CHAPTER: Values and Knowledge Education (VaKE) applied to nursing care

Maria do Rosário Pinto[1], Ana Spinola[2], Alcinda Reis[3]

[1,2,3] Polytechnic Institute of Santarém, Higher School of Health

Abstract:

The mobilization of the constructivist methodology of Values and Knowledge Education (VaKE) in nursing teaching area occurred during the 3rd year of Bachelor Degree, in a family clinical care context, chosen because it is a moment of the course when students are confronted with diverse types of dilemmas involving questions centred in personal, social, moral and ethical concerns, while developing competencies for decision making. The pilot was implemented during 3 weeks, with planned moments of 2 hours interaction following the eleven steps proposed. The added value of VaKE process in discussing these dilemmas related to nursing care revealed to be the possibility of integration, in the same process, of personal and professional dimensions. Beyond knowledge, the results of this piloting experience, highlight the importance of the incorporation of previous experiences, personal feelings, non-theoretical opinions and the perspectives of others. As previous research have identified, throughout VaKE methodology, a comprehensive, reflexive and motivating discussion is achieved, within searching for a non-existent absolute solution for a dilemma.

Introduction:

Academic preparation in nursing education has been sensible to the Higher Education System's evolution, a known multidimensional space, in straight connection to internal and external surroundings, persistently exposed to formal and informal reinforcements, which impose to Higher Schools of Health an active role in the construction of innovative curricula, integrating high teaching skills in an interactive learning environment.

Major challenges ahead for nursing education engage preparing future professionals for a changing and high complexity health care scenarios. The growing complexity of contexts imply increased competencies within caring, requiring nursing academic education/training to be a process that goes beyond knowledge acquirement, demanding its integration by the students, so safe and high quality care can be implemented in each context.

Accompanying this reality, current teaching processes are supported on pedagogical strategies, planned and structured in a students' centred learning perspective that enable the acquisition of knowledge and skills development, not only within the academic environment but also derived from practice of care (Madeira, 2015). Focused on encouraging the development of a future reflexive professional/practitioner (Schön, 1991), reflexive process is promoted, remaining one of the widely used methods in health care education, both in theoretical and clinical teaching environments.

Within this learning paradigm, as evidence suggests for higher education learners, nursing students are incentivised to be responsible for their own formative process, participating on the choice for methodologies and strategies that can facilitate autonomous work optimization. Teachers, as promoters of the learning process, pose defying innovative proposals within the educational scientific area, mobilizing and integrating pedagogical strategies that can encourage and reinforce students' self-learning capacities (Patterson, Crooks & Lunyk-Child, 2002; Zimmerman & Schunk, 2011; Spínola & Amendoeira, 2014).

Through this Constructivist perspective, students, as learners, play an active role in *constructing* their own meanings, and learning is seen as a process of accommodation or adaptation based on new experiences/ideas (Jenlick & Kinnucan-Welsch 1999; Cornu & Peters, 2005). A student-centred approach which promotes knowledge co-construction, focusing on the development of critical thinking abilities and improve on students' future performance, by creating the learning conditions to move from superficial to deep learning.

This both interdisciplinary and multidisciplinary approach includes as well non-scientific domains, with high relevance for personal beliefs and values, frequently brought into the construction of a future professional identity (Larrivee, 2000), while students are confronted with dilemmas when challenged to learn in a changing and increasingly complex health care setting for which they do not have extensive practice experience.

Such intersection between values and knowledge is, by some means inherent to nursing academic activity, explored in several complementary dimensions, which include bioethical, critical thinking and structured reflexive practice approaches, but seldom using an interconnection and global discussion that integrates all these domains in the same analytic process.

Patry, Weyringer & Weinberger (2007) proposed the combination of these dimensions, within the same global approach, through a methodology that they denominated VaKE - Values and Knowledge Education. It permits embedding the dilemma discussion approach further in educative settings by combining the development of knowledge and knowledge acquisition while identifying and nurturing the values that a student uses to construct arguments for his decision (Patry, Weyringer & Weinberger, 2007; Keast & Marangio, 2015).

Initially influenced by Kohlberg's use of moral dilemmas (1984), this constructivist procedure fosters discussion around a proposed dilemma, leading students to search for and check viable information while making their own informed decisions and recognising their own values (Patry & Weinberger, 2004).

Acknowledgment of this methodology, that has several positive reports of being used in a variety of educational areas, generally well accepted by the students and likely to encourage a higher level of sophisticated thinking and social learning (Patry, Weyringer & Weinberger, 2008), triggered the interest of applying it in nursing educational Academia, as no previous experiences in this area were identified.

Thus, a pilot experience was implemented, with the main goal of analysing the applicability of VaKE methodology in the discussion of moral values and ethical dilemmas, inherent to the conception of healthcare of a group of bachelor nursing students.

