Chapter 1 - Teacher Notes

There are many lessons or morals to be found in Lauren Mills’ story of the ‘Rag Coat’, but it may be helpful for you to prompt students to explore ways that the coat (a product of collaboration and good will) enables the child to make a successful transition from outsider to insider in her peer group. Perhaps you could enhance students’ understanding of metaphor and story, and to help them make connections between the characters and players in the health care system. The client was assisted and empowered by the creative, collaborative care of her community. The people around were moved to care for her to see her as having unique personal needs and desires. In this case, nursing was less about “doing for”, than it was about “being with”.

Within the chapter, I argue that some aspects of health care over-focus on problem solving, and under-focus on solution searching. I also argue for health care providers to be skilled at both problem solving and solution searching. To problem solve effectively in health care one also needs to master the language of medicine but it may be that nurses are not educated sufficiently or effectively to be able to master the language of health care. Without mastery, there is potential that nurses will be disempowered in the system in which they work. Generate discussion on what groups need to be empowered within a social structure, what resources are required and how nurses’ education can be improved.

Some triggers to promote discussion of the tale are:

- What and where are health transitions?
- What is the role of the nurse or midwife in health transitions?
- This is a relatively uncommon story. What are more common stories of health care? What are common stories of being a client in a health service?
- How is the common story more about being problem oriented, and the uncommon story about being solution focused?
- What is the effect of giving voice to positive or alternative stories of nursing encounters?
- What stories can class members relate about health care encounters and what lessons can be learned from them?

Chapter 2 - Teacher Notes

Students need to be equipped with skills to notice and resist these practices. Critical literacy is an important skill for contemporary, aware nurses. The term “critical literacy” refers to the ability to deeply understand texts that exist in our everyday life. Too often, people are passive consumers of information, and are not conscious of the ways media shape, construct and constrain what we see and what we come to believe (Gee, 1987; 1999).

Becoming critically literate is essential for nurses, because it may help us to participate more consciously and effectively in social practices that affect us. It helps to be alert to activities that might not be serving the interests of nursing or clients.

Being aware of how language is used in powerful ways means we are more likely to contest representations (in policy documents, news stories, television and film) of nursing and health care that we believe limits our development. Critical readers are those who are conscious of subtle messages, and so are less likely to be manipulated by covert, subtle, and sometimes harmful constructions.
**Group Activity**

Perhaps you could engage students in discussion about the meaning of critical literacy and invite them to select excerpts from texts listed above. Appendix A provides more terms useful in critiquing texts. Alternatively you could provide some texts, such as this image, and challenge students to read them critically. What is this image showing? (its surface level meaning)

- What is being foregrounded?
- What meaning do you make of this text? (Look deeper and suggest ways that health/illness is being portrayed, what effects it has on this person on others, how is the author conveying these messages?)
- Is this reflective of contemporary nursing?
- If yes, how? If not, how?
- How common do you think this way of presenting nursing is?
- What opportunities for change do you suggest?

**Chapter 6 - Teacher Notes**

It may be helpful to augment understanding of learning disabilities and nursing by discussing the role of empowerment. Is there a point where the interests of empowerment can become neglect, or when it can become bullying? In the case of people with learning disabilities empowering someone can put them in danger in a world that can be confusing and may expose some to those who are ready to prey on the vulnerable. Utilise a creative thinking / brainstorming exercise to resolve this issue.

If a person is, say, over-eating to the point they are suffering ill health, and education is not an option due their learning difficulty, to what extent can we and should we intervene? Develop an innovative, solution-focused method of dealing with this issue.

Learning disability is a social construct and so it may be worthwhile to examine the history behind the language by asking students to explore the meaning of learning ability and disability – is this dichotomy a useful distinction for health care workers? Is an IQ test that draws distinctions between normal and abnormal a valid and useful tool for health care workers? What risks and benefits are involved in creating distinctions between normal and abnormal intellectual function?

Draw upon the critical literacy skills learned in chapter two, to critique this awareness raising poster. Analyse the image in terms of the values it is expressing about common social responses to people with disability.

- What does the appearance of the male in the poster suggest?
- What is it that is being foregrounded in the text about reasons for helping disabled people?
- How effective do you think this message would be in shaping understanding and empathy?
- Now design a poster that conveys empathy as well as motivates action.

Finally, it may be useful to discuss and debate with students how a label of learning disability can affect access to services over the lifespan.
Chapter 7 - Teacher Notes

It is particularly important that teachers practice what they preach about young people. So, it may be helpful to reflect on some of the concluding comments found in this chapter. Perhaps you could adapt some of the suggested ways of working clinically with young people, with The issue discussed in this chapter is a serious one. Self-harm, associated depression and the risk of suicide need to be dealt with sensitively. An excellent video, duration 33 minutes, that can be interspersed with discussion of shared strategies is


Also, many of the helping strategies discussed have only been briefly touched upon. Perhaps you could encourage students to thicken up collective wisdom by sharing creative strategies for the following clinical challenges:

- how you approach your classroom interactions. Several young people are likely to be found in your student group. So, it is important to be mindful of setting strategies that encourage students to show their knowledge and make room to evoke their subjective experiences of being young in today's world. What rituals could be introduced to help a client and nurse mark small signs of change and create meaning-rich encounters?
- How can you reframe common representations of youth that are conveyed in policies and practices in health services?

What local community resources exist to provide support for young people?

Chapter 9 - Teacher Notes

Within class activities the principles of solution focused nursing can be used as a teaching-learning framework, that way students can experience first-hand and use the methods to build their own learning. There is a risk of solution focused nursing being understood as a series of techniques, to minimise this risk encourage students to strive for a balance between technique and the individuals own individual strengths and engagement with clients.

A philosophy of solution focused nursing will encourage and realise the development of new and additional techniques. By working inductively with students stories of what they do in practice it will be possible to build natural synergies and extensions to solution focussed nursing. For instance within stories of therapeutic encounters tease out aspects already in the students repertoire of practices, explore them, extend them, or translate them through a lens of solution focused nursing. Then have the students try out these extensions and reflect on the gains and the further uses to which these can be put.

Group activities with students can build different ways of achieving outcomes to the same puzzle. Using a real case experience, playfully modify the circumstances with a group in class; try out different responses and approaches using the principles of solution focused nursing. Explore with the group how these worked and tease out the collective gains in the group.
Chapter 13 - Teacher Notes


One time, a woman came to Gandhi and asked him to tell her overweight son to stop eating sugar.

"Madam,” he replied, “come back in three weeks’ time.”

Surprised at this request, she nevertheless returned with her son three weeks later.

Gandhi looked at the boy and said. "Stop eating sugar."

When the boy had left the room, the mother turned to Gandhi and asked why he hadn’t said this three weeks ago.

Gandhi replied, “Madam, three weeks ago I myself was eating sugar”

Generate discussion around the following question: Does this tale have any messages for us as nurses?

**Group Activity: Homework**

Invite the students to visit these websites and make some notes on the approaches being advocated:

- [http://www.pctscotland.co.uk/](http://www.pctscotland.co.uk/)

In class ask them to report back about which approaches seemed to fit with their personal view and provide some indication about why this is so.

**Group activity: Grief-work**

Butler & Powers (1996) concluded that solution-focused brief therapy works:

‘with grief, relationships, depression, and many other kinds of problems. But it is not the model or the techniques that really matter. It is the attitude of the therapist and the interchange between the client and the therapist that is the real key’ (p. 245)

Discuss this claim and its significance for nursing practice.
Chapter 14 - Teacher Notes

Engage students in solution-focused discussion about problems within clinical areas that most students would by now have experienced. In this way, strategies for coping with difficult situations may be shared and you will be building resilience in students so that they become more resistant to negative socialising forces within the clinical environment. You will also hopefully surface more of the positive socialising forces within nursing practice that are considered at the beginning of this chapter. Ideas might include stories of supportive colleagues, the experience of doing good for others, a feeling of camaraderie and little sparks of hope and change flickering.

After reading the chapter, ask students the following questions:

How can the individual nurse think about doing nursing differently?

- In what ways do clients continue to be oppressed, excluded or patronised, or poorly cared for in your area of practice?
- In what ways have nurses in your unit internalised the values of dominant groups?
- What solutions from feminism, cultural theory or any other discipline can you see?
- What ideas emerge from solution focused nursing that might help?
- When you are an RN and allocated the job of preceptoring a new nursing student, what will you do to help him/her embrace the best that nursing has to offer?
- What advice will you offer to help him/her cope with some of the challenges of working in health care?

What can we do better together?

- Keeping one of the previously identified problematic workplace issues in mind, how can we turn this problem into an intellectual challenge?
- Imagine that this classroom was a research team, how might we together plan a process for change?