Nurse Education in Practice 15 (2015) 572–578

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nepr

A competency-based approach to nurses' continuing education for clinical reasoning and leadership through reflective practice in a care situation

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ARTICLE INFO

Article history:
Received 12 September 2014
Received in revised form
14 October 2015
Accepted 16 October 2015

Keywords:
Continuing education
Competency-based approach to education
Reflective practice
Newly graduated nurses

ABSTRACT

Newly graduated nurses need to demonstrate high levels of competencies when they enter the workplace. A competency-based approach to their education is recommended to ensure patients' needs are met. A continuing education intervention consistent with the competency-based approach to education was designed and implemented in eight care units in two teaching hospitals. It consists of a series of 30-min reflective practice groups on clinical events that newly graduated nurses encountered in their practice. It was evaluated using a descriptive longitudinal evaluative research design, combining individual and group interviews with stakeholders, the analysis of facilitators' journal entries, and a research assistant's field notes. The results suggest that issues associated with the implementation of the continuing education intervention revolved around leadership for managers, flexibility for nursing staff, and role shifting for the facilitators. Newly graduated nurses who participated in the study noted that the reflective practice sessions contributed to the development of both clinical reasoning and leadership. Nursing managers stated the advantages of the intervention on nurses' professional development and for the quality and safety of care. Following the end of the study, participants from two units managed to pursue the activity during their work time.

Introduction

In the actual context of care, nurses are expected to provide patient-centered and evidence-based care and to lead quality improvement efforts, while influencing healthcare organizations (Cronenwett et al., 2007; Institute of Medicine, 2011). This means they need to demonstrate high levels of competencies such as clinical reasoning and clinical leadership in their clinical practice (Bartels and Bednash, 2005; Cronenwett et al., 2007). However, static, fragmented and sometimes outdated education curricula are said to create discrepancies between patients' needs and health professionals' competencies, and so reform towards competency-based approaches to education has been suggested (Frenk et al., 2010). These approaches are based upon a longitudinal view of the development of competencies, from pre-registration programs to continuing education (Cronenwett et al., 2007; Institute of Medicine, 2011).

In this spirit, a fourfold research program was conducted to develop and validate an integrated competency-based approach to nurses' education from academia to practice (Goudreau, Boyer, & Létourneau, 2014; Larue, Dubois, Girard, Goudreau, & Dumont, 2013; Pepin, Dubois, Girard, Tardif, & Ha, 2011). The purpose of this paper is to report the results of this program's fourth study. Building on the results from the three previous studies, a continuing education intervention (CEI) was elaborated and implemented in two Canadian public tertiary teaching hospitals in an urban setting. The CEI consisted of a series of 30-min reflective practice sessions during which four to five nurses from one unit

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http://dx.doi.org/10.1016/j.nepr.2015.10.013
1471-5953/

were invited to discuss clinical events experienced in their daily practice. An experienced nurse from the unit facilitated the sessions. This paper adds to the knowledge regarding how the competency-based approach to education can guide efforts in continuing education.

Background

Framework

The competency-based approach to education that is referred to in this research program rests on theoretical underpinnings that have been described in a previous article (Goudreau et al., 2009). In this context, a competency is defined as a "complex *knowing of how to act* based on the mobilization and combination of a variety of internal and external resources within a family of situations" (Tardif, 2006, p. 22). It is conceptualized as a situated knowledge that will develop throughout a learner's life. Because of its developmental nature, it is necessary to understand the steps through which a competency progresses in order to plan teaching-learning activities. A cognitive learning model is an empirically-based description of the steps of a competency's development (National Research Council, 2001). It consists of an illustration of how a competency develops, from the very beginning of training, through expertise, with the required critical learning points characterizing each step.

The competency-based approach to education relies on teaching-learning strategies that place the learner in an active position and make him responsible for his learning (Lasnier, 2000). In a manner similar to situated learning (Anderson et al., 1996), knowledge is built through exercises grounded in the context it is to be used in. These exercises allow the learner to mobilize both his internal resources (different types of knowledge) and external resources (external information sources) when solving problems similar to those that are to be faced in real life.

The research program

The aim of the first two studies of the research program was to develop cognitive learning models of two nursing competencies: clinical reasoning (Goudreau et al., 2014) and clinical leadership (Pepin et al., 2011). An alarming finding of these studies was that when newly graduated nurses (NGN) enter the workplace, they tend to stop the development of their competencies to embrace and fade into working routines. This seems to be related to the transition shock experienced by NGN when they enter the context of professional practice (Duchscher, 2009). This period is described as one of the most stressful and challenging in a nurse's career (Morrow, 2009).

