

The use of a theatre workshop in developing effective communication in paediatric end of life care

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ABSTRACT

Being able to communicate effectively is an essential skill for all nurses. Communication in paediatric end of life care can be challenging for both the student and lecturer as it is a rare experience and challenging to teach. Innovative approaches to teaching communication skills such as role play, simulation and drama have been used; however there is a dearth of literature examining the use of drama in this specialist context. The aim of this study was to explore the effectiveness of a novel workshop in teaching transferable knowledge and skills in palliative, end of life and bereavement care communication to a convenience sample of first year pre-registration nursing students undertaking clinical skills training at a UK university. Qualitative and quantitative data were obtained from pre and post intervention questionnaires exploring student's perception of communication skills. Qualitative data were analysed thematically and quantitative data presented as standard descriptive statistics. The novel communication workshop facilitated students' exploration of how good and poor communication looks and feels and introduced aids to inform communication in clinical practice. Exposure to different learning approaches provided opportunities to both gain confidence in engaging in new learning activities and develop knowledge and skills through purposeful engagement.

BACKGROUND

The ability to communicate well is a nursing skill essential for developing caring relationships with patients and their families, and for interprofessional working. Patients and their carers value professionals who actively listen, effectively assess the level, depth and timing of information dissemination, and demonstrate empathy in communication (National Institute for Health and Care Excellence, 2016; National Clinical Guideline Centre UK,

2012). Effective communication skills are intrinsic to achieving successful outcomes in the interdisciplinary workplace and are a mandatory professional standard that all UK registered nurses must uphold (Nursing and Midwifery Council (NMC), 2015a; 2015b). For university lecturers teaching communication skills that encompass the array of potentially difficult conversations that student nurses might face can be a challenge.

Introducing communication training in the first year of pre-registration nurse training is supported by recognition that communication skills can be enhanced and developed with training (Wilkinson et al., 2008; Maguire, 1990). However, the specific challenges for health professionals communicating with children, young people and their families in this context, such as those arising from a lack confidence in their ability to hold these conversations (Hendricks-Ferguson et al., 2015), can be overlooked. The challenges of initiating conversations around paediatric end of life care (Fraser et al., 2010), limited exposure (impacting on the ability to develop and maintain effective communication) and communicating with children and young people (Essig et al., 2016) are also recognised.

Innovative approaches used to teaching communication in end of life care include role-play, simulation and drama (Arvekleiv 2015; Efstathiou and Walker 2014; Gillan et al. 2014; Ladd et al. 2013; Tuxbury et al. 2012). Forum theatre is a drama methodology originally developed by Augusto Boal as a means of facilitating participant engagement to achieve a goal through unrehearsed engagement in the performance (McCarthy, 2004; Bogue et al., 2016). Boal's *Theatre of the Oppressed* (Boal, 1979) is based on Freire's *Pedagogy of the Oppressed* (Freire, 1972) in which Freire believed that to "truly educate one must enter into a completely interactive process" (Freire, 1972, p.105). His educational philosophy suggests teaching and learning are a joint endeavour for teacher and student that can only generate new knowledge if both engage in, and gain, equally from the process (Freire, 1972). This partnership, where learning can be genuinely shared, requires a real shift in the balance

of power between teacher and the student and an understanding of Freire's fundamental belief that people are experts in their own life:

‘... he looks to de-center the authority of the teacher and rupture a ‘banking’ model of education in which an all-knowing teacher deposits knowledge into the knowledge-less student.’ (Snyder-Young, 2011, p.32)

In order to help people develop themselves, Freire suggests awareness is crucial ‘to place them in consciously critical confrontation with their problems, to make them agents of their own recuperation’ (Freire, 1973, p.16). A problem-based learning approach, where students are empowered to speak out, can facilitate student recognition of, and development of answers to, encountered problems (Kamberelis and Dimitriadis, 2011). Using this approach a problem-posing educator works together with the students to create true knowledge as opposed to the ‘banking’ model. The main objective is to change the people or spectators who are passive beings in the theatrical phenomenon (for example, a play or performance) ‘... into actors, transformers of the dramatic action.’ (Boal, 1979, p.122). In a forum theatre context the spectators can stop the scene to suggest ideas and also take the place of an actor and determine the direction of the scene (Boal, 1979).

