspectives. Secondly, social work

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educators used ABP to explore potential for collaboration, co-production, with a focus on learner and service users. They also offered insights into the benefits of interprofessional and leadership development and managing personal impacts of practice such as stress and well-being.

Introducing the activate, research, teach, evaluate (ARTE) framework

The ARTE framework is a tool to assist in going forward with ARP in nurse education. The framework has emerged from our own experience of theorising, planning and delivering ABP interprofessionally and unprofessionally with both nurses and social workers. A summary of the framework is given in [Table 13.1](#), following which we elaborate on each element of the framework and how you might use it.

Table 13.1: Activate, research, teach, evaluate (ARTE) framework for arts-based pedagogy (ABP)

Activate	Research	Teach	Evaluate
Articulate your philosophical approach for professional education and align with expected aims and outcomes for ABP and required assessment. Take up activist role	Ensuring you research the topic sufficiently, to engage stakeholders and collaborative partners. Ensure your ABP is underpinned by theories, pedagogies, methods and a plan for evaluation	Pay detailed attention to managing the <i>process</i> of engaging everybody towards your defined outcomes for ABP	Plan your evaluation from point of activation. Ensure your evaluation is aligned with the expected aims and outcomes of ABP. Consider arts-based method for your evaluation
<ul style="list-style-type: none"> Identify stakeholders 	<ul style="list-style-type: none"> Locate and disseminate 	<ul style="list-style-type: none"> Conduct learning agreement 	<ul style="list-style-type: none"> Consider models of evaluation that address

Activate	Research	Teach	Evaluate
<p>and partnerships</p> <ul style="list-style-type: none"> ▪ Resources required ▪ Design with collaboration ▪ Ensure project management timeline 	<p>relevant literature</p> <ul style="list-style-type: none"> ▪ Begin to identify and design your evaluation framework ▪ Put resources in place ▪ Deal with ethical issues and any risk assessments ▪ Obtain stakeholder sign-off 	<ul style="list-style-type: none"> ▪ Prepare learners with skills to engage in ABR ▪ Foster positive climate for participation ▪ Model risk taking as an educator ▪ Formative review and adapt as required ▪ Anticipate and respond to impact on learners' affect ▪ Give attention to endings 	<p>cognitive and affective domains of learning</p> <ul style="list-style-type: none"> ▪ Include learners and wider stakeholders ▪ Identify target audience for your evaluation findings ▪ Use art as a means of dissemination

</TABLE-WRAP>

<HEAD2><TITLE>Activate</TITLE></HEAD2>

This element of the framework refers to the political, activist and social constructivist philosophical approaches relevant to ABP. For example, the arts may be used as a method for learning, such as interacting with the visual arts or digital story telling, where learning results in the generation of an artefact. The arts may also be used as an intervention to impact or unsettle assumptions supporting the status quo.

In the activate stage the nurse educator will be thinking about ABP approaches that encourage active and deep learning and can impact on the affective and cognitive domains of professional practice. If the ABP includes working across disciplines with, for example, a musician or a film maker, then relationship building with an understanding of roles and

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philosophical, theoretical approaches is important for co-production. Aims and outcomes need to be aligned to any prescribed assessment of the learner ([Biggs and Tang, 2011](#)).

Consideration will need to be given to any additional costs that ABP brings. This includes people's time and payment, accessible and suitable venues that fit into everyone's timetable, resources including props, computers, cameras and recording equipment. For example, when [Leonard et al. \(2015\)](#) collaborated together across colleges and social work and applied drama departments a large drama space was needed and drama-gained work experience facilitating learning in the small-group work. We advise that one person leads the project management with timelines for planning delivery and evaluation. These need to be explicit and agreed by everyone.

