



The catcher in the why: Developing an evidence-based approach to the organization, delivery and evaluation of pre-registration nurse educational programmes[☆]

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ABSTRACT

Changes to the pedagogy of pre-registration nurse education and training have become a global phenomenon. However, the evidence base to inform responses to these changes and the impact on nursing practice is limited. This paper explores the outcomes of an innovative approach aimed at ensuring responses to these drivers for change, particularly in curriculum development, the organisation, management and delivery of programmes and the enhancement of the student experience, are evidence based. This paper reports on an organisational change project undertaken in a School of Nursing in the North West of England, UK. The project involved 12 interrelated work streams used to explore aspects of the student journey from recruitment through progression to eventual employment. An evidence base was developed through a methodological bricolage that drew upon a robust and authentic mixture of systematic literature reviews, contemporaneous analysis of educational practice and evaluation of the student experience. This was used to underpin the decision making processes required to promote innovation in programme design, to increase the involvement of students in the facilitation and evaluation of their learning experiences, and helped shape the organisational changes required for embedding an evidenced-based culture in the School. Consistent and transformational leadership has been key to the project's success in communicating and managing the changes.

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Introduction

Changes to the pedagogical approaches of pre-registration nurse education and training have become a global phenomenon. Many nurse educators find themselves entangled or seduced by a number of paradoxical tensions as they are asked to respond to these changes. These tensions result from the competing drivers for change; for example, having to achieve homogeneity whilst promoting individuality, balancing the practical with the technical, and using competencies in demonstrating learning in programmes of preparation for nursing. However, the evidence base to inform a response to these changes and any subsequent impact on nursing practice is limited.

It was Carper (1978) who described the underpinning body of knowledge that provides the theoretical and conceptual basis for nursing practice as having patterns, forms and structure. Collectively these patterns are recognised as:

- (1) the empirics or the science of nursing
- (2) the aesthetics or the art of nursing
- (3) the ethics or the moral knowledge of nursing
- (4) the personal knowledge in nursing

Collectively these empirics, aesthetics, ethics and personal knowledge form the horizons of expectations and exemplify the characteristic ways of thinking about nursing.

Within the nursing profession it has been suggested (Jacobs-Krammer and Chinn, 1997) that empirical knowledge is created through utilisation of familiar quantitative and qualitative research methodologies, the creation of ethical knowledge involves valuing, clarifying and advocating, aesthetic knowledge is created through processes of engaging, interpreting and envisioning, and personal knowledge arises from inter-personal processes of encountering, where the focus is on realising self and self in relation to others (Warne and McAndrew, 2010).

This discussion paper explores the journey undertaken in bringing these ways of knowledge creation and shared knowing together in challenging and changing the dominant educational approaches underpinning the work, life, decision making and outcomes in a UK School of Nursing and Midwifery. The School is

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one of the largest Schools of Nursing & Midwifery in the North West of England, annually recruiting over 750 pre-registration students.

The journey was not always an easy one for many of the participants, including the authors of this paper. Indeed, the title of the paper deliberately plays on a similar title from the world famous book dealing with teenage confusion, angst, sexuality, alienation, and rebellion written by J.D. Salinger in 1951. In the original book the hero, Holden Caulfield has a fantasy about being the sole guardian of numerous children running and playing in a rye field on the edge of a cliff; his job being to catch the children if they wandered too close to the brink; he had to be the “catcher in the rye”.

As with the original story, this paper tells a story of high expressed emotion, creativity and innovation that was experienced by some 70 staff in total, who were either committed to being engaged in developing an evidenced-based approach to nurse education or in administration of the education programmes themselves. The role for the authors of this paper was often to provide a safety net for those who, when asked to address the question of why, found themselves in that often uncomfortable place between the edge of knowing and knowledge, the place of not knowing (Warne and McAndrew, 2010).

Realising the fantasy: education mirroring practice

Internationally there has been much attention paid to nurse education in recent years (Cave, 2005; Ferguson and Day, 2005; Watson, 2006; Rolfe and Gardner, 2006; McAllister and McKinnon, 2009). In the UK a wide ranging review of the nursing profession, its preparation for practice, its place in a contemporary health workforce and future opportunities was carried out in 2006 (DoH, 2006). This review was influential in setting the scene for nurses to reclaim their place as a dominant force in the British health and social care workforce. It was anticipated that this renaissance of nursing and clinical leadership (Cook, 2001) would be achieved by developing a flexible curriculum that encapsulated a strong academic foundation, be constructed around patient pathways and adopt an interdisciplinary approach to learning. More recently *The Front Line* (DoH, 2010) (A national review of futures for UK Nursing and Midwifery professions) set out 20 far reaching recommendations for the future development of these professions. The most pertinent recommendation for educationalists is the requirement for nursing to become an ‘all graduate profession’ in the UK by 2013. Set against this politically driven backdrop is the changing environment of where nursing takes place. Increasingly those who commission and plan health care services are exploring a more mixed economy of service provision. It will be the *community* (however this is described), rather than the *hospital* that is likely to remain central to where most future health care is to be provided.

