

Nurse Fellow: Carole MacKenzie, BSN, M.Ed., RN-BC

Dates of Fellowship: August 14 – September 1, 2017 (Course held August 21-25, 2017)

Location: Mbarara University of Science and Technology (MUST) Mbarara, Uganda

Program: Clinical Instruction Training Program

Goal:

Increase the knowledge and competency level of Clinical Instructors at Mbarara Regional Referral Hospital and Mbarara University of Science and Technology enabling them to teach and assist MUST nursing students in the acquisition of knowledge and skills in the clinical setting. To achieve the program goal, the broad objectives established for program development were to: role model teaching techniques for the learners, increase the learners' teaching competency, expand the learners' confidence in utilizing strategies for learner engagement and encourage and advance teaching in the clinical setting. Our aim with engaging the learner in education is to improve retention, reinforce learning and advance how the new knowledge embeds into practice.

Learning Outcomes:

By the end of the Clinical Instructor Training Program, the participants will be able to:

1. Demonstrate the core competences of a Clinical Instructor, in order to direct, manage, and evaluate preceptee learning in the clinical setting.
 - a. Teach and instruct students in the clinical setting
 - b. Communicate effectively with clinical teaching team and students
 - c. Demonstrate leadership skills
 - d. Demonstrate professionalism
 - e. Utilize principles of skills laboratory methodology in teaching
 - f. Apply evidence based practice in clinical teaching
2. Discuss the importance of ongoing communication and feedback between the Clinical Instructors and the faculty of the school of nursing, in regard to the goals and objectives of the nursing students, to ensure that the students have the best learning experience they can in the clinical setting.
3. Describe roles and responsibilities of the Clinical Instructor as part of the clinical teaching team, to assure the following elements are supported:
 - a. Assist students in the integration of theory into practice
 - b. Observes and guides students' clinical learning activities
 - c. Identify students learning needs and opportunities in the clinical setting

Nursing Fellowship Activity

Background and Base Line Assessment findings:

The following baseline assessment that informed the teaching methodology for the Clinical Instructor Training Program was obtained from the strong work that had been previously accomplished by the Global Health Nursing Team.

