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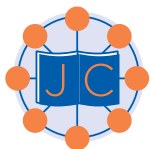
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### In this article...

- Using teachable moments to enhance workplace learning
- Drawing on real-life challenges to create learning opportunities
- Working with learners to recognise and maximise the benefits of teachable moments

# Nurses as educators: creating teachable moments in practice



Nursing Times  
Journal Club

## Key points

**New roles in healthcare, along with new apprenticeship routes, have resulted in a greater focus on workplace learning**

**The role of all nurses as educators is embedded in new regulations for practice learning and the Nursing and Midwifery Council's code of conduct**

**Identifying teachable moments enables learning to take place in the practice setting**

**Teachable moments can be both opportunistic and planned**

**Educators in practice need to work in partnership with learners to recognise and maximise the benefits of teachable moments**

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**Abstract** Effective workplace teaching is increasingly important in healthcare, with all staff being potential educators. The introduction of new roles and the need to create capacity for increased numbers of students can make it difficult to create a good learning experience. Despite the richness of clinical practice as a learning environment, creating capacity for teaching can be challenging. This article explores the possibilities for identifying and creating teachable moments in busy clinical environments and suggests a developmental model for incorporating these learning opportunities. Teachable moments linked directly to optimal patient care can potentially influence and shape a positive learning culture in clinical environments.

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New nursing roles and apprenticeship routes, such as nursing associates and nurse degree apprenticeships, have increased the focus on work-based learning (Halse et al, 2018). This is set to be a growing area for nurse education because of the need to increase student capacity and expand the nursing workforce to meet rising demand.

The global shortage of nurses and the acute shortage in the NHS (NHS, 2019), requires immediate action including increasing nurse recruitment through traditional university routes and expanding new roles and apprenticeship routes. Each approach requires clinical workplaces to increase their teaching capacity while supporting the existing workforce to provide first-class care. Educating the workforce of tomorrow while caring for the patients of today is a challenge faced by healthcare globally. To achieve this, we propose integrating these two activities rather than treating them as separate entities.

Greater focus on the workplace as a learning environment and on the relationship between learners and their supervisors/assessors is required throughout care systems. Every nurse, midwife and nursing associate – not just those in educator roles – must see themselves as an educator. Educating others is a key principle of the Nursing and Midwifery Council's Code (NMC, 2018), and learning opportunities need to be clearly identified by care providers, and fully exploited and valued by all.

Despite the richness of clinical practice as a learning environment, achieving and maintaining a focus on work-based learning can be challenging in busy and complex settings where patient care is the priority. However, with preparation and by embedding education and learning throughout the workplace, learning can take place in even the most-pressurised settings (Attenborough et al, 2019).

The duty to support and educate students is embedded in the Code and the

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creation of the practice supervisor role aligns learning with care delivery. It also gives nursing and midwifery education the opportunity to engage other health professionals, although there is evidence that some nurses consider it an additional task (Attenborough et al, 2019).

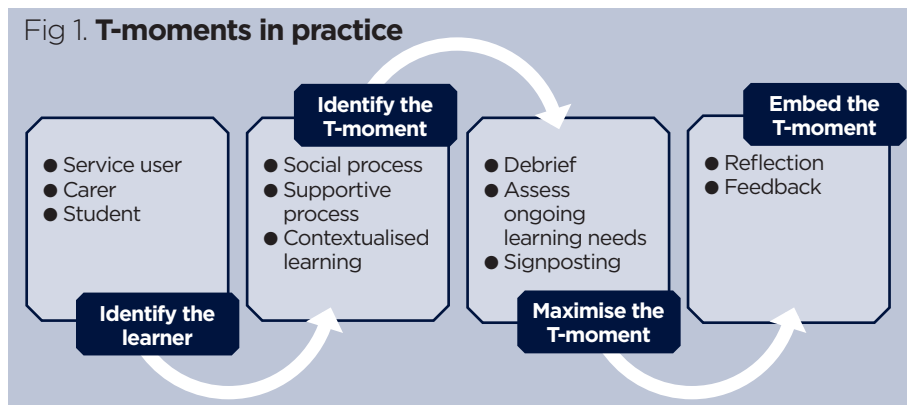
This article explores how exploiting teachable moments (T-moments), or brief opportunities for learning, can be an effective way of aligning care delivery and education in the workplace, and proposes a developmental model for incorporating these learning opportunities. This follows Benner et al's (2010) call to arms for a new approach to nurse education that moves away from decontextualised knowledge and the separation of the classroom and clinical teaching to situated learning and integration in all settings.

