Clinical Teaching Strategies in Nursing

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Described a 2013 “Core Title” and “Essential Purchase” by Doody’s!

This highly praised text provides a comprehensive framework for planning, guiding, and evaluating learning activities for undergraduate and graduate nursing students in a wide variety of clinical settings. The fifth edition updates this unrivalled source of essential information for all faculty members—full-time, part-time, adjunct, and preceptors—responsible for clinical teaching. It encompasses current trends in health care and nursing education with expanded content on ways to maximize the clinical learning experiences of nursing students, use new technologies in clinical teaching, teach and evaluate student performance, and address ethical and legal issues in clinical teaching.

New content covers topics such as establishing and using dedicated education units, integrating simulation with clinical education, using new technologies for clinical learning, teaching and evaluating performance in distance education, promoting interprofessional education in clinical settings, integrating Quality and Safety Education for Nurses (QSEN) in clinical courses, using standardized patients, and developing partnerships with clinical sites. Special features include guidelines for developing clinical sites, planning learning activities and assignments, observing and evaluating students in clinical practice, and using preceptors. With an arsenal of practical and creative tools to help both experienced and novice nurse educators, this test is also a valuable resource for individuals preparing to take the Certified Nurse Educator (CNE®) exam.

NEW TO THE FIFTH EDITION:
- Updated with current trends in health care and nursing education
- New chapter on interprofessional education and clinical teaching from a noted expert
- Expanded content on maximizing the clinical learning experiences of nursing students
- Clinical teaching and evaluating students at a distance
- Use of social media and new technologies for clinical teaching
- Ethical and legal issues in clinical teaching
- New content on using dedicated education units
- Developing partnerships with clinical staff and sites
- Challenges of student access to electronic health records and electronic documentation of care
- Strategies to promote student learning about QSEN
- Use of simulations and integration of simulation with clinical education
- Latest revisions of the CNE test plan
- Recommendations for service learning and international clinical learning sites

KEY FEATURES:
- Delivers a scholarly, in-depth examination of current trends and issues in clinical education
- Provides evidence-based methods for clinical teaching in nursing education
- Includes practical exhibits illustrating best practices in clinical teaching and evaluation
- Highlights content in each chapter related to CNE exam blueprint
- Offers a vast toolkit for teaching and learning including Instructor’s Manual and PowerPoint presentations


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Clinical Teaching Strategies in Nursing
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Teaching in clinical settings presents nurse educators with challenges that are different from those encountered in the classroom and in online environments. In nursing education, the classroom and clinical environments are linked because students must apply in clinical practice what they have learned in the classroom, online, and through other experiences. However, clinical settings require different approaches to teaching. The clinical environment is complex and rapidly changing, with a variety of new settings and roles in which nurses must be prepared to practice.

The fifth edition of *Clinical Teaching Strategies in Nursing* examines concepts of clinical teaching and provides a comprehensive framework for planning, guiding, and evaluating learning activities for prelicensure and graduate nursing students. It is a comprehensive source of information for full- and part-time faculty members whose responsibilities center largely on clinical teaching and for adjuncts and teachers whose sole responsibility is clinical teaching. The book also is useful when teaching nurses and other health care providers in the clinical setting. Although the focus of the book is clinical teaching in nursing, the content is applicable to teaching students in other health care fields.

The book describes clinical teaching strategies that are effective and practical in a rapidly changing health care environment. It presents a range of teaching strategies useful for courses in which the teacher is on site with students, in courses using preceptors and similar models, in simulation, and in distance education environments. The book also examines innovative uses of technologies for clinical teaching.

A continuing feature in the fifth edition is an exhibit in each chapter that highlights sections of the Certified Nurse Educator (CNE®) Examination Test Blueprint that relate to the chapter content; the entire test blueprint is reprinted as an appendix. In addition to the book, we have prepared an instructor’s manual with a course syllabus, chapter-based PowerPoint presentations, and materials for an online course (with chapter summaries, student learning activities, discussion questions, and assessment strategies). To obtain an electronic copy, contact Springer Publishing Company (textbook@springerpub.com).

The book is organized into three sections. The first section, Foundations of Clinical Teaching, comprises six chapters that provide a background for clinical teaching and guide the teacher’s planning for clinical learning activities. Chapter 1 discusses the context for clinical teaching and presents a philosophy that provides a framework for planning, guiding, and evaluating clinical learning activities. Chapter 2 discusses outcomes of clinical teaching; it emphasizes the importance of cognitive, psychomotor,
and affective outcomes that guide clinical teaching and evaluation. Chapter 3 focuses on how to identify and develop appropriate clinical learning sites. It includes a discussion of underused sites, community-based clinical sites, online delivery and clinical education, and clinical learning in international sites. In Chapter 4, strategies for preparing clinical teachers, staff members, and students for clinical learning are discussed. This chapter includes suggestions for selecting clinical settings and preparing faculty, staff, and students for clinical learning. Chapter 5 discusses the process of clinical teaching, including identifying learning outcomes, assessing learning needs, planning learning activities, guiding students, and evaluating performance. Various clinical teaching models are described, including traditional, in which one teacher guides the learning of a small group of students; preceptor; and dedicated education units and other partnerships. This chapter also addresses important qualities of clinical teachers as identified in research. Chapter 6 addresses ethical and legal issues inherent in clinical teaching, including the use of a service setting for learning activities, the effects of academic dishonesty in clinical learning, incivility between students and clinical teachers, and appropriate accommodations for students with disabilities.

The second section of the book focuses on effective clinical teaching strategies. One important responsibility of clinical teachers is the crafting of appropriate learning assignments. Chapter 7 discusses a variety of clinical learning assignments, in addition to traditional patient care activities, and suggests criteria for selecting appropriate assignments. In Chapter 8, the use of clinical simulation is discussed, including suggestions for using simulation as a teaching–learning strategy. Prebriefing, as a component of simulation, is examined, and debriefing after simulation is also discussed. Chapter 9 examines different technologies that can be used in clinical education. The chapter includes suggestions for selecting these technologies and the importance of matching the choice of technology to the intended type of learning. Chapter 10 discusses the use of case method, case study, and grand rounds as clinical teaching methods to guide the development of problem-solving and clinical judgment skills. In Chapter 11 the role of discussions in clinical learning and clinical conferences is explored. Effective ways to plan and conduct clinical conferences, questioning to encourage exchange of ideas and higher level thinking, and the roles of the teacher and learners in discussions and conferences are presented.

Chapter 12 describes effective strategies for using preceptors in clinical teaching. The selection, preparation, and evaluation of preceptors are discussed, and the advantages and disadvantages of using preceptors are explored. This chapter also discusses the use of learning contracts as a strategy for planning and implementing preceptorships.

Chapter 13, a new chapter in this edition of the book, examines interprofessional education and collaborative practice. Opportunities to develop skill in teamwork should be integrated in nursing programs for students to gain the confidence needed to practice collaboratively and deliver patient-centered care. Providing students with deliberate interprofessional clinical opportunities has the greatest potential to move beyond the current practice of silo education and practice in health professions. The chapter presents the competencies to be developed and clinical activities for preparing students to work and function in interprofessional health care teams.

The final section contains two chapters that focus on clinical evaluation and grading. Chapter 14 discusses written assignments for clinical learning, including short written assignments, reflective journals, concept maps, and electronic portfolios, among others. Suggestions are made for selecting and evaluating a variety of
assignments related to important clinical outcomes. Chapter 15 describes the process of clinical evaluation in nursing, rating scales and other methods for evaluating clinical performance, and how to grade students in clinical courses. For a more extensive discussion of those topics, readers are referred to Oermann and Gaberson’s *Evaluation and Testing in Nursing Education*, fifth edition (Springer Publishing Company, 2017).

We acknowledge Margaret Zuccarini, our editor at Springer, for her enthusiasm and continued support. We also thank Springer Publishing Company for its support of nursing education and for publishing our books for many years.

