Colorado Center for Nursing Excellence

Clinical Scholar Didactic Course
March 2011
Tentative Schedule
Day 2, Tuesday, March 15, 2011

Time	Objective	Presenter
8:00 – 8:30	Thoughts / reflections	Karren Kowalski
8:30 – 9:20	Identify characteristics of today's learners in nursing	Kari Waterman
9:20 – 10:10	Characteristics cont'd	Marianne Horner
10:10 – 11:00	Characteristics cont'd	Phyllis Graham – Dickerson
TBD	Break	
11:20 – 12:30	Identify characteristics of today's learners in nursing, continued	Deb Center
12:30 – 1:15	Lunch	
1:15 – 1:30	Logbook time and sharing Pages 20 – 23	Karren Kowalski
1:30 – 2:30	Reflective Practice	Gail Armstrong
2:30 – 2:40	Break	
2:40 – 3:30	Define visual, auditory & blended learning styles	Peg Miller
3:30 – 4:30	Discuss the application of emerging clinical judgment in clinical teaching	Lee Ann Kane
4:30 – 5:00	Logbook time and sharing Pages 24 – 27	Karren Kowalski

Teaching Adults: Motivators & Barriers

JoAnn DelMonte, RN, MSN
Coordinator, Graduate Nurse Residency Program
University of Colorado Hospital

Who is the "Adult Learner"

- **Adult** – fully developed & mature Merriam-Webster
  - **Traditionalist (59+)** - loyal, respect authority, limited tech background
  - **Baby Boomers (40 - 58)** – driven by desire for personal growth, less formal
  - **Gen X (24-39)** – value diversity, fun & free time, seek balance, techno-literate
  - **Gen Y (<24)** – optimists, seek structure

Adult Learners…

- Tend to be self-directed
- Have life experiences that can be rich resources for learning
- Goal oriented w/ specific learning needs
- Relevancy oriented, competency-based learners

» Malcolm S. Knowles (1973)

" Laws of Adult Learning"

#1- Adults are babies in big bodies

#2 - People do not argue with their own ideas

#3 - Learning is directly proportional to the amount of fun one is having

#4 - Learning has not taken place until behavior has changed

» Robert W. Pike (1989)

Child	Adult
• Rely on others to decide what's important	• Decide for themselves what is important to learn
• Accept info at face value	• Will validate info based on beliefs and values
• Expect that info will be useful	• Expect what they are learning to be immediately useful
• Few life experiences to draw upon	• Have substantial experiences upon which to draw
• Rarely knowledgeable resources to teacher or other students	• Significant ability to serve as knowledgeable resources to teacher or other students

Food for Thought

"Most teaching occurs in the classroom, most learning does not."

Young & Diekelmann (2002).

What Motivates Learning?

- Life-changing events
- Desire for social relationships
- External expectations
- Personal advancement
- Escape/stimulation
- Cognitive interest

Barriers to Learning

- Scheduling, childcare, transportation issues, fatigue
- Lack of…
  - Time
  - Money
  - Confidence
  - Interest
- Your teaching style
  - Little personal contact
  - Critical
  - Lack of or delayed feedback
  - Ethnocentrism/stereotyping
  - Favoritism

Can you name others?

Applying 5 Basic Principles of Adult Learning

Leadership
Experience
Appeal
Respect
Novel Style

Edmunds, Lowe, Murray and Seymour, 1999

Leadership

*generally speaking…*Adults enter the learning environment with a need to take a leadership role in their learning

however…some students may fall back on old conditioned ways of "teach me"

Strategies…

- Have students write down most important goal & expectations for the clinical experience on a card. Write yours on a flip chart…add theirs and discuss
- Assure that there is a match between instructor and student objectives
- Avoid spoon feeding
- Other…?

Experience

- A rich adult-focused instructional approach takes into account the experiences and knowledge that the learner brings to the environment
- Lifetime experiences of each learner are different
- Lifetime experiences also include misconceptions, biases, prejudices
  - » Edmunds, Lowe, Murray and Seymour, 1999

Strategies…

- Recognize individualism but be clear that expectations are the same for all
- Actively involve students in discussions, ask for examples
- Redirect misconceptions/biases to the group for discussion
- Other?

Creating Experiences Encourages Retention

- 10% of what you read
- 20% of what you hear
- 30% of what you see
- 50% of what you see and hear
- 70% of what you say
- 90% of what you say as you do
  - » Pike, 1989

How can you apply this to Clinical Instruction?

Appeal

- Content is most appealing when the adult learner is motivated to learn. They are most motivated when they feel they have a *need* to know
  - "what's in it for me?"
  - "how can I use the information?"

Strategies…

- Create the "appeal" the "need to know"
- Discuss consequences of not learning the materials…use real examples…med errors, falls, infection, loss of license, etc
- Help them see how the information will make them a better nurse
- Have one on one personal contact with each student
- Other…?

Respect

- People are more open to learning if they feel respected, acknowledge adult learners experiences and create a climate of mutual respect

Strategies…

- Adopt a caring attitude and a safe learning environment
- Encourage collaboration rather than competition
- Respect the students need for prompt feedback
- Be open to different perspectives (watch your own biases/ stereotyping)
- Other…?