<HEAD2><TITLE>**Research**</TITLE></HEAD2>

Given that ABP can often be open to challenge as an approach to achieve professional nursing outcomes it is important to feel confident about introducing creative methods that may be seen as outside conventional teaching practices. Encouraging independent and critical thinkers who are reflective practitioners is a key argument for ABP. The examples from the review of the evidence in this chapter may provide some evidence to use. However, researching further the ABP the nurse educator wishes to pursue is an important element in presenting a scholarly argument of the pros and cons for the chosen method, intervention, assessment of the learner and style of evaluation. This will contribute to arguments for different types of resources, upskilling of educators, new collaborations and consideration of timetable variations and is more likely to lead to a successful sign-off by stakeholders. Risk assessments need to be considered, especially for events away from the usual work or academic venues, to ensure accessibility and risk of adverse events. Designing the evaluation using a specified framework also adds to the growing but still limited evidence of what works with ABP in nursing and social work. Ethical considerations include agreement by the organisation and participants to contribute to an evaluation that respects confidentiality and allows dissemination through publication and networking events to share good practice.

<HEAD2><TITLE>**Teach**</TITLE></HEAD2>

Preparation is essential in designing, planning and evaluating an ABP activity. Having activated and researched these, they can now be embedded into the ABP teaching plan. If all stakeholders are engaged and the project is supported, then the teaching plan for the episode(s) will be designed well beforehand with resources in place and facilitators prepared. If co-production across disciplines is a feature of the ABP, then a specific teaching plan will provide

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clear roles for each facilitator with timings and purpose. A negotiated learning agreement to provide a conducive inclusive culture is essential and should be agreed beforehand. Information about students with particular learning needs should be integral to the design of the session. For example, how may a student with a hearing impairment interact fully in a drama session or a student who uses a wheelchair access the venue? Formative review of ABP during implementation with co-facilitators and learners will provide opportunities to negotiate and adapt the episode as required. Facilitators can model risk taking in their role and recognise the associated anxieties for students taking a risk to learn a new skill or have a new experience, especially if this to be assessed. These need to be anticipated by the facilitators and contained in a sensitive way. These new experiences may require learning new skills of technology. You also need to take account of the potential emotional impact of an embodied experience of drama, music or art. When the affective domain is evoked facilitators need to demonstrate awareness and empathy throughout and build into the ending of the episode opportunities for learners to reflect on the impact and draw on support from the facilitators as required. Facilitators need to reflect and debrief.

<HEAD2><TITLE>*Evaluate*</TITLE></HEAD2>

It is important to plan an evaluation that measures the learning outcomes from the point of activating the ABP. Ethical issues continue to need consideration with explicit agreement from the learners and stakeholders for use of a range of evaluation methods, including grades from an assessment, artefacts produced, classroom evaluations, attendance and purposeful focus groups as examples. One model is [Pawson and Tilley's \(2000\)](#) conceptual model of “realistic evaluation”. It can measure affective and cognitive domains as it takes the traditional causal model of inputs and outputs but emphasises the importance of the “real” world to find “ideas which work for certain subjects in certain situations” (p. 215). Designs tend to be formative rather than summative, characterised by greater focus on the underpinning mechanisms leading to, and the context that supports, outcomes. It therefore recognises the political dimensions of evaluation, including the reflexivity of the evaluator who may also be a member of the project team. Kirkpatrick's model (1998) is another potential measure of affective and cognitive domains. Kirkpatrick's model offers a continuum of learning, from learner responses through to changed attitude and behaviours, and impact on the service and service users. This conceptual model assists in the design of tools such as questionnaires, interviews and validated instruments to measure change before, during and after the ABP episode. Both models provide opportunities for consulting a wide range of stakeholders using creative evaluation, such as

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poetry, presentation of visual arts and artefacts. These products can be useful to gain funding to extend and further evaluate innovative ABP projects. Finally consider how you might use your findings to critique or promote ABP in nurse education.

<HEAD1><TITLE>Using the ARTE framework: a practice example</TITLE></HEAD1>

We now share one of our own case studies to illustrate the ARTE framework ([Leonard et al., 2013](#)). As you read through the following details of the case study, you may find it useful to try and identify the different elements of the ARTE framework.

As professionals working in interprofessional education, we introduced music and percussive activities into our curriculum for nurses and social workers engaged in leadership roles and practice/field education. This involved students, service users and academics learning to play a complex traditional piece of Balinese gamelan music led by an external facilitator. The aim was to provide opportunities for more innovative and creative co-produced learning experiences using ABP. The learning outcomes related to students' acquisition of skills and knowledge about critical reflection, collaborative teamwork and participatory leadership which could then be transferred to different settings in health and social care. Gamelan is an ideal medium for music education, providing access to a large number of students with a range of musical ability. A gamelan is a set of percussion instruments traditionally performed in Indonesian ceremonies, the playing of which constitutes a participatory and sociable activity and power relationships involved in the process.

