A qualitative multi-method study to explore the relevance of Benner's 'novice to expert' nursing theory in contemporary post-registration wound care higher education. Jane Munro. EdD Candidate.

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Research Problem

Current cost of NHS wound management (£5.3 billion pa.)

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unwarranted patient wound care inequality

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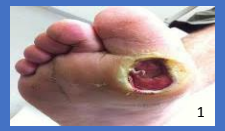
↑ expectation for HE to produce 'expert' wound care practitioners



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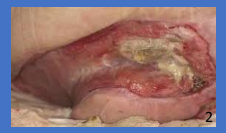

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Benner's 1984 'novice to expert' general nursing theory and its set learning and teaching strategies at each of its five stages portrays an uninterrupted and time limited path of knowledge and competence acquisition. It has been the preferred choice to inform wound care curriculum design. Yet, significant debate now exists over optimal curriculum design to realise expertise. Standardisation is favoured, incorporating ever more diverse complex topics to accommodate ever increasing multidisciplinary involvement in wound care e.g. podiatrists & physiotherapists.

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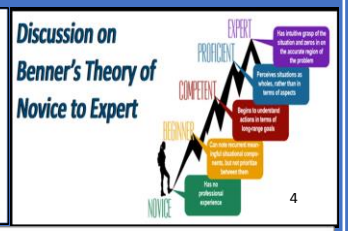

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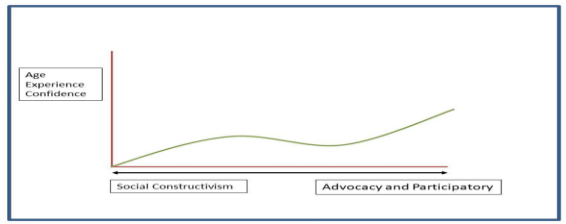
However, literature clearly shows extensive UK variation in extent of education, knowledge, experience, competency, job description and grade, suggesting Benner's linear progression is not relevant. Wound care practitioners are thus left professionally compromised.

Revising the theory to account for developments in (i) policy, (ii) clinical practice and (iii) student participation in curriculum design found in the literature will more accurately represent wound care provision to inform educators and definitively represent student experience. Generating a more informed approach to curriculum delivery will ultimately improve patient care and drive down costs.

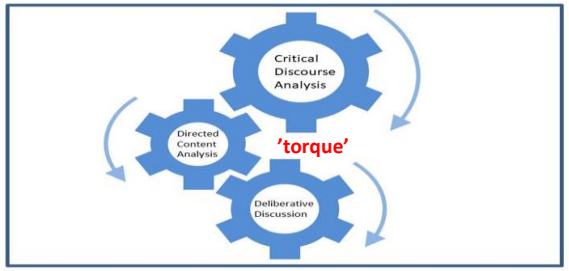
Research Methods

Engaging in reflective practice realised a personal teacher activist[6] position and shift towards an advocacy-participatory world view.



A qualitative multi-method 3 phase sequential design was used. Its origins were rooted in my position on equality, fairness, and collaboration in education. Methods in each phase retained their own research paradigm to address policy, practice and participation respectively.

- Phase 1 CDA of five government/regulatory policies
- Phase 2 DCA of secondary data eLearning platform student discussion posts
- Phase 3 extractive summary of DD online student deliberation



Bricolage'[7] methodology enabled research objective of 'knowing more', facilitating multi-perspective meta-interpretation between each phase. Findings from each phase behaved as 'torque' by means of integrative strategies[8] to drive the research forward.

Mechanisms to Assure Research Trustworthiness

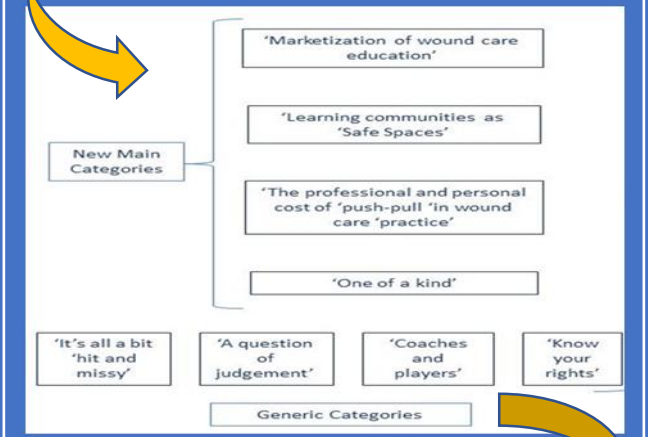
- Credibility: theoretical and investigator triangulation; respondent validation
- Transferability: 'thick description'
- Confirmability: methodological reflexivity (ethics amendment was required to enhance ontological alignment)
- Authenticity: impact of research on students

Analysis & Findings

Phase 1 CDA (Greckhammer [8] & Fairclough[9])

CONSTRUCT	SUB-CONSTRUCT
Ambiguity or Opportunity?	variation; inconsistency in implementation; flexibility; personal interpretation; professional liability; professional vulnerability; ambiguous personal decision-making; versatility versus variation; adaptability
Responsibility without Accountability	non-enforceable; hierarchical power relationship; professional exposure; dominance; power and control; fear, uncertainty and doubt; autonomy; role ambiguity; flexibility; trust; quality control of education; no guarantees; professional liability; lack of role definition

Phase 2 DCA

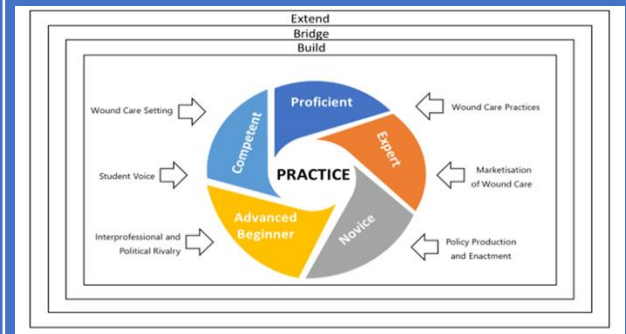


Phase 3 DD

'we all have our own way of doing it, we are all different and multi-factorial just like wound care and that ranges from "systematic and logical" to "just react and don't plan ahead"

Discussion & Conclusion

Thesis finding contradict prevalent opinion regarding standardisation/ increasing content and offers original insight regarding the very nature of wound care, unlike Benner's theory, it is not linear. Instead, it is characteristically dynamic, unpredictable, variable and inconsistent and subject to the vagaries of organisational power, interprofessional and political rivalry where practice can often conflict with the research evidence base. Policy is passive, not active, therefore rarely enacted. Growing marketization of education and patient expectation makes optimal caring challenging and extremely complex. These conditions take their toll personally, often compromising professional accountability. Doubt is cast over the very concept of 'expertise'.



Contemporary curriculum must therefore also furnish MDT practitioners with the necessary, cognitive, meta-cognitive and attitudinal skills, similar to those described by Wood's([10]) Build-Bridge-Extend pedagogy, to help develop practitioners ability to, for example:

- Monitor and adjust processes as they solve problems
- Describe problem-solving processes
- Seek as much precision as the subject/situation permits
- Be willing to take risks and search for more alternatives
- Defer judgement, overcome negative self-talk, build on other ideas

Benner's theory will now be developed at University of the West of Scotland to reflect thesis findings. Curriculum design will also be improved using B-B-E pedagogy to achieve the 'best answer' and one subject to constraints, to assist professional accountability.

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