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PARTNERS WITH CLINICAL PRACTICE. EVALUATING THE STUDENT AND STAFF EXPERIENCES OF ON-LINE CONTINUING PROFESSIONAL DEVELOPMENT FOR QUALIFIED NEPHROLOGY PRACTITIONERS.

Judith Hurst & Susannah Quinsee, City University

Key words: on-line learning continuing professional development, student experiences, staff experiences.

Introduction

The inclusion of online learning technologies into the higher education (HE) curriculum is frequently associated with the design and development of new models of learning. One could argue that e-learning even demands a reconfiguration of traditional methods of learning and teaching. A recent consultation consultative e-learning strategy developed by the Higher Education Funding Council for England (HEFCE) acknowledges this:

> 'The Internet and use of new technologies are changing the total operation of HE. Learning and teaching are changing as we explore the possibilities presented by new technologies (HEFCE, 2003, p.2).'

However, this transformation in pedagogic methodology does not just impact on lecturers and teachers alone, as the HEFCE e-learning strategy continues 'these technologies are also bringing about new approaches in research, libraries and resources and administration' (p.2). Online learning has 'pervasive impacts and changes in other HE functions' (HEFCE, p.2). Thus, e-learning is a transformational process that posits new challenges for staff and students, both in educational methods and support.

One of the key elements of this transformational process is flexibility. Online learning is often described as providing more responsive modes of study for learners and theories of online course design frequently refer to the ability of e-learning to accommodate diverse learning styles and forms of delivery. For example, Palloff and Pratt (2001) state that 'teaching online requires a new approach to pedagogy' (p.12). This is important, they continue, because 'the online re-creation of the face-to-face classroom can be a dismal failure' (p.12).

> 'Teaching in the cyberspace classroom requires that we move beyond traditional models of pedagogy into new practices that are more facilitative. Teaching in cyberspace involves much more than simply taking old "tried and tested" models of pedagogy and transferring them to a different medium (Palloff and Pratt, 2001, p.20).'

Constructivist educational theory, in particular, is often used as a key tenet for online course design as this form of learning argues that 'people construct their own knowledge, and are socially influenced in all thinking and learning' (LTSN, 2004).[1] One source even goes so far as to argue that 'essentially, elearning is the realization of the theoretical/conceptual components of flexible learning' (elearnspace, 2004). Yet, while such flexibility is desirable and beneficial in many ways, the challenges and changes to traditional models of support for all users of such technology can cause problems.

Many political, clinical, financial and social influences impact on registered health professionals' ability to continue their professional development. This paper will present how

[1] For an informative review of how consideration of online course design is posited in transformational flexible terms see the section on 'Models of Learning' in Sarah Cornelius (2002), *Learning Online; Models and Styles*, http://otis.scotcit.ac.uk/onlinebook/otisT103.htm

a virtual learning environment (VLE) was developed utilising the pedagogic framework of *solution-focused learning*. It will demonstrate evaluation of the *students'* experiences compared to their traditional classroom experiences.

Statement of problem:

Continuous professional development (CPD) in caring for people with kidney disease is limited in some regions of the UK and within Europe generally. This is compounded for all by limited resources for course fees and the lack of study leave granted away from the clinical area for full-time courses. This is set against recommendations from National and European governments, and renal clinical guidelines concerning expectations of CPD and clinical competency levels of renal nurses (Renal Association 2002, Benner 1984, DoH 2001, Del Bueno 1980). In the past renal/kidney care practitioners have been trained in all areas of the speciality by local Schools of Nursing linked to renal units based in large teaching hospitals. However, more recent changes in the structure of Health Care provision have led in some instances to a rationalising of post registration education delivery.

Description of project

The purpose of developing the multi-mode distance-learning course was to provide professional, academic and clinical development for nurses and other clinical practitioners in renal care, to ensure an evidence base underpins practice. The blended-mode was utilised to address the variable computer skills reported by renal staff. The course has been designed with some optional study days, and the student continues with self-directed learning through a variety of methods delivered by the VLE. Tutorial support continues throughout the course through chat rooms, and electronic mediated communication. Hence, a student may be at a *distance*, but not a *distant* learner.

Outcomes

The online renal care course has been developed to deliver nurse education and training using an integrated model, where students undertake collaborative learning activities drawing on different learning resources (Mason, 1998). This model is highly suitable for autonomous learning in the renal care speciality in particular and is underpinned by the theoretical principles for adult learning and andragogy of Knowles (1980) which are:

- Adults need to know why they need to learn something
- Adults need to earn experientially
- Adults approach learning as problem-solving
- Adults learn best when the topic is of value.

Mason (1998) speaks of a pedagogical revolution in higher education in the rush to 'digitise, virtualised and globalise the campus'. But the importance of interactivity and the learning process may overlook the end outcomes to be achieved by undertaking this course. The World Health Organisation (1987) states,

'The explosion of scientific information makes traditional curricula increasingly irrelevant, because they are based on what is known today, to exclusion of how to learn what will be known tomorrow'.