<HEAD2><TITLE>*Activate*</TITLE></HEAD2>

The gamelan project sought to address the growing body of theory about what constitutes "leadership" in the sector ([Hafford-Letchfield et al., 2016](#)) and to highlight the importance of managers and practice educators being able to address these shifts through the development of more distributed or participatory leadership styles. By reflecting co-production in the design and delivery of the curriculum and learning activities, students were given an opportunity to experience teamwork that was truly participative. The literature of distributed and participatory leadership styles cites empowerment as a real substitute for leadership ([Boehm and Yoels, 2008](#)). We were focused on the *process* of participation that enables steps to be taken towards achieving stronger relationships of mutual trust with other stakeholders when working towards the same goals.

In UK health and social care, we have experienced numerous examples of public

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enquiries and media criticism which have promoted blame cultures, thus inhibiting openness, positive risk taking and the ongoing reflection necessary for learning and communicating more honestly. For participation to be enhanced, we placed emphasis on the process of leadership by those responsible for developing others within their practice environments. Potential leaders need to pay attention to how they actually lead, facilitate and promote more effective engagement of those with a direct stake in quality services. Learning about participatory or distributive leadership styles can also build on knowledge of how to promote learning effectively in organisations and within the different partnerships involved. Further, the notion of co-production emphasises the role that service users play in both the consumption and production of public services by highlighting the interdependence of consumer–producer relationships.

Our stakeholders were therefore leaders, educators and service users. As educators, one of our team members was a musician. We capitalised on a small grant from a national workforce development organisation aimed at demonstrating methods for involving service users in professional learning. These resources enabled us to reach out to a local arts-based practitioner to facilitate our gamelan workshops, and to fund the fee for two sessions and travel costs for participants. We had to engage more sceptical colleagues and students with enthusiasm with well-rehearsed arguments about their validity for practice.

<HEAD2><TITLE>**Research**</TITLE></HEAD2>

The experience of playing gamelan provided a potential metaphorical frame of reference with which to address some of the above learning needs and depart from more habitual schemas for describing and thinking about the different attributes of leading change and leading teams. Our research into the topic showed that, as an art-based method, music provides a particular metaphor within teaching with potential to offer richer insights. Its use had already been evaluated within different educational settings ([Fairfield and London, 2003](#); [Moore and Ryan, 2006](#)). These two studies referred to the significance of generating emotional depth within individuals through such musical learning experiences and informed our own ideas of introducing gamelan into the curriculum. Participants did not need to be a musician (in the narrow Western sense) to take part. Music could be learned by ear and parts were simple and easy to memorise, leaving players free to listen to what is going on around them. Basic instructions (when to start, stop, speed up, slow down) are given by musical cues so players know how their part fits with the whole. Complete beginners can quickly learn a basic piece

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and play in an ensemble for perhaps the first time. With expert guidance, any member of a group could take turns in using all the instruments and lead the rhythm.

We therefore established that the accessible nature of gamelan had the potential to encourage teamwork, through listening and rhythmic skills based on its four basic structural elements (described as the branches, trunk, roots and flowers of the music). Its participatory and collaborative nature offered us great potential for active learning experiences. We were also aware of provoking anxiety associated with a new experience in a pre-mediated and safe teaching and learning environment. Prior to the session, workshop participants were given an information leaflet about gamelan and we encouraged them to ask questions and research its background. All participants gave written consent for us to undertake an evaluation, including filming of the sessions.

