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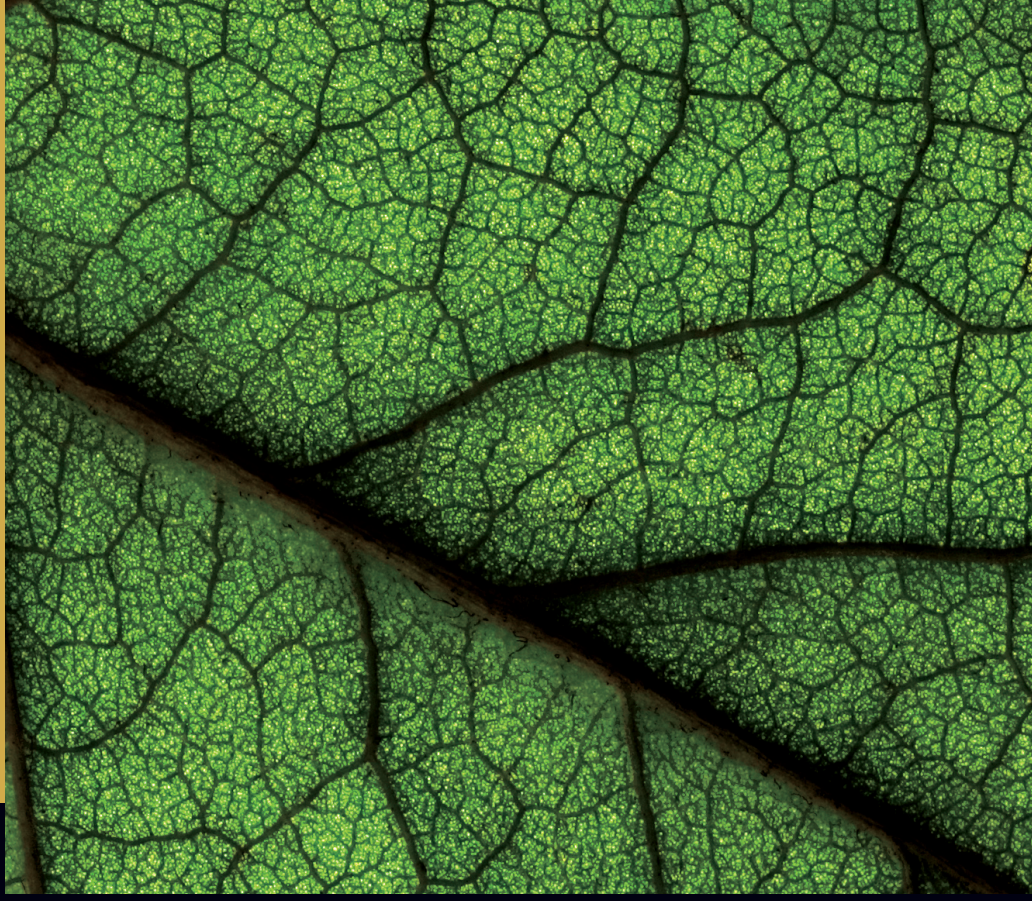
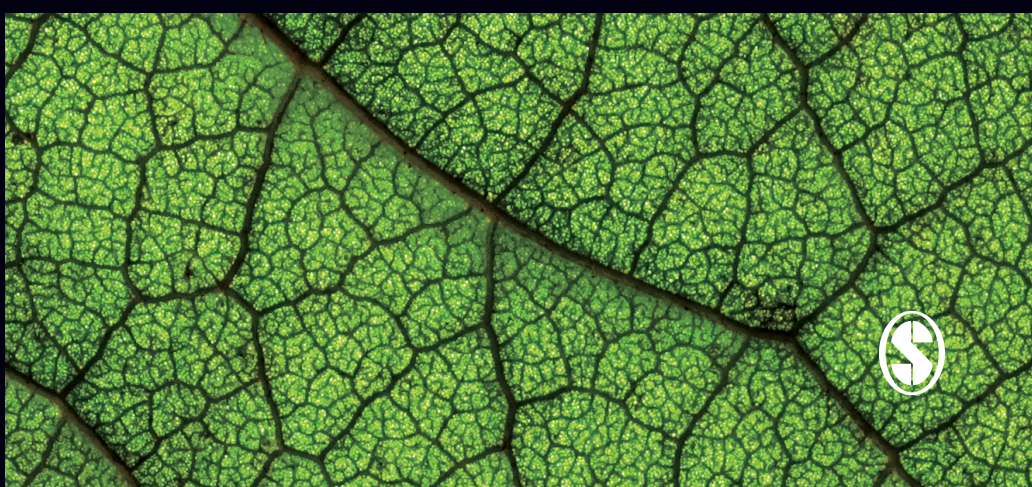


