

ACTION LEARNING SETS AND CHANGING MENTAL HEALTH NURSES' PROFESSIONAL PRACTICE IN MELBOURNE AUSTRALIA

"You cannot solve the problem with the same mind that created it" - Einstein

My decision to establish a training workshop on action learning with mental health nurses was driven by my experience of seeing how robustly action learning challenged and changed the way mental health nurses worked with problems or issues from their professional practice. This article provides a brief overview of my reflections on the use action learning set one-day training workshop at the University of Melbourne in Australia.

Who are the participants?



The participants of the ALS training comprised mainly experienced mental health nurses, who wanted to advance a particular project they had been tasked with and or implement a new way of thinking about how they engaged in problem solving approaches. Problem solving approaches in mental health nursing have generally been based on a consensus model which seeks to obtain the agreement of those concerned.

In contrast, action learning and in particular the use of Socratic questions to critically examine an issue is based more on dialectical inquiry where values and assumptions are challenged.

Background

Prior to this training I had delivered clinical supervision training to mental health nurses and facilitated individual and group clinical supervision. In the clinical supervision training a small component was devoted to action learning and the use of an action learning set (ALS), as a way of organising group clinical supervision. Even though it was only a small taste of ALS the nurses were surprised by how different they felt about their problems afterwards. Their reactions led me to thinking that clinical supervision could be delivered more effectively through an ALS particularly for groups because of the way it is structured and its use of critical or Socratic questions.



To contextualise, clinical supervision is a formal reflective educational and restorative process. It allows nurses to meet regularly with a more experienced colleague for up to one hour to discuss and reflect on how and in what way they need to improve and develop their professional practice. Clinical supervision is based on psychodynamic, educational and restorative values. The facilitator

attends to the ego states of the group and works with meaning making to understand the way problems are processed.

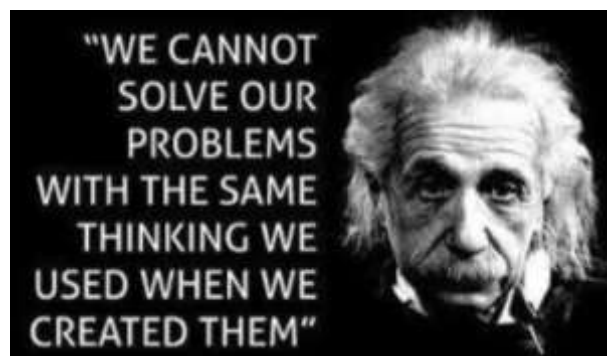


to result in the group falling into disarray and becoming caught up in unconscious conflicts.

Facilitation of group clinical supervision is a complex skill and in any clinical supervision group there is the potential for it to be derailed by unconscious forces such as resistance, regression, projection, transference and counter transference. To attend to these unconscious forces it takes an experienced, skilful supervisor, who, can manage both the group process and the group dynamics in a timely and effective manner. Not all clinical supervisors have been prepared to work with a psychodynamic approach. This situation has the potential

Action learning on the other hand is a structured methodology, which focuses on the use of critical or Socratic questions, and reflection on the questions and on the learning of each member of the group known as a set. The set acts as a brains trust to explore the problem or issue of a member in order to assist them to obtain clarity about the problem and create a plan of action for tackling it. The structure and purposefulness of the ALS approach suggested to me it could avoid some of obstacles particular to clinical supervision with respect to managing group dynamics.

Consequently, through my role as a Lecturer in Nursing at the Centre for Psychiatric Nursing, at University of Melbourne I developed a one-day training workshop on action learning sets (ALS) for mental health nurses working in hospital and community settings across the State of Victoria in 2013 which continues to the present date. The ALS workshop focused on the methodology as well as the experiential component of an ALS.



