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NURSING PRACTICE LEADING EDUCATION. CAN IT WORK? A REPORT.

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ABSTRACT

This report describes a change in the method of preparing student Nurses for their clinical placements.

A desire to address the 'ideal theory' - 'reality practice' gap, and to develop more effective learning, led to the development of a new approach.

In essence this approach used the clinical areas as the foundation providing realistic situations for students and tutors to study fulfilling the plea of Draper (1991) for the generation of new theory based on the here and now.

The involvement with the patients and the work environment provided situations where cognitive, affective and psychomotor skills were developed through reflective practice. Schon (1987) describes this as reflection in action.

The responses of the students to this new method were varied, some pleading never to do it again whilst others stated they "had never learned so much".

On balance the benefits seemed to outweigh the deficits and with continuous modification the scheme is continuing to grow in approval and is spreading to more areas of the curriculum.

One of the main problems since statutory nurse education began is the gap between the "ideal" taught by nurse educators and the "reality" of nursing as practised. Bendall (1975) highlighted this by indicating that no lasting improvement in nursing education could be expected without a reduction of the conflict between real and ideal. Rogers (1969) also states that learning is most meaningful when students are faced by, and in contact with, real problems. McCaugherty (1991) identifies that the theory-practice gap is a multi-factorial problem which can be addressed through a well thought out curriculum design. with this in mind it was decided to redesign the methods for preparing students for their clinical placements.

This report is a personal view of attempts to address these issues. The present R.G.N. course of 3 years is based on a modular system. It has three parts, and is planned around 10 core topics and has 10 units of learning (Fig 1). The curriculum is eclectic and spiral in its development and assessment is continuous, the first year being formative. There are approximately 15 students in each group and tutors have responsibility for 2 groups throughout their course.

Reasons for Change

Preparation for each unit placement consists of a two or three week period. The organisation of this includes classroom based teaching with flexible learning approaches encouraged. The evaluation of the units was essentially good, but the clinical staff played little part in the preparation. The evaluations did highlight the gap between "reality" and "ideal". The tutorial staff wanted to identify different ways of using the preparation time to improve this situation.

Other reasons for change included the desire to provide a more interesting and varied format for students and tutors, to adapt to changes in nurse education and practice, to promote student autonomy as stated in the course philosophy, to provide students with opportunities to orientate themselves to their working environment, and acquire and develop self management, learning and teaching skills.

New method of preparation

Prior to the introduction of change in February 1991, discussions occurred between tutorial staff, clinical staff and nurse managers. Any apprehensions regarding the clinical staffs' reception of the new ideas were quickly dispelled by a most enthusiastic and committed response. Instructions, guidelines and objectives for students were formulated towards achievement of a two part study. Part one, orientation to the allocated ward, consisted of observation and presentation of a verbal report regarding all aspects of the wards functioning and the student's role within it. (Table 1) This work was shared by 2-4 students allocated to each ward and presented to their peer group.

Part two, a patient centred care study, consisted of the nursing process applied to a patient on the ward and interrelated with the 10 core topics. Students worked individually or in small groups and presented their patient care study to their peer group. (Table 2)

Organisation of the 3 weeks preparation Week One

Essentially tutor led, introducing students to the unit, assessments, objectives and principles of nursing in this placement. For example in the care of the acutely ill surgical patient unit, pre-operative and post-operative care would be explored and in the care of the acutely ill medical patient unit, resuscitation and drug administration. Towards the end of the week, students would visit allocated wards to listen to the ward handover report. So that the patient centred study could be chosen, the list of patients from each ward was scrutinised and common health problems identified by the students and tutor. Patients to be studied were agreed upon, thus ensuring a comprehensive view of the health problems of patients on the unit.

Week Two

Some tutor led activities were organised, e.g. anatomy and physiology, but primarily the students were contracted towards achieving the objectives. Students were encouraged to use resources in the clinical areas and in the college. The course tutor was available throughout this week and supported the learners in numerous ways, e.g. reading medical case notes, making sense of investigations, treatment and nursing care, finding and applying research. It was agreed that the tutor would meet the students at least once each day to supervise and monitor progress. The rest of each day's activities were planned by students e.g. attending 7am ward reports, observing medical ward rounds, operations in theatre and nursing care, used libraries or worked at home, worked alone and in groups. To prevent students being

involved with the ward work load it was decided that they would wear white coats.