The pilot:

This methodology was implemented within a clinical practice curricular unit of 3rd year, 2nd semester, of a bachelor nursing degree, in a family care context, between April and May 2016 in the Higher School of Health -Polytechnic Institute of Santarém, Portugal.

This option justifies itself by the evolutional moment of the syllabus. After a progressive development of critical thinking and reflection competencies, during previous two years, both in academic and clinical contexts, it is a moment of the academic pathway when students are confronted with diverse types of dilemmas including questions centred in personal, social, moral and ethical concerns, while developing competencies for decision making.

In addition, nursing curricula organization in this phase challenges students to systematize the reflexive process through a strategy, supported upon a variation of Gibbs reflective cycle (1988): after the identification of a dilemma, arising from the situation of care, a both written and oral analysis is done by the student, under the practitioner nurse and teacher's supervision.

Structured on Patry, Weyringer & Weinberger (2007) and Linortner et. al (2014), this pilot was developed during 3 weeks, with planned moments of 2 hours interaction following the eleven steps proposed by VaKE, interpreted as a proposition and not as strict prescription, as suggested by the group led by Linortner and Patry (2014).

Seven students were engaged to participate, intentionally selected, according to the defined criteria: being together in the clinical settings, have the same teacher in clinical orientation, different personal pathways and diversity of previous clinical experiences, namely, young and older adults, students that work in health field while graduating, known reflective, critical and argumentative skills.

In a concise description, was followed a strategy in which the dilemma discussed was a practitioners' situation, based on previous experiences of the participants, having a Community Family Based approach, nursing theoretically supported on Model of Living (Roper, Logan & Tierney, 2000) and on the Calgary family intervention Model (Wright & Leahey, 1994).

Briefly per passing the implementation of the VaKE methodology, it started with the presentation of a story to the students: *"You are a nurse taking care for elderly people, going to the home of your patients and on first visit after hospital discharge you are confronted with a female patient that doesn't want to be at home, because in her opinion she's not well enough to be alone (she's dependent on doing her life activities due to a hip fracture recovery) and she needs therapy with oxygen in permanent basis until she recovers from a respiratory temporary infection situation, prescribed to be done at home."*

A first interactive moment, enriched the story with details suggested by the students and a dilemma was identified. Focused on the therapeutic orientation for Maria to stay at home, without her wanting so. Then, should Nurse Michael provide conditions for Maria to stay at home? Or, on the other hand, not provide conditions for Maria to stay at home and orient her to an institution?

On a second meeting, the final dilemma was presented and the students were invited to vote, with a 4/3 voting result for fulfilling Maria's wish to return to an institution. Using the lesson interruption method (Patry & Weinberger, 2004), voting was followed by the 1st discussion, and several values emerged from the argumentation, after a first group interaction, interrupted by some teacher questioning related to moral and ethical values in debate. Family, social interaction/isolation risk, dependency/ independency, peoples' autonomy, patient safety and personal wishes importance were highlighted by the students.

As preconized, discussion led as well to further questioning and drove students to identify the need to search for more information, after identification of knowledge lacunas about technical dimensions (how to provide safe oxygen administration at home? What's the applicable legislation/guidelines for non-technician home support in home oxygen monitoring? Does it exist?), but as well about social/economical dimensions (personal costs for the family of the treatment? Is it possible to integrate Maria on a Continuous Care facility after discharge from hospital, as result of a personal patient wish? What says the legislation?). Evidence based information from studies, focused on this subject, were also considered a resourceful source of knowledge to search for.

Step 5 was autonomous students' work, with a week duration, conducted individually, eventually shared within the small group (2/3 students). Each student agreed to search about all subjects, throughout the eyes of his own opinion. The leading question for this step was: "What do I need to know to have an effective argumentation of my position?". Teachers assumed the responsibility of sharing some information considered crucial, mostly from studies about the practice. Information sources accepted included scientific and non-scientific information, with the obligation of using EBSCO and B-On scientific databases and validate the information acquired. Information should be shared within the small and large group (as collected).

Before next group meeting, students were asked to elaborate a synthesis of the information that supported each students' perspective.

Second argumentation moment was done in two steps. First a small group moment was offered to exchange information within each group of students who initially had the same opinion. Secondly, arguments started to be presented without any teachers' structuration, organized by the students. Professional knowledge mobilization was very preeminent at the start, by means of the normative-legal framework of nursing profession (Order of Nurses' directives and national legislation). Ethical principles and deontological dimension were discussed as well.

As the discussion arouse from the presentation/argumentation, emerged the importance of feelings associated with the situation presented and the difficulty students have in separating personal feelings and moral values from professional practice.

From this moment on, values discussion dominate the interaction and students centred themselves on the importance of personal previous experience mobilization into decision making, not only on the professional point a view (that two of them could mobilize) but predominantly from each personal path in life. And, as students' highpoint, these are moral and value centred perspectives.

