

## **8. TUTORS' EXPERIENCE OF INTRODUCING PROBLEM-BASED LEARNING TO NON-TRADITIONAL STUDENTS ON THE HIGHER DIPLOMA IN NURSING STUDIES (GERONTOLOGY) AT NUI GALWAY**

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### **INTRODUCTION**

This chapter details the experience of introducing Problem-based Learning (PBL) for one module on the Higher Diploma in Nursing Studies (Gerontology), during the academic year 2004-2005. This particular module is delivered during the second semester, thus giving time to prepare students and course staff for a change in method of course delivery.

The Higher Diploma in Nursing Studies (Gerontology) has been running at the Centre for Nursing Studies, National University of Ireland Galway since 2001 and is aimed at nurses with considerable experience in the field of gerontological nursing. The students are mature and the majority of them are returning to formal education for the first time in many years. The course is a one-year, full time programme which involves students' attending the University one-day per week, self-directed study and work-place practice.

The course comprises six theory/practice modules:

- The Nature and Experience of Ageing
- Research Methods
- Promoting Health in Older People
- The Nursing Care of Older People
- Professional Issues in Nursing
- Approaches to The Organisation and Care of Older People

Module content is viewed as interconnected and interdependent, having an emphasis on exploring the relevance of theoretical content to practice.

Throughout 2003 we discussed the introduction of problem based learning onto this course. One module was chosen to begin with *The Nursing Care of Older People*. It was considered that this module, more than any other could draw on students' nursing experience in the use of scenarios to explore issues of relevance to practice.

We will briefly outline the preparation undertaken with staff and students and the delivery of the module. The main focus of the chapter, however, is on the challenges we encountered, our reflections on the process and the strategies we employed to overcome the difficulties and challenges presented.

### **THE PREPARATION**

During 2003 and 2004 we received some training on the concepts and principles of Problem-based Learning (PBL) and both of us felt this particular methodology fitted into our own teaching philosophies, which value student participation, experiential learning and group work to achieve learning objectives as advocated by Knowles (1984). In order to upgrade our skills and knowledge we attended the Maastricht University Summer School (week 1) in June 2004.

Our enthusiasm on return knew no bounds, if only we could implement PBL into the whole course. However, common sense prevailed and, thankfully, we stayed with our original plan to change just one module.

Our first task was to meet with and convince the other members of the module team that this change in methodology was a good idea. We prepared well, particularly emphasising the role of the tutor as described by De Grave et al. (2003). Learning objectives were reviewed, with a view to ensuring they were met using the new teaching methodology. It was agreed that the nutrition and pharmacology input should combine traditional and PBL methods, while the sessions relating to nursing would be delivered using purely PBL methodology. The time-table was also discussed, in an effort to allow as much time as possible for students' self-directed study. At the end of the meeting one of the staff remarked that this was the first time we had discussed the module as a team, traditionally she had been asked to deliver a number of lectures. Already, we had a positive outcome of PBL.

Following this, scenarios were prepared which would ensure that the learning objectives were met. Essentially we divided the course into five sections, but with considerable overlap between each section, to ensure that we were addressing the nursing care of older people in a holistic manner. Over the next couple of weeks we communicated with each other via e-mail and developed scenarios which ensured that the learning outcomes were covered, while giving students an opportunity to draw on their experiences.

Having done this, our next task was to prepare the students for PBL. Induction of students into this methodology was emphasised during our training at Maastricht, where a one-week induction is provided. The part-time nature of our contact time allowed for one and a half days induction only. A full day induction was provided in November 2004 and a half day in January 2005. We considered that by this time students would have gone through some of the stages of group development as described by Prenderville (1995). De Grave et al (2003: 40) point out that productivity in PBL is affected by 'the extent to which students in a tutorial group are able to develop a coherent group'.

Day One Induction was facilitated by both of us and consisted of the following:

- Introduction to PBL: concepts and development
- The Maastricht Seven Steps
- Group development - group work exercise
- Roles of group members in a PBL tutorial (leader, secretary and group members)
- PBL practice exercise

The seventeen students were divided into two tutorial groups of eight and nine members, respectively. Students were given a handout explaining PBL, their time-table for the module and a list of group members. Clarity regarding the PBL process was achieved by working through a scenario later in the day. We were very impressed by the broad view of the problem taken by both groups of students. The overall impression we had following the induction day was that students would embrace the process.

