Reflection Journal II

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The Masters of Nursing: Education program at Ferris State University provides an opportunity for the graduate student to be immersed within the chosen specialty under the guidance of a preceptor. I have been working with a preceptor at Muskegon Community College to gain experience in didactic teaching, NCLEX style question evaluation, statistical evaluation of test questions, and assisting at-risk students. This paper explores two instances I have experienced during this practicum and relates these experiences to the Patterns of Knowing as described by Barbara Carper (1978). Previously I explored a teaching opportunity and a student intervention. I have chosen to revisit teaching as this second reflection focuses upon the building of the teaching content from the objectives and including learner centered techniques rather than following previously created work. The second reflection topic is role ambiguity I experienced as my confidence as an educator has grown.

# Teaching

I had the opportunity to teach the didactic portion of communication, prioritization, organization, and teaching. This was a two and half hour lecture. I had the opportunity to build the entire lecture from the objectives and the text, as opposed to working from someone else’s lecture. I created a 35 slide PowerPoint based upon the objectives and 17 case studies for the students to work on in class. The teaching learning objectives (TLO) came from the Muskegon Community College Nursing Program NUR 126 Learning Packet. The TLOs are linked to the text *Basic Nursing Concepts, Skills, & Reasoning* (Treas & Wilkison, 2014).

## Aesthetic Knowing

Communication and patient teaching are basic imperatives for the nursing profession (Zavertnik, Huff, & Munro, 2009). My plan was to spend the majority of the time on the case studies, as I had posted the PowerPoint presentation in the course shell on Blackboard the previous week. Once again I presented the lecture at 8:00 am on a Monday morning. Intuition told me that an 8:00am Monday morning lecture is a prime opportunity to provide a learner centered teaching format to keep the students alert and engaged, as well as to provide them with the tools to integrate communication, organization, prioritization, and teaching. Intuition also told me that students in a nursing program would value this learning opportunity less than one based upon pathophysiology or assessment. I needed to engage the students with the material. I created 17 case studies spanning the topics covered for the students to work out and present to the rest of the class. At the beginning of the class I asked for complete honesty in answering the following question: How many students had reviewed the PowerPoint prior to class. Two students had reviewed the PowerPoint. This changed my planned approach. Instead of going directly into the case studies, I did a quick walk through of the presentation. Following the brief review of the lecture material, I broke the class into 15 groups of 3-4 students and had them randomly select the case studies from a hat. I allowed the students to work on the case studies for 15 minutes. Each group presented the case study they had drawn, and the communication, organization, or teaching that the case required. The class as a whole then discussed and made suggestions. It was a very dynamic and engaging session.

Personal Knowing

I was very excited to present a full length class that I had built from the objectives up. I recognized the possibility that several students would not review the materials prior to class, so I had the back-up plan. I was disappointed that only two students had reviewed the presentation prior to class, but simply switched gears to meet the need of familiarizing the students with the basics before putting the case studies in play. During the very rapid review of the material, I kept the students engaged by throwing quick questions to them and injecting humor and a little pathos into the mix. I built the communication piece from internal communication (communicating with self) out to one on one interactions such as the patient interview and further still to group communication such as family education, and still further to large group communication such as presenting at conference or teaching. I was very conscious of this layered communication as I presented and walked the students through the case studies. I have changed by this experience by embracing complete ownership of a class. Building the of the lecture and case studies was a significant time investment which demands commitment to the course.

Ethical Knowing

I believe my preparations and delivery were in the best practices for nursing education. I formed my approach based upon the National League of Nursing (NLN) educator competencies including “Recognizes the influence of teaching styles interpersonal interactions on learner outcomes” (NLN, 2012. p. 16) and “Implementing a variety of learner centered teaching strategies” (NLN, 2012, p.14). My personal beliefs regarding nursing education is reflected in the NLN competency “Exhibits a spirit of inquiry about teaching and learning, student development, and evaluation methods” (NLN, 2012. p. 21). Building the class from the ground up was revelatory and very enjoyable. My content was built from the course objectives. This helped me meet the students learning needs. Incongruence was experienced when I learned the students had not prepared for the class. The only ethical quandary was the rapidity of delivering the material in order to have time for the case studies. However, I felt that the case studies would open the students up to new ways of thinking in regards to communication, organization, prioritization, and patient teaching. I also went back through the presentation to the relevant points as the students discussed each case study. This helped ease the ethical quandary by representing and reinforcing the material.

