Learner contracts in nurse education: Interaction within the practice context

Kathleen Barrington *, Karen Street 1

Centre for Nursing Studies, Nursing Education, 100 Forest Road, Southcott Hall, Room 1027, St. John’s, Newfoundland Labrador, Canada

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Summary
Learner needs in clinical practice can be identified by working within a framework where the focus is around learner strengths and learner weaknesses. By using their academic and experiential expertise, faculty can identify, for learners, individual strengths and weaknesses within the practice context. Once identified, the learner and faculty can work together to meet the learner’s individualized learning needs. The learner and the faculty can interact so as to create a meaningful and effective teaching–learning partnership. This article describes the development, implementation and evaluation of nursing practice learner contracts (NPLC’s) in a diploma nursing program and discusses how the contracts used learner strengths and weaknesses to mobilize learner needs.

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Introduction
This paper describes a re-design of the more traditional learning contracts used in nurse education. Building around the themes of the adult learner (Knowles, 1986), the authors implemented a pilot project using learner contracts where the learner and the faculty built a teaching–learning partnership around learner strengths and learner weaknesses. The proposed learner contracts were designed to be ‘contracts to interact’.

In any teaching–learning activity there are two key players: the individual(s) who is pursuing new learning and the individual(s) giving leadership to the new learning. In the context of this paper, the term learner will be used to refer to the individual who is pursuing new learning and the term instructor will be used to refer to the individual giving leadership. The latter individual may be
described in any number of nursing environments by various other titles e.g. course leader, instructor, teacher, faculty, supervisor, mentor.

Background/literature

Almost twenty years ago, Gibbon (1989) wrote that there has been an andragogical shift in education from teaching to learning and from teacher to learner. Such views and challenges therein continue to permeate discussions around education. The need to shift from teacher-imposed styles of teaching to teaching styles that permit learners to become active participants in their own learning experiences has long been a valued part of education (Bevis and Watson, 2000; Richardson, 1987). Encouraging an active learner role in learning fosters a deeper level of learning and cultivates an increased capacity for self-direction and initiative which in turn facilitates greater self-esteem and learner success (Gaston and Cappello, 1996; Hiemstra and Sisco, 1990). Interaction between the learner and the teacher comprises the heart of education and learning (Codde, 2006). Nurse educators must be willing to facilitate rather than control learning (Ahern, 1999).

Learning contracts have been recognized as a means to creating an andragogical shift in nursing education. However, the positive influence of learning contracts was not well documented prior to 1986. In 1986 Keyzer noted that there ‘very little had been written about the use of learning contracts in nurse education’ (p.106). More than 10 years later, Lowry (1997) wrote that ‘learning contracts are not new, although they may have often been overlooked as a means toward developing learning’ (p.280). Since that time, there has been a significant increase in the literature where other researchers have documented the merit of using learning contracts in nursing education (Bevis and Watson, 2000; Chien et al, 2002; Donaldson, 1992; Knowles, 1986; Mazhindu, 1990; McAllister, 1996; Timmins, 2002). Most of the literature speaks to the infusion of self-confidence and learner ownership, with less written about the reliability of grading learning contracts (Watson, 2002).

Learning contracts can foster a shift in power from the faculty to the learner (Waddell and Stephens, 2000). It is important to note that most, if not all, learning contracts described in the literature talk about the more traditional approach to learning contracts where the process begins with the learner writing his/her learning objectives. Wuest (1991) did however offer a modification to the learning contract when she suggested that ‘predeveloped specific learning objectives would also deny student ownership of the experience’ (p.187). Instead, Wuest opted to provide broad objectives to give direction while at the same time safeguarding flexibility in choices for the learner.

Henfield and Waldron (1988) believe that learning contracts can facilitate optimal learning experiences when they are designed to be responsive to individual learners’ needs. The use of learning contracts can lead to a number of beneficial outcomes, including: students’ ability to learn from experiences; a more functional way of structuring learning; greater flexibility and personalized learning; student motivation to learn; mutual respect between student and faculty; and greater objectivity in student evaluation (Knowles, 1986; Solomon, 1992; Wieseman, 2004). Keyzer (1986) states that ‘the successful negotiation of a learning contract depends on mutual respect between the participants’ (p.107).

Within the literature, a number of terms have are used to describe contracts in learning where the focus is on promoting learner participation in the learning process. Some of the variations in terms include, but are not limited to: learning plans, study plans, learning agreements and learning commitments (Hiemstra and Sisco, 1990; Richardson, 1987). The authors decided to use the baseline definition offered by (Hiemstra and Sisco, 1990), who describe a learning contract as a ‘written plan that describes what an individual will learn as a result of some specified learning activity’ (p.106).

Project description

The program of studies selected for this project was a four semester diploma nursing program. The diploma program provides the learners with integrated classroom and clinical learning opportunities, with a significant amount of time dedicated to clinical learning. Pending the successful completion of the program, the graduates are expected to write a national licensure examination, which in turn makes them eligible for provincial licensure, as well as licensure in most other Canadian provinces.

The average age of learners was twenty-seven years, thus allowing them to be characterized as adult learners. The educational and experiential backgrounds of these learners varied. Some had previous health related work experience, whereas others had completed other non-nursing educa-
tional programs prior to entering into this diploma nursing program.

Every learner signed an individual consent form, agreeing to the use of their feedback and comments in any presentations/publications on the topic of Learner Contracts in Nursing Education. The learners were told that the NPLC’s were not being used as a permanent part of their individual learner evaluation record. Any issues or concerns arising with respect to learner progress at the time that the NPLC’s were being piloted, were to be addressed through the standard evaluation tools already established for the program.

There were a total of eight clinical nurse educators, herein called instructors, who involved in the clinical application of the NPLC’s. The clinical nurse educators were not necessarily the same for each year of the study, as there was no control, by the project leaders, over the assignment of faculty from year to year. The role of these nurse educators was teach, to supervise and to evaluate learners in a clinical setting, depending on the Nursing Practice clinical objectives for the specific clinical area in which they were assigned (see Box 1.2). Specific to this project, the role of these nurse educators was to highlight the strengths and weaknesses of the learner’s performance. The clinical nurse educators must be registered nurses, holding a minimum Bachelor’s degree, with a preference for the completion of a Master’s degree.

This pilot project on the use of NPLC’s in the clinical setting was conducted twice, using two different learners from two different class intakes. There were 32 learners in the first year and 32 learners in the second year.

The project began with the project leaders articulating the goals for a Nursing Practice Learner Contract, where the overall aim of the contract was to suggest a need for interaction between the learner and the instructor. It was felt that the goals needed to be linked to one another. Each of the three goals that were subsequently developed were stated as behavioral or action goals (see Box 1.0).

Using the NPLC’s goals as terms of reference, the authors [project leaders] wrote two role statements, one statement describing the primary role of the instructor and one describing the primary role of the learner. The Role Statements (Box 1.1) were intended to be used by the instructor and the learner throughout the use of the NPLC’s.

With the broad NPLC’s goals and the role statements established, it was necessary to decide where would be the best place, in the diploma nursing program, to test the effectiveness of the new NPLC’s. In the second semester, there were three clinical rotations scheduled to run back to back. In this semester, the learners were required to rotate through three clinical rotations, spending a total of 9–10 days in each of the three clinical settings. The clinical settings were as follows: Long Term Care, Mental Health and Medical – Surgical. The broad clinical objectives and the clinical evaluation tool for each of the clinical settings were already articulated (Box 1.2). It is important to note that the NPLC’s were not intended to replace these existent objectives and clinical evaluations. Given the richness of clinical areas and the sufficient timelines in which to study the effects of the NPLC’s, it was decided to proceed with the project in semester two of the four semester program.

An added advantage to using semester two was that at this point in their studies, the learners had already been successful in meeting the objectives of semester one. Some degree of learner success was considered a good prerequisite to using a new tool that was intended to introduce the learner to a concept around learner strengths and weaknesses. The learner would also, at this time, be more familiar with program policies and procedures, again signaling learner readiness to engage in a project of this nature.
The newly proposed NPLC’s

It is known that the work associated with using learning contracts can be time consuming (Bevis and Watson, 2000; Timmins, 2002). Neither faculty nor learners need more paperwork, therefore the authors were acutely aware of the need to design user-friendly learner contracts. The contracts needed to be concise and to the point, easy to interpret, and requiring minimal in-servicing. The contract was therefore deliberately limited to one single page with content restricted to ‘need to know’ information. The final design of the contract is shown below in Fig. 1.

In traditional learning contracts, learners are often expected to write objectives that capture their learning needs as they perceive them. These NPLC’s did not ask the learners to write learning objectives. It was felt from the very outset that this would be the distinguishing feature of these new NPLC’s, that is, that the process of engaging the learners in writing objectives would not be used. These learners had little, if any, experience in this process. Learners may in fact identify too many learning needs (Matheson, 2003). They may become more of an exercise of writing objectives than an exercise of meeting objectives. Contract learning should be concerned with establishing ‘contracts to interact’. Objective writing may be one way, however the authors of this project have determined that it is not the only effective way.

Prescribing definitions around the use of the terms ‘strengths’ and ‘weaknesses’ was challenging. Through discussions with other nurse educator colleagues, there were no objections to, or ambiguity in, using the word ‘strengths’. It was seen as a favorable, positive term. There was however much dialogue around the interpretations on the use of the word ‘weaknesses’. It was agreed that the term ‘weaknesses’ gives a certain pre-conception that one is referring to such undesirable traits as flaws, faults, or irreparable deficiencies. Throughout the collegial discussions, it was agreed that perceptions around the term ‘weaknesses’ is just that, perceptions. While ‘weaknesses’ may be traced back to such things as lack of experience, insufficient knowledge base, or inadequate practice, they are, none-the-less, a reality. A common twenty-first century expression used to make a bold statement about reality and one that could well be applied here goes like this “It is what it is!” In their learner contracts, the authors wanted to use language that would capture this reality on paper, and so the decision was made to use the term ‘weaknesses’. Rozycki (2005) position that “abilities do not necessarily indicate strengths; inabilities do not necessarily indicate weaknesses” (p. 3), further substantiated the final decision to go with the term ‘weaknesses’ in the NPLC’s.

A final yet none-the-less important consideration in the design of the NPLCs was to provide a designated space for the signatures of both the instructor and the learner. The signatures, while placed at the bottom of the form, were to be entered only after the learner and the instructor had discussed the strengths and weaknesses and had discussed appropriate strategies that could be used to enhance strengths and improve weaknesses. It was expected that there would be dia-
logue around the instructors observations leading to the identified strengths and weaknesses.

**Implementation of project**

The importance of an adequate orientation to the contracts is considered a critical element in the anticipated success of using learner contracts (Timmins, 2002; Donaldson, 1992). Thus, at the outset of the implementation phase, separate orientation sessions were provided, one for the instructors and one for the learners. The orientation sessions were scheduled for a specified time frame and were conducted by the project leaders. In each orientation session, the Nursing Practice objectives (Box 1.0) were reviewed, along with the NPLC’s broad goals (Box 1.1) and the role statements (Box 1.2). Faculty and learners were told that this was a pilot project and that these NPLC’s would not be part of the learners final evaluation record. A copy of a blank contract was presented, at which time questions for clarification were invited. In the faculty orientation, the expected process for completing a contract was illustrated using a random learner file.

Once in their respective clinical areas, instructors met in their smaller groups to further discuss the learner contracts. The learners and the instructors discussed the concepts of strengths and weaknesses. Instructors were asked to emphasize that the term weaknesses was not being used in a punitive or negative context, but rather, that weaknesses are inherent in most, if not all human beings, especially when faced with new learning situations. Instructors would meet the learners, individually, mid-way through the rotation to give them an update on what strengths and weaknesses had been observed to date. At the end of the rotation, the instructor and the learner met again, this

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**Figure 1** Nursing practice learner contract.
time with a NPLC identifying strengths and weaknesses.

The first rotation marked the first time the NPLC’s were introduced, therefore, the strengths and weaknesses had to be uncovered as the rotation unfolded. This same approach would have to be applied for all first-time uses of NPLC’s. In this first rotation, the instructor was expected to present and discuss the learner strengths and weaknesses as they were evolving. By doing so, the instructor was carrying out the prescribed instructor role that is, ‘using academic and experiential expertise to determine the strengths and weaknesses of the learner’s performance’. Once a learner was made aware of strengths and weaknesses, it was then up to the learner to carry out the prescribed learner role, that is, ‘to work with the instructor in seeking out learning opportunities to further enhance strengths and to improve upon weaknesses.’ Both these roles required that the contract of interaction between the learner and the instructor be initiated as early as mid-way through the first rotation. It would be ongoing for the remainder of this and the two subsequent clinical rotations.

For the second rotation, the instructor would begin by accessing the strengths and weaknesses that were identified in the previous [in this case, first] rotation. Together the instructor and the learner would discuss these strengths and weaknesses and ways to enhance the strengths further and improve on the weaknesses, in this the second rotation. Here is where both the learner and the instructor would have a deliberate focus for creating ongoing interaction between the instructor and the learner and to seek out opportunities that could enhance strengths and improve weaknesses (see Box 1). As the second rotation progresses, the instructor would discuss strengths and weaknesses as they were arising. They would be documented at the completion of the rotation.

For the third and final rotation, the instructor would begin again by accessing the strengths and weaknesses that were identified in the previous [in this case, second] rotation. Together the instructor and the learner would discuss these strengths and weaknesses and ways to enhance the strengths further and improve on the weaknesses. Here is where both the learner and the

| Table 1 | Nursing practice learner contract – learner feedback (First cohort). |
| Statement                                                                 | Strongly agree (%) | Agree (%) |
| 1. The purpose of the learner contract was introduced in a clear and understandable manner. | 78.6 | 17.9 |
| 2. The learner contract helped to establish a working relationship with my clinical instructor. | 75.0 | 14.3 |
| 3. The learner contract accurately reflected my strengths from my previous rotations. | 75.0 | 17.9 |
| 4. The learner contracts accurately reflected my weaknesses from previous rotations. | 64.3 | 21.4 |
| 5. I was able to use the information in the learner contract to strengthen and improve on my clinical performance. | 67.9 | 25.0 |

| Table 2 | Nursing practice learner contract – learner feedback (Second cohort). |
| Statement                                                                 | Strongly agree (%) | Agree (%) |
| 1. The purpose of the learner contract was introduced in a clear and understandable manner. | 50 | 50 |
| 2. The learner contract helped to establish a working relationship with my clinical instructor. | 38.5 | 50 |
| 3. The learner contract accurately reflected my strengths from my previous rotations. | 38.5 | 46.2 |
| 4. The learner contracts accurately reflected my weaknesses from previous rotations. | 34.6 | 46.2 |
| 5. I was able to use the information in the learner contract to strengthen and improve on my clinical performance. | 57.7 | 38.5 |
instructor would have a deliberate focus for creating ongoing interaction between the instructor and the learner and to seek out opportunities that could enhance strengths and improve weaknesses (see Box 1.0). As the second rotation progressed, the instructor would discuss strengths and weaknesses as they were arising. They would be documented at the completion of the rotation.

It is again important to reinforce that the NPLC’s were not intended to replace clinical evaluation forms that contained specific competencies, instead, they were used to create interaction between the learner and the faculty, around learner strengths and weaknesses, otherwise known as learner needs.

Evaluation of project

Following the use of the NPLC’s as a pilot project, learners were invited to provide feedback on the effectiveness of the NPLCs. Five core statements were presented to the learners. These core statements reflected the three NPLC goals (Box 1). Learners were asked to rank each of the five statements using the responses: strongly agree; agree; strongly disagree or disagree. The core statements with the corresponding quantitative results [for the strongly agree and agree responses] are captured in Table 1 (first cohort to provide feedback) and in Table 2 (second cohort to provide feedback).

Emerging themes

In addition to the invitation to provide feedback of a quantitative nature (Tables 1–3) both groups of learners were also invited to offer written comments about their experiences with the learner contracts. These written responses were very similar. From all the comments, the project leaders were able to identify the following two themes: (a) improved learner – faculty communication and (b) reflection on learning.

A. Improved learner — faculty communication

Some learners expressed a sense of satisfaction in being able to communicate with faculty about their progress.

“‘It allowed instructors and students to communicate strengths and weaknesses and to be able to work on them together. It improved communications between all parties involved.’”

“I found the learner contracts really beneficial. It gave me and my instructor a brief overview of my strengths and weaknesses. I also liked getting feedback as to how I was doing in my clinical rotation.’’

“For others, there was a sense of taking responsibility and ownership for future learning.

“‘I really enjoyed getting feedback on the things that I needed to improve on. This allowed me to work on my weaknesses and become a better nursing student.’”

“The learner contract was very well organized and allowed me to strengthen my weaknesses and allowed me the opportunity to improve on them.’’

“I found learning contracts helpful. I enjoyed receiving feedback on my progress in clinical.’’

“For others, knowing their weaknesses allowed them to strengthen those weaknesses.’”

“‘I felt the feedback I received from my clinical instructors helped me in a big way to strengthen certain weaknesses I had.’”

“‘Every comment made by my instructors was constructive, whether it identified a weakness or strength.’”

“‘By writing down my weaknesses and strengths, it allowed both the instructor and myself to focus and help correct any problems I had.’”

Table 3 presents an overview of the combined percentages for the responses ‘strongly agree’ and ‘agree’ from cohorts 1 and 2. The combined percentages indicate that the NPLC as presented in this project were well received by both groups of learners.

<table>
<thead>
<tr>
<th>Evaluation statement #</th>
<th>Strongly agree + agree (First cohort) (%)</th>
<th>Strongly agree + agree (Second cohort) (%)</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>96.5</td>
<td>100</td>
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<tr>
<td>2</td>
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<td>80.8</td>
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<tr>
<td>5</td>
<td>92.9</td>
<td>96.2</td>
</tr>
</tbody>
</table>
B. Reflection on learning

Several learners expressed how reflection was useful in giving them a sense of future direction.

"The learner contract allowed me to see what I should work on and gave me insight into what I was good at."

"The contracts actually allow you to think about yourself. You can say that you are good at something and also you reflect on what you are weak in. It’s an eye opener."

"Learning contracts have helped me identify my strengths and weaknesses. Identifying my weaknesses allowed me the opportunity to work on them and turn them into strengths."

"I found that the learner contracts were a good learning experience for your strengths/weaknesses which could be built on or carried through into other clinical rotations."

"I found learner contracts to be extremely beneficial. It allowed me to take what was learned previously and grow, not only as a student but as an individual."

Some learners viewed the contracts as an essential tool for learning and even recommended their continued use in nurse education.

"I believe learner contracts provide a more thorough way of learning hands-on, everyone benefits."

"I believe it [learner contract] is a necessary tool to help students obtain and surpass personal and professional goals."

"I would strongly recommend this in future programs."

There was a sense of accomplishment and pride in being able to turn weaknesses into strengths.

"This approach helps me to improve in that I know what I have to work on. It is exciting and rewarding to see how you change from the beginning of a rotation to the end."

"I found the learner contracts enabled me to be stronger and more confident in my clinical experiences."

Discussion

Overall work with the proposed NPLCs was very positive. Despite the move from objective writing by the learners, to a contract that wherein the focus was on role statements and naming learner strengths and weaknesses, the new NPLC’s continued reflect previous statements made in the literature about learning contracts. Learning contracts have been described as a vehicle for planning experiences as a mutual undertaking (Hiemstra and Sisco, 1990), as an alternate way of structuring learning experiences (Chaing, 1998), a means to help students structure their thinking (Matheson, 2003), as well as a way to improve communication between students and instructors (Chan and Chien, 2000). As knowledge construction takes place through transactions and interactions with others, relationships based on trust, sharing, and mutual respect can enhance higher learning (Wieseman, 2004). From the comments in evaluating this project most learners felt the NPLCs facilitated open communication and allowed them the opportunity to reflect on their own learning. Reflection is considered a valuable means to engage students in their own learning (Idczak, 2007).

The literature on learning contracts supports alternate ways of designing contracts (Hiemstra and Sisco, 1990) and even supports infinite flexibility (Knowles, 1986). Learning contracts that are easily understood aid in the contracting process (Bevis and Watson, 2000).

Discussions around learner strengths and weaknesses allowed individualization of clinical learning experiences. The aim was to apply the principles of adult learning so that the learners’ unique experiences are taken into account during the teaching-learning process, using individualized learning plans to increase effective instruction (Knowles, 1986). The centrality of the learner and the development of the learner were key elements throughout the process (Henfield and Waldron 1988).

Even though discourse around individual weaknesses has been shown to arouse a level of discomfort in a learner, (Gaston and Cappello, 1996), weaknesses are a natural part of the challenges that arise from learning. By learning to accept strengths and weaknesses, the learner contracts could be viewed as a tool capable of empowering the learner to connect past learning to new learning. Identification of strengths and weaknesses allow learners to shape their learning with purposeful direction. None of the feedback from the learners objected in any way to the use of the language ‘strengths and weaknesses’. In the feedback, the learners demonstrated an equal acceptance of terms strengths and weaknesses.

While it has been identified that learning contracts may contribute to learner anxiety associated with unfamiliar teaching-learning strategy (Bevis and Watson, 2000; McAllister, 1996), none of the learners in this project reported such anxiety. This may have been attributed to the thorough orientation sessions that were offered to both learners and
faculty prior to beginning implementation of the NPLCs. Learners were also given a second orientation by the clinical instructor in a smaller group session. This allowed adequate preparation of participants and provision of clear guidelines for the project - important considerations to reduce anxiety (Chien et al, 2002).

This project was carried out using two learner cohorts, first with 30 participants, then repeated with 29 participants. This represents a significant number of participants from which some generalizations could be made as they relate to the views of the learners. These views were able to be captured in the quantitative feedback from the learners (Table 1 and 2), as well as qualitative feedback (emerging themes). The small faculty group cohort (N = 3) was not asked at this time to provide qualitative feedback, however, deliberate and regular contacts were made with the faculty throughout the project. The most resounding concern expressed by the faculty was around whether or not they were 'doing the contracts right’. The NPLC’s were new to the faculty and were not be used in any other program at the time. This presented the challenges normally expected when any new teaching tool is being introduced. It would be helpful to invite structured instructor feedback.

Conclusion

As nurse educators, we have a professional responsibility to meet the needs of our learners. Nurse educators need to teach in ways that prepare learners for the current health care delivery system. This will involve a change in a way of thinking and a way of doing. Change is not without its challenges. Organizations need to support faculty who are on the cusp of introducing new or improved teaching-learning innovations that may lead to creating a climate of flexibility in education.

Nurse educators must be prepared to re-invent traditional ways of teaching. We must be willing to think outside the box, re-design existent tools and be prepared to share our findings on the benefits of what we re-design. We need to change the way we teach from year to year. It’s not the degree of change that will matter as much as the demonstrable openness to change.

By using NPLC’s as described in this paper, there were benefits for both the educators and the learners. The nurse educators had the opportunity to apply their academic and experiential expertise in determining learner needs. When faculty expertise was coupled with objective observations about learner performances, and this in turn was converted into identifying learner needs, then the learner became a benefactor. Learners were able to benefit from the feedback that the expert had to offer. Learners received the leadership and guidance from faculty that is so important to learner success. The authors believe that similar benefits of these revised learner contracts may be achieved when applied in other practice contexts.

The NPLC’s described in this article increased opportunities for learners and faculty to come together more often to engage in constructive dialogue. Dialogue between the learner and the faculty around what a learner is good at, that is the learner’s strengths, and what a learner needs to work on, that is the learners’ weaknesses, can pave the way to improved graduate competency. The authors in this project have ignited a possibility around a new way to view learner contracts. They invite other nurse educators to do the same.

References


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