Various resources were provided to promote learning and presentation of work, these included the library services of the college and post-graduate medical centre, displays of information in the classroom relating to the unit, audiovisual aids, photocopying facilities, word processor, computerised nursing care plans, other tutors, wall charts, ward staff and multi-disciplinary team members.

Week Three

Students presented parts 1 and 2 of their work individually, and in groups. The tutor highlighted important themes and led discussions related to each presentation and corrected misconceptions as necessary.

Some tutor led presentations were provided to ensure no gaps occurred in clinical subjects, e.g. Ear, Nose and Throat surgery as surgeon on holiday therefore no patients with these illnesses to study.

Teaching skills were encouraged and developed throughout this week by individual assessment, discussion and peer support. Most students provided a handout to support their verbal presentation of their nursing care study.

Evaluating the new practice

Existing methods of course evaluation have been used including unit evaluation student questionnaires, end of unit assessments, ward staff evaluations and students profiles.

In addition individual tutors have used a variety of evaluation tools including, unstructured comments comparing the new with the old method, and semi-structured questionnaires comparing new with old, and verbal reports.

This new method has been used in preparation for the following units:

- | | |
|---|-----------------------------|
| 1 Care of the acutely ill medical patient | -9 week clinical placement |
| 2 Care of the acutely ill surgical patient | -18 week clinical placement |
| 3 Care of the child | -9 week clinical placement |
| 4 Care of the patient at night
(Management skills) | -9 week clinical placement |

Several groups of students have been exposed to this method of preparation and the following comments have occurred on several occasions.

What the students said

There has been an enormous variation in student's comments ranging from extremely negative to extremely positive as demonstrated below:

"lousy, felt very stressed and don't feel I have learned what I should".

"found this method of preparation very hard at the time, moaned and groaned and thought I was badly done to! But on reflection I reaped great benefits and learned a lot". "This type of learning suits me, I like the freedom to organise myself and found an improvement in a variety of skills".

Positive Comments

Confidence builder exploring the ward

Gained a good knowledge of ward, staff and routines

Awareness of reality e.g. positive and negative aspects of ward

Enjoyed organising own work

The work was interesting

Felt to have learned a lot about individual work

Enjoyed learning from peers presentations

Presentations provided good experience at teaching

Learned a lot about self, interpersonal skills, organisation of work, learning style.

Felt a sense of achievement re presentation

Liked freedom of second week

Exciting to be independent

Made me think in a different manner, developed learning skills

Negative Comments

Overwhelmed by type and amount of work

Stressful

Did a lot of work in own time

Tiring and demanding

Hard work listening to presentations

Apprehensive about visiting wards

Felt a bit lost in second week

Guidelines poorly designed

One week of presentations too much

Didn't like going to the wards

Didn't feel it necessary to attend three ward reports

What the tutor's said

Several tutors have been involved in this method and these are their comments:

Positive Comments

Interesting, enjoyed facilitators role

Challenging, mental agility needed

Learned a lot about students abilities - motivation, organisation, working alone or in group

Felt students were better orientated to ward

New things learned from students presentations

Good peer support developed

Developed students decision-making skills through reflective practice

Most ward staff seemed keen to have extra students on the wards, some went out of their way to teach them

Medical staff involved in teaching

Reality of practice led education

Students very conscientious

Visited wards would not normally have visited, met staff not seen for some time

Improved ward staff/education staff relationships

Other Comments

Not an easy option

Very busy, unpredictable

Demanding

Careful monitoring of students necessary, some needed considerable help, others nominal

Some students worked over and beyond the call of duty

Compilation of work took students a long time (longer than anticipated)

Presentations varied in their quality but all reached a reasonable standard

Concentration needed for presentations

Learned a lot about students as individuals

What the clinical staff said

Ward staff have been keen to continue this form of preparation in which they feel involved.

