



## Evaluation of the case method in nursing education



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### ABSTRACT

The case based learning (CBL) is a problem-based learning which engaging students and presenting them with learning-related and cognitive challenges. The purpose of the study was to elucidate nursing students experiences of the CBL as an educational tool in order to find out if it supports their learning. Qualitative content analysis was used and performed on the statements from nursing students' course evaluations. Students perceived the CBL as an approach combining theory with practice which provides an overview of upcoming profession. Students gain adequate knowledge about patient care in reality and thereby enabling them to obtain a holistic understanding of patients health problems. Reflections related to case seminars widen students perspectives, improve their capacity for cooperation and help them to achieve long-lasting knowledge. This learning method offers nursing students an opportunity to enhance their judgement and critical thinking skills by applying theory in practice. Students gain adequate knowledge about patient care which may benefit patient care due to students acting professionally in their future role.

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### Introduction

CBL is a form of problem-based learning, with the intention that the students approach to fostering autonomy, critical thinking and self-directed learning (Pastirik, 2006). A case study should close the gap between classroom learning and clinical practice (Jordan, 1997).

It is central for undergraduate nurses to be able to combine theoretical knowledge with clinical skills (Cullum et al., 1998). Marton and Saljo (1976) explain how students draw conclusions and apply new knowledge to their existing knowledge. To encourage the integration of theory and nursing the case study needs to be detailed (McSherry and Proctor-Childs, 2001). In autumn 2009, case study was introduced to nursing education at a University in Sweden. The aim was to support students problem-solving ability by working through various care situations using authentic patient cases.

### Background

The aims of care are to alleviate or prevent suffering and to create the right conditions for well-being (Dahlberg et al., 2003). "Health is silent" is an old saying. When in health, we take well-being for granted, and we have a natural attitude to our subject body. When we are ill, there is a loss of ones undisturbed freedom (Gadamer, 1996). As humans, we live as subjects in – and through – our bodies. All our experiences, feelings, understandings, health and ill-health are lived through our bodies, and we therefore become experts on our own experiences (Dahlberg et al., 2003). The notions of subjective body and embodied knowing are fundamental aspects of the natural attitude and a lifeworld approach (Hussler, 1970; Merleau-Ponty, 1995). Nurses should be able to relate to these subjective aspects in the patient care (Dahlberg et al., 2008). The sick patient should be regarded as the expert on his or her own suffering, well-being and life situation. In order for the nurse to be able to find out about the patients and/or the relative's lifeworld, openness and awareness about the nurse's own pre-understanding is required (Dahlberg et al., 2003). It is therefore important that nurses work consciously and systematically in order to draw up individual nursing plans that meet the patients individual care needs (Eriksson, 1992). Philips (2008) states even if the nurse is familiar with the patient's problems it could be challenging for the nurse to understand the existent problem. The nurse and the patient have different lived experiences, therefore a problem can

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appear modest for the nurse, but through conversation differences could appear. A genuine conversation can create access to thoughts the nurse was not aware of (Merleau-Ponty, 1968).

The nursing process, is helpful to structure the reality and integrate theory and practice in patient care (Wiklund, 2003). This process consists of four phases: assessment, planning, implementation and evaluation. The aim is to identify the patient's health status and the current care problem, so that a care plan can be carried out to meet the individual needs. The process is cyclical, which means that a changed status involves a new assessment of care needs, and the care plan is thereby modified as new needs arise. The process begins with the assessment based on data about the patients health status using objective clinical data and subjective data, as well as lifestyle habits related to health problems. The subjective data include the patients experiences and view of his or her health and the consequences of the medical diagnosis on the life situation. Than collected data is organised, validated and documented in order to identify the patients problems, care needs or potential health risks. Nursing diagnosis is a step within the planning phase, written based on the identified health problems, risks and care needs. This forms the basis for a nursing plan based on nursing diagnoses and related nursing outcomes and interventions. The implementation phase within the care process involves a plan for what, how, by whom and how often the planned nursing interventions should be carried out. Evaluation takes place according to a reasonable timetable for the fulfilment of objectives following completed nursing interventions (Kozier et al., 2004). It is in line with evidence-based nursing a process of systematically finding, appraising and using latest research findings as the basic for clinical decisions (Long and Harrison, 1997).