Novel Style

- Be prepared to adapt your teaching style to fit the learners style. This may mean several different styles for one clinical group
- Be flexible and creative to keep adults motivated

Difficult Student Behaviors

- **The invisible student**
- **The vague/annoyed student**
- **The sharp shooting renegade**
- **The rambler**

The Invisible Student

- **Possible causes**
  - Shy, under confident
  - Ill prepared
- **Potential approaches**
  - **Seek this student out**
  - Ask direct questions
    - Don't always quiz on the fly…distractions allow student to avoid answering
  - Acknowledge lack of confidence
    - "you seem nervous, how can I help?"
  - Strong reinforcement for contributions
  - Use written reports of progress

The Vague/Annoyed Student

- **Possible causes**
  - Ill prepared
  - Maybe they really do already know it…? Remember those life experiences…
- **Potential approaches**
  - Pointed questions
  - Talk to student privately
  - Don't avoid this student, that may be their plan

The Sharp Shooting Renegade

- **Possible causes**
  - Ill prepared
  - Need for attention/grandstanding
  - Maybe they really do already know it…? Remember those life experiences…
- **Potential approaches**
  - Remove their audience
  - Ignore the behavior
  - Redirect comments to the group
  - Admit that you don't have all of the answers

The Rambler

- **Possible causes**
  - Ill prepared
  - Nervous
- **Potential approaches**
  - Redirect (may need to do so frequently)
  - Ask them to summarize
  - "…let's hear from some others in the group"
  - Assign a timer in post conference
  - Make eye contact

Use Your Resources

- http://honolulu.hawaii.edu/intranet/committees.FacDevCom/guidebk/teachtip.htm
- http://www.creativelearningcentre.com/learningstyles.asp?page=learningstyles
- **EACH OTHER**
- **School of Nursing Faculty**

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Joanne Delmonte	**Topic:** Adult Learners	**Date:** March 15, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
4. Appropriate reference materials were provided	○	○	○	○	○	○
5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments:

Bridging the Gaps
Differences in Learners

Nancy O'Malley, MA RN CPAN CAPA
Marianne Horner, CNM, MS

OBJECTIVES

By the end of this presentation, the learner will be able to:

1. Compare generational, gender, and cultural characteristics in the nursing workforce
2. Identify methods to bridge perceived "gaps" in the nursing workforce

"…while diversity can add texture and strength to the workplace, it can also cause conflict, dissension, and high turnover"

Donna Cardillo
Nursing Spectrum, 2004

Generation Gap

Nursing Workforce

		2004	2008
■ Veterans:	1922-1943	24%	45%
■ Baby Boomers:	1943-1960	47%	
■ Generation X:	1961-1980	21%	55%
■ Gen Y:	1980-2000	9%	

3 million + RNs **84% still in practice**

2008 survey @ http://bhpr.hrsa.gov/healthworkforce/rnsurvey/

Let's have a look at the nursing shortage

- Average age of RN in 2008 is 47 years
- Average age of nursing faculty with doctorates was 55.7 years in 2004

What do we know about the age of nursing students?

- Differs between program types
  - "Traditional", baccalaureate programs tend to have students near conventional college age
  - Accelerated programs serving students seeking a second career tend to have older students
  - Associate degree programs have some conventional college age students, but much of the population have had "life happen" and are in school later in life

Baby Boomers: Age 50 +

- Born after WW II, during Korean War
- Era of optimism, opportunity and progress
- National/personal wealth
- Communication, travel, TV
- Vietnam War/Cold War
- "Yuppies"
- Hippies/flower children/free love

Boomer Challenges

- Overwork/overachieve
- Uncomfortable with conflict
- Process/relationship more important than result
- Overly sensitive to feedback
- Judgmental of "different" others
- May be technically challenged

Bridging with Boomers

- Be tactful/find agreement
- Promote team approach
- Ask questions
- Set work limits
- Auditory-Visual Learners
  - Videos
  - Self-Learning Modules
  - Classes with handouts

Gen Xers:

Are the **Simpsons,**

not the **Cleavers**

Generation X: Age 30 - 50

- Also called Baby Busters
- Born around the Vietnam War
- Fall of Berlin wall/Desert Storm
- TV/movie/music influences
- "Latch-key kids"
- Computers-games

Gen X Challenges

- Impatient-like speed/short-term projects
- Work equals self-gratification rather than survival
- Job is a means to an end--if demands not met, change jobs
- Lack of respect for authority, leadership

Bridging With Gen Xers

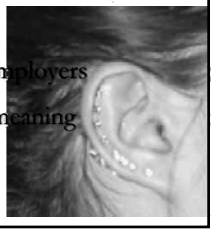
- Give control over work, choices, hours
- Provide fun/independence/creativity
- Give them the "goal"/let them plan how
- Give straightforward feedback
- Learning Style: Visual and kinesthetic
  - Interactive computer modules
  - Interactive classes

Gen Y: Age 30 and younger

- Also know as Nexters and Millennials
- "Smaller world"-travel, internet
- Affluent society
- High-tech influences
- Unprecedented social changes
- Multi-taskers
- What will be the impact of 9/11?

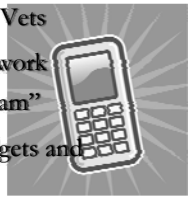
Gen Y Core Values

- Optimism-want rewarding life outside of work
- Self-confidence--globally marketable
- Achievement-want to work with inspiring, talented people
- Loyalty to relationships, not employers
- Altruistic-search for spiritual meaning
- Diversity, equality



Gen Y Challenges

- Need supervision and structure
- Some may lack skills in interpersonal interactions
- Lack of patience with Boomers, Vets
- Put personal priorities ahead of work obligations which may affect "team"
- May be distracted by techno gadgets and communication tools



Bridging with Gen Yers

- Stress core values/helping others
- Give freedom and flexibility
- Give immediate feedback-positive, constructive
- DON'T
  - Compare with Xers
  - Preach values
- Learning Style: Kinesthetic
  - Interactive computers/classes
  - Discussions/small groups
  - Hands on

Gender Gap

GENDER GAP?

