

Lifelong Learning: A partnership approach to the changing healthcare agenda

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Abstract

The aim of this paper is to report on the conception of a part time BSc (Hons) Degree for Health and Social Care Professionals to be delivered via work based learning. The programme has been designed to meet the ever changing needs within the Health and Social Care arena. The promotion of partnership and collaboration between academia and the workplace and the development and facilitation of life long learning skills for its students were of primary importance in this process.

Introduction

The Department of Health (2000) maintains that life long learning is important in the development of individuals, teams and organisations. Growth and development and the acquisition of knowledge and skills related to work have the potential to help change things for the better and are inextricably linked to the workforce for the future. To achieve these aims the Department of Health (2001) have clearly identified a vision which states that learning should be, valued and recognised, shared by different staff groups and professions and central to organisational development and service improvement. Walshe (2003) argues that this vision can only be achieved if there is congruency between the government agenda and curriculum design. She goes on to suggest that any change in curriculum design must be grounded in the realities of health care delivery. The culture of the organisation in relation to the development of staff is crucial and must demonstrate a commitment to continuous professional development that supports lifelong learning which in turn impacts on recruitment and retention. Burton (2000) believes that lifelong learning by implication reaffirms the necessity for individuals to reflect. However Mantzoukas and Jasper (2004) warn that reflection can run the risk of being accommodated to fit existing cultural and organisational strategies in monitoring practitioners rather than changing these to facilitate the enhancement of knowledge and practice. They maintain that if the organisational culture ignores or deliberately neglects the nature of learning through reflection, or does not facilitate and support its use it is unlikely to become evident in daily practice.

The Government's Modernisation Agenda (DH, 1999, DH, 2000, DH 2001, DH, 2004a) places great emphasis on the creation of learning opportunities within the workplace and on educational programmes that encourage the integration of theory and practice by using an organisation's objectives and real work-based projects as the focus for academic enquiry. This type of learning promotes discussion, the sharing of problems and the identification of sometimes imaginative and innovative solutions (Raelin, 2000). Gustafsson and Fagerberg (2004) maintain that lifelong learning is a prerequisite in a profession that is in constant change, enabling professionals to be prepared for these changes. The Department of Health (2004b) identifies that cultural change necessary to support and deliver continuing education in health and social care relies heavily upon collaborative working, to both develop and deliver solutions and shared approaches. As early as 1990 Davies suggested that changes in working lives, career patterns and lifestyles, and more ambitious career aspirations than generally held in the past, were leading many to initiate and undertake educational activities. The introduction of the Knowledge and Skills Framework (Department of Health 2003) and other competency based approaches to job evaluation, clearly set out skills required to move from one band of pay to another. Thus, many professionals in health and social care have moved beyond the boundaries of their traditionally identified roles, increasing individual accountability and driving the change in educational approaches (Reveley and Walsh, 2000). Gray (2001) highlights that work-based learning is a significant element in the UK government policy debates of professional development and lifelong learning and Birchenall (1999) suggests that it is in the interests of universities and health service providers to work in partnership to facilitate the development of such initiatives.

Dearing (1997) discussed the need for Higher Education in collaboration with employers to recognise, assess and accredit learning from work thus extending opportunities to adults who would not necessarily have engaged with further study and so contributing to widening participation. An integral part of the School of Nursing's Teaching and Learning Strategy (2005) is to encourage the development of flexible learning approaches, thus enabling learners to maximise their abilities and to identify opportunities to engage in improving outcomes for their communities. In 2005 the School of Nursing was approached by one of our NHS Partner Trusts and asked to consider a mechanism by which the variability of skills and knowledge of practitioners could be reduced, a means of promoting a learning culture through which staff could initiate change and improvements in practice and

enhance patient care. This was seen as an opportunity to develop work-based learning within the school and to foster closer links with our practice colleagues to initiate, collaborate on and participate in a pilot project.

Essentially work based learning is based on partnership and on negotiation; the role of the academic may be that of facilitator and guide rather than subject expert. Moore (2005) maintains that partnerships should have rigorous frameworks in place to support more independent learning, especially within teams working together to meet the needs of the patient and the organisation. Grant (1999) suggests education is not an independent event but one that takes place in a context that depends on the learner, the learning environment and the practice environment. Integration of theory and practice, which is fundamental to professional education, requires a combination of learning for work and learning through and in work (Seagraves et al, 1996 and Rounce and Workman, 2005). By using an organisation's objectives and real work-based projects as the focus for academic enquiry, work-based learning is uniquely structured to benefit both the individual employee and the employing organisation.

