Mind shift: creating change through narrative learning cycles

A qualitative interpretive study of clinical conversation as an appraisal process for sexual and reproductive health nurses.

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2009

Abstract

Undertaken as part of a Master of Health Science the research explores an annual appraisal process strategy “clinical conversation” from the perspective of seven nurses assessed using this technique. The findings show that clinical conversation facilitates reflection, both as a solitary exercise and with others, to ensure that learning from experience is optimised.

The outcome of the clinical conversation was primarily one of learning; the acquisition of new insights into self as practitioner. The learning was facilitated through the process of narration: telling the story of clinical practice. Three distinct narrative cycles were identified, each an experiential learning episode. The experience of undertaking a variety of assessment activities created a narrative with self and triggered an internal reflective process; the experience of working with a peer created an additional narrative, a mutual dialogue reflecting back on practice; the experience of sharing practice with an assessor created a further and final narrative, a learning conversation.

The study shows that each nurse responded differently to each narrative learning cycle: for some the conversation with the assessor was more of a catalyst for change, whilst for others it was working with a peer, still others it was solitary self reflection. Clinical conversation, by offering a range of reflective opportunities, appears to be able to respond to a variety of differing learning styles.

Each narrative can be seen as a catalyst for change. Primarily, nurses felt differently about themselves in practice, the way they saw themselves had shifted. These alterations in perspective led all nurses to identify ways in which they would change their actual clinical practice. In this way the nurses attempted to align their espoused beliefs about practice with their own actual practice.

The implication of the research is that whilst clinical conversation was designed as an assessment tool to appraise clinical competence, its intrinsic value lies in supporting the professional development of nurses.

Background

Competency based learning and consequently standards based assessment have been predominant in the New Zealand (NZ) education system since the late 1980’s. In the subsequent years the influence of competency based assessment has been wide spread, infiltrating professional bodies and registration processes alike.

In 2003 the NZ Health Practitioner Competency Assurance Act came into being. This established the Nursing Council of NZ as the regulatory body for the ongoing competence of registered nurses. As a consequence the Nursing Council now audit nurses on an annual basis against a set of competences to ensure they remain fit to practice.

With the introduction of competency based annual practicing certificates the Family Planning Association of NZ needed to consider how best to support their nursing staff

through this process. It was suggested that a workplace integrated assessment strategy could be employed utilising the concept of professional conversation (Devereux, 1997; Bowen-Clewley, 1998). Such a process could potentially act as both an annual appraisal to meet the needs of Family Planning and also provide the necessary evidence to satisfy Nursing Council requirements.

Professional conversation as an assessment method has its origins in both discourse analysis and behavioural interviewing allowing participants to demonstrate their understanding and give examples of their skills and attitudes. The basis of the conversation centres of the evidence the participant shares with the assessor from work experience and associated learning. This evidence is then assessed against competency standards.

The 'clinical conversation' appraisal format was based on the broad concept of professional conversation. However, Family Planning nurses and management felt that clinical conversation needed to be more prescriptive than professional conversation. Nurses needed to know what type and in what format naturally occurring evidence should be collected. As a result a range of assessment activities were designed. These included a written case study, client feedback forms, a chart audit with peer, clinical observation by peer, verification checklist, professional development record sheet and self assessment checklist. All activities were collated into a portfolio and discussed with an assessor.

Once developed the clinical conversation appraisal process was piloted before being implemented across the organisation. This provided the opportunity to ask the research question:

"What is happening for the nurse during the clinical conversation appraisal process?"

Research process

The research used a qualitative interpretive approach informed by the model of Grounded Theory espoused by Strauss and Corban (1998). The aim was to unravel the process of clinical conversation from the nurses' point of view, to gain insight and understanding into their perceptions of the experience. In this way a substantive theory could be developed that would explain what was occurring.

Eight advanced nurses working within the scope of sexual and reproductive health were assessed by trained assessors using the clinical conversation strategy. Two of the assessments were observed by the researcher & seven of the nurses were interviewed within eight weeks of being assessed.

