



Not just ticking all the boxes. Problem based learning and mental health nursing. A review



Brian H. Gould ^{*}, Liz Brodie ¹, Fiona Carver ², Pamela Logan ³

Edinburgh Napier University, EH11 4BN, United Kingdom

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SUMMARY

Background: The practice and policy of mental health nursing are changing. Integration of health and social care, an increased emphasis on wellness and recovery and greater expectation of involvement from both service users and carers require competence in both group and interpersonal working. The active and dynamic processes of problem based learning provide the ideal environment to achieve proficiency in these skills.

Objectives: The aim of this review was to understand those programme elements that best support the delivery of a problem based learning module.

Data Sources: This study utilised a standard module evaluation.

Review Methods: A systematic analysis of completed module evaluations allowed key themes to be established.

Results: Problem based learning helps develop the skills and attributes that mental health nursing need in an increasing collaborative and wellness focused practice environment. Successful integration of PBL is more likely to occur when student centred approaches are already incorporated within a programme. Creating the right conditions for learning are key to successful facilitation of PBL groups.

Conclusions: Successful implementation of PBL requires identification of relevance to practice by students, a programme approach that is compatible with the aims and philosophy of PBL and a form of facilitation that encourages development of student autonomy.

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Introduction

While programmes of study will continue to guide, challenge and appraise, progressively students will be self-directed, autonomous and less reliant on the expertise of the teacher (McCabe and O'Connor, 2014). Student centred approaches are concerned with active forms of learning, building on prior knowledge, creating own understanding, and acknowledging differences in learning style and approach (QAA, 2012; Tangney, 2014). Hofsten et al. (2010) describe the responsibility on teachers to create these dynamic and active forms of learning. Student centred approaches are often contrasted with didactic methods where students are largely passive recipients of teacher chosen content and methodology. Within nursing and health care education problem based learning (PBL) is often identified as the teaching methodology that most closely adheres with this paradigm. Claims for its benefits centre on how engagement in the process of PBL can develop a range of academic and interpersonal skills while facilitating deep learning of

content (Savin-Baden, 2000). Originating from medical education in the USA during the 1960s it attempted to improve links between subject knowledge and the clinical problems encountered in practice. While many variants of PBL have emerged its essential elements have remained the same (Mennin et al., 2003). These consist of students working in small groups to identify what they know and what they need to know about a topic as this emerges in response to examination of a teacher set 'problem'. This is followed by individual study time dedicated to answering an agreed question before presentation and discussion of findings to the group. In most cases further questions are then generated. The whole process is set within a programme or module context and facilitated by a teacher (Walton and Matthews, 1987; Rideout, 2001).

Mental health nursing has undergone major changes in the last 15 years. These include a move to an all degree profession (NMC, 2010), an emphasis on increased professional competence based on understanding how personal and professional values impact on practice (Department of Health, 2004; McGonagle, 2009), enhancement of skills in communication and team working (NMC, 2010; NHS Scotland, 2012) the ability to lead and supervise the clinical nursing workforce (Wills Commission, 2012) and perhaps most importantly an increased emphasis on the concept of recovery where strengths and service user autonomy take precedence over the old paternalistic approach (Barker and Buchanan-Barker, 2011). All those developments have implications for

* Corresponding author at: Edinburgh Napier University, Sighthill Campus, Sighthill, Edinburgh, EH11 4BN. Tel.: +44 131455 5341.

E-mail addresses: b.gould@napier.ac.uk (B.H. Gould), l.brodie@napier.ac.uk (L. Brodie), f.carver@napier.ac.uk (F. Carver), p.logan@napier.ac.uk (P. Logan).

¹ Tel.: +44 131455 5339.

² Tel.: +44 1314553305.

³ Tel.: +44 131 455 3493.

how mental health nurses conceive their role and implement their practice.

The collaborative, group focus of PBL where team work, individual responsibility, presenting of information and discussion of issues are essential, seems particularly relevant to mental health nurses. However, very few studies have attempted to explore the use of PBL with undergraduate mental health nursing students. This paper adds to what literature is available by exploring how the design, preparation, delivery and assessment of a PBL module set within a mental health nursing programme, can most effectively engage students and enhance learning.

Literature Review

Student Centre Learning

Tangney (2014 p.266) describes student centred learning as a holistic approach that sees learning as 'meaningful, experiential and focused on the process rather than the product'. Student centred learning involves active responsibility for learning, construction of own knowledge and teacher facilitation of the process (McCabe and O'Connor, 2014). There is support to indicate that PBL encourages the development of self-directed learning in students. (Yuan et al., 2008; Williams, 2004). Adherence to a PBL format moves a student from a passive to an active participant in their own learning.