Empirical Knowing

In the communication section, I stressed the need for confidentiality and referenced the American Nurses Association position on privacy and confidentiality (2015). I explored subjective and objective information in regards to patient statements and observable facts, as well as verbal and nonverbal communication (Treas & Wilkison, 2014). I built the decision making and prioritization section of the material on Maslow’s Hierarchy of needs (Beran, 2013, Treas & Wilkison, 2014). I tied the prioritization of patient care into the nursing process and linked it to the ANA’s nursing scope and standards of practice (2010). I constructed the patient teaching section on Bloom’s Taxonomy as well as the domains of learning, as well linking nursing diagnosis outcomes with the levels of learning (Treas & Wilkison, 2014). This helped illustrate the patient’s progress through integration of teaching (Kau, 2011). I also introduced healthcare literacy, literacy statistics, and pictograms as aids to patient education. Health literacy incorporates numeric literacy: the ability to understand and use numeric information such as medication measurements or blood glucose measurements and the ability to listen and understand verbal instruction (oral literacy) (Berkham, Sheridan, et al, 2011). The National League of Nursing (2012) specifically calls upon the nurse educator to implement a variety of teaching methods designed to engage the student in the learning process. I predicted the case studies would be a fun and engaging method of integrating the material, and this proved to be true. I predicted that the students would be prepared for Monday morning class. This was patently disappointing.

**Emancipatory Knowing**

I believe both the students and I benefited from this experience. I was thorough and followed the guidelines of the TLOs so the students’ needs for this section were met. I benefitted from the process by discovering what goes into creating an entire class, creating the case studies to challenge the students to integrate the concepts, and growth through ownership of the class. There are few barriers to learning in this format, although again there were students present that had worked the night before and had come to class directly from work. As I explored in my previous reflection, students that work full or part time to support themselves, their families, and their education are at a disadvantage secondary to time constraints and levels of exhaustion. In a study observing nursing students who also worked part time as health care assistants, Hasson, McKenna, and Keeney (2013) listed decreased academic performance, poor attendance, higher attrition, increased stress and fatigue as common themes. This highlights the need to actively engage the students in their learning. Short of increased funding to nursing students or free college education, this problem will continue.

**Reflectivity**

During the discussion following the lecture, my mentor revealed she was not overly surprised the students had not prepared for the lecture. She felt that my approach, including the case studies, engaged the students and helped them integrate the information. I believe in my own course I would communicate the need to review materials prior to lecture and I would inform the students when learner centered opportunities such as case studies or quiz games are going to be used so the students may prepare. I feel we could have spent more time discussing the case studies had I not had to review the content. My insights include the possessiveness I felt in regards to this class, the ownership of the content and its presentation, and the fierce joy I received in creating a complete learning opportunity. Adding in the fact that I was allowed to pick the test questions for the unit test and the final exam really brought the entire teaching process into focus. This experience has made me eager to embrace this new role in its entirety.

**Role Conflict**

In my role as a clinical instructor I had a large amount of autonomy. In the clinical setting I was the authority and the instructor, and while I received guidance as to student objectives the direction of the students’ learning experiences were under my discretion. In my role as clinical coordinator I am highly autonomous. The role demands the ability to make autonomous decisions and communicate clearly. The role of Masters nursing education student has created some role conflict for me as I grow in confidence in this new process. My accustomed level of autonomy became at odds with the student educator role.

## Aesthetic Knowing

I am deeply grateful for this experience and for my preceptor’s time, guidance, and input. My frustration stems from the increasing confidence I am experiencing in conjunction with the eagerness to fully embrace this new role. My increasing confidence in the role of didactic instructor as well as my determination to have maximal interaction with the students have created a sword edge to balance upon between student and educator. Furthermore, communication misunderstandings, differing agendas, and working with a very talented professor who has many years teaching this course have led to minor frustration on my part. The role conflict derives from an almost involuntary need for my preceptor to frequently interject in my teaching presentations and offering minute corrections in my student interactions. Clear communication has been difficult at times. My preceptor is a full time professor, teaching didactic, simulation, and clinical as well as being the curriculum coordinator for her program. My practicum is an added responsibility, and I must balance my eagerness to launch in my new career with respect for the demands upon my preceptor’s time.

