Strategies to help students learn effectively

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Summary

All qualified nurses are involved in teaching and learning. This article presents four vignettes of adult learners training to be nurses and examines the factors that may be inhibiting their learning. It goes on to describe some of the strategies and approaches that might help these students to learn more effectively, including the use of learning contracts and reflective practice.

TEACHING IN further education and higher education involves working with a wide range of learners, using diverse methods of teaching and learning. The Further Education National Training Organisation (FENTO) standards for teaching and learning recognised that teachers are constantly assessing learners' needs and planning to meet those needs (FEDA 1999). They also identified the importance of reflection to underpin the wider professional role of the teacher in managing the learning process, developing the curriculum, and guiding and supporting students.

All qualified nurses are involved in teaching and learning. They live in a constant learning profession, in which the teaching and facilitation of students features greatly in their day-to-day working life. The Nursing and Midwifery Council (2002) demands that registered nurses maintain their professional knowledge and competence by regularly taking part in learning activities. They are also required to facilitate students of nursing and midwifery and others to develop their clinical competence.

The aim of this article is to explore the theoretical underpinnings to teaching and learning and how they can be applied to teaching and learning situations. Four biographical vignettes of nursing students are described and demonstrate the intrinsic and extrinsic factors that can inhibit learning. The authors then outline and discuss strategies and approaches that can be adopted by nurse teachers and nurses working in the clinical environment to support learners effectively.

Biographical vignettes of four adult learners

Katie Katie is a 45-year-old nursing student with three grown-up children, who left school at the age of 15 without any formal qualifications. She has 25 years' experience as a healthcare assistant on an acute surgical ward, and the hands-on delivery of care to patients prompted her to apply for nurse training. To acquire the necessary academic qualifications for nurse training, she has for the past five years attended evening classes at her local further education college and passed five GCSEs and an access to nursing course.

Katie is now in her second year of a three-year training programme which leads to the award of the Diploma (HE) Nursing. Although she was apprehensive about returning to full-time education, as she would probably be older than most of her colleagues and some of the lecturers, she is a popular student who willingly contributes openly to class discussion and is keen to share her life experiences. She also possesses excellent interpersonal skills which enable her to motivate other students and, overall, improve group dynamics.

The quality of Katie's clinical work is exemplary, and her enthusiasm and motivation are demonstrated and documented well in her clinical placement reports. However, Katie is dyslexic and is particularly anxious about the continual theoretical assessments and examinations. Although Katie has passed all of her college-based assignments, she feels that she is unable to demonstrate and apply her analytical thoughts and reflective skills adequately in a theoretical context. Her objectives during the second year are to improve her assessment grades and achieve good passes instead of borderline passes.

Peter Peter is a 28-year-old first-year nursing student who lives at home with his parents and has an 18-month-old son who lives with Peter's girlfriend. Peter takes his parental responsibilities seriously and hopes to be able to support his family when he qualifies. His parents are supportive of his career and encourage him to study in the evenings to prevent him socialising with friends. They think his friends are a bad influence on his social behaviour and blame this for his persistent truancy in school. Consequently, Peter reflects negatively on his school years. He feels that his lack of educational qualifications is due to his boredom and lack of interest in class, and subconsciously highlights some of the consequences associated with the hidden curriculum. According to Haralambos (2000), the hidden curriculum is what students learn through

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the experience of attending school rather than the stated educational objectives of such institutions. In other words, students learn things that are not actually taught in the formal curriculum, which might relate to informal rules, beliefs and attitudes.

Peter was employed as an operating theatre assistant for ten years, but he felt restricted in this role. This led him to apply for nurse training, but he was advised to provide evidence of further education to support his application to satisfy the entrance requirements. He enrolled on a part-time course based at his local college and achieved a Diploma in Anatomy and Physiology, which led to his success in gaining a nurse training place. Initially, Peter's enthusiasm was faultless; however, within the first four months he had accumulated six episodes of sickness.

Peter is a pleasant student with a vibrant personality and is eager to please his mentors on clinical placements. He also has many enduring qualities that have not gone unnoticed when he is caring for patients. However, he has recently had difficulties meeting deadlines for submission of assignments, and his personal tutor has noticed several inconsistencies in his style of writing, which are beginning to cause concerns among the academic staff. Although he appears to be achieving clinical competence, oral questioning and written assessments confirm that his knowledge is not evident. Peter appears to be failing to progress and achieve the required assessment standard.

Melissa Melissa is 32 years old and is a first-year nursing student. She is a recently separated parent with two young children, one of whom has profound learning disabilities. Melissa has extremely supportive parents who care for both children while she is at university, but she is beginning to feel guilty for leaving her children and burdening her parents for up to nine hours a day most weeks.

Before starting the three-year nurse education programme, Melissa worked as a healthcare assistant and undertook a nursing access course in the hope of realising her childhood dream. Although Melissa is enjoying the clinical aspect of the course, she is finding it increasingly difficult to juggle her shifts and home life. Her academic assignments are also proving difficult, and she is just managing to achieve a borderline pass each time. The concept of adult learning is becoming difficult to grasp, and she is losing confidence in her academic ability. During recent weeks, Melissa has contemplated the idea of leaving the course and becoming a full-time mum. Her drive and determination to qualify as a registered nurse are slowly diminishing.