Comments

Good, helps students settle into ward better

Worthwhile

Analysis of evaluations

Following evaluations, several changes have been made including, alteration of guidelines to reduce the amount of work, and the format of the weeks changed so that presentations were more evenly spread and interspersed tutor led activities. Stress reduction strategies employed throughout including peer support meetings, students set time targets to get presentations ready to reduce amount of work done at home. Tutors increased their supervision and monitoring of students

to provide support and guidance on level and amount of work to ensure some degree of standardisation of quality and quantity.

Discussion/summary

This method is continuing to be used and it is interesting to note that as students and tutors become familiar with the process their feedback is more positive. Students develop new ways of presenting their work including quizzes to test their peers. Learning style preferences initially were in favour of a tutor led programme but this changed following exposure to the new method towards a more student led approach. The stress level for students, which was a major area of concern, has been reduced to an acceptable level through familiarity and confidence with the system, and students development of management and learning skills.

The main aims of changing to this method have been achieved. Although students initially found this a daunting task we feel as educators obliged to expose the students to this option which should help develop expertise, reflective practice, and prepare them for lifelong learning. This is supported by Benner (1984) who explains the development of expertise through practice, experience and analysis.

On balance we feel the benefits outweigh the problems and should continue to do so as students, tutors and ward staffs new ideas bring further refinements.

We have learned much about the process of learning in relation to practice leading education and acknowledge that

a variety of approaches is necessary to facilitate individual students needs. To provide for these individual needs is a cognitively challenging and enjoyable experience for the tutor - an experience not to be missed.

Conclusion

We have found that practice can lead education and not only does this go some way towards resolving the conflict between "real" and "ideal", but also highlights the richness of the "real" world which cannot ever be matched by the "ideal".

The subjectiveness of this report has allowed the true nature of our experiences to be shared, and hopefully it can be seen that the provision of a practice based education for students is potentially within the grasp of every nurse educator.

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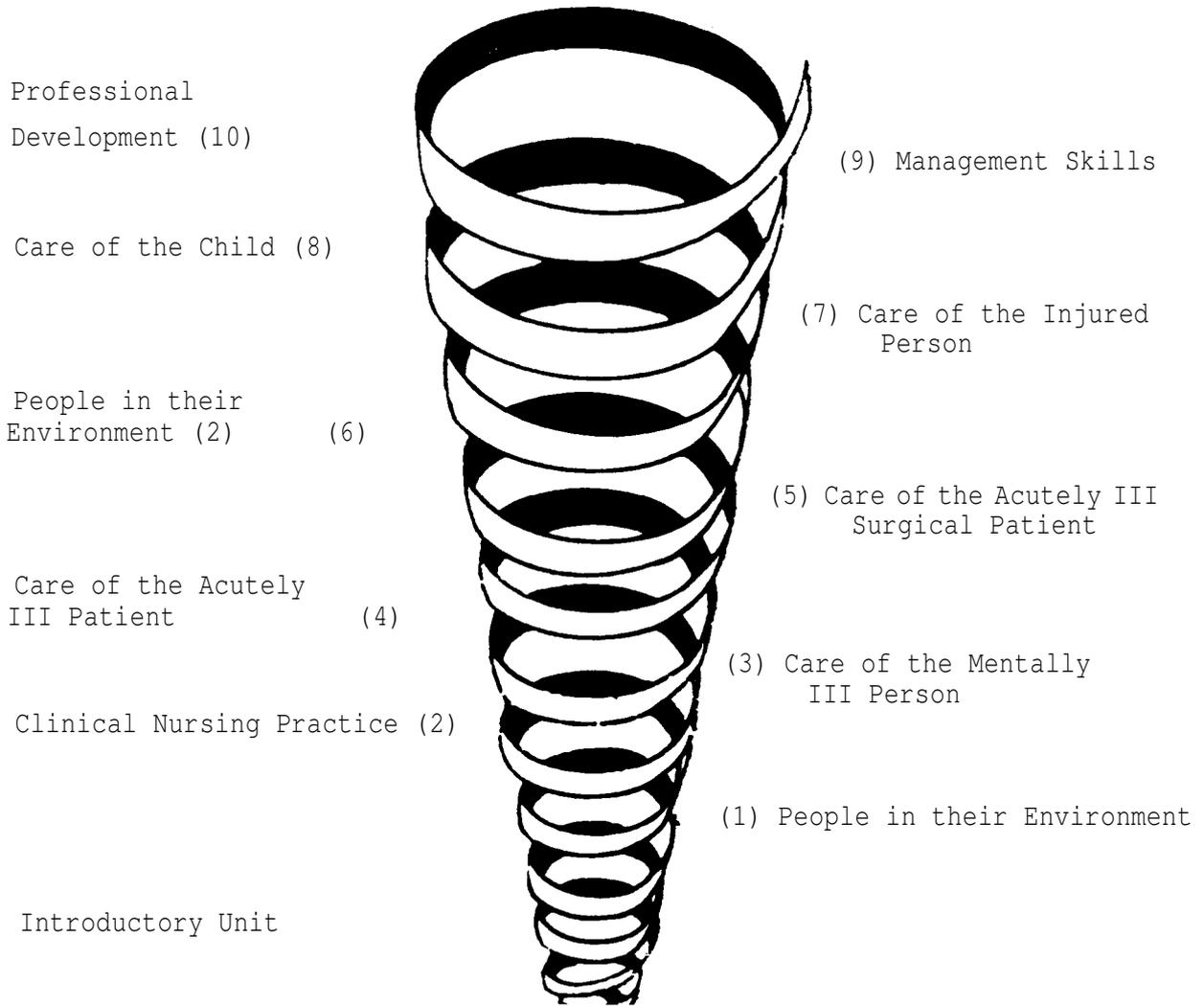
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Fig. 1