Learning is a combination of knowledge acquisition and its application in practice (Fuller and Unwin, 2003). In this article we explore the opportunities for work-based learning, and how to harness this opportunistically and proactively, to make T-moments an integral part of learning in practice.

### T-moments

T-moments are well established in school settings, where teachers identify spontaneous opportunities to explore problems and situations as they happen, with the aim of guiding learning at the student's own pace (Lewis, 2019). They have also been conceptualised as an opportunity for learning that may be co-created through communication, often through reflective discussion and challenging assumptions (Lawson and Flocke, 2009). This approach views learning as developmental, with T-moments or brief learning opportunities building in practice on previous developmental tasks to enable the success of future learning (Ward et al, 2000). To protect learners' self-esteem and allow them to take risks for learning to occur, supervisors must consider their maturity or readiness for learning when identifying or co-creating T-moments.

The use of T-moments in the health setting has been established in the context of patient education by harnessing key events to influence the health behaviours of service users (Lawson and Flocke, 2009). Practice supervisors may also apply T-moments in partnership with patients and carers to explore key moments in care provision and develop learners' understanding of service users' experiences. In this way, learners may develop skills and attributes for effective partnership working, as well as



enhancing their nursing practice by developing their understanding of patients' illness experiences and perspectives (Benner et al, 2010). A Health Education England model of delivering bite-sized teaching in the clinical environment ([Bit.ly/HEEBitesize](http://bit.ly/HEEBitesize)) has also had some success. For more information about bite-sized teaching, see Thompson et al (2020, p29).

T-moments may be used to create learning opportunities by exploring conflict situations or lack of congruity between expectations and real life. For student nurses, this may be when:

- Entering a new setting;
- Joining a team;
- Confronting the theory-practice gap.

Recognising challenging situations as T-moments, and offering students time to explore their reactions through supervision or coaching in the moment, opens up space for learning and can prevent learners from acting in a confrontational or defensive manner. In this way, students can learn from their experience and adapt to the organisational culture, rather than simply being informed by it and reframing their understanding of it. This can be exposing for students and clinical teams, so support is needed to create a safe space for open communication and learning, where failure or naivety can be embraced as an opportunity for learning (Ekebergh et al, 2004).

The success of contextualised teaching, or supported learning moments, depends in part on the supervisor and requires investment in developing skilled supervisors. Constructivist educational theories operate on the premise that learning is a socially active process, in which participation and engagement with others is essential (Dudley-Marling 2012).

### Supervisor role

Given that opportunistic T-moments can arise from highly charged, emotive and challenging situations, supervisors need

to develop effective and trusting relationships with their learners. To be truly effective, they must try to put themselves in the position of the learner to create the conditions needed for learning to take place.

Learning may be considered a social, cultural process that happens through interactions in human relationships (Dudley-Marling, 2012), thereby in concert with others – and, in the case of T-moments, collaboratively. Supervisors may need to flag up T-moments so learners can recognise them for what they are and fully engage in the process. This may require supervisors to be explicit in their interactions with learners, rather than assuming they will automatically make the link to a learning opportunity, to break away from the perception that learning only takes place in a classroom or behind a desk. It could be as obvious as physically signalling to learners that this is a learning moment or by taking a few minutes to explain what the learning possibilities are in a given situation. Framing learning within the care context, from the patient's perspective, assists this process (Ekebergh et al, 2004).

By signposting T-moments, and making learning from practice explicit, supervisors will support learners to develop a sense of salience, so they recognise what is important in clinical situations and develop towards effective clinical reasoning (Benner et al, 2010).

### T-moments in practice

In the model presented here, T-Moments are part of a conscious process in which learners are supported to recognise learning opportunities and capitalise on this with their supervisors. Through reflection, the learning is embedded and provides the foundation for future experiential learning in the practice setting (Fig 1).

T-moments or brief learning opportunities, while largely opportunistic, can

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### Box 1. Opportunistic T-moments

- A midwife visits a woman three days post partum with a student midwife she is supervising. The woman is exhausted, tearful and says she feels unable to cope. The midwife involves the student in appreciating the woman's situation and lived experience, and recognising the difference between 'baby blues', postnatal depression and puerperal psychosis, as explained to the mother
- A mental health nurse recognises that substance misuse is masking a mental illness in one of her patients. She works with a student to build trust, and help the service user and the student appreciate how the two things are connected
- A learning disability nurse supports a client to access contraception at a family planning clinic run by a registered nurse and midwife, and to educate staff about the sexual and relationship needs experienced by a person with learning disabilities
- A practice nurse running an asthma clinic sees a child with low oxygen saturation; he uses the exacerbation of breathing difficulties to teach the child's family how to use an inhaler more effectively and the importance of preventative treatment, while talking to the child about a famous footballer who has asthma
- A learning disability nurse works with a student to access a social club for a client. This teaches the student that inclusive facilities for people with learning disabilities are rare, and raises awareness of the stigma and isolation that many of them face
- During a consultant-led multidisciplinary ward round, a consultant identifies a moment in which to discuss a patient's condition and course of treatment. This could also enable interprofessional education, with the physiotherapist or nutritionist sharing their expertise and treatment plans

also be routine and proactively structured. A supervisor may plan an activity with a learner or try to signpost and shape the learning inherent in routine events, such as ward rounds.

### Opportunistic T-moments

Many T-moments or brief learning opportunities are opportunistic, occurring during interactions and activities in clinical practice. Practice supervisors need to be able to recognise and draw on such learning opportunities to create developmental T-moments for students. This can be done in collaboration with clinical teams, bringing education to the forefront of practice.

The examples in Box 1 highlight the potential of T-moments to:

- Impart knowledge and awareness to students, staff and patients;
- Help educators grow and develop;
- Influence organisational learning through a snowballing effect.

They show the need to include T-moments in wider strategies for supervisors and educators in practice, including identifying learning that has taken place and allowing time for reflection to maximise all opportunistic T-moments.

### Drawing on real-life challenges

Nurses work in pressurised environments supporting patients with complex needs. Often, resources are limited, vacancy rates high and, increasingly, staff are working at

the edge of their scope of practice. The impact of this on the learning environment and the high levels of stress experienced by nurses – evident in the 2018 NHS Staff Survey ([Bit.ly/NHSSurveyStaff](https://bit.ly/NHSSurveyStaff)) – need to be considered when introducing T-moments. A systematic review found student nurses had medium-to-high stress levels – greater than in other students – partly due to the clinical component of the programme (Labrague et al, 2017). Sources of student stress identified in the study are outlined in Box 2.

Each of these areas may be exploited as a T-moment by exploring conflict situations, emotional reactions and lack of congruence

### Box 2. Sources of stress among nursing students

- Fear of the unknown
- New clinical environments
- Taking care of patients
- Lack of professional knowledge/nursing skills
- Fear of failure/clinical incompetence/making mistakes
- Unfamiliarity with patients' medical history
- Unfamiliarity with patients' diagnoses and treatments
- Giving medication to children
- Lack of control in relationships with patients

Source: Labrague et al (2017)

between learners' self-perceptions and how they themselves are received. The expectations students may have about clinical practice and how they will be supported may contrast with their experience of reality – this can cause stress.

Delivering education in practice settings where learners are experiencing moderate-to-severe stress is a huge barrier to learning. Acknowledging learners' stress and a lack of congruence with expectations can help create a safe space to fully exploit T-moments, rather than focusing on bridging a theory-practice gap. Techniques such as self-disclosure and storytelling may also make students less fearful about clinical practice and more able to recognise learning opportunities in challenging situations (Attenborough and Abbott, 2018).

### Proactive T-moments

Supervisors in practice may also identify opportunities to plan for T-moments to occur during day-to-day activities and scheduled events, such as routine admissions or clinical reviews. Planning considerations include how to:

- Engage the multidisciplinary team;
- Involve service users and carers in the teaching;
- Create a safe, comfortable learning environment.