Key Concepts in Healthcare Education

EDITED BY
ANNETTE McINTOSH, JANICE GIDMAN
& ELIZABETH MASON-WHITEHEAD



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Key Concepts in Healthcare Education

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To Nina Sinclair

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editors' preface

This book presents 40 concepts for educators in healthcare, providing a comprehensive overview of the key theories, literature, drivers and practical considerations involved in educating in the healthcare professions in the 21st century.

There are many involved in healthcare who have a responsibility for education as part of their role. While this can include promoting health through educating service users, carers and the general public, this text is primarily concerned with those educating students of healthcare at all levels, from prequalifying programmes through to doctoral levels of study.

The current context of healthcare education requires that all individuals involved in the endeavour have a thorough grounding in a broad range of operational and theoretical concepts, alongside the skills to teach, support and inspire students in both educational and practice settings. To be effective in the art of educating requires an understanding of the contextual factors and drivers at three levels: macro, meso and micro.

The macro level incorporates aspects such as political and economic drivers in healthcare and in education. These currently include a quality assurance approach to educating in healthcare which is based on targets and standards. This has led to corresponding changes in the aims of professional education programmes which have become increasingly competence-based. It is evident that there are potential tensions between outcome-driven curricula, which have to conform to rigid professional standards, and the need for professionals to respond effectively to the constantly changing environments of healthcare. Contemporary government and professional policies also promote integrated services, interagency working and increased public involvement in all aspects of healthcare services. This requires healthcare programmes to incorporate interprofessional learning opportunities and to include service users in programme planning, recruitment, delivery and evaluation. External agencies also influence culture by exercising indirect control over institutions, with increasing levels of accountability required for teaching and research. Best practice is identified and sustained through quality assurance and enhancement. The challenges, opportunities and issues for staff development are mainly a response to these initiatives, with healthcare educators required to keep up to date with current policies and teaching methods and accept responsibility for change. The meso context in healthcare education concerns the institutional or organisational level. The extensive literature related to healthcare education highlights potential tensions between the need for practitioners to be fit for practice at the point of qualification, maintaining the interests of public safety, whilst adopting the ethos of higher education to empower students throughout their studies. Similar challenges exist with

qualified professionals, required to engage in lifelong learning and studying as part-time students while holding down demanding jobs. Indeed, many full-time educators in higher education find themselves in this position, with the expectation that all lecturers will have doctoral level qualifications and be research active, alongside maintaining clinical and professional credibility.

There are many aspects involved in the context of the micro level of healthcare education, that is, all things concerned with the development, planning and management of educational provision for students. Professional education programmes in healthcare adopt humanistic, student-centred approaches and incorporate both academic and practice-based learning and assessment. Recent professional and quality assurance requirements have strengthened the emphasis on practice-based learning and assessment within many programmes. However, tensions can be identified in relation to several competing agendas, for example, professional competence and student empowerment, professional roles and interprofessional learning and the relationships between service users and professionals.

Clearly then, educating in healthcare requires consideration of a myriad of concepts, some theoretical and some operational, that interlink and weave together to form a theoretical network to support educators. This book sets out to bring these together for readers and is relevant to anyone with a teaching responsibility in healthcare. For those starting out in education, be it as lecturers within an Higher Education Institution, educators or mentors in practice or, indeed, pre-qualifying students addressing the teaching elements inherent in the role of healthcare professionals, these key concepts provide a sound base from which to develop the knowledge and skills to become an effective and competent educator in healthcare. For those more experienced in the education for, and of, health care professions, including managers, this book offers support for the essential pursuit of ongoing personal and professional development.

