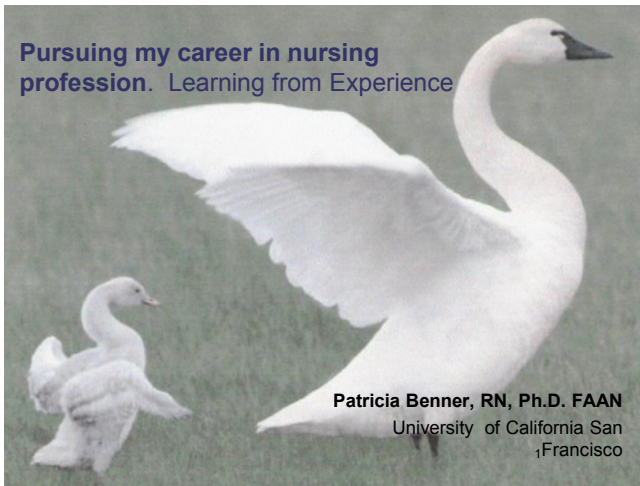


Pursuing my career in nursing profession. Learning from Experience



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## From Novice to Expert EXPERIENTIAL LEARNING

- Turning around of preconceived notions
- Seeing the unexpected
- Fluid recognition of the situation
- Requires openness and responsiveness

## ACTION

- Continuity in patient Care
- Articulating experiential learning
- Nurse as knowledge worker...not just management
- Experience over time with same patient population

## Shifts in Style with Expertise

- From abstract principles to concrete experiences
- From general understanding to contextual response
- From detachment to engaged participation
- From analytic rule-based thinking to intuition

## More style changes

- Agency: Ability to effect situation changes
- Situation recognition capacity increases
- From outsider's perspective to insider engaged participation
- Sense of salience and a differentiated world
- Increased understanding of ends of practice

## Techne (Aristotle, Dunne)

- Producing or making things.
- Can be standardized.
- Outcomes predictable.
- Separating means and ends not a problem.

## Clinical judgment as phronesis:

- Clinical reasoning, reasoning across transitions.
- Reasoning across time about a particular patient through changes in the patient's condition and/or changes in the clinician's understanding.

## Joseph Dunne in *Back to the Rough Ground*:

- A practice is not just a surface on which one can display instant virtuosity. It grounds one in a tradition that has been formed through an elaborate development and that exists at any juncture only in the dispositions (slowly and perhaps painfully acquired) of its recognized practitioners. (Pp. 378-380).

## The Role of Narrative in Articulating Practical Knowledge:

- Narratives can capture what is universal in a particular clinical or human situation. The person telling a story about their practice experience may reveal more than they intend, or even have direct access to.
- The logic of practice may be opaque to the practitioner. Narrative and observation may capture what is only dimly understood.

## Phronesis: Clinical Judgment

- Underdetermined situations.
- Experiential learning involved.
- Praxis, skill, character development.
- Mutual influence may be involved.
- Pre-specified outcomes cannot be reliably predicted.

## Clinical Grasp

- Making qualitative distinctions.
- Modus operandi thinking.
- Recognizing changing relevance.
- Learning recurring patterns in particular patient populations.

## Clinical Forethought Based on Experiential Learning and Scientific Knowledge.

- Clinical forethought plays a role in clinical grasp because it structures the practical logic of clinicians.
- 1) future think
- 2) clinical forethought about specific patient populations;
- 3) anticipation of risks for particular patients
- 4) seeing the unexpected.

## ACTION!

- Tell clinical forethought to new nurses
- Identify system barriers to smooth patient transitions
- Pay attention to the unexpected
- Prepare for the unexpected

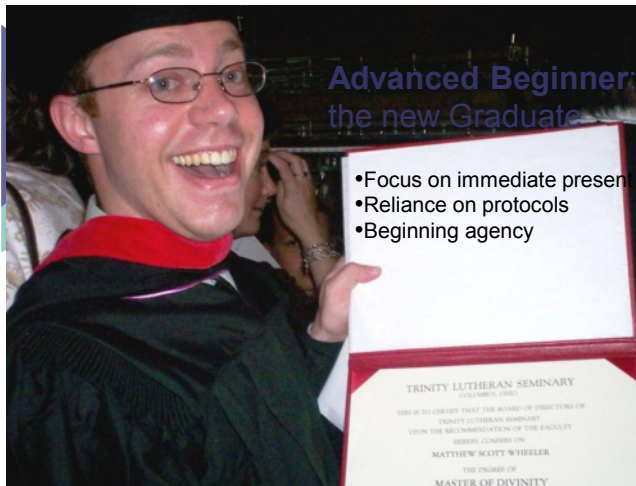


## Novice - First Year of Education

- Little or no experiential background understanding
- Recognizes attributes and features
- Requires rules and broad guidelines to organize task world
- Matches actual cases with textbook descriptions

## ACTION !

- First year nurse educators must be good at translating clinical understandings
- Provide broad guidelines
- Good clinical teaching is a form of ethnography at this point
- Preserve the dignity of the new recruit!



## Advanced Beginner - New Graduates

- Temporal focus, immediate present
- Delegating up, interpretation of actual clinical variations needed
- Beginning agency
- Forecasting is limited by experience
- Reliance on protocols
- Engaged learner

## Advanced Beginner - New Graduate

- Developing a perspective
- Legitimizing and evaluating the discomfort
- Establishing boundaries
- Finding credible sources
- Cushion of inexperience
- Multiple and competing tasks
- Matching Examples with textbook accounts

## ACTION !

- Socially integrate new nurse
- Value patient care and clinical knowledge development
- Clinical knowledge is dialogue between theory and practice/ practice and theory
- Make the learning go both ways
- Respect the difficulty of experiential learning....you were here once too!

## Competent Stage - 1-2 Years in Practice?

- A time of planning and analysis
- Limit the unexpected through planning and prediction
- Anxious times now more tailored to situation
- Clinical forethought and Clinical Grasp developing

## Competent


- Limits of formal knowledge
- Choosing a perspective
- Pattern recognition
- Encountering the patient anew

## Competent, cont..

- The limits of formal knowledge
- The process of disillusionment
- A crisis in trust
- Excessive sense of responsibility

## ACTION !

- More social integration
- Listen to the moral outrage...channel the energy
- Place with expert or proficient nurse preceptor
- Develop support groups
- Share experiential learning...reflect on practice



### Proficiency – A Transition to Expertise

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- A QUALITATIVE LEAP in way work is organized
- Sees the “big” picture
- Takes situated action
- Nuances in understanding added
- Learns to trust own judgment based upon grasp and experiential learning



### Proficiency

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- Gains a differentiated world of practice.
- Recognizes changing relevance.
- Situation speaks to practitioner.
- Gains differentiated skill of involvement.



### ACTION !

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- Capture experiential learning
- Discuss skills of involvement... patient engagement
- Articulate new clinical insights
- Discussion groups



### *Expertise Exemplified by Clinical Reasoning and Clinical Judgment*

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- Uses both techne and phronesis
- Practice takes up theories and ends of practice in multiple ways that fit the situation.
- Attunement; Skilled know-how
- Skill of involvement



### Expertise

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- The particular
- New clinical knowledge
- Qualitative distinctions
- Moral dilemmas articulated



### Expertise

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- Fusion of thought feeling and action
- Relational skills potentiate treatments
- Reads the current situation in terms of past whole concrete situations
- Focuses on the most salient issues



### Expertise

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- Recognizes the unexpected
- Response-based actions
- Develops new operating insights and knowledge



Practice cases can transform knowledge use, clinical reasoning & judgment in acute and high-risk situations

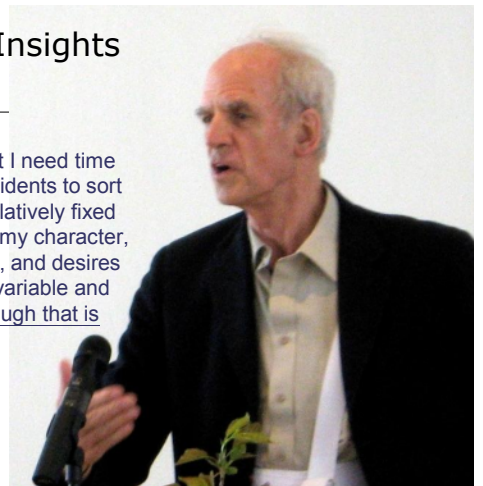


## The role of articulation for clinical knowledge development

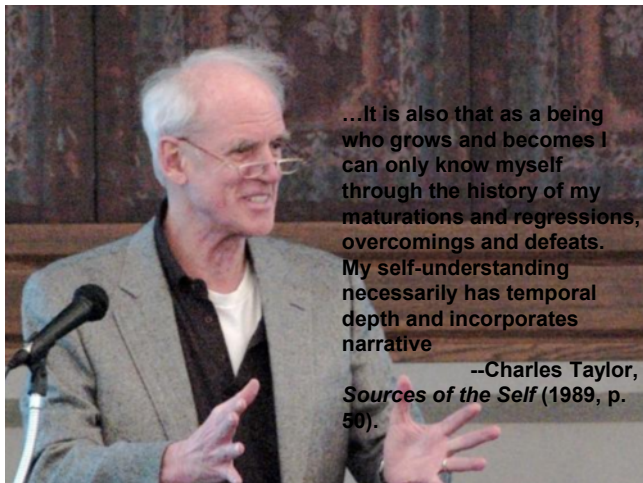
Articulating what you know in practice  
Naming the silences.  
Describing new practices

## Framing Insights

It is not only that I need time and many incidents to sort out what is relatively fixed and stable in my character, temperament, and desires from what is variable and changing, though that is true . . .



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...It is also that as a being who grows and becomes I can only know myself through the history of my maturations and regressions, overcomings and defeats. My self-understanding necessarily has temporal depth and incorporates narrative  
--Charles Taylor, *Sources of the Self* (1989, p. 50).

## ACTION!

### Articulating Clinical Knowledge

- The ways one takes up theories /principles in practice are innovative
- Can embody in practice multiple and even competing goals
- Identifying the ends or notions of good in practice---the in-order-to's and for-sake-of's

## Types of Clinical Knowledge

- Knowledge of the social, sentient, skillful body.
- How to use tacit knowledge and multiple sensori-motor pathways
- Understanding coping with disability and rehabilitation e.g. plateaus and growth patterns in stroke recovery
- Recovery trajectories

## Mistakes and errors are inevitable...

- Actions don't start out mistaken, but become mistaken.
- We live our lives forwards, but understand them backwards.
- Responsible ethical comportment and self-improving practice depend on correction, of systems and flawed judgment...learning from our mistakes, rather than covering them over.

## Monitoring and managing quality of performance.

- "...Prevention of accidents, reliable performance, recovery from a near miss, and managing the unexpected are the meaningful outcomes of positive organizing." Karl Weick, p. 68. "Organizational tragedy."

## The language of mistakes is a limited Language: Marianne Paget

- It structures thought in terms of "right" and its polar opposite: "wrong" leaving out or denying moments of randomness, unguidedness, and accidentalness in human conduct. P. (14) Medical Mistakes a Complex Sorrow.
- Chance, luck, random accident and fortuitous timing can be mined (replicated, designed for future) **only if noticed.**





### Reflection and articulation on practice.

- The trick is to overcome hindsight bias
- And to prevent a negative evaluation of the outcomes or a positive evaluation from coloring the search backward for conditions that are consistent with that outcome. Weick



### Learning Vs. Competence and Failure

- Preventing and shoring up breakdown, actions of recovery, monitoring, repair, updating, making do and improvisation, recombining tools and strategies from different situations/ asking for feedback and help are required in settings where there is **high variability and frequent unexpected events.**



### Wisdom comes from experiential learning:

- Experiential learning comes from failed expectations or failure.
- Focusing on learning and on the issues at hand rather than on competent performance enhances experiential learning.
- Avoid "shoulda," "coulda," "woulda" and moral**ism**



### Wisdom

- John Meacham (1990) "The essence of wisdom...lies not in what is known but rather in the manner in which that knowledge is held and in how that knowledge is put to use." (p. 185-187)
- Appreciates that knowledge is fallible, in the balance between knowing and doubting...staying curious rather than acting in hubris and arrogance.



### Karl Weick...2003

- "Positive organizing is about enabling people collectively to wade into a rich unknowable world and build rich experience...such organization enhances attention, resilience, wisdom and reliability."



### The Logic of Practice

- Understanding the situation. (Bourdieu) Recognizing the nature of the situation
- Gaining a sense of *Saliency*...*some things stand out as important*



### In Firefighting, Karl Weick

- "...as in much of collective life, people confront surprise, high stakes, the need to do something fast while the problem is small, variable experience, reactive choices, strong expectations, and authorities who often lack expertise and data."



### Capturing experiential learning is a key to knowledge development

- Every innovation and breakdown in performance are crucial points of experiential learning.
- A self-improving practice requires learning from experience, validating and extending experiential knowledge.
- Solidarity, consensus on ends, interdependence. (Not competitive individualism, competence swaggering)



## Clinical Leadership = Clinical Wisdom

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- Staying tuned in...listening to front line knowledge workers, respecting clinical knowledge...make good practice visible
- Fostering interdependence---solidarity
- Naming the learning challenges...rather than hiding them for the sake of "command and control"----Competence display
- Ongoing articulation of the mission and notions of good



## Practice Is:

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*Aristotle; A. MacIntyre; C. Taylor; R. Bellah; P. Bourdieu; L. Shulman; S. Ruddick; J. Dunne; W. Sullivan*


- Socially embedded knowledge
- Distinguished by internal goods
- Habits of thought, character, skills and actions recognizable to other practitioners



## Practice is....

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- Where dialogue with theory, science, and technology occurs
- A source of innovation, thinking, discernment and articulation
- Learned in institutions of learning **and** practice
- Learned experientially in particular contexts



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## Stance to the narrator and Text: Goal understanding in a bounded situation

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- We come to the text, asking what are the concerns that organize this story. Why did it begin where it began? What was the narrator trying to convey? We stay inside the bounds of the situation, not stepping outside to ask questions What if....this and this had been different? Except to do better understand **this** narrative. We do not stand in judgment, but try to understand the narrator's experience. We are a friend, engaged in dialogue. Respectful being with.



## Paradigm Cases

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- A strong instance of something
- Gathers concerns and meanings
- A point of discovery, articulation and interpretation
- As a presentation strategy...to illustrate a singular universal...or paradigm case.



## Practice is a Way of Knowing in its own Right

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- Articulate knowledge embedded and discovered in practice.
- Create a dialogue between practice and science.