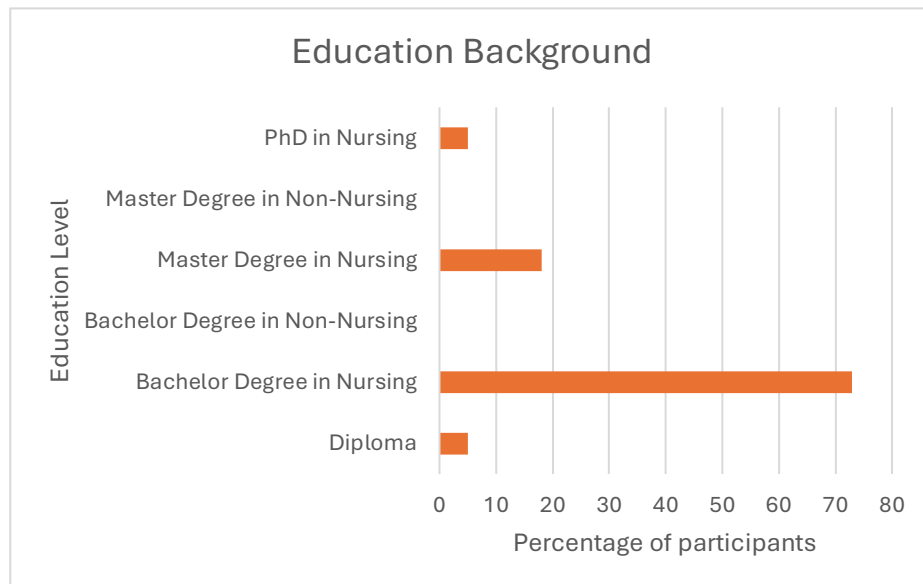
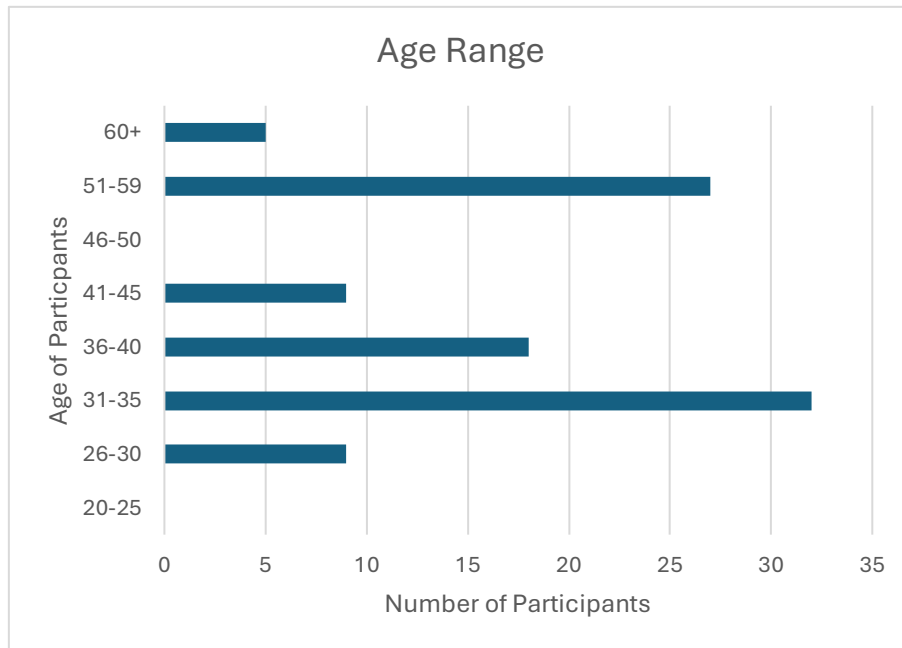
Teaching in nursing and midwifery requires the integration of knowledge, skills, and attitudes that enable graduates to become competent nurses and midwives in the course of their practice. Competent nurses and midwives are able to use clinical judgment in the provision of care to improve, maintain or recover health. There is a need to balance between the knowledge that nursing students achieve in classroom learning and its application in the clinical setting. In order to have qualified and competent nurses and midwives, there is a need of ensuring effective and standardized clinical teaching and learning that is achieved through the presence of clinical instructors who facilitate as guided by guidelines for clinical teaching.

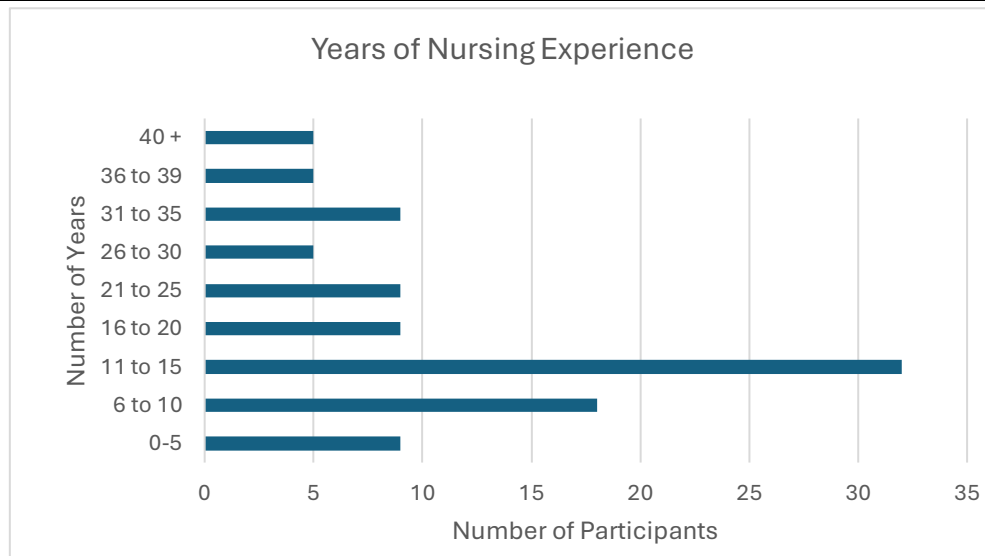
Teaching in the clinical setting at MUST is insufficient for the students for several reasons. First, the number of faculty members is low, using Global Health Service Program volunteers to fill in necessary gaps. Secondly, the faculty members have been out of the clinical setting for a time and may be uncomfortable returning to the hospital side. Additionally, the ratio of nurses to patients in the hospital is 1 nurse to 30-40 patients. As a result, the hospital nurses are unable to devote time to the students during their clinical rotations. The Head of Department would like to see an increase in the number of faculty members teaching in the hospital and would like to see an increase in the ability of the hospital nurses to be comfortable and encouraged to teach the students.