#### *Learning by cases*

A case study attempts to analyse and understand the phenomenon that are important to the history, or care of an individual or an individual's problem (Polit and Beck, 2008). And it also encourages multi professional sharing of experiences and skills (Wood and Catanzaro, 1988). It gives nurses the right conditions for problem-solving, the ability to prioritise nursing problems, increased independence and improved skills in terms of searching for knowledge (Chikotas, 2009). Learning is a product of students own activities and experiences. (Biggs, 2003; Ramsden, 1992). Cases helps nursing students to understand problems encountered in care giving and reflect on problems and potential solutions, which generates more engagement in care-giving (Pettersen, 2008). CBL has a normative starting point, which is based on learning occurring through the student achieving higher cognitive levels – in other words, a deep understanding (Nordqvist and Eriksson, 2005).

A deep approach to learning is different to surface learning, this occurs when students memorising facts instead of understand theory and its application (Marton and Saljo, 1976). The case will present current research of data and to be described and applied to practice. It may also encourage multi professional sharing of experience and skills (Wood and Catanzaro, 1998). The task of the seminar leader is to support the students to see a structure, and through discussions encourage the students to aware of their lack of knowledge (Quinn, 2000; Egidius, 2000). Also strive to encourage differences and ensure that all student's participate actively. By avoiding right and wrong thinking, the seminar leader promotes a creative and reflective climate. (Egidius, 2000; Gaberson and Oermann, 2007).

The use of case study has the potential of actively encouraging students to participate in the debates associated with the case (McSherry and Proctor-Childs, 2001). Students discuss their hypotheses and reflect on their own knowledge and their pre-

understanding about the problem (Egidius, 2000; Gaberson and Oermann, 2007). This process can illuminate gaps in the students knowledge and the students can adjust their own learning needs (Haigh, 2006). Students also become aware of their own values, and of the complexity surrounding the case under discussion, which creates curiosity for deeper learning. McFetridge and Deeny (2003) conclude that students believed that case studies helped them to critically analyse practice and evaluate research-based literature. They should share experience and knowledge associated with the case in a safe way (Wood and Catanzaro, 1998).

A case should not invite guesses about the answer; instead, the students should be able to interpret the situation from different perspectives (Nordqvist and Eriksson, 2005). Once the problem analysis is complete, the students should think about which actions or interventions may be appropriate. All suggested interventions are then discussed on the basis of the consequences these may have on the patient's life situation. The students are also given the opportunity to practise distinguishing their own pre-understanding and values, and clarifying deficiencies in knowledge in connection with the patient's lifeworld (Tärnvik, 2002; Egidius, 2000). The students can deepen their own studies based on new knowledge that emerges (Egidius, 2000). Wellard et al. (2009) used cases frequently to encourage students to problematise theory and practice. Students in Pastirik (2006) study believed that this method of learning was useful to translate knowledge from the classroom to the clinical setting and increased students confidence in the clinical setting by preparing them for common practice situations. Critical thinking and self-directed learning for nurse's students are skills which are needed for managing the growing complexity of the professional nursing role (Pastirik, 2006).

#### *Establishing cases in nursing education*

In the second year of nursing education at University West, the clinical medicine and nursing courses were combined into a single integrated course. The aim was to support students problem-solving ability by integrating theoretical knowledge into clinical practice. Bergen and While (2000) states that cases can be used to clarify nurse's context, the method has proven to be reliable. It is important that the patient experiences are utilised and may be involved in their own care. The nurse should use the documentation as part of the nursing care to be based on the patient's needs and resources in the care process (Eriksson, 1992). The authors of this study where inspired from the original case template by Egidius (2000). The template (Appendix 1) were revised by us to clarify the integration of clinical medicine and the nursing process and was then introduced.

This study will provide a description of the process and outcomes using case with approximately 100 nursing students, small groups was designed consisting five to six students. Benson et al. (2001) suggest that small groups of student were preferred as it allows for closer assessment and evaluation of the group process. In our model, consists of three elements, the students processing the case individually, small group process, and finally, with a seminar leader, in a group of 20–25 students. Students in Pastirik (2006) study highlight that it was rewarding to work in small and large groups for both assimilation and to retain knowledge compared to traditional teaching-centred approach.

In a case study, the case itself is central (Polit and Beck, 2006). In our model, the students process begins with them being assigned the case within real-life to be resolved. Yin (1994) saw the case study as an empirical enquiry that investigates a phenomenon within real-life context when boundaries between phenomenon and context are not clear evident. To be oriented to the subject each student was responsible for deepen their knowledge in clinical

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