

Problem-based Learning in Nursing

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Problem-based Learning in Nursing

A new model for a new context?

Edited by

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and

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Foreword

Why a new model for a new context? Although problem-based learning has been around for some time, having been pioneered in medicine and then taken up in such disciplines as architecture, dentistry, biology, physiotherapy and journalism, it is comparatively new to nursing. By changing the focus on learning from a subject-based to a more problem-focused curriculum it represents a qualitative shift in pedagogical philosophy and practice. It emphasises co-operation rather than competition, and small-group learning rather than teacher-focused teaching. Problem-based learning encourages the deep learning that occurs when students actively engage in their own discovery, and when they are given the opportunity to choose their preferred methods of research.

Problem-based learning works by presenting students with a problem and then allowing them to research it in a safe environment. It does not provide lectures, but rather supports the students with resources in order for them to discover what they need to know. Learning occurs in groups so that students can support each other, but also because nurses work this way in the workplaces, and must discover ways of doing so effectively.

Problem-based learning is in the ascendancy in nurse education; it is being taken up enthusiastically in schools and faculties of nursing around the world in places as diverse as South East Asia, Japan, Turkey, Australia, Canada and the United Kingdom. Nurses have recognised that it is no longer enough to obey orders unthinkingly, nor to rely on knowledge which is out of date almost as soon as it is taught. Wherever I present workshops on problem-based learning I see a desire to have students think critically for themselves and to have them work as active partners in the learning process.

This represents a huge change for us as teachers. It means that we must think differently about our roles, that we must be facilitators of student learning, that we must structure the curriculum so that students can work systematically through a body of knowledge that they must possess, and that we must be more creative in devising assessment that will support problem-based learning. It means that we must research what we do. We

must make sure that this new (and infinitely more enjoyable) way of teaching, does not suffer from a 'halo' effect, but is shown to be more effective in helping students learn, and to continue to learn long after they have left the university.

It also represents a new role for students, who need to understand from the very beginning of a programme of study what we are trying to achieve together. They must learn that we value what they bring from their life experience, and that they will learn best if they take an active part in that learning. It may take some time for students who have been used to a more didactic form of learning to believe us when we say we value what they do both individually and in groups. The ways we can convince them will be by effective facilitation, by well-structured curricula and well-presented learning materials, and by designing assessment which challenges them to think critically rather than to reproduce material in a rote fashion.

Problem-based learning is an effective way of teaching and learning in nursing because its processes mimic those used in the clinical reasoning process on which nursing is based. Students can apprehend clinical problems, can hypothesise about them and can, on the basis of those hypotheses, make clinical judgements. In turn such judgements will guide nursing care and provide for its evaluation. As Francis Biley and Keri Smith suggest in their 1998 paper 'The Buck Stops Here', students of problem-based programmes think about what they do before they do it, reflect on what they have done in order to improve future performance, and take responsibility for their actions in relation to learning and in offering nursing care.

'Problem-Based Learning in Nursing: A New Model for a New Context?' aims to 'offer ideas, practical advice and guidance to those developing problem-based learning in nursing and midwifery curricula'. It achieves this admirably in offering snapshots of successful implementation at nursing and midwifery schools in the United Kingdom. There is much here to help those who want to set up programmes, or parts of programmes, using problem-based learning. As well there is a real engagement with the philosophy of problem-based learning: an examination of the things that work and those which don't. There is a sustained engagement here with teaching and nursing, and the ways in which we can most effectively prepare nurses for the next millennium.

Nursing is now firmly grounded in universities. This gives us the opportunity to provide students with freedoms they have not formerly possessed to find and use knowledge in ways which will enrich their practice. Employers want nurses to be able to respond quickly and appropriately to patients' needs. Students want to feel confident and part of nursing culture and want to make changes to the ways in which nursing is practised. This book foregrounds those concerns, and suggests ways in which nurses will be equipped to deal with them. It takes forward the debate on problem-based learning in nursing in both theoretical and practical ways. It is a timely and useful contribution. One which does indeed offer alternatives for a new context but which will, in turn, change the context in which we can practise as nurses.

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Preface

The aim of this book is to offer ideas, practical advice and guidance to those developing and implementing problem-based learning (PBL) in nursing and midwifery curricula.

Chapter 1 contextualises the recent development of PBL in nursing and midwifery education. Nursing and midwifery educationalists have a responsibility to encourage and develop creative, critical thinkers who can respond to the rapidly changing health-care environment and the requirements of demanding health-care consumers. This requires the identification of opportunities for students to develop transferable skills such as problem-solving, critical thinking and the ability to work independently and in groups. There is thus an increasing emphasis on ensuring that nurses and midwives are self-reliant, efficient professionals who are capable of researching and examining problems within the workplace. There also appears to be a widespread view that university educators in general may need to focus more on activities that relate learning to professional life in the practice area. One response to this challenge has been the development of learning experiences based upon the principles of PBL.

Chapter 2 explores definitions and models of PBL, its strengths and limitations as a technique and its potential application to nursing and midwifery education. PBL is the subject of much controversy, partly as a result of misapplications and misapprehensions about its use. PBL can have many different meanings, depending on the design of the educational method employed and the skills of the lecturer. Educators should be aware that different educational objectives can be achieved by different approaches. Care should also be taken in implementing PBL to ensure that the intended outcomes will be achieved. PBL is much more than a simple teaching strategy. It is a technique that offers nursing and midwifery students the opportunity to adopt a deep learning approach to identifying problematic issues, recognising individual learning needs, organising themselves to acquire the knowledge and applying it to the situation. PBL also takes hard work and commitment at all levels – it cannot be regarded as a ‘quick fix’. However, PBL has the potential to respond rapidly

to changes in professional knowledge and to promote evidence-based practice and team-working – all valuable attributes for a career as a qualified nurse or midwife.

