

Problem based learning in mental health nursing : the students experience.

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Problem-based Learning: a recipe for success in Mental Health Nursing?

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Introduction

While there appears to be some consensus regarding the skills that are needed by today's mental health nurse, ways of preparing these professionals for practice can be quite diverse. It is vital that ways of preparing the nurses of the future are demonstrably effective at a time of financial austerity. One approach of increasing interest in this field is Problem- Based Learning, (PBL) although to date there is only one published evaluative study in the field of pre-registration mental health nursing (Wood 2005).

This paper is based on the outcomes of a longitudinal study of two cohorts of pre registration postgraduate mental health nurses undertaking a PBL based programme at a University in the UK. The study's main aim was to explore the participants' experiences of this educational initiative.

Qualitative data was collected in regular focus groups with the participants during the programme and followed up by individual interviews with these same participants (and some of their supervisors) after they had been in practice for at least six months. This data was subsequently analysed using constant comparison methods (Burnard 1991, Charmaz 2006). This paper will focus on those findings relating to the participants nursing knowledge and skills gained during the programme coupled with recommendations for the use of PBL in mental health educational programmes.

Context

The programme these participants undertook was a pre registration post graduate mental health nursing programme. This is a two year accelerated programme for students with a degree in a health related subject and as such has its own challenges. Students have to learn the requisite knowledge and skills in this shortened time span and arrive with a very diverse range of skills, knowledge and previous health care experience. However it was felt

that this was one excellent reason for using problem-based learning and so the whole programme including assessments was designed to use this mode of delivery. Moreover PBL has also been found to be a way of influencing the development of more positive attitudes towards psychiatric nursing as a future career option (Happell and Rushworth 2000).

Unfortunately due to a change in the contract for delivery (which was transferred to a nearby HEI) there were only two cohorts of students who were lucky enough to experience this innovative educational initiative. Each of these cohorts comprised of a maximum of 20 students.

As PBL can be delivered in many different ways it is important to have some understanding of this particular mode of delivery so as to be able to enable any comparisons in the future. This was an issue raised by the recent review of PBL health care research (PBL SIG 2009). In terms of theoretical frameworks the integrated mode as discussed by Savin-Baden (2004) is the closest to this programme. The programme itself comprised of four units of study each coincidentally, having five triggers along with a number of fixed resource sessions. Trigger work took place in two smaller groups of up to 10 participants facilitated by a tutor and used the seven steps as outlined by Schmidt (1983). Assessments were chosen which were in keeping with the PBL philosophy, including a patchwork text, case presentation, counselling intervention, poster presentation and essays.

The Study

The study's main aim was to explore the participants' experiences of this educational initiative and in order to do this all were invited to participate. During the programme all but 2 participated and those that declined cited pressure of work as their reasons. Prior to qualification they were all invited to leave contact details with the aim of further individual telephone interviews after a period of at least six months. Gerrish (2000) and Harrison (2007) suggest that this is the optimum time to allow newly qualified nurses to adapt to their new roles. Of the initial 31 participants 11 were followed up post qualification along with 5 of their supervisors.

Qualitative data was collected initially in regular focus groups with the participants during the programme and followed up by individual interviews with some of these same participants, and their supervisors after they had been in practice for at least six months. All focus groups and interviews were tape recorded and subsequently transcribed verbatim. This data was

then analysed using constant comparison methods (Burnard 1991, Charmaz 2006). Ethical approval for all parts of the study was granted by the University Ethics Committee and all participants gave written consent and were informed that they could withdraw at any point without repercussions.

Findings

The participants reported mainly positive experiences of their programmes and following qualification reported overall satisfaction with the way this had prepared them for independent practice. However analysis of the data revealed three main themes evident throughout their programme and subsequent qualified practice. These were struggling, resolving and performing (see appendix 1).

Struggling

The participants highlight several aspects of their journey from student to newly qualified nurse which involved them struggling.

At the outset of the programme they were clearly very anxious, for all but one participant this was their first experience of PBL. They questioned the evidence base for PBL and as one said: "I'm a bit worried in case I don't know what I need to learn".

This anxiety continued throughout their programme and towards the end of formal training one summed up the main issue as follows:

"We can't know everything but we need to know what the most important things are"

Another aspect of the PBL process which caused participants to struggle was the role of their facilitator:

"I know you have somebody sit in but more often they just sit there and say you tell me I had thought there would be a bit more involvement".

Towards the end of their programmes the participants were able to state the specific characteristics of a good facilitator. These were that they should be active, "inspirational teachers" who are subject specialists.

Group Dynamics was another big concern for all of the participants. Initially this centred on the self directed nature of the programme which is highlighted in the following quote:

"Something I'm concerned about.... people not pulling their own weight....myself included". As the programme progressed this anxiety was somewhat allayed as the groups were mainly cohesive and productive however there were other interpersonal tensions which required their attention including working with people they found difficult. As one participant said:

"It helps working a lot with people that at first you may have difficulty for example in the first trigger group we clashed terribly and you look at us nowthat's a brilliant learning experience because there will always be people that you clash with and you've got to learn to accommodate thatIt's finding that way to get on with people even if you've got personalities that clash."