Synthesis step ended the discussion. Argumentation pointed out the importance of an effective global professional assessment as a background to clinical decision making, along with the updated knowledge on guidelines and health care specific legislation. Respect for the patient and family, one's autonomy and wishes, importance of social and personal oriented values, summarize the other dimensions outlined by students.

Although there were still differences on voting at the end of the process (a 5/2 voting for fulfilling Maria's wish to return to an institution) reasons pointed out by the students were coherent with a patient-centred approach, that privileges patient and family wellbeing and wishes, within a reasonable professional basis.

At the end of the process, after its conclusion, in a final survey, students were asked to reflect on the VaKE strategy and give their opinion about the importance it may had to their academic and personal skills acquirement/development.

Pilot implementation contributes for learning process

Carrying out this procedure incremented the already existing Institutional, Academic and personal interest in this teaching approach.

Unlike previous reported experiences with VaKE, nursing academic learning environment already privileges the domains involved in this educational strategy. Not only morality and values have always been associated to caring practice, but nursing values influence nurses' goals, strategies and actions (Shahriari et. al, 2013). Consequently, these are explored areas within teaching/learning dimensions, in an evolutional way, from first week of curricula chronogram to 4th year of syllabus, mostly through an ethical and deontological approach.

Similarly, knowledge acquirement is promoted within a reflexive framework with the constructivist perspective being a constant in Nursing Academia. Although some scientific areas need to be further centred on more traditional teaching methodologies, the majority of teaching strategies promote self-centred learning, critical thinking skills and a proactive posture of the students towards

knowledge achievement and integration (Patterson, Crooks & Lunyk-Child, 2002; Spínola & Amendoeira, 2014).

Contrarily on what it may seem by previous statements, added value of the VaKE pilot experience was identified for both type of actors, who participated in this testing procedure.

Students emphasize the importance of incorporating personal experience into reflexive approach. The opportunity to integrate their personal perspective at the beginning of the discussion, without a previous theoretical background, is pointed by all the participants as an interesting opening slant, motivating them to continue intervening in the argumentation. General feeling expressed can be summarized by one of the students' words, during assessment moment: "*I felt heard. What I was saying meant something, even without mentioning an author to support what I was saying*". Likewise, the importance of confronting themselves with different lived experiences and personal accomplished opportunities, in a moment that seemed informal, without an active and constant intervention of the teachers, was underlined as motivating.

Students were placed in direct confrontation with their expectations, linked both to learned professional values and to clinical practice expected competencies. At the same time, they could express the influence of defining moments of their own life history, related to personal and family values, which were as different as it can be seen in the following example:

- *"… my mother always told me: when you were a baby I had to work, so you were at nursery or day-care. When I'm old, is fair that you put me on a nursing home";*
- *"…family is supposed to take care of the elderly one. When my grandmother was sick, everyone joint forces to be present, after work, school,… and my father stayed at home, stopped working during her disease!"*

Another dimension students draw attention to, was the need to support themselves and find more information. Teachers' mediation/triggering during first argumentation was identified after pilot was concluded, but not felt during interaction. Questions posed and added comments were seen as pertinent, not coming from a *teacher*, but from another arguer in the discussion. The methodology by itself arise the wiliness to search for more information, "*so we could prove our perspective*", as one of the students stated.

However, this step was not what students expected. Evidence was accessible and the recognition of the importance to search for credible sources of information wasn't a new strategy for them. "*To that, we are already prepared! We already know that every word has to be supported on an author*!...". The possibility of sharing in the large group different search results, made them read

information that supported their perspective. Yet, they read also quite meaningful information that was against their viewpoint…

Values expression was the other point emphasize by students. Although general opinion is that moral values are frequently discussed within their regular learning environment, VaKE's approach gives it a central position throughout the process. This was identified as very important and, during final assessment students assumed that "…*we always take a bit of ourselves when we explain something to people*…".

In what concerns teachers, as said before, self-learning strategies are current in these professors' daily practice. But their appreciation of the experience emphasizes the participation, enthusiasm and interest of the students, as main outcomes of the process. Students' characteristics, like socioculturality, lived experience, maturity, levels of knowledge and self-confidence, are shown in a significantly more expressive and prevalent way than it happens with other dilemma discussion strategies, currently used in Nursing teaching approach.

Globally, dimensions above presented were seen, by participating students and teachers, as personal and professional gains, structural to a future caring perspective, with high relevance to be implemented on learning environment in nursing bachelor degree.

Globally, we can say these findings are in line with the results of other previous experiences, conducted in different scientific areas, levels of graduation and students characteristics (Weyringer & Weinberger, 2007; Patry, Weyringer & Weinberger, 2008; Keast & Marangio, 2015).