In addition to the assessment specific to the learners at MUST, assessment studies in the United States put forth recommendations to transform education and learning for the 21st century starting in 2007. The 2007 Carnegie Foundation report *The National Nursing Education Study* was followed in 2010, by The National Academies of Sciences Engineering Medicine report *The Future of Nursing: Leading Change, Advancing Health*, through the most recently released 2016 reports from the National Council of State Boards of Nursing report *A Changing Environment: 2016 NCSBN Environmental Scan* and American Association of Colleges of Nursing report, *Advancing Healthcare Transformation A New Era for Academic Nursing*. These recommendations also informed the teaching design and methodologies for the Clinical Instruction Training program.

1. Educational sessions

a. The following slides represent student demographics





Active student participation in class discussions and activities and a comfort level among the students to ask questions were course objectives. The following pictures help to illustrate the students' participation.



b. Pre/post assessments



A multiple-choice quiz/assessment was developed to address the students understanding of the content contained in each of the course topics listed below. Learners completed the assessment prior to taking the course and at the completion of the course.

c. Topics covered

Module 1: Adult Learning Theories and Learning Preferences

Module 2: Clinical Instructor Roles and Responsibilities

Module 3: Communication & Collaboration - Essential Skills for Professional Nurse Practice

Module 4: Conflict Resolution

Module 5: Goals, Objectives and Teaching Plans

Module 6: Stages of Clinical Competence: Developing from a Novice to an Expert

Module 7: Strategies for Clinical Teaching

Module 8: Effective Clinical Bedside Teaching

Module 9: Guiding and Assessing Performance and Competence

The educational framework used to present the course was built upon the best practices for 21st century learning. Best practices include designing and implementing education that is Learner and Outcome Based, Interactive, Blended, Interprofessional, Cross Generational, Collaborative, Social, Built in Short Segments, Measurable and Sustainable.

To further guide the development of the clinical instructors, the following points of emphasis for learning were threaded throughout the course

- More information doesn't mean more learning
- Cognitive load is an essential consideration
- Our emotions impact our learning
- A positive learning environment is key to learning
- Our brain responds well to something with a new twist or approach
- Learners benefit from exploration and discovery

2. Clinical Skills

a. Application of new skills in clinical setting – practice sessions

The students studied Patricia Benner's model of skill acquisition from novice to expert. During discussing each of the course topics, they worked during class to apply the model to the role of the clinical instructor. Each day at least two active strategies were incorporated into the lesson plan, affording the students to practice apply their skills. The students also received a tool kit of active strategies to engage learners.

One example of an active learner engagement exercise included having the students practice giving and receiving information using the framework of feedforward. Feedforward is a tool to support and strengthen clinical reasoning and critical thinking. Feedforward was contrasted with the concept of providing feedback. To embed the students in the content, an active learning exercise was designed to have the students provide each other with a performance recommendation using the feedforward methodology. The image below captured the students carrying out this exercise.



