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Challenging and supporting Advanced Practice Nurse students in the Netherlands to use active, creative and participative methods in their facilitation of learning

Teatske Johanna van der Zijpp*, Famke van Lieshout, Donna Frost

*Corresponding author: Fontys University of Applied Sciences, Netherlands. Email: t.vanderzijpp@fontys.nl

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Introduction

Effectively managing change, influencing political processes and empowering others are three reciprocal elements within leadership for nurses in advanced practice roles (Hamric et al., 2005). To successfully initiate and facilitate such processes of transformation, we believe Advanced Practice Nurses (APNs) must begin by enabling the identification of relevant problems and learning needs, collaboratively with practitioners, in their particular practice contexts. The APN is then challenged to help others learn in ways which will facilitate transformations of both individual and wider nursing practice. In this paper we will share our progress in enabling Masters of Advanced Nursing Practice (MANP) students to use active, creative and participative strategies in their facilitation of learning in practice. We also reflect on our journey towards achieving congruency between our espoused theories and our theories-in-use as educators and facilitators of MANP student learning.

In January 2010 Teatske, first author of this paper, invited Famke and Donna, two of her colleagues at Fontys University, to join her in developing an educational programme for MANP students about facilitating learning and transformation in their own practice settings. In our education practice we observed students restricting themselves within this area of their role. Learning issues within the practice context or problems with the quality of care tended to be identified, for example, by MANP students themselves or their mentors, and were often related to perceived knowledge deficiencies among colleagues. Consultation of colleagues or patients was rare within this process. When facilitating others in their learning, the MANP students relied heavily on formal, instructional teaching methods. The most commonly used strategy was a 'clinical lesson', in which the APN, or MANP student, gives a lecture on the ward about a certain topic. This is common practice in the Dutch healthcare context. Students' assessment work and their evaluation responses revealed their expectations that staff attendance at clinical lessons would improve shared decision-making and promote collaborative action to transform workplace practices. However, when asked about their concerns in relation to facilitating learning, many students reported experiencing difficulties in helping colleagues to reach consensus about problematic aspects of practice and in encouraging people to actually take positive action towards transformation.

Limitations of traditional didactic approaches in health care practice

The ineffectiveness experienced by MANP students, in taking steps towards collaborative transformations of practice, may be related to professionals having difficulty recognising deficiencies and ineffectiveness in the practice of self and others, as discussed by Argyris and Schön (1974). As Kim (1999, p. 1205) summarised: 'professional practitioners often engage in practice with theories-in-use which tend to be oriented to routinisation and self-interest and are often quite different from their espoused theories.' Strategies are therefore needed to increase professionals' insight into their actual actions and the short and long term effects of those actions (Senge, 1990). Simply asking for feedback, for example by the use of patient surveys at discharge, is unlikely to lead directly to action (Wilcock et al., 2003). Neither is a focus on increasing theoretical knowledge and understanding of practice issues any guarantee of transformation in nursing practices. In research reported by Brown and McCormack (2006), little of the participating nurses' theoretical knowledge about systematic assessment of pain, including awareness of and access to evidence-based protocols, was used by them in practice. Commenting further, McCormack (2009) states that even after successful efforts to increase nurses' understanding of existing practices and patients' experience of these practices, changes in practice did not occur. Although increased 'understanding is necessary in order to *identify possibilities for action*, [...] it is only through the *processes of taking action*', and learning from this, that we can achieve real change in practice (McCormack, 2009, p. 39, our emphasis).

As educators within the MANP programme we are primarily engaged in facilitating our students' learning. We realised that our educational practices at the time leant heavily on traditional didactic work forms. We were and are conscious of being role models for students; yet our activities focused on increasing theoretical understandings, providing few opportunities for students to experience creating the conditions in which action could be taken, or to experience taking action towards transformation, collaboratively with other practitioners. As our goal was to support students in broadening and developing their repertoire of strategies with which to identify learning needs and facilitate learning, we needed to start by changing our own approach to facilitating learning within this part of the MANP programme.

Blending active, creative and participative approaches to facilitating learning

Creative, active and participative approaches to facilitating learning are documented as helpful in realising transformations of perspective (Hatch et al., 2005; Titchen and Ajjawi, 2010). Rational and scientific methods tend to overlook the emotional, affective and unconscious aspects of learning, and barriers to transformation (Argyris, 2010). Instead, creative and arts based approaches can be used to reveal these underlying issues (Coats, 2001). By uncovering tacit knowledge that would otherwise remain hidden, and revealing ways of being that would otherwise remain unexamined, the opportunities for action can be increased (Higgs and Titchen, 2007; Simons and McCormack, 2007). Such approaches are experienced as valuable for those engaged in taking action as they work towards lasting practice change (Senge et al., 2005; Heron and Reason, 2008). Dewing (2008) stresses the importance of 'active learning' for achieving transformation in workplace cultures. She describes active learning as 'critical reflection, dialogue with self and others and engaging in learning activities in the workplace that make use of all our senses, multiple intelligences and doing things (i.e. workplace learning activities) together with colleagues and others' (p. 273). Dewing (2008, p. 274) emphasises 'that the more engaging and active the learning is, the more effective it is.'

The advantages and necessity of stakeholder participation when facilitating practice transformations are described by different authors reporting on their own facilitation journeys (Clarke et al., 2008; Vlaskamp et al., 2010; Snoeren and Frost, 2011). For example, Clarke et al. (2008) discuss the advantages of enabling others ('working with') instead of providing for others ('working on'). The emphasis lies with creating ownership and encouraging responsibility among all involved for own learning and taking action, instead of creating dependence on the facilitator or deciding for others.

To these examples we can add our own experiences. Through participation in practice development schools hosted by the International Practice Development Collaborative and/or in our supervisory relationships, we had been introduced to a variety of active and creative methods of uncovering, using, critiquing and developing our non-cognitive ways of knowing. Examples include working with metaphors, haikus, images, drawing, painting, sculpture and creative movement. These ways of working were initially challenging for us, comfortable as we were with more familiar and traditional facilitation strategies. Yet we had all experienced the limitations, whether with students in school or nurses and students in clinical practice, of instructional and purely cognitive approaches to learning. So, with support from our colleagues, we took steps to experiment with using creativity in particular aspects of our work with students and nurses, for example small group activities, and in our research activities. Through cycles of experience and reflection, we learned that these methods helped us and the people we worked with to see things differently.

We could also identify where our own values and beliefs about facilitation had held us back from growing as facilitators. A particular challenge was learning to involve learners in decisions about processes, as well as intended learning outcomes, and not to take too much responsibility away from others. We found that the move from teaching to facilitation of learning through 'creation of space' demanded risk taking, accepting personal discomfort and possible negative feelings, and revisiting the same challenges over and over again. The reward, however, was deeper and more relevant learning reported by students. We learnt too, and experienced greater connectedness with colleagues and students, together with more empathy and understanding for alternative viewpoints when working together.

We felt confident that combining the principles of active learning with the use of creative arts within the MANP programme would be beneficial for students in terms of understanding the principles underlying creative arts tools, developing their own facilitation styles and in offering strategies that they could draw on in their practice settings. We recognised however, that we had faced challenges and experienced perspective transformations prior to feeling comfortable with these ways of working. In this we were similar to our students, most of who had little knowledge or experience of active, creative and participative facilitation approaches. Those with some familiarity doubted their ability to use such approaches in practice contexts. We wanted to offer students a positive experience with creative and participative facilitation strategies and to challenge and encourage them to consider such strategies for use within their practice settings.

Programme outline: facilitating learning in practice as an Advanced Practice Nurse

As we developed this part of the programme, three sessions in total, we agreed on three ground rules:

1. Acknowledging the existence of diverse values and beliefs about effective facilitation
2. Letting students actively experience the use of multiple ways of knowing, rather than merely telling them about it
3. Enabling students to evaluate and reflect on their experiences in relation to their values and beliefs about facilitation

We opened the first session with a fairly conventional, though interactive, lecture to establish with students the value of the programme to their role as clinical leaders and to collaboratively revisit and agree on the aims of the programme. Workshops using active methods followed, such as narrative interviewing, guided visualisation and a participative form of evaluation – Claims, Concerns and Issues (after Guba and Lincoln, 1989) – in which we had incorporated the use of creatively illustrated cards. The various work forms were used by MANP students to experience engagement with unknown views of self and others. We reminded the students that these approaches were

neither exhaustive nor mutually exclusive. They were then invited to use these or other approaches to identify learning needs in their practice settings.

After a second session in which students experienced various creative and participative approaches to active learning, facilitated by ourselves, they were challenged and supported to develop strategies for addressing the learning needs identified in their practice contexts. Their assignment was to design and facilitate an appropriate learning activity, with nursing students at the university taking the role of clinicians participating in the activity. The sessions took place at school, and MANP students prepared and facilitated them in small groups, to help create a safe environment; an important factor when trying something new.

Evaluation of students' experiences with facilitation of learning

After each session, including their own learning activity, students were asked to formulate claims and concerns about their learning about facilitation. We did the same, and this information was used to identify successes and issues within our programme.

Claims

The workshops were considered (inter)active and enlightening. Most students mentioned a safe learning environment. They also claimed that their curiosity increased and their range of approaches for facilitation was broadened. Many students experienced creativity as an enjoyable way of working collaboratively with colleagues. Some revealed preconscious knowledge and opened up blind spots. For example, one student mentioned that guided visualisation helped her realise that she had not felt part of her team. She saw herself 'working in a dark corner of the building'.

A claim we made as educators was that the principles of activity and participation were evident in most of the learning activities developed by students. For example, in one workshop, the participants were asked about their views and actions in the case of a smoker secretly continuing to smoke in hospital. The MANP student facilitators then gave some information about addiction before asking the participants about their own experiences and preferences in changing habits and in getting support to change their habits. Finally the participants were asked again about their views. This approach of actively drawing on the experiences of participants resulted in transformed views on how to act as a professional in such a situation.

Concerns

Although most of the students felt safe experimenting with different facilitation strategies, some reported not feeling safe enough to risk trying something new in their own practice context. They took for granted that others would not be interested or open to new approaches, and this held them back. Another concern was that not all MANP students were prepared to consider the potential of using alternative facilitation strategies. For example, claiming this as the only effective method for learning, one group described their learning activity as role play and a PowerPoint presentation, whilst in fact they played out a short scene before going on to their presentation. Neither the role play nor the PowerPoint presentation offered possibilities for active involvement of their 'participants'. Nevertheless, the students took for granted that their clinical lesson had been very effective. This demonstrated a lack of insight into the goals and principles of both their chosen methods and alternative facilitation strategies in general.

Preliminary conclusions

Perspective transformation can not be taken for granted after a short programme. Those MANP students who made claims about the benefits of particular approaches had *experienced* them as useful, enlightening or enriching. This fits with our belief that appreciation of the merits of creative, active and participative strategies can flow from reflection on and evaluation of the methods used,

and the kind of results achieved, in each unique practice situation. However use of work forms without planning and evaluation risks having these strategies viewed and used as ends instead of means.

Evident from the claims and concerns is the importance of a safe environment in which to engage participants, providing the space and support for students to try out novel facilitation methods. Referring to Heron's (1996a, 1996b) work, Dewing (2008) states that learning is rooted in feelings that are intimate, resonant and positive. Feeling unsafe will cause practitioners – clinical leaders or not – to rely on methods that are familiar and safe, also limiting their own learning. As expressed in the concerns, taken for granted values and beliefs around effective facilitation strategies, whether held by facilitators or learners, influence the approaches chosen by facilitators of learning. A perceived lack of appreciation, in practice contexts, for creative, active and participative strategies, will hold MANP students back from using these approaches in their practice, even if they see the advantages themselves. While future APNs limit their repertoire of approaches for facilitation of learning to the didactic, prescriptive and cognitive, the chances of successful transformation of practice also remain limited. Therefore we feel a responsibility, as educators and role models, to continue challenging and supporting MANP students to explore diverse approaches, and to take risks within their practice settings, in their facilitation of others' learning.

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Teatske Johanna van der Zijpp (PhD, MSc), Lecturer, Fontys University MANP Tilburg, Netherlands.

Famke van Lieshout (MSc, BcN, RN), PhD Student and Lecturer, Fontys University MANP Tilburg, Netherlands.

Donna Frost (MSc, BHSc Nsg, RN), Fontys University MANP Tilburg, Netherlands.