CLINGO – a teaching and learning resource to improve care planning


Abstract

Clinical language has evolved as a result of clinical expertise, professional grouping and an NHS culture that is full of clichés and jargon. The game ‘health cliché bingo’ (CLINGO) developed following a research project by the authors exploring perceptions of mental health nursing students on care planning practice. CLINGO can be played individually or as a group. Each participant receives a CLINGO card. The facilitator selects a cliché – if the same cliché appears on the CLINGO card it can be checked off. As soon as a ‘full house’ is achieved, each clinical cliché is then discussed by the participants. It is the role of the facilitator to assist the group to find a more person-centred alternative to the cliché. Central to the learning experience is the notion of teamwork and reflection.

Keywords
care planning, clichés, educational games, jargon, mental health

THE CARE Programme Approach (CPA) (Department of Health (DH) 1990, 2008) promotes person-centred care planning, which involves mental health service users, their families and carers in all aspects of the process (Marston and Weinstein 2013). This is supported through the recovery approach, which proposes a shift from the traditional care planning practice of the identification problem (often without any service user input) of service users defining their own strengths, goals and aspirations in their own words (Shepherd et al 2008).

Central to this notion of person-centeredness is the idea of a shared language (Duffy 2010). As part of clinical socialisation, each professional group appears to have developed its own language (Neary 2013). Clinical language has evolved as a result of clinical expertise, professional grouping and an NHS culture that is full of jargon and increasingly loaded with acronyms (Duffy 2010). Often such language makes life easier for clinicians, but often its meaning is far from clear to those outside the organisation including other health professionals, service users, carers and students. The utility of ‘professional language’ or medical jargon can compromise the service-user/health professional relationship as well as the professional-relationship (Bowers et al 2009).

It is a fundamental requirement of pre-registration nursing education that the recording of clinical information is clear, meaningful and jargon free (Nursing and Midwifery Council (NMC) 2010a, 2010b). This is not a new concept; the NMC standards for good record-keeping should reflect the core values of individuality and partnership and involve the service user and their carer where possible (NMC 2009). Barret et al (2009) state that care planning and documentation is a fundamental clinical skill – no different from administering an injection or giving a bed bath.

The authors’ initial study – a qualitative descriptive study – was designed to examine the perceptions of a group of mental health nursing students on care planning practice (Rylance and Graham 2014). The study revealed themes around service-user care plans being problem-focused and not solution- or recovery-focused as they should be in a contemporary mental health service.

A follow-up analysis of the data revealed a subsequent theme cluster around the professional language that exists among mental health professionals consisting largely of jargon, clichés and generic terminology. The study found that a ‘copy and paste’ culture was endemic across the clinical areas with students citing examples of staff asking for a copy of the ‘schizophrenia care plan’. The students acknowledged that care plans should be collaborative, person-centred and use service-user language. However, they commented that by doing so it would look unprofessional to other agencies. The findings from the study suggest that a dichotomy exists between the service-users’ own expression of their mental health issues and how that is then translated by health professionals.
The use of clinical clichés and what the authors describe as ‘professional snobbery’ seemed commonplace in practice areas.

**CLINGO**
To understand this phenomenon, the authors took part in a series of educational events on care planning during which health professionals were invited to catalogue their own professional terminologies. The sessions took place in a variety of practice areas with a range of health and allied professionals. The authors examined the ‘clinical clichés’ and developed the teaching and learning resource CLINGO.

CLINGO aims to raise awareness of the ‘professional translation service’ that dominates the clinical care plans and hopes to engage the learner in reflection-practice-reflection. By using a model such as Kolb’s (1984) reflective cycle, it is envisaged that the resource will serve to challenge the clichés that appear in care plans and promote the aims of the CPA, and ultimately embed the recovery approach alongside person-centred care.

CLINGO is a bingo-style game that can be used with teams of health professionals, students and/or service users. A game of CLINGO is supported by a brief introductory session, which is underpinned by legislative and professional best practice guidance.

