

Engaging Students and Faculty with Diverse First-Person Experiences: Use of an Interpretive Research Group

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Abstract:

This article is about a teaching strategy that operationalizes an aspect of the National League for Nurses' position statement "Transforming Nursing Education" and the Institute of Medicine's report "Crossing the Quality Chasm." Engaging students with patients' first-person experiences related to health and illness and their experiences with health care can help students learn about the multiplicity of views on experience, help them focus on the patient as an individual, and heed the call for more patient-centered care. This article describes how an interpretive research group can be used to develop these skills by teaching undergraduate nursing students, in a caring, open environment, what life is like from the patient's perspective.

"Where all think alike, no one thinks very much."

~Walter Lippmann

Article:

Understanding individuals who need care is a goal of nursing (Peplau, 1952/1991) and is crucial in patient-centered care. One way to ensure patient-centered care is to engage students and faculty in the personal and collective experiences of others. Questions about human experiences are valuable for nursing students to consider: What is it like to be depressed and suicidal? What is it like to have breast cancer? What is it like to be a patient in the hospital? What is it like to have a mental illness and feel like someone really understands you? This article describes how an interpretive research group can be used to engage students with the first-person experiences of others.

Learning About Experience Through Phenomenology

Phenomenology is the study of experience. When people teach and learn from a phenomenological perspective, they view course content not in terms of an additive curriculum, but as opportunities for teaching and learning that have not been revealed yet (Diekelmann & Smythe, 2004). In phenomenologic-humanistic models, teachers are facilitators of learning, not "knowledge disseminators" (Hall, 2004). The National League for Nursing (NLN) (2003, 2005) has advocated a curriculum revolution in nursing education to move away from the behaviorist content-focused undergraduate curriculum to one that is participatory, active, and experiential. Learning about patients' experiences and the experiences of fellow students and faculty in an active, participatory, egalitarian learning environment fits with the phenomenologic-humanistic model advocated by the NLN (2003, 2005) and others (Diekelmann, 2005; Diekelmann & Lampe, 2004; Green, 1995; Heuser, 1995; Wilkinson et al., 1998). Engaging students with patients' first-person experiences related to health and illness and their experiences with health care can help students learn about the multiplicity of views on experience, help them focus on the patient as an individual, and heed the Institute of Medicine's (IOM) (2001, 2004) call for patient-centered care. Because nurse and patient come together as strangers (Peplau, 1952/1991) and the nurse is seeing the "man from the outside" (Merleau-Ponty, 2004, p. 79), it is vital to do everything possible to bridge

the gap in understanding. Learning about experience can help to do that, but can the experiences of others be accessed?

Experience can be gained in a variety of ways. One way is through individual personal experience; another is through narrative. Nurses who have themselves been patients will say after the experience that they have a better understanding of what it is like to be a patient. Yet, it is impossible for an individual to personally experience the entire range of human experiences. Another way to come to understand human experiences is through exposure to and interpretation of the real-life narratives of others. The interpretive research group (IRG) is a strategy I use to expose students to the real-life experiences of others.

Interpretive Research Group

The IRG is a small group of psychiatric-mental health faculty and students enrolled in a psychiatric-mental health nursing course. Students receive clinical credit (i.e., clinical hours) for group participation. The group meets every other week in a neutral environment (i.e., a private room in a local coffeehouse) to discuss and interpret transcripts from actual patient interviews. The first-person narratives are related to some aspect of health care experiences; for example, previous groups have discussed hospitalized patients' meanings of the acute care hospital environment (Shattell, Hogan, & Thomas, 2005), hospitalized patients' experiences soliciting nursing care (Shattell, 2005), and mental health patients' experiences of being understood (Shattell, McAllister, Hogan, & Thomas, 2006).

The first-person narratives (i.e., transcripts) that are interpreted in the IRG come from one of my previous (or current) research studies. For confidentiality purposes, transcripts are stripped of any identifying data (e.g., names, references to places) and students are required to sign a confidentiality pledge to keep all narratives, phrases, or words within the group setting. Many of the interviews were conducted by me, although some were conducted by my co-investigators and my research assistant, who was an undergraduate nursing student. The group consists of approximately 8 to 10 students and 1 to 2 faculty. The lead faculty member makes copies of a patient interview transcript for all group members. The lead faculty member functions as the group facilitator and also offers personal insights, but not at the primacy of others. Two volunteers read the transcript aloud: One reads the interviewer's words and the other reads the patient's words. As one student said:

Reading a conversation [patient narrative] out loud helps me to understand the meaning of the conversation better than just reading it to myself.