Therefore, the research program's third study (Larue et al., 2013) aimed at understanding the NGN' learning processes during their first 24 months of practice and the activities organized in the workplace to support their professional development. From the results, it appears that NGN prefer to learn from clinical experiences and role models. Paradoxically, nursing managers believed that nurses were limited in their capacity to learn from lived clinical experiences due to the absence of a period of reflection during their working time. They also stated that a strong leadership from managers on the wards is necessary to support the development of NGN' competencies.

Based on these results, a CEI dedicated to reflective practice on everyday clinical situations was to be held on different units in our associated health centers. The CEI would aim at supporting the development of NGN' clinical reasoning and clinical leadership. The use of reflective practice is consistent with a competency-based approach to education.

Studies of similar interventions

Reflective practice as a strategy for continuing education is well documented in the nursing literature. Through database search, we retrieved sixteen articles that used such a strategy with registered nurses in the workplace. These papers documented reflective practice as a CEI to deal with specific issues such as care for hospitalized elderly patients (Dube and Ducharme, 2014), critical thinking skills (Forneris and Peden-McAlpine, 2007), therapeutic communication (Kemp et al., 2009), use of coercion (Olofsson, 2005), cardiopulmonary resuscitation (Page and Meerabeau, 2000), or family care (Peden-McAlpine et al., 2005). These interventions consist of group meetings held specifically to discuss daily clinical situations. All but one are conducted outside work time, with duration varying from 1 h (Dawber, 2013b; Lakeman and Glasgow, 2009; McVey and Jones, 2012; Taylor, 2001) to a whole day (Kemp et al., 2009; Stanley and Simmons, 2011). One study described a 45-min reflective practice intervention taking place during nurses' shift (Dawber, 2013a). All interventions implied a prolonged commitment to the group, from six weeks (Kemp et al., 2009) to three years (Dawber, 2013b), with most lasting between six months and a year.

These interventions encompass diverse approaches to reflective practice, drawing on theoretical work of experiential learning (Kolb, 1984), reflection (Argyris and Schön, 1974; Atkins and Murphy, 1993; Boud et al., 1985; Gibbs, 1988; Johns, 1995; Schön, 1983, 1987), or the critical incident technique (Brookfield, 1990). Participants are invited to describe and analyze clinical situations in order to illuminate proper nursing actions if similar situations were to occur again. Furthermore, since these activities are group-based, there is always a facilitator trained to lead the group. The group interactions are seen as opportunities for participating nurses to share a variety of insights and to develop as professionals. In four of these activities, participants were invited to write a journal between meetings (Bailey and Graham, 2007; Dube and Ducharme, 2014; Forneris and Peden-McAlpine, 2007; Taylor, 2001) and, in three activities, there were some didactic contents (Dube and Ducharme, 2014; Kemp et al., 2009; Peden-McAlpine et al., 2005).

Methodologically, qualitative methods prevail. In four studies, action research methods were used in which participants were engaged in the cyclical planning and conduction of the research (Alleyne and Jumaa, 2007; Dube and Ducharme, 2014; Lakeman and Glasgow, 2009; Taylor, 2001). Another was a phenomenological study aimed at exploring participants' experience of reflective practice (Peden-McAlpine et al., 2005). The two quantitative approaches used mixed methods designs, where quantitative data were collected to assess participants' perceptions of the intervention and its effect (Dawber, 2013b) or to appraise the intervention's effects on participants' knowledge and attitudes (Dube and Ducharme, 2014).

In these studies, participants thought that the CEIs contributed to their professional development, mostly because they perceived an improvement in their self-confidence when preparing for future similar situations (Alleyne and Jumaa, 2007; Bailey and Graham, 2007; Dawber, 2013b; Kemp et al., 2009; McVey and Jones, 2012; Olofsson, 2005; Peden-McAlpine et al., 2005; Stanley and Simmons, 2011). Participants valued the opportunity to reflect on their practice, even though they said they did not fully understand the reflective practice process and that time and perseverance were mandatory (Bailey and Graham, 2007; Kenny and Allenby, 2013). Nevertheless, there seems to be a process by which participants gradually became more comfortable and intentional in their use of reflective practice (Forneris and Peden-McAlpine, 2007; Taylor, 2001). Participants felt safe and confident sharing clinical issues within their group, where they experienced trust and respect for