In the past problem based learning was often regarded as a reliable pedagogic method of delivering adult learning in the e-learning environment. However, studying *problems* for nurses inevitably applies a biomedical model for care planning. The scope of *nursing* practice is more than addressing a person's problems, so may actually inhibit the attributes desired of

those completing courses where analytical thinking, problem-solving and imaginative powers are mixed with personal experience to meet the diverse needs of the patients and families. These skills are also essential to be an effective multidisciplinary team member. Nurses need to be able to be able to use strategies and frameworks to meet their patients needs and evaluate the ever changing and developing body of professional knowledge. *Solution-focused learning* seems to offer the dual purpose of satisfying professional needs, and satisfying the academic community, as it conceives theory as central to the understanding of problems. Hence *solution focused learning* was developed to renew the spirit of education, and address effective nephrology education for effective clinical practice.

Ensuring quality outcomes

In order to ensure that the learning opportunities have addressed the needs of the patients, the students, the purchasers, and the educationalist, an evaluative framework was established to track the course development. This presentation will discuss the result of this 2 year study and draw on themes and opinions gathered about the educational experiences of those undertaking the courses as well as those who have been instrumental in developing and delivering the materials. At the start of project it was uncertain whether the renal nursing community had special e-learning needs for their CPD learning experiences; especially when compared to other postgraduate university students. Market research conducted before the initial development of these learning opportunities indicated that these nurses had little experience of using computer software. This was further emphasized when students were asked to fill in a questionnaire that sought to profile their ICT skills during registration. So are there specific groups of adult learners that can be profiled for their e-educational needs who required specific support and need their educational materials designed in ways that are cognitive of these needs? Or are these students simply examples of the need of e-learning educationalists to be mindful of the specific needs of individual learners in the wider e-learner support structure? These learners are specifically undertaking CPD in the e-learning mode due to necessity, more often than from fundamental choice. Many universities in the UK and in Europe are not offering specialist niche courses, as they are perceived as not being economically viable with small numbers of places being bought on contract by local NHS workforce confederations. However, as emphasized above, this is in stark contrast to the clinical and political agendas that universities could tap into if they were only able to reflect on modes of learning required in the changing student market. There is acknowledgement here that at times an altruistic educational opportunity may be the primary reason for seeking collaboration with non-educational partners (in this case clinical institutions) before the economics develop to satisfy academic accountants.

The results of the study thus far have indicated that these students are not a ‘special group’, but need to be profiled very carefully in order that the institution do not set them up to fail in their CPD endeavours. Thus far there have been no significant differences in the outcomes of the e-learning students compared to their counterparts learning in the classroom. Although it would appear that the learning experience itself is vastly different. The evaluative questionnaires exploring the students’ experiences of their learning appear to be much richer than the classroom counterparts, and the students have a deeper relationship with the lecturer/course leader. It is thought to be due to the fact that the interactivity of the e-learners demonstrate very clearly the progress of their learning through the modules that the lecturer can monitor and facilitate critical reflection with the student should the need occur.

Of course the reason that the nurses are undertaking this CPD is to address their professional and clinical development needs. Hence the research had to ensure that the *outcomes* of the learning demonstrate an impact on professional practice. The assessment strategy sought to ensure that the student could be assessed in a competency framework (Del Bueno 1984), thus demonstrating practical/technical skills, reflective/evaluative skills, and communication skills. These are essential skills in professional practice to ensure that

the multiprofessional renal care team have a holistic approach to care delivery with the patient at the centre of the working environment. Ensuring that the assessment is linked very carefully with the expectations of the practitioner's performance at work post course, demonstrates continuing collaboration with the clinical environment. Clinical managers and students therefore see that the end points of the course fit with the aims of the clinical environment. It then ensures that the 'theory-practice' gap is minimised and the aim of the assessment has a wider relevance than simply to be awarded credit points.

So collaborative relationships between academic institutions that have recently been associated with effective delivery of sound e-learning modes of education need to be reviewed in the context of widening participation when addressing the changing market of the potential student population. In this case study collaboration between a IHE and the local and European renal clinical communities ensures relevant and continuing learning opportunities for those undertaking the educational opportunities. There is little danger of learning materials becoming irrelevant and stale, or the clinical academics finding themselves inhabiting a virtual 'ivory tower'. The results gained so far indicate an evolution in continuing professional development is required for higher education delivery. Further developments of collaborative relationships with professional renal organisations are encouraging the development of renal *learning communities*. This framework seems to address more clearly the continuing professional development needs of *all* clinical practitioners. Modular deliveries from HE's in the past have simply served those accessing courses. This format does not really address the continuing professional needs of *all* those in renal care practice who have already gained first and second degrees, or gained all the credits they need for clinical skill mix planning. All practitioners will need to continue to update clinical knowledge, reflect on evidence-based care, and seek collaborative relationships with other practitioners for critical discussion and the sharing of best practice. Hence the development of a learning *community* in collaboration with the European Dialysis and Transplant Nurse's Association/ European Renal Care Association (EDTNA/ERCA) aims to provide educational and development opportunities for renal practitioners on a much wider and more flexible platform. This indeed becomes a true partnership between educationalists and clinical partners to ensure that the education and learning opportunities are evidenced in influencing clinical practice development with a sound pedagogic and academic evidence base.

