Transforming Education through Reflection: Pedagogies in Action

Sigma Theta Tau International
42nd Biennial Convention
November 16-20, 2013

Presenters

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Learning Objectives:

- Examine the use of three reflective pedagogies that facilitate transformational learning.

- Explore how these practices support the development of students' abilities to provide patient-centered care and improve health care systems.

Shifts in pedagogy

- Shift from “covering content” to interactive clinically based classrooms
- Shift in how we think about the work of teaching
- Shifts in how we think about learning

Reconsidering the Educational Process

- A single teaching approach limits how students think and learn
- Over-reliance on PowerPoint, lecture, taxonomies of signs and symptoms simplifies practice
- Engaging learners in thinking and learning is a central concern for teachers and students

Practice-Centered Learning

- Learning and applying content are consistently linked to practice
- Reflecting on experiences, thinking from multiple perspectives, questioning assumptions and exploring new possibilities are emphasized

Reflection:

It is like throwing light on a situation to see it more clearly, to reframe, to refocus on what is true.

A Clinical Judgment Model to Apply the QSEN Competencies: Concept Based Learning

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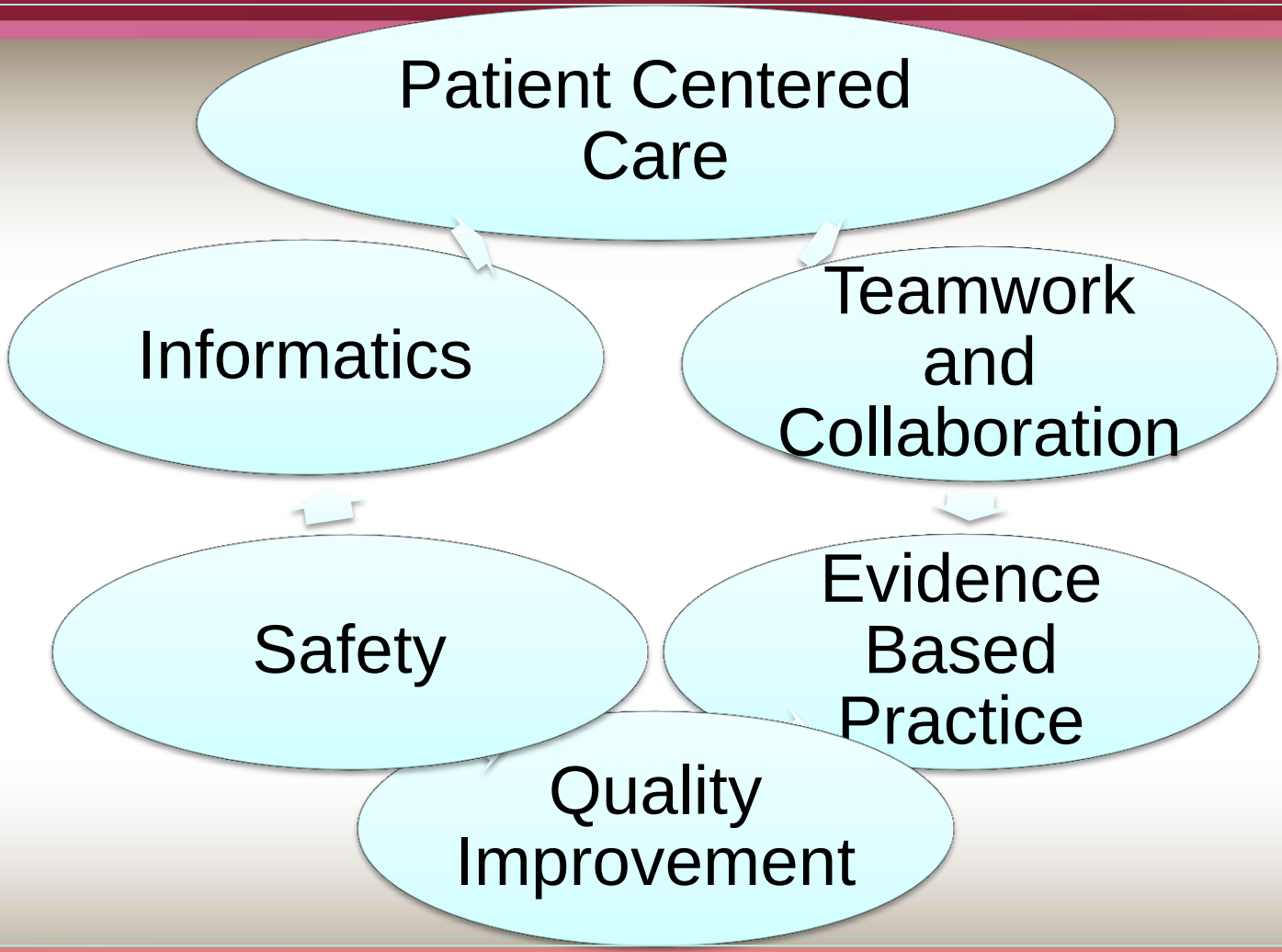
Challenges and changes