5.7% ♂ 94.3% ♀

Statistics from 2004

Learning Style Differences

Male	Female
Black/white world	Grey world
Concrete thinkers	Relativistic thinkers
Right to own opinions	Agreement of opinions
Externalize criticism	Internalize criticism

Classroom Conditioning: "subtle and largely unconscious"

Teachers

- Call on male students more frequently
- Wait longer for male students to respond
- Give males more eye contact following questions
- Remember and use males names more frequently

N. Loevinger (**1994**). Teaching a Diverse Student Body

Classroom Conditioning: "subtle and largely unconscious"

- Interrupt females before the end of their responses
- Ask males questions that call for "critical thinking"/ ask females to recount facts
- Praise males who are assertive and vocal—describe females as "rude," aggressive," or "showing off"

An emerging concern regarding the gender gap….

- Technology is more and more integral to education and work
- Girls usually have fewer technology skills
- Boys and girls view computers differently
  - Boys tend to see computers as toys or recreational
  - Girls tend to view computers as tools
  - So, who is likely to use more frequently?

- Computer games appeal to a largely male market
- Games for girls are designed around shopping, putting on make up, boys, and dating.
- Very few games for girls that encourage intelligent thinking, challenge skill development, advocate positive role models and/or broaden mastery of skills

Bridging the Gender Gap

- Be sensitive to prevailing behaviors in yourself and in students
- Call on students in rotation if men tend to be the most active
- Be cautious regarding slotting/encouraging students based on gender
- **Reflective practices may be a powerful modality in teaching "caring" behaviors to men***

Harding,T., North, N., & Perkins, R. (2008). Sexualizing men's touch: Male nurses and the use of intimate touch in clinical practice. *Research and Theory for Nursing Practice, 22*(2), pp/88-102

Cultural Gap

Definition of "Culture"

"Leininger defines culture as the learned, shared, and transmitted values, beliefs, norms, and life way practices of a particular group that guide thinking, decisions, and actions in patterned ways."

Williams, R. P. & Calvillo, E. R. (2002). Maximizing learning among students from culturally diverse backgrounds. *Nurse Educator,* 27(5), pp. 222-226.

Nursing Demographics

- White/non-Hispanic—83.2% (down from 87.5%)
- Asian, Native Hawaiian, Pacific Islanders—5.8%
- African American—5.4%
- Hispanic/Latinos—3.6%

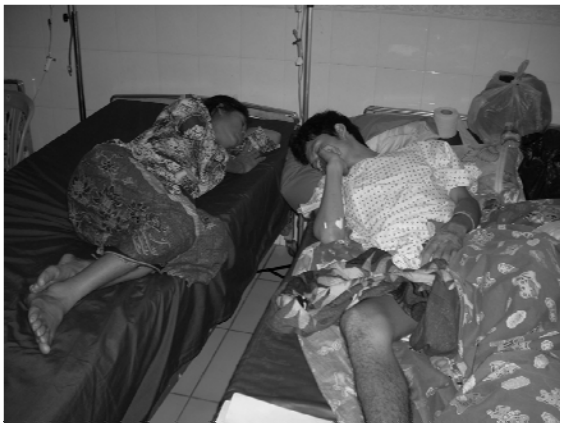
Culture Is Dynamic!

- 1960's-America viewed as "melting pot"
- 1970's-concept not supported
- Changes are continuous through processes of acculturation or assimilation
- **Consider student's degree of acculturation**
  - Newly arrived or born in USA?
  - Strong family/social ties?
  - Personal desire to maintain culture traits?
  - Want to be "American"?

Four Cultures Involved

- Nurse's culture (your culture)
- Student's culture
- Healthcare's culture
- Patient's culture
- Ignoring any of these entities creates barriers to achieving positive, productive, and caring relationships

Dennis, B. P. (2003). Incorporating cultural diversity in nursing care: an action plan. *The ABNF Journal,* Jan-Feb.



First, Know Yourself!

- The qualities and characteristics of a personal culture are key determinants of personal and professional thinking and behavior

- Dennis, B. P. (2003). Incorporating cultural diversity in nursing care: an action plan. *The ABNF Journal,* Jan-Feb.

Then, Know Your Student

- Many from various cultures face challenges such as
  - Poor academic preparation
  - Lack of social support
  - Lack of financial resources
  - Poor English skills
  - Family responsibilities
  - Lack of self-confidence

Know Their Resources

- Hispanic Students
- Income level = >90% income less than $25,000 annually
- Employment during school = 59.2%

Understand Students' Motivation

- Want to learn about the world in which they live
- Want to improve themselves. They view college as an opportunity to:
  - Become more self reliant
  - Increase capabilities
  - Reduce gap between perceived and ideal self
- Desire for a career vs. a job

Mary Eliza Mahoney, R.N.
First Black Nurse
1845-1926

Language Gaps

- Three in-depth study of 3 ESL BSN students
  - Students' life histories
  - Student reconstruct details of experiences
  - Students reflect on meanings of experiences
- Themes
  - Walking the straight and narrow
  - An outsider looking in
  - Doing whatever it takes to succeed
- Course failures due to discrimination and stereotyping more than language difficulties

Sinner & Wilson-Nurse Education Today

Types of Communication

- Basic interpersonal communication skills
- Cognitive academic language skills

- Language skill categories required in nursing
  - Listening (understanding the idioms, nuances)
  - Speaking (words and wording)
  - Reading (physician's orders, instructions, drug info)
  - Writing (documentation, phone info, medical info)

Provide Positive Learning Environment

- Arrange for tutoring
- Align with another nurse of the same culture
- Encourage participation in pre/post conferences with small groups
- Give assignments early
- Have them tape reports and education meetings to review later and be able to ask questions
- Have them practice verbal reports with the instructor
- Provide a medical terminology tape

Model of Transcultural Assessment

- Consider the student's culture in terms of
  - Communication
  - Space
  - Time
  - Environmental control
  - Social organization
  - Biologic variations
- **Consider sameness before considering differences**

Davidhizar, R., Dowd, S., & Giger, J. (1998). Educating the culturally diverse healthcare student. *Nurse Educator, 23*(2), pp. 38-42.

