SCULPTING WITH PEOPLE
AN EXPERIENTIAL LEARNING TECHNIQUE

How can nursing students be prepared to work with death and dying or palliative care with focus on developing aesthetic and personal knowledge?  

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Sculpting seems to be a powerful learning tool to develop individual growth, empathy and understanding of complex family dynamics in the context of palliative care. Sculpting offers students an opportunity to develop and discuss the importance of aesthetic and personal knowledge. Sculpting has the potential to be successfully applied in other contexts in nursing education.

Introduction

Not all students have the opportunity to work with palliative care in the clinical setting during their clinical education, so how can they learn about the needs of these patients and their relatives in a theoretical and simulated context?

Our nursing curriculum is based on problem-based learning (PBL). Empirics, ethics, aesthetics, personal and emancipatory ways of knowing are integrated in all PBL scenarios, which are terminated with three different cases in our simulation centre; one of these use sculpting.

The principle of sculpting involving people is to represent complex family dynamics visually. The aim is to develop the aesthetic and personal knowledge of nursing students.

The case follows a 45-year-old woman and her family until she dies from breast cancer. The lecturers wondered whether the sculpting case was too emotionally intense for the nursing students.

Methodology

An evaluation tool was designed as a short open-ended questionnaire. A total of 114 third-year nursing students were enrolled from autumn 2012 to spring 2013.

Results and perspectives

Nursing students found that the sculpting process was:

- An eye-opening to complex family dynamics (89%)
- Of great value in their future nursing profession (96%)
- Not too emotionally intense (91%)
- A great tool that fosters good reflections
- A good way to challenge underlying assumptions
- An interesting way to link theory and practice

The sculpting process

The process is started by a short introduction to the case and assignment of roles. Based on known and unknown information, participants are asked to move family and social circle as they would like them to be placed from their position as e.g. the husband, child, friend etc. in the context of the situation. One of the students is an observer. The sculpting process is carried out in silence encouraging students to engage physically.

Sculpting scenarios:

Scenario 1

Mona has breast cancer. Mona and her husband Leif have just been told that Mona’s breast cancer has spread to her bones. At home Mona’s sister Melissa looks after the two youngest children Sophie of 8 years and Peter of 12 years. When Mona and Leif get home, they gather the family and Mona’s friend Lisa to tell them what the doctors have told Mona and Leif.

Scenario 2

Mona and Leif have been told that curative treatment is not an option. Mona has a lot of pain, but she is trying to be strong for Leif, who is completely devastated. Mona would like to plan things around her funeral, and write letters to the children. She is very tired and wants to have the family involved - but her relatives do not want to be involved.

Scenario 3

Mona is in the hospital. The family and friends have been told that Mona will die soon, so they should say goodbye. Mona does off due to the medicine. The nurse Erika is present.

After the sculpting there is a debriefing where everybody expresses what it was like to be part of the sculpting. The observer supplements with observations and reflections. Unknown information is now disclosed regarding each role e.g. that Mona’s husband and Mona’s friend have a sexual relationship; the son is very angry with his mother; the 18-year-old daughter is trying to take over tasks and does not have time to be social with her friends etc. The students’ reflections are discussed in a theoretical framework.

References:


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