

Nursing 740 Practicum Experience

Ginger VanDenBerg

Ferris State University

Abstract

Orienting to the role of an academic nurse educator is a dynamic and challenging process. While engaging in this role with a preceptor, this novice nurse educator was guided by the core competencies developed by the National League for Nursing to teach Bachelor's of Science in Nursing (BSN) degree students. Utilizing teaching, assessment, and evaluation strategies learned throughout the Master's in Nursing Science program, this educator developed a didactic presentation on building cultural competence for Health Assessment nursing students, demonstrated and assisted in the development of essential skills to conduct an adult physical examination, and coordinated a perioperative clinical rotation for senior level nursing students. This practicum experience has played a pivotal role in strengthening this novice educator's ability to assist students in identifying their learning needs, strengths, and limitations, while providing opportunity to experience the teaching-learning environment of the academic arena.

Keywords: nursing students, learning, practicum learning, nurse educator

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New nurse educators transforming into their new role often discover they are not as prepared as they would hope to be (Poindexter, 2008). Being an experienced or expert nurse is not sufficient to assume their new role as a nurse educator (Poindexter, 2008). To better transition into the nurse educator role, nurses with experience need to be prepared with essential qualifications and the competencies developed by the National League for Nursing (Penn, Wilson, and Rosseter, 2008). Utilizing these core competencies supports the nurse educator's ability to transform nursing students into competent, practicing registered nurses. The purpose of this practicum was to provide me with the experience of teaching in a classroom and clinical setting under the guidance of a preceptor, transforming student nurses into competent practitioners, and to prepare me for the transition into the role of an academic nurse educator.

This paper will discuss the practicum experience I encountered at the University of Michigan-Flint. An analysis of the issues, concerns, and challenges I encountered and the strategies utilized to address these supported by literature are also discussed. Strategies for effective problem solving are included, as well as application of knowledge, theory, and research. I will discuss the perioperative clinical project developed for these students, along with evaluation of the learning objectives.

Practicum Experience

It can be a very humbling experience to enter the academic arena as a novice educator, especially if the educator is an expert clinician (McDonald, 2010). Many of the core competencies educators need to develop to be successful are not yet developed, leading to feelings of inadequacy and incompetency (McDonald, 2010). The role transition from clinical expert to novice educator can be overwhelming and take time to develop. Nevertheless, students

expect their nurse educator to be competent in the classroom and the clinical setting. Little did these students realize I was learning just like them and facing many of the same issues, concerns, and challenges.

This practicum experience was fulfilled at the University of Michigan-Flint, and included my participation in Health Assessment (NUR 202) lecture and lab, and Synthesis of Knowledge (NUR 435), lecture and clinical rotation. Health Assessment (NUR 202) was a two-part nursing course, including both lecture and lab. Synthesis of Knowledge (NUR 435) is a course nursing students take their last semester (capstone) of this nursing program, which is designed to bring together the knowledge they have acquired and to allow them opportunity to begin their transition into the world of nursing. With the guidance of my preceptor, I was able to develop educator practices and teaching strategies in the classroom, skills lab, and clinical setting to address issues, concerns, and challenges I identified throughout the semester in these two courses. These issues, concerns, and challenges include anxiety, men in nursing, cultural competence, and clinical evaluation.

Practicum Experience Issues, Concerns, and Challenges

Anxiety

Anxiety was a common denominator among the students in the nursing program, and is the number one issue for many students within nursing programs (Moscaritolo, 2009). The first semester of a nursing program proves to be overwhelming and stressful for many students while they are introduced to many new experiences, while stress on the final semester is centered on meeting deadlines with the increased workload. The clinical setting is an environment that produces a great deal of stress for students also. Being placed into unfamiliar territory where staff, patients, and the environment is foreign adds to student's anxiety (Herrman, 2011). Fear of

the unknown, making a mistake, lack of knowledge, or becoming embarrassed, are all potential reasons students experience stress in the clinical setting (Moscaritolo, 2009). It is assumed that decreasing the anxiety level of a student is a concern and challenge addressed by many nurse educators, especially a novice educator.

Anxiety can also be an area of concern for the novice nurse educator. This role transitions entails assimilating a new set of values and norms, and also taking on a new identity (Anderson, 2009). Excellence in teaching is not intuitive but develops over time after engagement and experiences. Emotions ranging from excitement to fear seem to be common for a novice educator while planning, preparing, and implementing teaching strategies. Learning about the new environment and hierarchical system can be intimidating too, along with new responsibilities and commitments.