Bridging the Cultural Gap

- Recognize that most of us judge and interpret the behavior and beliefs of others in terms of our own cultural traditions and experiences
- Suspend our own ethnocentric views in order to begin to truly understand another culture or ethnic group
- Provide resources for expanding skills
  - ESL resources
  - Cultural awareness for all students, preceptors, others

Bridging the Cultural Gap

- Carefully assess each student for personal uniqueness
- Have students study and discuss inter-cultural similarities and differences
- Connect student to a mentor who has already "bridged the gap"
- **Adapt teaching style to the student!**

Practicing cross cultural communication accessed from http://www.nynj-phtc.org/pccc.cfm on January 5, 2007.

- Please refer to "Content" area in your e-Colorado team room to access:
  ACE (Alliance for Clinical Education) Power Point on Cultural Competence

"Color-blindness is not the goal of a multicultural education, but awareness and appreciation of unique individuals is."

Teaching a Diverse Student Body -University of Virginia Teaching Resource Center

Other Gaps

- Language-English as a second language (ESL)
- Social class
- Educational background
- Sexual orientation/Gender identification
- Religion/spirituality background
- Disabilities/limitations

The gaps are not caused by the differences but by our *biases* regarding those differences

HOW BIG A BRIDGE?

HOW BIG A BRIDGE?

Building the Bridges

- **Focus on commonalities**
- Acknowledge and appreciate differences
- **Actively learn from each other and share what you learn**
- Give frequent feedback-"feed forward"
- **Establish clear behavior expectations for all students**
- Develop all students clinical reasoning skills

Bridging Techniques

- **Acknowledge differences but don't judge them**
- Ensure equal opportunity and attention
- **Balance groups for activities**
- Balance report with rapport, competition with collaboration
- **Make sure content for testing and extra credit is not biased**

Relationships with faculty are one of the most effective predictors of student outcomes

Remember!

One generation
or gender
or culture
is not better than
another—just

different

Respect

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Marianne Horner	**Topic:** Bridging the Gaps	**Date:** March 15, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
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Comments:

USING INCLUSIVE PEDAGOGY TO MEET THE DIVERSE LEARNING NEEDS OF TODAY'S NURSING STUDENTS

Presented at Clinical Scholar Program
By
Phyllis Graham-Dickerson, PhD, RN, CNS
Professor
Regis University
Rueckert-Hartman College for Health Professions
Loretto Heights School of Nursing

WHY DOES DIVERSITY MATTER?

- Our world is "smaller"
- Becoming multicultural

THE LEARNING COMMUNITY

- Content- what we teach
- Culturally responsive/inclusive pedagogy- how we teach who we teach
- Mission- why we teach

INCLUSIVE PEDAGOGY

COMMON CHARACTERISTICS OF INCLUSIVE PEDAGOGY

- Faculty-student relationship
- Dialogical interaction
- Student voice and identity
- Value of content

FACULTY-STUDENT RELATIONSHIP

- Creating an open and welcoming environment that is conducive to learning
- Student perceptions of faculty attitudes toward them have negative consequences for their participation in the learning environment
- Sharing power

FACULTY-STUDENT RELATIONSHIP

1. Examining personal thinking habits
2. Observing student response to instruction
3. Assume responsibility for pedagogical knowledge

DIALOGICAL INTERACTION

- Values student voice as much as teacher expertise

GROUND RULES FOR INTERACTION

- Use "I" statements when speaking
- No one is wrong. Everyone and their opinions are equal
- Confidentiality is to be respected at all times
- Listen carefully and with respect
- Don't formulate your response while someone is speaking
- Listen to your inner voice.
- Become aware of when you are moved to speak
- Speak personally and specifically rather than generally and abstractly.
- No one can/should speak for an entire group of people

STUDENT VOICE/IDENTITY

- Crucial goal of inclusive pedagogy is to allow for diverse voices to be part of the dialogue
- It insures that no student remains invisible
- Teachers have to be sensitive to the diversity that exists and multiple expressions

STUDENT VOICE/IDENTITY

- Who may feel unable to speak without explicit or implicit retribution?
- Who may want to speak but feel so demoralized or intimidated by the circumstances that they are silenced?
- What rules of communication may be operating in classrooms that rule certain areas of concern or modes of speech out of bounds ?

VALUE OF CONTENT

- Enhancing meaning
- Engendering competence
- Personal narratives

INSTRUCTIONAL DESIGN ISSUES

How do we make it…

- Student centered
- Collaborative
- Focused on different learning styles
- Fluid and reflective practice
- Address perceptual barriers
- Re-examine belief and value systems
- Transparent and self-actualized instructor
- Clear in course objectives

"To teach in a manner that respects and cares for the souls of our students is essential if we are to provide the necessary conditions where learning most deeply and intimately begin."

-bell hooks

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Phyllis Graham- Dickerson	Topic: Pedagogy	Date: March 15, 2011

Regarding the Presenter:	Scale					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	No Opinion / N/A
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Comments:

Making the Application of all the Information on "Student Characteristics" to the Clinical Experience – Simple!

Deb Center – Facilitator
March 2011

How hard can it be?

