Review article on current trends in nursing education


The chapter considers learning and teaching from a nursing and midwifery perspective. From the outset, it acknowledges the authors’ own context of a culturally diverse, inner-city school, and the resultant ‘inevitability’ of its’ influence on the content. It begins by discussing the “ever-changing” agenda for healthcare, and introduces the reader to current policy documentation (DoH. 1999; UKCC, 1999). The implication of these policies for the knowledge, skills and attitudes that education in this field seeks to develop, are examined.

Concepts such as ‘lifelong learning’ (DoH, 2001, UKCC, 2001) and effective approaches to learning (Cheetham and Chivers, 1999) are introduced, and the importance of reliable, valid assessment (Nicol, M and Freeth, D, 1998). The short section on ‘recent curricula changes’ outlines the inception and implementation of ‘work based learning’ (DoH, 1999) and problem-based learning which evolved from previous criticism of practical skills of newly qualified nurses and midwives (UKCC, 1999).

The authors then turn to teaching, learning and assessment. They describe the many strategies used to develop professional expertise. A case study is cited to provide an illustration of the advantages and disadvantages of implementing interprofessional learning. Finally the wide range of teacher/facilitator roles that have evolved to support student learning are described (ENB/DoH, 2001b). An extremely useful paragraph rounds off the chapter, which gives information and web references to organisations that support learning in HE in the UK.

The beginning of the chapter describes the transfer of hospital-based education and training of nurses and midwives into HE. The development of educational policy always represents a compromise between different values and interests (Taylor et al, 1997). The implications for teaching of ‘Making a Difference’ (DoH, 1999 and ‘Fitness for Practice’ (UKCC, 1999) are still developing. One downside of these changes is that healthcare needs, rather than professionalism, would appear to be dictating the format of nurse education. It could be argued that in focusing pre-registration education on outcomes-based educational principles, nurses are not being trained to be critical of their profession and the NHS as a whole. This could result in students not attaining what Barnett (1997) defines as critical professionalism. Employers want nurses who have practical skills but can also be accountable without support. Educators, on the other hand, wish to foster critical-thinking skills and to develop autonomy and competence in students. Quality initiatives such as evidence-based healthcare (Trinder and Reynolds, 2000) and clinical governance (NHS Executive, 1999) have added to the responsibilities and educational needs of healthcare staff and their teachers.

A major implication for teaching is the nature of practice placements and practice-based assessments discussed in the chapter. Attrition rates for nursing courses are currently as high as 30% (Lord, 2003) and one of the reasons for this is lack of support during practice placements. There is an identified ongoing shortage of nurses (DoH, 1999) and although recommendation 10 of ‘Fitness for Practice’ specifies that "consistent clinical supervision in a supportive learning environment during all practice placements is necessary”, this is becoming more difficult to achieve. There are resource implications, highlighted in ‘Fitness
for Practice’, emphasising the commitment needed to support and assess students, including mentor training.

Finally, there has been some confusion over the roles of assessor, mentor, supervisor and preceptor (Neary, 1997). A new ENB/DoH (2001b) framework for the preparation of mentors has superseded previous requirements and replaced courses such as the ENB 998. The role of mentor has been clarified and specifically includes the assessment of students. New mentorship preparation courses need to be, and are gradually being developed. It is vital that they address the importance of assessment and feedback, and time allocated for discussion of dilemma that may occur.

As a health professional relatively new to HE, I would consider this chapter essential reading. It succeeds in providing a starting-point for the understanding of key issues in nurse education and teaching, whilst avoiding over-use of jargon. There is a wealth of information to be absorbed within one chapter, but as a broad overview it maintains a user-friendly format. Sections and sub-sections are logically order, allowing them to be read in isolation if necessary. To enable room for further exploration, the authors give clear referencing and direction to further reading, and offer thought-provoking questions for ‘interrogating practice’.

In sum, the chapter clarifies the multifaceted and complex role of nurse education and educators within HE and the current context of continuous political change – a considerable achievement.

Katherine Bull
Practice Education Lecturer
Camden & Islington Community Health Services NHS Trust (CICHS)

References