Men in Nursing

During my practicum experience within the classroom setting, I was pleasantly surprised, by the number of men in the nursing program. This male presence is encouraging in creating a diverse nursing profession. However, this could present a challenge for nurse educators related to male nursing students and how their experiences in the predominantly female programs impact their learning. Dyck, Oliffe, Phinney, and Garrett (2009), state there is evidence that male students are scrutinized more closely, expected to perform at a higher level, and experience increased pressure than female students to be assertive and take leadership. Many male students have reported a sense of isolation within schools of nursing, a situation that could be escalated by the lack of male nursing faculty and role models (Stott, 2007). The implications for nurse educators need to be considered while identifying teaching strategies that can be implemented to

meet the learning needs of the male student. This, in turn, would facilitate the retention of male nursing students.

Cultural Competence

During this practicum experience, I was challenged with an opportunity to create a small presentation in reference to cultural competence. The nursing students in Nursing 202 (NUR 202), Health Assessment, were assigned a worksheet/questionnaire requiring the students to perform a patient (lab partner) cultural assessment. My preceptor inquired if I would be comfortable in researching and presenting a cultural competence lecture to assist students with the preparation of their assignment. My preceptor indicated that this academic class is new to her (second year in teaching NUR 202) had limited time to research and create a formal lecture on cultural competence.

In analyzing this request, the most daunting challenge was facing my own comfort level, or lack thereof, in presenting a topic that was out of my area of expertise. According to Billings and Halstead (2009), teachers gain a likeness of the benefits and limitations of any learning activity after implementing it, reflecting on how students interact, and assessing how the presentation contributed to learning. The Academic Nurse Educator Competency IV highlights the responsibility of nurse educators to create curriculum that prepare nurses to function within a multicultural health care environment (National League for Nursing, 2007). Nurse educators are challenged to create and implement learning that will benefit students.

Clinical Evaluation

According to the National League for Nursing (2007), Competency III, promotes that nurse educators must demonstrate skill in the design and use of tools for assessing clinical practice. By invitation of my preceptor, I attended a meeting regarding a senior nursing student

who was being placed on a professional improvement plan due to poor clinical performance. The clinical instructor (my preceptor) had provided documentation, which clearly outlined the student's inability to consistently complete basic nursing tasks. A main point of discussion during this meeting was how students (specifically this senior student) progress to senior status without other clinical faculty intervening. Bourbonais, Langfor, and Giannantonio (2008) emphasize that there are difficulties with evaluation of the clinical performance of nursing students. Examples of these challenges are inconsistencies in evaluation tools implemented from one year to the next, limited framework for demonstrating progression of practice from year one to four, inconsistency in the evaluation process by teachers within the same year, and different sites of the collaborative program utilizing different tools within the same year. Evaluation measures should ensure fairness and consistency across settings and teachers, utilize indicators that will reflect the realities of practice, and facilitate deeper level student-instructor clinical discourse (McGregor, 2006).

Strategies to Address Issues, Concerns and Challenges Identified

Anxiety

According to Goff (2011), interventions that are aimed at decreasing stress will positively affect student learning, improve coping, and increase the student's self-confidence and self-efficacy. Decreasing student anxiety in the classroom and clinical setting is a challenge for nurse educators. To help decrease their anxiety levels, taking students on a tour of their unit or facility allows them the opportunity to become familiar with their surroundings and the location of equipment. Also providing numerous learning activities, such as role-playing and unit scavenger hunts, during their clinical rotation assists to decrease student's anxiety and increase their self-confidence.

These situations can also be a source of anxiety for the nurse educator if s/he is also unfamiliar with the academic setting and dynamics. Having knowledge of the academic teaching environment and faculty dynamics in which the educator will be teaching is an important attribute for nurse educators to possess (Hanson and Stenvig, 2008). Leading a clinical rotation with students at a familiar site for the educator is beneficial for the students and increases their learning experience. The clinical setting in which I was able to facilitate clinical time is my own area of expertise, providing a clinical experience for students that was attainable. This was beneficial for the nursing students as I was already familiar with the nursing staff and environment creating a sense of welcoming for the students.

Men in Nursing

Although specific strategies to address the concern of teaching and learning for men in nursing programs were not implemented, an extensive literature search was conducted. Through this self-limiting literature search, some teaching strategies and nursing educator considerations were identified. Dyck, Oliffe, Phinney, and Garrett (2009), promote the need for nurse educator to consider how gender might be addressed to ensure the success of men in undergraduate programs. Specific classroom strategies might include the avoidance of calling upon men for an inclusive men's perspective from individual male students. Stott (2007) also states that teaching staff should be made aware of their tendency to isolate male nursing students, especially in regards to performing particular clinical tasks. Faculty should also consider selecting textbooks and test items that are gender neutral in their context. Lastly, instructors should recognize that because male nursing students are more likely to experience unique challenges, providing opportunities for discussing problems would be beneficial (Stott, 2007).

Cultural Competence

Nurse educators should plan their teaching regarding culture from a sound theoretical base in order to adequately prepare students for practice in cross-cultural care. The University of Michigan-Flint nursing program's mission states, "the department of nursing provides a focus on culturally competent care as the foundation for all theoretical and clinical learning experience". Keeping this statement in mind while preparing for a cultural competency presentation, the model "The process of cultural competence in the delivery of healthcare services: a model of care" was selected as the framework for building the cultural presentation.