Literature review

In accordance with Grounded Theory, the literature review was embedded throughout the data collection and analysis process. Topics explored included nursing supervision (Bishop, 1994 & 1998; Butterworth 1996) the supervisory relationship (Johns, 2005; Proctor, 2001), outcomes of clinical supervision in nursing

practice (Fish & Twinn, 1997) and models of clinical of supervision (van Ooijen, 2003).

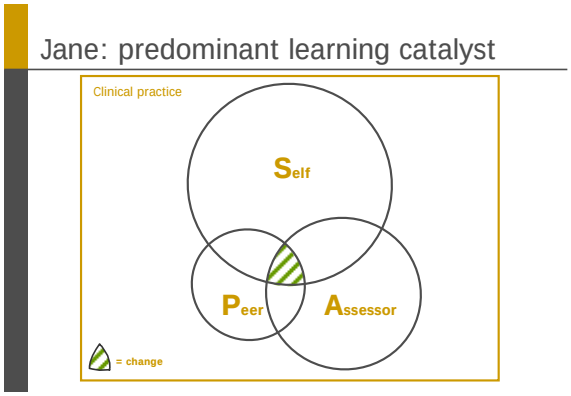
The literature offered a variety of insights into the potential mechanisms of clinical conversation in terms of process, structure, the appraiser/appraisee relationship and the use of feedback. This raised a number of questions requiring consideration:

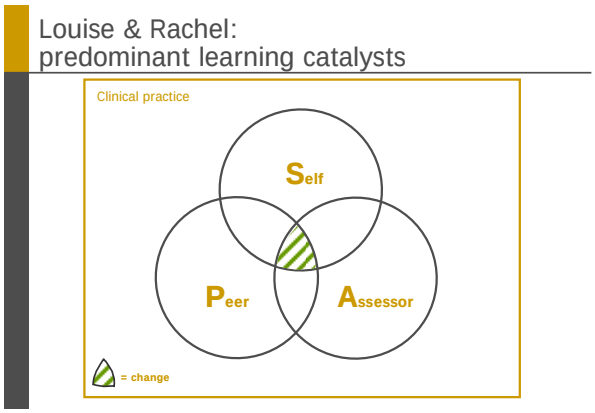
- What is the role of the assessor in the process?
- What is the role of the nurse in the process?
- What is the relationship between the nurse and the assessor?
- What is the role of self audit in the process?
- How is the process of reflection supported?
- In what ways does learning occur?
- Is learning within the professional or personal domain?
- What is the outcome of learning?

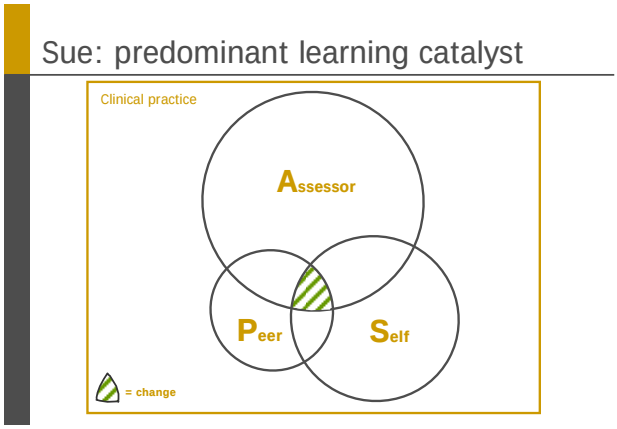
Data collection and analysis

Data was collected through observation and interview. Analysis started as soon as the data collection began bearing in mind questions raised from the literature. Initially the following themes were uncovered: *making practice transparent, affirming practice, learning, challenging, changing mind, outside perspective, looking closely.*

Returning to the data, concepts and linkages formed. To begin with it seemed that looking at practice in a detailed way lead to an evaluation of practice by the nurses which resulted in seeing things differently, feeling differently about practice and for some nurses, actually deciding to practice differently. It seemed like a linear process of change was occurring. On further analysis the change was in fact happening at different times for different nurses. Nurses developed new insight at different stages. For some nurses a significant part of their learning occurred during the self reflection and internal dialogue component of the process (i.e. writing the case study, receiving client feedback, undertaking self assessment) whilst for other nurses learning occurred predominantly during the discussion with the assessor.