- Increasing knowledge and information
- New evidence for best practices
- Complex patients
- Changes in health care delivery
- Focus on quality and safety

- Learning through opportunities to search, retrieve, critique and synthesize information to make situated judgments/think conceptually

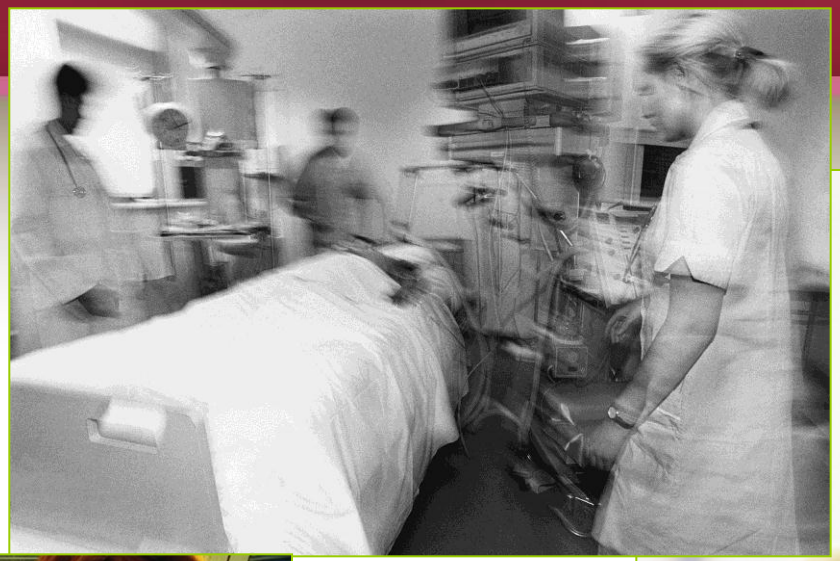
6 quality and safety competencies: www.QSEN.org