The use of drama in nurse education can be beneficial for embedding theory to practice (Arveklev et al., 2015) and in providing opportunities for students to ‘experience’ areas of practice they might not face in clinical placement, such as end of life care (Tuxbury et al., 2012). Using drama, such as forum theatre, in teaching effective communication has recognised advantages (students appreciate the opportunity to practice their communication within a safe environment) and disadvantages (the approach may not suit all learning styles) (Middlewick et al., 2012). Students’ recognition of the need to actively engage in novel teaching approaches, such as drama role-play, in order to optimise their learning (Arveklev et al., 2018) has resonance with the need for their active engagement in forum theatre. There is,

however, a paucity of literature relating to the use of forum theatre in teaching communication within the context of paediatric end of life care settings.

Evaluating the ‘success’ of this type of project can be explored through learning metaphors. Learning metaphors provide a means of considering the experience of learning and are useful in this context for exploring student’s perceptions of a novel teaching approach. Common learning metaphors include ‘acquisition’ of learning (achievement of an assessed academic level), ‘participation’ (learning as a result of being engaged within a community) and ‘transfer’ of new knowledge (the ability to reproduce and apply it outside of the taught contexts) (Hager, 2008; Bransford and Schwartz, 1999; Sfard, 1998). The notion of simply ‘transferring’ a taught skill to the student who then applies it is however challenged, with the view that a new interpretation of the skill is developed (Hager, 2008). The need for both the acquisition of learning and the process of understanding learning (participation) is recognised (Sfard, 1998), as is the impact of ‘self’ (what student’s draw from themselves) on informing the fluidity of learning in different contexts (the ‘becoming’ metaphor) (Hager, 2008).

This paper explores the perceived effectiveness of a novel workshop informing undergraduate student nurse’s communication in paediatric palliative, end of life care and bereavement care settings.

Aim and objectives

The original project design planned to recruit final year undergraduate student nurses (specialising in children’s nursing) to work collaboratively with drama students over the course of an academic year, exploring difficult conversations at end of life or in bereavement, culminating in a communication workshop. However, due to poor recruitment (insufficient numbers of student nurses were recruited, with those declining citing time and work-load

pressures) the proposal was revised: the drama students, supported by their course leader, developed the workshop.

The project's aim was to explore the effectiveness of a novel workshop in teaching transferable paediatric palliative, end of life and bereavement care communication knowledge and skills to first year pre-registration nursing students.

The objectives were to:

- Actively engage students (drama and nursing) in a novel communication workshop.
- Further nursing students' knowledge and understanding of the wider theory and practice of communication in palliative, end of life and bereavement care.

METHODS

Set in a UK university, this project used questionnaires to explore student nurse's experiences of a novel communication workshop.

Participants

The convenience sample were first year student nurses across all fields of practice, (adult, mental health and child branch), attending a communication workshop at a UK university (n=158).

Ethical Issues

Careful consideration was given to the emotive topic area during both the planning and delivery of the workshops. Introduced measures included: documenting sources of support in the participant information sheet (including the contact details for the project leads, module lead and the university's student support services) and incorporating a debrief feedback session at the end of the workshop. University ethical approval was obtained.

Data collection

The workshop was incorporated into a clinical skills training week and initially introduced to the students by the module lead (who was not involved in the study). Written information (participant information sheet, workshop programme flyer, consent form) was posted on the module's virtual learning platform four weeks before the workshop and students were invited to contact the project leads with any questions. Participation in the study, which involved completion of two questionnaire, was voluntary.

The half-day workshop comprised a taught theory session followed by a participatory forum theatre performance. At the beginning of the workshop students were offered a further opportunity to ask questions before written informed consent was obtained. They were then asked to complete a pre-study anonymised questionnaire in order to ascertain prior learning and perceived level of skill in effective communication, and to identify any concerns around workshop participation. The questionnaire comprised open questions (such as, 'What aspects of the workshop worked well?'), closed questions (such as, 'Would you recommend the workshop to other students?') and ranking scales. The ranking scale, which ranged from 'Excellent' to 'No Skills', was used to ascertain student views on different aspects of communication, for example, their perceived ability to communicate clearly or talk to a patient or relative about death, dying or bereavement. The theory session used a range of media (PowerPoint slides, audio, video and discussion) to explore communication both generally and within the context of palliative care (including paediatric palliative care), across a range of situations. Topics covered included non-verbal communication, formulating questions, breaking bad news (cancer diagnosis) and withdrawing treatment in an intensive care setting. A simple communication checklist, developed as a teaching aid by the workshop theory session co-facilitator Brian Nyatanga, was used to help participants identify good and poor aspects of communication. The checklist detailed whether the communication

demonstrated: appropriate pausing, empathy, acknowledgement what was being said, a summary of the conversation and whether cues, such as body language, were effectively acted upon. The checklist was also introduced as an aide-memoire for students to use in clinical practice.