<HEAD2><TITLE>*Teach*</TITLE></HEAD2>

Our teaching plan for the gamelan sessions drew on kinaesthetic (learning by doing), aural and visual methods, as demonstrated in the VARK (visual, aural, read/write, kinaesthetic) learning styles inventory often referred to in pedagogy ([Fleming, 2009](#)). It also drew on models of critical reflection and experiential learning ([Knowles, 1984](#)), relevant to working in complex change environments common to health and social care. There was a degree of risk taking (as it may not have worked) as well as the extra time and commitment to set up a new initiative and evaluating its effectiveness. We worked through some challenges such as supporting service user and carer involvement and asking students to travel to a different venue for these specific activities. Within the design of the gamelan activity was a structure for identifying and recording any insights and perceptions gained by the students about the relevance of the gamelan experience to their day-to-day learning in the practice environment. This enabled us to evaluate the impact of the activity from a pedagogical standpoint and to help process any significant feelings and emotions that might be released during the activity. As an experiential session, some initial structure was provided through the pre-identification of learning outcomes. These focused on consideration of concepts involved in learning a new skill, such as teamwork, collaboration and creativity and the importance of group dynamics and participation in learning around power, inclusion and involvement. The significance of developing skills that enhanced both distributed and participatory leadership styles underpinned the activity throughout.

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Before the sessions, learners were encouraged to recap on some of the topics already covered in their professional programme, such as on experiential learning theories, and the impact of emotions on learning with a view to developing strategies to manage these. The principles of distributed leadership theory and leading teams were also revised. Two gamelan sessions took place. Prior to each was a facilitated “group share” on expectations. Similarly, a full debriefing took place afterwards. Music making was facilitated by an experienced gamelan musician and each session lasted approximately two hours. The participant groups were relatively small due to the size and uniprofessional nature of the two cohorts. As educators, we were naturally apprehensive but modelled our own receptivity to music making by joining in and we drew on encouragement and coaching techniques to ensure that all learners participated.

<HEAD2><TITLE>Evaluate</TITLE></HEAD2>

The whole process, including briefings, debriefing and the music making, was visually recorded by a digital camcorder (we didn’t report on analysis of video data). Verbal and informed written consent was obtained in advance and on the day. Participants were asked to complete a questionnaire after seven days and then four to nine months after the event. The questionnaire focused on three key areas: (1) Has any aspect of your experience of making gamelan had a lasting effect? (2) Did the experience of making gamelan contribute anything towards your own development? and (3) What would you say making gamelan has to offer the learning and development of others in health and social care?

Overall, there were 31 completed evaluations. Analysis of these data sources drew on [Pawson and Tilley’s \(2000\)](#) “realistic evaluation”, as described earlier. Formative processes during the two sessions provided feedback to participants on the progress of the initiative, from people internal to the study in order to make decisions about future action. This suited the qualitative, collaborative and ongoing nature of the gamelan project. This model also allowed the interests of different stakeholders such as service users to be addressed. Thematic analysis was used, given that our data were derived from narrative texts. Thematic narrative analysis offered potential for exploring individual accounts within the social and political context of service delivery and the role of service users. This also related to the background literature and relevant theoretical frameworks. Analysis aimed to keep the feedback from group members intact and in context. Data analysis drew on the content of the facilitated group share that explored expectations, the written evaluations and the focus group discussion at the end of each session. In addition, we observed the video of the session.

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When reporting the full evaluation of this ABP ([Leonard et al., 2013](#)), we acknowledged our own insider researcher roles. This included the impact the broader social context had for different members of the group and their multiple personal and professional roles outside and within the group, such as student, service user trainer, service user, professional, teacher, and how they made sense of their experiences. Four emerging themes were identified: first, learners' experiences; second, learners' insights; third, reflective learning that engages with emotions; and, fourth, the importance of equality and co-production in learning a new skill. Using ABP proved to be a "great leveller" in achieving more satisfying and effective learning relationships whilst acknowledging the dynamics and power relationships involved in the process.

<HEAD1><TITLE>Conclusion</TITLE></HEAD1>

In this chapter we have endeavoured to convey our own enthusiasm and experience for ABP. As you will see from our ARTE framework, there is much to think about, plan for and review if you use ABP. We have brought together selected evidence from nursing and social work education which does support an argument that using the arts has many positive outcomes. The synthesis of evidence across these two professions also highlights the benefits of interdisciplinary learning for all involved.

We have offered a framework developed from the evidence so far, which can be used to develop the nurse educator's ABP. Having elaborated on what is needed to develop as an arts-based educator, including an example from our own portfolio, we hope that this generates an enthusiasm to innovate in nurse education.</BODY>

<BACK>

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