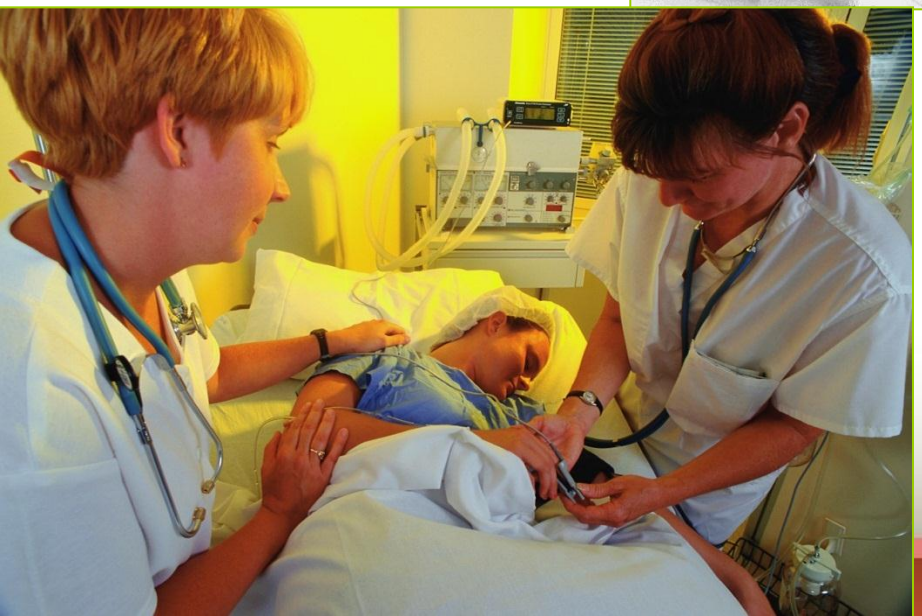


A new mindset: Competencies to improve safety

Patient centered care	Family as partner, accurate assessment
Teamwork and collaboration	Interprofessional communication, mutual support
Evidence based practice	Seeking and applying best practices
Quality improvement	System analysis and improvements
Informatics	Decision support
Safety	Mindset to prevent errors before they happen, report, analyze

What are effective teaching strategies to create behavior change to improve safety?





HOW we teach is an important as **WHAT** we teach.

Focus on concepts rather than delivering content. Thread concepts into clinical analysis.

Theory bursts rather than long lectures.

Flipped classrooms with interactive in class time

Questions

Narrative pedagogies

Unfolding case studies

Web Modules

PBL

Papers

Readings

Case Studies

Reflective practice

Co-Creating the Learning Environment

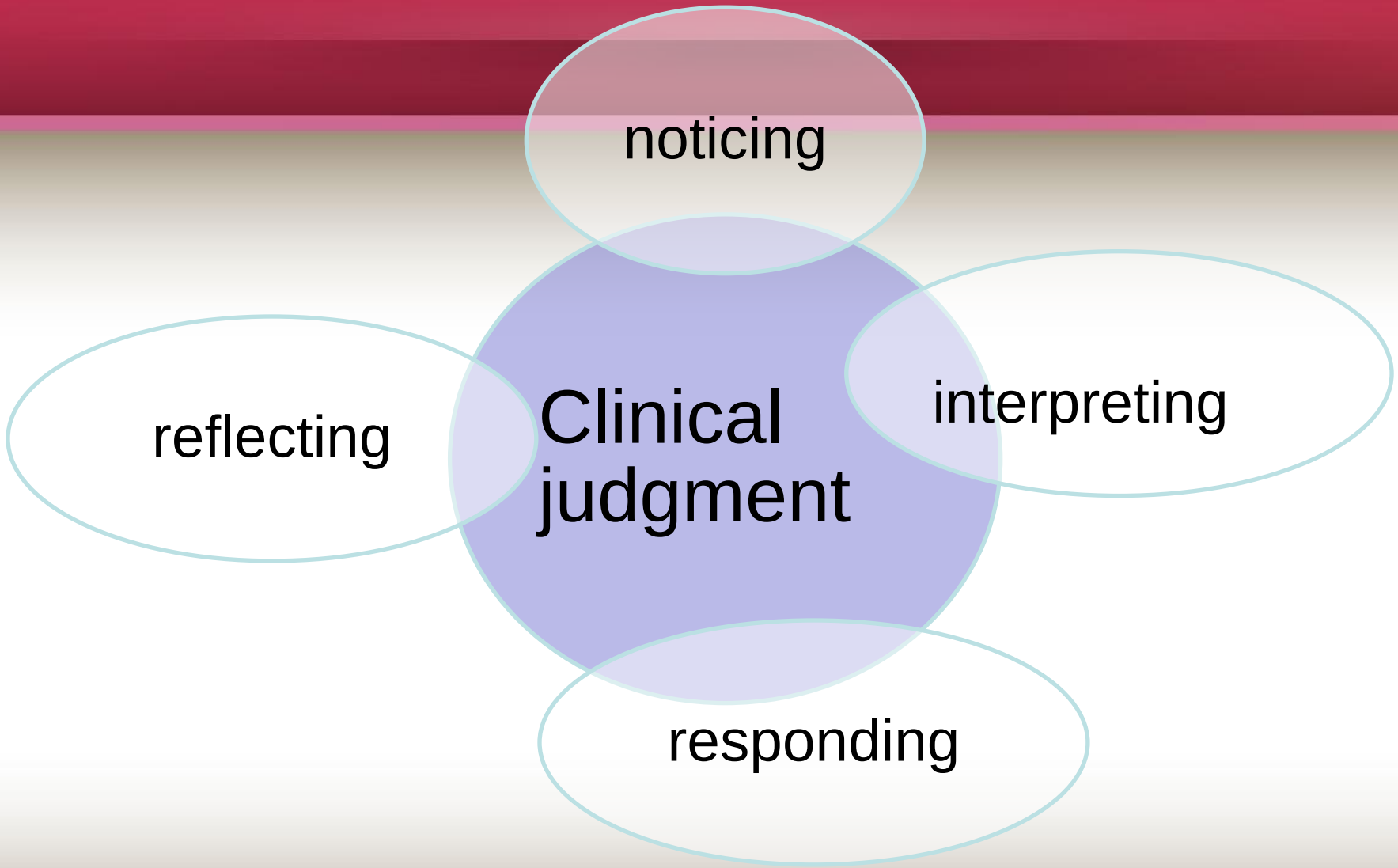
- Learner centered
- Clinically based
- Reflective
- Engaging, inquiring, self managing