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Clinical Teaching Strategies in Nursing, Fifth Edition
One of the most important responsibilities of a clinical teacher is crafting clinical assignments that are related to desired learning outcomes, appropriate to students’ levels of knowledge and skill, and challenging enough to motivate learning. Although directing a learner to provide comprehensive nursing care to one or more patients is a typical clinical assignment, it is only one of many possible assignments, and not always the most appropriate choice. This chapter presents a framework for selecting clinical learning assignments and discusses several alternatives to the traditional total patient care assignment.

**PATIENT CARE VERSUS LEARNING ACTIVITY**

When planning assignments, clinical teachers typically speak of selecting patients for whom students will provide care. However, as discussed in Chapter 1, the primary role of the nursing student in the clinical area is that of learner, not nurse. Although it is true that nursing students need contact with patients in order to apply classroom learning to clinical practice, caring for patients is not synonymous with learning. In a classic study of the use of the clinical laboratory in nursing education, Infante (1985) took the position that nursing students are learning to care for patients; they are not nurses with responsibility for patient care. Providing patient care does not guarantee transfer of knowledge from the classroom to clinical practice; instead, it often reflects work requirements of the clinical agency.

Many faculty members assume that caring for patients always constitutes a clinical assignment for students on every level of the nursing education program. Even in their earliest clinical courses, nursing students typically have responsibility for patient care while learning basic psychomotor and communication skills. However, given the high patient acuity level in most acute care settings, beginning-level nursing students are not ready to provide total care for the typical patient in such environments, and this early responsibility for patient care often creates anxiety that interferes with learning.

As discussed in Chapter 2, changes in health care, technology, society, and education influence the competencies needed for professional nursing practice.
Learning outcomes necessary for safe, competent nursing practice today include cognitive skills of problem solving, clinical decision making, critical thinking, and clinical reasoning, in addition to technical proficiency. If nurse educators are to produce creative, independent, assertive, and decisive practitioners, they cannot assume that students will acquire these competencies through patient care assignments. To produce these outcomes, clinical teachers should choose clinical assignments from a variety of learning activities, including participation in patient care.

**FACTORS AFFECTING SELECTION OF CLINICAL ASSIGNMENTS**

The selection of learning activities within the context of the clinical teaching process was discussed earlier. Clinical activities help learners to apply knowledge to practice, develop skills, cultivate professional values, and form the role of professional nurse. Clinical assignments should be selected according to criteria such as the learning objectives of the clinical activity; needs of patients; availability and variety of learning opportunities in the clinical environment; and the needs, interests, and abilities of learners.

**Learning Outcomes**

The most important criterion for selection of clinical assignments is usually the desired learning outcome. The teacher should structure each clinical activity carefully in terms of the learning objectives, and each clinical activity should be an integral part of the course or educational program. In some nursing education programs, one set of course objectives applies to both the classroom and clinical learning outcomes; in others, separate but related sets of objectives are created to reflect the different emphases of “knowing that” (classroom learning outcome) and “knowing how” (clinical learning outcome).

Whatever method of specifying desired outcomes is used, it is essential that the clinical teacher, students, and staff members understand the purpose and goals of each clinical activity (Woodley, 2018). Depending on the level of the learner, students may have difficulty envisioning how broad program or course outcomes can be achieved in the context of a specific clinical environment. It is the clinical teacher’s role to translate these outcomes into specific clinical objectives and to select and structure learning activities so that they relate logically and sequentially to the goals. The clinical teacher should share with each student the rationale for his or her specific clinical assignment to help students to focus on the learning opportunities presented by each unique assignment.

**Learner Characteristics**

As previously discussed, the learner’s educational level or previous experience; aptitude for learning; learning style; and specific needs, interests, and abilities should also influence the selection of clinical assignments. The teacher must consider these individual differences; all learners do not have the same needs (Woodley, 2018), so it is unreasonable to expect them to have the same learning assignments on any given day.
For example, Student A learns skills at a slower pace than other students at the same level. The instructor should plan assignments so that this student has many opportunities for repetition of skills with feedback. If the objective is to learn the skills of medication administration, most students might be able to learn those skills in a reasonable amount of time in the context of providing care to one or more patients. Student A might learn more effectively with an assignment to administer all medications to a larger group of patients over the period of a day or more, without other patient care responsibilities. When the student has acquired the necessary level of skill, the next clinical assignment might be to administer medications while learning other aspects of care for one or more patients.

Students who are able to achieve the objectives of the essential curriculum (see Chapter 1) rather quickly might receive assignments from the enrichment curriculum that allow them to focus on their individual needs. For example, a student who is interested in exploring perioperative nursing might be assigned to follow a patient through a surgical procedure, providing preoperative care, observing or participating in the surgery, assisting in immediate postoperative care in the postanesthesia care unit, and presenting a plan for home care in a postclinical conference. Taking learners’ interests and professional development goals into account when planning enrichment activities will motivate students and individualize their learning experiences.

**Needs of Patients**

Patient needs and care requirements should also be considered when planning clinical assignments for students. In relation to the learning objective, will the nursing care activities present enough of a challenge to the learner? Are they too complex for the learner to manage?

Even if patients signed consents for admission to the health care facility that included an agreement to the participation of learners in their care, their wishes regarding student assignment and those of their family members should be respected. At times of crisis, patients and family members may not wish to initiate a new nurse–patient relationship with a nursing student. Nursing staff members who have provided care to these patients can often help the clinical teacher determine whether student learning needs and specific patient and family needs can both be met through a particular clinical assignment.

As mentioned previously, the patient acuity level in a given clinical setting affects the selection of learning opportunities for nursing students. When the acuity level is high, it may not be possible for a clinical teacher to assign every student to learn to care for patients with many complex needs. In this case, some students may be assigned to apply their knowledge to the care of two or more relatively stable patients to develop their prioritization and time management skills, or two or more students may be assigned to plan, organize, deliver, evaluate, and document care for one patient with complex needs. Variations in student–patient ratio assignment options are described in more detail later in this chapter.

**Timing of Activities and Availability of Learning Opportunities**

Because the purpose of clinical learning is to foster application of theory to practice, clinical learning activities should be related to what is being taught in the classroom.
Ideally, clinical activities are scheduled concurrently with relevant classroom content so that learners can make immediate transfer and application of knowledge to nursing practice. However, there is little evidence of a relationship between clinical learning outcomes and the structure, timing, and organization of clinical learning activities.

The availability of learning opportunities to allow students to meet objectives often affects clinical assignments. The usual schedule of activities in the clinical facility may determine the optimum timing of learning activities. For example, if the learning objective for a new nursing student is “Identify sources of information about patient needs from the electronic health record,” it might be difficult for students to gain access to patient records at change of shift when many health care team members are using the available computers to document care. Thus, scheduling learners to arrive at the clinical site at midmorning may allow better access to the resources necessary for learning.

Some clinical settings, such as outpatient clinics and operating rooms, may be available to both patients and students only on a daytime, Monday through Friday, schedule. In other settings, however, scheduling clinical learning activities during evening or nighttime hours or on weekend days may offer students better opportunities to meet certain objectives. If the learning objective is “Implement health teaching for the parents of a premature or ill neonate,” the best time for students to encounter parents may be during evening visiting hours or on weekends. Using these time periods for clinical activities may also prevent two or more groups of learners from different educational programs being in the same clinical area simultaneously, affecting the availability of learning opportunities.

Of course, learning activities at such times may conflict with family, work, and other academic schedules and commitments for both teachers and students. In some cases (e.g., with the use of preceptors), it is not necessary for the teacher to be present in the clinical setting with learners, thereby allowing more flexible scheduling of clinical activities. However, flexibility is necessary to take advantage of learning opportunities when they are available.

The clinical teacher should broadly interpret the objectives for a clinical course to take full advantage of the learning opportunities in each clinical setting. If the instructor knows what concepts the students are learning in the classroom, he or she can find various clinical learning opportunities in different settings. For example, if the focus is wound healing, students could have learning activities involving patients with postoperative wounds, pressure ulcers, traumatic wounds, or arterial or venous chronic leg ulcers. It is not necessary for every student to have a similar learning opportunity if all learning activities enable students to apply the same concept in practice. In postclinical conference, students can be guided to discuss the various ways in which they applied a particular concept or principle; this debriefing activity will broaden their clinical knowledge and help them to identify similarities and differences among the various patient responses to a common alteration in health status.