Nathan Nathan is also a first-year student nurse, nine weeks into training. He has a plethora of GCSEs and A levels, and as a result is following the degree pathway. He is an only child and spent his secondary education at an all boys' school. Nathan is finding the transition from further education to higher education quite difficult, and his quiet disposition and lack of self-confidence are inhibiting his ability to form solid friendships.

As nursing is a predominantly female profession, Nathan is also finding it difficult adjusting to this new culture of being surrounded by women, and feels embarrassed during lectures when animated slides often depict the nurse in a feminine form. As the only boy in his seminar group, Nathan is reluctant to participate in classroom discussion and has missed several seminar presentations because of this.

A general surgical ward is to be Nathan's first clinical placement, and although he is excited, he is also anxious about the forthcoming six-week placement. Nathan is aware that he has several clinical competencies to achieve during this time and is concerned as to whether these can be accomplished.

Box 1. Factors likely to inhibit each student's learning

Katie
- Lack of self-belief
- Age
- Exam anxiety and dyslexia

Peter
- Social and family commitments
- Underachievement at school
- Surface learning

Melissa
- Lack of self-belief
- Family commitments
- Surface learning

Nathan
- Lack of self-belief
- Group participation
- Gender issues

Factors that inhibit learning

Factors that inhibit learning can be described as internal or external in nature. The most common barriers have been identified by many authors; they include pressure of time and workload, lack of support from the work organisation and family, underachievement at school with a fear of further learning, social and family commitments, culture and age (Ashcroft and Foreman-Peck 1994, Reece and Walker 2000, Quinn 2000). Factors likely to inhibit each student's learning are shown in Box 1.

Strategies and approaches to support learners

Quinn (2000) believes that adult learners in nursing differ widely in their personal characteristics, and that these individual differences encompass physical characteristics that might include age and sex, and psychological characteristics such as motivation, personality, intelligence and learning styles.

The students described in the vignettes have found the transition from further education to higher education difficult to deal with. This is the common factor they all share that is potentially inhibiting their learning. Many students' previous educational experiences have accustomed them to a fairly passive pedagogical approach to learning (Knowles 1990). This model of learning is teacher-centred, and students must learn what they are being taught (Quinn 2000). Students do not always find it easy to adapt to a learning situation in which they must take responsibility for what happens during their time with the teacher (Ewan and White 1996).

This concept of adult learning is well known, and Ashcroft and Foreman-Peck (1994) outline a range of theories relating to adult learning, particularly the work of Carl Rogers who believes that tutors should adopt a facilitative role and allow students the freedom of expression for learning to be meaningful and rewarding. In practice, andragogy might be understood to mean that adult learners need

to focus on the learning process as opposed to the content, to promote independence and a self-directed approach to learning.

Reece and Walker (2000) suggest a move from behaviouristic principles towards a more humanistic approach, which they see as more appropriate for adult learners. This implies that a good teacher develops a feeling for the students' emotional needs, social background and cognitive development, and that an interest in the welfare of students promotes learning. This is particularly pertinent in healthcare settings, where students, regardless of who they are, will come from a variety of backgrounds, cultures and age groups. Nurse educators must therefore be adaptable to meet such diverse needs.

Learning contracts These students would perhaps benefit from individual learning plans or learning contracts to assist them through this transitional phase, by setting out their intrinsic goals (Walkin 2000), in addition to the extrinsic goal of successfully completing their nurse education. Although andragogy relies on the learner engaging in self-directed learning (Neary 2000a), it is evident that these learners are not responding to this strategy and a more structured and combined andragogical/pedagogical approach could be adopted to meet their learning needs. A learning contract can be designed by the teacher and student to specify what the student will learn, how it will be achieved, the timespan and the criteria for measuring its success (Neary 2002a). Learning contracts with identified objectives can bridge the gap between practice and theory, and demonstrate the transfer of knowledge to clinical practice (Rolfe 1996).

Katie's dyslexia sometimes interferes with her academic work and causes her anxiety, which can affect her learning process. Although some of the best performances are undertaken in anxiety-provoking situations, if this becomes intolerable Katie will be unable to learn (Quinn 2000). This is in line with Knowles' (1990) theory that adults learn best when not under threat. To promote equal opportunities, a learning contract can ensure that the students can access a support network that can include one-to-one study skills tuition, information technology (IT) training and assistance with examination technique (Reece and Walker 2000).

The success of individualised learning often depends on the student being an active rather than a passive participant (Tornyay and Thompson 1987). In the case of Katie, Melissa and Peter, the submission of academic work could possibly be negotiated within a learning plan, recognising the students as individuals, with other commitments of value outside their academic life. Nathan could be encouraged to join one of the many college societies and begin to develop a circle of friends with the same interests as him. Regular feedback sessions should be arranged to review the students' progress, concentrating on the positive aspects of learning and developing action plans for any identified problems. Neary (2000a) identifies ten key points for giving constructive feedback, which could be adapted to this situation.