Concept learning to bring clinical into the classroom

- Organizing principle or classification of information
- Building blocks and foundation for theory
- Easier to apply than memorized facts
- Replaces focus from content and facts

- Teaching conceptually turns traditional teaching upside down, applies concepts to exemplars

Clinical judgment model (Tanner, 2006)



Developing critical analysis through concepts

- **Noticing:** Begins with a perceptual grasp of the situation
- **Interpreting:** Developing sufficient understanding to respond
- **Responding:** Deciding on what to do appropriate to the situation
- **Reflecting:** Attending to the patient's responses while caring for them and assessing the outcomes afterwards. Tanner, 2006

Reflective practice

Knowledge development	Spirit of Inquiry	Clinical Judgment	Making Sense of Practice
• Narrative pedagogy: • Story and Unfolding case studies	Asking questions Critical analysis of experience	• Developing expertise • Grow from novice to expert	• Grasp whole of situation • Dealing with contradiction

Expertise is more than content knowledge

Knowledge developed from experience

- Tacit Knowledge: developing expert practice
  - understand the multiplicity of factors at play within the context of a situation.
  - develops over time through reflective learning and experience.

Reflective practice: Developing clinical judgment, first notice, interpret

process of exposing contradictions in practice.

first must understand view of ideal practice.

What hinders or enhances how we see practice?

Christopher Johns

Reflection: habit of the mind, spirit of inquiry

- Develop awareness of self, others, and context through EQ
- Make sense of practice events
- Build a healthy work environment

- Engage in work
- Ask questions through a spirit of inquiry for continuous improvement
- Seek change, rather than rely on bad habits and work-arounds

Learning through Reflection

Describe events objectively, facts only

Evaluate what went well/to change next time

Separate emotions/beliefs/assumptions that cloud judgment and development

Analyze based on previous experience (pattern recognition)

Identify lessons learned

Establish follow up actions

Reflective practice: listening to your own voice

- Increases awareness, situation monitoring
- Strengthens critical thinking
- Focus on ideals, values
- Facilitates practice improvement

Structured reflection rather than random thoughts or an emotional response focused on self/ego

Get stuck in repetition rather than open to new perspective

Reflection:

thinking about events (analyzing) with
what we **know** to **reconsider** actions

eads to tacit knowledge development

..making sense of experience and knowledge

improves performance; develops professional maturity

Applying in Practice

- Reflection before action: Briefing
- Reflection in Action: Huddles (problem solve)
- Reflection on Action: Debriefing
- Reflection after action: Reconsidering, building expertise and knowledge

Reflection helps reframe education and experience from required to

transformative

“I was assisting the burn nurse with changing the bandages and dressings and the removal of the staples that had been placed to adhere the artificial surface to his own flesh.