Characteristics of the Students → Review:

- Adult Learners
- Auditory Learners
- Visual Learners
- Kinesthetic Learners
- Males and Females
- Various Generations
- Multiple Languages and ESL Students
- Cultural /Ethnic Diversity
- Racial Diversity
- Political Diversity
- Religious Diversity
- Sexual Orientation Diversity
- Social Class Diversity
- Learning Disabilities
- Emotional or Psychiatric Disabilities
- Stereotypes and biases
- Facts verses Fiction
- Who is the Minority?
- Who is the Majority?

Role of the Instructor/Scholar →

- Patient Safety
- Patient Rights
- Student Rights
- Student Safety
- Faculty/Instructor/Scholar Rights
- Faculty/Instructor/Scholar Safety
- Confidentiality
- Fairness and Equity
- Incivility/bullying and violence
- School Requirements
- Board of Nursing Requirements
- Clinical Site Requirements
- FERPA Rules
- HIPAA Rules
- Justice
- Ethics
- Objectivity
- Evaluation requirements
- ***Prepare the students for the realities of practice and the "real-world"***

"KISS Method"

- K – Key (is)
- I – Individualizing (for)
- S –Student
- S –Success

K (Key/Knowledge)

- Key -- helps "unlock" the differences
- Key to understanding
- Knowledge is the first step!
- If don't know, ask!

I (Individualize/Information)

- Always individualize – student/patient
- Seek additional information
- *What is true of one person, may not be true of another!*
- If don't know… ask!

S (Student/School)

- Student is the priority
- Schools is your resource
  - Contact them
  - Policies for addressing
  - Support services & resources
- If don't know… ask!

S (Success /Safety etc)

- Define Success with student
- Show Understanding
- ALWAYS ensure safety
- If you don't know…
- ASK!

It's time to Practice… *Case Studies*

- Group Discussions
- *All of these are REAL STUDENT situations – names & faces have been changed to protect the innocent!*
  - *What would YOU do if faced with these students?*

Case Study Approach:

- Identify with each case the "concerns" you may have or need to address related to the student
- Do you have any conscious or unconscious biases?
- Do you have enough information to understand the difference or concern?
  - If not, what do you need to ask?
  - How do you ask it?
  - Are there other resources you need to address this?
- How will you support this student to ensure there is an appropriate learning environment?
- How will you help support this student's preparation for entry into nursing practice and the "real world?"

Student 1 - Adela

- Adela is a 24 year/old "Hispanic Student." During clinical she appears "apathetic and indifferent" to you and her classmates. She ***does not*** look at ***you*** and appears to be day-dreaming during clinical conference. When you give her eye contact during conference to "*signal for her to become more of an active participant*," she turns away.
- You have read that in the "Hispanic Culture" silence before one's superiors, indirection in expressing one's thoughts, and avoiding eye contact all signal respect for authority. However, you need to ensure this student is able to perform in the clinical situation.

Student 2 - Kelena

- Kelena is a student relocated from the Philippines. She is an excellent nurse & provides high quality patient care. Her patients adore her!
- However, when reviewing her documentation, you are unable to understand what she has written. (Her spelling is correct but her choice of words are inappropriate.)
- She can speak English and seems to understand your directions and is able to communicate effectively with the team and her patients, she just has difficulty with writing English and documenting in appropriate medical terminology.

Student 3 - Fulki

- Fulki is a female student of Indian heritage. Your clinical group is made up of 8 students. (*Three male and five female.)*
- During post-conference you notice that she **never** answers a question until after the male students have had a chance to respond.

Student 4 - David

- David is a Jehovah's Witness. He is assigned to care for a patient with anemia and has physician orders to receive a blood transfusion.
- The student comes to you and tells you he refuses to participate in this patient's care due to his faith.
- http://www.watchtower.org/library

Student 5 – Aliza – *Excused or Not Excused, that is the question!*

- Aliza is a "Conservative Jewish" student scheduled for clinical on Yom Kippur. She comes to you and tells you she must be excused from clinical for religious reasons.
- www.interfaithcalendar.org

Student 6 – Frank Group Discussion

- Frank is a student with previous experience as an EMT prior to nursing school. He has a significant amount of field experience and is excellent with assessments.
- He is impatient with his classmates and says his abilities are far beyond theirs and he just wants to get "*on-with-it*." He has a charismatic and confident personality. However during skills he is rushed and does not focus on details.
- During clinical & conferences he monopolizes the discussions and your time. He likes to be the first to answer and then when he is done, he is ready to move on to the next topic.

Quick Laundry List

- **Don't Assume**
- **Appreciate differences**
- **Ask questions to clarify the unspoken**
- **Set ground-rules and create a safe environment**
- **Avoid alienation, isolation and tokenism**
- **Avoid competitive learning environments**
- **Create a cooperative learning environment**
- **Acknowledge values (nursing or the clinical organization)**
- **Present alternative perspectives and debate, constructively**
- **Examine your own conscious and unconscious biases**
- **Give all students equal amounts of attention (positive and constructive)**
- **Vary teaching methods to include all types of learners**
- **Model what you want the students to do**
- ***Hold students accountable to the role of the nurse during school to better prepare them for the realities of practice!***

Will you accept the challenge?

"The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy" ***MARTIN LUTHER KING, JR.***

In doing so…

You "Bridge the Gaps and create a path to Success!"

Thanks for your attention - Good-luck!

