**University of Brighton, BSc Honours Adult Nursing Degree**

**Feedback for Curriculum Design Group**

What follows are my comments as a third year student nurse. I have so far been unable to attend meetings of the Design Group as they are clashing with placement shifts and other 3rd year commitments. I am a mature student in my 50’s, and in my previous career worked as a trainer, and leadership development consultant and coach across all sectors. It is this experience which has informed my perspective on the current Nursing Degree.

The views are mostly my own, although I shared the paper with 7 of my peers, who have contributed some feedback and ideas and a lot of support. The feedback covers four areas:

1. Teaching approach
2. Relative weighting of different parts of the curriculum
3. Mature students
4. Resilience
5. **Teaching approach**

**Expert lecturer vs an adult learning approach.**

I have experienced a big difference in teaching approach between the clinical skills/professional practice part of the course, and the more academic parts of the course.

This is a broad characterisation of the difference, exaggerated slightly to make the point:

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| **Expert lecturer** | **Adult learning facilitator** |
| Spends most of the lecture talking | Listens to studentsFacilitates discussion, encourages input from students, designs participatory exercises within the session |
| Uses dozens or 100s of powerpoint slides, sometimes mainly reading from the slides without a lot of additional content | Uses a few slides to make key points, to show pictures, illustrations, diagrams, signpost referencesUses other media such as video clips, and brings equipment to pass around |
| Assumes we are “empty vessels” (see Paulo Freire reference below), we have no prior knowledge of the subject being taught, and need to be filled up with the lecturer’s knowledge and expertise | Assumes we may well have some prior knowledge, and bring valuable life experience to apply to the subject being learned |
| Assumes a difference in knowledge between lecturer and students | Assumes we are all adults learning together – we can all contribute |
| Makes little effort to know who is in the room – their experience, which cohort/ year/ whether we have been in practice recently etc. | Finds appropriate ways depending the size of the group to assess people’s relevant prior knowledge and experience  |
| Lectures are a standard format | Workshop sessions are tailored to the group and the context |
| Typical comments:“Don’t worry, this will all be alien to you”“You are novice researchers at the moment”“Oh you’ve been looking at the slides” (when someone talked about introverted personality types in Ni404 – i.e. assumed we wouldn’t already know about extroverts and introverts) | Typical comments:“Who has come across this before?”“Who has had experience of this in a different context?” “Was the experience good or bad?”“How can the experience be applied to a nursing context?”“What examples do you have?”“What learning and insight have you gained from your experience?”“How can this concept or theory assist you in future?” |

The adult educator’s role is to gauge what we know and help us use our existing experience to incorporate new learning. This approach lends itself to participatory and experiential learning, using group work, case studies, reflective practice and action learning. I value this approach because it builds confidence and empowers learners from the start of the process. It show respect for what people bring with them, and encourages them to contribute. The majority of nursing students may be young and may not have been exposed to further education before, but everyone comes with life experience: of family dynamics, of growing up in communities, of working in part-time jobs, which are all relevant for nursing. An adult learning approach can also be quicker and more effective in helping people see the relevance of what they are learning and apply it in the workplace. An adult learning approach could be cheaper and more flexible – using freelance trainers to run workshops, as opposed to establishment post lecturers.

If a lecturer has 90 minutes to cover a range of topics with a group of 80+ students in a tiered lecture theatre, it may seem more challenging to build in interaction and participation although some lecturers have done this brilliantly. When facilitating small group work in a large group it helps to be very clear and directive so that each person knows which group they should be working in, what the task is, how long they have, and how they will feedback.

Some lecturing and information giving is important but it is worth considering that TED talks are limited to 20 minutes as it is generally accepted that people’s attention span for absorbing information is about 20 minutes. Research into children these days suggests the attention span is much shorter. So if a lecturer continues to talk uninterrupted after 20 minutes, it is likely that much of what is being said will be ignored.

An academic approach sees many students go through enormous dips in confidence, and high levels of stress as they have to learn how to learn in a new way and how to write academic essays. When I look closely at the NMC standards for competence I don’t see any specific requirements for being able to write an academic essay to meet the standard.

I’m aware that I’m probably challenging a sacred cow. That the RCN fought for years to ensure all nurses should be qualified with degrees in an attempt to raise / embed the professional status of nursing. I’m also aware that having established the training in universities over many years, a change of approach could entail radical changes to funding, staffing, etc. I don’t know what universities require in terms of teaching and assessment in order to be able to award a degree. I just wonder if it’s the most effective way to prepare nurses for the job that they have to do.