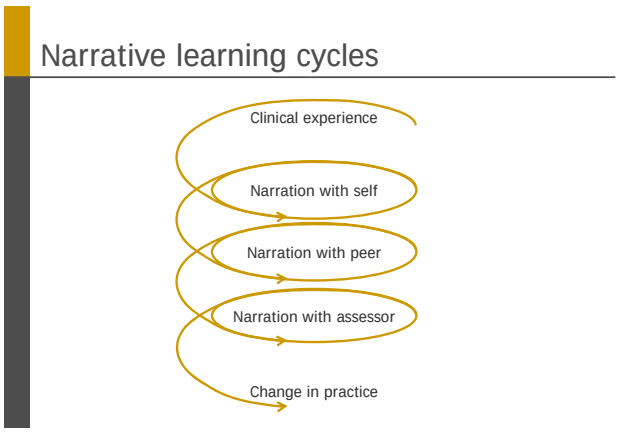






Results

The core category central to the theory of clinical conversation appeared to be one of narrative learning. Within this were three levels: reflective discussion with self, reflective discussion with peer and reflective discussion with assessor. Learning occurred due to the acquisition of new personal insights; such insights created a mind shift and acted as a precursor to change.

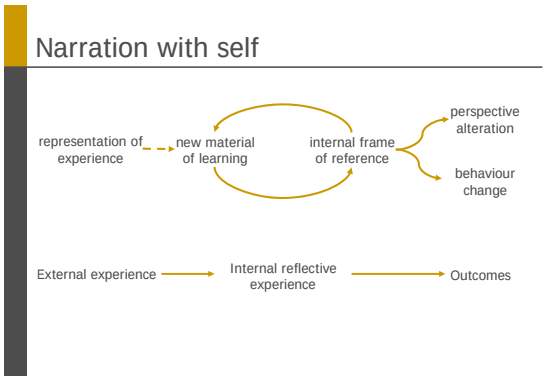


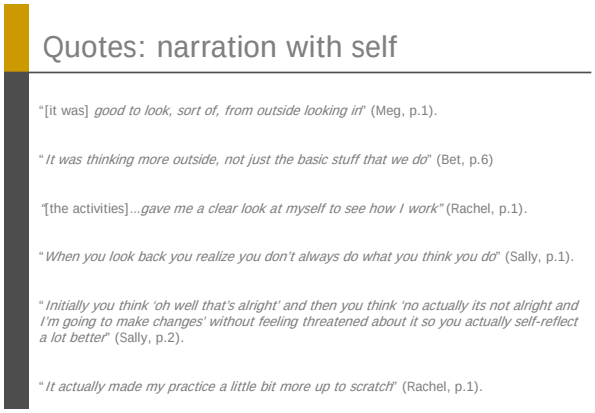
Discussion

A return to the literature at this stage in the research process was undertaken to explore concepts of learning. This was done in an attempt to identify the process of learning occurring during each narrative learning cycles. Theories of personal constructs (Bruner, 1972; Piaget, 1971; Vygotsky, 1978), experiential learning (Kolb & Fry, 1975; Jarvis, 2005) conversation learning (Broadfoot, 1987; Kolb, Baker & Jensen, 2002) and reflective learning (Argyris & Schon, 1974; Dewey, 1938; Moon, 2004; Schon, 1987) where all explored.

Narration with self

By undertaking the self assessment activities (an external experience) the nurses were presented with evidence of their practice, a representation of experience. These representations became new material of learning (Moon, 2004). The nurse's engagement with this new material triggered an internal reflective experience, in this way an internal cycle of reflective dialogue ensued. The internalised conversations were often ubiquitous in nature and continued long after the assessment activities have been completed. This internal process had two outcomes; nurses' perceptions about self were changed plus they were able to identify ways in which to alter their behaviour to accommodate these new perceptions.