Chapter 3 describes the process of introducing PBL into a preregistration programme. The chapter focuses particularly on practical issues, such as the identification of resources (human and material) and staff development. A staff development strategy is described that focuses on facilitation, informing and preparing clinical staff, and developing learning materials. Other practical issues, such as the need to reflect the PBL process in the assessment, are also discussed. Finally, the importance of evaluation is noted. This issue of assessment and evaluation within the context of PBL is further developed in Chapter 8.

Chapter 4 describes the introduction of an enquiry-based learning (EBL) whole-programme approach in preregistration/undergraduate nursing and midwifery. This chapter suggests that the term ‘enquiry-based learning’ captures students’ initial motivation and the continuing need for individuals to learn, to seek stimulation to learn, and to be permitted to explore the status of current knowledge on a wide range of issues relevant to health. EBL is complemented by the notion of evidence-based practice, with the ever-present need to review the rationale for assumed knowledge. A whole-programme integrated approach is achieved by presenting the learning content in scenarios to provide the initial stimulus to motivate broad and deep learning. Chapter 4 emphasises the need to ensure that everyone involved in programme delivery understands the philosophy of EBL, supports it, owns it and develops it further. Support from the ‘top’ is also cited as being important, in addition to keeping lecturers informed, listening and giving credit, and a related staff development programme.

Chapter 5 outlines how a maternity service in England responded to the Winterton report, particularly, how a close working relationship between clinical and education colleagues helped to prepare midwives who are competent and confident to implement a case-holding style of service delivery. An educational strategy was needed that was flexible enough to take into account the multiplicity of midwives’ backgrounds and experience, but focused enough to ensure that the learning achieved was relevant to the needs of each midwife. The education strategy

also needed to be manageable practically in terms of structure and delivery, as well as financially. The starting point in addressing this issue was to consider exactly what was required in practical terms. In essence, midwives needed to direct their own learning in a way that mirrored the work pattern they would be required to adopt. A form of open/distance learning seemed to be the most obvious and flexible solution. An adult learning approach was considered essential, and a PBL component was eventually developed as an integral feature. However, it must be stressed that it was essential to work *with* the midwives on this project rather than to offer an imposed strategy. In this way, a sense of ownership could develop that was likely to increase its chance of success.

Chapter 6 examines the extent to which the groups in which students work and learn are effective. All too often, PBL is implemented with little attention being paid to the relative costs and benefits of group-based learning. This chapter explores the importance of acknowledging that students participating in PBL work in teams rather than groups. The notion of interactional stance is also examined. Research into PBL demonstrates that staff and students' ability to work and learn effectively within teams is affected by the position they choose to take up within a PBL team: their interactional stance. The concept of disjunction is also explored; this can be defined as becoming completely 'stuck' in learning, as feeling fragmented. The result is frustration, confusion and often a demand for the 'right' answers. The effective management of disjunction will mean not only that students will develop generally applicable competences, but also that they will be able to adapt them and critique their value throughout their professional lives. Change is then seen as a feature of their professional lives rather than a fault. Finally, critique becomes the touchstone of professional self-management.

Chapter 7 explores the possible benefit of combining PBL and distance learning in order to enrich the education of nurses and midwives. To do this, it is necessary to question the tenets of distance learning within the UK. What has been fundamentally flawed within a classical model of distance learning is an unclear, often inadequate, utilisation of the tutor-counsellor and a belief that learning materials, however well written, should be directed towards teaching rather than the facilitation of learning.

Chapter 7 suggests that PBL within a distance learning programme is both possible and, indeed, desirable, but a number of issues require careful attention. For example, one needs to consider whether PBL should be the sole philosophy underpinning a curriculum, or whether it in fact represents a complementary approach to more traditional, perhaps deductive, learning within nurse education. In addition to the philosophical questions, the case study presented in Chapter 8 raises issues related to the preparation of material and support services within distance learning. Just as distance learning serves to highlight some of the opportunities and limitations associated with PBL, so PBL enables one to question some of the treasured assumptions about distance learning. Irrespective of whether PBL becomes a prominent feature within distance learning education curricula, its lessons should be understood with regard to writing of distance learning materials and the organisation of tutor-counsellor support.

Chapter 8 explores two issues that are fundamental to PBL programmes: assessment and evaluation. Because the terms 'assessment' and 'evaluation' mean different things to different people, the chapter begins by offering definitions of these two educational terms. PBL presents unique challenges with regard to the assessment of student achievement and the evaluation of the programme. There is also an imperative within PBL to obtain evaluation data in order to make evidence-based decisions concerning programme development. The literature offers a wide range of assessment and evaluation methods that are compatible and congruent with PBL. The primary principle remaining, however, is that when PBL is introduced the assessment techniques and evaluation methods must reflect the underlying principles and intentions of PBL.

Chapter 9 concludes by suggesting that modern nursing is still evolving. Just as nursing practice adapts to changes in health-care provision, so must nurse education if it is to remain current. If nurses are to be prepared for a pivotal role in the care of people in the twenty-first century, nurse education has to develop innovative and creative initiatives to meet the needs of the citizens of the region served. Nurse educationalists thus have a responsibility to encourage and develop nurses who can respond proactively to the rapidly changing healthcare environment and

the requirements of demanding healthcare consumers. This chapter suggests that, to meet this challenge, nurse education must pass two basic tests. The first is how well it equips nurses to apply their knowledge in contexts beyond the bounds of their formal educational experience, and the second, how well it motivates and equips nurses to continue learning throughout their professional lives. The passing of these two basic tests may require a new model of nurse education. PBL curricula could provide the framework for the revolution in nursing education to occur. In essence, it could provide a new model of nursing education.

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