In moving away from the safe confines of the hospital to the fluidity of community, nurses will be likely to experience the educational, professional, organisational and clinical environment as being increasingly characterised by turbulence. Such turbulence is an international phenomenon and has for some time been a concern for nurse educationalists (Stark et al., 2000; Whall and Hicks, 2002; Ferguson and Day, 2005; Warne and McAndrew, 2010). As nurse educationalists, the authors of this paper share this concern. Collectively, we have been exploring and expanding our ideas around how to best prepare nurses for contemporary practice. When we think about preparing nurses it is not simply about providing the technical knowledge required for effective practice, but an approach that also involves nurturing the attitudes and values that should underpin and guide individual practice. Such nurturance is important as the future context for nursing will become less technical and more indeterminate in nature, requiring nurses to be more comfortable with the *being* aspects of nursing rather than the *doing* aspects, and be confident

about working in the space between *knowing* and *not knowing*, and become what has been described as the knowingly knowledgeable practitioner (Warne and McAndrew, 2008).

International studies have demonstrated that the learning environment significantly affects the value students place on various facets of nursing (Lake and Friese, 2006; Saarikoski et al., 2008). Likewise it is possible to argue that the culture of the educational environment should mirror the expectations of the nurse in clinical practice (Warne and McAndrew, 2009; White and Winstanley, 2010), and just as evidence-based nursing pervades contemporary practice we believe that it is important that a similar approach should be used with regard to educational programmes being delivered in the UK Schools’ of Nursing.

The notion of nurse educationalists needing to base their own ‘practice’ (facilitating teaching and learning and enhancing the student experience) on best evidence available is well documented (Tilley et al., 1997; Ferguson and Day, 2005; Warne and McAndrew, 2009). In a similar way to DiCenso and Cullum’s (1998) model of evidence-based decision making, evidence-based nurse education requires using best evidence to justify curricular development, and the various approaches to teaching and learning required to deliver this. At the same time such an approach must take account of the needs of individual learners, the professional judgment of nurse educators and the subsequent resource implications (Ferguson and Day, 2005).

Moving towards the edge of the cliff

It is clear from other studies focusing on the role of the teacher in Universities (Lake and Friese, 2006; Pickering, 2006; Saarikoski et al., 2008) that to achieve real changes to the way in which nurse education is developed, delivered and evaluated would require nurse educationalist to work differently in the future. A common barrier to such organisational change is that individuals will often base their responses on assumptions, usually characterised by emotion rather than reflections and/or facts, or over generalisations and rhetorical phrases and devices (Schein, 1992; Moxnes, 1998; Ellilä et al., 2007). Previous research, focusing on organisational change, highlights the way in which individuals use rhetoric as a defence mechanism to live with both the ‘good’ and ‘bad’ aspects inherent in any organisation. However, collective rhetorics can provide the security upon which a foundation for more meaningful and productive group work is possible (Warne et al., 2007). In considering how to introduce changes to the educational processes and approach in our School we needed to be aware that once a secure base is established for creativity and innovation to occur, space and time to think also need to be made available (Wittgenstein, 1980). Such space is needed to support the dialogic relationships which can promote creative and developmental thinking, a process intrinsic and fundamental to ensuring more effective approaches to teaching and learning are available (Pickering, 2006; Warne and McAndrew, 2010). According to MacRury (2007) what is required is a ‘*rhythm of thinking*’, a rhythm that facilitates transformational opportunities to learn and which is underpinned by the maintenance of good inter and intra subjective experiences (McAllister and McKinnon, 2009). To achieve this state of personal being, the organisational environment needs to promote and provide support for relationships where thinking capacity, developmental experiences and productive transformation can thrive (Cook, 2001; McAllister and McKinnon, 2009). In choosing to create the transformational organisational environment necessary for change we decided that the focus should be on the students’ journey and the work should be undertaken initially as a Whole School Project (WSP) lasting for 12 months. The WSP would set out to create an evidence base that would be used to underpin and shape the changes necessary to deliver 21st century health and social care education, and that this evidence base should be made up of empirical

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