While on placement, students are allocated a mentor, to facilitate the learning experience during a six-week clinical practice. Neary (1994) describes a good mentoring relationship as a dialogue between two people committed to improvement. A mentor guides and formalises clinical learning by use of a learning contract. Completing this contract also fulfils the UKCC's (1999) *Fitness for Practice* recommendation 13, which states: 'Students, assessors and mentors should know what is expected of them through specified practice outcomes which form part of a formal learning contract.'

Gender issues Nathan's reluctance to participate in classroom discussion could be for several reasons, although Rogers (1998) believes that the causes of reticence are rarely clear. He also suggests trying to persuade students to talk outside the group session, to find out some opinions they hold, some skill or experience they possess and then try to guide the work of the group into these fields so that eventually they can fittingly (but never easily) make some contribution. One possible reason for Nathan's apparent shyness could be the fact that female classmates surround him and, as previously mentioned, he is finding it difficult to adjust to this predominantly female profession.

The fact that most of the animated visual aids used in teaching depict the nurse as woman is not helping either. This is indicative of the hidden curriculum as described by Jarvis (1995), who explains that some students may learn values that may be unrecognised and unintended by those who formulate them. Updating these teaching aids and including men as well as women when animating nurses could possibly help the situation, not just for Nathan, but for other future male nurses.

Deep learning Melissa is slowly losing her intrinsic motivation to continue with her nurse training, which in turn could be affecting her approach to learning. According to Ashcroft and Foreman-Peck (1994), there are deep learners and surface learners, and an important role of the tutor is to help students become aware of different approaches to learning. The idea that a surface approach to learning is less effective is not necessarily true, as Ashcroft and Foreman-Peak (1994) point out that not all learning tasks require a deep approach – for example, learning keyboard skills. Melissa's lack of motivation could be affecting her deeper approach to learning, which could be the reason why she is finding her academic work increasingly difficult. This motivational factor could be rooted in her social circumstances, and in such a situation a referral to a counselling service might be of some help. Regular positive reinforcement, providing encouragement and praise (Tornyay and Thompson 1987), could

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help to increase Melissa's self-motivation, although motivation depends as much on the attitudes of the teacher as on those of the students (Rogers 1998). Peter has also been showing characteristics of surface learning (Reece and Walker 2000), so he might need encouragement to engage in applying his learning to problem-based situations and structuring his reflective skills.

Learning through reflective practice Reflection is an important human activity, in which people recapture their experiences, analyse them and evaluate them (Boud *et al* 1985), to progress from a novice to expert practitioner as characterised by Benner (1984).

To facilitate the learning process and to make learning as active and participative as possible, the learners can be encouraged, by using a model of reflection, to demonstrate their understanding of concepts, knowledge, skills and attitudes within educational and clinical practice (Burns and Bulman 2000, Jarvis 1995, Neary 2000a). The use of a portfolio is a dynamic positive means to show that a person is developing knowledge and competence. To encourage the learners to engage in life-long learning, a portfolio offers an ideal vehicle for reflection while providing evidence of achievement (Priest and Roberts 1998).

All the learners would benefit from the concept of reflective practice, to enable them to understand and learn through lived experiences and, as a consequence, take congruent action towards developing increasing effectiveness, within the context of what is understood as desirable practice (Johns 1995). Nursing students are expected to keep reflective journals while on clinical placements and are required to submit a reflective essay during each module. Neary (2000b) explains that students will need help and guidance to reflect on their experiences and to record those experiences, with advice often being given to the student by their mentors in clinical practice.

Draw on experiences and value strengths Although Katie is only ageist against herself, according to Quinn (2000) older students may lack confidence in their academic ability. Katie is clinically and academically competent, but she needs a lot of positive feedback. Both Katie and Melissa need to be encouraged to reflect on and use their life experiences to help them to contextualise and conceptualise new information (Huddleston and Unwin 1997, Jarvis 1995). Maslow's (1970) hierarchy of human needs demonstrates progressive steps from physical needs to self-actualisation, where students aspire to be motivated and positive about their future. Reece and Walker (2000) believe that if students possess a feel-good factor about themselves, they are more likely to learn effectively.

Time management Because of family and social commitments and his continual absences, Peter is struggling to meet assignment deadlines. Melissa is also struggling with the concept of negotiating family and university life. Using an empathetic approach to communicate an understanding of students' situations, Armitage *et al* (1999) encourage the use of probing to help students clarify and focus on issues of concern. A strategy to support and improve students' time management, using learning resources to develop appropriate study skills, could enable them to assume responsibility for their own learning (Ashcroft and Foreman-Peck 1994), although Slevin (1992) believes that students taking responsibility for their own learning can sometimes make them feel threatened and insecure.

Conclusion

An ideal learning environment is seen as one in which the educational needs of the learners are met (Fretwell 1985). To assist the andragogical process, adults need a learning environment that does not threaten them (Knowles 1990) and that supports and encourages them. By adopting the above learning strategies, students should feel effectively supported as adult learners, and this is likely to result in them having some control over their learning experience and negotiated personal outcomes

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