The stages of an Action Learning Set and Socratic Questions

The workshop on action learning sets commenced with an overview of the methodology of action learning as well as a discussion of each stage from 'warm up' 'air time', presentation, exploration, discussion, action planning to reflection on the learning. The various roles within the ALS were explicated. Part of the workshop included discussing Socratic questions taking into account their relevance and purpose in action learning. Participants were given a handout sheet with examples of Socratic questions to practice with in small groups.

A role-play to demonstrate the ALS process was created by the facilitator with four volunteers from the workshop. As the facilitator, the voluntary nature of the set was emphasised. The set began with a 'warm up' activity in order to settle

members into the group. Each member was asked to present their problem or issue, this stage is known as giving 'air time' and determining which problem or issue is to be given primacy and is based on group consensus. Once a problem has been prioritised the members took up their roles as Presenter(s) or Supporters/Enablers.

Facilitation involves taking responsibility for time keeping and maintaining the fidelity of the process by ensuring each stage and role is maintained. The remaining workshop participants formed a concentric circle of observers who provided additional feedback about their perceptions of the ALS. The workshop was evaluated using qualitative questions.

Below is a short summary of my reflections about how mental health nurses experienced action-learning sets and what learning emerged for them.

Reflections on the role of the Presenter



The use of silence while the Presenter was telling their story was experienced as a departure from how members usually experienced communicating groups which is more like a game of ping-pong with several interruptions by questions or comments.

Members' feedback suggested that silence was useful. Silence helped them to fully engage with the Presenter's narrative and reflect on the issues without the need to generate questions or be distracted by other member's' questions.

Reflections on the role of Supporter/Enabler

The most challenging aspect to the role of the Supporter was the way they had to change their usual style of problem solving and communicating. At the beginning of exploration when using Socratic questions most Supporters felt the questions were interrogative and non-relational. As, mental health nurses they were competent and familiar with dealing with problems through providing advice, suggesting different options or strategies and empathizing. Mental health nurses value rapport and connection with the person who has the problem, whereas Socratic questioning values the question above the relationship.

Reflections on the use of Socratic questions

I appreciated that this style of questioning was new and different for the Supporters (mental health nurses) and at first it created some discomfort as it contested their usual communication approach which was more like a conversation between colleagues. Therefore I used encouragement and gave them positive feedback when they posed a question. To support the members to ask 'good' questions, I vetted or tested the Supporter's questions with respect to how useful or helpful the question was to the Presenter. Depending on the Presenter's response I would ask the Supporter to clarify or restate their question so the Presenter was challenged to perceive their issue or problem differently and gain a

new understanding. Also I would then pose a question or help the Supporter to rephrase their original question. With this help Supporters appreciated the method of questioning as it sharpened their thinking and their critique of problem was enhanced. Overall, they became more mindful of the importance of posing a 'good' question.

For the Presenter(s) the use of Socratic questions to explore the problem or issue was also a new and different experience. At first they found the style of questioning uncomfortable particularly where questions about values and assumption in relation to the problem or issue were posed. However, as the set unfolded they were able to enter into spirit of the questioning in such a way that it stretched their thinking and this emerged in their evaluations of the how they experienced being a Presenter which suggested that they developed new insights and different perspectives about their problem or issue.

Conclusion



Overall, feedback from the evaluations of the one-day training workshop on ALS, demonstrated that mental health nurses considered their experience of participating in training on ALS positively and understood its relevance for their practice. The opportunity to practise the various roles and as well as working with the Socratic questions made a positive impact on their confidence about ALS

methodology. Presenters were surprised by how it changed their original thinking about the problem or issue. Supporters felt it sharpened their listening and questioning style.

My own learning and reflection on the ALS training is that it is a really substantial method of supporting nurses to obtain a structured form of clinical supervision. Socratic questions transport mental health nurses to a new level of critical thinking and stretch their problem solving skills.

The success of this ALS training workshop needs to be further evaluated through the use of qualitative measures, however, for now; it is encouraging to find that one area mental health service has applied the action learning set methodology to structure group clinical supervision for mental health nurses.

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