A powerpoint teaching strategy supplemented by interactive clicker was utilized to deliver the cultural competence care content (see Appendix A). Bradshaw and Lowenstein (2011) highlight that nursing students actually prefer a well-designed and entertaining powerpoint with elements of interaction imbedded into the lecture material. They also expect that a complete set of notes or slides will be provided. In fact, each student received a copy of this presentation. Morley (2011) suggests that using clicker (remote evaluation) technology in class can engage students, encourage them to answer questions they might otherwise feel embarrassed about answering and promote discussion. Clickers also allow teachers to conduct fast formative assessment that evaluates real-time learning. A Likert scale assessment (see Appendix) was also distributed to the NUR 202 nursing students for their evaluation and feedback related to the cultural content, presentation, and clicker technology. These evaluations indicated positive and favorable feedback referencing the presentation and clicker usage.

Clinical Evaluation

Nursing education face many challenges, one of which seems to be the clinical evaluation of nursing students. Upon completing an extensive search of effective clinical evaluations and

studies reflecting key assessment models, very little literature found. Most literature cited the problems identified with present clinical evaluation methods. Yanhua and Watson (2011) published that even regulatory bodies have attempted to establish a definition of the concept and framework of nursing clinical competence to reach national consensus and starting point for assessment. However, the issue during this practicum experience seemed to be around instructor to instructor documentation of student progress, so it would seem that there should be an identified best practice of reporting format and process for student follow through. Could it be an assumption that a format utilizing SBAR (situation, background, assessment, recommendation) would be effective in facilitating communication between instructors? A formal SBAR communication tool could be available within each students file for the following instructor to review and consider student progress. According to Brown, Feller, and Benedict (2010), SBAR cards are standardized communication tool, enhancing communication. Team members utilize the four-step framework to organize communication and reporting. The card serves as a constant reminder of the importance of quality and safety. The lack of communication and reporting could make the difference between student failure and success.

Knowledge from Practice, Theory and Research

Entering the academic environment is a major transition for many nurse educators who are already clinical experts. It involves taking on a new role and responsibilities that impact not only students, but the well being of patients also. This new role is guided by the core competencies developed by the National League for Nursing and application of Dr. Patricia Benner's Novice to Expert theory to transform the academic nurse educator over time.

Transition

Many novice educators find the transition into the academic setting challenging, but also exciting (McDonald, 2010). A major challenge for the novice educator involves the “disconnect” in the transition from clinician to faculty, which includes expertise in daily patient care supervision and skills in leadership, as well as collaboration. The transition from expert clinical practitioner to the role of educator involves leaving one’s “comfort zone” of acute care nursing and stretching into a new paradigm. Novice educators must learn how the academic organization they are now employed with functions, acclimate themselves to classroom teaching, and new clinical settings (Penn, Wilson, and Rosseter, 2008).

Teaching is a coordinated structure or directed and deliberate actions and activities by an educator designed to induce learning (Billings and Halstead, 2009). During this practicum, I taught nursing student how to assess the adult patient with the knowledge they were presented with in Health Assessment (NUR 202) and the skills they acquired in the lab. I also facilitated student learning during the Synthesis of Knowledge (NUR 435) course that helps students put all of the nursing pieces together and apply them. I assisted students with their presentations, which helped demonstrate the student’s ability to apply the nursing process, critically think through problems, and acknowledge patient outcomes through the course of their treatment. It is essential for nursing students to learn how to critically think, to recognize how systems respond to different health problems, and to anticipate what nursing actions are needed (Billings and Halstead, 2009). This dimension of nursing is what I have been working toward during the last few years, in nursing education. During this practicum, I have become more involved with researching teaching strategies and have observed how these strategies are executed in the

classroom and clinical setting. I successfully applied the strategies I researched with the guidance of my preceptor.

Scope of Practice

The National League for Nursing *Scope of practice for academic nurse educators* (2007) provides standard core competencies for nurse educators to engage in, that guide the role and functions of their practice. As an academic nurse educator, I utilized the National League for Nursing *Scope of practice for academic nurse educators* (2007) as a guide to develop practicum goals, prepare objectives, implement strategies, and evaluate outcomes. In addition, these core competencies empower nurse educators to help advance their own educational experiences. I utilized the following nurse educator competencies as a guide during this practicum experience.

The first competency, Competency I: Facilitate Learning guided me to prepare students to practice as new graduates. Preparing students to practice as new graduates requires focused guidance from competent educators and also requires educators to work in close collaboration with their peers (Seccombe, Hiscox, and Wilson, 2008). To achieve this, I worked closely with my preceptor to create a positive, supportive learning environment in the classroom, laboratory, and clinical settings. I had the opportunity, as required within Competency I, to begin to develop my own personal teaching style, utilizing a variety of teaching strategies, and to demonstrate content knowledge and professional practice expertise (Halstead, 2007).

