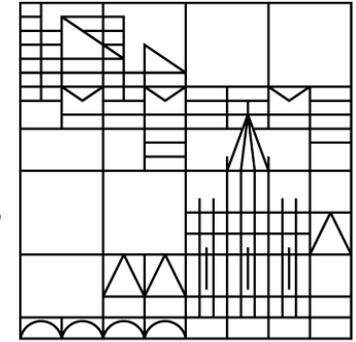


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Digital competences in the public administration classroom

Prof. Dr. Ines Mergel
Universität Konstanz

Digital competences in public administration

Learning outcomes & key competences

§ 7 Aims of study

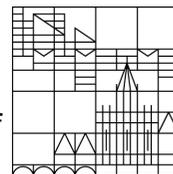
“Teaching and study should prepare the student for a professional field of activity and give him or her the necessary professional knowledge, aptitudes and methods according to the respective course of studies in such a way that they enable students to conduct scientific or artistic work and to responsible behavior in a liberal, democratic and social state under the rule of law.”



Research-based teaching paradigm

- Not only generate teaching content from my own research
- But create research experiences for students
- Design full research project: collect, analyze, present data

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Konstanz



Digital competences

“The **digital skills gap** is real. While 90% of future jobs require some level of digital literacy, 44% of Europeans lack basic digital skills.”