Personal Knowing

I was exceedingly nervous entering into this practicum, and upon reviewing my objectives as well as the expectations of my mentor the semester ahead seemed overwhelmingly filled. As I delved into each objective, one at a time, the impossible became doable. I began to embrace the role of nurse educator and the joy inherent in helping students reach an understanding of key concepts. I was influenced by the strait-laced, no-nonsense approach of my preceptor as well as my more light hearted eagerness. I wanted to provide the best possible learning experience for the students and I wanted to meet the objectives of the course. I also wanted to engage the students in their learning. Admittedly, embracing an unfamiliar specialty (obstetrics) increased my anxiety in the initial stages of this practicum. However, as I had hoped, exposure to teaching that which I feared has led to increased confidence and increased curiosity in this previously unexplored field of expertise. The role conflict I am experiencing is rooted in my eagerness to fully embrace the educator’s role rather than remaining in the student-educator role.

Ethical Knowing

I believe I have acted in accordance with ethical standards as delineated by the NLN’s standards for nurse educators (2012) in implementing a variety of teaching methods, recognizing and supporting multicultural, gender, and experiential influences, and drawing on evidence based education practices. My creation of quiz games and case studies for the course have reflected the learner centered approach to teaching endorsed by the NLN. My inclusion of textbook references in the answers of the quiz show reflect my accountability to the students in quizzing them on information available and assigned to them. My creation of NCLEX style questions has been based upon evidence based education practices and rooted in the text assigned to the students. I believe my joy in teaching has been communicated to the students and to my preceptor. My frustration at communication misunderstandings have created incongruence in an otherwise excellent learning experience.

Empirical Knowing

Potter and Tolson (2014) created a guide for mentoring fledgling nurse educators. They state that the mentor must debrief with the mentee following a teaching opportunity. My mentor has certainly done this for me. Furthermore, Potter and Tolson (2014) state that the mentor state that the mentor must nurture leadership and the mentee must accept the nurturing. The difficulty in this case lies with the mentee; I have difficulty accepting nurturing.

Specht (2013) explores role ambiguity and conflict in novice nurse educators. She floated the hypothesis that the quality of the mentorship a novice nurse educator experiences is reflected in role conflict. The quality of mentorship I have received from my preceptor is highly professional and largely supportive. Reflecting on Specht’s research, my role ambiguity and conflict would be far greater without the mentorship I have received in my practicum. A more thorough understanding of the mentor-mentee relationship would have been beneficial throughout the practicum experience and may have prevented some of the role conflict I have perceived. I did not anticipate the level of confidence I have reached, and this too contributes to the eagerness to fully embrace the nurse educator role. My confidence also speaks to the effectiveness of my preceptor’s mentoring.

**Emancipatory Knowing**

I have deeply benefitted from this experience. I have compared this practicum to learning the trapeze with a safety net. The confidence I have gained, the experience in skill test outs, test question writing, creating learner centered activities, creating lecture materials, and delivering lectures has given me the confidence to accept an adjunct teaching role for next semester. It is my hope that MCC and my preceptor have benefitted from this experience as well, and will use the teaching aids I have created for future students. The director of the nursing program at MCC stated that Ferris could send Masters students at any time, and that I represented the program well. No real barriers have presented during this experience as flexibility has been amply demonstrated on both sides.

**Reflectivity**

If I had a better understanding of mentor-mentee relationships, I would have been more accepting of the nurturing offered in this growth role. Again, I am deeply grateful to the guidance and input of my preceptor. The insights I have gained include a surprising impatience to begin my new role. This is surprising because prior to this practicum I was experiencing doubt as to my chosen specialty and was contemplating a continuing administrative role. The immersion into the teaching role has reminded me why I started down this path. I am eager to take ownership of courses, responsibility for student learning, and accountability to the school of nursing and to my students. My frustration and role conflict, while appearing negative on the surface, are in fact reflections of highly positive outcomes. I think I am ready to fly!

Conclusion

 The growth experienced in this practicum experience is inadequately reflected in this reflection. So many challenges have been faced and so much has been learned that it was difficult to choose just two things upon which to reflect. However, I found the contrast between teaching from a constructed content and developing my own class to be definitive for a nurse educator. The role conflict had been brewing for some time and exploring it allowed me to accept my own culpability. The Masters practicum is truly a time for growth and bringing all that has been learned into play.

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