Following Competency IV: Participate in Curriculum Design and Evaluation of Program Outcomes as a guide, I researched, coordinated, and evaluated a clinical curriculum that facilitated student learning within the perioperative setting. Nursing education has been challenged to improve teaching to prepare future nurses as safe and effective clinicians (Benner et al., 2010), who are flexible, visionary, and ready to take risks to lead changing healthcare

environments (Taylor et al., 2010). This competency helped me understand that each learner has unique needs and ways of being in the world, and that there is not a single approach to curriculum development and student learning (Halstead, 2007). Through research, literature review, and practicum experience, I developed knowledge and strategies to approach curriculum development and evaluation methods in a more confident manner.

The eighth competency, Competency VIII: Function within the Educational Environment allowed me the opportunity to experience the role of the nurse educator as a functioning member of the academic team. As I attended faculty meetings, it was quite apparent how social, economic, and institutional forces affect and influence the nursing program at U of M-Flint. I had the opportunity to witness, respect, collegiality, professionalism, and caring within the organization's climate during the entire practicum. I was watchful for any mentoring opportunities from other faculty, even though this institution does not have a formal mentoring program for novice educators. The process of mentoring is aimed at enhancing personal and professional growth, and has been identified as a primary strategy for the establishment of healthy work environments and promotion of faculty development throughout the careers of nurse educators (Hubbard et al., 2010). Through the supportive environment provided to me by my preceptor Libby, I was able to participate in mentoring and precepting opportunities while at this academic institution, assisting me in achieving my overall practicum goals.

Benner Novice to Expert Theory

I remember when I was a novice nurse, anxious and excited at the same to learn all I could about the nursing profession. I was eager to learn. Those feelings are coming back to me again as I prepare to graduate and become a novice academic educator. According to Stuart (2008) presentation of Benner's novice to expert theory, novices have no experience with

situations that they will be expected to perform in. Even though I have completed this practicum, I am still a novice with no real experience teaching as an academic nurse educator. As a novice, I have learned the core competencies that will guide my new professional practice. Each situation will require me to not only use these competencies, but also to also utilize my experience as a practitioner to be effective. As I gain experience and mature in this role, I will advance through the stages of novice to expert as defined by Benner, and hopefully, pass on my knowledge and expertise to another novice educator.

On the other hand, I do have experience as a clinical preceptor. I would identify my status as an advanced beginner since I have been a clinical preceptor several times in my nursing career. Stuart (2008) states that novice and advance beginner educators have difficulty taking in new situations because they are too foreign within their new environment. I did feel strange though as a clinical mentor for the nursing students within the perioperative area, even though this is my area of expertise and past nursing environment for precepting. I believe it was the newness of starting to apply my new role and shed my clinical preceptor routine.

Analysis of Clinical Project

My clinical project focused on the development of a perioperative clinical curriculum for interested nursing students from U of M-Flint's Nursing 435 (NUR 435), Synthesis of Nursing Knowledge and Practice. These students are required to fulfill 64 hours of clinical time in an area of their interest. Prior to the start of the semester, my preceptor had mentioned that students often request clinical time in the perioperative area, but resources are extremely limited to fulfill these requests. Since this is my area of expertise, I was intrigued and excited to have this opportunity to engage students within the perioperative area. Although perioperative nursing is considered to be a specialty, the environment does offer much opportunity for nursing students to acquire

knowledge and skills that can be carried over into other areas of nursing. Pape (2007) states, perioperative experiences that include more than just observation can provide students with a variety of critical thinking skills that can be applied to other areas of nursing. A recent study, according to Pape (2007), showed higher surgical nursing knowledge scores for students who were assigned to perioperative settings compared to students who had only medical-surgical nursing unit experience.

In an effort to organize and create a perioperative curriculum for the U of M-Flint nursing students, I utilized the instructional design model A.D.D.I.E (assess, define, develop, implement, and evaluate). The A.D.D.I.E. model is a generic process traditionally used by instructional designers and training developers. The five phases represent a dynamic and flexible guideline for building effective training curriculum (Malachowski, 2007). By assessing the clinical learning objectives and outcomes established by the clinical lead instructor (my preceptor) I was able to define and write learning objective that would not only clearly delineate expectations for what the clinical experience within the perioperative units (preoperative, operating room, and postoperative), but also to connect student learning to meet the overall course objectives set by the lead faculty.

By utilizing constructive learning theory and adult learning principles, the perioperative curriculum was developed using teaching and learning methods that included pre-class reading on Blackboard, audiovisual presentation, case studies, simulation, discussion, and clinical activities. The educational impact of constructivism can be positive, in that instruction is based on student's prior knowledge. The student brings past experiences and prior knowledge to the classroom and uses these to actively connect with new ideas or problems that presented (Kala, Isaramalai, and Pohthong, 2010). Content development, as presented in Appendix C, focuses on

safety and quality of patient care and critical policy and procedures such as using two patient identifiers, site marking, surgical and anesthesia consents, IV starts, five-rights for medication delivery, surgical positioning, surgical skin prepping, time-outs, surgical counts, airway management, pain control, nausea and vomiting protocol, and surgical wound assessment.

