

CASE STUDY METHODS IN UNDERGRADUATE NURSING EDUCATION

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NURSING
CARE
MGMT

SCIENCE

CRITICAL
THINKING

FAMILY
SUPPORT

SOCIAL
ISSUES

FAMILY
CENTRED
CARE

OPPORTUNITY (CASE STUDY BACKGROUND)

"Rachel and Julia are two academic staff members with the opportunity to revamp the teaching of their child and family health teaching for semester five BN students. They have been offered more teaching hours and need to integrate science and nursing practice. The paper is run concurrently with a clinical practice paper where the students are out in clinical placement, working shifts and some students are out of town in rural placements.

"After discussion with the teaching team the tutors decide to use a case study approach which will put a human face on the teaching and blend all the aspects of the science of nursing with the art of nursing. The increase in contact hours gives them the idea of delving more deeply into critical thinking and decision making for nursing practice. They want to enable the students to gain a deeper understanding of what is going to be required of them when they register in less than a years' time!

Julia and Rachel do some reading, finding that one of the ways to facilitate student centred methods of learning complex nursing care concepts is the use of case-based assessments (Koenig & Zorn, 2002, Critz & Knight, 2013, Dolmans, De Grave, Wolfhagen & van der Vleuten, 2005, Niemer, Pfendt & Gers, 2010, Popil, 2011 and Williams et al, 2012). The use of case studies also enables the weaving of critical thinking and higher thought processes into holistic nursing practice, incorporating science, ethics and nursing diagnosis and management (Critz & Knight, 2013, Williams et al, 2012).

Having decided to use case studies to deliver some semester five content, Rachel and Julia start to write cases from their own practice and experience, changing aspects of the scenarios to ensure flow, good learning opportunities, and anonymity. Initial outlines are edited to add depth and pose nursing practice questions for students to answer. The real examples used help students to get a sense of what might really happen in practice with some credibility.

With the scenarios almost finished, Rachel and Julia share their cases with the rest of the small but perfectly formed teaching team. Fresh sets of eyes provide a robust peer review process which helps ensure clarity for the students. Finally, to ensure that they provide current and accurate information and have "got their facts right", the cases are reviewed by expert clinical practitioners.

The content is delivered in a workshop style once a month on a Friday afternoon. Rachel and Julia give the students access to the case a couple of weeks before along with a timetable, reading list and articles to support their learning via the tertiary institution's online interface. Then the students have two weeks to complete the case study questions and submit their answers for marking.

FINDINGS

Julia and Rachel discover that the students enjoy learning this way. The annual programme survey also demonstrates the students' appreciation of the case study as a style of learning, and that no criticisms of the case study are even mentioned as 'areas for improvement'. Some students are concerned at the amount of work involved, but this one is nothing new, even though Julia and Rachel empathise with students about how much there always is to learn! Robust student engagement in online and class discussions also provide some good ideas and feedback.

From a teaching perspective, Rachel and Julia find that by sharing the facilitation across the teaching group no one carries the entire workshop delivery and each tutor provides content from their area of expertise and passion.

Having written a couple of cases, Rachel and Julia continue to build case studies enabling them to create a bank of options to keep the teaching fresh and providing an academically robust programme in which there is very little repetition between module occurrences.

CONCLUSION

AKA WHY EVERYONE SHOULD DO IT:

Reflecting on the process, the team discovers that they enjoy the teaching style and being able to contribute to the process without carrying the whole paper. Teaching from their experience and area of passion, they convey to students their love of the speciality.

The case study structure ensures a streamlined contact and technology process, ideal for these students in shift work or far away. The case study brings learning to life and makes it real for the students.

Julia and Rachel conclude that if you have a group of senior students who are maximising the opportunities of diverse clinical experience and need robust clinically relevant and accurate learning but may have varied infrastructure then this sort of case study facilitation is a great way to meet all the students needs.

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