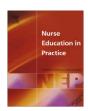


Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nepr



Moments of movement: Active Learning and practice development

Jan Dewing

Independent Consultant Nurse Visiting Professor Aged Care and Practice Development, University of Wollongong, NSW, Australia

ARTICLE INFO

Article history: Accepted 24 February 2009

Keywords:
Active Learning
Culture
Facilitation
Practice development
Professional development
Transformation

SUMMARY

As our understanding of practice development becomes more sophisticated, we enhance our understanding of how the facilitation of learning in and from practice, can be more effectively achieved. This paper outlines an approach for enabling and maximizing learning within practice development known as 'Active Learning'. It considers how, given establishing a learning culture is a prerequisite for the sustainability of PD within organisations, practice developers can do more to maximize learning for practitioners and other stakeholders. Active Learning requires that more attention be given by organisations committed to PD, at a corporate and strategic level for how learning strategies are developed in the workplace. Specifically, a move away from a heavy reliance on training may be required. Practice development facilitators also need to review: how they organise and offer learning, so that learning strategies are consistent with the vision, aims and processes of PD; have skills in the planning, delivery and evaluation of learning as part of their role and influence others who provide more traditional methods of training and education.

© 2009 Elsevier Ltd. All rights reserved.

Introduction

Active Learning (Dewing, 2008, p. 273) is an approach for indepth learning that draws on, creatively synthesizes and integrates numerous learning methods. It is based in and from personal work experience of practitioners. Being open to, engaging with and learning from personal experience are central activities in emancipatory and transformational practice development (PD) work and the purposes of PD; key to which is transforming workplace cultures and individuals. This paper contributes to this debate by focusing on the contribution of Active Learning and its possible outcomes. It will outline the fundamental principles and key aspects of Active Learning and then expand this further. Finally, some of the implications of Active Learning for facilitators of PD will be considered.

Defining practice development

Practice development is a continuum encompassing a wide range of activities (Garbett and McCormack, 2002; McCormack et al., 1999; Page and Hammer, 2002; McSherry and Warr, 2006). A recent definition from the members of an International Practice Development Collaborative suggests PD

is a continuous process of developing person-centred cultures, enabled by facilitators. Learning brings about transformations of individual and team practices, sustained by embedding PD processes and outcomes in corporate strategy (McCormack et al., 2008, p. 9).

Thus learning is necessary for bringing about multiple types of transformations and also embedding learning in corporate strategy is ultimately necessary for the sustainability of PD within organisations. Most organisations would claim they are committed to developing learning in their organisation. Yet it is still common within UK health care organisations for this broad group of activities to be referred to as training (Clarke and Wilson, 2008, p. 108). Further, whilst not unusual to find teams committed to developing person-centred workplaces, learning is still something that takes place away from the workplace and 'taught' mainly through traditional training or study days. Such learning events may be determined without much consultation with practitioners and continue to rely on formal traditional teaching methods. Yet, it is generally expected that learning will be transferred into practice. More over, in PD projects or programmes, those directly involved in learning are expected to influence others through the outcomes of their learning (Dewing and Wright, 2003; Dewing et al., 2007). As the recent realist synthesis of evidence relating to PD identifies (McCormack et al., 2006) there are still several areas in which PD is not maximizing the contribution learning can make; (for example relying on subject teaching or the teaching of technical aspects of PD devoid of context and culture). Consequently, there can be a failure to maximize opportunities for learning within whole teams, slowing down the transitions and transformation of individuals, teams and the culture.

The principles of Active Learning

The education literature's use of the term 'Active Learning' has relied more on intuitive understanding than on common definition. It can be argued that all learning is inherently active, for example, listening to formal presentations in the classroom, Chickering and Gamson (1987) however, suggest that Active Learning must be more than this. To be active, must mean engaging in such higher-order thinking as analysis, synthesis, and evaluation. This seems to have led to the general definition of Active Learning as anything that involves students/learners in doing things and thinking about the things they are doing. Meyers and Jones (1993) subsequently defined Active Learning as learning that allows "students to talk and listen, read, write, and reflect as they approach course content through problem-solving exercises, informal small groups, simulations, case studies, role-playing, and other activities - all of which require students to apply what they are learning" (p. xi). Active Learning in the context of PD and as described by Dewing (2008) is more specific, feeling oriented and creative and thus more flexible than this general view. It pays more attention to the social and communicative processes in the application of learning in the workplace; as according to Revans (1981), there can be no learning without action and no knowing without the effort to practice what is learnt. Although sharing much in common with action learning, Active Learning draws on the principles of multiple intelligences; critical reflection; learning from self; from dialogue and shared experiences with others, skilled facilitation, intentional action and takes place in the workplace.