In implementing the perioperative curriculum, the student was required to complete 64 hours of perioperative learning, established as two – eight hour days for four weeks. The first clinical day provided orientation to the perioperative unit, permitting students to become familiar with the perioperative environment. Key knowledge and skills needed to function within the perioperative units were reviewed. The next seven days were coordinated so the student was assigned to two general or gynecological surgery patients per day, one in the morning and one in the afternoon. The student had the opportunity to provide preoperative patient care, to follow the patient to surgery, and to engage in operative nursing care. Following surgery, the student accompanied the patient to the postoperative care unit to provide care for the patient in the final operative phase. The surgical cases chosen for the student were shorter length cases such as Laparoscopic Cholecystectomy, Inguinal Hernia repairs, and Abdominal Hysterectomies.

Formative evaluation methods such as quizzes, return demonstrations, and direct observations were implemented to verify and document student learning and progression towards achievement of curriculum outcomes. Reese, Jeffries, and Engum (2010) suggests that with formative evaluation, learning needs can be identified, and education can be provided to move students forward in their knowledge and skill building. This type of evaluation provides constructive feedback only and should not be considered graded. In addition, a formative evaluation utilizing a Likert scale, as presented in Appendix D, method was presented to the

student for their opportunity to provide feedback of the overall perioperative curriculum and clinical experience.

To provide opportunity for a summative evaluation, the student completed a synthesis paper regarding the care provided to the surgical patient. This was presented to peers during the academic lecture time. This paper and presentation allowed the student's academic and lead clinical instructor the opportunity to evaluate the student's learning outcomes and to apply an overall summative grade for the student. Summative assessment can be performed as a comprehensive evaluation or utilized at a particular point in time to provide data on student success of learning outcomes (Graff, Russell, and Stegbauer, 2007). Summative evaluation provides established data for nurse educators to determine student accomplishment and competency.

Practicum Evaluations

In order to organize the evaluation process for my practicum experience the theoretical framework of systems theory was identified for its elements of input, output, and, feedback. Hayes (2011) defines each systems theory concepts as follows; input may be identified as the student enrolled in the learning experience, throughput is the implementation of the curriculum, output is the actual measurement of knowledge acquisition, and feedback is the information loop that provides data related to characteristics involved within the other theory elements. Hayes (2011) notes, that each of the concepts impacts all the other concepts and the analysis of each element provides valuable data for effectiveness of the overall education experience.

The input data collected from the nursing students was obtained utilizing a 4-point Likert scale tool, as presented in Appendix B. This tool allowed input from the students related to their attitude towards the content of the cultural presentation and the value of the information for their

education. As noted by McLeod (2008), the Likert scale is a simple numeric scale that assigns numeric ratings to specific responses and are used to measure the degree to which an individual's attitude or opinion meets or does not meet a particular criteria. In evaluation surveys, Likert scales are typically used to measure the degree to which a respondent agrees or disagrees with a particular statement, measuring individual value (McLeod, 2008). Collected data from the Likert scale tool, as shown in Appendix B, presents the scoring and additional comments for input from thirty-eight students within the Nursing 202 class. Scoring related to the students' attitude toward the cultural content and my presentation skill fell high on the rating scale indicating a positive attitude towards the didactic content, presentation and relation to their education. In addition to the evaluation of student learning and cultural presentation effectiveness, a preceptor-student evaluation was also implemented utilizing a specific, measurable, achievable, realistic, and time-bound (S.M.A.R.T.) format.

A preceptor-student evaluation tool, as present in Appendix E, was also initiated as a formal tool to document communication and feedback related to the achievement of the identified practicum goals and objectives. Berry and Thomas (2011) present, feedback is the process of comparing identified objectives with current progress toward meeting the overall stated goals. Upon completion of the practicum and following my practicum perioperative project presentation, I met with my preceptor Libby Bell. Libby provided positive feedback toward my overall practicum experience and constructive advice, as she reviewed my evaluations from the nursing students. Libby's advice pointed out future improvement for my Likert scale evaluation. Although I focused on the evaluation connecting the learning objective to student feedback, she stated that it is just as important to also provide questions on the Likert evaluation to receive feedback from the learner's identifying whether or not they felt the content

met the learning objectives. I accepted this advice with great generosity and emphasized this is why I choose her as a preceptor. Overall Libby stated she was very pleased with the perioperative clinical project deliverables and my clinical presentation met professional quality.

Conclusion

Nurse educators definitely play a fundamental role in strengthening the nursing workforce and provide leadership while serving as role models (Halstead, 2007). To become an effective teacher takes much effort, time, and dedication as I soon learned during this practicum experience. Assuring quality educational experiences that prepare future nurses for the workforce is a huge responsibility, but with the right mentor it is possible to learn effective strategies (Billings and Halstead, 2009).

Through this practicum experience I have discovered my strengths and weaknesses related to this role and know what I need to work on in the future. Teaching strategies I have read about can be difficult to implement, it is all about knowing what kind of learners are in your course and at what stage of the program they are in. The first semester students are eager to learn, while the last semester students are eager to be done. Maintaining control of the course while attracting the attention of the students can be very challenging. Some of these situations were very tough for me as a novice educator. It is definitely not surprising that I felt inadequate and nervous in this new role.

Utilizing the core competencies for academic nurse educators as a guide in the development of my educational career will help me overcome my weaknesses and turn them into strengths. This was a very humbling experience, entering the academic arena at the novice level after achieving expertise within the clinician role. I know I have much more to experience and

learn along this educational road. I am up for the challenge and have high expectations for nursing's professional future.

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Appendix A

Cultural Presentation for Nursing 202 Students

11/21/12

**CULTURAL COMPETENCE:
CULTURAL CARE**



PRESENTATION OBJECTIVES

- Discuss changing U. S. demographics
- Discuss National Standards for Culturally & Linguistically Appropriate Services in Health Care Statement
- Discuss Cultural Competence
- Discuss the model & individual concepts of "The Process of Cultural Competence in the Delivery of Healthcare" (Dr. Campinha-Bacote)
- Discuss Steps to Developing Cultural Competence
- Discuss & Define Acronym R.E.S.P.E.C.T.

VIGNETTE



An 8 year old female vietnamese child was brought in to ER for gastritis . while conducting a head to toe assessment of the little girl, the nurse noticed purplish-red (bruised looking) streaks running down the child's back.

COINING

A cultural treatment attempting to remove evil spirits

U.S. DEMOGRAPHIC PROFILE


- The population of the United States approached 310 million people in the summer of 2010. About 1 in 8 people was immigrant.
- The nation's minority, actually emerging majority, population totaled 102.5 million people, or 34% of the country's total population, 2007.


NATIONAL STANDARDS (2001)

In response to the demographic change and knowing immigration will continue to climb, The Office of Minority Health (Health and Human Services) Published the National Standards for Culturally and Linguistically Appropriate Services in Health Care STATES:

"Health care organizations should ensure that patients receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language".

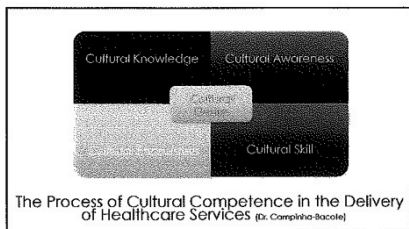


CULTURAL COMPETENCE DEFINED



- Caregivers understand and attend to the total context of the individual's situation, including awareness of immigration status, stress factors, other social factors, and cultural similarities, and differences.
- Ongoing process in which the health care provider continuously strives to achieve the ability to effectively work within the cultural context of the client (individual, family, and community).

11/21/12



CULTURAL AWARENESS

- Cultural awareness is the self-examination and in-depth exploration of one's own cultural and professional background.
- This process involves the recognition of one's biases, prejudices, and assumptions about individuals who are different.
- Cultural imposition

CULTURAL KNOWLEDGE

- The process of seeking and obtaining a sound educational foundation about diverse cultural and ethnic groups
- Three specific issues for focus
 1. Health-related beliefs and cultural values
 2. Disease incidence and prevalence
 3. Treatment efficacy

CULTURAL SKILL

- The ability to collect relevant cultural data regarding the client's presenting problem as well as accurately performing a culturally based physical assessment.

CULTURAL ENCOUNTERS

- The process that encourages the health care provider to directly engage in cross-cultural interactions with clients from culturally diverse backgrounds.
- Three or four members of a specific ethnic group may not represent the stated beliefs, values, or practices of the specific cultural group.
- Linguistic need – Use a formally trained interpreter

CULTURAL DESIRE

- The motivation of the health care provider to want to, rather than have to, engage in the process of becoming culturally aware, culturally knowledgeable, culturally skillful, and familiar with cultural encounters.
- Involves the concept of caring.
- It is said that people don't care how much you know, until they first know how much you care.
- Be willing to learn from cultural informants

11/21/12

**CULTURAL CARE
DEVELOPING A BODY OF KNOWLEDGE**

- **Heritage**- the degree to which one's lifestyle reflects his or her respective culture (traditional or modern)
- Culture**- there is no single definition, one example is the thoughts, communications, actions, beliefs, values, and institutions of racial, ethnic, religious, or social groups. Four basic characteristics:
 1. Learned from birth (language & socialization)
 2. Shared by all members of the same cultural group
 3. Adapted to specific conditions related to environment, technical factors, & available natural resources.
 4. Dynamic and ever changing

**CULTURAL CARE
DEVELOPING A BODY OF KNOWLEDGE (CON'T)**

- **Ethnicity**- pertains to a social group within the social system that claims to possess variable traits such as geographic origin, migratory status, religion, race, language, shared values, traditions, or symbols and food preferences.
- **Religion**- the belief in a divine or superhuman power to be obeyed and worshipped as the creator(s) and ruler of the universe.
 - *Plays a most significant role in how people practice their health care.
 - *Most often, this aspect of the person is ignored and the question "what is your religious preference?" is not asked.
- **Spiritually**- borne out of each individual's life experiences and one's personal effort to find purpose and meaning in life.

**CULTURAL CARE
DEVELOPING A BODY OF KNOWLEDGE (CON'T)**

- **Socialization**- process of being raised within a culture and acquiring the characteristics of that group.
 - Terms related to socialization:
 - Acculturation**- the process of adapting to and acquiring another culture
 - Assimilation**- the process by which a person develops a new cultural identity and becomes like the members of dominant cultural
 - Biculturalism**- dual pattern of identification and often of divided loyalty


STEPS TO CULTURAL COMPETENCY

- Step 1- Understanding your own heritage based on cultural values, beliefs, attitudes, and practices that are relevant to HEALTH and ILLNESS
- Step 2- Identify the meaning of HEALTH to the other person, remembering that this concept is defined by the members of a cultural group.
- Step 3 - Understanding the health care delivery system, how it works, what it does, and the cost and consequences to the patients.
- Step 4 - Be knowledgeable about the social backgrounds of your patients (racism, socioeconomic status, welfare reform, and aging).
- Step 5 - Be familiar with the language people speak, resources available at work and within the community

**IN SUMMARY
UTILIZE THE ACRONYM R.E.S.P.E.C.T.**

- **R**ealize that you must know and understand your heritage and that of your patient.
- **E**xamine the patient within the context of their cultural HEALTH & ILLNESS practices.
- **S**elect questions that are not complex, and do not ask questions rapidly
- **P**ace questions throughout the physical examination.
- **E**ncourage the patient to discuss in their own words what health & illness means to them
- **C**heck for the patient's understanding & acceptance of recommendations, build on cultural health practices
- **T**ouch the patient within the cultural boundaries of his/her heritage

QUESTIONS & INQUIRY



Appendix B

Cultural Competency Presentation Evaluation
 Presenter Ginger VanDenBerg

Do you feel the following presentation objectives were met
 (Please check the box accordingly)

Presentation Objectives	Strongly Agree	Agree	Disagree	Strongly Disagree
	1	2	3	4
Discuss changing U. S. demographics	✓			
Discuss National Standards for Culturally & Linguistically Appropriate Services in Health Care Statement	✓			
Discuss Cultural Competence	✓			
Discuss the model & individual concepts of "The Process of Cultural Competence in the Delivery of Healthcare" (Dr. Campinha-Bacote)	✓			
Discuss Steps to Developing Cultural Competence	✓			
Discuss & Define Acronym R.E.S.P.E.C.T.	✓			

Comments: You presented the concepts in a way to keep the students' attention. The checkers were a good way to review material.

Please check the box accordingly

Evaluation of Ginger VanDenBerg and Presentation	Strongly Agree	Agree	Disagree	Strongly Disagree
The presenter had a good knowledge base of the topic	✓			
Information was appropriate & could be applied to class assignment	✓			
The presentation was well organized	✓			
Presenter had good communication skill	✓			
Presenter allotted time for questions and discussion	✓			

Comments: You really did a great job. It was a wonderful presentation.

Appendix C



This binder contains all the reference material gather and organized for the perioperative clinical student (Policy & procedures, Drug/info, Pictures for prepping & positioning, etc.. The binder is divided into sections (Preop, OR, Postop).

Perioperative Student Learning Objectives & Outcomes

Student will:

	Teaching Method & Evaluation Method
Preoperative unit	
1. Utilize 2 Patient Identifies	Reading/Observation
2. Identify & Demonstrate IV assessment/supplies/equipment usage	Simulation/Observation
3. Discuss Policy & Procedures related to Preop	Reading/Case study
4. Discuss Surgical & Anesthesia Consents	Reading/Case study
5. Demonstrate Perioperative Documentation	Hands-on/Observation
6. Discuss Medication Administration & Common Preop Drugs	Reading/Case study/Observation
7. Identifies need for site marking	Reading/Case study
Operating Room	
1. Discuss Common OR Drugs	Reading/Verblization
2. Demonstrate Safe Patient Positioning	Video/Simulation/Observation
3. Demonstrate Patient Skin Prepping	Video/Simulation/Observation
4. Performs Surgical Time Out	Video/Simulation/Observation
Post Operative Unit	
1. Monitor Oxygen Saturation (Airway Management)	Simulation/Observation
2. Discuss Pain Management	Reading/Verbilization
3. Demonstrate Nausea & Vomiting Protocol	Reading/Verbilization
4. Demonstrate Surgical Wound Assessment	Simulation/Observation
5. Demonstrate Postoperative Documentation	Hands-on/Observation

Appendix D
Likert Scale Evaluation for Perioperative Clinical Nursing Students

Likert scale evaluation form to capture nursing student feedback.

Results will be reported anonymously

Please an X under the heading that reflects your opinion to the following questions

	Strongly Agree 5	Agree 4	Undecided 3	Disagree 2	Strongly Disagree 1
The clinical information was organized and in a logical order.		X			
The course information prepared me for my direct patient care		X			
I feel the clinical information will benefit my future nursing practice		X			
My preceptor made me feel at ease to learn	X				
My preceptor assisted me in identifying and seeking learning opportunities	X				
Additional Comments/Feedback	<p>most of the instructors were professional and provided me with a lot of knowledge especially patient care. I can use it myself + other patient care. This gives me a realistic outlook on getting this clinical time. Thank you</p>				

Appendix E

PRECEPTOR / STUDENT PERFORMANCE EVALUATION FORM

Preceptor/Student Evaluation Form for Practicum Experience Preceptor: Libby Bell, MSN, RN Student: Ginger VanDenBerg				
Objective 1.1 Engage in teaching and learning strategies for of the learning domains (cognitive, psychomotor, affective) within the classroom, learning laboratory, and clinical environments at the University of Michigan-Flint nursing students. <i>This objective will be performed throughout the entire fall semester ending in December, 2012.</i>				
	Objective Met	Objective Needs Improvement	Objective Below Expectations	Comments
Preceptor Appraisal	X			
Student Appraisal	X			
Additional Feedback: Ginger identified individual learning styles and unique learning needs of some students. Ginger acted upon opportunities to improve the students' outcomes.				

Objective 1.2 Attended nurse educator development opportunity to support development within the nurse educator's role (Ethicon – Nurse Educator seminar) <i>This objective will be met by August 30, 2012</i>				
	Objective Met	Objective Needs Improvement	Objective Below Expectations	Comments
Preceptor Appraisal	X			
Student Appraisal	X			
Additional Feedback: Ginger also attended the Department Nursing Faculty Meetings, and the Committee Meetings for NCLEX Success.				

Objective 2.1 Identify learning objectives for a clinical rotation within the perioperative area for University of Michigan-Flint Nursing 435 students, for the Fall semester.

Clinical Learning Objectives will be developed by September 15, 2012

	Objective Met	Objective Needs Improvement	Objective Below Expectations	Comments
Preceptor Appraisal	X			
Student Appraisal	X			

Additional Feedback: In addition to identifying learning objective for a perioperative clinical rotation, Ginger was also very active in identifying the unique learning needs of a low-level performing student. Ginger was also very active in process of developing performance standards, and an evaluation process for a failing student in the clinical practice setting.

Objective 2.2 Develop a clinical rotation curriculum that reflects basic perioperative nursing practice for University of Michigan-Flint Nursing 220 students in the Fall semester 2012.

Clinical curriculum will be developed for students to complete 80 hours of perioperative clinical hours to be completed by October, 2012.

	Objective Met	Objective Needs Improvement	Objective Below Expectations	Comments
Preceptor Appraisal	X			
Student Appraisal	X			

Additional Feedback: In addition to developing a clinical rotation curriculum for students, Ginger was also involved in the development of a performance improvement plan, and a plan for success, for a student with unique learning needs.

Objective 2.3 Develop assessment for evaluation of learning objectives outcomes

Assessment will be developed to evaluate student's achievements of clinical learning objectives, will be completed by October, 2012.

	Objective met	Objective Needs Improvement	Objective Below Expectations	Comments
Preceptor Appraisal	X			
Student Appraisal	X			

Additional Feedback: In addition to developing an assessment tool for evaluation of a perioperative clinical rotation. Ginger was involved in the development of an evaluation tool for a student who failing to meet the course objectives at midterm.

Additional Overall Comments: Ginger VanDenBerg was an exceptional student. Ginger frequently engaged and participated in teaching practices considerably beyond what was expected of a student, for meeting her practicum objectives and hours. Ginger would frequently seek opportunities to develop her personal competencies. Ginger incorporated current research and current technology into the curriculum development process. Ginger was very knowledgeable and resourceful in regards to curriculum development and evaluation strategies. This semester, Ginger has been an effective asset to my teaching workload in the classroom, in the lab, and in the clinical setting. Ginger's exceptional initiative has definitely decreased the amount of time I usually spend on teaching, preparation, and other activities that were needed to deliver the curriculum this semester.

*Libby Bell RN, MSN
University of Michigan-Flint
Nursing Faculty - Lecturer III*

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