As Keast and Marangio (2015) identified before, these students underline that understanding a person's values doesn't change ones' values, but allows more empathy to the views and values of others.

Conclusion

Results of this piloting experience, in discussing these dilemmas related to nursing care, highlight the importance of the incorporation of personal feelings, previous experiences, perspectives of others and non-theoretical opinions. The most significant added value of VaKE process, revealed to be the possibility of integration, in the same process, of personal and professional dimensions.

As previous reports have identified, throughout VaKE methodology, a comprehensive, reflexive and motivating discussion is achieved, meaning, according to the participants' opinion, that it can become an important tool for current nursing teaching strategies in the present challenging environment, because VaKE can be a way of promoting "*the feeling that we can **be people** who care for people!*"

References:

Cornu RL & Peters J (2005). Towards constructivist classrooms: the role of the reflective teacher, *Journal of Educational Enquiry*, 6(1): 50-64.

Gibbs G (1988). Learning by Doing: A Guide to Teaching and Learning Methods. Oxford: Oxford Further Education Unit

Jenlick P & Kinnucan-Welsch K (1999). Learning ways of caring, learning ways of knowing through communities of professional development. *Journal for a Just and Caring Education*, 5(4): 367–386.

Keast S & Marangio K (2015). Values and Knowledge Education (VaKE) in Teacher Education: Benefits for Science Pre-service Teachers when Using Dilemma Stories, *Procedia – Social and Behavioral Sciences*, 167: 198 – 203. DOI: 10.1016/j.sbspro.2014.12.662

Kohlberg L (1984). The psychology of moral development: the nature and validity of moral stages, San Francisco: Harper & Row.

Larrivee B. (2000). Transforming teaching practice: becoming the critically reflective teacher, *Reflective Practice*, 1(3), 293-307. DOI: 10.1080/14623940020025561

Linortner L, Patry J-L (leading authors), Berman M, Dürnberger A, Even L, Levy-Feldman I, Meilijson S, Weingarten M (2014). Teaching Manual. Module 1: V*a*KE-Tact – Values *and* Knowledge Education and Agogical Tact. Available on: http://tempus-llaf.sapir.ac.il/course/view.php?id=10

Madeira AC (2015). Nursing students within the process of care in clinical teaching settings. Saarbrucken: Novas Edições Acadêmicas.

Patry J-L & Weinberger A (2004). Kombination von konstruktivistischer werterziehung und wissenserwerb. *Salzburger Beiträge zur Erziehungswessenschaft, 8*(2), 35-50.

Patry J-L, Weyringer S & Weinberger A (2007). Combining values and knowledge education. In D. Aspin & J. Chapman (Eds.), *Values Education and Lifelong Learning* (Vol. 10, pp. 160-179). Netherlands: Springer.

Patry J-L, Weyringer S & Weinberger A (2008). Interaction of science and values in schools. In K. Tirri (Ed.), *Educating Moral Sensibilities in Urban Schools* (pp. 157-170). Rotterdam: Sense Publishers.

Patterson C, Crooks D, Lunyk-Child O (2002). A new perspective on competencies for self-directed learning, *J Nurs Educ*, 41(1):25-31.

Ponton MK, Carr PB & Wiggers NR (2014). Self-Efficacy to Do or Self-Efficacy to Learn to Do: A Study Related to Perseverance*, International Journal of Self-Directed Learning,* 11(1): 29-40.

Roper N, Logan WW & Tierney AJ (2000). The Roper-Logan-Tierney Model of Nursing: Based on Activities of Living. Edinburgh: Elsevier Health Sciences. ISBN 0-443-06373-7.

Schön DA (1991). Educating the Reflective Practitioner. Towards a New Design for Teaching and Learning in the Professions, Oxford and San Francisco: Jossey-Bass. ISBN 1-55542-220-9.

Shahriari M, Mohammadi E, Abbaszadeh A & Bahrami M (2013). Nursing ethical values and definitions: A literature review*, Iran J Nurs Midwifery Res*, 18(1): 1–8.

Spínola AC & Amendoeira J (2014). The Care Process: analysis of nursing students' conceptions. *Rev Enf Ref*, 2: 163-170. DOI: org/10.12707/RIV14006

Windschitl M (2002). Framing constructivism in practice as the negotiation of dilemmas: an analysis of the conceptual, pedagogical, cultural, and political challenges facing teachers. *Review of Educational Research*, 72(2): 131–175.

Wright LM, Leahey M (1994). The Calgary family intervention model. In: Wright LM, Leahey M, eds. Nurses and families a guide to family assessment and intervention. 2nd ed. Philadelphia (PA): F.A. Davis Company, pp. 99-129.

Zimmerman BJ, Schunk DH (2011). Handbook on Self-regulation of Learning and performance, New York: Routledge. ISBN13: 978-0-20383901-0 (ebk)