The staff experiences

Often evaluative research concentrates only on the experiences of the students undertaking the e-learning courses. But what of the experiences of the *staff* involved in the development of such innovative learning opportunities. Another limb of this research sought to find out the experiences of the staff during reflective focus group activity. Themes that emerged from these efforts indicated that new ways of working were very evident. Not only were there different power balances amongst the staff in order to develop the materials, but also themes emerged as to how the staff as a working team had to manage change within their own institution. This often involved working form the 'bottom-up', rather than the institution essentially including e-learning into it's strategic and resource planning. It was interesting to see that senior academic staff in this institution essentially supported e-learning developments and were mindful of the developing markets that the institution could tap into. However dealing with the middle management (heads of department and line managers) proved more demanding and required the use of, or development of, essential leaderships skills for a successful outcome. Hence the course leader became the overall manager of the project (advertisement, clinical expert, IT developer, educational theorist, negotiator, researcher, diplomat and negotiator between collaborating bodies, etc) rather than simply the provider of expert clinical materials for the e-learning programme. Often the academic staff experiences are limited to the development phases of a project, and do not consider the longer-term issues. These staff demonstrated characteristics of what has been identified as being the 'champions' in an institution who then need to draw others into the continuing

evolution of this mode of learning. The focus groups indicated how these 'early adopter' then sought to bring other interested parties in to the continuing development of e-learning opportunities; essentially becoming managers of a vision rather than simply undertaking the roles they had traditionally undertaken within the institution and that was in their basic job description.

Whether the staff were primarily working in an academic, learner support, ICT or learning resources capacity, another theme that emerged was the need to audit and evaluate the work in order to ensure continued development. The middle management appear to need evidence of the success, or not, of initiatives. Much educational research that is case study based has been criticized for its lack of research rigour and lack of apparent influence on the continuing development of wider e-learning opportunities and markets. However, this project has indicated that whilst that view is understood and longer-term educational projects are desperately needed, this evaluative type of research meets very clearly the strategic and developmental needs of institutions that are emerging into the realms and use of e-learning. Hence it is suggested that this sort of research should not apologise for its contextual relevance, but rather acknowledge that the call for standardisation and e-learning standards does not essentially recognise the huge range of learning contexts that e-learning is emerging into. To try and standardise will perhaps ignore the potential for new collaborations that may be relevant in parts of the world, but not in others. It may ignore specific learner needs in order to access educational opportunities and allow academic to retreat into virtual ivory towers. And essentially, standardisation will not address the fundamental developmental educational needs of CPD learners. Modular learning appears to have some value in CPD, but in the modern age IHE may need to address the fact that modular learning and programmes of study are only a very small aspect of the CPD needs of students. Hence to evolve learning opportunities that address the learner's needs of enquiry and implementation may actually require completely different modes of delivering learning. It is the development of specific learning communities that could address this within a specialized clinical/vocational context. For an IHE to be the developer and initiator of such education can only demonstrate collaboration, and insight of the changing influences and demands presented by its potential student market.

Relevance to other institutions

In conclusion it is important for clinical academics to understand the present needs of the renal clinical environment, and the dynamics and stressors of modern clinical practice. In order that renal practitioners can relate and apply evidenced-based learning to improving outcomes for their patients, traditional methods of CPD may not always be the most appropriate. CPD is essential in modern clinical practice to ensure patients are afforded competent and effective care. CPD is vital not only to address local service needs but also to respond to national and international guidelines for the provision of renal services (e.g. Renal Association Guidelines 2002, DOQI guidelines 2003). New technologies have much to offer the clinical educationalist as long as they enhance the students understanding and have a demonstrable impact on improving care delivery for patients. An effective assessment framework that ensures demonstration of skills and application of learning in practice has proved to be an effective method of closing the theory-practice gap.

The results of the evaluative research to date have demonstrated that research can be utilized to influence the continuing development of e-learning, and also be used to provide leadership and guidance for middle management who may not be experienced in the principles of e-learning. It has shown that academics need to utilise reflective and evaluative frameworks on their educational provision and delivery, and may well need to undergo personal professional development in order to achieve success with the changing student market.

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Authors:

Judith Hurst
Teaching fellow & Senior lecture in Renal care
City University
School of Nursing and Midwifery
Philpot St
London
E1 2EA
J.A.Bentall@city.ac.uk

Dr Susannah Quinsee
Head of E-Learning/Associate Director of Library Information Services
City University,
Northampton Square
London.
EC1V 0HB

S.quinsee@city.ac.uk