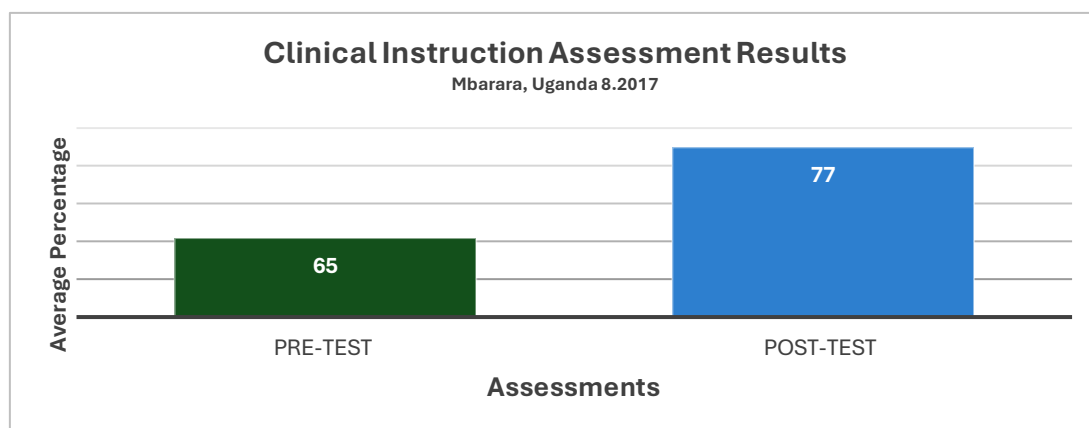
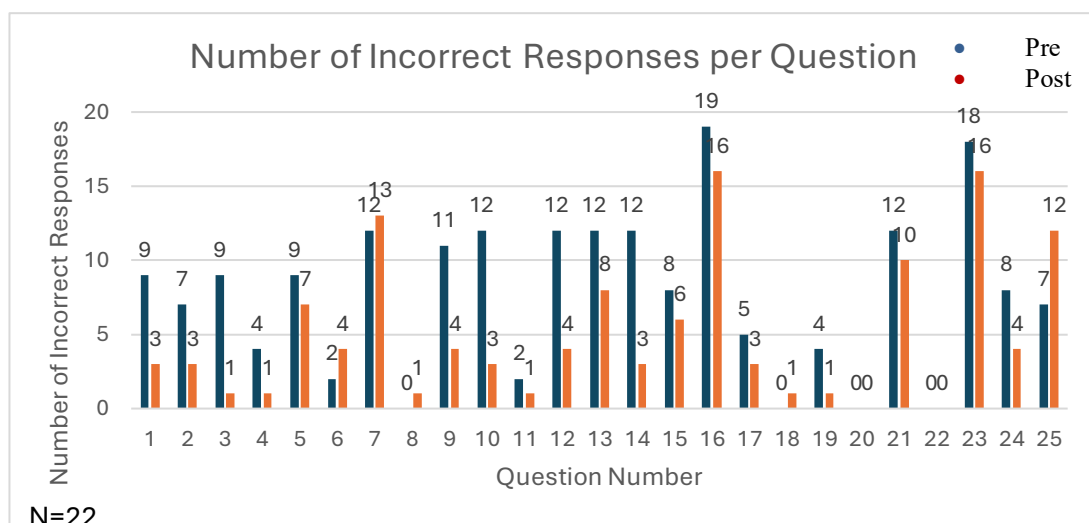
3. Evaluation/assessment:

- Pre/post educational sessions

Formative evaluation was used throughout the course to assess the student's progress in processing and applying class content. Adjustments to the course agenda and teaching strategies could then be made each day, if/as indicated. As mentioned previously, a multiple-choice quiz/assessment. The results of the assessment are included in the slides below.