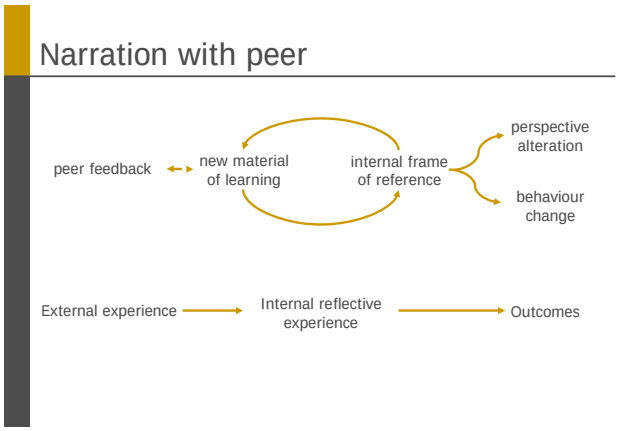


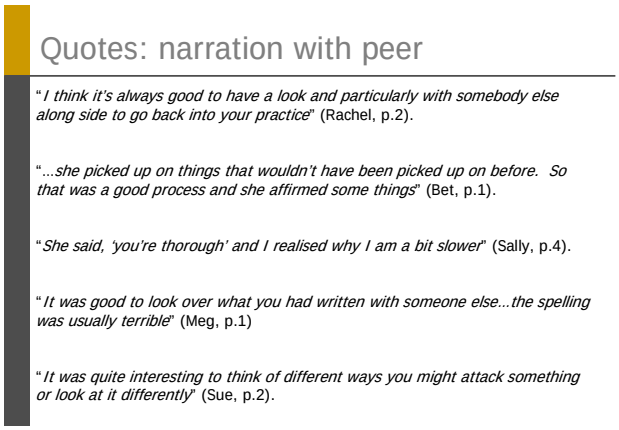


Here significant insight occurred through a process of self reflection without the need for external dialogue with a peer or assessor. It is the assessment activities which offered an alternative frames of reference. Yet each nurse experienced different degrees of learning from narration with self.

Narration with a peer

The discussion with the peer offered new material of learning in two ways, firstly from direct comments made by the peer, 'outside in learning' (Kolb et al, 2002) and secondly through ideas generated by the nurse herself, triggered by the discussion (Moon, 2004).





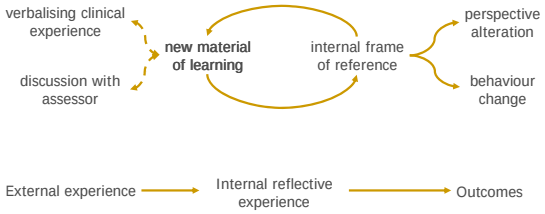
With new material of learning the nurse's internal frame of reference is confronted; here the new material of learning comes predominantly from the feedback given by the peer. Alongside the thinking triggered by the peer's comments comes a second, almost inseparable thinking, whereby the nurse generates ideas of her own and takes ownership of the thinking.

Narration with assessor

The form of reflective learning occurring during the conversation with the assessor can be initially described as that resulting from no new material of learning. When talking with the assessor the nurse is working with her existing cognitive structures yet the process of talking reorders internal experience to reveal new ideas. The

process of narration helps to organise, interpret and give meaning to experience (Bruner, 1990; Candy, Harri-Augstein & Thomas, 1985; McDrury & Alterio, 2002; Mishler, 1996). By verbalising the nurse comes to know; this new knowing influences her being (Fish, 1998 & Vygotsky, 1978). The knowing, once expressed becomes an "inside-out learning" (Kolb 2002, p.60). This inside-out learning creates an active examination of emerging self awareness. Assumptions and prejudices can be brought to the surface and named. This personal insight about self implies increased congruence between espoused theory (how we think we act) and in-action theory (how we actually act) (Argyris & Schon, 1978; Schon, 1987). In the conversation with the assessor, not only was there an 'inside out learning' where the nurse's beliefs and ideas were verbalised and thereby developed and clarified but there was also an 'outside in learning' where the perspective of the assessor was considered.