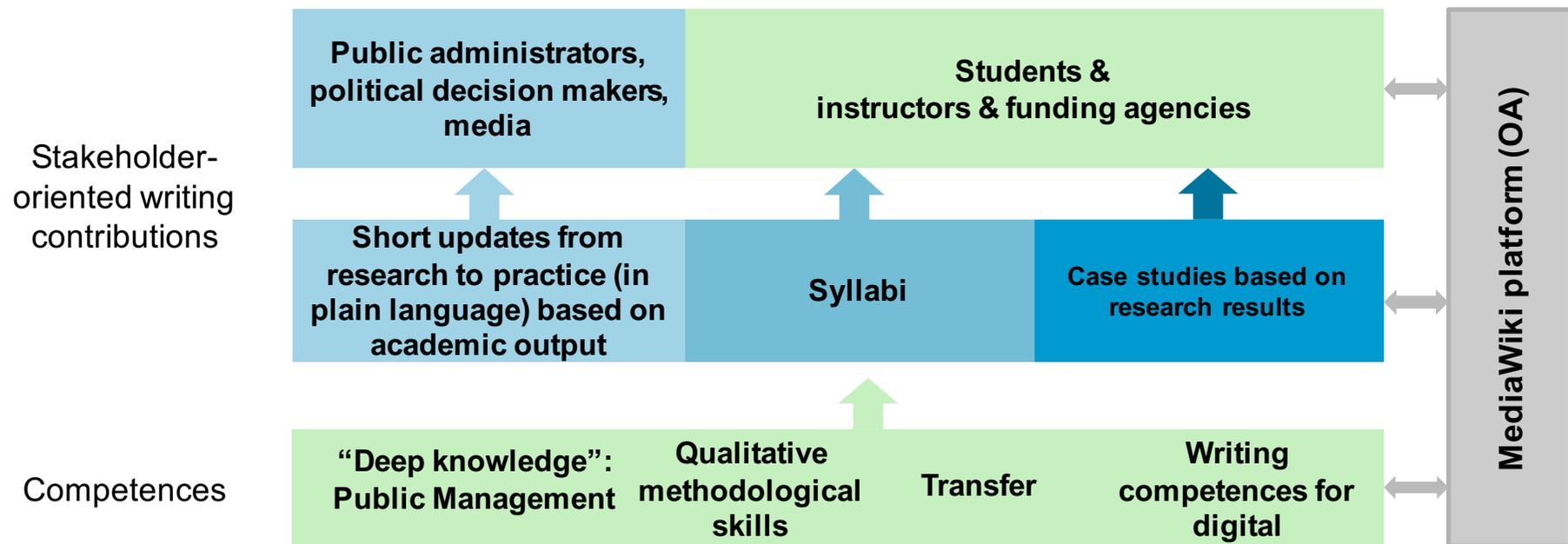
Mariya Gabriel

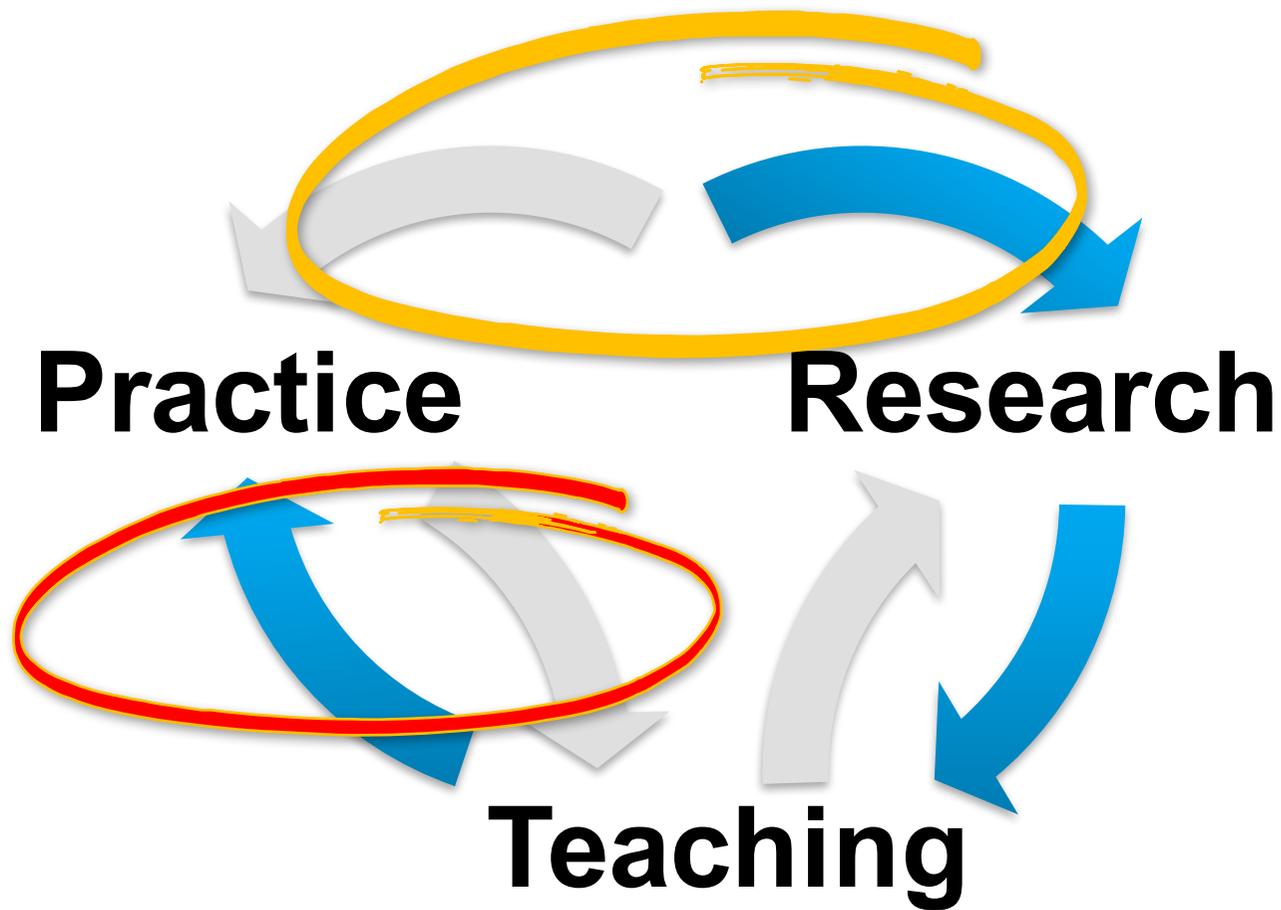
Commissioner for The Digital Economy and Society



[https://europa.eu/european-council/en/press-communications/2016/11/digital-competences-as-a-key-competence-for-the-future-of-education/?lang=en](https://europa.eu/european-council/en/press-communications/2016/11/digital-competences-as-a-key-competence-for-the-future-of-education)

