

Nursing in the New World of Health Care

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In the new world of health care, Nursing profession is emerging as a significant contender. The introduction of advanced technology in curricula and scope for varied areas of specialisation has opened vistas of opportunities for professional growth.

But the increasing expectations of consumers for efficiency in health care demand clinical competency in care givers, which is an integrated application of humanistic attitude, relevant knowledge base and specialised psychomotor skills in health care.

Developing clinical competency in students calls for developing 'effective clinical teaching methods.' It has been generally observed that the gap between theoretical learning and its application to actual nursing practice is rapidly increasing. Also the understanding of the concepts of 'clinical teaching' is observed to be different in teachers and students. Can the situation be altered by a different approach of clinical teaching!

Objectives

The study, Experience of Nursing Teachers and Students in a New Approach to Clinical Teaching was undertaken to : (i) explore into the perception of Nurse Educators & Nursing Students, relating to Clinical Teaching; and (ii) to develop and assess the outcome of a

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Clinical Teaching Strategy in terms of the Nursing Teachers and Students experience in teaching - learning.

Review of Literature

Clinical competency : Benner (1984) described the stages of clinical competence, in which a student passes through five levels of proficiencies.

In a compilation by Piercey (1995) on 'assessing clinical competencies', the literature revealed a variety of meanings concerning the concepts of 'competency.' Competence is, broadly stating, a complex phenomenon encompassing such attributes as knowledge, skills and attitudes. This view was adopted by the investigator.

Waltz suggested a Clinical Competence Rating Scale 3. The attributes in the scale echoed the thoughts of Benner (1984) and Gaberson & Oermann (1999, 2006). Susan (2006) stated that the students' perception of their own clinical competence influences the ease with which he integrates into the role of a registered nurse upon graduation. The phenomenon was experienced by the investigator in the course of this study.

Strategies of clinical teaching have been described by several authors (Won, 1987; Gaberson et al, 1999, 2006); Dieter et al, 2006; Parsell & Bligh, 2001; Lee, 2002; Melrose, 2004 etc.).

Methodology

Phenomenological Research Approach provided the basis for

the qualitative design of this study, which was conducted in three phases.

Phase I

In a regular college CNE programme on 'Clinical Teaching', a group discussion involving 37 Nurse Educators was purposively piloted. There were 24 PG faculty, with teaching experience ranging from 1 to 10 years and 13 Clinical Instructors with teaching experience of 0 to 2 years. The emergent major perceptual components were noted as : (1) Understanding of themselves as Clinical Teachers - Role and responsibilities; Teacher preparation

(2) Clinical Teaching vs Clinical Supervision - Interrelatedness and Differences; Application of knowledge to practice; and (3) Students as learners in Clinical settings - Lack of students' motivation & compliance Attitude towards nursing care.

The issues related to 'Clinical Teaching' were discussed in a Focus Group discussion, consisting of 16 PG students with teaching experience between 0 to 4 years. The classes for them on 'Nursing Education' had not yet commenced.

The topic 'Clinical Teaching' was suggested for discussion for a batch of Under-Graduate students (3rd year BSc Nursing), divided into 5 groups, 10 in each. One group had 11 students. The subject 'Nursing Education' is not taught in this course.

The major concerns emerging from the Group dis-

discussion were : (1) How does it help students to understand their patients' health problems and health needs ? (2) Does it help them to transfer classroom learning to actual patient care situations? (3) Can there be variety in teaching methods ?

From the above three group interactions it became evident that each group viewed Clinical Teaching from somewhat different dimensions.

The confusion between 'Clinical Teaching' and 'Clinical Supervision' was found common between teaching faculty and PG students, may be because of their general exposure to the concept. Several Nursing scholars (eg., Gaberson et al, 1999, 2006) had opposed the idea that teaching and supervision should be considered as same. But according to Russell & Cordingley (1996), these two activities of teachers were intrinsic to each other.

The confusion had been commented upon by Yegdich (2006). But common to all groups was the usefulness of Clinical Teaching in helping students to apply classroom learning to render comprehensive nursing care to their patients. This finding gave impetus to proceed to the next phase of the study.

Phase II

A 'Clinical Teaching' strategy termed as 'Comparative Analysis' was developed by the investigator, incorporating the core principles of teaching strategies, such as 'Clinical Conference' and 'Integrated Teaching - Learning'.

After an orientation class on the concepts of 'Comparative Analysis' this method of clinical teaching was given as an indi-

vidual clinical assignment, separately to PG and UG students.

The investigator prepared 6 Nurse Educators of the Department of Medical - Surgical Nursing to attend and evaluate each student's clinical presentation using the proposed method. The evaluation criteria were decided in a discussion with both groups of students together.

Phase III

In this phase discussions were held separately for each group of students and teachers' group on identifying strengths and weaknesses of the 'Comparative Analysis' method of clinical teaching. The commonalities were thus identified among all these three groups' perception of this clinical teaching method.

From these, the important strengths emerged as its usefulness in:

1. Making the learner utilise relevant knowledge components in identifying patients' health problems and health needs, thus reducing the gap between classroom learning and clinical practice.
2. Helping students to make appropriate decisions in health care.
3. Understanding the uniqueness of each patient in health care, regardless of the similarity in their clinical diagnoses.
4. Developing critical thinking and clinical reasoning abilities.
5. Realising the actual meaning of 'Comprehensive Health Care' through real experience of practicing the concept.

The students' opinion revealed that 77 percent of them experi-

enced an improvement in their ability for critical thinking and clinical reasoning. Also the open interactions between students and teachers during presentations improved the interpersonal relationship, resulting in a conducive environment for learning.

The method has some significant weaknesses : (1) Difficulty in getting patients with set eligibility criteria, (2) Presentation takes longer time than other clinical teaching methods.

Findings and Interpretation

As the study approach is qualitative in nature, the 'Descriptive Narration' is adopted for reporting of the findings. The whole study sequence had not been planned or contemplated at the onset, as the investigator could not anticipate the direction the findings might take. Each phase of the study generated the need for the next phase resulting in a continuous flow of self-generated facts regarding the perception of nursing professionals in relation to issues of 'Clinical Teaching.'

Consequently, the findings of each phase had to be narrated at the end of respective phase of the study.

Conclusion

Nursing profession must respond appropriately to society's changing demands and expectations. Therefore, the nursing knowledge and skill cannot be traditionally static. The success of producing competent nurses for future health care depends on how effectively we can bridge the gap between theory and practice, through innovative methods of clinical teaching. An integrated Nursing Curricula

stringently applied, is the only means to bring reformation in professional discipline.

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