Dewing et al. (2006) suggest that PD programmes and related work need to systematically include work-based learning such as described by Manley (2001) and more over this learning needs to be 'active'. Dewing (2008) describes the fundamentals of Active Learning as applied within PD, suggesting that Active Learning is highly compatible with the philosophical values and beliefs, theoretical constructs and approaches underpinning emancipatory and transformational PD. Active Learning as an approach can be successfully integrated into professional development and PD to maximize learning from complex everyday practice and workplace contexts. It is claimed by advocates, that Active Learning increases the effectiveness and efficiency of teaching, facilitation and learning processes (Bonwell and Eison, 1991; Raux and College, 2004). Active Learning seeks to achieve a high level of learning, resulting in improved retention and social transfer of knowledge and skills into practice for the benefit of the workplace culture and ultimately for patient care. Additionally, it seeks to achieve learning that is connected to the person in a deep way; or whole person learning (Rogers, 1983, p. 20).

In keeping with adult learning, practitioners generally perceive themselves as doers who use previous learning, whether conscious of this or not, to achieve success, as they define it, in their roles. Thus they have clear and often different ideas about what is important for them to learn. Many practitioners have a broad, rich experience base to which to relate new learning. They also learn better when they perceive the outcomes of the learning process are perceived as contributing to their own development in the workplace. Practitioner's readiness to learn, is considered by Freire (1993, 1994) to be present when the learner's subjectivity has been meaningfully attended to, and is more directly linked to their perceived needs in work and life. Whilst practitioners have these positive attributes, there are often according to Rogers (1983, p. 18), con-

flicting attributes that come out and act as challenges in the process of learning. For example, many practitioners are influenced by unpleasant or negative experiences of past formal learning experiences. Alongside this, adults are likely to reject or explain away new information that contradicts their existing values and beliefs or challenge psychological defence systems. Moreover, when it comes to learning and translating it into practice, practitioners tend to be very concerned about the effective use of time and the influence of others. Facilitators of Active Learning in PD need to work with all these concerns.

Fundamentals of Active Learning in PD

Learning and learning about one's learning are two of the central tenets and processes in emancipatory and transformational PD. Every encounter in PD is a possible learning opportunity and there are many ways learning can be an overt and visible part of PD. Active Learning is a dynamic approach for in-depth learning that draws on, creatively synthesizes and integrates numerous learning methods. It is based in personal experience and the workplace. Building on basic ideas by Fink (1999), the central principles for Active Learning in PD are:

- Making multiple uses of the senses (including seeing, noticing and observing) and as expanded on by Dewing (2008), use of multiple or social intelligences.
- 2. Critical personal dialogue about past, present and future experience.
- 3. Critical dialogue with others.
- Intentional action or doing (as in a practice/work related activity); ultimately doing things differently and feeling differently about it.
- 5. Enabling or facilitating the same or similar learning experiences with others in the workplace.

Thus Active Learning involves an internal dialogue with our 'self' such as achieved through different types of reflection, engagement with all our senses (hearing, seeing, feeling, etc.), using our multiple intelligences (Gardner, 1993, 1999), interacting with other people and/or space/place. It is the intentional systematic experiencing of a specific practice activity, making use of multiple intelligences including the essential senses, which provides the material for learning. In particular, it is the values and beliefs, feelings and emotions that are bound up in the experience that Active Learning is seeking to enable the practitioner to unravel and work with. Thus in Active Learning, learners have the opportunity to become fully engaged as persons, in significant sensual and emotional experiences that enables deeply authentic and values based transformational moments of movement in how they are in practice and maybe, ultimately how they are as a person, said to be critical for development by Rogers (1961) and Heron (1992) and which are a necessary part to transformation (Mezirow, 1978).