1.

R.G.N. CURRICULUM

SPIRAL CURRICULUM' AND TEN UNITS OF LEARNING



10 CORE CURRICULUM TOPICS

Clinical Nursing Practice

Learning and Teaching Skills

Management Skills

Concepts of Health

Social Skills

Psychomotor Skills

Research Appreciation

Legal, Ethical and Professional Development

Ill Health, its Nature, Cause and Treatment

Physical, Psychological and Social Development

TABLE 1

GUIDELINES FOR STUDENTS WORK

PART ONE ORIENTATION TO ALLOCATED WARDS

To provide a verbal presentation describing the observations from their allocated wards.

Some areas to consider -

Organisation/management of ward and nursing care.

Resources for patients/staff learning.

Observations of care plans, routines and workloads.

Staff roles. Communication.

Ward reports, terminology, record keeping.

Medicine rounds; Doctors rounds.

Health and safety, stress, emergency equipment/policies/procedures.

Additional areas include -

Type of surgery/surgeons

Number of beds/admissions

Bed occupancy rate

Length of patients stay

Working hours/meal breaks

Operating Theatre days/times.

TABLE 2

GUIDELINES FOR STUDENTS WORK

PART TWO PATIENT CENTRED CARE STUDY/PROFILE

To provide a presentation of selected patients and their care.

To include:

ASSESSMENT

Diagnosis - Define and explain.

Related anatomy and physiology/surgical technique.

Predisposing factors - physical, psychological, social.

Explanation of investigations required or possible.

PLANNING

Using a nursing model (e.g. activities of living).

Illustrate patients - actual and potential problems/needs and the role of computers in this.

Identify goals/aims of the care and the prognosis.

IMPLEMENTATION

Identify the multidisciplinary team members involved with your patient and explain the importance of their role.

Identify one area of your patient's care and discuss it in relation to one selected research article, or article.

Identify any legal, ethical or professional aspects of the clinical nursing practice related to your patient.

Select three types of medications your patient may need and describe briefly their actions, side-effects, dosage and special features.

EVALUATION

Outline the discharge planning your patient may/does require.

Give an example of health education/promotion/patient teaching your patient may need.

How has your patient progressed during your observation period?