Narration with assessor



Quotes: narration with assessor

Verbalising experience

"*having to talk through and present orally your case study was a much better learning process*" (Sue, p.6)

"*just going back into that and redoing the whole consultation really in my head and on paper and then talking about it. Yeah just going back into things and reassessing how I work. The things I do well, the things I don't do so well, just recognising it…*" (Rachel, p.2)

"*…learning a few bits and pieces about myself*" (Rachel, p.1).

Quotes contd:

Discussion with assessor

"[the assessor] *suggested some things that I could have done which I wondered about later*" (Sue, p.4).

"*She made me aware of some areas I could improve on, working in the clinic, working with everyone*" (Bet, p.7).

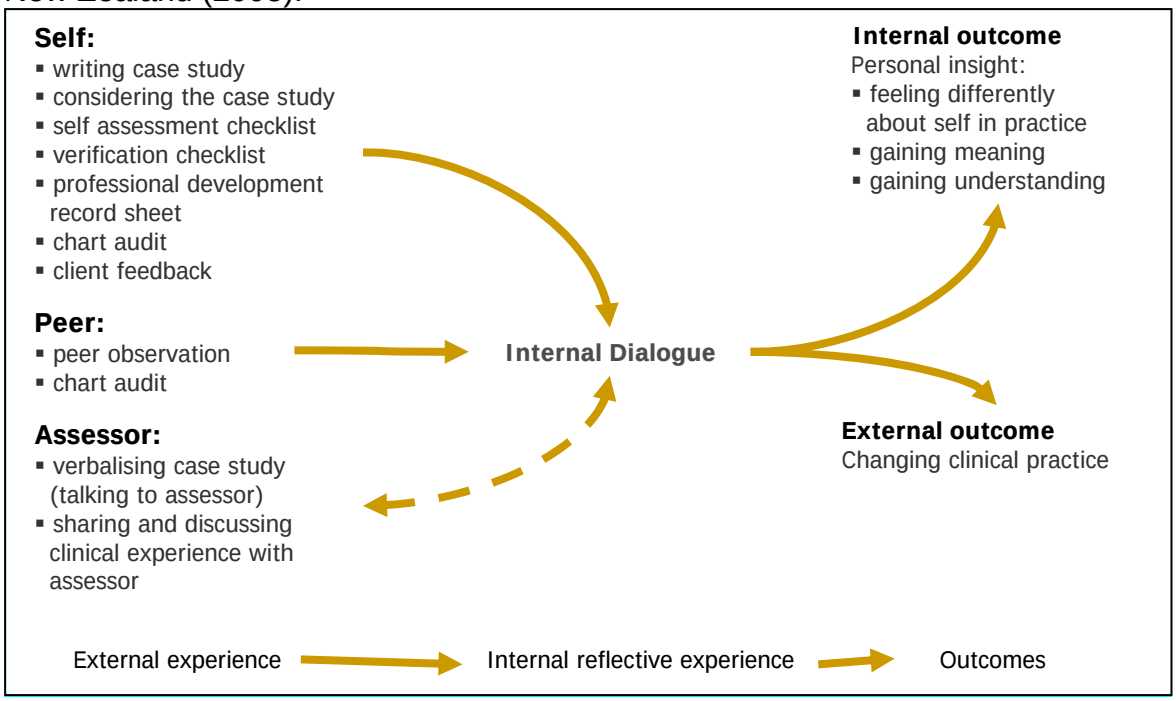
"*I felt better about it after I had discussed it with someone else, actually shared it with someone else*" (Sue, p.5).

In broad terms the conversation with the assessor allowed practitioners to simply understand their practice better. Such integration of personal and explicit knowledge externalised through conversation allowed the nurse's interests to gain clarity and focus. In this way the process becomes relevant and personal, the learning unique and specific. This seems particularly pertinent for the professional development of already highly skilled practitioners.