\* Freire, P and Ramos. M.B., 1972. *Pedagogy of the Oppressed*. Penguin, Harmondsworth..

1. **Relative weighting of different parts of the curriculum**

**More time should be spent on:**

* Making the most of learning in placement. Occasional short EBL sessions, with very variable levels of facilitation are not sufficient. We spend a lot of time on placement. Our mentors who are already overworked spend additional time mentoring us, and completing our books. It is not clear how this experience (which is really important to us) is assessed and taken into account by the university.
* Anatomy and Physiology in the first year, and Acute Medicine in the second year were both great modules, and very well taught, but needed much more time for those of us new to health science.
* The clinical practice sessions are great, well taught, enjoyable, encouraging, and provide a good balance of theory and practice. We would like much more time to practice clinical skills, and to learn about medicines and drugs, and the management aspects of nursing such as discharge planning, trust policies and procedures. We want to be trained to cannulate, take bloods and insert male catheters before we are qualified.
* Human Qualities in nursing – these are essential skills, and it would be great to develop the participatory approach much further. It would be good to spend more time in year one on group dynamics to build trust and rapport within groups so that individuals are more confident to participate. Skills could be taught in workshops by freelance trainers who can run applied sessions, which refer to theoretical models, rather than starting with the academic theory with a bit of added participation.
* Pharmacology/ medicines management – it would be helpful to have more teaching on this throughout the course, and perhaps an exam or test each year to help us build drug knowledge and confidence over three years.

**Less time and weighting should be given to the academic / philosophical elements of the curriculum:**

* “What is Nursing” – this module could be converted into an e-learning package, used nationally at all universities, with small group tutorials to check understanding.
* Research – it would be great for these lectures to focus on exciting new clinical trials to inspire us as we learn about research protocols, rather than get put-off by critiquing pieces of research that seem to lead to no discernible change in practice.
* Public Health, Long Term Conditions and Psycho Social Studies. These modules were all important. It would be great to start from practice examples and case studies and then explore the relevant policy and best practice guidelines arising from the examples. Less academic theory and more applied, present day focus would help us make sense of the experience and apply principles to new scenarios and future experience
* Leadership – as with Human Qualities, skills and competence based training workshops would be a better way to make this course more relevant, empowering and confidence building for students.

We feel that the year planning for February students is less good than for September cohorts. We have found it difficult to cope with families and holidays and breaks when exams and essay deadlines are scheduled immediately after holidays. I believe that some improvements have been made for more recent February cohorts.

1. **Mature students**

In a context of increasing demand for qualified nurses, combined with rising numbers of nurses leaving the profession as a result of Brexit, an ageing workforce, pressure of the job leading to burnout, low pay, and cuts to the bursary and other training funds, it might be worth exploring how can the degree be more welcoming and encouraging for mature students?

I was surprised at the attitude towards people working as HCAs at the start of our first year. The message I picked up from some lecturers could be paraphrased as: “you will probably have picked up bad habits which you’ll have to unlearn”. As opposed to “welcome, we are lucky to have you here, your experience will be valuable to you and to us and your fellow students. You may find there are differences in what we teach and what you have been practicing, please raise for discussion so we can understand why: it may be cases of bad habit/ poor practice, or there may be a good reason for adapting, or you may even be ahead of us …”

To what extent would it be possible to develop a modular approach to the degree with the possibility of assessing students with prior competence or knowledge in particular modules to allow them to pass sections of the programme? This would make it easier for mature students to fast track some of the curriculum, which would save both the student and the NHS time and money, and get nurses to the point of qualifying more quickly.

1. **Resilience**

The agenda for the first CD group meeting included a session on building resilience as a key part of curriculum redesign.

The three year degree programme is tough for students on many levels, and we are aware that it’s only the start – the first months of working as a newly qualified nurse will be even tougher. My first thoughts on resilience would be to offer more individual and small group support during the course. Incorporating an adult learning approach as outlined above would do this – students would feel they are known and valued as individuals and would have closer contact with key staff. The personal tutor could play a more important role in supporting students. Some students receive a lot of support and encouragement and contact from their personal tutors, others much less. EBL type sessions to reflect on practice should be a much more prominent part of the course, but skilled facilitation is really essential for people to be able to learn and feel supported. Our experience has been very mixed depending on who was facilitating. Tutors and facilitators need to know how to work with group dynamics over several sessions to create a supportive and trusting climate which will allow people to open up, and discuss problems or mistakes without fear of feeling stupid or of being patronised or judged. Being able to openly explore really difficult experiences in practice or on the course with a supportive group and tutor/facilitator would provide an important space to work on resilience – and what it means in practice at work.

KH. June 2018