Active Learning opens up multiple possibilities. It is vital to ensure learning opportunities cover a broad evidence base, as expertise in nursing and midwifery practice is a blend of many forms of evidence. This, along with what Heron refers to as the feeling mode, is core to making significant transformations with imagination, thinking and action. This gets closer to lived values and beliefs, personal knowledge and other forms of tacit knowing that form part of a very varied evidence based for practice. Drawing on the work of Gardner (1983, 1993) in multiple intelligences, offers practice developers a more concrete way to work with different forms of knowing or intelligences and ultimately enables the acceptance of different forms of evidence and different forms of transformational action taken by practitioners. Gardner suggests

nine intelligences including reflection, doing and interacting with others that are all part of being an active creator and meaning maker in the world. I argue this approach to learning is more likely to lead to a desire for transformative action as the person is connected emotionally to the learning; and their learning within the workplace context, which increases its meaningfulness and possibly the sustainability. The experiencing of Active Learning activities in the workplace introduces and offers the potential for moments of movement. These repeated moments are the foundation for the dialectic between personal transformations and cultural transformations. A new principle to be acknowledged is that Active Learning is contextual. This is also consistent with work by Lave and Wenger (1991), Kitson et al. (1998), Kitson et al. (2008) and by numerous practice developers who suggests context is a key factor in developing the use of evidence in practice.

Also central to Active Learning, is both the translation of learning into practice, so that the practitioners own practice is experienced differently and secondly the enabling or facilitating of Active Learning with others. Active Learning needs a space or place in which the learning can be visualised, imagined, then made real and concrete and draws on social participation processes in the workplace. The primary place for Active Learning is therefore the workplace. Thus the everyday doing and often taken for granted aspects of practice are critical markers for Active Learning. For example: Active Learning methods can be used to explore language and discourse; values and beliefs; the environment and who it privileges; signage; routines and rituals; team work and facilitation and so on. In the context of PD, Active Learning is not complete until it is being translated and transformed into the workplace within every day practice. It needs to be experienced within both the workplace context and culture. PD groups, workshops and project days are thus best conceived of as a preparation or rehearsal ground for taking Active Learning into the learners' workplaces.

Critical reflection

An effective culture is by consequence a learning culture. In a learning culture, practitioners need to continually challenge their appreciation of that culture and the consequences of their ways of working on the culture. In PD, teams of practitioners are enabled to actively create, and recreate meanings about their workplace cultures. Internal dialogue integrates creative imagining, perceptions, thinking and critical reflection on how the practice activity took place/could take place, the desired or actual outcomes, and meaning in a personal sense (McCormack et al., 2002). In Active Learning, the beginning and the end of the immediate learning process is centred on personal reflection. This generally needs to take place prior to any dialogue with others. This is because learners need to be developing independent feeling and thought for themselves as part of their own transformation so they become increasingly confident in two respects. Firstly, so that they move more easily into states of readiness and thus increase their own receptivity and intentionality and therefore are less likely to uncritically go along with what others think and say. Secondly, so they feel validated as a person who is making a meaningful contribution. This adds to the personal commitment for learning and taking action. Thus internal dialogue, as a reflective space, is an essential part of developing an independence from routinely following the existing pattern and rigid rules in an organisation and necessary prerequisite for empowerment and the routines of learning. Reflection can take on various forms (Rolfe, 1997), including structured reflection working with models to radical reflection (Dewing, 2007) through to more creative and imaginary forms of reflection.

Dialogue

Although internal dialogue puts learners in a better state of preparedness to engage in focused conversation with others, internal dialogue and reflection or learning on ones own, is not sufficient, as individuals work with others in a social community and it is through collaborative, inclusive and participative action that PD takes place. Thus dialogue with others is also essential. Dialogue with others can take the form of one-to-one (face to face or distance such as through web based modes) or group dialogues between practitioners about a practice topic or activity with the purpose of eliciting ideas and reflections about the practice, its outcomes and its meaning. Dialogue with others is founded on sharing insights and findings from the learning process from internal dialogue.