The second induction session, held at the beginning of semester two took place in the nursing studies library and was facilitated by staff from computer services who demonstrated library search skills. We also held a 're-cap' session at this stage, in which we reinforced the concepts of PBL, ensuring that the timetable and process was clear and helped each group establish themselves. At this stage, students displayed signs of nervousness and lack of surety about the process and looked to us for more guidance than we had anticipated, given their enthusiasm and competence at the earlier induction. We dealt with students concerns and answered their

questions, re-assuring them that once the process started the concepts would become clearer. We had encouraged students to rotate the role of group leader and secretary and each group came up with a 'rota' for each of the tutorials. This ensured that each student took on one or other role during the process.

### **THE DELIVERY**

The first two sessions of the module were delivered using lecture format. The first scenario was introduced in session three. This scenario was based on the lectures already given and the 'outcome' of this scenario formed the course work for the module.

#### **Figure 1: Scenario 1**

##### **Scenario 1 – Nutrition and Pharmacology**

Brenda was appointed Clinical Nurse Specialist in Gerontology within the West of Ireland one year ago. She has, in the past year, visited all the specialist care facilities for older people within the region.

She has noted that many patients are confused, complain of blurred vision and suffer from constipation. This has given rise to concern regarding the amount of psychotropic drugs in use in the clinical area. Additionally, she is concerned about the amount of nutritional supplements which are in use, despite the fact that many patients are able to enjoy a normal diet.

Following a meeting of the Committee for the Care of Older People, at which her concerns are discussed, it was decided to gather data on the prevalence of both psychotropic drugs and nutritional supplements usage in the region.

The first scenario was, we considered, quite challenging for the students, particularly as it was linked to their coursework. As a scenario, however, it is quite directive, which students found helpful and assisted them adjust to Problem-based Learning. We considered that this scenario helped students settle into the methodology.

The next three scenarios related to nursing issues for older people. Guidelines were given to students for scenario one and two only. During the tutorial groups, the students worked through each scenario, using the Maastricht Seven Step process, which is outlined in chapter 2. Each session had a group leader and secretary. It was noted by the tutors that some students were more confident than others in the role of leader and secretary. Where a student was confident in the role of leader, the groups' work progressed more easily than where the leader lacked confidence. Each situation required monitoring, and sometimes intervention from the tutors. This will be discussed later in our reflection.

As tutors we had to be alert to the possibility of students straying from the subject or being allowed by the group leader to spend time on an aspect of the problem that might not have particular relevance. For example in Scenario 2, one group spent quite a lot of time talking about services for people with learning disabilities, which had some relevance, but was not the focus of the scenario.

**Figure 2: Scenario 2, 3 and 4**

**Scenario 2: Communication Skills**

Ellen is a widow. She is 78 years old. She has five grown-up children, three of whom live outside of Ireland. Her son, his wife and family live in the 'home place'. Ellen and her 39 year old daughter, who has a mild learning disability, live in a bungalow next door. Of late, Ellen has become forgetful and has experienced 'blackouts'. She and her home are not as well kept as usual.

Her G.P. ,who saw her at the request of one of her daughters who lives in Paris, has asked the Public Health Nurse to call.

**Scenario 3: Physical Health Issues**

Mary, who lives in a rural town in Co Clare, was admitted to the local residential care unit three weeks ago for respite care. The respite is necessary to give her husband, Rory, her main carer a break and to allow him to have a recently developed leg ulcer treated.

Mary has been getting frailer, less able to walk, needing more help and her husband has been doing progressively more for her. She fell in the bedroom and after a couple of days fell again. She was also getting progressively forgetful and needs to wear an incontinence pad at night. She felt she could never get to the bathroom on time and that this is contributing to her falls. Rory is very worried by the change in Mary but has continued to care for her. He no longer goes out and is missing the social contact with his friends. He had called to his next door neighbour one evening, who was concerned by his exhausted state and advised him to contact the doctor. While examining him, the doctor discovered a broken area on his left leg.

Last week, following a multi-disciplinary assessment of the couple's situation, it was decided that Mary should move to a long-stay unit. The couple have been informed of this.

**Scenario 4: Mental Health Issues**

Bridie is an 82 year old woman who lives alone in the Renmore area of Galway. Her husband died a year ago and since then she moved to Galway to be near her daughter. She misses her husband, her friends and neighbours and most of all her old way of life. She feels lonely now and cries a lot, has no friends and feels at times that there is nothing to live for. Her daughter is married with three children; works full time, is always busy and only visits at weekends. Mary is independent and able to care for herself except to get some shopping which her daughter brings her.

Her relationship with her daughter has deteriorated and she feels she was tricked into moving and selling her home in Mayo. Some days she is so low she stays in bed. Her daughter feels that she can no longer manage the situation and has contacted the local nursing home with a view to having her mother transferred there. You are the nurse in charge who answers the phone.

## **MODULE ASSESSMENT**

The course was assessed by 40% course work and 60% examination. In order to be creative and to ensure a problem-based group work approach, we devised the coursework element of the assessment to ensure maximum participation of each student, combined with a team work approach to the presentation. The coursework was based on Scenario 1. Each student collected data on the use of psychotropic drugs and nutritional supplements in their workplace, during a given week. As a group they collated this information and identified the issues relating to nursing care arising from these practices and presented their combined findings. The result of their efforts were impressive, demonstrating knowledge, ability to gather and collate data, teamwork skills and identification of issues relating to nurse practice. The examination questions were based on scenarios 2, 3 and 4 as well as a question relating to application of PBL skills to the practice setting.

## **PART-TIME STUDENTS AND PBL**

From the outset of the PBL process, difficulties for the students began to emerge. These were not linked to the subject matter of the scenarios or to the course process but were a consequence of the students' part-time status at the University and of the fact that students, because of their geographic locations, did not have physical contact with each other from one week to another. On occasions students missed a session, mainly due to being on night duty at their workplace. Each group dealt with this difficulty by obtaining an agreement that students who were missing would send the gathered information on to colleagues. We encouraged students to try to keep in touch with each other by other means, including telephone or e-mail. Students were extremely diligent about ensuring that information was sent on to the group members who missed a session. However, it meant it wasn't always possible to ask questions or clarify issues as they arose. It also meant that students missed the scenario and had to be filled in by colleagues on the content and requirements. Tasks were allocated to students in their absence, and conveyed to them. These issues resulted in students feeling stressed and frustrated, which concerned us. We should emphasise, however, that no more than two students were ever missing from either group at any one time.

## **TUTORS' REFLECTIONS**

During a workshop facilitated by Jenny Moon at NUI, Galway earlier this year, she described reflection as a form of 'cognitive housekeeping'. Her, perhaps more formal definition of reflection, is one with which we identify:

Reflection is a form of mental processing – like a form of thinking – that we use to fulfil a purpose or to achieve some anticipated outcome. It is applied to relatively complicated or unstructured ideas for which there is not an obvious solution and is largely based on the further processing of knowledge and understanding and emotions that we already possess.

(Moon: unpublished handout, 2005, adapted from Moon: 1999)

Brown et al (2003:217) point out that while experienced lecturers and teachers may be practicing at the expert practitioner level, when trying out new techniques they will not have reached this 'implicit and almost instinctive state'. We put ourselves into the category of novice in relation to Problem-based Learning, while having considerable teaching experience and insight into how adults learn. Thus, we decided to keep an informal reflective journal of the process of the development and delivery of this module.

From the planning stage, we noted that in order to meet the learning objectives of the module we would need to be creative in our approach to the scenarios. An added objective of the change to PBL was to integrate different aspects of the course with each other, so that, for example, students would become aware of the effects of the use of psychotropic drugs on patients physical health and also be aware of the responsibility of nurses in practice to the client's family and carers as well as to the client.

Our view is that we achieved this in the scenarios we devised. We were conscious that we had to work within the parameters of the assessment process over which we had no control.

