

Introduction



Alan Glasper, Gill McEwing
and Jim Richardson



Links to other chapters in *Foundation Studies for Caring*

- 1 Study skills
- 2 Interprofessional learning
- 5 Communication



Links to other chapters in *Foundation Skills for Caring*

Introduction

- 1 Fundamental concepts for skills
- 3 Communication



Don't forget to visit www.palgrave.com/glasper for additional online resources relating to this chapter.

Foundation Studies for Caring: Using student-centred learning

This book and its companion website are just two of the many resources that will help you to acquire the knowledge and skills needed over the foundation component of your programme. They will help you meet the required outcomes and to make the transition towards your chosen healthcare career.

Exploring the patient's experiences to help you learn

Throughout this book scenarios involving actual patient experiences and other clinical situations are visited – in other words, we take a client-focused approach. This is done from an interprofessional perspective so that the scenarios and clinical situations can be explored within the context of any of the fields of nursing and by other healthcare professionals. Therefore, whichever path you choose to follow, this learning will have direct relevance for you and you will be able to apply it in your own practice setting.

The book also takes a student-centred learning (SCL) approach. This means that it involves you in the learning process at every step, rather than simply listing facts. It is characterised by:

- working through activities and seeking out and responding to questions and dilemmas, many of which you are encouraged to pose for yourself.
- active learning – you will be invited to explore issues and gain further insights through local practice observations.
- studying individually and in groups – debating issues with colleagues enriches and diversifies your understanding.

The aim of this book is to help you to embark on the road to becoming a professional nurse or other healthcare practitioner. For this reason the questions and activities that guide your learning will frequently place you in the role of the qualified practitioner, rather than as a student or care assistant.

This book and the companion volume *Foundation Skills for Caring* will introduce you to a new and refreshing approach to learning about healthcare theory and practice. They use real client experiences as the focus for learning about caring. They are therefore more about learning how to think about healthcare and how to approach challenging situations than about providing all the answers. It is the ability of the healthcare professional to seek out solutions and provide the best possible care that separates the registered practitioner from nonprofessional colleagues. Nurses and other health professionals need to be constantly aware of practice developments, often brought about by research findings, so knowledge is ever-evolving and having the skill to access current information is key to professional practice. It is these skills of enquiry that we hope to explore in the chapters in this book.

Learning through enquiry

By taking a client-focused approach we want you to be able to visualise the bigger picture – that is, the full healthcare environment – before being tempted to examine each piece of the jigsaw. This, we believe, is fundamental to appreciating the holistic and integrative nature of contemporary healthcare practice, which crosses professional boundaries in order to provide the best possible patient care. This places learning in context; it gives you the opportunity to experience the excitement and challenge of professional practice from a position of safety, while also acknowledging the frustrations that some days can bring. This reality, together with your own experiences drawn from practice, will enable you to seek out and understand the background and detail behind each event.

Being reflective, being inquisitive and solving problems

Using enquiry as the basis of your learning often means starting with something unfamiliar or confusing and then seeking out the information that helps to explain or make sense of the situation or problem. This is a bit like looking for clues to solve a puzzle, and is something that healthcare professionals such as nurses have to do all the time. Seeking out and making sense of difficult issues and dealing with the uncertainties of life are essential skills for practice, equally as important as learning about hard facts.

This process of investigation is often called being 'reflective' and described as a sequence of events known as the reflective cycle. There are several examples that have been developed (Gibbs, 1988; Schon, 1983).

Figure I.1 is an adaptation from Gibbs (1988):