OPTIONS FOR LEARNING ASSIGNMENTS

The creative teacher may craft clinical assignments from a wide variety of learning activities. Several options for making assignments are discussed.
Teacher-Selected or Learner-Selected Assignments

Although it is the teacher’s responsibility to specify the learning objective, learners should have choices of learning activities that will help them achieve the objective. Having a choice of assignment or at least a choice between options selected by the teacher motivates students to be responsible for their own learning and fully engage in the learning activity. Allowing learners to participate in selecting their own assignments may also reduce student anxiety.

Of course, the teacher should offer guidance in selecting appropriate learning activities through questions or comments that require students to evaluate their own needs, interests, and abilities. Sometimes teachers need to be more directive; a student may choose an assignment that clearly requires more knowledge or skill than the student has developed. In this case, the teacher must intervene to protect patient safety as well as to help the student make realistic plans to acquire the necessary knowledge and skill. Other students may choose assignments that do not challenge their abilities; the teacher’s role is to support and encourage such students to take advantage of opportunities to achieve higher levels of knowledge and skill.

Skill Focus Versus Total Care Focus

As previously discussed, the traditional clinical assignment for nursing students is to give total care to one or more patients. However, not all learning objectives require students to practice total patient care. For example, if the objective is, “Assess patient and family preparation for postoperative recovery at home,” the student does not have to provide total care to the postoperative patient in order to meet the objective. The student could meet the objective by interviewing the patient and family, observing a case manager’s assessment of the patient and family’s readiness for discharge or a physical therapist’s assessment of the patient’s ability to perform physical activities, and reviewing the patient’s electronic health record. Additionally, total patient care is an integrative activity that can be accomplished effectively only when students are competent in performing the component skills.

As previously discussed, all students do not need to be engaged in the same learning activities at the same time. Depending on their individual learning needs, some students might be engaged in activities that focus on developing a particular skill, while others could be practicing more integrative activities such as providing total patient care.

For example, if students are learning physical assessment skills, some students could be assigned to practice auscultation by listening to breath, heart, and abdominal sounds of a variety of patients without having the responsibility of performing other patient care activities. In postclinical conference, these students should share their insights about the commonalities and differences among their assessment findings and relate them to the patients’ histories and pathophysiologies. A different group of students could perform assessment rounds during the next clinical practice day.

One advantage to assigning some students to learning activities that do not involve total patient care is that the clinical teacher is more available for closer guidance of students when they are learning to care for patients with complex needs. Staggering assignments in this way helps the clinical teacher better meet the learning needs of all students.
Student–Patient Ratio Options

Although the traditional clinical assignment takes the form of one student to one patient, there are other assignment options. These options include:

- **One student/one patient or multiple patients.** One student is responsible for certain aspects of care or for comprehensive care for one or more patients. The student works alone to plan, implement, and evaluate nursing care. This type of assignment is advantageous when the objective is to integrate many aspects of care after the student has learned the individual activities.

- **Multiple students/one patient.** Two or more students are assigned to plan, implement, and evaluate care for one patient. Each learner has a defined role, and all collaborate to meet the learning objective. Various models of dual or multiple assignment exist. For example, three students would read the patient record, review the relevant pathophysiology, and collaborate on an assessment and plan of care. Student A reviews information concerning the patient’s medications, administers and documents all scheduled and prn (when-needed) medications, and manages the intravenous infusions. Student B focuses on providing and documenting all other aspects of patient care. Student C evaluates the effectiveness of the plan of care, assists with physical care when needed, interacts with the patient’s family, and provides reports to appropriate staff members. Members of the learning team can switch roles on subsequent days. This assignment strategy is particularly useful when patients have complex needs that are beyond the capability of one student, although it can be used in any setting with a large number of students and a low patient census. Other advantages include reducing student anxiety and teaching teamwork and collaborative learning.

- **Multiple students–patient aggregate.** A group of students is assigned to complete activities related to a community or population subgroup at risk for certain health problems. For example, a small group of students might be assigned to conduct a community assessment to identify an actual or potential health problem in the aggregate served by the clinical agency. Clinical activities would include interviewing community residents and agency staff members, identifying environmental and occupational health hazards, documenting the availability of social and health services, and performing selected physical assessments on a sample of the aggregate. The student group would then analyze the data and present a report to the agency staff and community members. Advantages of this assignment strategy include promoting a focus on the community as client, teaching collaboration with other health care providers and community members, and reinforcement of group process.

Management Activities

Some clinical assignments are chosen to enable learners to meet outcomes related to nursing leadership, management and improvement of patient care, and health care organizational goals. Undergraduate nursing students are usually introduced to concepts and skills of leadership and management in preparation for their future roles in complex health care systems. These students often benefit from clinical assignments that allow them to develop skill in planning and managing care for a group of patients. For example, a senior baccalaureate student may enact the role of team leader for other nursing students who are assigned to provide total care for individual patients.
The student team leader may receive reports about the group of patients from agency staff, plan assignments for the other students, give reports to those students, supervise and coordinate work, and communicate patient information to staff members.

Master’s and doctoral students may be preparing for management and administrative roles in health care organizations; their clinical activities might focus on enacting the roles of first-level or middle manager, patient care services administrator, clinical nurse leader, or case manager. Often, such clinical assignments involve the participation of a preceptor (see Chapter 12).

Guided Observation

Observation is an important skill in nursing practice, and teachers should provide opportunities for learners to develop this skill systematically. Observing patients in order to collect data is a prerequisite to problem solving, clinical reasoning, and clinical decision making. To make accurate and useful observations, the student must have knowledge of the phenomenon and the intellectual skill to observe it: the what and how of observation. As a clinical learning assignment, observation should not be combined with an assignment to provide care. If students do not have concurrent care responsibilities, they are free to choose the times and sometimes the locations of their observations. The focus should be on observing purposefully in order to meet a learning objective.

Observation also provides opportunities for students to learn through modeling. By observing another person performing a skill, the learner forms an image of how the task or behavior is to be performed, which serves as a guide to learning. For this reason, it is helpful to schedule learners to observe in a clinical setting before they are assigned to practice activities. However, scheduling an observation before the learner has acquired the prerequisite knowledge is unproductive; the student may not be able to make meaning out of what is observed.

Written observation guidelines can be used effectively to prepare learners for the activity and to guide their attention to important data during the observation. Exhibit 7.1 is an example of an observation guide to prepare students for a group observation activity in an operating room. Note the explicit expectations that, before the observation, students will read, think critically, and anticipate what they will see. The presence of a clinical teacher or other resource person to answer questions and direct students’ attention to pertinent items or activities is also helpful. Students may be asked to evaluate the observation activity by identifying learning outcomes, what they did and did not like about the activity, and the extent to which their preparation and the participation of the instructor was helpful. Exhibit 7.2 is a sample evaluation tool for an observation activity.

**EXHIBIT 7.1**

**EXAMPLE OF AN OBSERVATION GUIDE**

**Operating Room Observation Guide**

**Purposes of the Observation Activity**

1. To gain an overview of perioperative nursing care in the intraoperative phase.
2. To observe application of principles of surgical asepsis in the operating room.
3. To distinguish among roles of various members of the surgical team.

(continued)
General Information

You are expected to prepare for this observation and to complete an observation guide while you are observing the surgical procedure. Please read your medical–surgical nursing textbook, pp. 195 to 200, for a general understanding of nursing roles in the intraoperative phase.

Bring this observation guide and a pen or pencil on the day of your observation. The guide will be collected and reviewed by the instructor at the end of the observation activity. Most likely, you will observe either a coronary artery bypass graft or an aortic valve replacement. Please review the anatomy of the heart, specifically the coronary vessels and valves. In addition, read the following pages in your medical–surgical nursing textbook: coronary artery disease, pp. 1058 to 1059 and 1069 to 1085; valvular heart disease (aortic stenosis), pp. 1131 to 1132 and 1135 to 1139.