Group members can stop the reading to comment, interpret, or ask questions about the narrative. One student said:

I find it fun to be able to dig deep into the story of the interviewees and analyze every bit of info, even if it isn't on the right track.

For rich narratives, it could take the entire group as long as 3 hours to get through only a few pages of text. The point is to relate to one another and to the text with inquiry, respect, and reflection. At the end of the group session, the group leader collects the transcripts, which are later shredded.

Outcomes

Multiplicity of Perspectives

Through IRGs, students and faculty become engaged in learning about patients' experiences, and through their interpretation, students learn about various perspectives on experience. As noted by one student, this helps "bridge the gap between some clients' realities and our reality." Students become aware of the multiple perspectives on any given idea, concept, or word. One student's reflective written words revealed:

It was helpful to be able to analyze [the patient's story] with a group of people with such varied perspectives—I am continually reminded each day that how I perceive something is not the only

way it can be taken, nor is it necessarily the way it was intended to be received. To me, this is an invaluable lesson to continue to learn through-out nursing school.

Another student wrote:

I really did not realize how many different interpretations there are to different statements that are made. Whenever the term raped was used, I personally had a different interpretation than did many of my peers.

Another student stated:

I have not had a chance to read transcripts before. I liked the fact that there were several of us collaborating on it—There are many different ways to interpret the same situation, and I enjoyed hearing what other people had to say. And, I think this idea of “things are not always as they seem” is an important lesson in mental health; and what a fun way to teach this lesson. Great atmosphere!

Community of Learners

In this teaching-learning environment, all individuals in the group are valued for their experiences, insights, and contributions to the interpretive process, creating a community of learners that is neither student centered nor faculty centered. Underlying this community of learners is the view that student-teacher, teacher-teacher, and student-student relationships are open, respectful, and egalitarian. The importance of the environment and relationships were reflected on. One student commented:

It was so much fun. I love it that we have had the opportunity to do this because I feel like I really get to know my classmates better, and it helps me feel comfortable talking in front of others.

Another student said:

I enjoyed the opportunity of spending time with my classmates in a casual setting.

The informal small group setting allows open relationships, as multiple perspectives on narratives are discussed.

Thinking and Reflecting

Group members focus on thinking, interpretation, understanding, and reflection. The group stimulates deep thought; students and faculty have often noted how mentally tired, yet exhilarated, they felt after a group session. The group session is a time set aside for this purpose, lending itself to discussion on patients' experiences. As one student said, “It was eye opening.” Students are asked to reflect, in writing, on the following questions:

- * What did you learn from the patient's narrative?
- * What did you learn about your-self from the group session?
- * What were your thoughts and feelings about this experience (being in the IRG)?
- * What did you learn about the group process?
- * What did you learn about communication?

* How will you take what you learned into your nursing practice?

Through the IRG, students are exposed to experiences of patients in a nonthreatening environment with the goal of furthering understanding of the patient's narrative, as well as each other. As noted by one student:

By the end of the group meeting, I did not want to leave because I never really took the time to think that deeply about something that I first thought was a simple interview.

This was echoed by another student:

The topic of being understood is a good research topic, because it is something that people, or at least I, have never really thought about.

Students reflected on the group environment as "a luxury" that allowed time to discuss and interpret patients' experiences, something that would not be possible in the clinical setting.

Patients' Experiences of Being Understood

One semester, the IRG read and interpreted transcripts from a study of mental health patients' experience of being understood by a health care provider (Shattell, McAllister, et al., 2006). The theme of Understanding became a thread woven through the entire psychiatric-mental health course: Students discussed it in the classroom and in clinical experiences, relating what they saw or learned from the narratives of real individuals with mental illness talking about what it meant to be understood.

I was amazed at how much students were absorbed in the IRG and articulated what it means for patients to be understood. Some students made broad comments such as:

Interpreting the dialogue made me aware of what I need to do, as I become a nurse, which is to be sensitive to others' needs.