Deb Center RN, MSN, CNS
Colorado Center for Nursing Excellence

- deb@ColoradoNursingCenter.org

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Deb Center	**Topic:** Information Characteristics	**Date:** March 15, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
4. Appropriate reference materials were provided	○	○	○	○	○	○
5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments:

Reflective Practice

Gail Armstrong, DNP, ACNS-BC, CNE

- What does the term "Reflective Practice" mean to each of you as clinicians? How about as educators?

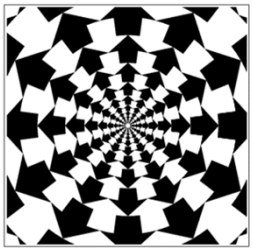
Let's Reflect on Reflection….

- What do others say it is?
  - Christopher Johns
- What is its value?
- Why teach it?
- How shall we encourage/teach it?
- Some tools…

We all know what reflection is…

- Learning without thought is labor lost; thought without learning is perilous
  - Confucius

What is my experience of teaching RP?



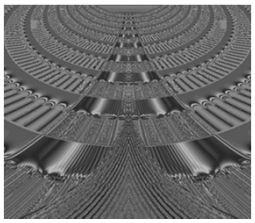
- Where do I teach it?
- How do I teach it?
- Examples of students' work

Christopher Johns

- Professor/Reader in Advanced Nursing Practice at the University of Luton, England.
- Extensively published on Reflective Practice
- His definitions focus on the idea of contradictions and ideal practice

Johns' Ideas…

- RP process of exposing contradictions in practice. In exposing contradictions, the nurse must first come to understand his/her definition of ideal practice. Then the nurse examines the multiplicity of factors within the clinical interaction that either hindered or enhanced the nurse's ability to achieve ideal practice



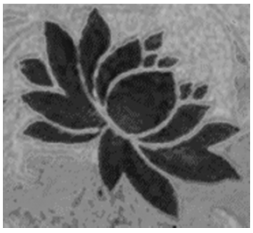
Let's be reflective about reflection….

- How much RP is naturally occurring in our students?
- What is the value of teaching RP?
- How does RP challenge neophyte nursing students?

Benner's ideas….

- Expert nurses grasp the whole of a situation. The expert nurse is able to understand the multiplicity of factors at play within a situation. One must *develop* access to one's tacit knowledge. The process of reflection gives access to tacit knowledge gained in practice.

- Knowing others is wisdom, knowing yourself in enlightenment.
  Lao Tzu



Back to Johns…

- In a general sense, reflective practice is a way of seeing and responding to the world 'through a reflective lens' that facilitates sensitivity to the self and others in the context of practice
- Reflective work demands confrontation with self and the conditions of practice that limit the achievement of desirable work

What questions do you want to ask to teach RP?

- Can you tell me about your top three priorities for your nursing practice? What are the barriers you are encountering to these priorities?
- How do you describe *your* style of caring at the bedside?
- Can you tell me about an experience that really affirmed your decision to enter nursing?
- What was a notable experience from your day at the bedside today? Why do you think it was important for you?
- Have you noticed similarities among those individuals that you consider positive role models? Negative role models?

Let's talk application

- How might you use the idea of RP in your role as a clinical scholar?
- What are your doubts about teaching RP?
- What will be your students' doubt about RP?

And how does teaching RP really help students?

- Let's look at a few more examples….

Painting is *Understanding Life* by Javier Lopez Barbosa, an artist in Santa Fe, NM
www.javierlopezbarbosa.com

So what is the value of RP?

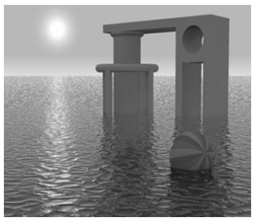
- Increases awareness
- Strengthens critical thinking
- Keeps clinician close to his/her ideals of practice
- Facilitates improvement of practice
- Teaches clinicians to listen to his/her own voice

Structured (or formal) RP vs Unstructures (or informal) RP

Formal RP	Informal RP
■ Distinct process	■ Random process
■ Requires guidance	■ No guidance
■ ↑consistency = less circling	■ More repetition in ideas
■ Able to achieve greater depth = more satisfying	■ More prone to stay surface = "useless" feel to it
■ Progressive process	

- Only in quiet waters do things mirror themselves undistorted. Only in a quiet mind is adequate perception of the world.

  Hans Margolius



How does RP increase awareness?

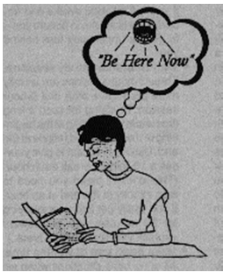
- The essence of learning through reflection is for the practitioner to surface contradiction between what she intends to achieve within any situation and the way she actually practices. Contradiction creates a sense of internal conflict, an uneasy sense deep within the practitioner. Contradictions exist because for whatever reason, practitioners are unable to act congruently wit their beliefs. In this sense barriers are at once both empowering and resisting. (Johns, 1999)

Why keep your students close to their ideals

- What is the connection between keeping clinicians close to their ideals and career job satisfaction?
- What is the connection of ideals to burn out?
- Don't some individuals do this naturally?

Can you hear *your* voice in there?

- What do we mean by one's inner voice?
- Encourages increased self-awareness on part of student
  - The subjective voice
  - The procedural voice
  - The constructed voice



- The voyage of discovery is not in seeking new landscapes but in having new eyes.
  Marcel Proust

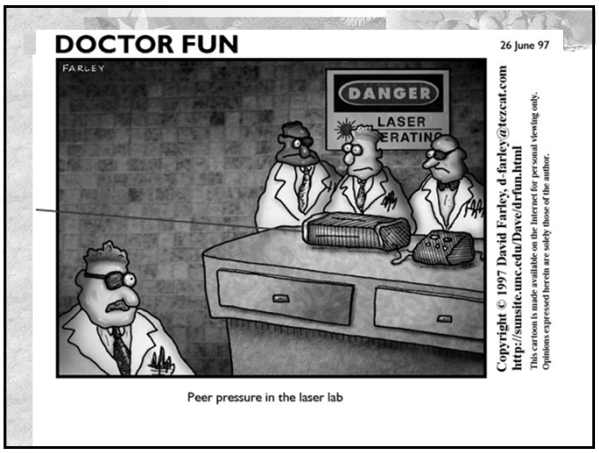
- The essence of intelligence is extracting meaning from everyday experiences.
  Unknown

So what tools can we use to teach/encourage RP?

