An Integrated Model of Learning and Role Development in Nursing Education

Monika S. Schuler, PhD, RN, CNE
Some questions...

How do we learn?

How do we integrate what we’ve learned with what we experience?
Let’s talk about CPR

CPR is as easy as C-A-B

1. **Compressions**: Push hard and fast on the center of the victim’s chest.
2. **Airway**: Tilt the victim’s head back and lift the chin to open the airway.
3. **Breathing**: Give mouth-to-mouth rescue breaths.

**American Heart Association**

Learn and Live

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**Chest compressions come first now**

New cardiopulmonary-resuscitation guidelines show the importance ofchest compressions immediately instead of opening the victim’s airway and breathing into the mouth.

**CPR revised guidelines: Think C-A-B**

**COMPRESSIONS**

Push at least 2 inches on adult breastbone, 100 times per minute, to move oxygenated blood to vital organs.

**AIRWAY**

Open the airway and check for breathing or blockage; watch for rise of chest, and listen for air movement.

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Note: Those untrained in CPR can simply do chest compressions until help arrives.

Source: American Heart Association
But what if...
For the nursing student...

- Clinical education is key to formative learning and role development
  - Students come in with preconceived notions
  - Some incongruity between what is learned in class and seen/experienced in practice → knowledge to practice gap
Formative learning

• “A method by which a person is prepared for a particular task or is made capable of functioning in a particular role...moving beyond knowledge...to the moral content of the practice...” (Benner, Sutphen, Leonard, Day, 2010, p. 87)

• A product of student experiences...a raising of awareness (consciousness)

...of what it means to be a nurse - integrating the science with the art
Influences...

• Constructivism & Dialogic Teaching

• Mezirow’s Transformative Learning Theory
  • Individuals interpret their own experiences uniquely
  • Transformative learning occurs when there is a change in attitudes, beliefs, perspectives
  • Begins with disorienting dilemma
  • Critical reflection is key (Mezirow, 1981, 1994, 2012)

• Tanner’s Clinical Judgement Model
  • Clinical judgment based on interpretation and response
  • Clinical reasoning – process by which judgments are made and evaluated
  • Notice, interpret, respond, reflect (Tanner, 2006)

• Something’s missing...
How do we connect the dots and construct the bridge?

Feedback and Reflection

Classroom Knowledge & Skill

Practice Knowledge & Skill
Reflection, Feedback, and Restructuring Model for Learning and Role Development

**Perspective Transformation**

**Reflection**
- Interpreting
  - Credibility
  - Pattern recognition
    - Grouping
- Responding
  - Identifying gaps
    - Knowledge, skills, attitudes
  - Formulating plan = goal setting

**Restructuring**
- Respond to feedback
- Change, modify habits, thoughts

**Feedback**

**New Experience**

**New Normal**
- Expectations
- Build confidence in knowledge gained
Reflection, Feedback, and Restructuring Model for Learning and Role Development

**Key components:**

- **Reflection**
  - What do I know already and how does this fit in?
  - What does this mean?
  - What am I missing?
  - What am I going to do next?

- **Feedback**
  - Teachers, colleagues, other members of the health care team

- **Restructuring**
  - Metacognition
  - Transference of knowledge and skills to new situations
Reflection, Feedback, and Restructuring Model for Learning and Role Development & CPR

Student/new nurse performs CPR, hears a rib crack, and later the patient dies.

“What! Is this supposed to happen? I didn’t learn about it in BLS! I must have killed the patient!”

“I didn’t know it was possible to break a rib. I shouldn’t have pushed that hard. Next time I won’t compress as much or if I hear a rib crack I’ll stop doing CPR.”

Cracked ribs occurs in 30% of pts receiving CPR and esp in elderly & pts who have undergone radiation therapy. Patient may have died from other reasons.

“Effective compressions affect survival rates and while a rib may crack during CPR, I should still continue.”

New nurse/student is not surprised if a rib cracks during CPR and instead continues effective compressions.
Integrating knowledge and practice

• Model provides a framework for understanding learning and bridging classroom to practice gap.

• Learning involves reformulating and reconceptualizing – reflection and feedback is essential to restructuring.

• Applicable to clinical, simulation, practice settings.

• May facilitate role development and the integration of the science of nursing with the art of nursing.
Selected References:


