The clinical environment regarding teaching practice nursing essay

The purpose of this assignment is to critically analyze current theories used within the clinical environment regarding teaching and learning practices. It will also incorporate underpinning principles of mentorship, assessment, reliability and validity, as well as factors which influence judgment. This will be achieved by undertaking formal and informal teaching sessions within the clinical practice. Through discussion the mentor will also explore her responsibilities and boundaries of her role within professional accountability parameters. The term " mentor" is used to denote the role of the nurse who assists, supports, facilitates, supervises and assesses adult students (Neary 2000). Students often believe nurses are experienced mentors, however this is not always the case and the nurse needs to ensure the expectations of the students are realistic and pre-defined (Gopee, 2011). In order to be able to mentor and teach students successfully the practitioner must continue her own professional development (Aston & Hallam, 2011). The Nursing and Midwifery Council (NMC, 2008b) states that the mentors' role is very significant in safeguarding the health and wellbeing of the general public. The NMC (2004) stipulated that all registered nurses are personally accountable for their own practice and for the appropriateness of work which is delegated to the student. The NMC (2010) also states that employers have a duty of ensuring that employees are provided with opportunities for continuing professional development or subscribing to lifelong learning. As a nurse, the author feels it is her responsibility to keep her knowledge and skills updated; and therefore put herself forward for the mentorship course. This then enables the author to pass along her vast experience onto student nurses and other learners. Lave and Wenger (1991) described the learning

environment as a community of practice where learning process, social interaction and a place of cooperation, kinship, caring, support, understanding, unity and inclusiveness takes place. Walsh (2010) suggests, that through the creation of a learning environment, students are able to identify learning needs, and use range of experiences as resource to continue personal and professional development of others. However, it is in well known states that mentors may experience various difficulties within the clinical environment, such as competing demands, and therefore not focusing on the theory of why the task is being performed Grealish and Smale (2011). Nevertheless O'Shea (2003) highlighted that mentors should be directing student nurses in the notion of self-learning, as this is a necessary requirement for a qualified nurse. To have an effective working relationship, the ward manager encouraged the students to come in their clinical placement for a preliminary visit. During their visit, a warm welcome was given by the team to give the students an early sense of belonging. The students were introduced to their appointed mentor, and they were given information packets which includes the policy and protocols of the ward , ward information, shifts and off duty rotas. Students also got the chance to discuss and managed problems that will affect their placement for example addressing child care needs. This helped the students to fit into the new surroundings and meet other professionals that will help them improve their practice to learn. A learning contract was discussed with the students to support them in their learning as it guides them to identify their learning need and set objectives to achieve learning outcomes (Cutliffe et al., 2001). It also helped students to associate classroom theory with clinical practice

(McBrien, 2006). It is critical that the mentor selects the right learning theory or mixture of theories that would be best suited in extracting students' full learning potential. With the guidance of a mentor the student will achieve the list of outcomes or proficiencies by applying the theory of nursing into practice taught in universities and academic institutions. The student will gain experience from various individual: doctors, healthcare assistant, domestics and other professionals who work within the ward. Students' placement in clinical areas will provide exposures to different scenarios, which will help them develop their skills and confidence in adapting to a variety of situations. McBrien (2006) says that students find it difficult to adjust to a new clinical environment and this adjustment makes students feel anxious and scared, and affects students' participation in their learning process. (Sherwin and Stevenson, 2010) states that the fundamental role of the mentor is to promote a sense of belongingness according to the third level of Maslow's hierarchy. The mentor should be empathetic and must make sure the student is valued and acknowledged in order for the student to meet her social needs. According to Kyriacou (1991, p. 33) " the essence of effective teaching lies in the ability of the teacher to set up a learning experience which brings about the desired educational outcomes". It is important to adapt the teaching process to meet individual learning needs, as Hays (2006) states it is essential to recognize that all individual have different learning styles and challenges. Pardue and Morgan (2008) agree and suggest that if the mentor has an understanding of a students learning style, it then enables the mentor to adjust his/her methods to facilitate the student's learning. There are various theories and models which contribute

to healthcare professionals' learning. These may be classified into behaviorist, humanistic and cognitive. The basic principle of the behaviorism theory is the way in which the link between the event and response is controlled to ultimately effect the learning outcome (Downie and Basford, 2003). Encouragement and praise used when mentoring and assessing the student enables them to be more confident and independent in practice (Hand, 2006). Being rewarded for learning new tasks, and having the ability to demonstrate new skill, reinforces the students feeling of self-satisfaction, and increases the level of competence (Kilgallon & Thompson, 2012). However, (Donwnie and Basford, 2003) claims students must learn to recognize their own strength and weaknesses and should therefore take responsibility for their own learning. Humanistic is based on the concept of student-centered view of learning. Kolbs's four cycle (1984) recognizes that for a student to learn from an experience, reflection upon the experience must take place. The teacher facilitates students-centered learning by encouraging them to become responsible and direct them to achieve self-actualization, in order to help them become the person they want to be (Welsh & Swann, 2006). Similar to humanistic theory, cognitive theory encourages students to recognize their own limitations and abilities. It focuses on the thought process involved in remembering, analyzing and understanding that lead to successful learning. In the context of nurse care, having full understanding of the task or procedure to be performed help ensure the patients' overall safety. The audience for these teaching sessions includes two third year students, a newly qualified nurse and a qualified mentor. A combination of learning theories was used to support formal and

informal teaching. The formal teaching session was held in one of the rooms which is located at the far end of the ward, away from ward activity. Udlis (2008) stated that distractions can reduce information retention by students. At the start of the teaching session the author established a friendly atmosphere to make the students feel comfortable. The author was relaxed and welcomed the students warmly to make them feel they belong to the group. Student who feels welcome will help ease their anxieties, will have more confidence and high chances of achieving their objectives (Walsh, 2010). At the start of the presentation, the aims and objectives of use of the syringe pump to adult palliative patient were clearly discussed with the students. They were also given the opportunity to ask questions at the end of the session. During the presentation of the formal teaching, the author used cognitive theory by delivering a PowerPoint presentation to discuss Syringe Pump guidelines for use in Adult Palliative Care Patients. The Power Point presentation was made simple, colourful and easy to understand in order to facilitate learning (Neary 2000) and to keep the students engaged in the lecture. The structure of events was carefully planned and followed best practice guidelines and policies. All the information presented in the teaching session was referenced, as it is necessary for clarification (Fulton et al, 2007). Based on the roles and responsibility of the audience, all were encouraged to share their ideas and experiences from their previous placements or wards they used to work in. Bruners (1996) constructivist theory implicates that using previous experiences and current knowledge helps students to learn and understand new learning practice (Gopee, 2008). Handouts were given only after the presentation to prevent distraction and

enable students to concentrate to what the author is saying during the presentation. (Kinchin et al., (2008). It is used to help participants retain information and fill theory practice gap and as well as help them reflect on their experiences (Fulton, et al, 2007). As part of the discharge planning it was necessary to teach a specific patient to administer his Radiologically Inserted Gastrostomy (RIG) feeding regime. The task involved setting up the feeding pump and keeping the RIG clean and free of infection. This informal teaching involved a third year student and an oncology patient (Mr. X) who has the capacity and willingness to learn to give his own feed using feeding pump. The author gained verbal consent from the patient to start the demonstration with a student. As a long term oncology patient, trust, Mr. X already has trust, respect and good relation with the staff which helped the patient feel at ease and free to ask for help and to question. Previous observation allowed him to be familiar with this procedure which would enable him to participate actively and confidently. As this was an informal teaching, the session was undertaken in the patients own room to allow him to feel comfortable and relaxed. The door was closed and a " not to be disturbed" sign was placed outside to prevent distraction the during teaching session. All equipment needed were collected and prepared on a sterile trolley for easy access. The author performed a practical demonstration for the patient and student. Each steps of the procedure was discussed and the rationale was explained throughout the demonstration. Because of her good knowledge and skill in administering feed using the feeding pump, the author felt relaxed and confident during this period. As this was part of discharge planning, the patient able to perform the task on many occasions

under the author's supervision. The patient was given positive feedback for each correct step of practice and helpful information was given when necessary to correct the technique. The student was asked if she understood the instructions for the given task after observing the demonstration and was also given time to demonstrate the skill successfully with the authors' supervision. Student previous experience from other placement helped her integrate the theory she learned from the school or university with the actual practice. For this informal session, the pedagogy approach was used with the patient, as a task was set for him to learn. Behaviorism theory was also adapted in this session as positive reinforcement was used to help the patient and student achieve and perform the desired skill successfully. After the teaching session, a self-assessment was completed by the student. One copy was given to the author and one was kept for her own. The student was asked to evaluate or comment on the authors' teaching style and method and if the aims and objectives were met (Walsh, 2010). It is recognized that the cognitive learning theory is the best used with students who have a background knowledge base in the subject being taught (Gopee, 2008). Throughout the authors teaching session she had applied Kolb's (1984) four stage cycle, which demonstrate the importance of reflective learning and the mentors role in order to facilitate this. The authors informal teaching was inspired by the learners who demonstrated interest through discussion of existing knowledge that both patient and student wanted to become competent in the physical skill on " how to set up a feeding pump". It is important that both the patient and the student are enthusiastic about learning, as the ward environment is an acutely busy place which may not

always be conducive to learning, due to staff shortages and time constraints. However, Fulton et. al. (2007) suggest that it is the mentor's responsibility to build a good mentor-student relationship in order to facilitate sound learning outcomes that are achievable and ensure that learning is reflected upon. When assessing a student, the author needs to make sure that the student completed a standard of competence in theory and practice. It is also the mentor's responsibility to ensure that these are carried out by the student in the clinical area. Oliver and Endersby (2000) suggest that in order to assess clinical competency of a student, continuous assessment must be done. The commonly used assessment methods are formative and summative assessment of his/her student. Hinchcliff (1999) recognized, with continuous observation of the student and giving feedback on regular basis, this formative assessment helps student to acknowledge her achievements and highlights the strengths and weaknesses. It also provides students the opportunity to improve their performance in a given time scale. This includes re-evaluation of learning needs and strategy without awarding and affecting the final grade or mark. (Rose and Best, 2005). It allows the student to perform or practice without getting stress of being graded for the efforts. Following the formative assessment, summative assessment is the final stage learning process and counts towards the final grade or mark (Welsh and Swann, 2002). Formative assessment is frequently use in daily practice, however, Hinchcliff (1999) recommended the use of criterion referenced assessment instead of norm-referenced assessment. Criterion-referenced assessment assesses a particular students using a predetermined criteria. It enables the mentor to be objective and avoid pitfalls of subjectivity during

assessment process. The norm-referenced assessment, assesses student against another student or group of students at same level or stage of learning and not recommended in clinical practice as it is biased (Anderson, 2011). The success of student assessment is based on validity and reliability (Udlis, 2008). Through student self-evaluation and feedback, the author able to know if the aims and objectives of the formal teaching were met and able to adjust the style and method in the future. Giving positive feedback or comments motivated students or increased their enthusiasm in the learning process (Walton and Reeves, 1999). The feedback obtained from the students involved in the formal teaching session stated that they gained full understanding of the use of the syringe pump to adult palliative patient, however they felt that they will benefit more from practicing this procedure. Feedback received from the student performing the informal teaching was different from the formal teaching because the student in the informal teaching session had the opportunity to perform the task which made the student feel competent and have a sense of achievement upon completion of the task. On reflection, despite having abundant time to prepare the formal teachingsession, inexperience in teaching made the author anxious, nervous and stressed. As a foreign nurse and English is not the author first language, the author was worried that student, colleague and mentor if they will understand her or not. With encouragement and full support received from the author's mentor, the formal teaching ended successfully. According to Moore (2005) the number of students on placement will affect the effectiveness of the learning experience. No more than three students to be supported by mentors on same period of time (NMC, 2006)The student nurse

must be involved in the learning activity to help them develop into skilled, competent practitioners who can demonstrate " fitness for practice". Johns and Freshwater (2005) suggest reflection to be an essential aspect of the learning process.