Divergent pedagogy - a solution to multi-disciplinary post registration wound care in higher education
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BACKGROUND: In response to increased recognition of the burden wound care poses on cost and quality of life, significant UK and European policy advances have occurred including standardised curriculums and competency frameworks. Despite such prolific activity, no consensus exists on the best pedagogical design for multi-disciplinary post-registration wound care in higher education.

METHODS: A Directed Content Analysis (DCA) of secondary data extracted from eLearning platform discussion posts from students attending a Scottish Qualification Authority Level 9 20 credit wound care module validated and conceptually extended Munro & Beck’s (2021) earlier critical discourse analysis of wound care policy. Two constructs from this research i.e. ‘ambiguity or opportunity?’ and ‘responsibility without accountability’ were found to be significant in informing the development of post-registration wound care pedagogy.

RESULTS: Four DCA themes were identified including ‘it’s all a bit hitty missy’ and ‘too many coaches, not enough players’. These signified wounds, and the conditions under which wound care takes place, are characteristically unavoidably ambiguous, notoriously unpredictable and inherently varied.

‘wound measurement is a problem, I find, as we all do measurements differently and many times it is a personal opinion of where the wound edge is and everyone’s take on the % of slough etc. is different.’

‘even a success of one product on one patient has the reverse effect on another’

‘I’ve gone from working in an acute ward to outpatients and I’m amazed that considering it’s the same hospital how the resources available to me are so different.’

‘you don’t know what to do for the best. What is professional and practical are two different things’

Caseload inconsistency, inequitable resources and frequently contradictory evidence-based research engendered feelings of anxiety and failure among practitioners. These circumstances were found to compromise professional accountability.

CONCLUSIONS: A standardised pedagogy is unsuitable for post-registration wound care education. Instead, embedding a divergent content and context independent problem-solving pedagogical component within the wound care curriculum is essential to nurture essential cognitive and attitudinal skills. Skills including coping with ambiguity, learning from failure, being willing to take risks and manage distress and stress will buttress clinical decision-making, accountability and wellbeing.