After you have completed your reading assignment, attempt to answer the questions in the first section of the observation guide (Preparation of the Patient) related to preparations that take place before the patient comes to the operating room. Don’t be afraid to make some educated guesses about the answers; we will discuss them and supply any missing information on the day of your observation.

Complete the remaining sections of the observation guide during your observation. The instructor will be available to guide the observation and to answer questions.

Preparation of the Patient

1. Who is responsible for obtaining the consent for the surgical procedure? Why?
2. Who identifies the patient when he or she is brought into the operating room? Why?
3. What other patient data should be reviewed by a nurse when the patient is brought to the operating room (sign-in protocol)? Why?
4. Who transfers the patient from transport bed to the operating room bed? What safety precautions are taken during this procedure?
5. What is the nurse’s role during anesthesia induction?
6. What team members participate in the time-out protocol? Identify elements of the protocol that protect the safety of this patient.
7. When is the patient positioned for the surgical procedure? Who does this? What safety precautions are taken? What special equipment may be used?
8. What is the purpose of the preoperative skin preparation of the operative site? When is it done? What safety precautions are taken?
9. What is the purpose of draping the patient and equipment? What factors determine the type of drape material used? What safety precautions are taken? Who does the draping? Why?
10. What nursing diagnoses are commonly identified for patients in the immediate preoperative and early intraoperative phases?

Preparation of Personnel

1. Apparel: Who is wearing what? What factors determine the selection of apparel? How and when do personnel don and remove apparel items? What personal protective equipment is used and why?
2. Hand antisepsis: Which personnel use hand antisepsis techniques to prepare for the procedure? When? Which method is used?
3. Gowning and gloving: What roles do the scrub person and the circulator play?

Roles of Surgical Team Members

1. Surgeons and assistants (surgical residents, interns, medical students)
2. Nurses and surgical technologists
3. Anesthesia personnel
4. Others (perfusion technologist, radiologic technologist, pathologist, laser operator, etc.)

(continued)
Maintenance of Aseptic Technique

1. Movement of personnel
2. Sterile areas and items
3. Nonsterile areas and items
4. Handling of sterile items

Equipment

2. Monitoring: What monitors are used? Who is responsible for setting up and watching this equipment?
3. Blood/other fluid infusion: Who is responsible for setting up and monitoring this equipment?
4. Electrosurgical device: What is this equipment used for? Who is responsible for it? What safety precautions are taken?
5. Suction: What is this equipment used for? Who is responsible for setting up and monitoring it?
6. Smoke evacuator: What is this equipment used for? Who is responsible for setting up and using it?
7. Patient heating/cooling equipment: What is this equipment used for? Who is responsible for setting up and monitoring it?
8. Other equipment

Intraoperative Nursing Diagnoses

1. What nursing diagnoses are likely to be identified for this patient in the intraoperative period?

Conclusion of Procedure

1. What elements of the sign-out protocol are implemented at this time?
2. How is the patient hand-over communication conducted? What personnel are involved? Were the essential elements included?
3. What nursing diagnoses are likely to be identified for this patient in the early postoperative period?

EXHIBIT 7.2

EXAMPLE OF STUDENT EVALUATION OF A GUIDED OBSERVATION ACTIVITY

Student Evaluation of Operating Room Observation

1. To what extent did you prepare for this learning activity?
   ___ I completed all assigned readings and attempted answers to all questions on the first section of the observation guide.
   ___ I completed all assigned readings and attempted to answer some of the observation guide questions.
   ___ I completed some of the assigned readings and attempted to answer some of the observation guide questions.
   ___ I didn’t do any reading, but I tried to answer some of the observation guide questions before I came to the operating room.
   ___ I didn’t do any reading, and I didn’t answer any observation guide questions before I came to the operating room.

2. How would you rate the overall value of this learning activity?
   ___ It was excellent; I learned a great deal.
   ___ It was very good; I learned more than I expected to.

(continued)
Another option for clinical learning assignments is service learning. Service learning differs from volunteer work, community service, fieldwork, and internships. Volunteer and community service focus primarily on the service that is provided to the recipients, and fieldwork and internships primarily focus on benefits to student learning. Service learning benefits the community and students, and allows students to see the value of service to vulnerable populations (Beauvais, Foito, Pearl, & Yost, 2015). Service learning is an academic credit-earning learning activity in which students:

- Participate in an organized service activity that meets identified community needs
- Reinforce course content
- Reflect on the service activity to gain a deeper understanding of the nurse’s role in society

Benefits of service learning to students include developing skills in communication, critical thinking, and collaboration; developing a community perspective and commitment to health promotion and health equity in the community; awareness of diversity and cultural dynamics; and increased student engagement, fostering civic engagement and social justice, developing leadership abilities, and professional development and self-discovery (Groh, Stallwood, & Daniels, 2011; Taylor & Leffers,
Benefits to the community include having control of the service provided and recipients of service becoming better able to serve themselves and be served by their own actions.

As nursing education programs include more community-based learning activities, opportunities to incorporate service learning increase. Meaningful community-based service learning opportunities are based on relationships between the academic unit and the community to be served. For such partnerships to work effectively, there must be a good fit between the academic unit’s mission and goals and the needs of the community. A key element of service learning is the community partner’s identification of need, according to an integrative review of service learning in nursing education (Taylor & Leffers, 2016).

As is true for any other clinical learning activity, planning for a service-learning activity begins with the teacher’s decision that such learning activities would help students to achieve one or more course outcomes. The success of service learning depends on the embedding of this pedagogy in an existing academic course with clearly defined outcomes (Taylor & Leffers, 2016). The teacher should determine how much time to allot to this activity, keeping in mind that the time spent in service learning would replace and not add to the total time available for other clinical activities for that course. An integrative review of service learning in nursing education revealed a wide variation in the duration of student participation, from 3 hours to an entire academic year. Evidence of the minimum amount of time needed for students to achieve course outcomes through service learning is lacking. The time required to establish community partnerships and to orient students to the environment suggests that “multiple opportunities with differentiated outcomes might enhance both the community and the learner outcomes” (Taylor & Leffers, 2016, p. 199).

Before students participate in a service-learning activity, they may prepare a learning contract that includes:

- The name of the community agency or group
- The clients or recipients of that agency’s or group’s services
- The services to be provided by the student
- A service objective related to a need that has been identified by the community or the community recipient of the proposed service
- A learning objective that is related to a course outcome, goal, or competency that the activity would help the student to achieve

The instructor should identify agencies and groups appropriate for service learning in a specific course from among those with which the educational institution has formed an academic–service partnership. Examples of community settings, programs, and agencies that would be appropriate for service learning include daycare centers, extended care or assisted living centers, senior centers, food delivery programs, the American Red Cross, Head Start, health screening programs, vaccine clinics, health outreach or shelter programs for homeless individuals and families, and camps for children with disabilities or chronic illnesses, among many others.

As another option, a group of students enrolled in the same course could be placed in a community setting to participate in a designated population-based project relevant to the course objectives. For example, Decker, Hensel, and Fasone
(2016) described a service-learning activity in which nursing students implemented a bystander intervention on their college campus. Findings from 118 students over a 2-year period showed that students helped improve campus safety while growing as professionals. The students’ service was part of their community clinical nursing course. Benefits of this service-learning activity included:

- Improving campus safety
- Achieving course learning outcomes
- Developing knowledge, skills, and attitudes that reflect the Quality and Safety Education for Nurses competencies, such as minimizing risk of harm
- Developing as leaders and health promoters (Decker et al., 2016)

The role of the clinical teacher as facilitator is crucial to the success of service learning. The teacher needs to structure pre-engagement, on-site, and post-engagement student learning activities to ensure the achievement of desired outcomes (Taylor & Leffers, 2016). Because service learning is more than expecting students to use some of their clinical practice hours for service projects, clinical teachers should plan to spend as much time planning these activities as they do traditional clinical learning activities. Students’ reflection on their experiences is an essential component of service learning, differentiating it from a volunteer experience. Therefore, teachers should structure the learning activities to include reflective practices, such as journaling or participation in individual or group debriefing sessions. The teacher must allow time to read and give feedback on students’ reflective journal entries about their experiences or to participate in individual or group reflective sessions. Teachers may require students to do presentations about their service-learning projects, which the teachers would observe and evaluate—another time requirement to consider. Faculty members must also continue to interact with members of the community to evaluate the outcomes of service learning from the perspective of the recipients of service and to continually nurture the partnerships that were established.

