

Observation Paper

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The education of future nurses is a skill that is not easy to obtain. This skill, like many in nursing, comes with lots of practice and hard work. When learning any new skill it is important to see it performed at least once to know how it should be done. To this end an observation of two current nurse faculty members, in three different settings was performed. This paper will analyze how these faculty members conducted their lessons and how they interact with the current research literature. A critique of the educators teaching style and the materials used will also be done.

### **Experiences**

This paper will focus on the observations of two nursing faculty at Hope College in Holland, Michigan. The first nurse educator observed was Donna Garrett MSN, RN. Donna was observed at Spectrum Health Meijer Heart Center on a cardiac step down unit. During this observation Donna was instruction a group of junior level nursing students in an acute adult clinical. The second instructor observed was Vicki Voskuil MS, RN, CPNP. Vicki was observed during two separate class formats. She was first observed during a health assessment lab for sophomore nursing students. This observation took place in the health lab at Hope College. The second time Vicki was observed was for a junior level family health lecture class. This lecture took place on Hope College's campus.

### **Clinical**

The observation began at 10:00 am, a full two hours before the students arrived at the clinical site. During these two hours Donna combed through the patient charts to determine what patients would be the best for her students. Donna performed this task in a well rehearsed manner that was rather efficient. After eliminating patients that were either going to be

discharged in the next two days or would not be good educational opportunities, Donna was able to create a solid list to build her student assignments from. When asked how she determines what patients would be good educational opportunities she stated the follow criteria: able to interact with the students, complex medical condition, multiple medications, and if it is type of patient a student has not experienced during this rotation (D. Garrett, personal communication, March 26, 2012).

Donna broke the patient list up into assignments of one or two patients depending on who passed medications last week. She does this because she is unable to pass medications with all eight of her students each week. The students were then released to look up their patients and meet their patients. At this point Donna began to float around the unit observing the students. She checked in with the students at regular intervals and would discuss their patients with them.

One interesting observation occurred when a floor nurse told Donna about how one of the students assisted with pulling a chest tube out. The student had experience in medicine because she worked in an endoscopy clinic and regularly helped with procedures. During the pulling of the chest tube the student became pale and needed to sit down. Donna later asked this student about her experience pulling the chest tube and if there were any problems. The student stated that it went well and that it was a great experience. Later Donna was asked about the student's description of the events. Donna stated that it was not uncommon for a student to want to appear stronger especially in front of their peers (D. Garrett, personal communication, March 26, 2012). Donna indicated that if the student was alone she would have pressed her more with the facts she had but since another student was present she choose to wait till a more private time to discuss the matter. Donna was also told by another nurse how well one of her students had done. This floor nurse did not give praise easily and Donna was rather proud of the great job the student did.

Just like the previous student, Donna chose to wait till a more private time to inform the student of their job well done.

The amount of knowledge Donna had about her students was surprising. It seemed that the relationship was much like that of parent and child. Donna knew a lot more about the students than they thought she did. Donna was also able to read her students personalities well. The only male student in her class was someone Donna pointed out in particular. He was a bright student who will do well as a nurse but he did just enough to get by. This bothered Donna greatly because she saw some much more talent in this young man but he was choosing not to use it. Donna discussed how she will work more closely with these students to encourage them put more effort forth. She strives to get her students to perform to the best of their abilities and not to the bare minimum.

### **Lab**

This lab class is a hybrid class that includes a lecture component during the lab time. Vicki normally does the lecture at the beginning of the lab discussing the assessment skills the class was going to work on that day. The topic of the lab on the day of observation was assessment of the pre and post partum patient.

Vicki began the lecture by admitting that she was not an expert on the assessment of the OB patient. This was a way for Vicki to be honest about her skills. She informed the class that she may not be able to answer all of their questions but if she could not she would get back to them with the answer.

After Vicki presented the material on assessing the OB patient she then had the class form a group around one of the mannequins' in the lab. This was a simulation mannequin that was able to show what the delivery looks like. The mannequin had a baby that was able to be

“pushed” out. This was a rather life like representation of the actual birth process. The student was able to get a sense of how the anatomy changes as the baby is being born.

Vicki then had the class gather around a post partum mannequin. This mannequin was equipped with a cavity that held different size balls of different stiffness. These various balls are able to simulate the stages of the fundus after delivery. The students were able to change out the balls so that they could feel what a fundus would be like with a full bladder, not fully clamping down, and what a fully constricted fundus would feel like. Vicki finished the day by allowing the students to meet with their groups and discuss an upcoming project. The class ended about 30 minutes early.

### **Lecture**

The final observation was of Vicki during a lecture for junior level students. The focus of this class was family health. This is a two credit class with only seven meeting times during the semester.

Before the start of the lecture Vicki indicated that this was only the second time that she had delivered this lesson. The class is co-taught with another instructor and the second instructor usually teaches the lesson for that day. Vicki described how when she becomes familiar with a lesson she is more confident when delivering it. Since Vicki had only giving this lesson one other time she was rather nervous. This nervousness was evident by Vicki saying umm many times and having to refer to her notes often.

After the lecture was over, which only lasted about 30 minutes, two of the students presented their community learning project with the use of a short PowerPoint. The class was scheduled to be a two hour lecture but Vicki let the class go an hour early. When asked about this she stated that as an instructor you need to read your students (V. Voskuil, personal

communication, April 11, 2012). She knew that these students just got out of a four hour lecture and that they were not focused on the material. She said that it was important to take the students stress level into consideration. If she can do something to help relive some of their stress she feels that is important (V. Voskuil, personal communication, April 11, 2012).

After the students left Vicki demonstrated the online aspects of the class. She is working on using the online environment more in her classes. For this class she has the students do an online quiz before each lecture. These quizzes are graded and the student has three chances to take each quiz. Vicki has found this method to be helpful in getting the students to read the assigned material before the lesson.

The demonstration of the online environment prompted a discussion about cheating. Vicki was very firm on her beliefs in regards to cheating. She did not tolerate it. She feels that if a student cheats on something as small as an online quiz what would they do when they are a nurse. She shared a story of a student who she caught cheating. In a previous semester of the class that was observed the quizzes were done on paper but the students could use Word to answer the questions. One student had turned in the quiz but it had another students name on it. When she asked the student about it the student said that they had worked on it together. This was not against the rules for the quizzes but it seemed rather fishy. Another example she gave was a student who said they left their quiz in their dorm room. Vicki said turn it in tomorrow. Vicki then went onto the online environment and found that the student had not yet even opened the quiz let alone complete it. Vicki confronted the student with this and counseled the student about being dishonest.

### **Critique of Course Materials**

During the observation several different teaching materials were used. These materials ranged from: course syllabus, Power Points, hand outs, and computerized mannequins. Each one of these were used in various ways to enhance the students learning.

During the clinical observation with Donna offered the course syllabus for review. The syllabus was similar to many other nursing course syllabi observed in the past. The syllabus included a multi page form that the students had to fill out when they were assigned to care for an intensive care patient for a week. This form was interesting in that it was very in depth. The form was laid out using Gordon's functional health patterns which allowed the form to be easy to follow.

Donna described how important it was to continuously evaluate a syllabus and to update it. This fact is reinforced by Slattery & Carlson (2005) who described the importance of maintaining and updated syllabus. A syllabus must be reviewed and revised at frequent intervals in order to maintain its effectiveness. Donna requested feedback on her syllabus and some areas of improvement were identified.

Beyond printed materials Donna also utilized post clinical conferences. This was a time at the end of the clinical day where she sat down with her students to discuss what had happened that day. This is an important part of the clinical because it assists the student to process their experience (Cant & Cooper, 2011). The student is able to talk through the experience in a controlled way and to also receive feedback from the instructor. This discussion heightens the students learning (Cant & Cooper, 2011). Donna also described that due to the high acuity of the patient population for this clinical, the post conference is also used to talk about when a patient passes away. Donna has found that for many of her nursing students that if their patient

passes away it is the student's first death (D. Garrett, personal communication, March 26, 2012). The effects of a death on a student can be profound. The student could experience an emotional distress that could linger for a long time (Parry, 2011). Holding a debriefing after a death of a patient allows the student to talk about the experience and to also receive support from the instructor and their peers.

The main educational material that Vicki used during the lab was the mannequins. These are an acceptable replacement for a live patient in many settings. The use of computerized simulation mannequins has been shown to allow nursing students to demonstrate their competency to perform a procedure in a safe and relaxed environment (Guimond, Sole, & Salas, 2011). Vicki discussed how she was almost finished creating a multi-scenario simulation using an advanced computerized mannequin. These simulations would be used to assist students in caring for a patient who is experiencing a rapid decline in their health status. This is an excellent choice because it allows students to access a patient and to critically think through a "crashing" patient. Guimond, Sole, & Salas (2011) discuss the importance of creating an accurate as possible scenario when using simulations. The more accurate and in-depth the scenario is the more the student will learn from it.

During the lecture Vicki used a prepared PowerPoint. This is a classic way to deliver information to a group of students. The material was not difficult to follow but many of the students appeared bored. One student had her laptop out and was on Facebook. This in turn distracted the two students next to her as they also were looking at her computer screen. The layout of the PowerPoint was acceptable without a lot of text per slide. It was plain due to the solid white background but was easy to read.



### **Instructor Critique**

The teaching methods that both Donna and Vicki employed were positive and negative to the student learning. They both used various methods to assist the students to learn. The different approaches meet with different levels of success.

During the clinical observation of Donna two teaching methods were demonstrated often. The first method was that of teach-back. This a teaching method that is great from teaching patients but also works well with students. This teaching method focuses on having the learner “teach” the instructor right after the learner had been taught (Teach-back technique must be taught, 2011). This method helps to verify that the learner understood the teaching. Donna used this teaching method by having her students tell her what they planned on teaching their patients. This was a great way for Donna to determine if the student understood the material they were going to teach. If the student did not seem to understand or did not teach correctly, Donna would talk the student through the information.

A second method that Donna used was role-playing. This is a good complement method to teach-back. Role-playing is an excellent choice because it allows the student to practice a skill in a relaxed and safe environment (Comer, 2005). Donna used this method to assist her students to be better prepared to care for and educate patients. By using this method in conjunction with teach-back she was able to give her students a varied learning environment that encouraged success.

Even though these two methods are excellent choices they are not 100% effective. Donna struggled with getting one student to understand the importance of Warfarin teaching. It seemed obvious that the student did not understand why a patient had to restrict their diet. After Donna talked the student through understanding why limiting vitamin K in a diet was important

she then did a mixed role-play and teach back with the student. The student seemed to freeze and got nervous trying to teach back the information to Donna. This is an example of how these methods may not always be the best choice with every student.

During the two observations of Vicki several teaching methods were used. She varied her teaching methods between the two separate observations. Each teaching method had various levels of success among the students.

In the lab the main teaching method is simulation. Simulation is an excellent choice for teaching nursing students. It gives the student the time to think through a complex problem without possibly putting a patient at risk (Guimond, Sole, & Salas, 2011). Simulation also allows students to “experience” patient situations that might not occur during their clinical rotations. Vicki did well in explaining what the simulators were demonstrating. She explained the process in an easy to understand way and seemed to hold the student’s attention well.

During the lecture observation Vicki used a PowerPoint to deliver the information. This is a classic method of delivery information. During this observation Vicki did not know the material and it did show a little. She would pause frequently and would need to think about what to say next. This made the lecture seem more disjointed and not well organized. The students seemed to pick up on this as some were not paying attention or were distracted.

### **Conclusion**

The observation of these two experienced nurse educators was an excellent chance to see what it was like in the instructor’s shoes. The level of experience that can be gained from direct observation cannot be argued. This is something that all nurses who want to go into education should experience.

## References

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