Open Public Administration Commons





Traditional learning cycle

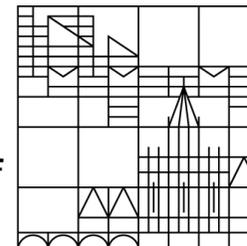
Necessary extensions

Shared classroom project: „Digital transformation in the public sector“



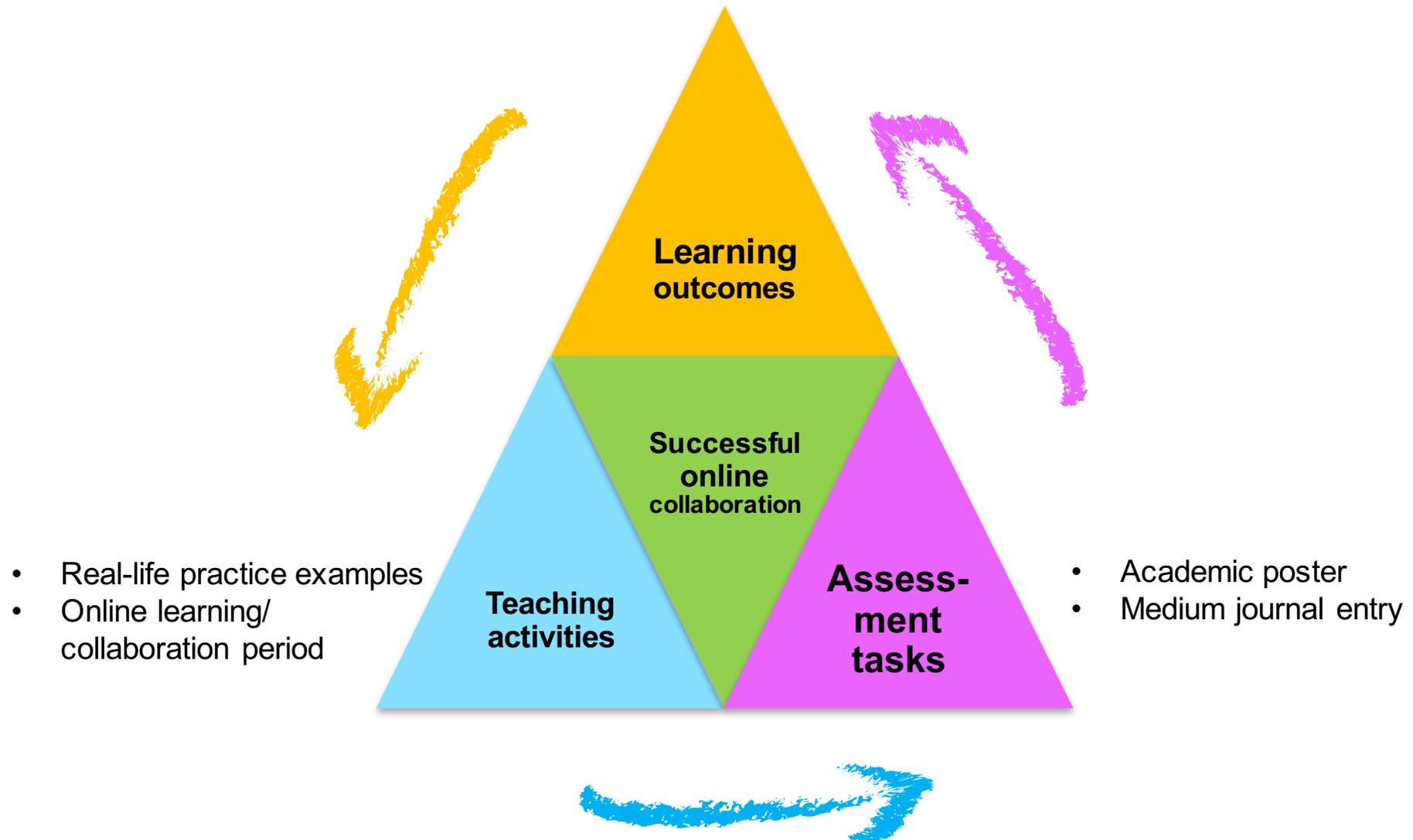
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University of
Konstanz