WBL in Practice

Work based learning therefore is a learning process rather than a teaching process, which encourages learners to take responsibility for their own learning and develops attitudes and skills towards lifelong learning (Chapman and Howkins, 2003). Dewar and Walker (1999) maintain that the philosophy of work-based learning respects students' ownership over their own learning process and their right to make decisions about the direction it takes. Ramage (2005) found from her studies that work-based learning was valued by students as it taught them how to be flexible in the methods utilised in order to learn a skill that would facilitate further engagement in lifelong learning. Following on from the success of the collaborative pilot project, Level 2 (5) and Level 3 (6) modules were developed. Building on these work based learning initiatives the School Executive Committee commissioned the development of a part time degree programme for health and social care professionals which was successfully validated in January 07 and will commence with the first cohort in September 07.

The critical question when trying to design any educational programme is to decide what learning is valued. Although we all learn in a variety of different ways, work based learning enhances our capabilities to adapt, perform, empower, create and transform in a way that endows experience with meaning. The three key drivers for our programme relate to Debreczency's work (2002). These are the development of a new challenge that promotes personal motivation, the engagement in a specific and challenging health and social care environment that promotes professional motivation and improving patient and client outcomes that promotes service motivation. Some of the underpinning assumptions are taken from Seagrave et al (1996) and Rounce and Workman (2005) who have recognised that work based learning is the starting point for learning and places the learner in the central role in the construction of this new type of learning. The rationale for this programme design model has been informed by some of Bloom's work in 1956 which utilises behavioural objectives i.e. the achievement of outcomes and an end product. This is reflected in the aims and outcomes for the programme and modules and in the need to be assessed for academic credit. However, the main emphasis of this programme design is based upon the work of Betts (1985), Renzulli and Reis, (1985), and others who stress the importance of learning experiences, the process of education and curriculum activities that are worthwhile to the students themselves. Learner driven learning is more likely to be effective and meaningful when based upon experiences from which they gain a sense of self worth and achievement. MacIntosh (1993) argues that nursing must shift paradigms away from what Friere in 1972 refers to as the 'banking model' in which Schools of Nursing deposit information in students as receptacles and move towards a variety of approaches emphasising empowering students to acquire and analyse information on their own. For some students this mechanism for learning will require them to move outside of their 'comfort zone' and be prepared to take risks. This may be a new way of learning for students and in order to feel safe and secure this model will need to ensure a learning environment that is supportive and yet challenging for them.

The Model

This programme model has a five theme approach *which will facilitate students* to become life long autonomous learners and enable them to take charge of their own learning, be responsible for their own learning and determine the direction of their own learning. The autonomous lifelong learner will have insights into their own learning styles and strategies, take a proactive role in the learning processes by generating ideas and availing themselves of learning opportunities. The autonomous learner is a self-activated maker of meaning, an active agent in their own learning (Boud, 1988, Knowles, 1975) The essential components of the model are; Orientation, Learning to Learn, Individual Development, Analysis and Application and finally Critical Evaluation. This is not a linear or staged learning process but allows students to revisit particular elements within each theme at any point during the

programme. This model has been designed to facilitate what Argyris (1982) describes as double loop learning. Based on the work of Argyris and Schon (1978), Sandars (2006) explains that the first loop of learning occurs when something goes wrong, and the individual looks for another strategy to deal with it. Double-loop learning occurs when there is a more questioning approach that seeks to identify the reasons behind why something went wrong in the first place. The knowledge process for this programme will be facilitated using blended learning approaches. Reflection, critical thinking and evaluation are key elements in this process and action learning will be pivotal in the student's development as Zuber-Skerritt (2002) identifies that action learning involves learning about learning and using this to learn.

Action Learning

Action learning groups will be facilitated by each module team as action learning is a continuous process of learning and reflection that is supported by colleagues with the intention of getting things done. Edmondstone and MacKenzie (2003) describes action learning as a method for individual and organisational development based upon small groups meeting over time to tackle real problems and reflecting and learning from each other as they attempt to change things. Zuber-Skerritt (2002) believes the concept of action learning is inseparable from the question of empowerment of staff. An organisation's effectiveness is often reliant on a culture that values its staff and the contribution that they make to the achievement of the business plan. An organisation's value system is one that is about working together and learning together and staff empowerment. Rodwell (1996) defines empowerment as an enabling process or a product arising from mutual sharing of resources and opportunities that enhances decision making to achieve change. Action learning cannot proceed while existing power structures remain in place. Ideally the action learners' vision aligns with the organisation's objectives and goals. Revans (1980) believes the action learning process is founded on the concept that one cannot change the system unless one is changed in the process. He maintains the change in the system is the action and the change in the individual is learning therefore learning to act effectively is also learning how to learn effectively. Therefore professional practitioners need to reflect within their practice repertoire as a process to solve daily practice problems (Schon, 1983, Kolb, 1984). Boyd and Fales (1983) describe reflective learning as a process of internally examining and exploring an issue of concern, triggered by an experience which creates and clarifies meaning in terms of self and which results in a changed conceptual perspective. Although reflection may be used as a tool to integrate theory and practice, Atkins and Murphy (1993) recognise that this may be difficult without guidance and support. They found in their review of the literature that open-mindedness and a motivation to reflect were prerequisites. Mantzoukas and Jasper (2004) maintain reflection is recognised as a technique for developing knowledge and enhancing practice. However they believe it was embraced by nursing without much contemplation on issues of implementation within daily ward reality. It is hoped that work-based learning will become the vehicle to encourage the individual to become a reflective practitioner and embrace the ethos of lifelong learning.