In an integrative review of service learning in nursing education, students often reported feelings of anxiety or other intense emotion at the start of service learning activities, and they required time to adjust to their engagement with diverse groups in the community or immersion into a new setting. This finding suggests that clinical teachers may need to plan for longer pre-engagement preparation and greater duration and depth of immersion in each service learning activity. Guided reflection on service learning experiences may help students to identify and manage these intense emotions (Taylor & Leffers, 2016).

**SUMMARY**

This chapter presented a framework for selecting clinical learning assignments. Clinical teachers should select clinical assignments that are related to desired learning outcomes, appropriate to students’ levels of knowledge and skill, and challenging enough to motivate learning. Providing comprehensive nursing care to one or more patients is a typical clinical assignment, but it is not always the most appropriate choice.

Clinical teachers typically speak of selecting patients for clinical assignments. However, the primary role of the nursing student in the clinical area is that of learner, not nurse. Caring for patients is not synonymous with learning. Nursing students are
learning to care for patients; they are not nurses with responsibility for patient care. In fact, early responsibility for patient care often creates anxiety that interferes with learning.

Factors affecting the selection of clinical assignments include the learning objectives of the clinical activity; needs of patients; availability and variety of learning opportunities in the clinical environment; and the needs, interests, and abilities of learners. The most important criterion for selection of clinical assignments is usually the desired learning outcome. Each clinical activity should be an integral part of the course or educational program, and it is essential that the clinical teacher, students, and staff members understand the goals of each clinical activity. Learning activities should be selected and structured so that they relate logically and sequentially to the desired outcome.

Individual learner characteristics such as education level; previous experience; aptitude for learning; learning style; and specific needs, interests, and abilities should also influence the selection of clinical assignments. All learners do not have the same needs, so it is unreasonable to expect them to have the same learning assignments on any given day. Students who are able to achieve the objectives of the essential curriculum might quickly receive or choose assignments from the enrichment curriculum that allow them to focus on their individual needs and interests.

Patient needs and care requirements should also be considered when planning clinical assignments. The nursing care activities required by a patient may not present enough of a challenge to one learner and may be too complex for another. Patient wishes regarding student assignment should be respected. Nursing staff members who have provided care to these patients can often help the clinical teacher determine whether student learning needs and specific patient and family needs can both be met through a particular clinical assignment.

Another factor affecting the selection of clinical assignments is the timing and availability of learning opportunities. Ideally, clinical learning activities are scheduled concurrently with relevant classroom content so that learners can apply knowledge to nursing practice immediately. The usual schedule of activities in the clinical facility may determine the optimum timing of learning activities. Some clinical settings are available to both patients and students only at certain times. In other settings, however, scheduling clinical activities during evening or nighttime hours or on weekends provides better learning opportunities.

Alternatives for making clinical assignments include selection by teacher or learner, focus on particular skills or integrative patient care, various student–patient ratio options, management activities, guided observation, and service learning. Advantages and drawbacks of each alternative were discussed.
4. learning style
5. desired learner outcomes

E. Practice skilled oral and written (including electronic) communication that reflects an awareness of self and relationships with learners (e.g., evaluation, mentorship, and supervision)

H. Create opportunities for learners to develop their own critical thinking skills

K. Demonstrate personal attributes that facilitate learning (e.g., caring, confidence, patience, integrity, respect, and flexibility)

M. Develop collegial working relationships with clinical agency personnel to promote positive learning environments

P. Act as a role model in practice settings

2. Facilitate Learner Development and Socialization

B. Provide resources for diverse learners to meet their individual learning needs

D. Create learning environments that facilitate learners’ self-reflection, personal goal setting, and socialization to the role of the nurse

E. Foster the development of learners in these areas:
   1. cognitive domain
   2. psychomotor domain
   3. affective domain

G. Encourage professional development of learners

3. Use Assessment and Evaluation Strategies

L. Provide timely, constructive, and thoughtful feedback to learners

4. Participate in Curriculum Design and Evaluation of Program Outcomes

H. Collaborate with community and clinical partners to support educational goals

REFERENCES


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Clinical practice provides opportunities for students to gain the knowledge and skills needed to care for patients; develop values important in professional practice; and develop higher level thinking skills for analyzing data, deciding on problems and interventions, and evaluating their effectiveness. Ability to apply concepts to clinical situations, solve problems, arrive at carefully thought out decisions, and provide safe, quality care are essential competencies gained through clinical practice. Case method, case study, and unfolding cases are teaching methods that help students meet these learning outcomes. Case method and case study describe a clinical situation developed around an actual or a hypothetical patient for student review and critique. In case method, the case provided for analysis is generally shorter and more specific than in case study. Case studies are more comprehensive in nature, thereby presenting a complete picture of the patient and clinical situation. With unfolding cases, the scenario changes, presenting new data to students for analysis and integration with prior information about the case. Unfolding cases promote students’ critical thinking and clinical reasoning skills. Another teaching strategy for developing these cognitive skills, and learning more about best practices for care of a patient, is grand rounds. Grand rounds involve the observation and often interview of a patient or several patients in the clinical setting, or through a webcast of grand rounds conducted elsewhere.

**CASES FOR DEVELOPING COGNITIVE SKILLS**

With cases, students can apply concepts and theories to clinical situations, identify patient and other types of problems, propose varied approaches for solving them, weigh them against the evidence, and choose the most appropriate approaches. These methods provide experience for students in analyzing clinical situations and thinking through possible decisions.

**Problem Solving**

The nursing literature contains various perspectives on problem solving, decision making, critical thinking, and clinical judgment. In general, problem solving is the
ability to solve clinical problems, some relating to the patient and others that arise from clinical practice. Problem solving begins with recognizing and defining the problem, gathering data to clarify it further, identifying possible approaches, weighing them against evidence, and choosing the best one considering patient needs and responses (Öermann & Gaberson, 2017).

Viewed as a cognitive skill, problem solving can be developed through experiences with patients or through simulated cases. The student does not need to provide hands-on care to develop problem-solving skills. By observing and discussing patients with the clinical educator or preceptor, and by analyzing cases, students gain experience in understanding patient problems and the clinical situation and deciding on approaches to use. Cases expose students to clinical situations that they may not encounter in their own clinical practice.

In clinical practice, nurses make many important decisions when caring for patients. They decide on data to collect and what they mean, problems and their priority, interventions, resources, and effectiveness of interventions. Tanner (2006) referred to this cognitive process as clinical reasoning: the process of generating different alternatives, weighing them against evidence, and deciding on the most appropriate approach to use. With cases, students can practice these skills: they can generate possible alternatives, weigh them against evidence, consider the consequences of each, then arrive at a decision following this analysis.

**Critical Thinking**

Critical thinking enables the nurse to make reasoned and informed judgments in the practice setting and decide what to do in a given situation. It is purposeful and informed reasoning in clinical practice and in other settings (Alfaro-LeFevre, 2017). Critical thinking is a judgment process. Nurses and other clinicians decide what to believe or do in a particular situation based on available evidence and using the knowledge and skills they acquired through their education and practice; that process also involves weighing the likely consequences of different actions and evaluating their effectiveness (Facione & Facione, 2008).

Critical thinking development can be viewed as a process through which students progress. Elder and Paul (2010) described stages of critical thinking. These include the: (a) unreflective thinker, (b) challenged thinker, (c) beginning thinker, (d) practicing thinker, (e) advanced thinker, and (f) accomplished thinker (Elder & Paul, 2010). These stages were used by nursing faculty members to develop unfolding cases for simulation (West, Holmes, Zidek, & Edwards, 2013).