Second year Applied Theatre drama students developed the participatory performance working from anonymised real-life scenarios. Seven scenarios from final year child branch nursing students studying at a different university detailed an array of potentially difficult conversations around paediatric end of life care that had either been witnessed or faced in clinical practice (Table 1). The scenarios were reviewed, selected and developed into a performance scene by the drama students (Reeves and Neilson, 2018).

Table 1 Clinical Experience Scenario Outline Example Extract

Briefly outline an interesting, difficult or challenging clinical situation you have faced or witnessed relating to palliative, end of life or bereavement care.
<ul style="list-style-type: none"> • Occurred on a ward. • Patient had decided that instead of treatment to prolong their life they would rather receive palliative care ... • Doctors, nurses and the patient's family were involved in talking to the patient about if this was what they really wanted and if they understood the implications of stopping their treatment.
What were the difficulties / challenges?
<ul style="list-style-type: none"> • Medical professionals had to make sure that the patient understood what would happen ... (<i>and</i>) that they were fully informed of the consequences and options they still had. • (<i>The family</i>) were clearly upset over their child's choice and nurses had to show sensitivity when talking to them about it, ensuring they were clear about the care plan.
Outline how the issue was resolved or what you learnt from the experience?
<ul style="list-style-type: none"> • Medical professionals had to respect the patient's choice about their care. • Support also had to be given to the parents as they needed their opinions heard.

The performance was developed to reinforce reflection on the aspects of communication documented in the checklist. The programme included re-enactment of the real-life scenarios,

short filmed monologues and discussion and practice of nurse: patient interactions. A stepped process for encouraging participant engagement was used (Table 2). Following the initial real-life scenario participants were asked to use voting software (Turning Technologies, 2017) to determine subsequent re-enactments by selecting from a displayed list of possible outcomes. (Table 2, Scene 3). A subsequent scenario used the voting software to select an aspect of the communication tool to inform the re-enactment (Table 2, Scene 8). The process of re-enactment aimed to depict the visual and audible appearance and associated feelings arising from viewing poor as well as good communication. In later scenarios the drama students led a facilitated forum theatre discussion (rather than using the voting software) to determine the re-enactment development, providing an opportunity for actual participation (the opportunity to take an acting role) in the final scenario performance.

Table 2 Participatory Performance Running Order Extract

Don't Talk Like That: It's not just what you say it's how you say it		
Scene 1	Introduction	Overview of workshop and voting software practice.
Scene 2	Drama: Opening Doors Scene	Drama: Student stating their fears. <u>Examples</u> I fear: <ul style="list-style-type: none"> • Having my worst fears confirmed. • That healthcare professionals are too busy.
Scene 3	Scenario: Patient wants no more treatment	Drama: A father waits to be told his daughter no longer wishes to carry on with her treatment. Participants are asked to vote on appropriate response for re-enactment using voting software: <p>A Well I am doing my best.</p> <p>B What's the most dreadful part?</p> <p>C You're not easy to help.</p> <p>D You sound really low today.</p>

Scene 4	Monologue	Short film: A drama students' experience of being in hospital as a child.
Scene 8	Scenario: Medical staff want to withdraw treatment	Drama: In a paediatric ward a father sits and waits for his son's test results. As he waits a nurse comforts him. Participants are asked to think of ways the nurse can improve their communication using the checklist. After the drama the facilitator engages in a dialogue with participants on how to improve scenario.

At the end of the performance participants were asked to complete an anonymised questionnaire comprising ranking scales and open questions about the workshop exploring, for example, what went well and how the workshop could be improved.

Analysis

Analysis was through thematic analysis of qualitative data (free text comments) and standard descriptive statistics. Qualitative data was analysed using a recognized six-step guideline (Braun and Clarke 2006). The information was read carefully line-by-line (step 1) and initial codes identified (2). The codes and data were carefully reviewed (3) leading to the identification (4) and naming of themes (5). The final stage (6) was report writing. Data were documented on a simple grid template to aid the analysis process. To aid validity and rigor in data analysis the project leads both individually identified codes and named themes, before collectively discussing agreeing final themes.

FINDINGS

Four workshops were held over two days in May 2017 with 100 students (63% of the year cohort) participating in the study. All the students who attended the workshops participated in the study (those who did not attend informed the module lead of their absence in-line with

university policy). Students across all fields of practice were recruited, the figures representative of the year field of practice cohort proportions: Adult cohort 76, Mental Health cohort 10, Child cohort 5, (9: data unrecorded).

The majority of participants (96%) reported having previously undertaken formal communication skills training, the most common being at university (64%) (predominantly in lectures and clinical skills training), in previous employment (20%) or during clinical placements (17%). Interestingly, two participants reported learning from “real-life situations” (Student nurse 5 and 10).

Participants’ anticipated learning from the workshop was wide-ranging covering topics such as, what to say to patients and families facing death and bereavement (36%) and how to speak “in a confident manner” (Student nurse 3, 24, 26, 52), empathetically (Student nurse 24, 69) and with compassion and care (Student nurse 77). The acquisition of “valuable skills” (Student nurse 81) was also highlighted (18%), such as, “skills that could assist me starting or knowing when it’s appropriate to talk about death and dying” (Student nurse 81). Participants also perceived the workshop as an opportunity for reflection, “... (to) understand how my body language and communication comes off to others” (Student nurse 17).

Although the majority of participants (54%) had no concerns about attending the workshop, 7% cited concerns about the perceived emotional aspect as a result of personal circumstances (such as recent bereavements and the focus on paediatric palliative care). Only 5% of participants identified potential areas for support from the project leaders, these included “compassion and emotional support” (Student nurse 9), and support with “understanding” (Student nurse 2) and “theory” (Student nurse 3). Student nurse 31 commented, “It is a worry for me in this sort of situation of death and communicating with the patients.”

A comparison of participants' perceptions of their communication skills pre and post workshop was recorded (Tables 3).

Table 3 Comparison of Pre and Post Workshop Questionnaires

	Ability to communicate clearly		Ability to talk to a patient or relative about death, dying or bereavement	
	PRE	POST	PRE	POST
Excellent	14	35	5	18
Very good	45	45	14	45
Good	37	17	39	32
Poor	1	0	30	2
No skills	0	0	9	0
Not completed	3	3	3	3
TOTAL	100	100	100	100

Findings identified 4 enhanced ratings between pre and post scores for participants' perceptions of the workshop's impact on their ability to communicate clearly; 5 ratings remained the same and one showed a decrease in ability from 'Excellent' to 'Very good' (Table 4). Although the majority of participants rated highly on their ability to communicate clearly pre and post workshop, there was recognition pre-workshop that communicating around death, dying and bereavement might require additional knowledge or skills. The majority of participants (79%) had an enhanced score for their perceived ability to communicate in the context of death, dying or bereavement following the workshop, with 18% scoring the same, with 3 forms not completed (Table 4).

Table 4 Perceived impact on communication

Participant score ratings: Pre - Post	Ability to communicate clearly (Participant numbers)	Ability to talk to a patient or relative about death, dying or bereavement (Participant numbers)
No skills - Excellent	0	2
No skills - Very good	0	1
No skills - Good	0	5

No skills - Poor	0	1
Poor - Excellent	0	1
Poor - Very good	1	12
Poor - Good	0	18
Good - Excellent	6	5
Very Good - Excellent	16	6
Good - Very good	17	25
Excellent - Excellent	9	4
Very good - Very good	26	8
Good - Good	19	7
Poor - Poor	0	1
Excellent - Very good	2	0
Incomplete	4	4
TOTAL	100	100

Three key themes were identified: the novel teaching approach, increased knowledge and skills and reflective practice. The innovative workshop was seen as an “An interesting and more engaging approach” (Student Nurse 61) to teaching. The “different way of learning” (Student nurse 74,95), was acknowledged and appreciated, highlighted key descriptors included, “informative, interesting, very engaging, very clear and understandable, compelling and insightful.”

The performance was particularly well-reviewed, “(it) was amazing, very effective” (Student nurse 38). The linked theory session and participatory performance aided the translation of theory to practice as the performance “contextualised what was taught” (Student nurse 29). Being able to see real-life scenarios re-enacted was perceived as helpful, the drama helping participants “learn visually” (Student nurse 3). Participants noted that it was, “easier to understand and learn through practical sessions” (Student nurse 19,20) and that being “able to see the outcomes of differences in communication.” (Student nurse 20), informed their understanding of how “to react and communicate in different settings” (Student nurse 7).

For some participants the workshop was reaffirmation that they “already used the fundamental skills of communication” (Student nurse 35), however there was recognition that “there is always room to improve” (Student nurse 93). Identified enhanced knowledge ranged from understanding “how important the right communication is” (Student Nurse 38), to specific skills, such as “better ways to approach a situation (Student nurse 17). Learning through reflection on personal practice was evident: “It made me think about the way I have communicated in the past and how I can improve my communication in the future” (Student nurse 72).

Although the audience interaction and participation in the performance was identified as a good aspect of the workshop (19%), a minority, (3%), reported feeling uncomfortable: “it felt awkward participating” (Student nurse 80). There were only three areas of consensus relating to areas of the workshop that were not perceived to have worked well. These included the workshop being “child focused” (Student nurse 5,13,50), and “the emotive subject area” (Student nurse 30,33,34,41). Although the performance focused on communication within a paediatric end of life care context, wider general communication knowledge and skills and a discussion on transferability, or application, to other care settings, was included the workshop theory session. There was recognition that the communication skills could be applied cross all fields of nursing practice (adult, mental health and child) (Student nurse 1,2,4,83) and that this wider approach (focusing on a different care setting) had helped them to “look at things from a different perspective” (Student nurse 13,43,49,50,52,54,62). The third area related to the identified reticence of some participants to actively engage in the re-enactment discussions, resulting in a perceived “select few” (Student nurse 98, 100) engaging. Whilst the live voting software display indicated that the majority of students had participated, noticeably fewer participated in the drama student-led

discussions informing the performance re-enactments. The discussions however still resulted in identified clear pathways for the re-enactments.

Overall 96% said that the workshop would help them become a more effective communicator (3% said it would not help them, 1% not completed) and 93% would recommend the workshop to other students on the course (3% would not recommend the workshop, 4% not recorded).

DISCUSSION

This study explored the effectiveness of a novel workshop in teaching transferable knowledge and skills in palliative, end of life and bereavement care communication to first year pre-registration nursing students. The study did not aim to formally assess students' communication skills but their perception of their ability to communicate, the effectiveness of the novel workshop in further developing their ability to effectively communicate, and the future application of learning on their practice in the clinical setting. Findings demonstrate that the workshop had a positive impact on participants' perceived ability to be able to communicate clearly within an end of life care setting. Findings add to the literature base through demonstrating the novel use, and effectiveness of, forum theatre in portraying the translation of communication theory into practice, within the context of paediatric end of life care. The identified impact of the varied teaching methods employed and the collaborative interdisciplinary approach will be discussed and processes of learning explored.

A range of teaching methods were used both in the theory session and the performance aiming to address the identified difficulties of meeting varied student learning styles when using one approach, such as forum theatre alone (Middlewick et al., 2012). Another key consideration in the workshop development was how to facilitate students'

active engagement in their learning using a problem-based learning approach (Kamberelis and Dimitriadis, 2011; Boal, 1979; Freire, 1972).

The two components of the workshop (theory session and participatory performance) worked successfully, an example being demonstrating the use of the communication checklist (introduced in the theory session) in practice (in the performance). Whilst the initial theory session encompassed wider aspects of communication knowledge and skills, with paediatric end of life care exemplars, the participatory performance focused solely on communication around paediatric end of life care. Participant engagement was graduated from a low level in the more didactic theoretical teaching session to interactive engagement in the performance. The graduated interaction in the performance, from initial indirect communication through the use of voting software, building to direct facilitator: participant dialogue, specifically aimed to enhance participant learning through engagement and collaboration. This approach encouraged participants to take an active role in determining and controlling their own learning. The workshop aimed to mirror learning in the clinical setting (informed through observation, imitation and modelling) (Boore and Deeny, 2012). Reflexivity, an important component of learning in the clinical setting, was also encouraged. Participants were given the opportunity to view, reflect on and discuss both developing communication in a range of scenarios and the impact of often over-looked 'routine' actions or behaviour, such as mannerisms or body positioning. In addition, the transferability of learning across all fields of practice (adult child and mental health) was exemplified.