Problem Based Learning and Mental Health Nursing

There is a paucity of research into the use of PBL with mental health nursing students. Given the claims made for the approach in terms of improvements in interpersonal and communication skills, this seems an unusual omission for a profession that advocates relationship skills as the core of its work.

Wood (2005) in a small study of 14 mental health students' experiences of problem based learning identified inhibiting factors to early student engagement. The independence expected from students in PBL was at odds with student expectations of teaching approaches. Strategies to compensate for lack of direction included help seeking from qualified nurses. Past educational experience and limitations in competence in the use of information technology, affected engagement. Adjustment to PBL was evident by the end of the programme with student becoming more self-motivated, autonomous and reflective. The challenge of self-directed learning and the autonomy expected within PBL was a significant feature of a study by Cooper and Carver (2012). In perhaps the most rigorous investigation we have into the use of PBL with mental health nurses Cooper and Carver (2012) conducted a longitudinal, qualitative study making use of staggered focus groups to enquire into student experience of a two year PBL based programme for graduates. Autonomy concerns were related to not knowing what they needed to know, lack of direction from teachers, concerns that material would be misunderstood and lacking skills in searching and making judgements as to quality and appropriateness of the literature. They felt more engaged in their own learning, valued the self-direction it encouraged, believed they had achieved a greater depth of understanding and enjoyed the interpersonal aspects of the group work. Cooke and Matarasso (2005) report on the use of PBL to develop reflective skills in mental health nursing students. The use of clinical scenarios, developed in conjunction with clinical colleagues, were the starting point for each group. The realities of practice as conveyed through the clinical scenarios were highly valued for increasing empathy towards service users. Development of enhanced self-awareness, improved professional practice and reductions in the theory practice gap were benefits gained by students. This was a small scale study that lacks full exploration of how PBL was integrated into the programme, experienced by students and evaluated. Cooper (2013) outlines the results of an evaluation into a PBL based curriculum for mental health nurses. A post programme

survey of students and their supervisors strongly supported the use of PBL in preparing nurses for an increasingly complex and demanding health care system. Students were considered mature and competent, good at solving problems, self-directed in seeking out knowledge and excellent team players. Study participants linked their performance in practice to the skills and attributes developed during their PBL based programme.

This limited range of studies can produce only very tentative conclusions. What does seem clear is that the shift of responsibility for learning from teacher to student needs to be successfully negotiated if students are to benefit from PBL.

Facilitation in Problem Based Learning

The facilitator in PBL has to be able to deal with challenging group dynamics while ensuring that the students develop a range of skills necessary for their role as health professionals (Mohamad et al., 2009). Peace (2012) argues that the effectiveness of the PBL sessions depends upon the quality of the facilitation. Facilitation in PBL involves different skills from those regularly employed by lecturers. These include supporting students in developing their self-directed learning and the development of questioning techniques to aid critical thinking (Young and Papinczak, 2013). The relationship between lecturer and student is dissimilar to the traditional one as in PBL the role is facilitative and collaborative rather than didactic (Mohamad et al., 2009; Papinczak, 2010).

Process of Problem Based Learning

The module is one of three theory modules delivered in the first Trimester of year two of the undergraduate nursing programme. Students undertaking a three year programme towards registration make up the majority of the cohort but are also joined by conversion course and graduates taking condensed programmes. Distribution of students to one of four small groups reflects the range of programmes. Groups are facilitated throughout by the same lecturer. Module number is about 60, all mental health nursing students. Groups run for 2 h each week. The module is introduced with a half day class session in which the PBL process is explained and individual and group expectations are set. The session includes a 'practice' PBL session with findings fed back to the first meeting of respective small groups. A total of five service user scenarios are used during the ten weeks of the module, allowing two weeks to explore identified issues. Scenarios address mental health problems from across the lifespan, incorporating such themes as class, gender, and ethnicity. Groups decide knowledge gaps before devising four to seven questions that are then self-selected by students to answer. After feedback and discussion a second set of questions is agreed with feedback taking place the following week. Groups then move on to the next scenario. Each written answer is four hundred words in length and required to be fully referenced, with students identifying sources during feedback. A group space on Moodle allows sharing of work between group members. This becomes a significant learning resource and remains accessible to students for the remainder of their programme. The module assessment is designed to incentivise participation. The ten weekly summaries of four hundred words each are combined and submitted as a single document at the end of the Trimester, 80% of the module mark is allocated for this. Grades are earned individually not allocated according to group. Students receive formative feedback on completion of the first two summaries, in keeping with the discursive nature of the module audio feedback is provided. The remaining 20% of the module mark (5% for each element) is allocated for attendance, feedback, involvement in group discussion and contribution of work to shared Moodle space.

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