



Case-based learning: What traditional curricula fail to teach



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SUMMARY

Background: Case-based learning seeks to contextualize learning and to enhance the transition of nurses to practice. This instructional approach is gaining widespread interest in nursing education since the unfolding process emulates the work environment. Case-based learning holds great promise to the development of professional skills. An assumption that was worth researching to determine what those skills are.

Objectives: This study aimed at exploring perceptions of nursing students who had completed two undergraduate nursing courses using case-based learning to be able to identify professional skills that may be gained by this instructional approach.

Design: The qualitative focus group research technique was used to explore the perceptions of 16 nursing students who used CBL in two adult health nursing courses in the junior year of an undergraduate nursing program in Beirut, Lebanon. The sample was divided into three groups of four to six students each.

Method: Thematic analysis using cross-group analysis and inductive constant comparison. Findings: The analyzed data converged on three learning practices that were developed by the case study approach: (a) recognizing the particulars of a clinical situation, (b) making sense of patient data and informing decisions, and (c) reflection. In-depth analysis of these practices helped unravel four professional attributes that form the tenets of case-based learning: (1) a salience of clinical knowledge, (2) multiple ways of thinking, (3) professional self-concept, and (4) professional caring.

Conclusion: Since professional skills are developmental in nature, educational programs may play an active role in the skill acquisition process. In search of those ineffable skills, four professional attributes emerged from the study findings. Findings support concerns of higher education regarding the ability of the traditional curriculum to meet the expectations of employers at the workplace.

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Introduction

Educators in the health care profession are compelled to integrate professional skills in the curriculum (Håard et al., 2008). The current changes in health care, driven by a number of powerful socioeconomic forces such as demographic changes, financial constraints, and globalization, produce a gradual yet inevitable reshaping of the delivery models. Higher education programs are called upon to prepare graduates for the challenges awaiting them (Glasgow et al., 2010).

Recent calls for transforming nursing education aim at radically shifting curricula, from a traditional curriculum to the constructivist or the experiential (Benner et al., 2010). While case-based learning (CBL) combines the constructivist and experiential perspectives, the professional skills developing from such theories are immaculate, such as problem-solving, clinical reasoning, and knowledge transfer (Benner et al., 2010).

Purpose

Amid the plethora of literature detailing how to structure cases (Delpier, 2006) or to teach using case studies (Ramaekers et al., 2011), and while many claims are made for CBL as an effectual learning and teaching method, very little evidence is spawned to support these claims (Thistlethwaite et al., 2012). CBL holds great promise to the development of professional skills (Benner et al., 2010; Tanner, 2009). An assumption that is worth researching to determine what those skills are.

This study aimed at exploring perceptions of nursing students regarding the use of case studies in two nursing courses. The question that guided this study was: what professional skills may be developed with CBL?

The research findings from this study may expand knowledge regarding instruction that best prepares nurses and health professionals for the workplace. Because many issues related to the preparation of health professionals for their role are generic, the findings of this study will have local and international relevance. Findings are expected to advance understandings of best teaching practices and illuminate professional skills that may develop with instruction.

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Literature Review

Professionalism, a robust phenomenon in nursing, has gained attention in health professional education over the past several years (Akhtar-Danesh et al., 2013; Birden et al., 2014). The absence of a definition of professionalism in nursing has prompted educators to study its dimensions. In medical education, it is believed that professionalism may be taught to students through apprenticeship (Chard et al., 2006) or by role modeling (Wilkinson et al., 2009). In nursing, the concept of teaching for professionalism is highlighted in Benner et al.'s (2010) apprenticeship model: knowledge-base and cognition, know-how and clinical reasoning, and habit-shaping and dispositions. However, a core principle of this model is contextualized learning.

Real-life clinical situations are used in CBL. This pedagogy highlights the bio-psychosocial data of a clinical situation, thus maintaining the educational features of narrative pedagogy (Grendell, 2011). Integrated in each case study are related concepts of pathophysiology, pharmacology, professional practice, and social behavior. Such integration resonates with recommendations for reforming the educational preparedness of health care professionals (Benner, 2012; Benner et al., 2010).

CBL is rooted in Jerome Bruner's constructivism (Hartfield, 2010) and John Dewey's experientialism (Barnes et al., 1994). The assumptions of both perspectives converge on engaging learners in the construction of viable knowledge and fostering discovery learning. Discovery learning is "a necessary condition for learning the variety of techniques of problem-solving, of transferring information for better use ..." (Bruner, 1961, p. 60). Dialogue and reflection associated with case method teaching create dissonance, thus motivating learners to mental processing of information and thinking (Hmelo-Silver et al., 2007).