A key finding of this study is the impact of interdisciplinary forum theatre (rather than the more traditional drama teaching methods, such as role play) on student learning. Opportunities for collaborative learning, where students 'learn with and from each other' (Boud, 2001, p2), were enhanced through engaging all fields of practice and through interdisciplinary working (drama students, rather than lecturers, facilitating dialogue and

discussion between and with participants). Whilst the interdisciplinary approach taken in facilitating the performance enabled the teacher (drama student) and student (nursing student) to both engage and gain from the problem-based step-wise approach used, student nurse participation did not achieve Boal's final step of taking the place of an actor (Boal, 1979; Freire, 1972). Whilst there are both benefits (can aid understanding) and potential drawbacks (lack of knowledge) of peer learning, the democratic benefits of collaborative dialogic methods of feedback have been shown to be beneficial in encouraging student engagement in discussion, potentially enhanced by the interdisciplinary approach used (McDonnell and Curtis, 2014).

For lecturers effective learning and teaching necessitates the need to identify innovative approaches of embedding the underpinning theoretical learning as failure of students to acquire this can impact on future knowledge transfer (Bransford and Schwartz, 1999). The better we prepare and equip students (and lecturers) for life-long learning in the constantly changing environments they will find themselves in practice, will result in their quicker and/or enhanced new learning (Bransford and Schwartz, 1999).

Forum theatre proved a useful method for demonstrating knowledge transfer, enabling students to construct/reconstruct their individual learning (the application of communication theory) and understand how good and bad communication both looked and felt through re-enactments. Raised awareness of inadvertent actions or mannerisms that intuitively might occur during communication provides opportunities for identifying strategies to improve the quality of communication. The process of learning could therefore, be said to be more a process of understanding (what effective communication looks and feels like) rather than simply the 'transfer' of knowledge (reproduction in practice). Although reconstructing real-life scenarios in the workshop workplace provided authenticity, it did not aim to emulate the contextual learning that takes place in clinical practice. Participants' clinical learning

placements during their training provide the unique settings where they can apply, developing and hone their interpretation of the learnt communication skills. Hager's (2008) belief that new interpretations of taught skills are developed is evident in this context as student communication 're-enactments', or practice in the real-world, are informed by personal traits such as overt demonstrations of empathy or non-verbal communication and are not merely regurgitating learnt communication excerpts. Nursing students need to be taught to be aware of the need for both on-going 'acquisition' of learning and 'participation': the ability to construct and reconstruct learning within their own environment, such as the range of clinical settings they might find themselves working in. In addition they need to develop reflexivity, the ability to effectively reflect on their, and their peers and colleagues, communication, identify both good, and poor communication, and have the confidence to 'practice' within their workplace settings. The 'becoming' metaphor (Hager, 2008) has particular resonance in on-going learning associated with communication around end of life, where, it could be argued that the concept of the expert communicator does not exist. How life experiences and impact of 'self' (for example, personal traits such as empathy or humour) can inform practice is an important lesson for student nurses as they embark on their training, but also an area for on-going reflection and consideration.

Recognised potential limitations in data collection such as incomplete questionnaires were taken into consideration when planning the methodology. Steps taken to mitigate these included allowing time to complete the questionnaire within the workshop hours. Consideration was also given to the potential lecturer/facilitator: student power dynamic: drama student-led performance facilitation aimed to aid engagement from all students groups resulting, as highlighted by Freire (1972), in new knowledge being collectively generated. A final considered limitation was the fact that the participants were from all fields of practice

and, although communication in the wider context and its transferability and application to other care settings discussed, the performance focused on paediatric scenarios.

The next steps are evaluating the use of a digital resource (made during the development of the workshop) in both undergraduate drama and nursing student teaching and learning.

CONCLUSIONS

This project has demonstrated the success of a novel step-wise peer-led process of engagement during a communication workshop, enabling pre-registration student nurses to purposefully engage in an experience exploring how good communication looks and feels, develop knowledge and skills through reflection and actively engage in implementing theory into practice. Employing this innovative approach also enabled students to identify their learning deficits arising from new knowledge, informing future learning. The novel workshop has provided exposure to different approaches to learning and provided opportunities for students to gain confidence in engaging in new learning activities through the employment of the step-wise approach.

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