Dialogue is a process for sharing and learning about how ones own meaning making is received by others and how another individual's values and beliefs, feelings, interests, and/or needs of others are received. This needs to take place in open co-operative and collaborative ways and where learning about the process of dialoguing can be enabled (Felder and Brent, 2003). More specifically, it involves an equitable conversation between two or more learners that advances the understanding about and the intention to un-do, re-do or refine practice activity. The additional outcome from dialogues in PD arises from the attention to reviewing and learning from the processes that have just been or have recently been experienced. Skillful exchange or interactions can develop shared understandings which become the basis for building trust, fostering a sense of interdependence, ownership, facilitating genuine consensus or agreement, and enabling creative problem-solving. A PD facilitator may need to enable sustained attention to the process and to ensure learning and learning about learning (so called meta-learning) is achieved. Both internal and the subsequent shared dialogues can also be achieved through creative processes that may not always rely on or use words to begin with; such as silent or contemplative walks in pairs.

Active Learning develops practitioners who are more deeply connected with becoming and being a work-based learner and with taking ownership of PD because the Active Learning they try out and facilitate in the workplace is the micro aspect of development of practice. These moments of learning in context reveal and 'show' practitioners something of the new possibilities they can achieve. They create movement within individuals and within the workplace culture. For those who engage authentically, they may continue to become more person-centred in their ways of working. Active Learning can also help prepare practitioners to be more effective in group situations whether these be managerial or group learning structures such as team meetings, supervision and action learning groups and working within communities of practice.

Facilitating Active Learning

Strategically, PD facilitators generally desire practitioners to unlearn taken for granted knowledge and routines; discover and embody new ways of knowing; connect more fully with or rediscover existing knowledge (Angelo, 1993); enhance their skills; expand their potential for problematising and finding or creating solutions to practice puzzles or problems (Walsh et al., 2005, 2006). Facilitators then aspire for those same practitioners to retain the learning, and apply it to new situations, building upon that learning to develop new perspectives and feel a sense of freedom to act differently. Finally facilitators aim to have practitioners understand how they learned and continue the learning process for themselves. Bruner (1997) refers to learner in this capacity as an

"epistemologist" - actively constructing unique ways of knowing and finding things out, whilst at the same time, facilitating others in their workplaces to experience a similar learning. This replicated and ever broadening cyclical process of learning is one essential element of wide scale transformation in the workplace and for sustainability in both practitioners themselves and with PD as a culture. The facilitation of specific Active Learning activities is one concrete way in which practitioners involved in PD can learn and become more effective at putting into action, in very visible ways, strategies for high challenge/high support. Thus Active Learning helps highlight less effective workplace cultures, contributes to addressing the challenges of engaging colleagues in PD and offers micro level strategies for changing aspects of practice. Consequently, as soon as Active Learning is being used in the workplace with others, practice is being changed. Obviously on its own, Active Learning cannot ensure that changes are either accepted by everyone or that they will be long lasting and other PD methods and processes must be used alongside Active Learning to maximize impact.

More pragmatically, activities can be introduced early into any PD work, beginning with relatively uncomplicated activities that offer challenge and yet are as unthreatening as possible. They are gradually built up to form more complex learning activities both within PD groups and within the workplace. For example, complex learning activities such as observations of the environment, observations of care, conversations with users and various group encounters can be creatively drawn on. Further, these informal learning activities can grow to become formal evaluation methods, ethical approval permitting, within a PD programme that contribute to evidence gathering and utilisation and thus contribute to longer term sustainability. For example, conversations with users can evolve into narrative interviews and focus groups.

Providing information on what Active Learning is about, can enable learners to more easily grasp the purposes of learning, the reasons why it might entail different sorts of learning experience to ones previously encountered in more traditional courses or development programmes. Enabling nursing and midwifery practitioners to appreciate the purposes of Active Learning is vital in clarifying the expectation about facilitating Active Learning with others in the workplace. However, it is not uncommon for the transition of learning activities into the workplace to be regarded as 'homework' to begin with. Facilitators also need to draw on a wealth of experiences of different learning methods and not simply rely on the methods and multiple intelligences they, as a learner, would feel comfortable with. The value of listening, noticing deeper meanings, enabling reflection and the use of questions and sharing in inquiry and discovery are all fundamental (Freire 1993, 1994; Whitworth et al., 2007, p. 10). The importance of drawing on and integrating multiple intelligences over time cannot be sufficiently stressed. For example, methods can include engaging with silence, forms of focused talking, different forms of writing, reading, discussing, debating, music, photography, creative walks out of doors in varied types of settings, acting, role-playing, games, journaling, interviewing, making displays and posters, building sculptures, other many forms of creativity, imagining, visioning, drama and interactive theatre and so the list continues.

Facilitators need to carefully plan how Active Learning and specific activities will be presented, their purpose and fundamentally how they can be facilitated in the workplace. Therefore, facilitators need an understanding of the cultures and contexts people are working in and involvement from service managers. Gradually building up the level of complexity of Active Learning takes into account workplace culture, especially where it may not, particularly at the start of PD work, have the antecedents or attributes of an effective or learning culture and thus such learning activities would appear unusual. Drawing on the recommendations from the realist synthesis study (McCormack et al., 2006), learning activities must

be designed to be consistent with the principles of collaboration, inclusion and promote participation by others. This means considering making them accessible for as many staff as possible and when appropriate, for service users and other stakeholders too. In addition to this, as they are being carried out in real time in the workplace they must be time sensitive. Some Active Learning may possibly be integrated into existing forums such as staff meetings and various learning forums if they exist, whilst others will require a new space to be created. Again, this demonstrates why PD facilitators need to have an appreciation of context and culture.

Being involved in facilitation in PD implies becoming a facilitator of learning. Clearly, some will most likely have concerns and issues that will need to be worked through as part of the overall PD process. As indicated previously, the cycle of Active Learning is not complete unless at some point it is translated or takes place in the real workplace setting and others are enabled to become involved in a similar learning experience. It is this translation that the PD facilitator has less direct influence over as generally they are external to the practice setting or workplace and would not be present when practitioners are facilitating the learning activities with others. Thus skilled facilitators who can plan for success here is vitally important.

Initial experiences with Active Learning can of course take place away from the workplace setting in what is often referred to a safe learning environment. This initial protection is an important part of the learning journey. However, practitioners need to move from feeling safe in a protected setting to feeling safe in their workplaces and to contributing to facilitating creation of a learning community and culture at work. Ironically, this involves risk taking by carrying out for ones self and with others, learning in the workplace where it might not have been the norm and where the methods used have not been the norm either. As training in organisations is often given slots or boxes which are planned by others, it can be challenging for some facilitators and practitioners to see and grasp how they can set up opportunities in busy workplaces or even that they have the skills to facilitate learning with others. Where nursing and midwifery practitioners are often working on their own (such as in the community) for large amounts of time, this does need to be thought through differently. One off or single study days or sessions clearly pose a challenge and these types of 'training' need to be planned to enable at least the rehearsal of Active Learning in a workplace to take place.

Active Learning must be considered alongside other ideas about how adults learn, such as preferred learning styles. Learning styles can however be applied too simplistically and should not be used to label or characterize people, since all learners are capable of using more than one style to learn, and of developing skills in all styles in enabling conditions. In Active Learning and PD, it is important to offer variety and evolving complexity, recognizing that some learners may learn best from one particular receiving style, sense or type of intelligence. When learners experience their prominent style, it helps them to learn faster or smarter. However, intelligences do not come into being in isolation and more than one intelligence is working at any one time, so providing the opportunity for drawing on and experiencing a variety of intelligences can promote flexibility and offer a new and welcome challenge, when in a supportive context. Keeping the feeling mode central in individuals and within groups, given the dynamics of most groups is challenging facilitation. Additionally, many workplace cultures still discourage the feeling domain in practitioners. Facilitators need to feel comfortable working in this domain and travel the road that in other peoples view may mean learning is too personal or even resembles therapy and simultaneously be aware of the boundaries between learning for increased effective with work and those of therapy. Thus facilitators who are lacking in confidence about working with the feeling domain of learning will need to look at their own learning and skills development needs before helping others. Thus being clear about intent is vital. Dewing (2008, p. 292) has recently argued there is a challenge for practice developers to continuously clarify just how much and what level of transformation is needed and probably to recognize that not everyone wants to engage in extreme levels of personal transformation in order to be a competent or effective practitioner in nursing and midwifery.

Many existing approaches and methods of learning already in use within PD have an inbuilt potential for Active Learning, thus it is complementary to many existing approaches and methods, although it may not always be realized. For example, problem based learning, inquiry based learning, learning circles, action learning, and some approaches to supervision such as critical companionship (Titchen, 2004), communities of practice can all be modes through which Active Learning can be achieved. However, Active Learning is distinct in its principles (as earlier set out). IPDC PD schools are now working with the principles of Active Learning in the school curriculum and are using Active Learning groups, carrying out ongoing evaluation of its effectiveness and will contribute to developing the principles further.

Concluding comments

The intention here has been to outline the principles of Active Learning in the context of PD and to explore some of the implications for facilitating Active Learning. In essence, Active Learning is concerned with providing holistic learning opportunities rather than with teaching knowledge. It is based on engaging with the senses, multiple intelligences, self-reflection and dialogue with others; action in the workplace; is grounded in feeling and personal experience and needs a context. In part, it is achieved through skilled facilitation that enables the effective use of and maximizes learning opportunities that present themselves in the workplace. It offers a means for practitioners, who are often novices in PD, to experience the outcomes from the micro aspects of practice development.

Primarily it is employed to contribute to transformation of the workplace and patient care. It can also act as a catalyst to personal transformation(s) in practitioners, whereby practitioners reconnect or become fully engaged in a holistic way with developing knowing and their way of being as a person. Over time, it connects use of all the senses grounded in feeling and multiple intelligences, blends self learning and learning from and with others and embeds learning in the world of practice as it actually is and as it is envisioned. When Active Learning is planned in conjunction with PD, it reinforces the deep connection between the PD concepts, vision and strategic intentions, skilled facilitation and developing a learning culture.

References

- Angelo, T.A., 1993. A teacher's dozen: 14 research-based principles for improving higher learning in our classrooms. American Association for Higher Education Bulletin 13. 3–7.
- Bonwell, C.C., Eison, J.A., 1991. Active Learning: Creating Excitement in the Classroom. ASHE-ERIC Higher Education Report No. 1, The George Washington University, School of Education and Human Development, Washington, DC.
- Bruner, J., 1997. The Culture of Education. Harvard University Press, Cambridge, MA. Chickering, A.W., Gamson, Z.F., 1987. Seven principles for good practice. American Association for Higher Education Bulletin 39, 3–7.
- Clarke, C., Wilson, V., 2008. Learning the heart of practice development. In: McCormack, B., Manley, K., Wilson, V. (Eds.), International Practice Development in Nursing and Healthcare. Blackwell, Oxford, pp. 105–125.