Presentations that participants did were another source of difficulty:

"We were doing presentations I can remember they were massive and they were taking about an hour to present back. But a skill that we learned from that was to be able to, like prioritise and cut things down and get to what we needed to know really. And I became better at doing that really at the end"

Some of these struggles were seen as positive learning experiences as highlighted in the next theme.

Resolving

Throughout their journey there was also evidence of how the participants were able to view previous struggles as beneficial to their learning: As one summed it up:"we wouldn't have been able to develop as much over time"

On the issue of interpersonal conflict participants were able to identify the benefits they had derived from sometimes difficult learning experiences:

"It's good practice for when you go into the workplace...got to get on with people you might not be happy working with or don't work that well with... you've got to get on with it"

The lengthy placements were also valued by participants as experiences which helped them resolve some of their previous difficulties:

"I mean, yeah because there was only a few placements but they were long and I think that that gave you an opportunity to really get involved in something. You know, I mean well I certainly and I think other people as well were more involved in carrying a caseload than perhaps other nursing students were, and that's a really important thing. And I'm certainly

kind of in the job that I do now, as I said I do casework now, that was really useful to kind of have that and be mentored with it. But also it gives you a real confidence boost that somebody trusts you enough to carry a caseload as a student.”

Two features of the group were likewise identified as being useful in minimising the potential for conflict, the small size of the trigger groups and the⁴ rotation of members at the end of each unit of the programme.

As for the stressful presentations participants were able to identify skills they developed to help with this part of the process:

“we were doing presentations I can remember they were massive and they were taking about an hour to present back. But a skill that we learned from that was to be able to, like prioritise and cut things down and get to what we needed to know really. And I became better at doing that really at the end”

Participants reported that some of the skills developed in their programme were still being used in their qualified nursing practice.

“I think particularly when you’re working on the ward, there’s like a lot of different characters, and it’s how you judge how you’re dealing with people and work as a team, and we definitely did a lot of that on the course.”

This constant tension between struggling and resolving was ^aAccompanied by an acknowledgment that participants were performing well in their roles.

Performing

From commencement through to qualified practice participants gave examples of areas in which they were doing well:

“people have commented that I’ve been a good student compared with other places. And they think I’d got more initiative than - I think that that probably helped with the PBL work, you were always looking for things if it wasn’t sort of given to you to do you found things to do yourself.”

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At the outset of the programme participants believed and hoped that PBL would increase their ability to develop skills and confidence in accessing information, utilise their different educational and personal backgrounds and be effective in modelling practice through analysing clinical scenarios.

At the halfway point participants reported several positive aspects of the programme relating to skills acquisition: research skills, group work skills, presentational and teaching skills, time management and task prioritisation skills. As one said: *"It makes you mix and work with people."*

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During the programme several participants reported an increase in confidence relating to their practice. In relation to some areas participants firmly linked this skill acquisition to PBL. For example one participant stated PBL *"Makes you a bit more diplomatic"*

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By the end of the programme participants believed that "PBL does work" and they felt there were "few downsides". They were all now working in qualified nursing roles and reported no major problems.

"We ended up armed with the skills in the research that if there was anything that we weren't sure about we knew how to find out."

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Clinical supervisors were also very complimentary and supported this belief that the participants had become highly effective practitioners. As one stated:

"She's absolutely superb, she really is. I mean if I think she was probably functioning in terms of newly qualified nurse standards she was probably functioning at quite a high level and I think she's just an excellent practitioner anyway."

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Participants also reported that they felt "more engaged, learnt more and identified a greater depth of learning" than in previous lecture driven programmes. PBL was felt to be more enjoyable as highlighted by the following participant.

".....but overall I think it's a much more enjoyable way to learn and if you enjoy something then obviously you are more likely to get more out of it."

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Whilst specific comments showed interpersonal conflict to be a problematic feature earlier in the programme, comments made in the final focus groups seemed to show that in general being a novice student on a PBL programme was perhaps more difficult than participants described at the time. It is noteworthy though, that participants in looking back felt those experiences were ultimately valuable: "I think the PBL course is what you make it..... It's only now that I can see the positives sides of it..... It's all about adult learning and the emphasis is on you."

However ultimately the participants identified that practising as a qualified nurse was another steep learning curve for them:

"I learnt most when I had got those keys"

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Discussion

The study has several limitations. Firstly it is not clear from the data that the findings relate solely to the participants experience of PBL. As previously mentioned these participants were on a shortened programme and could be described as educationally mature. However as the findings are broadly similar to previous studies of PBL with other disciplines it could be argued that it is in fact PBL which is being evaluated here. Secondly the small number of participants involved limits the generalisability of these findings, further research is clearly needed in this area. This study was also conducted in unique organisational circumstances and participants reported that this had affected their learning experience whilst in University.