The value of CBL in developing professional skills is not well explored (Delpier, 2006). The dearth of data on CBL creates the impetus to conduct an in-depth exploration of this pedagogy. Without seeking insights into the influence of CBL on professional abilities of learners, the usefulness of the approach will remain unclear (Tanner, 2009).

Case-based Learning: A Review of the Process

The paucity of CBL research renders it a pedagogy lacking in succinct and widely accepted definition (Thistlethwaite et al., 2012). In a systematic review that explored, analyzed, and synthesized evidences related to effectiveness of CBL in health professional education, three definitions emerged from the findings, to include: (a) learning through context, (b) the reality of clinical situations, and (c) the balance between content and theory (Thistlethwaite et al., 2012).

The case studies used in CBL are the product of long interviews between educators and clients to whom the case events have really happened. Individual preparation is a solo affair in CBL. Students must go through the case, try to master the details, develop a supporting analysis, and come up with solutions. In the classroom, students engage in a dynamic discussion and interact and cooperate with fellow colleagues, whereas the educator facilitates their learning.

Methodology

This qualitative focus group research technique allowed an in-depth understanding of the influence of CBL on the development of professional skills. Participants in this study were senior nursing students of a three-year-baccalaureate nursing program in Lebanon, who were exposed to CBL in their junior year in two adult health nursing courses. Focus group interviews helped to assess student satisfaction with CBL and to explore professional abilities that may be developed by this approach.

Ethical Considerations

The study was conducted after securing the approval of the Institutional Review Board at the institution where the data were collected. Prior to commencing with the interview, the participants were oriented about the study and their consent secured. They were assured that their names would be held confidential and would not be available to anyone other than the study investigators. Confidentiality of the data and audiotapes were maintained throughout the data collection phase. Information that directly identifies participants was not collected. Data and recordings were stored in the principal investigator's (PI) computer and only the PI and Co-PI had access to the data.

Focus Group Interviews

The construct of professional skills cannot be directly measured using quantitative data, since the construct embodies processes affecting decisions and behaviors (Gaižauskaitė, 2012; Hartman, 2011). Focus group research is believed to be appropriate regarding interpretive understanding of professional skills developed from instruction (Hartman, 2011). A significant feature of focus group discussion is interaction. Emanating from interaction is the construction of new meaning (Liamputtong, 2011), generation of new ideas, and stimulation of rich experiences created by group synergy (Morgan, 1988).

Focus group research is based on symbolic interactionism model (Liamputtong, 2011). This model allows access into participants' perspectives and fosters disclosure of insights, values, and behaviors (Kulavuz-Onal, 2011). The reliance of focus group format on multiple sources of information lends itself to an exhaustive analysis of data and convergence on same answers using triangulation (Boateng, 2012; Gaižauskaitė, 2012). Information gained from this study can be generalized to other settings or disciplines (Hartman, 2011).

Selection of Participant

The sample comprised of 16 nursing students selected from a cohort of 29 that was exposed to CBL. Through an email inviting students to participate in the study, 16 respondents expressed interest and willingness to participate. Student participation in the interviews enhanced inquiry and gave the chance for each student to interact by sharing insights on the topic, thus adequate to provide an assortment of perspectives (Gaižauskaitė, 2012; Hartman, 2011).

Although the participants came from the same intervention group, familiarity helped to create robust discussion and value-laden responses (Boateng, 2012; Gaižauskaitė, 2012). The participants were divided into three interview groups; four to six participants at a time. The interviews were completed in 45 to 60 minutes.

Data Collection and Analysis

In this study, the perspectives of 16 students were the chief source of data. Interview questions appeared in two forms: primary and secondary. Primary questions were semi-structured and focused on exploring professional skills gained from CBL.

It is believed that unfolding case studies requires reasoning skills, thus emulating the nurse's thinking process (Benner, 2012). Accordingly, four of the seven interview questions were based on Tanner's (2006) clinical judgment dimensions of assessment, interpreting, implementing, and reflecting.

In view of the fact that focus group interviews were audio-taped, transcription followed. Each response was assigned a number and a letter to form the overall responses of the group. Given the interaction aspect of focus group discussion, thematic analysis was the most appropriate analytic method as patterns and themes burgeoned throughout the analysis process. For analysis and insight, the data were analyzed by hand. Tanner's (2006) clinical judgment phases

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