

A new look at nursing education

MARION FERGUSON,

*Lecturer,
Department of Advanced Nursing Studies,
Welsh National School of Medicine,
University of Wales,
Heath Park,
Cardiff CF4 4XX.*

NURSES, like others, are expected to demonstrate knowledge, comprehension, analysis and synthesis of their subject. To meet those objectives the direction and method of teaching requires a radical organisational change. The student nurse who was 'prepared for' examination should 'participate in' the learning process. Teaching should be directed towards problem solving and be learner centred. Both theory and practice should go hand in hand. These principles are considered to be axiomatic if learning in the sense of understanding is to take place. Even so, with few exceptions, classroom teaching still takes place with little or no reference to what happens in the real world.

Concurrent teaching of theory and practice can be visualised schematically. What we are looking at is a relationship between three areas: the student, the teacher and curriculum, and the graduate (see Fig. 1).

In this paper I will describe the genesis of a course in "Child Growth and Development", outline its teaching method which incorporates theory and practice and conclude with some general observations.

The curriculum of the 4-yr nursing undergraduate programme in the Department of Advanced Nursing Studies at the Welsh National School of Medicine is that of a specialised programme facilitating exploration and understanding of nursing theory and practice. Preparation for clinical training is ensured during the first year by students' exposure to the study of the biological and behavioural sciences, sociology and social administration and the development of nursing as a profession. A course in normal growth and development is taught as it is considered crucial to an understanding of pathology in whatever form it may appear. Successful examinations in these subjects at the end of the first year ensures students' progression to clinical training. The clinical component of the programme introduces the student to major clinical nursing areas throughout the next three years. Concurrent teaching in nursing and allied subjects continues and will enable students to integrate into their nursing knowledge relevant concepts from the various sciences. During the final year there will be teaching in managing techniques, teaching methods and research appreciation. Flexible teaching experiences are planned throughout the

course to help students to apply theoretical knowledge to clinical practice and to detect and to promote change should circumstances require it.

Objectives and assumptions

The introduction of a course in "Child Growth and Development" was considered basic preparation for subsequent learning experiences. Orientation of the first year of study is mainly theoretical and hospital based. By concentrating on theory during their first year students are likely to become alienated from their subject unless linkage is established between theory and practice (i.e. the person). This can only be provided by a teaching programme incorporating both aspects. Modern thinking about nursing emphasises the concept of health promotion and patient centred care.⁽¹⁾ This implies a recognition of a vast number of environmental factors which contribute in one way or another to the health profile of a potential patient. A hospital is hardly the place to gather relevant social information and without this information nursing care becomes limited. Additionally, patient-centred care implies knowledge of the individual before he fell ill so that an assessment can be made of the effects of the particular disease on the particular patient. Knowledge of child development introduces the student to the tenets of human behaviour.

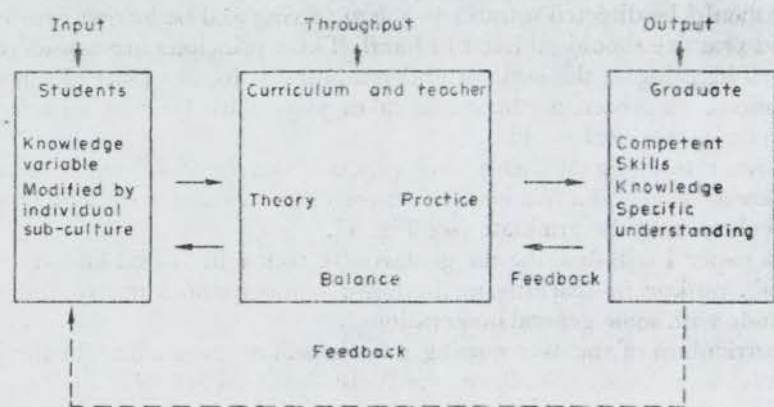


FIG. 1. The direction of the arrows indicate a process of continuous cross-fertilisation. The student will bring to the teaching situation certain attitudes and knowledge as a result of which the curriculum will be modified. The feedback coming from the graduate will also ensure alteration of the programme—indicating recognition of the changing needs of students. If the system is to function adequately a balance must be maintained between the three areas.

The overall objective of the Child Growth and Development course is to enable the students to learn about the principle of interrelatedness and the inevitability of an action engendering a reaction. The conceptualization is meant to be broad and to encompass sociological, social, psychological and biological aspects. An educated competent nurse practitioner must be able to combine knowledge and skill with appropriate attitudes. These characteristics are likely to be sharpened by a

confrontation with social issues met within the homes of would-be patients. Specific objectives of the course are:

(a) learning about growth and development of a newborn child and to integrate various social, cultural, economic, physiological and psychological factors.

(b) self-awareness.

