'Research bricolage'
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Aim: This EdD thesis adapted Benner’s (1984) ‘novice to expert’ nursing theory for wound care in higher education. The findings developed its assumptions to help address the inequity in wound care standards, which are thought, in part, to be caused by current variations in education and then informed curriculum development.

Method: A 3 phase sequential multi-method methodological ‘bricolage’ research design (Figure 1) explored how policy enactment, the exact nature of wound care and ‘student voice’ affects Benner’s theory.

Results/Discussion: (Figure 2) Wound care is unpredictable with frequently conflicting organisational, professional and clinical needs and one size of education does not fit all.
There is always a lack of information and what information is available can be inconsistent or perhaps erroneous and regardless of rural or urban, acute or community practice, there will never be sufficient financial or capital resources available.

Rather than standardizing and increasing curriculum content, learning and teaching strategies should focus instead on students acquiring a ‘toolbox’ of specific skills and attributes using Woods (1997) ‘build, bridge and extend’ approach to develop their cognitive and metacognitive skills which will support everyday problem solving, negotiating change and managing conflict and obtain ‘a best answer’ or an answer ‘subject to some constraints’.

Wound care comes at a significant personal and professional cost and curriculum ‘safe spaces’ should be embedded. The current marketization of wound care education presents both opportunities and ethical challenges.

Figure 2. DCA Findings.

**Conclusion:** Benner’s theory (Fig 3) should now be adapted for the wound care context to reflect the influence of policy, practice and student voice (Fig 4).

![Fig 3. Conventional depiction of Benner’s theory 1984](http://slidesharecdn.com)
Fig 4. Benner’s theory re-modelled for higher education wound care provision.