- Must assess best approach for *your* students
- Each approach has strengths/limitations
  - Individual dialogue
  - Seminar setting
  - Written exercises
    - Individual
    - To share in group

Some Key Elements to remember…

- Safety, safety, safety (I mean interpersonal safety here…..☺)
- Remember you are trying to encourage thinking, not limiting it
- Be reflective about your own teaching style
  - Will students believe that there is one right answer to a question trying to encourage RP?



Peer pressure in the laser lab

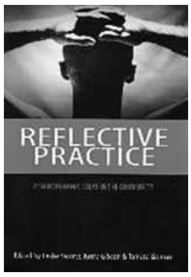
Let's review some questions….

- Can you tell me about your top three priorities for your nursing practice? What are the barriers you are encountering to these priorities?
- How do you describe *your* style of caring at the bedside?
- Can you tell me about an experience that really affirmed your decision to enter nursing?
- What was a notable experience from your day at the bedside today? Why do you think it was important for you?
- Have you noticed similarities among those individuals that you consider positive role models? Negative role models?

Issue of Substance

- Be sure the process you set up for RP invites substantive responses
- Identify superficial "value speak" and transform it by digging deeper
- Listen to your "substance meter"
- Discredit the value of RP by using it in a superficial fashion

- How can you role model RP?
- Do you believe it is important to role model RP?



- Preconceived notions are the locks on the door to wisdom
  Merry Browne
- Truly, one of the greatest gifts you can give your students is to teach them how to have an open mind and heart about their practice.

- Let's look at some more examples…
- Questions, concerns, comments??????

Gillespie, M. (2005) ***Student-teacher connection: a place of possibility*** Journal of Advanced Nursing 52(2), 211-219

- Question: *Does feeling connected with students make a difference to their learning or is it just something that makes me feel good as a teacher?*
- Elements of connection:
  - Knowing, trust, respect, mutuality

Gillespie's article continued…

- What is already known about this topic:
  - Connection has been reported as part of humanistic student-teacher relationships and more specifically within caring student-teacher interactions
  - The connected student-teacher relationship has personal and professional dimensions, is egalitarian, co-participative, affirming and has a high degree of mutuality
  - Student-teacher connection has positive outcomes for the nature and scope of students' learning experiences and professional socialization in clinical nursing education

Gillespie's article continued…

- What Gillespie's article adds:
  - Student-teacher connection has an inherent value for students' learning and professional socialization that is distinct from the tangible outcomes
  - The qualities that comprise the essence of connection create a student-teacher relationship that is affirming and transformative and a place of possibility for students
  - A connected student-teacher relationship supports students "at risk of failing" my minimizing teaching-as-evaluation, and when failing is inevitable, preserving students' dignity, self-worth and future possibilities

Many thanks.

Gail.Armstrong@uchsc.edu

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Gail Armstrong	**Topic:** Reflective Practice	**Date:** March 15, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
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5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments:

We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.

Porter Adventist Hospital

Centura Health

Centura Health

Margaret (Peg) Miller RN, BSN, MA

margaretmiller@centura.org

2

Centura Health

STEPS TO COMPETENCY NOVICE TO EXPERT

- Unconscious Competence
- Conscious Competence
- Conscious Incompetence
- Unconscious Incompetence

Empathetic Communications
William Howell

3

Centura Health

STEPS TO COMPETENCY EXPERT AS AN INSTRUCTOR

CONSCIOUS

Unconscious Competence

4

Centura Health

LEARNING STYLES

5

Centura Health

AUDITORY LEARNER-hear

- Doesn't watch
- Doesn't take notes
- Listens/remembers
- Is talkative

- Clear as a bell
- Hear me out
- Give me your ear
- Describe in detail
- Idle talk
- Out-spoken
- State your purpose

6

Centura Health

AUDITORY LEARNER-hear

Likes:

- Discussion groups
- Lectures/classes
- Debates
- Listening to games

7

Centura Health

VISUAL LEARNER-see

- Writes everything
- Likes sequential information
- Is usually quiet

- I see
- Looks like...
- In light of...
- See to it
- In view of...
- Take a peek
- Paint a picture

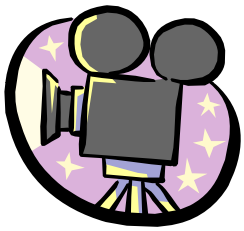
8

Centura Health

VISUAL LEARNER-see

Likes:

- Videos/movies
- Books
- Instruction lists
- Pictures/posters
- Visual aids
- Watching games



9

Centura Health

KINETIC - feel/touch/do

- Watches and touches
- Fidgety, restless
- Wants action
- Impulsive
- Learn by doing

- All washed up
- Feels like...
- Know how
- Hang in there
- Hand-in-hand
- Hold on
- Cool, calm, collected

10

Centura Health

KINETIC - feel/touch/do

Likes

- Role playing
- Hands on demos
- Interactive computer education
- Participating in games

