



## Invited Review Article

## Curricular and Pedagogical Implications for the Carnegie Study, Educating Nurses: A Call for Radical Transformation



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It is an exciting time in nursing practice and education, globally, and particularly in Korea as nursing education moves into 4-year college programs. I will present findings from the Carnegie National Study of Nursing Education in the United States and hope that some of the gaps in nursing education identified in that study can be compared to what you know about educational programs in Korea. Three key findings from the Carnegie Study [1] are the following:

- (a) U.S. nursing programs are very effective in forming professional identity and ethical comportment. We found that nursing education is very strong in the pedagogies—situated coaching and experiential learning—which help students develop a deep sense of professional identity, and everyday ethical comportment. However this done primarily in clinical practices assignments and simulations with actual performance and excellent debriefing in clinical simulation labs.
- (b) Clinical practice assignments provide powerful learning experiences, especially in those programs where educators integrate clinical and classroom teaching. This means effective integration of knowing that, and about, with knowing how, and when in actual practice situations.
- (c) U.S. nursing programs are not generally effective in teaching nursing science, natural sciences or social sciences. There is not enough emphasis teaching the level of science for today's health care practice, not enough prioritizing of what areas of science are most relevant for nursing clinical practice, and very little teaching of science as it is situated and used in practice.

The Carnegie Research Team [1] conducted nine intensive site visits, sampling schools by program type and geographical location. Schools were also selected based upon excellent educational outcomes and reputations. The site visits included students, faculty, and classroom observations in all site visits. In addition to the site visits three national surveys were completed in conjunction with

the American Association of Colleges of Nursing, the National League of Nursing, and the National Student Nurses' Association. Both faculties and students were surveyed about educational effectiveness, pedagogies, challenges and rewards of nursing education, and school to work transition. Here, I will focus on the curricular and pedagogical implications of the results of the Carnegie National Nursing Education Study.

Over the last decade the Carnegie Foundation has undertaken studies on the preparation of professionals in five fields: medicine, clergy, engineering, law, and nursing. Each of the Carnegie studies draws on three high-level apprenticeships required for all professional practice.

All practice professions must address the following three professional apprenticeships:

- (a) The cognitive apprenticeship: intellectual training that provides: (i) the academic and theoretical knowledge base required for practice in the discipline; (ii) the capacity to think in ways important to the profession.
- (b) The practice apprenticeship: clinical reasoning and clinical practice skilled know-how that teaches students how to think and solve problems in actual clinical situations. Learning how to reason across time through changes in the patient and/or changes in the clinician's understanding of the patient's condition and concerns
- (c) Formation and ethical comportment apprenticeship: an apprenticeship to the ethical standards, social roles, and responsibilities of the profession, through which the novice is introduced to the meaning of an integrated practice of all dimensions of the profession, grounded in the profession's fundamental purposes.

The word "apprenticeship" is being used metaphorically here to describe embodied skilled know-how that must be integrated, and usually modeled or demonstrated by a practitioner- teacher. In other words, reading about signs and symptoms is not the same as being able to actually recognize when these are present in patients. Specifically, we do not mean "on the job training". These three apprenticeships, held in common by all professional education should be integrated in all teaching and learning settings, while being developed for nursing domain-specific teaching and learning.

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For example, these professional apprenticeships are taught differently for physicians, lawyers, engineers, and so on, depending upon the nature of the practice, and relevant knowledge to be used in practical or clinical situations. The nursing domain-specific characteristics of teaching/learning in these three apprenticeships include first-person experiential learning, the demand for clinical reasoning, integrated knowledge acquisition and use in clinical situations. In addition, students need to draw upon psychosocial and humanities knowledge and skills, and a highly developed understanding and scientific knowledge use in health promotion, illness prevention, caring practices, and acute illness and injury. These three apprenticeships work best when they are taught together in a situated way. Integrating practice-based apprenticeships is broader and more discipline specific than Bloom's notion of incorporating the cognitive, affective and sensorimotor aspects to specific microlessons. Bloom's focus is on addressing cognitive, affective and sensorimotor aspects of learning in teaching any lesson [9].

### **Five shifts in the way we think about pedagogies in nursing education**

The findings of the Carnegie National Nursing Education Study in the United States identifies the following major shifts in curriculum development and ways of teaching students (pedagogies) implications of the Carnegie Study for Curriculum Development and Pedagogical Changes. I present five shifts in the way we think about pedagogies in nursing education.