Critical thinking can also be viewed as reflective thinking about patient problems when the problem is not obvious or the nurse knows what is wrong but is unsure what to do. Through critical thinking, the learner:

- Considers multiple perspectives to care
- Critiques different approaches possible in a clinical situation
- Weighs approaches against evidence and patient responses
- Arrives at sound judgments
- Raises questions about issues to clarify them further
- Resolves issues with a well-thought out approach (Alfaro-LeFevre, 2017; Facione & Facione, 2008; Facione, 2011)
Clinical Judgment

Tanner (2006) developed a model of clinical judgment in nursing that incorporates concepts of problem solving, decision making, and critical thinking. In this model, clinical judgment involves interpreting a patient’s needs and problems and deciding on actions and approaches, taking the patient’s responses into consideration. The clinical judgment process includes four aspects: (a) noticing, grasping the situation; (b) interpreting, understanding the situation in order to respond; (c) responding, deciding on actions that are appropriate or that no actions are needed; and (d) reflecting, being attentive to how patients respond to the nurse’s actions.

This model provides a framework for guiding students’ reflections of how they think about clinical situations, interpret them, and arrive at decisions. In simulated cases, students can describe what they would expect to find in the clinical situation in the case (noticing), the meaning of the data in the case, and appropriate interventions or why they would take no action. The model provides a framework for coaching students in how they think about clinical situations.

CASE METHOD AND STUDY

Case method and case study serve similar purposes in clinical teaching: they provide a simulated case for student review and critique. In case method, the case provided for analysis is generally shorter and more specific than in case study.

Case Method

In case method, short cases are developed around actual or hypothetical patients followed by open-ended questions to encourage students’ thinking about the case. Short cases are used to avoid directing students’ thinking in advance. Depending on how the case is written, case method is effective for applying concepts and other types of knowledge to clinical practice and for promoting development of cognitive skills. With cases, students can analyze patient data, identify needs and problems, and decide on the best approaches in that situation after weighing the evidence. Cases also assist students in relating course content to clinical practice and integrating different concepts and content areas in a particular clinical situation. Examples of case method are presented in Exhibit 10.1.

Case Study

A case study provides an actual or hypothetical patient situation for students to analyze and arrive at varied decisions. Case studies typically are longer and more comprehensive than in case method, providing background data about the patient, family history, and other information for a more complete picture. For this reason, students can analyze case studies in greater depth than with case method and present a more detailed rationale for their analysis. In their critique of the case study, students can describe the concepts that guided their analysis, how they used them in understanding the case, and the literature they reviewed. Examples of case studies are presented in Exhibit 10.2.
EXAMPLES OF CASE METHOD

Mrs. F has moderate dementia. She lets the nurse practitioner do a pelvic examination because she has a “woman’s problem.” The examination shows an anterior wall prolapse. While helping Mrs. F to get dressed, the nurse practitioner observes that, as soon as the patient stands up, urine begins leaking onto the floor. Mrs. F appears embarrassed.

1. List and prioritize Mrs. F’s problems. Provide a rationale for how the problems are prioritized.
2. Develop a plan of care for Mrs. F.

Your patient is admitted from the emergency department with severe headache, right-sided weakness, and aphasia. Her temperature is normal, pulse 120, respirations 16, and blood pressure 180/120.

1. What are possible reasons for these symptoms? Provide an explanation for your answer.
2. What additional data would you collect on admission to your unit? Why is this information important to planning the patient’s care?
3. In postclinical conference, as a group develop this case. What information would you include in a report on this patient to the incoming nurse using SBAR (situation, background, assessment, recommendation)?

Mrs. B, 29 years old, is seen for a prenatal checkup. She is in her 24th week of pregnancy. The nurse practitioner notes swelling of the ankles and around Mrs. B’s eyes. Mrs. B has not been able to wear her rings for a week because of swelling. Her blood pressure is 144/96.

1. What are possible problems Mrs. B might be facing? List all possible problems given the previously mentioned information.
2. What additional data should be collected at this time? Why?

You are working in a pediatrician’s office. Mrs. C brings her son in for a check-up after a severe asthma attack a month ago that required emergency care. When you ask Mrs. C how her son is doing, she begins to cry softly. She tells you she is worried about his having another asthma attack and this time not recovering from it. When the pediatrician enters the examination room, Mrs. C is still crying. The physician says, “What’s wrong? Look at him. He’s doing great.”

1. What would you say to Mrs. C, if anything, in this situation?
2. What would you say to the pediatrician, if anything?
3. Analyze this case in the context of patient-centered case.

You have a new patient, 81 years old, with heart failure. The referral to your home health agency indicates that Mr. A has difficulty breathing, tires easily, and has edema in both legs, making it difficult for him to get around. He lives alone.

1. What are problems you anticipate for Mr. A? Include a rationale for each of these problems.

At your first home visit, you find Mr. A sitting in a chair with his feet on the floor. During your assessment, he gets short of breath talking with you and has to stop periodically to catch his breath.

1. Describe at least three different nursing interventions that could be used in Mr. A’s care.
2. Specify outcome criteria for evaluating the effectiveness of the interventions you selected.
3. What would you teach Mr. A? How could you use the teach-back method in this situation?
4. Select one of your interventions and review the evidence on its use. What are your conclusions about the effectiveness of the intervention?
5. Identify one published research study that relates to Mr. A’s care. Critique the study and describe whether you could use the findings in caring for Mr. A and similar patients.

(continued)
Mrs. M is a 42-year-old elementary school teacher with a history of inflammatory bowel disease. She calls the clinic for an appointment because of diarrhea that has lasted for 2 weeks. The nurse answering the phone tells Mrs. M to stop taking all of her medications until she is seen in the clinic.

1. Do you agree or disagree with the nurse’s advice to Mrs. M? Why?

You have been working in the clinical agency for nearly 6 months. Recently you noticed a colleague having difficulty completing his assignments on time. He also has been late for work on at least three occasions. Today you see him move from one patient to the next without washing his hands.

1. What are your options in this situation?
2. Discuss possible consequences of each option.
3. What would you do? Why is this the best approach?

As you record a patient’s vital signs in the electronic medical records, she asks you to show the computer screen to her husband so he can read about the diagnoses they are ruling out.

1. What would you say to this patient?
2. What principles guide your decision? Provide a rationale for your response.

Mrs. J brings her 8-year-old daughter, Laura, into the office for her annual visit. In reviewing the immunization record, the nurse notices that Laura never received the second dose of the measles, mumps, rubella (MMR) vaccine. The nurse tells the mother not to worry; Laura can get the second dose when she is 11 or 12 years old.

1. Do you agree or disagree with the nurse’s advice to the mother? Provide a rationale for your decision.

Read the following statements: One in three adults and one in five adolescents are overweight. Being overweight is prevalent among certain ethnic groups.

1. What additional information do you need before identifying the implications of this statement for your community?
2. Why is this information important?

The heart failure clinic at your hospital has been effective in reducing the number of readmissions, but, to save costs, the hospital is closing it. As the nurse practitioner in that clinic, write a report about why the clinic should remain open, with data to support your position. To whom would you send that report and why? Then write a report from the perspective of the hospital administration supporting closure of the clinic.

**EXAMPLE OF A CASE STUDY**

Mary, 44 years old, is seen in the physician’s office with hoarseness and a slight cough. During the assessment, Mary tells the nurse that she also has shortness of breath, particularly when walking fast and going up the stairs. Mary has never smoked. Her vital signs are: blood pressure 120/80; heart rate 88 beats per minute; respirations 32 per minute; and temperature 36.6°C (97.8°F).

Mary is married with two teenage daughters. She works part-time as a substitute teacher. Mary has always been health conscious, watching her weight and eating properly. She tells the nurse how worried she is because she has read about women getting lung cancer even if they never smoked.