- Dewing, J., 2007. An Exploration of Wandering in Older Persons with a Dementia through Radical Reflection and Participation. Ph.D. Thesis, Manchester, University of Manchester and Royal College of Nursing Institute.
- Dewing, J., 2008. Chapter 15. Becoming and being active learners and creating active learning workplaces: the value of active learning. In: McCormack, B., Manley, K., Wilson, V. (Eds.), International Practice Development in Nursing and Healthcare. Blackwell, Oxford, pp. 273–294.
- Dewing, J., Wright, J., 2003. A practice development project for nurses working with older people. Practice Development in Health Care 2 (1), 13–28.
- Dewing, J., Brooks, J., Riddaway, L., 2006. Involving older people in practice development. Practice Development in Health Care Journal 5 (3), 156–174.
- Dewing, J., McCormack, B., Manning, M., McGuinness, M., McCormack, G., Devlin, R., 2007. The Development of Person-Centred Practice in Nursing Across Two Older Peoples Services in Ireland. Final Report.
- Freire, P., 1993. Pedagogy of the Oppressed: New Revisited, 20th Anniversary Edition. Continuum, New York.
- Freire, P., 1994. Pedagogy of Hope: Reliving Pedagogy of the Oppressed. Continuum, New York.
- Felder, R.M., Brent, R., 2003. Learning by doing. The philosophy and strategies of active learning chemical engineering. Education 37 (4), 282–283.
- Fink, D.L., 1999. Active Learning. http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/active.htm (last accessed 12.08.06.).
- Garbett, R., McCormack, B., 2002. A concept analysis of practice development. Nursing Times Research 7 (2), 87–100.
- Gardner, H., 1993. Frames of Mind: The Theory of Multiple Intelligences. 10th Anniversary Edition. Basic Books, NY.
- Gardner, Howard, 1999. Intelligence Reframed. Multiple Intelligences for the 21st Century. Basic Books, New York.
- Heron, J., 1992. Feeling and Personhood: Psychology in Another Key. London, Sage. Kitson, A., Harvey, G., McCormack, B., 1998. Enabling the implementation of evidenced based practice: a conceptual framework. Quality in Health Care 7 (3), 149–158.
- Kitson, A.L., Rycroft-Malone, J., Harvey, G., McCormack, B., Seers, K., Titchen, A., 2008. Evaluating the successful implementation of evidence into practice using the PARiHS framework: theoretical and practical challenges. Implementation Science 3 (1).
- Lave, J., Wenger, E., 1991. Situated Learning. Legitimate peripheral participation. Cambridge University of Cambridge Press.
- Manley, K., 2001. Paying Peter and Paul: reconciling concepts of expertise with competency for a clinical career structure. Journal of Clinical Nursing 9 (3), 347–359
- McCormack, B., Dewar, B., Wright, J., Garbett, R., Harvey, G., Ballantine, K., 2006. A Realist Synthesis of Evidence relating to Practice Development. Edinburgh NHS Scotland. http://www.nes.scot.nhs.uk/documents/publications/classa/ExecutiveSummaryPublishedVersion0606.pdf (last accessed 29.06.08.).
- McCormack, B., Illman, A., Culling Alison Ryan, A., O'Neill, S., 2002. 'Removing the chaos from the narrative': preparing clinical leaders for practice development. Education Action Research 10 (3), 335–352.
- McCormack, B., Manley, K., Kitson, A., Titchen, A., Harvey, G., 1999. Towards practice development a vision in reality or a reality without vision? Journal of Nursing Management 7 (5), 255–264.
- McCormack, B., Manley, K., Wilson, V. (Eds.), 2008. International Practice Development in Nursing and Healthcare. Blackwell, Oxford.
- McSherry, R., Warr, J., 2006. Practice development: the existence of a knowledge and evidence base. Practice Development in Health Care 5 (2), 55–79.
- Meyers, C., Jones, T.B., 1993. Promoting Active Learning. Strategies for the College Classroom. Jossey-Bass. San Francisco.
- Mezirow, J., 1978. Perspective transformation. Adult Education Quarterly 28 (2), 100–110
- Page, S., Hammer, S., 2002. Practice development time to realize the potential. Practice Development in Health Care 1 (1), 2–17.
- Raux, D.J., College, S., 2004. Implementing active learning in college. Explorations in Teaching and Learning 2 (1), 2–4.
- Revans, R., 1981. Action Learning New Techniques for Management. Blond and Briggs, London.
- Rolfe, G., 1997. Beyond expertise: theory, practice and the reflexive practitioner. Journal of Clinical Nursing 6 (2), 93–97.
- Rogers, C.R., 1961. On Becoming a Person: A Therapist's View of Psychotherapy. London, Constable.
- Rogers, C.R., 1983. Freedom to Learn for the 80s. Charles Merrill, Columbus, Ohio. Titchen, A., 2004. Critical companionship. Part 1. Nursing Standard 18 (9), 33–40.
- Walsh, K., Lawless, J., Moss, C., Allbon, C., 2005. The development of an engagement tool for practice development. Practice Development in Health Care 4 (3), 124–130.
- Walsh, K., Moss, C., FitzGerald, M., 2006. Solution focused approaches and their relevance to practice development. Practice Development in Health Care 5 (3), 145–155
- Whitworth, L., Kimsey-House, K., Kimsey-House Sandahl, P., 2007. Co-Active Coaching: New Skills for Coaching People Toward Success in Work and Life. Davies-Black, New York.