It looked as though it was healing fairly well. At first I was intrigued with the process that I was watching and then I looked at the face of the patient.

It was plain that this was the first time he had seen the extent of his injuries since he was admitted. He was horrified.

This experience was rich in caring moments for me as a nurse. …it was an awakening for me to put the human context to the clinical conditions that I have only read about in books or simulated in lab.

This was not a limb with a second and third degree burns to be debrided and bandaged. This was a person with a family to support and a crew of men who looked to him for their livelihood.

This was a man used to being in charge of his environment and able to create things with the work of his hands. Now his life will be changed forever.”
(Armstrong & Sherwood, 2012)

Reflective Prompts based on concernful practices to develop clinical reasoning and self assessment:

- What stands out for you in this case/story/situation?
- What are you concerned about in this situation?
- What assumptions are we making?
- What else can it be?
- What do you already know that can help you in this situation?
- *Allow the learner to tell what they know so that the role of teaching is listening, leading, and coaching.*
    - From Sherwood & Horton Deutsch, 2012

Awareness

The essence of learning through reflection is to surface contradiction between what is intended to achieve within any situation and actual practice.

Contradiction creates a sense of internal conflict, an uneasy sense deep within the practitioner.

Contradictions exist because for whatever reason, practitioners are unable to act congruently with their beliefs.

In this sense barriers are at once both empowering and resisting. (Johns, 1999)

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Co-creating Learning: Narrative Pedagogy in Action

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Narrative Pedagogy
Diekelmann and Diekelmann, 2009

- Developed *from* nursing research *for* nursing education and practice
  - A phenomenological pedagogy
  - Focused on understanding the meaning and significance of our practice experiences
  - Envisioning new possibilities

Narrative Pedagogy
Diekelmann and Diekelmann, 2009

- Attending to how the Concernful Practices are enacted
- Publicly sharing and interpreting our experiences in practice
  - Explicating presuppositions
  - Questioning
    - Putting ourselves at risk
    - Humility
    - Openings and closings
- Collectively envisioning new possibilities

Concernful Practices of Schooling Learning and Teaching

Gathering: Welcoming and Calling Forth

Retrieving Places: Keeping Open a Future of Possibilities

Assembling: Constructing and Cultivating

Listening: Knowing and Connecting

Caring: Engendering Community

Interpreting: Unlearning and Becoming

Presencing: Attending and Being Open

Preserving: Reading, Writing, Thinking-Saying and Dialogue

Questioning: Sense and Making Meanings Visible

Inviting: Waiting and Letting Be

Diekelmann & Diekelmann, 2009

Listening: Knowing and Connecting

- As a nurse, how would you know if a patient you were caring for felt listened to or not?
- How do nurses listen to what they don't want to hear, what they've heard before, what they don't have time for?
- Could there be times that despite my best efforts to listen to patients, they experience the opposite?

Sources of Narrative

Questioning:
Sense and Making Meanings Visible

- As you were involved in this situation, what were you watching for? Worried about? Surprised by?
- Have you encountered situations like this before? How is this situation like (or different from) that one?
- What led you to think [X] was going on? Can you say more about what you were thinking?
- How would you describe what you learned from this experience to another student who finds themselves in this kind of situation?

- Whose voice is missing /silent? Whose interests were being served by this?
- What is the relationship between [X] & [Y]? By whose account? How did you come to understand this?
- You had certain expectations when you came into this situation. Can you say more about how these changed as the situation evolved?
- What were you hearing from others [colleagues, patient/family] during this time? How did you understand that and what did that mean to you?

To put oneself on a journey to experience means to learn.

Heidegger, (1971)

Visual Thinking Strategies

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Visual Thinking Strategies (VTS)

Developed by Abigail Housen (cognitive psychologist) and PhilipYenawine (museum educator)

How long does one engage with a work of art in a museum?

How does one build meaning?

What are the moment to moment thoughts in aesthetic knowledge?

Used in Educational Research (K-12)

2011

- increased critical thinking
- increased aesthetic development

Klugman Study (2011)

- 3 90-min VTS sessions
- Study with medical and nursing students- increase in willingness to communicate and tolerance of ambiguity
- Increase in time observing
- Increase in visual observational skills

Reflection

- “Reflexivity acknowledges both the influence of previous experience on clinical judgment and response, and the impact of applying new insights about practice through reflection on future experience” Johns, 2004, p. 4
- VTS is an opportunity to practice thinking out loud and reflecting with other disciplines in a safe environment
- Can transfer these skills to clinical arena

Questions Used in VTS

- What's going on in this work of art?
- What are you seeing that makes you say that?
- Facilitator reflects back what participant said and seeks clarification
- What more can you find?

Visual Thinking Strategies

- Images are selected that people can interpret without any specialized knowledge of art
- Choose a work of art that is more than an illustration
- Facilitator is trained in VTS through Vue.org
- Communal understanding is reached through shared observations

Visual Thinking Strategies Concepts

- All students have the opportunity to participate
- Learner-centered
- Facilitator gives positive affirmations for contributions-Validation
- Focus remains on the work of art
- All viewpoints are given equal attention (no right or wrong)
- Multiple viewpoints are considered at once

Facilitative Teaching in Action

- Role of facilitator highly valued by students in VTS
- Neutral territory
- Safe learning environment
- Facilitator validates student responses making them more likely to participate
- Formulation/Reformulation: students link art experiences with clinical experiences and transfer process to patient care
- Mutual Respect: Active listening

Student Responses

"Everyone has an equal voice because there…no one has the expertise in the group unless they're trying to figure out the answer and compare the two, what the notes say next to the picture. I think it puts everyone on an equal plane, to fully communicate your opinion and that's validated by the facilitator."

“There was a big focus on communication on all the other members of the healthcare team. Like the respiratory therapist, then the residents, then the different doctors that had come in and I think, when they would say something or the nurse, she did it, too, but I would repeat back what they would say or say it in a different way to clarify that we were all on the same page and we understood everything, looking at this from the same point of view so that we could all approach it in a unified way, as a unified group.”

Visual Thinking Strategies

- Potential to work with other disciplines
- Allows students to hear how others think and draw conclusions, expanding their own thinking
- Participants can consider multiple interpretations
- Participants learn to use visual evidence for what they are saying
- Allows participants to practice giving details and using more descriptive words

- “Yeah, it was like critical care. You first look at it and it’s so much and it’s so overwhelming, then you break it down into little pieces and it’s like ‘Here is the baby, here people are working, and they’re making a potion here, and you break it down and it makes the big picture seem not so scary!”

“Yeah, I feel like VTS helped me to think through with paintings. I liked how at first she gave us two or three minutes to just look for ourselves then people started talking so that I had time to look at it…think…adjust…and then I could listen to other people’s comments. I liked that. I like to hear what others are thinking and how they come to their conclusions. It makes me think differently.”

Using VTS in Your Class

- Contact local art museum about VTS program
- Use pictures in class to foster group discussions
- Contact social work, medicine, PT to participate and work in teams using VTS
- Safe, neutral environment in which to expand thinking, reflect out loud and consider multiple viewpoints

Visual Thinking Strategies website

- http://www.vtshome.org/

- Research articles about VTS
- Training for facilitators

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