First, we need to shift from superficial descriptive knowledge to teaching our students how and when that knowledge is relevant.

Deep learning rather than superficial learning of a lot of descriptive facts about many topics were often found in "survey courses". Students learn a lot of information about science, discoveries but little about contextualization of that knowledge or how and when to use the knowledge in actual clinical situations. Superficial approaches such as classification of nursing diagnosis, or medical diagnosis, do not teach students how those classifications might or might not be useful in actual clinical practice.

#### *Integrating knowledge acquisition and knowledge use*

Second, we need new ways of thinking about professional practices such as nursing, medicine, social work, teaching and so on. Academia typically focuses on formal decision making and problem solving processes, explicit theories, and abstract formal concept with little emphasis on how to use these formal theories in actual practice. In a practice discipline, "how" to use knowledge is equally important as the knowledge presented in formal decontextualized forms.

#### *From emphasis on critical thinking to multiple ways of thinking*

This brings us to the third major shift in our thinking. From a focus on critical thinking alone, to emphasizing multiple ways of thinking particularly in nursing to an emphasis on clinical reasoning across time about particular changes in the patient and/or the clinician's understanding of the patient. Nurses, in particular, need to be taught to use multiple frames of reference in working with a particular patient. For example, all nurses must be well educated on using medical and scientific knowledge about disease and injuries. But the nurse also needs to understand and attend to the nature of the patient's illness experience, the patient/family plight, what concerns about the illness and recovery the patient has. In caring for children and families, nurses need to understand child development, family dynamics and more. No single formal

theory or frame of reference can cover all the complexity of the patient's disease, lifeworld concerns, coping and recovery. Critical thinking is often emphasized over other types of reasoning such as practical reasoning, the perfect analogue to clinical reasoning over time through changes.

#### *Socialization and formation with a focus on an active student participation in formation*

The fourth major shift is from mere socialization and role taking, to the student's role as a participant-member in a profession, becoming what they need to be in order to be a good nurse. Formation requires that students embody new habits of thought and action. The notion of "formation", as opposed to socialization, adds an agent-centered role of the professional in forming the habits, skills and practices necessary for good practice. The embodied metaphor for formation that we have in mind, is that of dance, where situated understanding of the dance, the music, and the partners are required [2]. Formation allows for innovation and is based upon the agent's taking up the skills, habits of thought and action, notions of good practice of nursing in ways that are comparable to learning to be a good dancer or clinician:

Formation refers to the method by which a person is prepared for a particular task or is made capable of functioning in a particular role. One forms, as well as educates, priests, soldiers, nurses, and doctors in a process that moves beyond the knowledge content of those crafts to the moral content of the practices—the obligations entailed, the demands imposed—and thus to the moral formation of the practitioners. Moreover, it is generally the case that one is formed toward something, some telos, some ideal shape or condition... A better metaphor [for being true to form] is dance: having and displaying integrity is more a matter of being able to move in ways that are consistent with the originating and developing themes of our lives. Teachers, guides, and practice make us better dancers because they help us listen more carefully and follow the music we hear more confidently. We learn which movements fit the rhythms and which do not [2].

Formation fits in with the notion of deep learning where students actually learn new ways of thinking, acting and being.

#### *Using knowledge requires situated thinking that is productive*

The fifth shift is a shift from teaching abstract formal theories and expecting students to "apply" those theories in practice to an emphasis on inductive, contextualized use of knowledge in practice. The model of merely "applying" fits within a narrow rational-technical framework. For example when I teach a student the procedure and mechanics of taking a blood pressure reading for a patient, I am teaching the application of knowledge. There is a 1:1 correlation between the teaching and performance of the skill. However, when the student must interpret, contextualize and use the blood pressure measurement to understand a particular patient's condition. Using knowledge is a contextualized, productive way of thinking that requires engaging in dialogue with the situation. This situated-thinking allows the student to develop a sense of salience about what the most and least important is in a particular clinical situation.

All five of these shifts involve a better understanding of what is required to teach a practice such as nursing:

- Teaching a practice requires experiential teaching and learning. Students have to both acquire and use knowledge in particular

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