The course was devised accepting the limitations of classroom teaching with reference to practical issues occurring in the outside world. The theoretical content of the course considers developmental phases, stages and milestones of development within individuals and between individuals using recent research on the subject. This year we have been able to draw on a weekly radio-science programme discussing up-to-date research in child development.⁽⁹⁻¹⁴⁾ The practical aspect of the course offered by the University encompasses field work experience by linking each student with a child-bearing family in whose homes students will meet with parents, grandparents and siblings. In this way the classroom concept of an 'extended family' is translated into a living situation. Hopefully, an in-depth appreciation of the complexities of human relationships will result from meeting families on their own territory.

Family contact

Initial contact with the family takes place usually before the birth of the baby. At subsequent visits over a period of about 6 months the student will be able to verify and evaluate some of the classroom teaching. They will also become conversant with the nature and difficulties associated with participant observation; and, but by no means last, students will learn to conduct themselves as budding professionals in a new situation, away from the supporting structure of the hospital.

At the end of the observation period students are required to submit a paper entitled: "Growth and development: observations of a newborn child during the first few months of independent life". The emphasis is to be on total development, namely the physical, psychological and emotional development as demonstrated by the accepted milestones.

The observations should include, for instance, changing food habits of the baby, sleeping habits, growth and weight curves, interpretations of cries, developments of speech patterns by observing cooing and smiling, eye movements, indications of hearing, parental and family involvement and some information on resources families use in coping with their day-to-day problems. In the papers students are encouraged to comment on their observations, making use of their knowledge of the literature for the purpose of comparison. They are also expected to draw on their knowledge of sociological and psychological concepts when discussing the family background.

Planning the course

The course is scheduled to be taught during the second term of the first year, known as the pre-clinical period.

The teaching staff collect the necessary information in the autumn term. This involves interviewing prospective families. Names and addresses of possible participants are obtained from ante-natal records. The criteria for selection of

suitable participants are: date of delivery (approximately from mid-January onwards in any 1 yr), easily accessible homes in terms of transport, and participants' willingness to accept our students.

Permission to use the ante-natal records is obtained from nurse administrators in the midwifery section who have discussed the project with obstetricians. So that an optimal measure of co-operation can be obtained the course tutor attends a meeting of nurse administrators and tutors of all grades in the maternity hospital to outline the project, discuss problems which may arise and secure the promise of co-operation. Previously the teaching plan received approval of the Board of Advanced Nursing Studies of the Welsh National School of Medicine.

For a student population of 10 the course tutor interviews 15-20 mothers, with or without their husbands present. Interviews take place when the prospective mothers attend an ante-natal clinic. A list of prospective mothers is prepared from a master-list of names, expected dates of delivery and places of residence. This record is then checked with clinic attendance lists to find out which person attends on which date. On the particular clinic day the clerk is handed the list of mothers to be seen and the sister-in-charge of the ante-natal clinic provides a room so that interviews can be held with a minimum of interference.

The interview

The tutor introduces herself, (a) by name, and (b) by function within the organisation. The project is explained and the interviewee asked whether or not she would like to participate. No pressure is applied, refusals are accepted without question and apologies are given for having taken up valuable time. Details of the visiting procedure are discussed. The nature and the philosophy of the nursing undergraduate programme are explained to make sure that the participant understands that the visiting nursing student does not as yet possess any nursing knowledge. It is important to ensure that the mothers do not see the student as a nurse and that they understand that she will not be able to give professional advice regarding any problems or difficulties which may arise. If an interviewee agrees to participate she is told that a student will contact her at a later date and proceed to work with her. It is also pointed out that if at any time during the project the participant would like to withdraw she is free to do so.

Classroom activities

Two 1-hr periods are devoted to a detailed explanation of the project to the entire class. We discuss aims and objectives and possible methods to achieving them. The following are some examples of the guidance given to students.

(1) *What sort of observations are required?*

This is left to the individual student who is guided by material presented in the classroom and the reading of the literature.

(2) *How does one obtain information?*

The mother, for her own benefit, might keep a record of her baby's progress which could be shared with the student. Otherwise it is suggested that the method of indirect questioning of mother and other members of the family should be used.

(3) *How do people help themselves?* on how children can help themselves

Students are encouraged to look for examples showing the methods families employ to solve particular problems. On the other hand unresolved problems may provide indicators of a mother's inability to cope which students should recognise.

Insights into cultural patterns, different from those the student knows might be gleaned from these visits. Students are taught how to keep log-books and to record observations carefully and conscientiously after each visit. The log-book is used later as the basis for the paper to be submitted. The observations are to be annotated with the dates and hours of visits to teach students the importance of accurate record keeping and possibly show relationships between timing and particular observations. The importance of distinguishing between relevant and irrelevant material is also discussed. It is pointed out that only regular visits at frequent intervals will produce results which provide continuity. If this procedure is adopted anything unforeseen which might interfere with normal development will be noted.