Talking with the assessor creates a conversational space in which the nurse can view and review her practice. When the stories of clinical practice are communicated several things happen: meaning is shared and often develops into new meaning through the process of dialogue; the person narrating has a sense that their voice matters. As the study findings reveal this can result in validation and affirmation of practice, transformation of emotion, altered perspective on practice and the finding of meaning in work activities.

Conclusion: The Clinical Conversation Appraisal Process As A Learning Catalyst

The process occurring for the nurses undertaking the clinical conversation appraisal procedure is primarily one of learning, in particular the acquisition of personal insights into self as practitioner. The learning occurs through three distinct narrative cycles, each of which can be viewed as an experiential learning episode. The learning cycles are narrative in nature as the major vehicle of learning is dialogue, both internal and external, and involves telling the story of clinical practice to self and to others. The experience of undertaking the assessment activities creates a narrative with self (an internal thinking experience); the experience of working with a peer creates an additional narrative (a mutual dialogue); the experience of sharing practice with an assessor creates a further narrative (a more extensive conversation). Each narrative is loosely framed by the assessment activities which closely relate to the competencies that define clinical practice as determined by the Nursing Council of New Zealand (2005).



Not only does the clinical conversation appraisal process involve experiential learning, it is also closely linked to reflective learning. Moon (2004) suggests that there are three occasions when reflective learning occurs:

- when there is new material of learning
- from the process of representing learning
- when there is no new material of learning but where there is an internal processing of existing ideas.

Each three types of reflective learning are inherent within the clinical conversation appraisal process. When the nurse undertakes the assessment activities she is representing prior learning, in this case clinical practice. This representation offers an opportunity to learn. A second reflective learning opportunity occurs during the peer observation and chart audit. Here, as a result of peer feedback, there is potentially new material of learning to consider. The sharing of evidence with the assessor is an occasion where initially there is no new material of learning. The evidence contained within the portfolio has already been considered and is well known. On one level what occurs during the discussion with the assessor is a processing of existing ideas. However, within this there seem to be distinct sub-processes occurring. The experience of verbalising the case study in particular and clinical practice in general, allows the nurse to contemplate practice from an altered position. Here the nurse is talking **to** the assessor. This in a sense becomes a representation of learning from which new learning occurs; an inside out learning where tacit knowing is brought into the open and is available for fresh consideration (Kolb et al, 2002). The discussion **with** the assessor in some instances can offer new material of learning. Here suggestions and observations are made by the assessor and if considered by the nurse an outside in learning can take place. Equally the discussion with the assessor can be the catalyst for altered thinking in a different way. No new material of learning may be present but existing ideas are explored further by the nurse in conversation with the assessor. Here there is interplay between tacit and explicit knowledge; such interplay leads to the development of joint meaning making.

Within each narrative the internal experience of thinking (internal dialogue) is cyclical. The cycle is triggered by the experiences outlined above. Each experience has the potential to challenge existing cognitive structures, the core frame of reference through which all thoughts are processed. By contemplating clinical practice, by reflecting and analysing, new ideas are created. These ideas become new material of learning and can be considered afresh triggering the internal experience of thinking once more. The outcome of such consideration is internal and external change. Internal change takes place when new insights into self and practice develop; this can be described as an alteration is perspective, a mind shift. External change involves an alteration to actual clinical practice.

The results of this research suggest that, each time narration of clinical experience occurred, consciousness about practice was raised. In this way clinical conversation is a catalyst for change. For some nurses the predominant learning catalyst was the discussion with self instigated by undertaking the assessment activities, for other nurses it was the discussion with the peer or the assessor. These individual learning catalysts may relate to the different learning styles of each nurse.

It has to be remembered that learning was not the primary intent of the appraisal procedure, yet as revealed by the data, the process clearly describes how structured self assessment and discussion of practice does indeed facilitate learning. Clinical conversation provided the conditions for meaningful learning experiences to occur outside the formal learning context. It can be described as the catalyst for learning through post-experience reflection with self and with others. Such post-experience reflection becomes a new experience in itself; it is from this new experience that learning occurs.

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