- Overall increase in knowledge

Course evaluation and student observations indicated an overall increase in knowledge.



4. Challenges and how you handled them

I was most fortunate to step into a positive learning environment that had been cultivated and clearly well established by the Global Health Nursing Team. The clear evidence of the work accomplished by the Global Health Nursing Team to establish a positive learning environment was reflected in the participants. The students were attentive and a pleasure to meet and work with and were active participants involved in a collaborative teaching/learning methodology.

Some challenges that presented were related to the availability of equipment to support the use of classroom technology and intermittent problems with connectivity for utilizing the technology. Of note, these challenges can present in any education setting and experienced faculty are prepared to work around these challenges by having an alternate teaching plan in place. Mary and I remained ready with alternative plans for education delivery.

Another challenge was in determining if certain language phrases commonly used in the United States, such as the phrase “all set”, translated accurately to the learners in Uganda. Mary Sebert was my trusted source of guidance in helping me to clarify phrases that were not readily understood.

Personal reflections of Fellowship

1. Lessons learned (professional and/or personal)

One of my personal goals for teaching this course was to determine if the strategies we are using to teach students the best practices for 21st century learning could be applied successfully within another country and culture. I learned many of the challenges facing nursing as a profession across the United States also applied to our nursing colleagues in Uganda. Based on the excellent foundation for advancing nursing practice in Uganda that Mary and Pat have developed, the wider work underway within the U.S. and our work at MGH to address best practices for teaching and learning in the 21st century, translated very well to our respected colleagues in Uganda.

The lessons I learned on a personal level were very powerful. Despite the excellent pre-departure education I received, I don't think one can be fully prepared for the contrast between life at home and life in Uganda. The contrast in the resources available for everyday living was of course identifiable, but for me, the contrast in resources available within the acute care hospital setting was the most impactful experience. Having the opportunity to visit and tour the hospital crystalized the value of MGH's Global Health mission and work.

2. Success stories

Throughout the week of teaching, I was focusing on establishing and achieving small measures of success each day. During the evening, I would reflect on how teaching had been received that day. I would aim to identify if and how the students were engaged in the class, if they were staircasing their learning by demonstrating the ability to apply content learned one day to the next day. This reflection helped me to prepare for teaching the class content scheduled for the following day. Each evening, I felt I could measure student progress and then plan for next steps to advance the students' progress further. Each day working with my nursing colleagues in Uganda was a positive and rewarding experience for me! I very appreciated and valued their kindness, flexibility, intelligence and teamwork.

The measures of success that stood out to me were an increasing comfort level among the students in sharing their insights, offering advice to each other and asking questions. The following examples spotlighted to me how the students represented the acquisition of knowledge and skills.

One student presented a case involving an ethical dilemma and students provided thoughtful, insightful recommendations for consideration in addressing the dilemma. They listened carefully, acknowledge the challenge of the situation and thanked the student for bringing the situation up for a class discussion.

One of the students who oversees the use of the simulation lab shared with me that she felt faculty and master's degree students did not understand how simulation can be integrated into teaching. I asked her if she would like to demonstrate a mock, low fidelity exercise for the students. An exercise was developed to represent the high-risk situation of the delivery of a baby, when the shoulders fail to deliver after the head has been delivered. The nurse responsible for the skills lab and two fellow nurse midwife students demonstrated the simulation using a mannequin. Watching this simulation unfold and comparing it to teaching this content via a lecture provided the students with valuable information about incorporating simulation into their toolkit of active learning strategies.

To explore the use of reflection as a teaching strategy, the students were asked to draw an image of how they were feeling on their first day in a clinical setting. I anticipated this engagement exercise would involve 20 minutes of time. To my surprise and delight, each student not only drew a reflective image but wanted to share and discuss their image with the class. The student pictured below had been more reserved in some class discussions, but through the use of this reflective exercise, she was clearly engaged in wanting to discuss her experience.