Pedlar (1986) believes that through action learning individuals learn with and from each other by working on real problems and reflecting on their own experiences therefore it is based on the relationship between reflection and action. Joyce (2005) maintains the role of facilitator in action learning groups involves helping students clarify their thoughts about experiences in practice and helping students clarify their thoughts about experiences in practice and helping relate these back to theory. The strategies used within action learning sets by the facilitator are listening, questioning, supporting and challenging.

The progress of the student as a reflective practitioner will be demonstrated through the continuous development of a personal development record throughout the programme. A personal development record was defined by the Quality Assurance Agency in 2004 as 'an individual's personal records of learning and achievement, progress reviews and plans'. Coffey (2005) identifies that one way in which a number of snapshots of student learning can be assembled and combined to reveal a more holistic impression of the learning experience is through the use of a portfolio of clinical learning. Sorrel et al (1997) believe the activity of writing portfolios can facilitate learning and provide important evidence of reflection and critical thinking. Critical thinking is a process that challenges an individual to think clearly, using reflective, reasonable and rationale thinking to analyse, interpret and evaluate information in a systematic and purposeful way to make judgements on the basis of evidence (Glen, 1995, Girot, 1995, Facione, 1984). The process involves thinking beyond a single solution for a problem and focusing on deciding what the best solutions are therefore, critical thinking is principle but not procedure based. Daly (1998) believes that creative and critical thinking can be combined in that creative thinking is generative and that critical thinking is evaluative in nature as it is a retrospective activity. Seymour et al (2003) recognise that critical thinking is particularly important for two reasons. Firstly because of the growing body of health care related literature which

needs to be made sense of and evaluated by health and social care personnel. Secondly, having the ability to identify the discrepancies between the values of the health and social care professions, the organisations for which they work and what happens in the work place. Therefore both these applications of critical thought are necessary to facilitate change within the work place. This underpins the philosophy of the programme.

Zuber-Skerritt (2002) maintains that the enduring view of learning has assumed that knowledge must be transmitted and received in the form of information, theories and research findings, and after reception learners can apply the knowledge to their own purposes. Action learning recognises the possibilities for learners to generate knowledge rather than merely passively absorbing information produced and disseminated by others. This is supported by Newton and Wilkinson (1995) who suggest that action learning with its action and work-based application moves away from the traditional approaches to formal education and maintain that when addressing the continuous professional development of staff it is important to look at the 'how' of delivery not the 'what'.

Evaluation

The programme's success will depend to a large extent on negotiations between student, employer and academia about the shape and content necessary to meet respective needs. To encompass the ethos of work-based learning these processes need to be productive and creative. In negotiation with their manager students will identify an appropriately experienced individual whose role it will be to act as a practice guide, supporting the student in meeting their personal and professional objectives. As part of the collaborative process a tri-partite agreement will be utilised and completed by the student, their line manager and one of the programme leaders. An important element of the tripartite agreement is discussion in relation to the areas of interest and development opportunities within the workplace and the most effective method of assessment for credit. Williams (2003) suggests that using the tripartite approach of workplace, student and tutor brings together the assessment of theory and practice and makes the assessment process more transparent. Gray (2001) identifies that assessment methods in work-based learning tend to differ from those used in more traditional teaching. To promote the underpinning philosophy of the programme and encourage creativity and personal development students have the opportunity to select an assessment strategy from a menu of options. Examples of some of the assessment methods include a poster presentation, teaching video and patient journey. The students will be assessed against an adapted criterion referenced assessment grid based on the work of Price and Rust (2001).

This partnership approach will ensure respective needs are met and is supported by the work of Flanagan et al (2000) who suggests that work-based learning is uniquely structured to benefit both the individual employee and the employing organisation, through the integration of university level learning with learning from experience in the workplace, the bringing together of self knowledge, expertise at work and formal knowledge. Keeling et al (1998) highlight the commitment of the organisation to the education of the staff as a factor that has a significant impact on motivation and the success of work-based learning

Our belief is that this model is the best fit for the work based learning ethos embedded within this programme. The curriculum facilitates integral learning in that learning is not necessarily sequential but flows freely from one point to another as students learn, reflect, analyse, evaluate and relearn on their journey through the programme. Students will develop life long learning skills in that they will become personally motivated to engage in a new challenge, professionally motivated to engage in a specific and challenging health and social care environment and service motivated to improve patient and client outcomes.

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