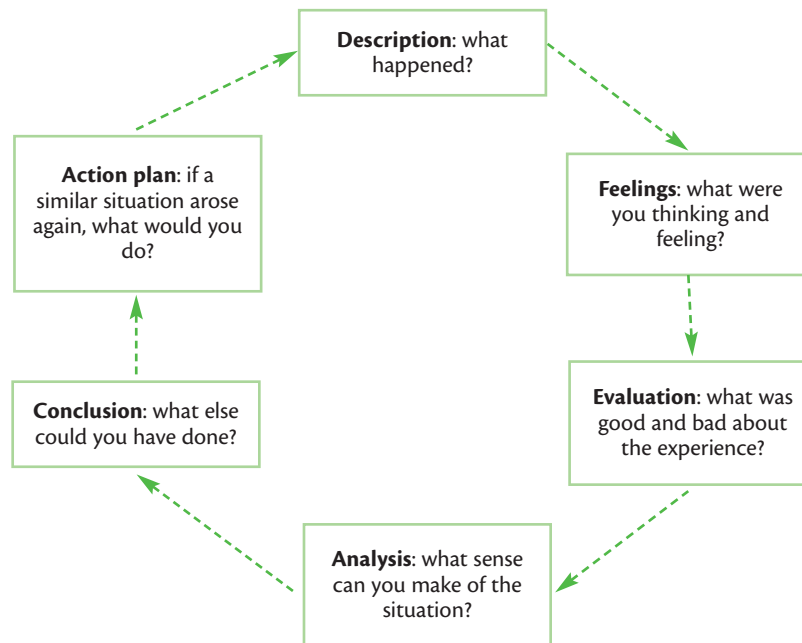


Figure I.1 The reflective cycle

There is a further example of the reflective cycle included in Chapter 14, which illustrates how it can be used in practice.

It will be helpful to keep these reflective stages in your mind as you explore and make sense of the different scenarios, and the complex world of healthcare which unfolds in the chapters of this book. Being reflective means getting in touch and keeping in touch with the way you and others practise.

Learning activity

Think about a situation that you have recently experienced, perhaps one that did not quite go according to plan. Now work through each of the stages of the reflective cycle exploring your personal experience, looking at what you did and how you might do it differently next time.

Reflection provides a systematic approach to learning and to practising care delivery. You will also hear about problem-based approaches to assessing, planning, implementing and evaluating care.

Like reflection, problem solving can also be seen as a cycle, and makes use of some of the principles that have already been introduced in the reflective cycle. In reality you will use both approaches, depending on the situation you are exploring. For instance, sometimes you will explore a problem and find that there is a definite solution, a right or wrong answer, often proven through past research. On other occasions there is no problem to be solved, just

something that appears confusing, that needs to be explored and understood. Such is the world of nursing and the other caring professions.

SCL is an umbrella term which incorporates these approaches we have been describing along with some other similar approaches:

- problem-based learning (PBL)
- enquiry-based learning (EBL)
- case studying
- action learning.

So what are these approaches to learning?

The modern history of the SCL movement began at the medical school at McMaster University in Hamilton, Canada. EBL/PBL found favour there as it was perceived by teachers to be an ideal medium for exploring the real world of patient care, where students could learn how to 'solve problems' and think critically. It is, however, important to understand that the term 'problem' encompasses 'enquiry', or the asking of questions about a particular subject. The enquiry may or may not be directly related to a patient problem as such (for example their illness or disease), but rather the learning issues to be explored.

This is particularly pertinent in higher education, where the emphasis has moved away from direct teaching to a more holistic use of the term 'learning'. Hence strategies to enhance learning opportunities, such as the use of EBL/PBL, have been adopted by many disciplines, including nursing and the other health professions. Additionally many traditional boundaries between the healthcare professions are becoming increasingly blurred in response to changes in healthcare delivery (Humphris and Masterson, 2000), and students are expected to work flexibly across these interprofessional boundaries. This changing workplace environment now requires an innovative approach to healthcare education, which facilitates greater understanding of the roles of different members of the interdisciplinary healthcare team. SCL is an innovative learning method which is suited to interprofessional healthcare education as it challenges students to identify the ideas and skills they will need to tackle the complexities of healthcare delivery (Duch, Groch and Allen, 2001).

All of the learning approaches mentioned here are enquiry based. Whichever approach your particular university favours, all will invite you to explore and learn through practice. They will not give you all the answers, but don't worry – they are not intended to.

EBL has similar principles to PBL, and for the purposes of this book it is not necessary for you to distinguish between the two. The case studying approach similarly uses the principles of EBL/PBL to explore real but anonymised patient case studies. Action learning takes place in a learning group, and is characterised by individuals learning with and from each other by analysing real issues from the world of healthcare. McGill and Brockbank (2004) believe that learning occurs when an individual or groups of individuals learn from reflection, and that this reflective learning in turn facilitates new learning from effective action.