1. The physician orders a combined PET/CT scan. What is a PET/CT scan, and why was it ordered for Mary?
2. What would you say to Mary prior to the scan to prepare her for it?
Using Cases in Clinical Courses

Short cases, as in case method, and longer case studies can be integrated in clinical courses throughout the curriculum to assist students in applying concepts and knowledge they are learning in their courses to clinical situations of increasing complexity. In beginning clinical courses, teachers can develop cases that present problems that are relatively easy to identify and require standard nursing interventions. At this level, students learn how to apply concepts to clinical situations and think through them. Students can work as a group to analyze cases; explore different perspectives of the case, what students noticed about it, and their interpretations; and discuss possible approaches to use.

In the beginning, the teacher should “think aloud,” guiding students through the analysis, pointing out significant aspects of the case and his or her own expectations and interpretations. By thinking aloud, the teacher can model the clinical judgment process step by step through a case. As students progress through the curriculum, the cases can become more complex with varied problems and approaches that could be used in the situation.

Students can analyze cases in a postclinical conference, as an independent activity, or online either individually or in small groups. They can share resources they used to better understand the case. If cases are analyzed individually, further discussion about the case can occur with the clinical group as a whole, or students can post their thoughts and responses online for others to reflect and comment on.

Based on the questions asked about the case, cases can be used to meet many different learning outcomes of a clinical course. For example, if the goal of the case is to guide students in interpreting data, then questions might ask students to identify significant information in the situation and explain what the data mean. Cases are effective as an instructional method, and they can also be graded similar to essay items.

Complexity of Cases for Review

Cases may be of varying levels of complexity. Some cases are designed with the problems readily apparent. With these cases, the problem is described clearly, and sufficient information is included to guide decisions on how to intervene. Brookhart and Nitko (2015) called these cases well structured: They provide an opportunity for students to apply knowledge to a clinical situation and develop an understanding of how it is used in practice. Cases of this type link knowledge presented in class, online, and through readings to practice situations. With well-structured cases, there is usually one correct answer that students can identify based on what they are currently learning in the clinical course or learned in previous courses and experiences.

Well-structured cases are effective for students beginning a clinical course in which they have limited background and experience. These cases give students an opportunity to practice their thinking before caring for an actual patient.
Most patient care situations, however, are not that easily solved. In clinical practice, the problems are sometimes difficult to identify, or the nurse may be confident about the patient’s problem but unsure how to intervene. These are problems in Schön’s (1990) swampy lowland—ones that do not lend themselves to resolution by a technical and rational approach. These are cases that vary from the way the problems and solutions were presented in class and through readings. For such cases, the principles learned in class may not readily apply, and clinical judgment is required for analysis and resolution.

Brookhart and Nitko (2015) referred to these cases as ill structured, describing problems that reflect real-life clinical situations faced by students. With ill-structured cases, different problems may be possible; there may be an incomplete data set to interpret; or the need and problem may be clear, but multiple approaches may be possible. Exhibit 10.3 presents examples of a well-structured and an ill-structured case.

**Developing Cases**

Case method and study have two components: a case description and questions to answer about the case or its analysis. In case method, the situations described are typically short and geared to specific outcomes to be met. Case studies include background information about the patient, family history, and complete assessment data to provide a comprehensive description of the patient or clinical situation.

The case should provide enough information for analysis without directing the students’ thinking in a particular direction. The case may be developed first, then the questions, or the teacher may draft the questions first, then develop the case to present the clinical situation. Once students have experience in analyzing cases, another strategy is for students to develop a case scenario based on data provided.

**EXHIBIT 10.3**

**WELL-STRUCTURED AND ILL-STRUCTURED CASES**

**Well-Structured Case**

Mrs. D, 53 years old, reports having bad headaches for the last month. The headaches occur about twice weekly usually in the late morning. Initially, the pain began as a throbbing at her right temple. Her headaches now affect either her right or left eye and temple. The pain is so severe that she usually goes to bed. Mrs. D reports that her neck hurts, and the nurse notes tenderness in the posterior neck on palpation.

1. What type or types of headache might Mrs. D be experiencing?
2. Describe additional data that should be collected from Mrs. D. Why is this information important to deciding what is wrong with Mrs. D?
3. Select two interventions that might be used for Mrs. D. Provide evidence for their use.

**Ill-Structured Case**

Ms. J, 35 years old, calls for an appointment because she fell yesterday at home. She has a few bruises from her fall and a tingling feeling in her legs. Ms. J had been at the eye doctor’s office last week because of double vision.

1. What do you think about this patient?
2. What are possible problems that Ms. J might be experiencing?
3. Plan additional data to collect to better understand those problems and explain why that information is important.
by the teacher. In this method, students need to think about what patient needs and problems might fit the data, which promotes their critical thinking.

The questions developed for the case are the key to its effective use. The questions should be geared to the outcomes to be met. For instance, if the intent of the case method or study is for students to analyze laboratory data, apply physiological principles, and use concepts of pathophysiology for the analysis, then the questions need to relate to each of these. Similarly, if the goal is to improve skill in responding to clinical situations, then the questions should ask about possible actions to take for the situation, including no immediate intervention, and evidence to consider in deciding on actions. With most cases, questions should be included that focus on the underlying thought process used to arrive at an answer rather than the answer alone.

Cases can be written for the development of specific cognitive skills. In designing cases to promote problem solving, the teacher should develop a case that asks students to:

- Identify patient and other problems apparent or expected in the case
- Suggest alternative problems that might be possible if more information were available and identify the information needed
- Identify relevant and irrelevant information in the case
- Interpret the information to enable a response
- Propose different approaches that might be used
- Weigh approaches against the evidence
- Select the best approaches for the case situation
- Provide a rationale for those approaches
- Identify gaps in the literature and evidence as related to the case
- Evaluate the effectiveness of interventions
- Plan alternative interventions based on analysis of the case

An example of a case for problem solving is:

Ms. G, a 56-year-old patient admitted for shortness of breath and chest pain, is scheduled for a cardiac catheterization. She has been crying on and off for the last hour. When the nurse attempts to talk to her, Ms. G says, “Don’t worry about me. I’m just tired.”

1. What is one problem in this situation that needs to be solved?
2. What assumptions about Ms. G did you make in identifying this problem?
3. What additional information would you collect from the patient and her medical records before intervening? Why is this information important?

Other cases can provide experience with making decisions about clinical situations. A case may present a clinical situation up to the point of a decision, then ask students to analyze the case and arrive at a decision. Or the case may describe a situation and decision, then ask whether students agree or disagree with it. For both of these types, the questions should lead the students through the decision-making process, and students should include a rationale for their responses.

For decision making, the teacher should develop a case that asks students to:

- Identify the decisions needed in the case
- Identify information in the case that is critical for arriving at a decision
- Specify additional data needed for a decision
- Examine alternative decisions possible and the consequences of each
- Arrive at a decision and provide a rationale for it
An example of a case intended for decision making is:

The charge nurse on the midnight shift in a large hospital assigns a nurse new to the unit to work with Ms. P, an experienced RN. Ms. P, however, is irate that she needs to orient a new nurse when she is so busy herself. Ms. P tells the new nurse that she is too busy to work with her tonight. When learning this, the charge nurse reassigns the new nurse to another RN.

1. Do you agree or disagree with the charge nurse’s decision? Why?
2. Describe at least two strategies you could use in this situation. What are the advantages and disadvantages of each?
3. How would you handle this situation?

Case method and case study also meet critical thinking outcomes. There are a number of strategies that teachers can use when developing cases that are intended for critical thinking. These are listed in Exhibit 10.4.

**EXHIBIT 10.4**

<table>
<thead>
<tr>
<th>Strategies for Developing Case Studies for Critical Thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Develop</strong></td>
</tr>
<tr>
<td>Present an issue for analysis, a question to be answered that has multiple possibilities, or a complex problem to be solved.</td>
</tr>
<tr>
<td>Have different and conflicting points of view.</td>
</tr>
<tr>
<td>Present complex data for analysis.</td>
</tr>
<tr>
<td>Present clinical situations that are unique and offer different perspectives.</td>
</tr>
<tr>
<td>Describe ethical issues and dilemmas.</td>
</tr>
</tbody>
</table>
An example of a case for critical thinking is:

You are a nurse practitioner working in a middle school. Ms. S, a 16-year-old, comes to your office for nausea and vomiting. She says she feels “bloated.” She confides in you that she is pregnant and asks you not to tell her parents.

1. What are your options at this time?
2. What option would you choose to implement? Why?
3. Choose another option that you listed for question 1. What are the advantages and disadvantages of that approach over your first choice?

Cases can also be written with the intent to promote clinical judgment skills. Using Tanner’s (2006) model of clinical judgment, cases can ask students to:

- Describe what they notice in the clinical situation that demands attention
- Explain the clinical situation based on their prior and current learning
- Interpret the meaning of the data
- Suggest possible courses of action, if any, that would be appropriate
- Provide a rationale for taking no action or to support the proposed actions
- Hypothesize how patients might respond to each of those actions
- Reflect on their own thinking and decisions

An example of a case for this purpose is:

You make a home visit to an 86-year-old patient who lives alone and is having problems concentrating, loss of memory, crying spells, and fatigue. You recommend a follow-up visit with the primary care physician. The patient is diagnosed with depression and treated with a selective serotonin reuptake inhibitor. Two weeks later, you visit the patient and learn she still has fatigue and now also has loss of appetite and difficulty sleeping.

1. What do you notice in this situation?
2. Provide alternative explanations for the patient’s current symptoms of fatigue, loss of appetite, and difficulty sleeping.
3. Discuss the case with a peer and compare interpretations. Decide on next steps to be taken by the home health nurse.

Unfolding Cases

A variation of case study is unfolding cases in which the clinical situation changes, thereby creating a simulation for students to analyze. With an unfolding case, instead of having one scenario, the teacher develops the case to expand the information presented to the student. For example, there might be a change in the patient’s condition, clinical situation, or setting similar to what might occur with an actual patient. Smallheer (2016) suggested that an unfolding case can be “intentionally unpredictable” to reflect the reality of clinical practice. As an alternative, students can develop the scenario as a reverse case study (Smallheer, 2016).

Day (2011) described the development of unfolding cases for classroom instruction. In this process, the narrative, which is the patient’s story, is central and provides the
structure for the classroom discussion. With the case, students learn the concepts and content for providing care in that particular clinical situation. The teacher begins by identifying the goals of the class and understanding the learners and their needs; then the teacher specifies the content to be learned, which is taught through the case study as it unfolds. In the next phase the teacher develops the narrative (what should the case do) and decides on the patient situation to achieve the goals and learn the essential content. Unfolding cases are also used frequently in simulation. As the case unfolds in the simulation, students analyze the new information and make decisions about relevant actions to take.

GRAND ROUNDS

Grand rounds involve the observation and often interview of a patient or several patients in the clinical setting, or a webcast of grand rounds conducted elsewhere. Grand rounds provide an opportunity to observe a patient with a specific condition, discuss assessment and interpretation of data, and propose interventions. Rounds are valuable for examining issues facing patients and families, and for exposing students to situations they may not encounter in their clinical experiences. During rounds, students can examine best practices, connect classroom learning and clinical practice, and develop professional skills such as those related to leadership and communication (Lanham, 2011). Grand rounds may involve nursing students and staff members only or be interprofessional.

Nursing grand rounds can also be used for staff education. Grand rounds can be used to keep nurses up to date on new approaches to care, present best practices, explore new evidence and how it might be used in a patient's care, and improve the quality of care. Jennings and Mitchell (2017) used structured, weekly rounds that were conducted at the bedside to improve the care of trauma patients, increase collaboration among staff, and improve nurses' knowledge. Nursing experts and other providers assessed patients and recommended changes to improve care. Grand rounds provide an opportunity for highlighting nurses' clinical expertise and promoting best practices.

Rather than conducting rounds in the clinical setting, faculty members may decide to use webcasts of grand rounds that are available. A number of organizations offer webinars of grand rounds that could be used for staff education and also in nursing education programs.

Grand rounds enable students to:

- Identify patient problems and issues in a clinical situation
- Evaluate the effectiveness of nursing and interdisciplinary interventions
- Share clinical knowledge with peers and identify gaps in their own understanding
- Develop new perspectives about the patient's care
- Gain insight into other ways of meeting patient needs
- Think critically about the nursing care they provide and that given by their peers
- Dialogue about patient care and changes in clinical practice with peers and experts participating in the rounds

Regardless of whether the rounds are conducted in the clinical setting or viewed on a webcast, the teacher should first identify the outcomes that students should meet.
at the end of the rounds. The outcomes guide the teacher in planning the rounds and their focus. Second, it should be clear why the particular patient or clinical situation was selected for grand rounds. Third, the questions asked after rounds should encourage students to think critically about the patient and care, compare this case to the textbook picture and other patients for whom students have cared, and explore alternative interventions and perspectives of the situation. The final area of discussion should focus on what students have learned from this experience and new insights they have gained about clinical practice. Students might write a short paper reflecting on their learning and new perspectives.

Grand rounds may be conducted by an advanced practice nurse, a staff nurse, the teacher, a student, or another health care provider. Many rounds are interprofessional, with the team assessing the patient and discussing care. For student-led rounds, the teacher is responsible for confirming the plan with the patient. Patients should be assured of their right to refuse participation and should be comfortable to tell those involved in the rounds when they no longer want to continue with it.

For grand rounds in the clinical setting, activities at the patient’s bedside should begin with an introduction of the patient to the students, emphasizing the patient’s contribution to student learning. If possible, the person conducting the rounds should include the patient and family in the discussion, seeking their perspective of the health problem and input into care. The teacher’s role is that of consultant, clarifying information and assisting the student in keeping the discussion on the goals set for the rounds. Students should direct any questions to the teacher prior to and after the grand rounds, and sensitive issues should be discussed when the rounds are completed and out of the patient’s presence.

**SUMMARY**

Cases describe a clinical situation developed around an actual or hypothetical patient for student review and analysis. In case method, the case is generally shorter and more specific than in case study. Case studies are more comprehensive in nature, thereby presenting a complete picture of the patient and clinical situation. In an unfolding case, the clinical situation changes, introducing new information for learners to integrate and analyze.

With these clinical teaching methods, students apply knowledge to practice situations, identify needs and problems, propose varied approaches for solving them considering evidence, decide on courses of action, and evaluate outcomes. As such, cases provide experience for students in thinking through different clinical situations.

Grand rounds involve the observation of a patient or several patients in the clinical setting or in a webcast. Grand rounds may be conducted for nursing students and staff only or by the interprofessional team. Rounds provide an opportunity to observe a patient with a specific condition, review assessment data, discuss interventions and their effectiveness, and make changes in the plan of care. Rounds are also valuable for examining issues facing patients and discussing ways of resolving them. Grand rounds, similar to cases, provide an opportunity for exploring patient problems and varied courses of action, analyzing care and proposing new interventions, and gaining insight into different clinical situations.
CNE EXAMINATION TEST BLUEPRINT CORE COMPETENCIES

1. Facilitate Learning
   A. Implement a variety of teaching strategies appropriate to
      1. content
      2. setting (i.e., clinical versus classroom)
      3. learner needs
      4. learning style
      5. desired learner outcomes
   B. Use teaching strategies based on
      1. educational theory
      2. evidence-based practices related to education
   D. Use information technologies to support the teaching–learning process
   G. Model reflective thinking practices, including critical thinking
   H. Create opportunities for learners to develop their own critical thinking skills
   N. Use knowledge of evidence-based practice to instruct learners

2. Facilitate Learner Development and Socialization
   E. Foster the development of learners in these areas
      1. cognitive domain
      2. psychomotor domain
      3. affective domain

3. Use Assessment and Evaluation Strategies
   C. Use a variety of strategies to assess and evaluate learning in these domains
      1. cognitive
      2. psychomotor
      3. affective

REFERENCES


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