Each entry is written by an author with expertise in the field, drawing together the salient points for the reader, underpinned by research and literature and a practical application of the concept. The text is arranged alphabetically for easy referencing and each chapter provides a comprehensive, yet succinct, account of a key concept and features:

- a definition.
- list of key points.
- discussion of the main elements of the concept.
- a case study to illustrate the application and usefulness of the theory to real world situations of educational practice.
- a conclusion.
- cross-references to other concepts, to facilitate linkages to be made.
- some suggestions for further reading.

This book, therefore, provides an overview of all the key concepts required in being an effective educator in healthcare in any context. Ensuring a sound educational experience for students is a significant responsibility and educators are required to have and develop the knowledge, skills and expertise to facilitate learning, often in the dual learning environments of academic and practice settings and in the broad context in which healthcare education takes place.

Annette McIntosh, Janice Gidman and Elizabeth Mason-Whitehead
Chester, UK
October 2009

1 academic staff development

Dorothy Marriss

DEFINITION

Staff development is a sufficiently complex concept to defy a simple definition. It is generally accepted however, that staff development refers to the process whereby employees of an organisation enhance their knowledge and skills in directions that are advantageous to their role in the organisation. Definitions of staff development may be approached from the perspectives of the developer, the employer and the person being developed. O'Leary (1997) argued that staff development activity has to be outcome and process orientated, while Collett and Davidson (1997) suggested that a significant component of staff development is to facilitate change on a personal, professional and institutional level. Webb (1996) highlighted the need for human understanding and recognition that the feelings, emotions, humanity and 'being' of the people involved play an important part in staff development. This 'being' of the people was reinforced by Thornton and McEntee (1998) who viewed staff development as self development guided by critical questions and practised within frameworks that can lead to meeting the needs of all persons involved in the process. Essentially, staff development is an on-going process of education, training, learning and support activities and is concerned with helping people to grow within the organisations in which they are employed. An emphasis on lifelong learning, personal growth and fulfilment underlines the importance of sustained development. While the term 'staff development' has been defined in a number of ways, the primary purpose of academic staff development is to expand the educators' awareness of the various tasks they must undertake to contribute to the effective education of their students and the accomplishment of the organisation's objectives. Broadly, these tasks will include those associated with teaching and learning, research and scholarship, professional updating, administration and management. For most educators, learning and teaching activities will be central and staff development will include an in-depth consideration of learning and teaching situations so the educators are able to adjust and develop their teaching competencies and activities.

KEY POINTS

- The contemporary Higher Education (HE) culture of quality and audit places demands on healthcare educators for sustained high quality of teaching, for keeping up to date professionally, for effective administrative procedures and for research and scholarship.
- Work-based learning needs to be at the heart of staff development. Real life situations provide a focus for the process of reflection and the development and maintenance of skills.
- Particular challenges for new lecturers include the need to perform in the roles of scholar/researcher and teacher.
- In HE, careers may be characterised by different combinations involving teaching, research and management.

DISCUSSION

The cultural context of staff development

Institutional culture is characterised by the complex set of values and beliefs of the institution's staff. An enabling culture, in terms of staff development, is one that values individuals and gives the highest priority to professional development in order to transform professional practice and enhance job satisfaction.

External agencies influence culture by exercising indirect control over institutions, with increasing levels of accountability required for teaching and research. Best practice is identified and sustained through quality assurance and enhancement. The challenges, opportunities and issues for staff development are mainly a response to these initiatives. For example, in the United Kingdom (UK), a review of care in the National Health Service recommended that the maintenance of quality at the heart of patient care and service delivery required the healthcare educators to keep up to date, encourage staff development and accept responsibility for change (Darzi, 2008).

There are numerous frameworks and approaches to staff development including Investors in People (IIP) (2004), the European Foundation for Quality Management (EFQM) (2003) and the UK's Higher Education Academy (2004). These systems, techniques and strategies have a strong focus on the professional development of all academic staff. Teaching and research are, in principle, equally important in HE, with research, reflection and enquiry being essential tools in the development of educators able to interrogate the production and communication of knowledge in their discipline.