Some reasons for adopting a model of SCL

Since the publication of *Fitness for Practice* (UKCC, 1999), many preregistration nursing curricula have embraced the principles of SCL as a method of educating students. SCL based on enquiry uses genuine real-life client scenarios, which provide the students with an opportunity to explore a range of issues directly pertaining to client care in a variety of contemporary nursing settings (Long, Grandis and Glasper, 1999). Exploration follows a systematic approach to enquiry, reflection and evaluation (Long and Grandis, 2000).

Learning is often undertaken as a group, with individual students taking on specific responsibilities within that group for researching and gathering evidence to bring back to the team. This contributes to the group's overall collective understanding of the issue or problem being explored.

In a Canadian study of second-year nursing students, Morales-Mann and Kaitell (2001) demonstrated that the factors that most influenced the levels of learning within the group were positive attitudes and group effort. Rhem (1998) believes that the reason this method is prevailing within higher education institutions is that it orientates students towards strategies of 'meaning making' over simple fact collecting.

In this way the product of the group is greater than the sum of the parts, resulting in higher levels of attainment in which prior learning is valued and built upon. Additionally, this type of cooperative learning brings with it enhanced social skills (Connolly and Seneque, 1999), which are highly valued in the healthcare professions.

Perhaps more importantly, the linking of clinical skills (prized by practitioners) and theoretical knowledge (prized by academics) through the medium of SCL (O'Neil, Morris and Baxter, 2000) might bridge the theory–practice gap which has bedevilled the profession for so long. Morales-Mann and Kaitell (2001) have described this type of learning strategy as liberating the academic from the traditional roles associated with teaching. This is good news for you and your lecturers, as you will both enjoy the process!

Acknowledging some challenges

Not all students find the approach easy. Indeed some prefer a more structured didactic approach, while others thrive on the freedom to explore, share and learn in a way that they feel reflects the way in which they will practise as professionals. A study by Glasper (2001) looked at a UK cohort of 15 children's nurses on completion of their three-year preregistration programme. Using a nominal group technique, he identified five areas that students liked most about SCL and five that they liked least. Students valued the friendships and support generated by working as a group, and believed that SCL enabled them to share experiences, exchange views and gain confidence. They saw SCL as having made the group work 'exceptionally well'. Conversely, students also voiced their frustrations about a lack of structure, having to rely on others to pull their weight and then being provided with poor-quality feedback by their peers on what they had researched.

Groups are usually led by tutors but can be led by students. Steele, Medder and Turner (2000), in a comparison of student-led versus tutor-led group work, demonstrated a preference for student facilitators. In this study of second-year medical students, peer facilitators were given slightly higher ratings than academics, but it was noted by the investigators that peer-facilitated groups often took short cuts in the SCL process.

You will need to use your skills in reflection to assess your own views on SCL, and take steps to address any problems.

Getting the most from this book

Because this is a different kind of textbook from many others, it is not encyclopaedic. We have selected aspects that we believe you are most likely to want to explore, and which will help you to address each of the Nursing and Midwifery Council (NMC) and other regulatory body outcomes (for entry to a particular field of practice programme). See page xxvi at the end of this chapter for more on the outcome). This book provides you with the opportunity to identify what you need to learn and to equip yourself with the necessary foundations on which to build your own professional practice. It will help you explore and experience new ways of learning and seek out pathways, while pointing you towards resources that will help you to make sense of complex issues. This is SCL, and we hope you enjoy the challenge. We think you will.

There are a number of steps that characterise the approach to learning used in this book. These steps draw on some of the principles of reflection and problem solving outlined earlier in this chapter. There are several examples of process steps. The steps illustrated here have been adapted from McMaster's handbook for tutors (1996) and Woods (1994).

SCL when working in groups

Before you begin there are some basic rules pertinent to SCL groups.