As nothing is known about the family except the date of delivery of the baby no other useful information can be passed on to the students. Students make their own contact with 'their' family by writing, telephoning or off-chance visiting. As, on the whole, the students have never done any type of case study before they are naturally apprehensive about how to start. We discuss possible opening gambits, the use of clichés and rituals and each student is encouraged to work out her own method. The students are advised to consider themselves as visitors in the homes. They are there by the courtesy of their hosts and this courtesy imposes certain obligations. One obligation is to keep the assurance of confidentiality. Lack of it or an indiscretion, however small, will not only endanger the present study but might jeopardise future studies. Another and very important obligation is refraining from the giving of advice. Students are in no position to offer it at this stage. Various communication patterns are discussed giving examples of situations of inadvertent involvement.

Students report back individually and in groups to discuss their up-to-date observations with the help of their log-books. During both group and individual sessions new areas of interest are explored. These are followed up, reported on and new information is gained from subsequent discussions. In this way a contact is maintained with each student during the entire period of observation. The final work, the writing of the paper, is done during the summer vacation as it is believed that the ordering of the data into a sound paper requires a perspective. The grade received for the paper is the grade for the course.

Discussion

It may be pertinent to point out that as the project takes place during the first year of the 4-yr course no sophisticated case histories are expected. Throughout the study students receive constant support from the tutor. Frequent and regular meetings with the tutor are arranged and if at any time additional meetings are necessary they are readily agreed to.

Considering the underlying philosophy and the constraints I would like to examine a few problems. As at this stage very little is known about the student's

uniqueness, suitability and adaptability and nothing about the family; families and students are paired alphabetically. There remains the problem of the very inexperienced and shy student facing an equally inexperienced and shy mother or family. The 'shy' student is noticed fairly early at class and individual meetings, and she receives such support as is considered necessary. Often this type of student is helped during the small group sessions where each student discusses 'her' family. In the interchange that follows among the students and between students and tutor a rapport develops which seems to bring to light many of our 'inadequacies'. I try to discuss feelings and prejudices and to consider the use/misuse of value judgements when we analyse the usage of words like 'decent', 'nice', 'typical', etc. In this way I hope to lay the foundation of self-awareness.

Unlike their colleagues undergoing Health Visiting or District Nursing training our students are not accompanied by an instructor. Objections might therefore be raised as to an apparent lack of a professional model. Traditionally nurses have developed their identity through a professional socialisation process, the focus of which was competence and detachment. Nurses have learned their lessons well. By venturing forth on their own they are learning to assert their own identity unhampered by a process of induction. Meeting people in their own homes, learning of the need of mutual acceptance might help to promote the nurse with empathy rather than the nurse with sympathy.

An objection might be raised as to the type of family visited. The life styles of the families might be the same as those that the students come from. Eventually the student may not experience anything new. Up to now in our sample there were always a number of families that were different and by the students sharing their experiences with each other all have benefited.

Because the observation starts with the event of a mother's delivery, maternity nursing concepts are being learned as a by-product. Students in their papers have done a lot of work on various aspects of pregnancy, delivery and the puerperium. In this way the students bring a rudimentary knowledge to the obstetric course a year later. Likewise students having spent a period of 6 months observing in one home will bring experience to the course in community nursing which should make it easy for them entering patients' homes.

Has the course proved beyond reasonable doubt that theory and practice have been combined? Have the broad objectives been achieved? This is difficult to evaluate. I feel that courses of an experimental nature must initially be given time to get off the ground. An enormous amount of work goes into the organisation of a new course and it is virtually impossible to apply strict rules for assessment at the same time as the course is being developed. In fact spontaneity and originality in course conception may easily be dampened if monitoring were to be applied too early. At the moment the essay type test is used to evaluate the specific objectives discussed previously and one overall conclusion so far is that students have learned a fair amount about the growth and development of a baby and about behaviour of individual family members.

Up to now none of the families who agreed to participate have withdrawn from the project. In a number of cases friendships developed between the families and students and the following comment, typical of many, seems to indicate a general acceptability of the project by the participants.

Mother: "We all loved having your student. She was so interested in the baby and she became a real friend of the family. I don't know whether she learned a lot but I know we did, because of her persistent questioning."

From the students' point of view the project is also a success as can be seen from a representative statement from one of the students:⁽¹⁵⁾

"The project proved to be of considerable interest because it gave me an opportunity to identify with many theories connected with the family which we heard about in lectures but had never observed in the real life situation. It came at a suitable time because by the beginning of the second term I became a little impatient attending lectures only. I wanted to start being a nurse and in my opinion this was the first step in this direction."

It appears as if theory and practice within this particular course have been combined. Undoubtedly course content and method will undergo constant changes, however, the principles are sound.

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