Others were more specific:

After participating in [the] group today, I learned that all people, no matter whether they are being treated for a psychiatric disorder, health problems, or emotional dilemmas, are due the respect, rights, and privacy they deserve.

One student said:

As we started reading the transcript, I did not think that there was any deeper meaning to what these people were saying. Then Dr. Shattell started breaking down the sentences piece by piece and we discussed the reasons why we thought the patient was saying the things he was saying. We came to realize that in order for patients to be understood, we as nurses need to be on their level, not towering over them, maintain eye contact, speak in words that they understand, treat them as human beings, and the most important thing I drew from this script, that we should really take the time to actively listen to them. The 3 hours we were there seemed as if they flew by because we were constantly able to keep the discussion going as to what patients think about how to be really understood.

As they listened to the transcripts being read, some students realized how difficult it could be to track, or attentively listen to, someone who was rambling, paranoid, or difficult to redirect. Students reflected on "tuning out when [the patients'] reasoning did not make sense" and realized they needed to do what they could to stay focused if this happened in real clinical situations. Students also learned about projection or, in the words of one student:

It was good to see how unintentionally our own ideas and thoughts sometimes drifted into the way that we interpreted the information stated by the patient.

Lessons Learned

I have used the IRG strategy with undergraduate nursing students taking my psychiatric-mental health nursing course for 4 years and have made some minor adjustments along the way. One such change was the focus of the group. The focus initially was on teaching communication skills, and the IRG was conducted as an alternative to the interpersonal process recording. The interpersonal process recording, a commonly used teaching strategy, has been used in nursing education for more than 50 years (Hudson, 1955). It is a student's written verbatim account of all that the student can remember from a student-patient interaction. The student talks with a patient for an un-specified period of time, moves to a quiet area away from the patient to write notes about the interaction, and then, later, more formally documents and analyzes the interaction. The IRG teaching strategy has replaced the interpersonal process recording for my students. Student communication skills are evaluated in real-time in clinical settings. The article by Shattell, Hogan, and Hernandez (2006) further details how the IRG is used to teach communication skills.

The name of the group, originally Communication Skills Group, has evolved to Interpretive Research Group, reflecting the broadened scope of the strategy, the phenomenological basis of interview style and interpretation, and the fact that the interviews were part of actual research studies. The group has tried meeting in various settings (e.g., classrooms, conference rooms, coffeehouses), but students report that the casual off-campus location of the coffeehouse is best; even with the high-pitched whirling sound of the espresso machine, the students (and faculty, for the most part) like the atmosphere.

The IRG does have some limitations. For example, faculty who do not have ready access to transcribed interviews might be precluded, at least initially, from this strategy. However, as reported by Shattell, Hogan, et al. (2006), students can interview each other, a friend, or a family member about some phenomenon (e.g., the experience of loss, the experience of living with cancer) then transcribe the interview for analysis, interpretation, and discussion in the IRG. Because all interpretive re-search groups I have conducted thus far have used interview transcripts that were a part of my research studies (although I was not the only interviewer), I cannot comment with certainty on the adequacy of this method for generating transcripts for the IRG. I have found that the learning and discussion that occurs in the IRG is not always related to the interviewer's skill or experience; patients seem to tell their stories if given the opportunity, even if the interviewer does not have perfect interviewing skills.

Another limitation of this strategy is the amount of faculty time it re-quires. Faculty interested in modifying this strategy can do so by decreasing the overall time per group session or by incorporating this strategy into other more traditional forums, such as the classroom or clinical environment. Students should still gain a greater understanding of the first-person experience of others, the in-tended outcome of this strategy.

Conclusion

The NLN's (2005) position statement on transforming nursing education calls on nursing faculty to create:

environments for students . that are characterized by collaboration, understanding, mutual trust, respect, equality, and acceptance of difference. (p. 4)

The IRG is consistent with this call to action. This phenomenological strategy teaches undergraduate nursing students, in a caring, open environment, what life is like from the patient's perspective. Through relating with one another and by reading the patient narratives, students learn about the diversity of perspectives. They learn that the anonymously authored quote "Great minds think alike" is erroneous. They learn that not all patients, students, or faculty think alike. They learn the importance of understanding individual differences, the first step in patient-centered care, which, according to the IOM (2004), is one of the core competencies required of health care professionals. The IRG is one strategy aimed at incorporating these ideas into nursing education.

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