Election of chairperson and scribe

The group facilitator, who will normally be one of your lecturers, will prompt the learning group to elect a chairperson and sometimes a scribe who may summarise on flipchart paper the focus of your discussions. This makes it easier for the group to agree a work schedule. In some universities SCL groups meet weekly, others less often. The chairperson and the scribe might only act in the role for one meeting, or take those roles for a whole scenario often over a period of many weeks. As each group member will act as a chairperson at some point during the semester, everybody can learn the skills of chairing and those of summarising group contributions as scribe.

Setting SCL ground rules

This is important to allow the group to function optimally. Learning groups may consider some of the following:

- Mobile phones should be switched off.
- Everybody must pull their weight by fulfilling what they said they would do for the following SCL meeting (this might be a PowerPoint presentation, a student handout or a poster presentation, for example). There is nothing more embarrassing than not turning up to your SCL group or not having fulfilled your commitment. Note that attendance at SCL groups is usually mandatory in most universities and registers are kept.
- Respect – during SCL meetings whatever an individual person says should be respected even if you disagree. That is all part of SCL, and the freedom to say what you feel must not be compromised.
- Punctuality and other ground rules may be agreed.
- Keep rules to a minimum!

SCL when working as an individual

Working as an individual you may find it useful to consider your own way of learning and to reflect on your learning strategies, study methods and skills of communication to enable you to create and capitalise on a variety of learning opportunities.

The process steps

The enquiry phase

- 1 Explore the scenario (often an action learning group – also known as a learning set – will develop their own scenario)
 - Do you understand the context of the scenario?
 - Are there words that you need to define?
- 2 What are the main issues?
 - Analyse the situation, challenges and problems.
- 3 Identify what you do not know and need to know (because your lack of knowledge is impeding understanding and action).
- 4 Decide the exact questions on which you need to work, and prioritise them.
- 5 Plan your use of resources; for example, plan your time to make the best use of learning opportunities.

The reflective phase

- 6 Share experiences, new knowledge and learning with others whenever you can create the

opportunity. Reflect on the adequacy of the answers to your original questions and identify what remains to be achieved.

When working in a group the seventh stage is:

- 7 Reflect on the group process (considering what enhances and what inhibits learning within the group learning environment).

Your learning group facilitator, who will understand what you need to achieve over the foundation year of your programme, will steer you away from areas of investigation that are beyond your level, and advise you of when you might explore these areas in future years of the programme.

Learning activity

Just as you did earlier, try taking a patient situation or problem or area of knowledge deficit and by using the process steps explore ways in which you can find an acceptable way forward, or indeed an answer to your problem.

Getting started

In order to maximise and enjoy your learning and make the best use of your study time, read the next section carefully.

Each chapter in this book has expected learning outcomes; however, as an enquiring student, it is likely that you already have many questions about healthcare practice and how this relates to the practice of colleagues from other disciplines. When you start to read each chapter, you may identify with particular clinical or personal experiences which prompt you to question why you thought or reacted in a particular way, so make sure you note these. You may be exploring some topics for the first time with little or no previous experience, so you don't know what you don't know! For many students in healthcare this can initially raise some anxieties, but you are not alone! This is usual and part of the learning process.

There are prompts for learning in the form of questions and activities at regular points in each chapter. Some of these are best attempted before you read on, as they will help you to identify how much you currently know, as well as the level and accuracy of existing knowledge. Sometimes we do not appreciate what we have previously taken for granted until it is clearly brought to our attention – better in a book than in the clinical environment! The companion textbook to this volume, *Foundation Skills for Caring*, has been written to let you see the relationship between theory and practice, and by dipping into each you will begin to build up a picture of your world of healthcare. Additionally there is a companion website that allows you to further explore each chapter topic. The chapter writers have placed kite-marked websites on the online pages to allow you access to other types of material which you will find extremely helpful in your learning groups or action learning sets.

Your most important role as a healthcare student is to constantly question, to gain knowledge and to identify the evidence base that underpins accepted professional practice. Sometimes, you might discover that care is based more on 'custom and practice' than evidence, and there is a need to seek out the most informed sources, rather than follow tradition.

This book helps you to identify the areas of knowledge that you may need to explore, and the kinds of questions that you might choose to ask. Developing the confidence to ask questions is a very important part of being a healthcare professional, since you will need to be able to seek out information from patients and their relatives, often about sensitive or potentially embarrassing topics. All healthcare professionals need also to possess assertiveness and interpersonal skills to be able to appropriately question, and sometimes challenge, colleagues from either the same or other disciplines. Clearly, effective communication is immensely important both now as a student and in your future career (see Chapter 5 on Communication).

Deciding what to focus on

It is also acknowledged that knowledge is constantly changing. This can be a troublesome idea when starting a new career with a vast amount to learn. However, once the overall picture is grasped and the foundations are laid, more complex issues can be tackled. This comes through reading, accessing other resources and also from being an active observer and participant in clinical practice. Soon you will feel more comfortable questioning accepted practice. As a student you are privileged to experience a wide range of practice environments, and you will observe that care might differ between practitioners. Questioning the rationale for those differences will add to your repertoire of knowledge and skill, rather than accepting that it is just the way something is done. The manner in which questions are asked is likely to influence the response you receive!

Key points you may like to consider are:

- Is this the appropriate time?
- Is this person likely to have the correct information or appropriate experience?
- Do I need permission to ask this person?
- How do I phrase the question; for example, to avoid offence or to ensure the question elicits a relevant answer?

Throughout the book you will be invited to seek the opinions of friends, relatives, patients and others, finding out their views related to different health issues. Getting into the habit of seeking others' opinions will help to develop the skills you will need throughout your professional career. Working in healthcare is a lifelong learning experience, which requires you to remain open to others' views and opinions.

Most textbooks are studied in isolation. However, it is well established that learning with others can contribute very positively to the learning experience, not only in making it more interesting and satisfying, but also in extending ideas. Spending time thinking about practice is useful, but it is likely to be yet more productive if you can engage with others. They might identify aspects which you haven't thought about. Your views might be questioned and this may prompt you to think more laterally – to think the unthinkable!

As discussed, your university centre will normally provide you with opportunities for small group learning in the form of a learning group or action learning set, and there might also be an interprofessional group of which you are a member. Perhaps you are also a member of an online learning group facilitated through one of the virtual learning platforms such as Blackboard or WebCT. You will certainly have access to email, and much of your collaborative learning will be facilitated through this medium. Various chapters in the books examine study methods and optimum methods of using information technology, such as PowerPoint presentations. You may have friends in other healthcare educational institutions with similar learning needs.

Each chapter also presents a set of concepts. This list is not definitive. Again, as you approach the topic area in each chapter, you may have your own concepts to add to the list. When reviewing the concepts embodied within the chapters, view them as broadly as possible as this will enhance your understanding. For example, the concept of 'care' will be viewed differently depending on whether you are a patient, client, husband/wife, child, parent, friend, nurse, manager, doctor, physiotherapist, chaplain, undertaker or employer. Accessing the literature will also broaden and deepen your current understanding of each concept. Continually reflect on your personal experience, your current understanding and how new knowledge can change practice. It is through this process that improvements in practice are made.

Working with scenarios

Most clients/patients first access healthcare in a community setting, with many attending the local health centre, the occupational health facility at work, or being cared for in their

own homes. With changes to out-of-hours general practitioner services many now seek health advice from NHS Direct or its equivalents, or NHS walk-in centres. Some patients seek advice over the internet using for example NHS Direct online or accessing digital television health advice programmes. 'E-health' care is becoming a reality. Because of the increasing array of portals for healthcare through which a client can access information, some of the scenarios in this book are set in the community and some are located in a hospital or other residential settings. All however emphasise the importance of providing integrated services, so that wherever people are attended to there is continuity of care.

Central to most chapters is a named individual or a family. They may have health problems which have resulted from disease, injury or handicap, or have been exacerbated by social circumstances resulting in distress. Each is equally important to the student of healthcare. The study of health will enable the student to raise health awareness, promote health, and where possible, reduce the likelihood of disease or recurrence of illness. The skills of healthcare practitioners such as nurses are also directed towards those who are already ill, are disabled or having difficulty coping, in either the short or long term. Much is about enabling people to maximise their level of independence, to live fulfilling lives. Healthcare is not so much about cure, but providing quality of life, providing comfort, and where needed, supporting the whole family through a period of death and bereavement. This philosophy is reflected in the chapters of this book, and the principles are relevant to all healthcare professions, including the fields of practice of nursing.