Developing and maintaining the skills of educators in healthcare

Sound academic development, involving research, scholarship and pedagogy, is necessary to move healthcare education forward. The challenges for the

educators include the need to keep abreast of a range of curricular and policy imperatives, as well as acquiring the skills to respond to the needs of students.

At an individual level, educators can be helped to identify their development needs in a number of ways, including self review, job analysis, peer review, informal discussion with their line manager or an individual appraisal interview.

Development can be enabled through observation, reflection, planning and action. Critical to the success of these approaches is the need for flexibility when engaging with the process rather than a mechanical routine approach. Individuals can learn alone or in a collaborative context and contributions from co-participants can encourage and make professional development more likely. Lifelong learning is central to developing and maintaining skills. Watson and Harris (1999) described the process as one that never formally starts or ends and viewed lifelong learning as an on-going process of critical reflection and questioning to arrive at new information or knowledge to inform action. Weick (1995) considered lifelong learning as a sense-making process of constructing, filtering, framing and creating. Clearly, for effective staff development, it is necessary to work flexibly and eclectically in order to meet the demands of each situation. Reliance on any one approach may hinder effective development.

Challenges for new educators

It is important to recognise that new educators in HE have their own distinctive development needs. Trowler and Knight (1999) discussed the socialisation of new entrants to HE and recognised how crucial the development process is. New educators need to be enabled to deal with the fundamentals of developing their teaching and research. They must also become engaged in academic communication structures, committees, quality assurance processes and curriculum development to meet new agendas. Central to self development is self-directed learning, with the individual having the opportunity to control aspects of their learning and construct meaningful learning experiences that enable improvements in knowledge and competency. The development of professional competence involves the acquisition of skills and ability, evidenced through performance tasks. As educators become reflectively aware of the behaviour, attitudes and motivations manifested in their performances, they are able to control the sort of person they want to become as educators.

Personal factors play a part in the individual's stance in relation to the development process; each person will have his or her own learning style and the way that the individual strives to achieve meaning in the learning process is an important consideration in the management of the staff development process.

Career pathways

As careers develop they reflect and influence personal development and can be facilitated by a variety of processes, role models and forms of mentorship.

Engagement in staff/self development should be seen as an excellent investment for moving towards career goals. Staff who seek opportunities and adapt to change should achieve direct career-related benefits.

CASE STUDY

Susan is a senior lecturer in her second year of employment in HE. She had a good performance record, her specialism was paediatric nursing and she taught on the pre-registration nurse education programme. In her annual staff development interview Susan reviewed her work activities against her job description and outlined her staff development experiences since the last review. She wanted to enhance her skills in research and clinical practice and agreed a clinical development opportunity with her line manager.

Susan made contact with a senior manager in her link area and identified a small-scale research project to review the achievements and behavioural changes of qualified staff following the successful completion of an educational programme in paediatric intensive care nursing. Susan was given time remission to lead the project. The outcomes were a 15,000 word research report, a paper presentation at a national conference and a publication in a refereed journal.

Susan's self direction and determination to meet her development needs were rewarded by this successful development experience. She had enhanced her research skills and partnership working. It is recognised by Turner and Harkin (2003) that self-directed professional development is likely to have a more sustained impact than development in which the educators are coerced to participate. Susan's approach to her staff development created an opportunity for HE and clinical service to work collaboratively and explore education, clinical practice and clinical staff development. Susan felt valued in being given this learning opportunity and, due to her planning and organisation, the project succeeded and impacted positively on her learning and teaching.

CONCLUSION

Staff development is both complex and straightforward. It is complex in the number of interpretations, perspectives and processes that can be entailed. It is straightforward in its focus on the development of individuals in ways that suit them and their organisations. Effective staff development is characterised by two components: the individual's professional development and the organisational development process. The two combine in a partnership for staff development. An effective staff development process is supportive of the individual and beneficial for the organisation. The developer helps the individual identify learning needs, the individual advises on the input and goals that are required. The organisation invests in the individual and the developed