### Observation

A supervisor can identify opportunities for learners to observe scheduled events. Observations may focus on specific areas with learning and development supported by creating an observation guide or including a task for the learner. Observation notes can be used for reflection and further learning.

### Integration

Incorporating education into existing structures ensures it is integrated into current work, instead of being treated as an additional activity, requiring additional resources. For example, learning may be included as standard on routine meeting agendas, and identifying learning opportunities can be incorporated into the structure of huddles in the clinical setting for the benefit of the team as well as learners. In this way, potential T-moments can be harnessed and learning embedded more fully within a team or organisation.

### Schwartz Rounds

Organising and delivering Schwartz Rounds may require extra time and financial commitment, but where they are established students should be encouraged to

attend as there is evidence of deep learning (Barker et al, 2016; Cornwell et al, 2014). Schwartz Rounds bring patients and their experience into learning in the clinical setting. They create a safe, supportive environment that allows participants to explore aspects of multidisciplinary team working and care by reflecting on the emotional impact of the work.

Often Schwartz Rounds highlight a lack of congruence between theory and practice, or provoke an emotional reaction; these may be further explored to support learners' development. The rounds also encourage a more-collaborative approach to care and allow emotional reactions to be heard, reducing clinicians' stress ([Bit.ly/SchwartzRounds](http://Bit.ly/SchwartzRounds)). This can create a positive environment that encourages a collective approach to learning. Learning is also possible from adverse events or by focusing discussions on patient care, such as starting the meeting with a patient story.

### Bite-sized teaching

HEE's bite-sized teaching ([Bit.ly/HEEBitesize](http://Bit.ly/HEEBitesize)) focuses on embracing every possible teaching moment and delivering high-impact tutorials in the work environment. Defined as "high-impact learning", such teaching encourages staff to become involved in an informal way, without needing expensive equipment or IT facilities. It is accessible and finely tuned to the needs of particular clinical areas and delivered across disciplines.

### Maximising T-moments

Supervisors can use a range of approaches to maximise T-moments, including:

- Coaching in situ/in the moment and

observing rather than instructing, drawing on established coaching models such as OSCAR (Outcome, Situation, Choices, Actions, Review), in which learners shape their own learning (Ashworth, 2018). Examples are Collaborative Learning in Practice (CLiP) (Clarke et al, 2018) and practice learning at Northampton (PL@N) (Ashworth, 2018);

- Focusing conversation on established clinical tools and models, such as SBAR (Situation, Background, Assessment, Recommendation) to focus learning (Leonard et al, 2004);
- Encouraging the learner to think aloud during an activity;
- Reversing roles, so the learner leads an activity or teaches the supervisor;
- Supporting the learner through a structured debrief after an event;
- Signposting T-moments and learning opportunities;
- Embracing new technology and the opportunities for learning, including its impact on learners' perceptions of their role and future career (Basheer et al, 2018);
- Actively seeking time to speak with patients to understand how living with an illness affects their lives.

### Discussion

There is great potential in the workplace to draw on T-moments and brief learning opportunities to enhance the experience of learners and the wider organisation. T-moments are an opportunity to raise the status of work-based learning in the clinical environment and ensure that the work of supporting learning is shared between all team members in care settings.

Identifying and recording T-moments challenges assumptions that teaching only happens in a classroom, or when linked to an academic programme, and raises the value of all learning in the practice setting. Embedding education in care provision and developing the conditions needed for effective learning may bring benefits across an organisation (Basheer et al, 2018).

Work-based learning puts greater emphasis on positive team working and addressing unhealthy practices; this can include horizontal violence – hostile, aggressive and often psychologically and socially harmful behaviour conducted by nurses towards each other (Darbyshire et al, 2019). Bullying was highlighted in the 2018 NHS Staff Survey results; these will be used to inform initiatives to enhance productivity and improve staff retention.

The increase in work-based learning in response to changes in the NHS workforce means T-moments are more important than ever. Creating a culture of learning in healthcare is the responsibility of every practitioner. They can use T-moments to link learning to patients' needs, and ensure staff have the right skills and knowledge to deliver first-class care. **NT**

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