Practising in a changing world of healthcare

The ways in which new healthcare practitioners are prepared for their unique role within health services have changed radically over the last few years. Different health professions now often learn together. There is now more flexible access as well as opportunities to 'step on' and 'step off' courses, as your individual student needs dictate. This book hopes to introduce you to a way of learning that reflects and complements the diversity of this approach. Whether you embark on your studies in a college of further education or at university, we intend that this book will act as an effective resource as you begin a career in healthcare.

Although the fundamental principles upon which healthcare is founded remain unaltered, the ways in which professionals practise, the roles they occupy with others and the public's expectation are constantly changing. In this century more than ever before, healthcare practitioners will have to adapt their practice to meet the needs of the increasing number of people who are living longer, well into old age. Nurses among others must find ways of providing the best care possible, yet be constrained by tighter costs and account for their every action.

While research and new technologies will enable more and more dreams to be realised, lives to be saved and health to be optimised, some of the longer-established treatments will, as now, be found wanting. We have already entered the arena of the 'superbug'. There are new challenges; old diseases over which we had previous control are increasing again (for example tuberculosis), and the full impact on health from environmental change is yet to be realised. Smoking has increased dramatically among young women and we are yet to see the full impact of the rising tide of obesity in children and adults. The expectations and demands of modern living are leading to increased levels of stress, mental illness and suicide in all age groups. Conversely, for example many people who develop cancer are living much longer after treatment than they previously did and there is improved use of transplants and organ donation. No wonder public expectation constantly rises as the media proclaims that more and more is possible!

Aside from all this, new ways of caring for people within the community aim to support independence more effectively. This brings with it the challenge of taking acceptable risks when public protection must always be paramount. Healthcare professionals have to be able

to make such difficult decisions daily. When things go wrong, more people than ever before will know their rights and will have the confidence to seek redress, but because the gap between wealth and poverty continues to widen, the professional's role in safeguarding the interests of the more vulnerable becomes ever more important.

As the boundaries of practice change, nurses and others will choose to extend their skills into new areas. Some will overlap with the skills of other professionals, and yet all will continue to use those skills that the public recognise and know as 'nursing', 'occupational therapy', 'physiotherapy' and so on. It is this mix of essential skills, knowledge and attitudes that is woven into the fabric of the healthcare professional and which is central to lifelong professional practice. It is these fundamental principles that will be introduced during the initial period of this book, and the way you understand them will influence the way you will practise in the future.

Working towards competence

The Nursing and Midwifery Council (NMC), the regulatory body for nursing, and the other healthcare regulators set out a number of common outcomes that all students, irrespective of where they are studying in the United Kingdom, are required to achieve. For example if you are commencing a nursing course, meeting these first-year outcomes will enable you to proceed to one of four fields of practice programmes: adult, children's, mental health or learning disability nursing. The NMC outcomes to be achieved at the end of the first year are set out in Table I.1.

For examples of other healthcare professional learning outcomes visit the pages on the companion website that accompany this chapter.

Table I.1 NMC outcomes for entry to the branch programme

<p>Domain 1 Professional and ethical practice</p>	<p>Demonstrate an awareness of legislation relevant to nursing practice</p> <ul style="list-style-type: none"> → Identify key issues in relevant legislation relating to mental health, children, data protection, manual handling, and health and safety, etc. → Demonstrate the importance of promoting equity in patient and client care by contributing to nursing care in a fair and anti-discriminatory way. → Demonstrate fairness and sensitivity when responding to patients, clients and groups from diverse circumstances. → Recognise the needs of patients and clients whose lives are affected by disability, however manifest.
<p>Discuss in an informed manner the implications of professional regulation for nursing practice.</p> <ul style="list-style-type: none"> → Demonstrate a basic knowledge of professional regulation and self-regulation. → Recognise and acknowledge the limitations of one's own abilities. → Recognise situations which require referral to a registered practitioner. 	<p>Domain 2 Care delivery</p>
<p>Demonstrate an awareness of the NMC code of professional conduct</p> <ul style="list-style-type: none"> → Commit to the principle that the primary purpose of the registered nurse is to protect and serve society. → Accept responsibility for one's own actions and decisions. 	<p>Discuss methods of, barriers to and the boundaries of effective communication and interpersonal relationships</p> <ul style="list-style-type: none"> → Recognise the effect of one's own values on interactions with patients and clients and their carers, families and friends. → Utilise appropriate communication skills with patients and clients. → Acknowledge the boundaries of a professional caring relationship.
<p>Demonstrate an awareness of, and apply ethical principles to, nursing practice</p> <ul style="list-style-type: none"> → Demonstrate respect for patient and client confidentiality. → Identify ethical issues in day-to-day practice. 	