Two areas of difficulty arose during the delivery of the module, each of which we will deal with:

- Students' varying skills in the roles of group leader and secretary
- Students' part-time status, their work commitments and geographic distances from each other

We have already stated that this is a group of mature students, many returning to education following considerable time lapse. The majority had received their nurse education prior to the changes implemented by the Commission on Nursing (1998) and many of them are, for the first time, taking advantage of the Commission's recommendations for the continuing education of nurses (Report of the Commission on Nursing: 1988). Our hypothesis that, because this module was delivered during semester two, students would be comfortable together and able to work in a peer-led group, was in retrospect quite a naïve one. The preparation we had done with students for PBL was clearly not enough. Our assumption that students would have the necessary skills to lead a group, without adequate facilitation skills training, was wrong. In future years, we particularly need to provide much more skills training for the roles of group leader and secretary. PBL preparation workshops will be on-going during semester one. In overcoming the challenges we encountered in this area, we once again reverted to De Grave et al (2003; 39-45), for a full discussion on tutor interventions. The strategy we developed, in an attempt not to 'take over' the running of the groups, was to provide 'on the job' training for group leaders. We positioned ourselves close to the group leaders and secretaries and provided either implicit or explicit support as appropriate. As the weeks progressed, we found that students did not need as much support. Students were aware that we were also at the 'novice' stage of PBL implementation and we discussed the process as a group. This proved helpful to us and to students, with an emergence of a team approach to overcoming difficulties.

While the problem relating to students' facilitation skills did not take us totally by surprise, their difficulties regarding attendance at the university and their work commitments did. In developing the timetable for the module, we had given as much time as possible for on-site self-directed learning. We soon realised, however, that the fact that students were not in daily contact with each other was leading to difficulties for them and was compounded if a student missed a session. Obviously, should a student miss a lecture at any time, she can obtain the information from her colleagues, from the lecturer or on the website. Having responsibility to source information for others is quite different, and puts an added burden onto students.

Both these issues led us to reflect upon the use of PBL for students that fall into the category of 'non traditional' as described by Taylor and Burgess (1997: 103). As mature students returning to education following considerable time, our students fall into this category. Their non-traditional status is compounded by their work and family commitments. Had our expectations of the students been too high, were we in fact putting extra burden on them? Taylor and Burgess (1997:103-114) discuss the use of PBL to overcome what Weil (1988) described as 'disjuncture'. Our concern was that our expectations of the students had in fact created

disjuncture. The very PBL process, which requires students take on multiple, conflicting roles – that of group leader, secretary and team member – may have compounded the issues they were dealing with as mature students with a range of responsibilities outside of the university. Our response, on early recognition of the situation, was to provide as much support to students as possible. We made ourselves available during self-directed study time and ensured that students could contact us between sessions if they needed clarification on any issues. The fact that we discussed the issues with the students meant that we were tackling the problems in partnership with them, which added to the sense of teamwork that developed as the course progressed. The Problem-based Learning approach enabled us to do this.

Despite these challenges, students remained well motivated and did indeed work very hard to fulfil the learning objectives of each scenario. As the semester progressed, they became more confident about the process and their ability, as experienced nurses, to deal with the problems presented in each scenario. We are particularly happy with the response from students in their examination questions about the application of PBL skills in their clinical areas. The fact that students performed so well in the coursework and examination of this module gives us confidence to continue this module using PBL. We will be doing so with a clearer knowledge of the obstacles facing students and ourselves and will, hopefully, be able to support students more fully. This will be done by extending the induction to PBL, ensuring that students can have better contact with each other and with us by setting up on-line opportunities for contact through Blackboard. Clearly there is a need to research the use of PBL with non-traditional students in order to gain deeper insights into the challenges which this methodology presents and to identify in partnership with students the most appropriate support mechanisms.

We conclude the chapter with the words of one of the students who captures the value of utilising PBL in the practice of providing nursing care to older people:

*Having undertaken a module through Problem-based Learning, the benefits of this approach to gerontology, education and practice are undisputed. Age related conditions and diseases result in older clients presenting with a multitude of bio psychosocial problems. The acquisition of problem-solving skills and the adoption of a problem-solving approach to care will allow nurses to deal confidently and completely with these challenges in a professional and autonomous manner. PBL embraces the art and science of nursing which is apparent in the acquisition of skills (creative/critical thinking) and qualities acquired (competent, confident, autonomous practitioner, team worker and self-directed learner) all being central to the delivery of high quality patient centred care that is evidence based.*

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