As mentioned earlier the participants came to the programme with a wide range of previous knowledge and skills as well as life experience. It could therefore be argued that the fact that these nurses were already used to seeking out information and had previously completed a degree programme meant that they were more suited to a PBL programme. However they also struggled with various aspects of this programme.

The findings chart the participant's (mainly positive) experiences over the length of the programme. Unsurprisingly they had limited knowledge or understanding of PBL prior to the programme, however PBL did seem attractive when explained to them

As PBL was a novel experience participants initial anxieties centred on the process of PBL as well as concerns about mastering mental health nursing and acquiring appropriate learning, an anxiety found by other PBL students (Rowan et al 2008). The shape of the participants journey appears to mirror that of Wood (2005) who describes adaptation taking place during the programme but as with participants in this study still requiring reassurances that they were. "...doing it right".

Despite becoming increasingly autonomous throughout the programme participants continually valued the input of skilled facilitators and were able to articulate their qualities. Whilst participants had specific concerns around their personal contributions to group work, a central concern was of the potential for interpersonal conflict. Although their confidence in this area increased, Participants indirectly looked to the facilitator or changes in programme

structure to address these issues. As well as increased abilities in interpersonal skills participants mainly reported an increase in research and presentational skills along with recognition that they had an appropriate depth of knowledge to qualify as a mental health nurse. It was mainly felt that PBL suited those with greater educational maturity. Participants were also able to offer a variety of suggestions to improve the programme.

Ultimately the participants were valued as newly qualified nurses and their supervisors were particularly complimentary, analysis of the data identified the components that they believed made them such good practitioners: Enthusiastic, good communication, broad knowledge and skills, less reserved than other newly qualified nurses, never stuck - good at problem solving, self sufficient, self motivated, self managing, quick to learn were mentioned as key components.

In general however the participants reporting of improved team working, communication and interpersonal skills mirrors that of the existing literature. . (Barrow et al 2002, Carey and Whittaker 2002, Carlisle and Ibbotson 2005, McCourt and Thomas 2001, Reynolds 2003, Sharp and Primrose 2003, Wakefield et al 2003, Watmough et al 2006 and Willis et al 2002).

There were nonetheless some constructive criticisms of the programme these mainly centred on the lack of engagement with the physical aspects of care:

“ I think now I kind of look back and think maybe if there'd been a sort of, just like a bit more of the medical stuff, a kind of general nursing introduction that you get on the three year course, and I know that that part was the nature of the two year postgraduate course rather than anything to do with the PBL, but I do think sometimes, when I've been dealing with people who have self harmed or things like that, I'm not always hugely confident in sort of wound care and things like that to the extent that maybe I would be if we'd spent more time on that.”

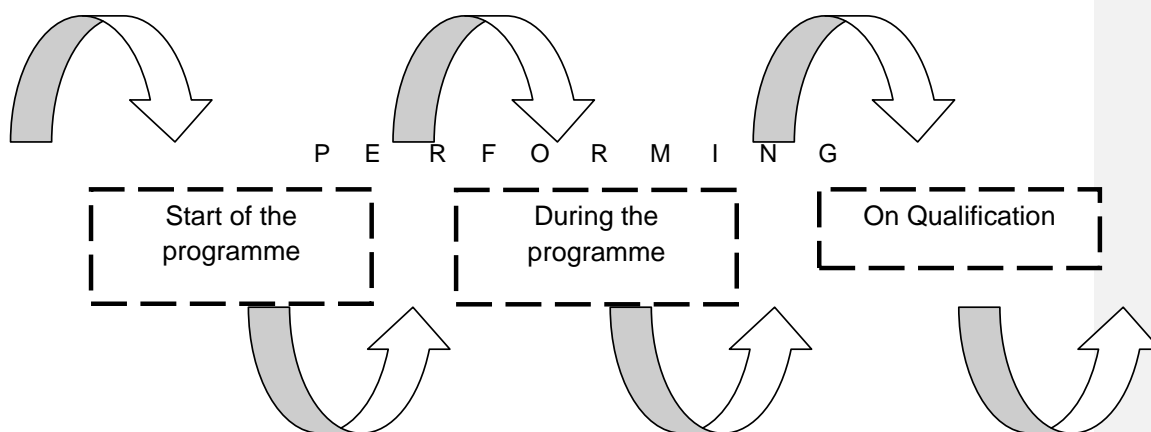
Conclusion

PBL appears to deliver additional benefits to **m**Mental **h**Health **s**Students which positively impacts on their post qualification nursing practice. Supervisors with a wealth of experience stated that these particular nurses were superior to others they had encountered in several ways. Whilst participants found the programme challenging they developed strategies that ultimately proved valuable learning experiences and enhanced their abilities as qualified mental health nurses. Participants made recommendations regarding the role of the facilitator, length of placements, taught content and recommendations regarding assessment that should be incorporated in future curricula. PBL needs to be an integral part of more

mental health nurse pre registration programmes so these findings can be tested in other settings.

Appendix 1

STRUGGLING



RESOLVING

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