Demonstrate sensitivity when interacting with and providing information to patients and clients
Contribute to enhancing the health and social well being of patients and clients by understanding how, under the supervision of a registered practitioner, to:

- Contribute to the assessment of health needs.
- Identify opportunities for health promotion.
- Identify networks of health and social care services.

Contribute to the development and documentation of nursing assessments by participating in comprehensive and systematic nursing assessment of the physical, psychological, social and spiritual needs of patients and clients

- Be aware of assessment strategies to guide the collection of data for assessing patients and clients and use assessment tools under guidance.
- Discuss the prioritisation of care needs.
- Be aware of the need to reassess patients and clients as to their needs for nursing care.

Contribute to the planning of nursing care, involving patients and clients and, where possible, their carers, demonstrating an understanding of helping patients and clients to make informed decisions

- Identify care needs based on the assessment of patient or client.
- Participate in the negotiation and agreement of the care plan with the patient or client and with their carer, family or friends, as appropriate, under the supervision of a registered nurse.
- Inform patients and clients about intended nursing actions, respecting their right to participate in decisions about their care.

Contribute to the implementation of a programme of nursing care, designed and supervised by a registered practitioner

- Undertake activities which are consistent with the care plan and within the limits of one's own abilities.

Demonstrate evidence of a developing knowledge base which underpins safe nursing practice

- Access and discuss research and other evidence in nursing and related disciplines.
- Identify examples of the use of evidence in planned nursing interventions.

Demonstrate a range of essential nursing skills, under the supervision of a registered nurse, to meet individuals' needs, which include:

- Maintaining dignity, privacy and confidentiality, effective communication and observational skills, including listening and taking physiological measurements, safety and health, including moving and handling and infection control, essential first aid and emergency procedures, administration of medicines, emotional, physical and personal care, including meeting the need for comfort, nutrition and personal hygiene.

Contribute to the evaluation of the appropriateness of nursing care delivered

- Demonstrate an awareness of the need to assess regularly a patient's or client's response to nursing interventions.
- Provide for a supervising registered practitioner, evaluative commentary and information on nursing care based on personal observations and actions.
- Contribute to the documentation of the outcomes of nursing interventions.

Recognise situations in which agreed plans of nursing care no longer appear appropriate and refer these to an appropriate accountable practitioner

- Demonstrate the ability to discuss and accept care decisions.
- Accurately record observations made and communicate these to the relevant members of the health and social care team.

Domain 3

Care management

Contribute to the identification of actual and potential risk to patients, clients and their carers, to oneself and to others and participate in measures to promote and ensure health and safety

- Understand and implement health and safety principles and policies.
- Recognise and report situations which are potentially unsafe for patients, clients, oneself and others.

Demonstrate an understanding of the role of others by participating in inter-professional working practice

- Identify the roles of the members of the health and social care team.
- Work within the health and social care team to maintain and enhance integrated care.

Demonstrate literacy, numeracy and computer skills needed to record, enter, store, retrieve and organise data essential for care delivery

Domain 4

Personal and professional development

Demonstrate responsibility for one's own learning through the development of a portfolio of practice and recognise when further learning is required

- Identify specific learning needs and objectives.
- Begin to engage with and interpret the evidence base which underpins nursing practice.

Acknowledge the importance of seeking supervision to develop safe nursing practice

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