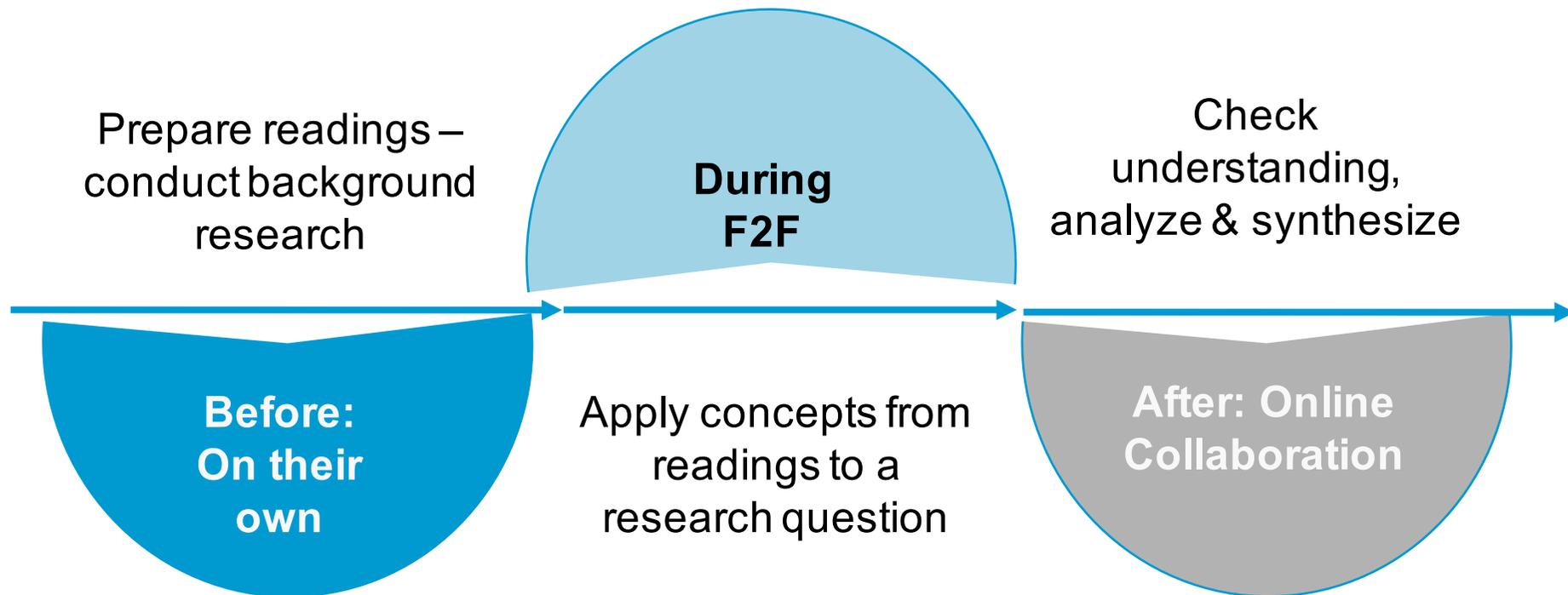


Constructive alignment

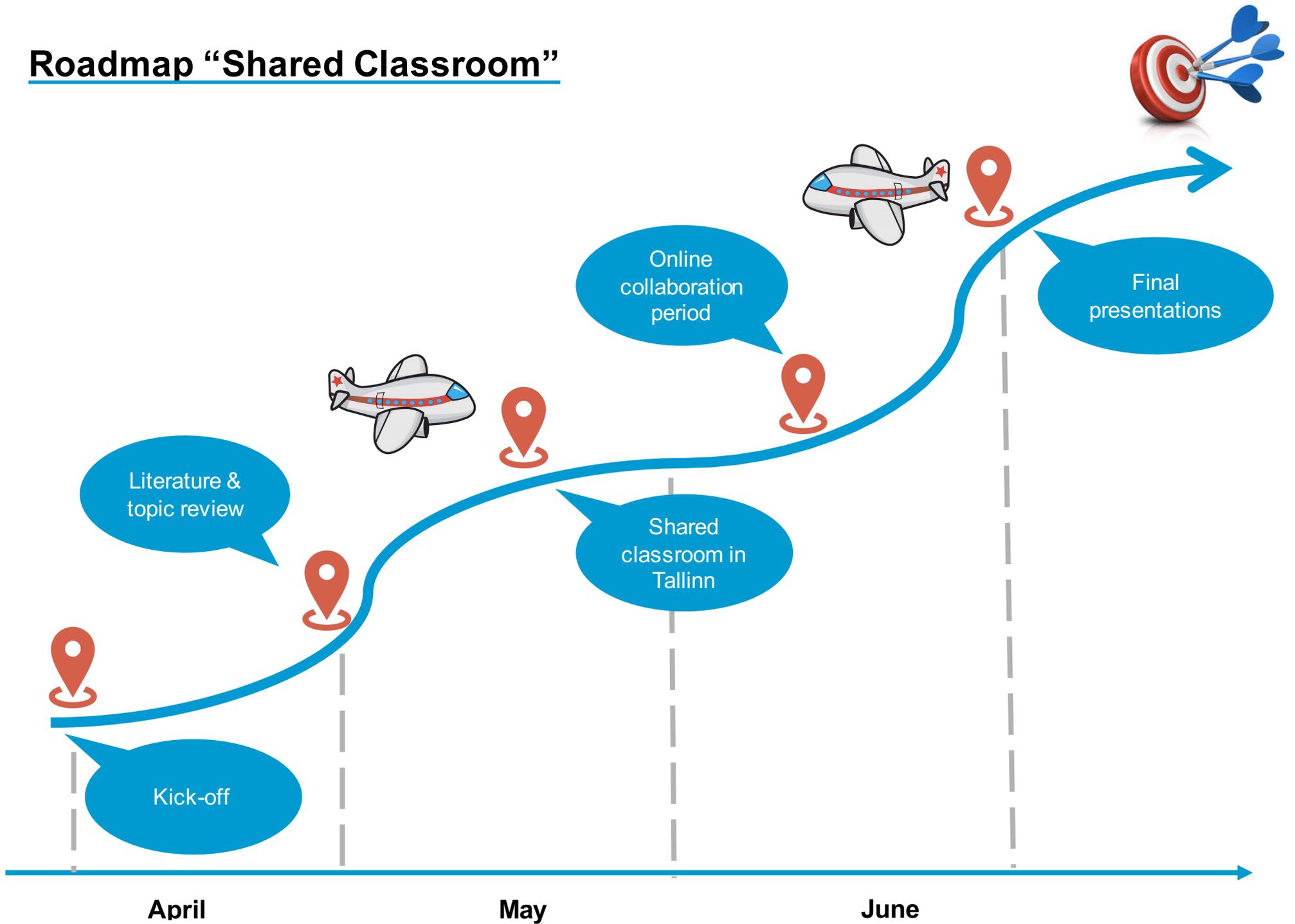
- Understand foundational theories of digital government
- Apply theories to problem-oriented research questions
- Learn how to communicate results



Course concept: Flipped classroom



Roadmap “Shared Classroom”



Requirements

1. Team academic poster & team presentation

2. Medium journal entry

ACADEMIC RESEARCH POSTER

Subtitle for Academic Research Poster (40x30 inches)

Your names and the names of the people who contributed to the presentation

Introduction

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Methods

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RESULTS AND DISCUSSION

Mauris ornare, varius id diam id, egetas auctor enim. Praesent ut massa nibh. Duis purus neque, facilisis curabitur aliquet, vel ultramcorper ac augue. Donec semper lorem vitae urna pulvinar, in congue massa. Sed in massa nibh. In nisl quam, aliquet sed nibh sit amet, faucibus.

CONCLUSION

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BACKGROUND

Reapse influences the long-term course of psychosis and can occur in up to 80% of people over five years (Robinson et al., 1999). It is associated with higher inpatient and outpatient costs and 70% of the UK costs of serious mental health problems are for unplanned inpatient care for relapse (Fitzgerald et al., 2009; Asher-Danum et al., 2010).

Birchwood et al. (1998) pioneered the development of early signs monitoring for relapse and its integration into routine care. It is now known that relapse is the culmination of a process of changes which commence days and sometimes weeks before psychosis symptoms re-emerge or are exacerbated. These early warning signs (EWS) include affective changes and incipient psychosis. More recent data suggests relapse can be detected around 3-weeks before rehospitalisation, with very early changes detectable 8-weeks before (Spencer et al., 2014). A systematic review (Eisner, Drake & Barrowclough, 2013) found that the sensitivity of early signs to relapse ranges from 10% to 80% (median 62%) and specificity (proportion of non-relapses correctly identified) ranges from 38% to 100% (median 81%). Detection of relapse was improved by more frequent monitoring (at least fortnightly) and by the inclusion of both psychotic and affective symptoms.

A major barrier to relapse prevention is fear of relapse. In a randomized controlled trial (RCT) fear of relapse was as sensitive to the onset of relapse (Sensitivity = 72%, 95% CI = 52-86) as EWS (Sensitivity 75%, 95% CI = 62-85). Fear of recurrence was also associated with greater depression, feelings of entrapment, self-blame and shame (Jumley et al., 2015).

METHODS

EMPOWER is a two phase mixed methods study. Phase 1 involves examining different perspectives on early signs monitoring, preferences for using mobile technology and current opportunities and barriers to re-empowering. In this phase we will run focus groups with people in receipt of services, service providers and informal carers. Information gathered at this stage will inform how the App is developed and the approach to testing in phase 2.

Phase 2 involves a cluster randomized controlled trial (C-RCT) in community based mental health services operated within the HVG Greater Glasgow and Clyde and NorthWestern Mental Health (Melbourne) areas. This will involve selecting six teams in Scotland and two in Australia.

Each time people put information into the App they will receive 'EMPOWER messages' which could provide, for example, links to further information, practical advice or helpful quotes related to each of the topics covered. These messages are intended to help people have a greater sense of control over their mental health and wellbeing and to support self-management.

Information entered into the App will also be monitored centrally and where it looks like someone may be starting to experience problems then further action can be taken to support that person. For example, they may be contacted by the research team to see whether there is any need for additional help.

EMPOWER is underpinned by evidence which demonstrates that the early identification of psychosis is possible but for a variety of reasons it can be hard to act upon. We believe that one of things which can get in the way is fear. That may be fear on the part of the person experiencing problems, close family and carers or people providing services. Through making monitoring of experiences a routine we hope to diminish that fear and support more useful responses.

REFERENCES

Asher-Danum H, Zhuo B, Nieren D, Sullivan D, Drake C, Peng S, Conley K. (2010) The utility of relapse and the prediction of relapse in the treatment of schizophrenia. *BMJ Psychiatry* 202:DOI: 10.1136/bmjps-2009-010000

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Tackling ~~Challenges~~ for innovative teaching approaches

Institutional barriers ✕

- Fit the assessment criteria with the examination rules
- Excursion vs. classroom

Financial barriers ✕

1. Dr. Eberle Foundation
2. VEUK (alumni club)
3. German Exchange Service (DAAD)
4. Hochschulkontor
5. Erasmus Mobility

Cultural barriers ✕

- Integrating research-based and problem-oriented teaching
- Combining academic writing with plain language requirements



Don't worry!
I got your back!



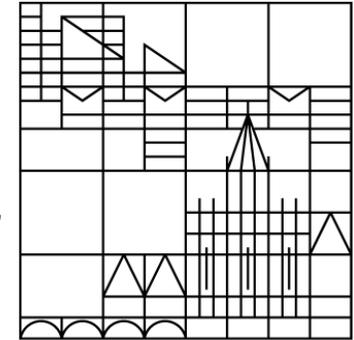
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Communicate
well!

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Contact:

Prof. Dr. Ines Mergel

Professor of Public Administration

Department of Politics and Public Administration
University of Konstanz

ines.mergel@uni-konstanz.de