A game of CLINGO lasts for half a day (depending on group size) and can be delivered by a person skilled in guided facilitation and reflective practice.

Each CLINGO card will have randomly allotted clinical clichés on it (Figure 1). Participants are assigned to teams with each team having one CLINGO card. Each team consists of four to six players (depending on the size of the group). The facilitator will then randomly draw from a pack of cards, each one containing a clinical cliché (extracted from the catalogue). If the cliché is on the team’s CLINGO card it can be marked off. As soon as a team

![Figure 1. An example of a CLINGO card](image-url)

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<tr>
<th>C</th>
<th>L</th>
<th>IN</th>
<th>G</th>
<th>O</th>
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</thead>
<tbody>
<tr>
<td>'Successful leave'</td>
<td>'Appropriate package of care'</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>'Therapeutic relationship'</td>
<td>'Non-compliant'</td>
<td></td>
<td></td>
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<tr>
<td>'Provide support'</td>
<td>'Positive reinforcement'</td>
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<tr>
<td>'Reduce self-harm'</td>
<td>'Maintain a safe environment'</td>
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achieves a ‘full house’ each clinical cliché is then discussed in turn by the teams with the facilitator to find a more person-centred alternative. The temptation to offer an alternative ‘person-centred’ template has been avoided by the authors because doing so might lead to new jargon or more generic terminologies.

Initial evaluation
The evaluation of educational games in higher education is not easy and has generally relied on studies of leisure-based games (De Freitas and Oliver 2006). However, CLINGO has been subjected to an initial unstructured evaluation with two separate student mental health cohorts. A total of 47 participants were asked to give feedback on their learning experience of a game of CLINGO and what they gained from the experience that would inform their care planning practice (Box 1 and 2).

Discussion
Initial feedback suggests that CLINGO promotes reflection in a non-threatening and fun way, which, as well as teamwork, is central to the learning experience. Students felt more confident in writing collaborative care plans and being able to challenge poor practice. Students also acknowledged that registered staff would benefit from the session; a perception that has been borne out in previous studies, which would benefit from further systematic evaluation.

The utility of games as a valuable teaching and learning resource is well accepted in the wider educational literature (Bochennek et al 2007, Blakely et al 2009, Gibson and Douglas 2013) and adult learners prefer education that is relevant and reflects practice (Foord-May 2009). Game-based learning has also been shown to be effective in the higher education environment (Ariffin and Sulaiman 2013).

Limitations
The authors acknowledge that the evaluation lacks any scientific rigour but provides some initial investigations into the use of CLINGO as a teaching and learning resource.

Conclusion
Initial findings suggest that CLINGO offers a novel way of meeting the learning needs of students, promotes personal reflection and enhances the student’s learning experience. Through team discussions, it may be possible to advance care planning practice and develop a language in care plans that is jargon-free, meaningful and person-centred.

References
De Freitas S, Oliver M (2006) How can exploratory learning with games and simulations within the curriculum be most effectively evaluated? Computers and Education. 46, 3, 249-264.
Nursing and Midwifery Council (2010b) Standards for Pre-Registration Nursing Education. NMC, London.
Rylander R, Graham P (2014) Does the practice of care planning live up to the theory for mental health nursing students? Mental Health Practice. 16(2), 2, 30-36.

BOX 1 My learning experience
» Good reflective exercise.
» I don’t feel stupid anymore.
» CLINGO is a good learning tool.
» Makes you think about documentation and how it should be person centred.
» Great debate.
» Highlighted the irrelevance of some of the terminologies and ridiculous jargon.
» Fun way to learn – an eye-opener.
» Reminds me of my accountabilities as a nurse.
» Should teach to qualified staff.

BOX 2 How has this informed my practice?
» I will challenge my mentor when she says I’m writing too much.
» I’ve realised that a lot of stuff I write is not suitable.
» I need to think more about how I describe what I see.
» I need to avoid clichés.
» It’s going to be hard, as my mentor uses all the jargon.
» I feel more confident in my ability to write a collaborative care plan with a service user.
» Ask more questions.