11

Centura Health

Three Tray Exercise

Auditory

Visual

Kinetic

12

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Peg Miller	**Topic:** Types of Learners	**Date:** March 15, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
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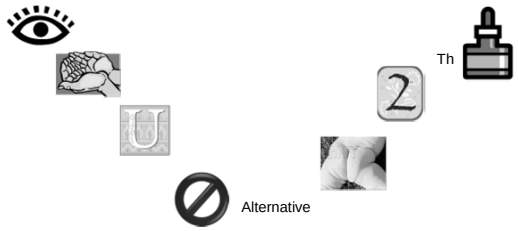
Comments:

CLINICAL JUDGMENT

Lee Ann Kane RN MSN
Denver Health & Hospital

CLINICAL JUDGMENT



CLINICAL JUDGMENT

- Identification of the factors
- Analysis of the data
- Interpretation of the data
- Making a decision to related to the data
- Acting and the evaluating the actions

What is this?

CLINICAL JUDGMENT

Critical Thinking vs. Clinical Judgment

- Identifying and challenging assumptions
- Integrate the information into the context in which it was presented
- Explore and imagine the alternatives
- Consider the alternatives reached through reflective skepticism

CLINICAL JUDGMENT

Critical Thinking vs. Clinical Judgment

- Critical thinking is reasonable, reflective thinking that is focused on analysis
- Critical thinking is an essential skill in the administration of safe, competent care.
- Critical thinking is inherent to the nursing process.

CLINICAL JUDGMENT

Critical Thinking vs. *Clinical Judgment*

Thinking critically (process) and then deciding what to do (action) is clinical judgment.

CLINICAL JUDGMENT

Types of Thought Processes "How do we think?"

- Interpretation--the ability to understand and explain the meaning of information or an event
- Analysis--investigating a course of action based on objective and subjective data
- Evaluation--the assessment of information obtained
- Inference--can make correct conclusions based on available information

CLINICAL JUDGMENT

Types of Thought Processes (CON'T)

- Explanation--ability to explain the conclusions that are drawn
- Self-regulation--monitoring one's own thinking
- Illogical process--logic not used (appeal to tradition "we have always done it this way")
- Bias
- Closed mindedness

CLINICAL JUDGMENT

The thought processes are integrated into the problem solving:

- Decision making
- Prioritizing
- Time Management
- Organization

CLINICAL JUDGMENT

How does the new nurse learn to make sound clinical judgments?

- The process is based on experience
- The stages of Novice to Expert (Benner) are seen
- The stages are not a rigid, one directional process; but a fluent back and forth development of learning from each experience

CLINICAL JUDGMENT

Novice to Expert (Benner)

Stage 1: Novice- Function using context-free rules learned in the classroom to guide their actions.

CLINICAL JUDGMENT

Novice to Expert (Benner)

Stage 2: Advanced Beginner- Have had enough clinical experience to identify meaningful characteristics, referred to as aspects, of the clinical situation. Can use previous experiences with related situations.

CLINICAL JUDGMENT

Novice to Expert (Benner)

Stage 3: Competent- Ability to plan in a conscious way considering a projected future situation. Such a plan reflects long-term goals and "is based on considerable conscious, abstract analytic contemplation of the problem."

CLINICAL JUDGMENT

Novice to Expert (Benner)

Stage 4: Proficient- Ability to view the clinical situation in terms of the gestalt rather than specific aspects within it. At this level the nurse, because of prior experience with similar situations, has learned what to expect typically in a particular clinical situation.

CLINICAL JUDGMENT

Novice to Expert (Benner)

Stage 5: Expert- Because of extensive experience in the clinical field "Has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions." Expert nurses have an in-depth understanding of the meaning of a clinical situation and actions to be taken.

CLINICAL JUDGMENT

CLINICAL JUDGMENT

Questions?

Thank You!

TYPES OF SOCRATIC QUESTIONS

Clarification Questions

- How are you doing?
- How can I help?
- Tell me about the issue
- What is the best way to go forward?
- What is the most important concern you have right now?
- Can you clarify what you mean when you say _____?
- Can you tell me more about _____?
- How does this relate to _____?
- What are your reasons for _____?
- What additional information is needed?
- What are other possible reasons for _____?
- What are other possibilities? Alternatives?
- If this occurs, then what would happen? What are consequences of each of these approaches?
- What would you do in this situation?
- If this is true, then what?

Patient Care Questions

- What assessment data supports this?
- What is this response related to?
- What other possibilities exist with this patient/ family?
- What data have you based your decisions on?
- How does this patient's assessment/ diagnoses/ problems/ interventions relate to other patients for whom you have cared? To your readings? In what ways are they similar? Different?
- What is your first priority with this patient?
- Give me an example of _____.
- What is the main issue facing the patient? Family? Community?
- How does this new information relate to our earlier discussion of the patient's care?
- What do you think the patient/ family/ nurse/ physician meant by _____?
- What data have you collected to support this diagnosis? What data does not support this diagnosis? Why is _____ (information) more important than _____?
- What would you do if _____?
- Tell me about the care you provided.
- What are other approaches which might be used with the patient/ family?
- What is the rationale for _____?
- Is there a reason to question this information? Decision? Approach?
- How might the patient/ family/ community view this situation? Does anyone (in clinical group) view this differently?
- Tell me about different nursing interventions which might be possible and why each one would be appropriate for this patient
- .What would be the effect of _____ on the patient? Why would this occur?

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Lee Ann Kane	**Topic:** Clinical Judgment	**Date:** March 15, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
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9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments:

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Karren Kowalski	Topic: All Topics	Date: March 15, 2011

Regarding the Presenter:	Scale					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	No Opinion / N/A
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
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5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
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Comments: