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**Materials Prepared Through Korea Project and Used  
in Assistance to School of Nursing Faculties  
and Nursing Service Personnel**

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**Division of Nursing Education, School of Education  
Indiana University, Bloomington, Indiana  
May, 1962**

MATERIALS PREPARED THROUGH KOREA PROJECT AND USED  
IN ASSISTANCE TO SCHOOL OF NURSING FACULTIES  
AND NURSING SERVICE PERSONNEL

Developed and presented under Contract for Improvement of Nursing  
Education in Korea, Agency for International Development\*, the  
Government of Republic of Korea, and Indiana University,  
Division of Nursing Education, Bloomington, Indiana

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\*Contract was originally signed with United States International  
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International Development which was established November 4, 1961

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## PREFACE

During the period from September of 1959 to September of 1961, the faculty of the Division of Nursing Education, School of Education, Indiana University, through the services of three advisors in nursing education participated in an Agency for International Development contract for the improvement of nursing and nursing education in Korea. The contract was originally signed with the United States International Cooperation Administration, predecessor of the Agency for International Development which was formed November 4, 1961.

The dual purpose of the contract was to give assistance to the Ministry of Education of the Republic of Korea in areas related to the ultimate improvement of nursing in Korea, and to give assistance to faculty members of schools of nursing in curriculum development, administration, teaching, and development of instructional materials related to these areas.

One major aspect of the program was the presentation of workshops, teaching conferences, and short courses on improving methods of teaching in nursing, and the preparation of accompanying instructional materials.

At the suggestion of Miss Catherine Kain, Nursing Advisor, Office of Public Health, Agency for International Development, certain of these materials have been compiled in this report for possible use of other nurse advisors in various parts of the world.

The materials of instruction presented in this report were developed for use in a specific setting. Content was drawn from advisors' experiences, observations, prior learnings, teaching notes and from some references available. Content from references was revised and adapted to the needs of the particular group.

The Indiana University advisors submit this report in the hope that it will prove useful to other advisors engaged in providing assistance to nursing faculties in newly developing countries. It is their sincere hope that other advisors will encounter the same warm reception of their efforts, the same eagerness to learn and work, and will derive as much pleasure from their associations as did the Indiana University advisors.

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## CHAPTER I

### INTRODUCTION

As more and more countries of the world avail themselves of the services of the American Foreign Aid program, there is becoming evident in some of these countries a concern for the improvement of nursing and nursing education. This area of concern is relatively new, and American nurse advisors working in such countries are likely to find that little is written in the local language pertinent to nursing education, and that western sources of information are often difficult to apply to the situation without modification.

Problems of interpretation, stemming from differences in culture, language, educational background, and experience make clear explanation of modern nursing concepts difficult to communicate. To extract suitable information from the many references available to Americans, condense this information into workable form, relate it to the local situation and translate the results into a language often geared to an earlier civilization presents a problem of no little magnitude. The lack of information or "rule of thumb" for accomplishing this task can be discouraging to an advisor with multiple responsibilities and activities.

It is the purpose of this work to offer for consideration and use as desirable, instructional materials developed during the course of one university contract assistance program for the improvement of nursing and nursing education, with the hope that the adaptation of these materials might lighten the load for other advisors working in similar situations.

The materials contained herein are related to clinical teaching and methods of teaching in nursing, topics requested by the local nurses. They include references to modern methods of comprehensive nursing care, and are expressed in terms designed for easy translation and understanding of nurses from varying educational backgrounds. Examples included in the materials as illustrations of key points are designed to fit one specific culture and include certain aspects of that culture. Basic principles incorporated are universal and it is believed can be adapted to fit many locales.

Since the materials were developed in a format appropriate to a particular program of assistance, a brief explanation of the general plan of assistance is indicated here.

In accord with the purposes of the project previously mentioned, group processes, workshops, and conferences were selected as one method of explaining content information to large groups of nurses from all parts of the country. These workshops, based on the central theme of Clinical Teaching, were planned as a series of presentations of different aspects of the main topic, and each was repeated in three geographical locations of the country.

The underlying philosophy of the program was to offer information on relation of theory to patient care and modern concepts of teaching in nursing, and render consultative assistance to the local nurses as they implemented their own improvement measures. For this reason, participation of the nurses in planning and presenting workshops was considered desirable.

In each of the three geographical areas selected for workshop presentation, a stable committee was organized to assist in planning and conducting workshops. These committees were composed of representatives of nursing organizations in the respective area. Plans for committee activities provided for gradually increasing participation and responsibility on the part of the committee members, with corresponding decrease in advisors' leadership until such time as the nurses could assume full responsibility for initiating, planning, and conducting their own workshops. All committee officers were elected from the local group, and all functions were carried on by the committee members themselves, under guidance from the advisors. The committees functioned under democratic principles and utilized orderly methods of group processes, group leadership, records and participation. Particular assistance was given in group processes, group leadership skills, and group discussion related to solution of common problems, all methods new to the nurses.

Three schools of nursing were selected to receive concentrated advisory assistance. These schools were selected on the basis of best utilization of services and leadership status among the schools of nursing. As one aspect of assistance to these schools, clinical teaching programs based on workshop content were initiated under the guidance of nurse advisors. Assistance was given upon request to other schools desirous of implementing these same activities.

Each advisor was assisted by and worked closely with one local nurse assistant, employed by the contract office to serve both as translator and as apprentice advisor. The assistance of these nurses was of great importance in determining terminology, selecting examples and illustrations familiar to the situation, and in interpreting information.

In the development of instructional materials for workshops, the advisors encountered differences in interpretation, understanding, and background, which had to be resolved through trial and error. There were differences in sentence structure, meaning of terms, attitudes, cultural practices, and an ancient language which had no provisions for the expression of modern nursing concepts. Nursing programs followed the traditional pattern in which the lecture method was predominant; formal teaching was often the responsibility of the medical teaching staff; and practical relationships between basic theory content and comprehensive patient care were difficult to identify. Nurse faculty members had little or no academic preparation in teaching concepts or methods. With the cooperation of the assistant nurse advisors, the advisors conducted continuous investigation of local practices, customs and resources, to discover the best possible mode of presentation of information.

All materials were developed along the lines of "What, Why, Where, When, Who, and How", a theme employed throughout the project activities as an introduction to problem solving. All materials were quite explicit and often repetitious.

Despite these limitations, and with the cooperation and encouragement of all the nurses involved, the resulting materials proved usable, and on that basis are presented here for the consideration of any nurse advisor who might have need of additional resources in these areas.

## CHAPTER II

### WORKSHOPS

The purpose of the workshop materials was to present the area of clinical teaching as the core of nursing education, as a definite part of the total curriculum, and to emphasize the planning, supervising and evaluating of clinical experience as a vital part of a nurse's education. Particular emphasis was given to pre-planning, developing written course plans, defining objectives for teaching content and learning experiences, and cooperative planning and exchange of information between the teacher of the theory course and the supervisor of clinical experiences. Since, in the particular area, much of the supervision, instruction and evaluation of the student nurse in the clinical setting was done by head nurses, head nurses and faculty members both were invited to participate in workshop activities.

#### Workshop Format

All workshops were planned for a full three-day period, with formal opening and closing ceremonies. The daily program consisted of a morning talk by an advisor and assistant advisor on the topic for the day, followed by a question and answer period in which inquiries from the floor were encouraged. In the afternoon sessions, the nurses were divided into groups, group leaders and recorders were selected, guide questions were distributed to aid in relating content to actual work situations, and advisors and assistants circulated through the groups to assist the leaders and answer questions as needed.

"Coffee Breaks" were offered during morning and afternoon periods to promote an informal atmosphere. Records were kept by group recorders of each day's discussion, and these reports were compiled into final reports of each group for presentation and discussion at the final meeting on the third day. Each participant completed evaluation forms to indicate favorable and unfavorable impressions of workshop activities, and these evaluations were later studied by the advisors to discover areas of major difficulty. The evaluations were also compared with those of later workshops as

basis for determining growth.

Committee members served as hostesses, registrars, group leaders, and, in later presentations, program leaders.

Each participant was given a program for the workshop, listing the names of speakers, committee members, and the objectives formulated for the workshop by the committee. Mimeographed copies of the workshop talks were also distributed to all participants, in either English or the local language, and certain additional reference materials were distributed as necessary. Participants were encouraged to share these materials with other nurses from their home institutions and to use the materials as reference as needed in work situations.

### Presentation of Workshops

Since this was the first presentation, and the method of workshops and group discussions related to actual problem solving was new to the nurses, opening sessions and introductory remarks at the first workshop included brief explanations of the purposes and method of the workshop. Excerpts from these comments are included with the talks as illustration of the overall approach.

In the months elapsing between the first and second workshops, clinical conference programs had been initiated in two of the nursing schools selected for concentrated assistance. Consultation on various topics had been given to a number of schools. Many nurses had attended one or more programs presented by faculty members of their own institutions in which group processes had been the mode. The assistant advisors were more familiar with terminology and basic concepts of clinical teaching and were more secure in their positions. The workshop was planned to include more activity, demonstrations, and visual aids. One clinical conference program was well enough established for the faculty members to demonstrate an actual clinical conference for the workshop participants. Committee members had acquired confidence in their abilities and most details of planning, introductory statements, and group arrangements were handled by the nurses themselves, with little assistance from the advisors.

At the first workshop, presentation of the talks was done by the advisor and assistant advisor, alternating the English and translation.

The method of presentation was changed for the second workshop, in consideration of the amount of time involved, and continuity of content. The main body of the talk was given by the assistant advisor in the local language, with an introductory statement by the advisor. The evaluation of the workshop by participants and committee members revealed that the second method was the more effective.

Preparation for the latter type of presentation involved more time and study on the part of advisors and assistant advisors alike, and placed heavy responsibility on the assistants for correct interpretation and effective presentation. Because of the local attitude toward informative discussion presented by youthful members of the culture, introductory statements by the advisors, claiming full responsibility for the content were considered to be necessary for group acceptance of the talks.

Skits and demonstrations included in the program proved quite effective in giving practical illustrations of concepts presented, and the use of the flannel board met with enthusiastic response. This was a teaching aid easily available to most nurses and, at the insistence of participants, one assistant advisor presented an impromptu demonstration on the preparation and use of the flannel board.

The third workshop of the original series, "Evaluation in Clinical Teaching", was presented after contract termination by one Workshop Committee on November 20, 21, and 22, 1961. Former assistant nurse advisors served as speakers for this three-day workshop.

#### List of Topics and Materials For First and Second Workshops

To give an overview of the scope of workshop topics and method of presentation, the following is a list of all talks developed for the two workshops, the reference materials distributed in conjunction with each topic, and visual aids used in presentation.

#### Topics of First Workshop:

What is Clinical Teaching?  
Planning the Clinical Instruction Program  
Who Does Clinical Teaching?

Materials Distributed at First Workshop:

Workshop Program  
 Copies of Talks (3)  
 Reference: Points Related to What is Clinical Teaching?  
 Flyers (2) Diagram of Three Parts of Clinical Teaching

Visual Aids used for First Workshop:

Large posters (2) depicting Three Parts of Clinical Teaching

Topics of Second Workshop:

Selecting and Planning Students' Learning Experiences in the Clinical Course  
Selecting and Planning Students' Learning Experiences in the Clinical Unit  
Supervision of the Students' Learning Experiences

Materials Distributed at Second Workshop:

Workshop Program  
 Copies of Talks (2)  
 References: (4) Some Fundamentals in Selection of Students' Learning Experiences  
Clinical Instruction  
Clinical Conference  
Supervision of the Students' Learning Experiences

Visual Aids used for Second Workshop:

Flannel Board  
 Skits (3)  
 Demonstration of Actual Clinical Conference.

## First Workshop

Objectives and Program. The following are the objectives formulated by the Workshop Committee for the first workshop, and a sample of the program format as it was distributed to participants.

### Objectives for First Workshop

The Planning Committee hopes each participant will:

1. Learn to share her problems by group discussion.
2. Increase her knowledge of clinical instruction.
3. Gain information of the role of the supervisor in helping students in the clinical area.
4. Gain information of the role of the head nurse in helping students in the clinical area.
5. Gain information of the role of the teacher in helping students in the clinical area.
6. Gain information to improve planning for good clinical teaching.
7. Understand how the head nurse, supervisor, and instructor can work together to improve clinical instruction.

## Sample Workshop Program

## Workshop on Teaching in the Clinical Area

TIME	ACTIVITY	PERSONNEL
<b>FIRST DAY</b>		
8:30 - 9:30	Registration	
9:30 - 12:30	Opening Session. . . . .	Presiding: Advisor Assistant Advisor or Committee chairman
	Welcome Addresses . .	Ministry Representative Nurses' Association
	Talk: Topic . . . . .	Speaker Translator
	"Coffee Break"	
	Question Period	
12:45 - 1:45	Lunch	
1:45 - 2:15	General Session. . . . .	Presiding: Advisor Assistant Advisor or Committee chairman
	Explanation of Group	
	Discussion	
	Assignment of Groups	
2:15	Group Discussion. . . . .	Consultants: Advisors Assistant Advisors
	"Coffee Break"	
4:00 - 5:00	Closing Session for day	
<b>SECOND DAY</b>		
8:30 - 9:15	Registration	

TIME	ACTIVITY	PERSONNEL
9:15 - 12:30	General Session . . . . .	Presiding: Advisor Assistant Advisor or Committee chairman
	Talk: Topic . . . . .	Speaker Translator
	"Coffee Break"	
	Question period	
	Group Discussion (same groups)	
12:45 - 1:45	Lunch	
1:45 - 2:15	General Session . . . . .	Presiding: Advisor Assistant Advisor or Committee chairman
	Review of Purpose of Workshop	
2:15 - 4:30	Group Discussion . . . . . (same groups)	Consultants: Advisors Assistant Advisors
	"Coffee Break"	
4:40 - 5:00	Closing Session for day	

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**THIRD DAY**

8:30 - 9:15	Registration	
9:15 - 12:30	General Session . . . . .	Presiding: Advisor Assistant Advisor
	Talk: Topic . . . . .	Speaker Translator
	Question Period	
	"Coffee Break"	
	Group Discussion . . . . .	Consultants: Advisors Assistant Advisors

TIME	ACTIVITY	PERSONNEL
12:45 - 1:45	Lunch	
1:45 - 3:00	Recorders prepare group reports	
3:00 - 5:00	General Session . . . . .	Presiding: Advisor Assistant Advisors or Committee member
	Presentation and Discussion of Group Reports . . . . . Summary of Workshop Closing of Workshop	Group recorders

Introductory remarks by advisor at opening session. Following the welcoming statement and introduction of the Ministry of Education representative who spoke briefly to endorse the program, the following explanation was given of the purpose and value of the workshop method in resolving common problems.

The planning committee has worked very hard arranging this workshop for you, and we think they have enjoyed it. We think it is good to work together on our problems. We hope you will think so too. We have learned a great deal from each other during our planning sessions and are looking forward to learning more during this workshop. We hope you will learn with us, and enjoy it.

The topic for the workshop "Teaching in the Clinical Area" is a topic that is of concern to all nurses who are interested in improving nursing education in Korea. This is the subject that is mentioned most frequently in our conversations with nurses. We think it is a subject that we all want to learn more about. And from the wonderful attendance here today, we assume that you feel the same about it.

The members of the planning committee think it is good for nurses to work together, to talk over problems and discuss with each other possible ways of solving those problems.

This is one of the ways we learn. When we express our ideas and activities, we can sometimes make them more clear in our own minds just by putting them into words. And when we hear what other nurses think, what they do, and what some of their problems are, we realize that our problems and their problems are quite similar. Perhaps we can help each other, and in so doing, we may help ourselves. There is an old saying that two heads are better than one. So why not many heads - many minds working together helping to answer our questions and their questions? This is the purpose of the workshop. We are going to help each other and ourselves too.

Each day during the workshop, we will listen to a talk about some part of clinical teaching. When each talk is finished, there will be time for you to ask any questions you would like to ask. The speakers will be glad to answer your questions and to explain any part of the talk that you wish.

After the talks and the questions, we will gather into the small groups to which you have been assigned and talk about the information given in the lectures, and how this information can be used by you in your own work. Members of the planning committee will be with each group to help with the discussion. Later on in the day, we will talk more about this group discussion...

Talk: What Is Clinical Teaching? The first talk presented at the workshop defined clinical teaching and identified the three main factors involved. Following introduction to the audience, the advisor gave the talk as presented here.

## WHAT IS CLINICAL TEACHING?

Today we talk about "What is Clinical Teaching?" When we begin to talk about a topic like clinical teaching we must define the terms we use. We must explain what some of the words mean.

What is clinical teaching?

The term clinical teaching means teaching nursing students the care of patients in the hospital or in the clinics.

Who is the clinical teacher?

When we say clinical teacher we mean the nurses who teach nurse students on the clinical units or in the clinics.

The head nurse is a clinical teacher when she teaches students.

The supervisor is a clinical teacher when she teaches students.

Nurse instructors in schools of nursing who teach clinical courses to students are clinical teachers.

The instructors, head nurses and supervisors all work together to plan clinical teaching. They all work together to do clinical teaching.

What are some objectives of clinical teaching?

What we want the student to know.

1. To understand important things about disease conditions.
2. To understand that each patient is different from other patients.

3. To understand the things the nurse should do to help the patient get well and to be more comfortable.
4. To understand that patients with the same diseases react differently and have different kinds of nursing problems to be solved.

What we want the student to do.

5. To be able to apply knowledge learned in the classroom to nursing care of patients on the unit.
6. To find out all she can about the patient - his family, how he is reacting to the disease condition he has and what his problems are.
7. To use what she learned about the patient to plan and to give good nursing care, to adjust her nursing to that particular patient and that particular situation, and to try and help the patient solve the problems related to his illness.
8. To give treatments in a way most comfortable to the patient but still using good technique and applying scientific principles she has learned.
9. To see things to be done for the patient and to do them.

What we want the student to be.

10. To be kind and gentle, to get happiness and satisfaction in making others comfortable, relieving their pain and helping them to get well and to keep well.
11. To become a good nurse who brings credit to herself, her school, to the nursing profession and to the Republic of Korea.

Each school will make their objectives for clinical teaching. Each school will say them differently and all of you will add many things to this list. These are some of the

points usually listed as objectives for clinical teaching.

The teachers in different clinical units make specific clinical teaching objectives for their clinical unit. The specific objectives are based upon the general objectives for clinical teaching in that school. The specific objectives explain what students should learn about nursing care of surgical patients, obstetric patients, or nursing care of children.

We have schools of nursing so we can help students become nurses. Nurses must be able to give good nursing care to patients. All courses in the nursing program include knowledge the student must use in giving good nursing care. This is why the courses are taught. The student must apply the knowledge she has learned. She must do the things she was taught to do until she can do them well. The clinical teacher helps the student to do this. Clinical teaching is the core or the center or the heart of the nursing program.

There are three main parts to clinical teaching. Now we will talk about each one of those parts.

Part I. Teach the clinical course in the classroom.  
This means a course like surgical nursing, or obstetrical nursing.

- A. The doctor teaches the students about disease conditions.
- B. The nurse instructor teaches part of the clinical course in the classroom. The nurse teaches the general nursing care of patients with disease conditions the doctor talked about. She teaches the nursing care needed by all patients with the disease.

The nurse teacher explains what students should look for and what the student should do to make the patient comfortable and to get well.

She teaches them how to do treatments the patient must have. The students talk and the teacher talks.

The students should think about things they should do and tell the teacher what they think.

The students and teacher talk together or discuss the things the nurse should know and do to give nursing care to patients with the particular disease condition.

We said the first part of clinical teaching was to teach the clinical course in the classroom.

Part II. Hold planned clinical conferences on hospital wards or in clinics.

A. Objectives, goals or purposes of clinical conferences.

1. To help students know and understand patients assigned to them.
2. To evaluate nursing care they have been giving these patients.
3. To help students to plan good nursing care for those particular patients.

B. How to make assignments and prepare for the conference.

1. Several days before the conference the teacher tells the students the patients they will discuss or talk about at the conference.
2. The teacher and students review what they know about the patients' disease condition and they try to learn more about it.
3. The teacher and students study the patients' chart or record and try to understand everything that is on the chart. What is the meaning of the laboratory reports? Are they usual for

the disease or different from the usual report? What does this mean? Why is the patient getting certain medicines and treatments? Why did the doctor order them? What symptoms should the nurse watch for and why? What are the patients' complaints and why?

4. The nurse assigned to the patient tries to understand the patient as a person. She gets acquainted with his family and tries to find out what problems they have which are related to the disease.
5. All this the teacher and students do to get ready for the clinical conference.

C. Physical set up for clinical conference.

The teacher and students who are working on one unit sit together in a circle or around a table where they can look at one another and talk. Every one has paper and pencil so they can take notes on things they learned.

D. How to Conduct the Conference.

We will talk about what the student does, what the teacher does and what they do together. We know what the objectives of the conference are. We hope the teacher and students studied and are prepared for the conference. The teacher and students are sitting together in a circle or around a table. This is a friendly conference but every one works, and everyone participates.

1. The teacher starts the conference. She may ask a student to tell the group about the patient assigned to the student.
2. The teacher tells the other students to listen carefully and later to ask questions of the student who is reporting on her patient.

3. The teacher will ask the students questions about the patients to see if they understand the disease, symptoms, treatment, problems and nursing care assigned to them. The teacher wants the students to explain why everything is done. Not just what was done, but why it was done.
4. The teacher will answer questions which the students do not understand. Sometimes the teacher will not know the answer to questions. So the teacher says, "I do not know. Let us see if we can find the answer. Where will we look for the answer?" They may look in the library. Maybe there are books on the ward that can help them. They may look on the patients' chart. They may ask a doctor. Sometimes they cannot find the answer right away. The teacher says, "I will find the answer and tell you later." She finds the answer and always reports back to tell the students the answer and where she found the answer. This is a good example for students and teaches them to look for answers. This is good teaching.
5. The teacher asks all the students what should be done to give better nursing care to the patients. Did the nurse give good care? How could the care be improved? What health teaching was done or what should be done?

What the student does.

1. The student explains all she can about the patient assigned to her. She tells how this patient reacts to his disease, why he is getting certain medicines and treatments and how he responds to these and why. She explains what the laboratory

report means. The student explains the nursing care she has given and why she did certain things. She tells about the patient's background as it relates to his disease, his problems and nursing care. She tells about the health teaching she has given to the patient and his family, and why.

2. Other students add what they know about the patient, the disease and nursing care of the patient. They ask the one student to explain why things are so. If the student does not know the answers the other students may tell her.

What teacher and students do together.

1. They all talk about what they can do to give good nursing care to the patient. They try to think of ways to improve what they are doing.
2. They all share their ideas, decide what to do and how they will do it. When they have agreed what to do they will write it in a book at the nurses desk where all nurses who care for the patient will see it, understand the care they should give the patient, and do it.
3. They may decide they need to know more than they do. They plan to study and learn more and then talk about all this again at the next clinical conference.

We have talked about two parts of the clinical teaching program, these are:

1. Teach clinical course in the classroom.
2. Hold planned clinical conferences on hospital wards or in the clinics.

Part III. Observe the nurse student giving nursing care and help her to improve.

A. The objectives, goals or purpose of this observation.

1. To help the student apply her knowledge in giving nursing care to patients.
2. To help the student to learn to give better nursing care to patients.

These are the main objectives. Students can learn in the classroom but they learn best by doing things. The teacher is with the student to guide her and to help her if she needs help. The teacher and student are with a patient in a hospital ward or in a clinic. The student is going to give nursing care or give a treatment, change a dressing on a wound or do something for the patient.

B. What does the teacher do?

1. The teacher observes what the student does, how she does it and how the patient reacts to the nursing care or treatment.
2. The teacher thinks, "Is it good? Could it be better?" She evaluates what the student is doing and later she will talk with the student about what was done.
3. The teacher will know if what the student is doing is wrong or would harm or hurt the patient. If it would be harmful to the patient, the teacher will help the student or say, "Could we do it this way?" The patient should not know the student was doing it wrong.

4. The teacher may decide that what the student was doing was not too bad and would not harm the patient. She will wait and talk to the student later and will explain a better way for the student to do her work.
5. The teacher can help the student if the student does not know what to do. She will help the student and work with the student. She will never criticize the student where the patient can hear her.
6. The teacher can do little things to help so she does not stand and look all the time, but she does not do the student's work for her.
7. The teacher listens to what the student says to the patient and what the patient says to the student. The teacher evaluates what was said and later talks to the student about it, whether it was good.
8. The teacher listens to what the student teaches the patient or she may notice that the student missed an opportunity to do health teaching.
9. The teacher and student leave the patient when the student completes nursing care or treatment for that time. They go where they can talk together. It is best if they can sit down and talk. This is a friendly conference.
10. The teacher asks the student to evaluate the assignment she has just completed. The teacher will ask the student questions to see if she understands the reason why she gave care or treatment as she did. The teacher asks

the student how her work could be improved.

11. The teacher may point out some things that were very good and some things not so good. She does criticize. She guides and teaches the student and explains things to her. Remember this is a friendly conference. The teacher and student talk together so the student will learn. The teacher also learns from the student as every teacher does.

What does the student do?

1. The student is not afraid of the teacher. She knows the teacher is her friend and is there to help her if she needs help and later to teach her how she can improve her nursing.
2. The student does her nursing care as she thinks it should be done for that patient.
3. The student may think "What should I do about this?" She may ask the teacher "What do you think about this?" or "Do you have a suggestion?" or "Do you think it would be better to do this?" She asks the teacher just as she would a classmate. She does not let the patient know she would like help.
4. The student and teacher leave the patient after the care or treatment has been completed. They go someplace to talk together, as we stated before.
5. The student evaluates her work. She tells the teacher what was good and what was not so good. She explains

why she did certain things. She gives scientific reasons, not just that it was ordered by the doctor. She knows why the doctor gave the order.

6. The student explains how she could improve her work. She may ask the teacher to explain what she does not understand. As we said before, if the teacher cannot answer the question they decide where they can look for the answer and they find the answer together. The teacher and the student work together and they learn together.

These three parts of the clinical teaching program apply to all students in the school. As students progress from one year to the next the courses and conferences become more difficult and students are expected to give very good nursing care. The students must show more knowledge and understanding of what they do and why. When the teacher observes them giving nursing care or treatments the students should show that they know how to meet and solve most of the problems and the teacher does not need to guide them so much. The teacher will always help them if necessary. The teacher may encourage the student and tell her she does well and should continue to study and learn because she used what she had learned, and one must always study and learn more and more.

The teacher suggests that the senior students should help the younger students and guide them sometimes when they need help. The senior students should be "Big Sisters" to younger students.

Now let us summarize what we have talked about.

We know that clinical teaching means teaching nursing students the care of patients in the hospital or in the clinics.

We know that clinical teachers are the nurses who teach nurse students in the hospital or in the clinics.

We know the nurses who teach are head nurses, supervisors and clinical instructors. We know these nurses should plan

together and work together to teach good nursing care to students.

We know the three parts of the clinical teaching program are:

1. Teach the clinical course in the classroom.
2. Hold planned clinical conferences on hospital wards or in the clinics.
3. Observe the nurse student give nursing care and help her to improve.

We know we must plan objectives or goals for clinical teaching and that these goals are to help students become good nurses.

We know the meaning of good nursing care and that a good clinical teaching program helps students to give good care.

We know that the clinical teaching program is the heart or core of the nursing program because it teaches students to give good nursing care.

## Reference Material Given to Participants

As further explanation of some factors mentioned in the talk, the following material was given to all participants.

### "Some Points Related to the Topic What is Clinical Teaching?"

The term clinical teaching means teaching nursing students the care of patients in the hospital or in the clinics. What do the clinical teachers teach?

In brief, they teach students to give good nursing care to patients.

What is good nursing care?

Nursing care includes all those things which the nurse can do and should do for the patient and the patient's family, in the hospital and in the clinics or in the home of the patients.

Now let us list some of the things included in good nursing care.

1. The nurse understands that each patient is different. Each of you in this room is different from another. Each of you thinks differently, acts differently, feels differently about certain things, and would react differently to a disease. It takes awhile to know a new friend. It is the same with each patient. They are all different and the nurse must try to know and to understand each patient.
2. The nurse tries to learn certain things about a patient. For example: The nurse should know where the patient lives, how he lives, the disease he has, what treatments he receives and why, how he reacts to treatments and why, what makes him have pain, what can be done to make him well. What problems does he have that are related to his disease?

3. The nurse studies all these things and plans nursing care that is best for that one patient.
4. The nurse gives nursing care that is best for that one patient. She looks for symptoms and gives medicines or treatments ordered to relieve the symptoms or she reports new symptoms to the head nurse. She applies scientific principles she has learned when she carries out procedures but she adjusts them to the patient's feelings and needs. She does those things that make the patient more comfortable, and that help the patient to get well.  
  
She keeps the patient clean and teaches the patient and family why he should be clean.  
  
She stays with the patient long enough to know him better, and to decide what things should be done.
5. The nurse knows the patient so she can decide what the patient and his family should be taught about the patient's disease, how to prevent other diseases and what they should do to keep well.

These are just some of the things that make good nursing care. You will add many other things to this list.

Now let us think about our definition of clinical teaching again. We said clinical teaching means teaching nursing students the care of patients in the hospital or in the clinics. So these points on nursing care are some of the things we would teach, and the students would practice giving good nursing care. Teachers must plan and do certain things so they will do good teaching. Teachers must plan what they will teach and a first step in planning is to set up objectives of what the teacher will teach.

We want to talk about the objectives of the clinical teaching program. First we need to think about, "What are objectives?"

What are Objectives?

Objectives are goals. They are the goals to be reached by teaching. Objectives explain what the students should learn. Objectives help the teacher to decide what she should teach and how to teach it. They help to keep the teacher going in the right direction.

Objectives should include what we want the student to know, what we want the student to do, and what we want her to be as a result of our teaching. We say, what the student should know, do and be. Other words used to explain this are knowledge, skills and attitudes to be learned by the students. You will find these terms used in articles and books you will read.

We have said that clinical teachers are to teach students to give good nursing care to patients. The kinds of things we want the students to learn about nursing care of patients will be the objectives or goals of the clinical teaching program. The goals we are talking about now are general or broad and apply to all clinical teaching in the school of nursing.

Explanation of Group Discussion by Advisor. In the general session held immediately after the lunch period, introduction to group work was given, group leaders were introduced, questions for discussion were distributed and the following advice was given to participants.

You have listened to the speaker explaining what clinical teaching is, what all is included in teaching in the clinical area. In your envelopes you have copies of her talk and some points related to clinical teaching objectives. You have your own ideas, and knowledge of the situation in your own work area.

Now - it is time to talk over all these things. Each of you was given a card with a number on it when you registered at the door. That number tells you which group you will work with during the workshop. The leader of each group has some questions to help you relate the information in the talks to your own work situation. If you will take each question, one at a time and think it over very carefully, talk it over among yourselves, see how it can fit in with your way of thinking, this will help you in your discussion. There are committee members with each group to help with the discussion and to keep a record of your decisions.

When you are talking together, please try to remember that these are friendly, informal groups. Everyone has the same right to speak, to express their thoughts and questions. Listen to what the other people have to say. They may have information that will be very helpful to you. There will be no one to criticize you for speaking and asking questions. We are all here to help discuss our problems. This is the way we can collect our thoughts and find answers to our questions. If you do not agree with something that is said, tell the group you do not agree, give your opinion and talk it over. We need your thinking to help us with our thinking.

Your group may not have time to talk about all of the questions. If one question is too hard and you cannot come to an agreement, go on to the next question.

During the time you are in group discussion, the advisors will come around to see if you want help. Do not be afraid to ask us about something you do not understand. That is why we are here.

We would like for you to tell us how well you think each group works together. If you have a suggestion as to how things could be made better, let us know. This is your workshop, it has been planned for you. You in turn can help to make it a success by participating in the discussion, giving your ideas and suggestions and helping others to give their ideas. . .

Talk: Planning The Clinical Instruction Program. At the opening session of the second day, participants were again welcomed to the workshop. A brief reference was made to the content of the previous day's program as it related to the following talk.

## PLANNING THE CLINICAL INSTRUCTION PROGRAM

We have talked about "What is Clinical Teaching?" We know that the head nurses and supervisors who teach students are clinical teachers. We know that clinical instructors in schools of nursing are clinical teachers.

Today we talk about Planning the Clinical Teaching program. Planning is necessary for good teaching.

What is good teaching?

This is a big topic. We will just talk about a few important points. There are principles of teaching. The teacher should use the principles when she teaches students.

What are some principles of teaching?

1. Relate new material to what students already know. For example: we have talked about what is clinical teaching, now we talk about how to plan to do it.
2. Relate new material to students own background. Make it personal. How did you feel when you were sick? Have you seen a patient with this disease?
3. Plan for student participation. Ask good questions. Have student talk about topics. Assign students reports to give in class. Use demonstration. We learn by doing. We are doing this in this workshop. One person talks about a topic. You meet in groups and talk about it. You talk about how to use the material. Do the same with your students.
4. Use blackboard, pictures, make posters, charts. These things explain what you are teaching.

5. Teaching must make students think. They must do more than listen. They must think about what you say. Students tell what they think. They say why something is true. They explain what they would do and why they would do it that way. This is problem solving.
6. Plan well before teaching.

Another important thing for good teaching is the teacher.

A good teacher is like this:

1. She studies and continues to learn more. If she does not know something she says, "I do not know. I will find the answer".
2. She wants to share all she has learned with others. She wants others to know everything she knows. She gives what she knows to others.
3. She is kind and friendly. Students want to tell her their problems.
4. She helps students and smiles even though she is tired or feels sick.
5. She has a sense of humor. She can laugh at herself. She can say, "I was wrong. I made a mistake".
6. She likes students and patients. They like her.
7. She is always fair and honest with the student.

These are important points to remember about good teaching.

1. Use principles of teaching.
2. Be a good person.

Yesterday we talked about the three parts of the clinical teaching program. Today, we talk about how to plan for each part.

Planning the clinical course to teach in the classroom.

For example: surgical nursing, medical nursing, obstetric nursing, or nursing of children.

1. Write objectives for the course.

Explain what you want students to know, to do, and to be when they complete your course.

2. Plan and write out what is to be taught by the Doctor and by the nurse.

a. List topics for Doctor to teach:

For example: What is tuberculosis? What causes it? What parts of body does it affect? What are symptoms? What are treatments? How is it prevented? What should nurses teach patients and family about tuberculosis?

b. List topics for nurse to teach:

For example: Nursing care of patients with tuberculosis of chest. What the nurse does to prevent spread of disease. Techniques to use. How to get patient to rest. Why this is important. How to teach patient and family what to do. In this outline you list only topics to talk about. This outline is a guide when the teacher prepares her lesson. When she makes a lesson plan for one class meeting she will write out in detail what she will teach under each topic listed in the outline.

3. Write out and explain how teacher teaches the course. This is called "method".

a. List the charts, models, posters, or pictures you use in teaching this course.

b. List demonstrations you give and explain how students practice. For example: Technique to prevent spread of tuberculosis.

- c. Field trip or visits students and teacher may make to tuberculosis clinics.
  - d. List any instructional materials available for students and teacher to study.
  - e. When possible have doctors' and teachers' lectures duplicated. Give to students long before class so they can study. Another way, let one student copy your lecture notes. Other students can copy her notes. Another way, put one copy of your lecture notes in library or a study room.
  - f. Discussion method. Students have studied. Now they talk about what they learned. They ask questions of one another and they ask the teacher. Students think and they participate.
4. Write out and explain what students do to learn.
- a. Explain what reports students give in class.
  - b. Explain what assignments you give them. For example: Students write answer to this question: What could you do everyday to help prevent spread of tuberculosis?

When all this is written it is named a "course outline" or a "course of study".

What do you do with it?

1. First you show it to other instructors who teach clinical courses. They compare it with their course outline. You look to see if some instructors have listed the same topics. Then you decide which one will teach it. You look to see if instructors have forgotten to include one topic. Then you decide who is to teach that topic.
2. Each teacher improves her material all the time. She adds what she has learned to her topics. She talks with other teachers before she adds a new topic.

3. She uses her course outline as a guide when she makes her lesson plans.
4. One copy of a course outline is in the nursing office. It is always just like the teacher's copy.
5. When a teacher leaves one school she leaves her course outline. A new teacher uses the same outline. The new teacher makes her own lesson plans from the course outline.

These are some of the important points about planning the clinical course. Now we talk about the second part of the clinical teaching program.

#### Planning Clinical Conferences on Hospital Wards and in the Clinics.

In clinical conferences, teachers and students talk about patients and nursing care of patients on wards or in the clinics. They all know the patients. The patients have the diseases the students learned about in the classroom.

1. First step in planning for conference.
  - a. Find out what disease conditions are usually found on your ward or clinic.
  - b. Find out if this is the only unit where students can learn to care for patients with these disease conditions.
  - c. Decide which conditions students must learn on your unit.
  - d. Make list of disease conditions students should learn about on your ward or clinic.
  - e. Each student assigned to your unit would attend one or more conferences about each of these disease conditions. The conference would be about a patient who has the disease. I will repeat. Every student assigned to your unit would attend conferences about disease conditions on your list.

The list of topics stays the same for each group of students of the same class. The patients you talk about are different patients for different groups of students.

2. Step two: Plan schedule for holding clinical conferences.

a. How many conferences for each group of students?

- 1) The number of conferences depends upon how many disease conditions you have to talk about. It depends on how long students will be on your unit to learn these things.
- 2) Teachers decide how many conferences a week on that unit. They decide how long one conference will be. For example: two conferences a week. Each conference lasts one hour. At first you may want a shorter conference.
- 3) You may schedule separate conferences for each class of students. For example: conferences for freshmen, juniors, or seniors. Sometimes students from different classes meet together. The older students guide and help the younger students. You decide what is best for you.

b. When to schedule conferences.

- 1) The clinical instructors, head nurses and supervisors decide when is the best time to hold conferences. Decide on two or three possible times. Go to nursing office to get approval on which time is best. Conferences may be listed on class schedule. They must be planned for.
- 2) Sometimes conferences are held in the morning. Sometimes they are held in early afternoon. You decide what is best for you and school office.

- 3) The clinical conferences are an important part of the school program. Students assigned to that ward or clinic should attend conferences. It is like any other class. If some students are on night duty the same conference may be scheduled more than once so different groups of students can attend.

c. Who conducts the conference?

- 1) The head nurse, supervisor or clinical instructor may conduct the conference.
- 2) The one who conducts conferences must know all about the patients. Who knows the patients best? That one may be best to conduct conferences. The nursing school office or the teachers on that unit may decide. When you decide, then that teacher does it.

These are some important points about planning clinical conferences. Now we talk about the third part of the clinical teaching program.

Plan to observe nurse student give nursing care to a patient and help her to improve.

1. We said that the teachers make a list of disease conditions students should learn about on your ward or clinic. Remember?
2. Students must learn to give nursing care to patients with these disease conditions. Students give care to the same patients for several days until they learn to give good nursing care to the patient. They have only a few patients to care for in one day.
3. The teacher observes them giving care and helps them when they need help.
4. Find out what procedures students should learn to do on your ward or clinic. Is this the only ward where students can learn to do this procedure, or is it the first time students have to do it?

5. Make a list of the procedures students should learn to do on your unit.
6. Observe the students doing these procedures and help them to do them well.
7. Use every opportunity to teach the student. Sometimes it will be for a minute or two. Sometimes you will spend a long time with her. Take a minute sometimes to ask student if she understands why she is doing that treatment. Why it is important.

How to record clinical instruction.

1. All teachers in the school decide on a plan for recording what the student has been taught.
2. Students may be given a list of procedures and things to learn. Teacher checks procedure on list when the student has learned to do it good.
3. Students may have a list of disease conditions to care for. Teacher checks them when the student has learned to give good care to those patients.
4. Students take the list with them when assigned to a different unit.
5. Teacher may keep a record of conferences the student attended. This may include topics for conferences and number of hours in attendance while student was in the unit. This would be given to nursing office.

Now we have talked about planning the three parts of the clinical teaching program. These are suggestions or a guide. You must apply this to your school, to your ward or unit.

Planning for teaching is hard work. We plan and work a long time before we teach one hour. What we are talking about today is planning a large teaching program. It is a big job. It takes time to do it. You can do it. You will work very hard.

How to use this material when you return to your school.

1. All nurses who teach students in your school should study this material. They should think about what to do in that school.
2. All these nurses meet and talk about what this material means. How could we improve our clinical teaching program? What will we do first?
3. You may start lists of disease conditions in different wards. Decide where students should learn certain things.
4. After you plan well you may try clinical conferences on one ward or clinic. Hold several. Evaluate the conferences. Decide what was good and what was bad. Then try again. It takes many conferences before teacher and students know what to do. Keep trying.
5. Explain to students what you want to do. Ask them to help you. Students have good ideas. Sometimes senior students can conduct conferences for younger students and help them.
6. Plan to teach what nurses in Korea should know, should do, should be. For example: Teach students what and how to teach family. Teach mother-in-law care of baby at birth and how to care for new baby. Teach her in pre-natal clinic when she comes with daughter. You have a good opportunity to teach families. Watch the students teach and help them to improve. When it is warm, the nurse could teach a member of the family how to bathe a patient. Teach the patient and family why she is doing it that way. Student is learning too.

Remember these things:

1. The faculty plans clinical teaching together.
2. Plan well before you start.
3. Start planning today.
4. Start with one small part of program.

5. Let students help you.
6. Use opportunities you have for teaching.
7. Teach what nurses in Korea should know, do and be.

Remarks by Advisor at Morning Session of Third Day. After initial welcoming remarks, the following suggestions were made to the participants.

There are many advantages to the workshop method, and this morning I would like to give you just three of these advantages. The workshop offers us the opportunity to present several different aspects of a problem. It provides us with the opportunity to give new information, new ideas, and it gives an opportunity to obtain correct information from specialists. These are just some of the advantages of a workshop but we think they are important ones.

Now, before we have our talk this morning, I would like to give you some suggestions about listening to the talk and taking notes about things you think are important. If there is something in the talk you do not understand, make a note about it and during the question period after the talk, ask the speaker to explain this to you. If there is some part of the talk you think is particularly important, or that you could not hear, make a note about that and the speaker will be glad to repeat it or to explain it in more detail for you.

Our topic this morning is, "Who Does Clinical Teaching..."

Talk: Who Does Clinical Teaching? On the third and last day of the workshop, the clinical teacher was identified in the following talk.

### WHO DOES CLINICAL TEACHING?

The past two days we have been discussing what is included in clinical teaching, and planning for clinical teaching. Today we will consider "Who does the Clinical Teaching?" Clinical teaching has been defined as teaching students the care of patients in the hospital or in the clinic. It has been explained that there are three parts to clinical teaching. These three parts are:

1. Teaching the clinical course in the classroom, such as medical nursing or surgical nursing.
2. Holding clinical conferences in the hospital unit or clinic.
3. Supervision of the nursing student in giving nursing care.

There may be one or more persons responsible for the teaching in a particular clinical area, such as surgical nursing. This responsibility may be carried by the doctor and clinical instructor. It may be the doctor and supervisor. It may be the doctor and head nurse. Or it may be a combination of both.

It is the responsibility of the Director of the Nursing School to decide who will do it. There are many things to be done in clinical teaching and when the Director is deciding who is to carry out these functions she will need to consider these important points:

1. Who has the most preparation and experience for teaching this subject?
2. Who is more interested in students and in teaching?
3. Who can give the time necessary for student teaching?
4. Who can be with the students on the hospital unit or clinic?

Sometimes the responsibility must be divided between two or more persons who are already carrying other responsibilities, as for example: the doctor, the supervisor or head nurse, or an instructor who is teaching several other classes. This dividing of responsibility is sometimes necessary because there are not enough persons qualified for all the responsibilities involved in clinical teaching. Or maybe there is no position. Often we must divide these functions and assign them to personnel already available in our institution.

Before these responsibilities or functions are assigned, a general list of all activities - what should be done - must be made. Then the school decides who should assume the responsibility for each of the activities. This list of functions of clinical teaching will probably be similar for each area of clinical teaching, as medical nursing, obstetric nursing, surgical nursing.

Let us take the three parts of clinical instruction and make a general list of some of the things that should be done and then consider who may do them. One part of clinical instruction is teaching the clinical course. This course is usually taught in the classroom. Responsibilities included under this part would be:

1. Teaching about the disease conditions; the pathology, etiology, signs and symptoms, treatments, prognosis and complications.
2. Teaching the general nursing care of patients with these disease conditions. Here is taught the nursing care needed by all patients with these diseases, what to do for them and why.
3. When some particular subjects are being taught by other persons, the clinical instructor must know what is included in the class. The clinical instructor should attend the lecture so that she can relate the material to the student's other learning activities.
4. The clinical instructor must know that all the required material in this subject is included in the lectures. If there is some material that has not been included, she must see that this is taught to the students at another time.

5. The clinical instructor has the responsibility to give tests and examinations to see if the students are learning all they should learn.
6. The clinical teacher must see that the students are attending all the classes they should attend.

The responsibility for this first part of clinical teaching may be carried by one or more persons. The teaching may be by the doctor - it may be by the clinical instructor, or it may be by the doctor and head nurse or supervisor. Often the doctor teaches the part of the course on the disease conditions and the nurse teaches the nursing care. Again, the nurse may take the responsibility for the entire course. She may ask different doctors to teach disease conditions according to their special fields of practice or interest. If the responsibility is divided between two people, as the doctor and the nurse, there must be close planning together so the disease conditions and nursing care being taught may be related to each other. This close planning is usually the responsibility of the nurse. Each school must definitely decide who will do each thing.

A second part of clinical teaching is to hold conferences on the hospital ward or in the clinic. These conferences are planned around a specific patient with a specific disease condition. In planning and conducting these conferences certain things should be done. Some one must be responsible to:

1. Select a particular patient in the hospital unit or clinic to whom the students have been giving care. What type of patient is cared for on this unit? Which patient has the type of disease which will help the students to learn what must be learned on this unit?
2. The teacher must plan and schedule the conferences. She may ask herself these questions: Where can we hold this conference? What time will all the students be able to come to the conference? Will this conference need to be held more than one time so that the night nurses may also attend?
3. The clinical teacher should inform the students several days ahead of time, which patient will be discussed so that they will be able to study and get ready for the

conference. They will need to learn about the patient such things as history of the patient's illness, signs and symptoms observed in this patient, treatments and medications given, special nursing measures used and why they were used, problems in caring for this patient, rehabilitation plans for this patient, and health teaching which has been done or could be done for this patient.

4. The teacher will need to study the patient carefully herself so that she will be ready to discuss his condition with the students.
5. She should put signs on the bulletin board or in the unit telling what the conference is to be about, what time and day it is to be and where.
6. She may need to give some assistance to the students in locating study materials to prepare their assignments.
7. The clinical teacher will conduct the conference, or in some instances arrange for some other person who is specially trained in that subject to conduct the conference.
8. She should check on the students to see that they are attending all the conferences they need to attend.
9. She should try to obtain some instructional materials to have on the unit, so that the students could refer to these when they are preparing for class. These may be such things as articles from journals, lecture notes, posters, pictures, or procedure books.

This part of clinical teaching, holding the clinical conference in the clinical unit, may be done by the clinical instructor for that unit if there is one, or it may be the supervisor of the clinical unit who will do the teaching. Whoever does the teaching should know about the patient. They should know what the students have been taught in the classroom and what particular experiences they need. Sometimes there is too much for one nurse to do by herself. Perhaps one nurse will be asked to plan or coordinate all the clinical teaching for one or more units.

Other nurses may be assigned to do certain parts of the teaching to assist her. But each nurse who is to help with clinical teaching must know exactly what she is to do and how to do it.

The third part of clinical teaching is the supervision or observation of the student when she gives nursing care. This might include a number of activities:

1. The clinical teacher may assign the students to care for certain patients according to what the student has been taught in the classroom. For example: We would not assign a tuberculosis patient to a student for care if she has not studied tuberculosis nursing in the classroom. And yet we would need to plan that the student might have all the different types of experience on this unit that are required.
2. The student must be observed while she is giving care to the patient. She may need to be helped while she gives the patient care. After she has completed her care there should be some discussion between the student and the teacher about the patient. Does the student understand why she did the things she did? Did she do a good job? Are there any suggestions the teacher would want to make to help the student to improve her performance? Does the student have any questions she wants to ask?
3. The observer should make little notations about the student's performance. She should write down a brief account of exactly what she saw and what she heard. We call these notations "anecdotal records". And they can be used to write down the good performance as well as one that may be not so good. These notes are helpful to the teacher when she is discussing the student's performance with her. They are helpful in making out evaluation reports. They should be discussed with the student, telling her where she is doing good work and where she could improve.

We say again, the school must decide exactly who will do these things. This third part of clinical teaching, the evaluation of the student's clinical experience, may be done by the clinical

instructor, the supervisor, or the head nurse. The same person should make the assignments of the student, observe her in giving nursing care, and evaluate her performance in giving nursing care. Sometimes one clinical teacher will have the responsibility for student experiences in more than one clinical area. Someone else may make the student assignments of patient care but the clinical teacher can and should talk with the head nurse or supervisor about the assignments. They should discuss the types of experiences the students have had, the nursing care learned in the classroom and the particular types of experiences needed to contribute to the student's education. They should also discuss the best way to help the student to improve her performance. This is what we mean when we say the supervisor or head nurse and the teacher can work and plan together to improve clinical teaching.

When the responsibility for all parts of clinical instruction in any one clinical area, such as medical nursing, is divided between two or more persons there must be very close planning between all concerned. There should be a relationship between what is taught in the classroom and those experiences and conferences in the hospital unit or clinic. There should be one person who takes the responsibility for each clinical area, who should know what is being taught in that clinical course and what experiences are being used in the clinical unit so that they may be related to each other. The nurse, whether she is the clinical instructor or the head nurse or supervisor is the logical person for this function. She may sometimes delegate some of her functions to other nurses to perform under her direction. Frequently staff nurses and senior students can help to teach the younger students by demonstrating nursing care or helping to conduct clinical conferences. Staff nurses can be helpful in observation of the students giving nursing care. Often times they must carry out this responsibility during the evening hours or when the instructor is off duty. Hours of those nurses who are entrusted with the observation of student performance should be planned so that there is one available at all times the students are in the hospital unit.

The nurse responsible for clinical teaching often times has dual or double responsibilities, as a clinical teacher and head nurse or supervisor in the hospital or clinic. She should then also have a title representing this double function. For example, she might be called a medical nursing instructor and head nurse,

or she may be called the medical nursing supervisor-clinical instructor. When she has the dual or double responsibilities she should also have dual privileges, such as the right to attend nursing school faculty meetings as well as hospital nursing service meetings, or head nurse and supervisor meetings.

In summary, clinical teaching in any clinical area should be done by the person who is best prepared for the position, and often times the responsibility must be shared by two or more persons who already have other responsibilities. The clinical teaching may be done by the doctor, the head nurse, the supervisor, or it may be done by one nurse who has this responsibility as a full time position.

As we mentioned before, it is the Director of the school who must decide who will do the teaching. She may make this decision with the advice and suggestions of her entire faculty. The important thing is to decide who will do it and see that some one is responsible for each activity. There should be a list of functions written and kept in the nursing office and in the hospital unit so that every one will know who is to do each thing. When responsibility for clinical teaching is carried by two or more persons there must be careful planning together by all involved. Also one nurse should have the responsibility for coordinating all learning activities within one clinical area, such as nursing of children or surgical nursing. There should be close planning together by all members of the faculty so that nothing will be omitted from the total curriculum and so that there will be no duplication of topics being taught in the different courses.

The more persons involved in the clinical teaching program, the more close planning together will be necessary to make the teaching experiences into learning experiences for the student nurse. And before this close planning can be accomplished, it is necessary to determine exactly who is to carry out each function.

Closing Remarks by Advisor on Third Day of Workshop. In the afternoon period, reports of group discussion were presented by group recorders. Since these reports were given in the local tongue, the written copies were collected for later translation and evaluation, and the following words of encouragement were given.

...you did not get to discuss the questions in your group as much as you would have liked. So - you are going away with some things still unsaid - questions still to ask. Well - this is good. Take the questions with you and discuss them with the faculty and head nurses in your home situation. That is where you will want to use them. Bring them to your nurses meetings. See what other schools are doing with them.

...we think this has been a good workshop. Most of all it has been you, the participants who have made it so. You have worked very hard. Now that you have worked together so well, let's keep right on working. We hope that you will make use of the ideas you have heard expressed here in the last three days. When you go back to your own work, think about what you have discussed; see how you can apply these ideas and try some of them. Meet together with other nurses and see if you can help them to understand what you have learned. Come to see us, or write to us if you have any questions. In this way we can all still keep working together. Maybe you will want to put some of these ideas into practice and then tell us about it at the next workshop. Perhaps you have a suggestion or some new information that we should include in the next workshop. Tell us. We would like to hear your ideas...

Following these remarks, the workshop was formally closed.

## Second Workshop

Objectives for Second Workshop. The following is a translation of the objectives for the second workshop as formulated by the workshop committee.

### Objectives for Second Workshop

The Planning Committee hopes that each participant will:

1. Gain the knowledge of how to select the proper content of student learning experience.
2. Gain knowledge in determining the basic elements in selecting student experience in the clinical unit.
3. Learn how to plan student's learning experiences where practice is related to theory.
4. Gain the knowledge of supervision to guide the students in applying what they learned in the classroom.
5. Gain the skill in supervision to stimulate student interest in clinical experience.
6. Learn how to encourage students to be creative.
7. Gain knowledge of how to identify and solve the problems which come up in supervision of students' clinical work.

Introductory Remarks by Advisor. After the formal opening of the workshop, the advisor made the following preliminary remarks to introduce the topic for the morning.

One objective of nursing education should be for schools of nursing to help develop the potential of each student nurse to be a member of society personally and professionally.

A primary reason for this workshop is to bring you together to work cooperatively and to help your thinking as members of a group. Through carefully planned, selected and supervised learning experiences, it is hoped the student will develop as both a nurse and as an individual. These are the things we will talk about in this workshop.

In the talk this morning, we talk about planning for student learning experiences in the clinical course.

If I were planning for a clinical course, there are certain facts I would need to know:

1. I would do a survey or study of the community.
  - a. I would need to know what other educational facilities are available to me.
  - b. I would need to know what other health facilities are available, and
  - c. I would need to know the economic status to have a better understanding of the community.
2. I would do a study of the hospital.
  - a. I would need to know the interdepartmental relationships inside the hospital and the school of nursing.
  - b. I would need to evaluate the physical and clinical facilities of the hospital.
3. I would do a study of the school.
  - a. I would need to know what the school's philosophy and objectives are.
  - b. I would need to know if there are funds available for the school of nursing.
  - c. I would want to know:
    - 1) each student's background.

- 2) if the student is from the city or the country.
- 3) each student's interests and special talents.
- 4) what course in the nursing school the student has completed before coming to my class.
- 5) each student's clinical experience before coming to my class.

After I have selected the learning experiences, I will need to organize the content material. The course outline is a useful tool in organizing the course to be taught.

It is necessary to plan my course in close cooperation with other faculty members of the school of nursing.

Nursing education and nursing service must work together -- a good nursing service makes a good practice field; good methods of patient care provide the basis for good teaching and learning experiences.

Miss \_\_\_\_\_ will present my talk on "Selecting and Planning the Students' Learning Experiences in the Clinical Course". We hope the talks will be more meaningful to you and easier to understand given without interruption in your own language. After the talk is finished, we will try to answer any questions you may have.

In your envelopes you will find a copy of the talk, you may want to follow it as Miss \_\_\_\_\_ is talking.

Talk: Selecting and Planning Students' Learning Experiences in The Clinical Course. The following talk was translated and presented entirely in the local language, by the assistant nurse advisor.

### SELECTING AND PLANNING STUDENTS' LEARNING EXPERIENCES IN THE CLINICAL COURSE

Last year we presented in the first workshop series on "Teaching in the Clinical Area" three talks: What is Clinical Teaching?; Planning the Clinical Instruction Program; and Who Does Clinical Teaching?

Clinical teaching was defined as teaching students the care of patients in the hospital or in the clinic. The three parts to clinical teaching were defined as:

1. Teaching the clinical course in the classroom, such as medical nursing.
2. Holding clinical conferences in the hospital unit or clinic.
3. Supervision of the nursing student in giving nursing care.

To continue with our workshop series, we are going to give three talks on the "Selection and Supervision of Students' Learning Experiences".

Today's topic is concerned with the first part of clinical teaching, teaching in the clinical course in the classroom. To help make this talk more meaningful for you, let us pretend that you, the audience, are the faculty committee of a school of nursing and that I am a new instructor. As an instructor in clinical teaching, my chief responsibility is the planning of the instructional program of one clinical area of student experience. Let us investigate how I would plan for students' learning experiences in a clinical course. It is most important that the faculty work together in bringing about greater coordination in the variety of learning experiences planned for the student, in order to have an effective and meaningful program of clinical instruction.

I would do a survey of the community in which the school is located. For example, I would learn what other educational facilities are available, such as a health center which is near the school and uses good public health practices. Is there a University or College near the school where the students could use the library facilities; is there a rehabilitation center that could be used for students' clinical experience?

I would need to know if there are other health facilities available. Is there a mental hospital which could provide observation or experience for the students during the course on psychiatric nursing? Is there a Children's Hospital which could provide experience for the students during the course on pediatric nursing?

I would report my findings to you and then these facilities would be studied and reasons for using them would be considered by you, the faculty. We must remember to use only those learning activities which will contribute to the learning objectives of the student and school.

To have a better understanding of the community and the background of the patients, I would need to learn about the economic status. For example, if the economic level is low, this would give me an insight into why there were so many undernourished sick children, or why there was a high incidence of common diseases such as tuberculosis. Another factor to consider would be the climate and how this effects the health of the community, that is the prevalence of upper respiratory infections or pneumonia during certain seasons of the year. One important factor to consider is the geographical area. Here in Korea you have the fishing industry, which creates the problem of the population becoming infested with parasites. These findings I would need to consider in planning for my clinical course.

Another area in which I would need to do a survey is the Hospital. I would need to investigate the departments of the hospital and find out what the relationships are within the hospital and the school of nursing program. Could the X-Ray department and Laboratory department be used for students' clinical experience? Would the heads of the departments be willing to be guest speakers or lecturers for the students?

It is essential that nursing education and nursing service have an understanding and work together to carry out the purpose of the school of nursing. Planned inservice education program is one method to familiarize nursing service staff with the aims and objectives of the school.

I would need to make an evaluation of the physical and clinical facilities of the hospital in order to determine what learning experiences are available for the students and where these experiences may best be obtained. For example, which clinical unit has the seasonal incidence of certain disease conditions I need for planning the students' learning experience, i. e. which unit during the year has pneumonia cases, what months are there usually patients with pneumonia in the hospital?

Basic to planning the clinical course is knowledge of the school of nursing. I must learn what the philosophy and objectives are for the school. I want to know what the faculty believes is good nursing care. For example, the faculty believes good nursing care includes meeting the social, emotional and physical needs of the patient and the community; and that the learning experiences of the student should be so directed that she understands, appreciates and is prepared to meet these needs. Does the faculty have objectives, such as, appreciation of the factors which bring about variations in individual and/or group behavior; ability to transfer and adapt professional knowledge and skills in the giving of optimum nursing care. For example, is the content of Nursing Arts reviewed and procedures removed from the course content, because of new drugs and treatments?

Another area I would secure information about is the availability of funds for the school of nursing. This information may influence my planning field trips for the students' learning experience, the teaching aids that may be ordered, or limit the requisition of reference material for my use and the students use.

It is necessary to gain information of the student body for good program planning. To help me know the student in order to gain her cooperation, help the student know herself, and to guide her in her experiences, I would need:

1. to know each student's educational background. If she is a graduate of middle school or high school; where did she rank in her class; what was the size of her school; and what were her areas of successful endeavor. If she attended a college or university, what did she study and did she receive a degree or certificate. This information would give me insight into the maturity of the individual. Remember the student nurse is or has been a member of a family and all the outcomes of learning must be planned for, if the student is to be developed.
2. to know if she is from a large city or country. Knowledge of her past experiences will give me insight into the student and the opportunities she has had before coming to the school. For example, if she is from the country, I will need to remember this and when I plan a field trip for the students I may need to give her more assistance and see that she understands clearly any instructions given for transportation.
3. to know her interests and special talents. What was her reason for coming to nursing school. This information will enable me to know the student better. I need to plan for individual differences in interests and abilities. Nursing care is taking care of people. I will want to know if she is interested in people, how she meets people and how she is accepted by her classmates.

I will be interested in knowing her hobbies and special talents. Does she play a musical instrument. This would tell me if she is skillful with her hands. Knowing her reason for selecting nursing will give me insight into her progress. It will tell me how she is motivated. For example, did she come to nursing school because -- her mother wanted her to become a nurse, she saw a picture of a nurse in white, she wants to find a husband, or she wants to give service to humanity.

4. to know what courses in the Nursing School she has completed prior to coming to my class. This information I will need so I can plan for the students' new learning

situation. For example, in the Nursing Arts procedure, did she learn about Oxygen Therapy or will she need to be taught Oxygen Therapy in the treatment of upper respiratory diseases in Medical Nursing.

5. to know her clinical experience prior to coming to my class. I need to plan the new learning situation to relate to the student's past experience, so she can have a meaningful experience. For example, if she is in Medical Nursing Class, has she had clinical experience in aseptic technique or isolation technique. She would need this experience to enable her to take care of epidemic hepatitis patients.

Let us review the factors we need to consider when we are selecting learning experiences for the students.

First, we need to do a survey. We learn about the community to know about the patients' background, the educational and health teaching facilities available. Next we investigate the hospital and learn the teaching facilities available for clinical learning experiences and the interdepartmental relationships. We investigate the school and learn about the faculty, budget and the students.

Second, we learn what the school's philosophy and objectives are so we can select the students' learning experiences within this framework. The faculty work together to select meaningful learning experiences. It is basic for the instructor to know and understand the school's thinking so she can integrate the philosophy throughout the course content.

Third, we decide on content of course. The instructor must know the subject and review literature about the course. She must know the course content prior to course she is teaching. This is necessary so she does not introduce as new material what the students have had prior to this class. She needs to know what the students are having after her class so she does not present material before they are ready. Again this emphasizes the need for a cooperative faculty in bringing about greater coordination in the variety of learning experiences planned for the students.

In content the Instructor will need to consider if the student is being prepared for nursing in a certain city, area, or for all of Korea. For example, not only would the typical disease conditions found in the hospital for this one area be taught but typical disease conditions found throughout Korea would need to be taught. All this information learned helps to determine content of learning experiences for the students.

Now let us see how I would organize the content material. A useful tool is the course outline or course of study which is the general plan of organization of the course to be taught.

I would need to determine:

1. What learning experiences the student will have had before coming to my class.
2. What learning experiences she will be having at the same time she is having my class.
3. What new learning experiences should the student have in this course that she will not have in any other course.

This information has been obtained from the survey I did of the school and the students.

After I have decided what new learning experiences should be included in the course, I will need to consider:

1. When these learning experiences should be introduced.
2. Who will introduce these learning experiences, i. e. doctor, nurse instructor, head nurse, radiologist, or others.
3. Where they will be introduced - in classroom, clinical conference or bedside.
4. How they will be introduced - by lecture, group discussion, special reports, filmstrips or slides.

Again, in considering these points, it is necessary for me to plan my course in close cooperation with other members of

the school faculty. I need to know the total curriculum so I am cognizant of what has been taught prior to my course, what is being taught at the same time and the courses to follow.

There is no one "best" method of teaching. Remember, effectiveness of the learning activities selected depends upon the organization and direction of students' learning experiences.

The course outline is essential for the organization of my course content. I may borrow another school's outline to use as a guide, but I must write my own objectives and course content to fit my own situation. I will need to plan specific course outlines for each level of student instruction and learning experiences.

I have talked about how I would select and plan the students' learning experiences in the clinical course. This procedure takes time and cannot be completed quickly; and, I realize the full time instructor has many other duties and responsibilities she must fulfill.

Nursing education and nursing service must work together - a good nursing service makes a good practice field; good methods of patient care provides the basis for good teaching and learning experiences.

## Reference Material given to Participants

The following reference material was distributed to workshop participants as further explanation of clinical instruction.

### Clinical Instruction

#### Clinical Instruction is Teaching:

1. The general nursing care of patients with different typical disease conditions.
  - a. The particular nursing care for patients with these disease conditions.
2. The scientific principles upon which the nursing care is based.
3. The facts about the disease which must be understood by the nurse so that she can give total (complete) nursing care to the patient.

#### Important Parts of Clinical Instruction:

1. Teach the over-all aspects of typical disease conditions and general nursing care.
  - a. This may be taught in the classroom in the school or in a classroom on the hospital ward.
  - b. Help the students to make application of the general nursing care they have learned and to plan specific care for the particular patient.
2. Observe and help student in giving nursing care to patients with disease conditions studied, and counsel her about the nursing care plans she has made.
3. Hold planned discussions and conferences in the hospital ward.

- a. Discuss the specific nursing care of patients on the ward who have the disease condition being studied.

#### Developing a Course of Study for Clinical Subjects:

1. Plan the outline carefully and write down what you plan to teach, just the same as you would do for any other class. Example: Anatomy, Nursing Arts.
2. Include all important parts of the clinical instruction and write these down.
3. Make notations about the clinical experience required.
4. Write down the topics for conferences and discussions and the amount of time needed.
5. Make a notation about the topics taught by the doctor.
6. The whole course plan should list all the topics to be taught, how they are to be taught, and who will teach them.

Introductory Remarks by Advisor Preceding Second Day's Talk.  
Following the opening session on the second day, the advisor gave explanation of the talk.

This morning we are going to talk about planning and selecting the learning experiences the student will have on the clinical unit or ward. You have already heard about the co-operative planning that is needed in setting up the course content and teaching plans.

Today we will go further into this and explain how the same type of cooperative planning can be done by the instructor and head nurse so that the practice or experience the student has in the clinical unit can be selected to add to or emphasize the classroom teaching.

There are many duties and activities that must be done in the patient area and all of these are things that the student should learn how to do. She should understand all that is involved in taking care of sick people.

How can the student assignments be planned to include some of these activities so that there will be a variety of experiences for the student, some routine duties, some new or special procedures, and some regular patient care?

Even though the student assignments should be for educational purposes, they will also learn about the responsibilities involved in complete patient care, and the work that must be done on the ward.

During the talk this morning, we will have two short demonstrations to show, first, how an instructor and a head nurse might work together to plan for student experiences so that the objectives of both education and nursing service might be fulfilled, and second, how with proper planning of all the staff, the daily morning assignments can also be a method of teaching.

Now, Miss \_\_\_\_\_ will present my talk to you in your own language; the skits will be presented by some of the nurses from the \_\_\_\_\_ School of Nursing. After the talk and the demonstrations we will have time for any questions you may want to ask, or ideas you would like to discuss.

Please notice in the talk how these factors are brought in:

- Content material of the course
- Objectives of the course
- Experiences available on the unit
- Different levels of student learning
- Patient safety
- Ward classes
- Cooperation between instructor and head nurse.

(Note--Assistant nurse advisor places these topics on flannel board as each is mentioned. The flannel board is again used during the talk as each topic is developed.)

Talk: Planning and Selecting Students' Learning Experiences on the Clinical Unit. The assistant advisor translated and presented the following talk.

### PLANNING AND SELECTING STUDENTS' LEARNING EXPERIENCES ON THE CLINICAL UNIT

Yesterday you heard about planning the course content and the experiences to supplement the course as part of the curriculum. Now, let's talk about how we select the experiences on the unit that will fulfill the course objectives:

First, we must think of what it is the student has learned in the classroom and what type of ability she needs to develop. She must have the opportunity to apply the theory she has had and practice doing the procedures to acquire the skills she needs. Where can she get this opportunity? We do not have patients in the classroom and it is only from the living person that the student can learn about human reactions to disease and how to care for sick people. She must see and do the things she has learned about before the learning becomes meaningful and a part of her ability. This is the only way the student can learn the particular type of behavior needed to give good nursing care as she has learned about it. So, the careful selecting of the best learning experiences is very important.

The instructor will go to the particular ward where the student will learn these skills. The instructor had already selected the ward when she made her course outline and planned for the assignment of the student for experience. The whole faculty together have selected the ward that has most of the types of disease conditions being taught about, where there is a head nurse who is aware of the purpose of nursing education, and where there is a high quality of nursing care being given. The instructor will make an appointment with the head nurse on this unit to talk to her about student practice. She takes with her a copy of the learning objectives for the student experience, and a copy of the course outline that she has used to teach the classes so that the head nurse will know what the student must learn. These are the objectives from the entire clinical course of study. Remember, objectives are the goals of teaching and learning; they tell what the student will learn to know, do, and be.

The head nurse and the instructor sit down together and talk about the students that will be coming to the unit, the content of the course, the objectives, and plan how the student can get the experiences she needs to supplement the learning she has had, and what classes she will have on the ward. They must talk about:

the content of the course: (Flannel Board)

what has the student been taught in this class?

what has she had in previous classes?

what basic sciences is she applying?

what procedures does she know?

which ones must she learn on this unit?

the type of learning desired: (Flannel Board)

what relationships are being emphasized?

what aspects of human personality should she be observing?

are there motor skills to be learned?

is she to learn more about solving problems?

objectives of the course: (Flannel Board)

what abilities does she need to develop?

how can she relate this new experience to other experiences?

what are the observations she should make?

which disease conditions is she to learn about?

what is she to learn about them?

level of student: (Flannel Board)

is this a second, third, or fourth year student?

what is her background in school?

what types of activities does she need help in?

what experiences are available on the unit: (Flannel Board)

what types of patients do they have on this ward?

which ones can the student care for safely?

what are the related patient care activities on this unit?

which things can the student do?

safety of the patient: (Flannel Board)

- will there be adequate supervision of the student to protect the patient?
- are there enough graduate nurses on the ward to help the student?
- will the instructor or Head Nurse be available to supervise the student with new procedures?
- how will the patient react to the student taking care of him?

needs of the ward in regard to service: (Flannel Board)

- how many graduate nurses are on the ward to take care of patient needs?
- what are the routine functions of the ward?
- which of these should the student do?

ward' classes: (Flannel Board)

- what ward classes will the student have on this unit?
- are these classes planned to supplement course objectives?
- will the students have opportunity to observe patients before classes?
- what preparation will the students make for classes?
- what topics will be discussed in classes?

The head nurse and instructor will discuss what class hours the student will have while she is on the ward, and how many hours she will be on the ward at one time so that the head nurse can arrange assignments that the student will be able to finish before she leaves the ward for class. And, since the head nurse must primarily consider the safety of the patient and the completion of the work on the ward, she needs to know how long the student will be on the ward so that she can plan to have all patients cared for while students are off the ward for other classes. There are certain routine functions on every ward that must be done. Is there a learning value in these functions? Should the student be assigned to do some of these? And if so, which ones? How should they be planned to provide a balance of activities that will include a knowledge of all the activities on the ward? The student should know about all the preparation that is involved in patient care as well as the actual care of the patient. If there are surgical patients on the ward for which the student will care, she should have

some experience in preparing the dressing cart so she will know what materials are necessary for changing dressings and learn to plan for all the aspects of patient care. She should have an opportunity to help the doctor in changing the dressings so she can apply her knowledge of aseptic technic and also to see the incisions and learn about the processes of healing that are taking place. This is the way she will learn to understand the pains and reactions of the patient as healing goes on.

The head nurse and instructor must do their planning together so that student assignments will be truly learning experiences. And so that the student will be assigned to activities that she can accomplish. If there are new learnings to be gained, they must plan how the student can be supervised in those activities. The head nurse must know the times the student goes to class so that she will make assignments that can be completed in the time on duty. It is very frustrating to a student when she cannot finish an assignment, particularly if it is a learning experience in which she has developed an interest.

Next they will talk about the ward conferences the student will attend while on this unit. They must make plans for those classes before the students come to the ward. How do they plan for these classes?

1. They will decide which types of learning experiences the students will have on this unit that they will not have on another unit, and which disease conditions they will see on this unit. From these they will select a number of the most common disease conditions that can be found on this unit, disease conditions that every student should learn about. These will be the topics to discuss at ward classes for every student that will come to this ward. Other types of disease conditions will be studied on other units. After studying the course objectives the head nurse and instructor will make objectives for each of the ward classes. These objectives will tell what they want the student to learn from the class.

2. Next they will look at the facilities available on the ward. Where can they hold the ward classes? It should be a place where there will be no interruptions - where the teacher and students can sit down and talk together about the problems they encounter in taking care of patients and what to do about these problems. There may be an empty patient room on the ward, a treatment room that will not be in use at a particular time of the day, the area around an unused stairway, or a serving kitchen. Some new hospitals will have conference rooms - older hospitals may not. The head nurse and instructor will have to adapt some part of the ward for classes. Then they will look to see if there is a portable blackboard that can be brought to the ward for classes - maybe they can make a flannel board to use for teaching.
3. Next they will decide on a time to hold the classes and how long the classes should be. What day and what time will all the students be on the unit? This must be a time that the head nurse can arrange her work so that she will not be interrupted during the class, so they must think about the routine work of the ward to see which is the best time of day for these classes.

**Skit I - Summary:**

Short session of role playing: Head Nurse and Instructor discussing course outline and learning objectives for new semester; some additions to senior student nurse outline and objectives. In the conversation, the Head Nurse gives her initial plans for incorporating the new objective in Senior experience to relate to class room theory, and her plans for supervision of new experience. They finish conversation with a review of plans for Ward Conferences and leave stage to inspect the area of the ward being adapted for use as classroom.

(Script on page 70 .)

4. The head nurse will plan to start collecting materials for teaching. She will look for magazine articles that can be used for references - pictures from medical journals, posters, information from textbooks that can be mimeographed to give to the students. Maybe there are some nursing care studies that have been written in previous years about these types of disease conditions. There is also information that the head nurse has acquired through her experience in taking care of patients.
5. The head nurse has studied about good teaching. She knows the basic principles of teaching and learning. She also knows that it is important to select the right learning experiences for the student. There are many activities going on on the unit. Almost all of these have to do with care of patients and can be valuable and interesting to the student if there is a good variety of assignments that are all related to the care of the particular patients being studied. The head nurse knows that she should start the student doing the simple things and gradually lead her into more advanced types of care. She knows that she should select some experiences that the student will already know and also some that are new to the student, activities that are difficult enough to be challenging and interesting but that are not too difficult for the student to be able to do. So it is important that she know what the student has learned, what she has done, and what she needs to learn on this unit.
5. After the head nurse and teacher have decided on the time for the topics that will help fulfill the learning objectives of the course, the place to hold the classes, the outline of content material that should be covered in the class, they will discuss the student assignments on the ward and ways for the student to prepare for class. The student must have time to prepare for class if it is to be meaningful. The patients to be discussed in the ward class will be announced to the students about 4 or 5 days ahead of time. There will be a notice written and posted on the bulletin board which will tell the day and time of the class, the name

and diagnosis of the patient to be studied and the preparation the students should make for the class. The students should review their class notes, the patient's chart, read journal articles given as references, and should try to get acquainted with the patient during the time they are on duty so they will have the opportunity to learn about the patient, how he reacts to his disease condition, his personality, something about his personal life and home situation, and his family. These students who will be assigned to take care of the patient are the ones who will give reports in the class and help with the class discussion and questions about the nursing care of the patient.

When the head nurse is making the student daily assignments, she will need to collect the list of duty hours of all the nurses on the ward, the class schedule for the students, the objectives of student experience. She will think about the level of the student ability in regard to the type of care the patient will need. If the student needs to be supervised or assisted in a new procedure, she will arrange to be available at the time or assign a capable staff nurse to help the student. She will also plan for a time to evaluate the performance of the student.

At morning report, when daily assignments are given, she will point out to each student the particular things to be observed and learned in the care of the patient and give suggestions for the students' plans for patient care. If the team method of assignment is used, she will help the team leader to plan for assistance to the students in doing new or difficult procedures. She will tell the students if this patient is to be studied in ward class and suggest ways by which they can start preparing for class. The students will know that they can ask the head nurse for help or advice. During the morning, while she is making her ward rounds, she will observe the students and give assistance when they need it. The students know that they can depend on her to help them.

**Skit II - Summary:**

Depicts morning assignments on the ward with head nurse, graduate nurse, and three student nurses of varying levels. The head nurse reads the nursing care assignments for all staff, explaining the graduate nurse's responsibilities in regard to orienting the new students to the ward and overseeing the activities of other student nurses assigned to her area of the ward. She refers to patients by name, designating which are previously assigned patients and which are new patients, special nursing care aspects for particular patients, arranges for supervision of new or difficult procedures, and plans for student class hours. Student questions regarding nursing care problems are discussed by entire group and class assignments are given. (Script on page 74 .)

These then are the things that must be considered when selecting learning experiences for the student in the clinical unit:

- Content of the course\*
- Objectives of the course
- Experiences available on the unit
- Level of student knowledge and ability
- Safety of the patient
- Ward classes the student will attend while on this unit.

\*Note: Each topic is placed on flannel board by head nurse as it is mentioned.

The following skits were prepared to accompany the talk on "Planning and Selecting Students' Learning Experiences in the Clinical Unit". Local nurses and student nurses presented the skits under the guidance of the advisor and assistant advisor.

### Skit I

- Characters : Teacher and head nurse
- Setting : Table, chairs and papers
- Props : Blackboard  
Flannel board  
Course outline  
Course objectives  
Teaching packet
- Action : Head nurse at side of stage at desk  
Instructor comes across stage carrying papers in her hand.
- Instructor: : Good morning Miss \_\_\_\_\_.
- Head nurse : Good morning Miss \_\_\_\_\_. You are right on time for our appointment.
- Instructor : Good. Do you have time to talk now?
- Head nurse : Yes, just one moment while I tell the Assistant Head nurse where we are so she will not be looking for me. She knows we have this appointment, and will take care of the ward while we talk. (Goes to side of stage and talks to off-stage person - saying as she comes back to center of stage): - call me if you need me. (Picks up folder from desk). Let's sit down here Miss \_\_\_\_\_.
- Instructor : Well, we're starting another semester and next month you will have eight new students

coming up for experience, two Senior, four Junior, two Sophomore. I have made a few changes in the Senior course outline and learning objectives this year, and want to be sure you have a copy.

Head nurse : I have the other ones right here. But if you have a new copy for me, I'll just look at it.

Instructor : Now, the objectives for the Sophomores and Juniors are the same as before so we can use the same plan. Here is the new outline for the Seniors. This is your copy (Hands to Head nurse a sheaf of papers, and opens one for herself). You will notice the new objective on the outline. We are trying to teach the students a bit more about solving problems of patient care.

Head nurse : (Looking through papers) Oh yes - Here is the class material you have added. (She looks at paper).

Instructor : What do you think about it?

Head nurse : This looks very interesting. I like it.

Instructor : How much will this change your plan for student experience?

Head nurse : Not too much. I will just change a few plans on the Senior assignment and give them a little more opportunity to work out nursing care problems.

Instructor : How do you think we can do that on this ward? Do you have many problems with nursing care? How about the patients with spinal operations? There should be some problems there.

- Head nurse : Oh yes, and I think too, I might have the Senior students help us with working out plans to teach the patients' families about patient care. This is always a problem. It is necessary to get to know each patient and his family and work out an instruction plan on an individual basis.
- Instructor : That would be excellent! Perhaps I could use that as one of the examples in our problem solving classes. That way, the Seniors would have the background theory to prepare them and then they could apply it directly here on the ward.
- Head nurse : Very good. Why don't you work out the content material on it and let me see it. Then I will know what you have told them and I can follow the same pattern.
- Instructor : All right. How about the staff, Miss \_\_\_\_\_? The Senior students will need some help and supervision in these problem solving experiences. I can meet with them occasionally to give some help, but what other help will they have?
- Head nurse : Well, you know I have two graduate nurses here who are quite capable as far as helping the students give patient care safely. I will direct their plans for problem solving in nursing care so that I can be sure the patients are being well cared for. The welfare of the patient is my main responsibility, so I will arrange regular supervision for them, but I would like to schedule some extra periods with you until we have this new objective well worked out.
- Instructor : Certainly, I'll bring my schedule book up tomorrow. Now, how are our plans for the ward classes coming along? We have decided on half hour classes, once a week, on Monday afternoon. According to the new class

schedule, I think we can definitely plan on the time. We have selected four topics of disease conditions to study in the ward classes. Are you still having as many of those patients on the unit?

Head nurse : Yes, I think we can consider those four types of patients as being the most usual on this ward. I will start looking for more teaching materials. Did you bring the new flannel board with you?

Instructor : Yes, it is out in the hallway. And you may have the little portable blackboard for your classes every week. You said you were putting screens around the back stairway landing to use as a classroom. Can we go look at that? And then I really must go.

Head nurse : Yes! Let's go down there now. I think it will do very well with the flannel board and blackboard. The Director says we can have the folding chairs brought up -- (voices fade out as they walk off the stage.)

## Skit II

- Characters : Head nurse, one Graduate nurse, one Senior student nurse, one Junior student nurse, and one Sophomore student nurse.
- Setting : Table, chairs, Kardex, Bulletin Board on wall with Notice.
- Action : Head nurse stands up facing other nurses and holding Kardex. She stands next to Bulletin Board.

Head nurse : We've had the night report, now I'll give you your assignments. I'm sure you have already looked at the list. Miss \_\_\_\_\_ (graduate nurse steps forward) you are in charge of Wards 7 and 8. You will have Miss \_\_\_\_\_, Senior student, Miss \_\_\_\_\_, Junior student, working in the wards with you. Miss \_\_\_\_\_, the Sophomore student will be observing on the ward for one hour this morning. Your other assignment is to check the treatment room and dressing cart this afternoon when you have time.

Graduate nurse : All right Miss \_\_\_\_\_.

Head nurse : (Turns to students) Miss \_\_\_\_\_, your patients are Mrs. \_\_\_\_\_ in Ward 7, Mrs. \_\_\_\_\_ and Miss \_\_\_\_\_, all in Ward 7. You have had these patients for the past two days and there is nothing new to tell you about any of them. Just continue the same treatment. But there is a new patient, Mrs. \_\_\_\_\_, in Ward 7 who had an emergency operation for a ruptured appendix early this morning. She is awake from her anesthetic but is still quite sleepy and her blood pressure and pulse must be taken every half hour this morning. There are drainage tubes in her incision.

The dressing should be examined for bright red blood frequently. She also has gastric suction. You have taken care of patients with gastric suction before haven't you?

- Senior student : Yes, I have Miss \_\_\_\_\_, but it has been quite some time ago. I would like some help when I irrigate the suction tube to be sure I remember how to do it.
- Head nurse : I'll help you. Miss \_\_\_\_\_ (Sophomore student) needs to be supervised on that procedure while she is on this ward. Suppose we have her observe this morning while you and I irrigate the tube and then I can supervise her for the next irrigation. Come and call me when it is time for that procedure. Do you have any questions?
- Senior student : Yes I do. How long should I keep on checking her blood pressure and pulse, every half hour?
- Head nurse : Until it is stable. I will check with you when I make rounds and we can talk about it again. You go to class at 10:30 don't you?
- Senior student : Yes Mam, but I will report about my patients to you and Miss (Graduate nurse) before I leave.
- Head nurse : That's right Miss (Senior student). When you come back after class I want to talk to you about a new Senior experience on this ward. Now Miss (Junior student), I believe you will be here all morning. No classes today.
- Junior student : Yes, Mam.
- Head nurse : Your patients are Mrs. (A), Mrs. (B), Mrs. (C), the thyroid patient, and Mrs. (D), all in Ward 8. How did you get along with Mrs. (C) yesterday afternoon?

- Junior student : (Holding notebook and pencil) Much better than I did Monday. She didn't seem to be as irritable. I did as you suggested and talked to her, and explained everything I did before I did it. She was smiling when I left the room.
- Head nurse : Why do you think she was irritable Miss \_\_\_? And why do you think it helped when you explained things to her?
- Junior student : After I talked to her for a while I found out that she had never been inside a hospital before and had been told a lot of things about hospitals and nurses by the people in her village. I think she was afraid of what would happen to her and didn't know what to expect from me.
- Head nurse : You may be right, Miss \_\_\_\_. This often happens. Keep on talking to her and reassuring her. We are going to discuss her nursing care in Ward Class next Monday.
- Graduate nurse : Miss (Head nurse), shall I take Miss \_\_\_\_\_ (Sophomore student) with me again today? I would like to continue with her orientation to the ward.
- Head nurse : Yes, Miss (Graduate nurse). I think I will assign her with you the rest of the week. It will be easier for her to become accustomed to one person and you can follow through with the regular ward orientation. Miss \_\_\_\_\_, the clinical instructor, will be up this morning. I think she will want to talk to you about the orientation plans since you and the Assistant Head nurse have been working with her on this plan, and Miss (Assistant Head nurse) is off duty today. (Turns to sophomore student). Do you have any questions Miss \_\_\_?

- Sophomore student : Yes Mam. We were taught to roll the patient up on her side when we changed the bottom sheet on the bed. Yesterday old Mrs. (S) was very uncooperative. She insisted on sliding over and this pulled the sheet out. It took me a long time to change her bed. What should I do about her?
- Head nurse : Well let's see if the other girls can help us with this. Does anyone have a suggestion?
- Graduate nurse : Are you sure she was just being uncooperative Miss \_\_\_\_? Did you try to find out why she did not want to roll up on her side?
- Sophomore student : No. I haven't had a patient refuse to roll over before. I didn't know what to do. And then I had to hurry to class.
- Head nurse : Miss (Senior student), you had Mrs. (S) last week. Did you have any trouble with this?
- Senior student : Yes, I did at first. Then I looked on her chart and found out that she had an old hip injury. When I asked her why she wouldn't roll over she said it hurt her and she was afraid she would fall. So I moved a chair over to the side of the bed so she would not be afraid and then I helped her to slide so that she didn't pull the sheets out. She was very nice about it.
- Sophomore student : Oh, I didn't think of that. There wasn't anything on the chart about it. I'll try to do it that way today.
- Head nurse : This should show you why it is important to chart such information. There should have been a note on her chart about that and some instructions on the nursing care order.

Miss (Sophomore student) would have been spared the problem and Mrs. (S) would have had better care. Let's do better about this. All right then. The notice for next Monday's class is posted here on the Bulletin Board (turns and points to board). And your references and assignments are written on the notice. Use your study guides. Check the notice now and ask any questions this morning so that you will be clear on your assignment for class. It will be about Mrs. (C), the patient with hyperthyroidism. Miss (Junior student) will want to give a report on her I think. I'll be coming on rounds very soon and will see how you are doing. That's all. Check your assignments and then let's get to work. Call Miss (Graduate nurse) or me if you need any help. (Students move to Bulletin Board with their pocket notebooks and read notice. Graduate nurse stops at desk to talk for a minute to Head nurse, then leaves the stage. Head nurse goes to the Bulletin Board after the students leave and reads notice. She takes some posters from desk and puts them on flannel board as narrator talks. Instructor comes in and helps.)

## Reference Material given to Participants

The following reference material was distributed to the participants in relation to the foregoing talk.

### SOME FUNDAMENTALS IN SELECTION OF STUDENTS' LEARNING EXPERIENCE IN THE CLINICAL UNIT

Since the practical experience of the student is a valuable learning method, it should be considered as a part of the total curriculum and as such, planned as carefully as the theory content of the curriculum is planned. The experiences in patient care are directly related to the actual content of the course outlines, and must be planned to supplement or emphasize class learning. Planning for student experiences is a responsibility of the nursing school faculty. Clinical assignment should not be haphazard use of students to help with service needs of the hospital, but a logical follow-up and application of theory in actual nursing care.

Learning depends upon the assignment of clinical experiences. A good deal of success of teaching depends upon assignment of clinical experiences. Assignment should be planned to give guidance; it should arouse interest, prevent failure and discouragement, and lay the foundation for satisfaction and some success. The experiences should start from past experiences and be the next natural step in learning. Assignments should lead from the known to the unknown, from experiences that are known by the student to ones that are new and must yet be learned. Every assignment should be definite and clearly understood; it should be given in such a way and supervised so that students are guided in learning activities and are given confidence in problem solving activities. It is no longer enough for the teacher to teach the class room theory and leave the clinical experiences to others. The head nurse should make the clinical assignments but only after consultation with the teacher. The students learn partly by classes, partly by imitation. They imitate the graduate nurse and more advanced students, so a high quality of care should be maintained on the unit.

When organizing course content of the nursing school curriculum and planning for related direct experiences, the faculty should remember these basic ideas:

1. Each student and the group of students to which she belongs should be helped to deal effectively with the happenings and problems of every day living even though, as young students, they are not yet able to recognize what these problems are.
2. The students should be helped to identify relationships between different experiences and to recognize the parts of each individual experience that will apply generally to other and new experiences.
3. Experiences for the student should be planned as a series of different related situations that all center in one major or important problem or idea.
4. Students should have opportunities to deal directly with the methods of work, development of skills and means of communicating that they will be expected to practice as graduates.

When the faculty is making early plans for clinical rotation of student experiences to help fulfill the course objectives they should consider:

1. The characteristics of students at the different levels of growth and maturity.
2. The mental and psychological readiness of the students.
3. The background of the student body as a group, and of each student as an individual.
4. The effects of different stages of growth upon the interest and motivation of the students.

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<sup>1</sup> Adapted from Herrick, Virgil E., and Tyler, Ralph W., Editors, Toward Improved Curriculum Theory, Educational Monograph No. 71, University of Chicago Press, Chicago, 1950, 124 pp.

5. The needs and abilities of students.
6. The observable effects of success or failure on student learning.<sup>1</sup>

In general, a student must have the opportunity, through direct experience, to practice the kinds of behavior specified in the course objectives. The experiences should be planned so that she can get satisfaction from them while learning, that is, student ability and the time allowed for practice should be considered so that the student is sure of being able to complete some activities with success. The objectives of the course should be made so that they can be fulfilled by participation in various types of activities rather than just one. If the student learning experiences are well planned she will learn a number of different abilities and relationships from one learning activity.

Clinical experiences must be planned ahead of time for all students. The easier experiences and those considered basic to all other experiences should be arranged to come before the more complicated ones. There should be some minimum requirements which must be met by all students. Learning experiences should not be interrupted for the benefit of nursing service unless there is a great emergency. Rotation to all the required departments should follow each other in regular order. No department should have to take students for short periods of time while the students wait to be sent to another ward. Assignment to different services should not be broken into several short periods except as planned to give early and then advanced experience in the same unit. All clinical teachers and head nurses should understand the rotation plan in the school so they can work out the teaching in the ward classes in a regular manner.

At regular intervals the faculty should study the methods of selecting learning experiences and the experiences themselves to see if they are really serving the purpose. Some of the questions they might ask about the experiences are:

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<sup>1</sup>Adapted from Hicks, Hanna J., Educational Supervision in Practice and Principle, The Ronald Press Company, New York, 1960, 434 pp.

1. Are the learning experiences suitable for the objectives?  
Are students really learning what they should learn?
2. Are there some actual plans for experiences to teach skills like problem solving, group discussion methods, and cooperative planning?
3. Is there use of different teaching methods and materials such as lecture, group discussions, mimeographed reference materials, and other socialized methods of teaching.
4. Are the students getting satisfaction from their learning experiences? Are the experiences meaningful to them? Are they difficult enough to challenge the students?
5. Is there a consideration of continuity of learning, logical sequence of courses, and plans for relating major scientific principles to each unit of class work?<sup>1</sup>

The practical experiences of the student in the clinical unit are a definite part of the entire course of study and, as part of student learning activity, are as important as the content material of the courses. The faculty should accept the responsibility for planning a logical rotation of student assignment and work with head nurses to be sure that student practice is really a learning practice and emphasizes the knowledges learned in the classroom.

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<sup>1</sup>Adapted from Sand, Ole, Check List of Criteria For Assessing and Analyzing the Curriculum: Guidelines for Curriculum Decision Making, Resource Materials prepared for Work Conference on Curriculum, Indiana University School of Nursing, Indianapolis, Indiana, May 1960.

Introductory Remarks by Advisor Preceding Third Day's Talk.  
After the opening of the morning session of last day of the workshop, the advisor made the following remarks as introduction to the presentation of the talk.

The past two days have been spent in discussion of the topic, selecting and planning students' learning experiences in the clinical area. Today, we shall look at the supervision of these learning experiences.

I would like to give you a brief outline of what is included in the discussion of this topic, and then Miss \_\_\_\_\_ will give you the details in your own language. We have given you some materials on this subject. You may wish to add notes to this material.

Supervision is defined as the act of overseeing during performance of an activity.

Supervision may include guidance and teaching, or evaluation, or both.

In this paper we will include: purposes of supervision; who should supervise; characteristics of good supervision; how the nurse may teach through supervising the student; supervision as evaluation; factors to consider in observing for evaluating purposes; how the nurse may evaluate through supervising the student; conferences with students as a part of supervision; and use of progress reports.

Talk: Supervision of the Students' Learning Experiences. The following talk was translated and given by the assistant nurse advisor.

### SUPERVISION OF THE STUDENTS' LEARNING EXPERIENCES

Supervision is defined as the act of overseeing during performance of an activity.

Supervision includes teaching or guidance, and evaluation.

The purposes of supervision are:

1. To provide a more effective learning situation for the student.
2. To provide better nursing care for the patient.

Who should supervise? This may be the clinical instructor, or the head nurse, or the supervisor, or it may be all three. This will depend upon the situation--who is available and who is able to do it. The supervision should be done by those nurses who are responsible for the students' learning in the clinical area.

Characteristics of good supervision are:

1. Have a purpose for the supervision.
  - a. Is the supervision to be for teaching purposes? For example, is it to teach a certain procedure? Is it to teach the care of a particular diseased condition? Is it to demonstrate patient teaching?
  - b. Is the supervision for evaluating the students' progress? For example, is it to evaluate her progress in performing a certain procedure? Or is it to evaluate her care of a patient? or her relations with her patient?

- c. There should always be a purpose for the evaluation; however there may be occasions when other opportunities will arise. For example, the instructor may be with a student to evaluate her care of a cardiac patient, and she may find this an appropriate time to demonstrate to the student how to make this patient more comfortable. The instructor sees the patient is having difficulty in breathing while in a horizontal position, and she could show the student how to make the patient more comfortable in a sitting position.

2. The supervision should be planned.

- a. If there is a purpose for the supervision it will involve some planning.
  - (1) If the supervision is for teaching purposes, what is to be observed? What points might be emphasized in the teaching? What might be demonstrated? What experiences has the student had prior to this experience?
  - (2) If the supervision is for evaluation purposes, what is to be observed? What level of accomplishment should be expected of the student? Is this a new experience - the first time? What type evaluation should be used?

3. Corrections for the student.

Often times the supervising nurse sees the need to correct the student.

- a. If the activity as performed by the student does not involve the safety of the patient; does not decrease the therapeutic effectiveness of the care, wait until the student is out of hearing of the patient before making the correction.

- b. If the activity does involve the safety of the patient, or does lessen the therapeutic effectiveness of the treatment, suggest another way, in a tactful manner to the student. Then make the explanations later, outside the patient's hearing.

4. Giving praise during supervision.

Give words of encouragement, of praise, when the student deserves it, when the performance is worthy of it. Give these words of praise or encouragement at the time of the activity. Give this praise so the patient or others may hear, if they are involved.

5. There should be continuity in the students' learning experiences in the classroom, in the nursing conferences, and the practice in the clinical unit. The supervising nurse should maintain this continuity in the supervision of the students in all three situations.
6. The supervising nurse should be familiar with the students' prior learning experiences in the classroom in order to provide more sound and objective supervision in the clinical situation. Ideally it should be the same person teaching the formal clinical course, planning the students' clinical experiences and nursing conferences, and supervising the students. Often this is not possible, but the supervising nurse should know what the students have had in the classroom.
7. The span of time between the students' learning in the classroom and the practice in the clinical unit should be as short as possible. Also the supervision should be done frequently, depending upon how much the students need it.
8. The formal theory should precede the clinical practice. If the student must assume responsibility for some type of nursing care in the clinical unit before she has had the theory, she must have much more supervision, especially the teaching aspects.

Supervision as teaching. This type of teaching as part of the supervision activity, may be done with one student, or with a small group of students. This type of teaching is often done at the bedside of the patient.

How may the nurse teach through supervising the student in the clinical unit?

1. By demonstrating a new procedure, using the patient who is to receive the treatment or care.
2. By demonstrating an adaptation of a procedure which is already familiar to the student. An example would be the instructor demonstrating back care for a patient who cannot be turned on either side.
3. By working with a student in the care of a patient and at the same time showing her how to do certain things.
4. By correlating classroom teaching with the clinical experience, such as the symptoms of patients with bleeding gastric ulcers being compared with the symptoms shown by Mr. \_\_\_\_\_ in Ward I, who has a bleeding ulcer.
5. By relating the present situation to past experiences the student has had. For example, Mrs. (A) in Room 201, who is a stroke patient - how are her symptoms similar to those of Mrs. (B), who was a stroke patient in Room 207? How are her symptoms different? How will the nursing care differ from that of Mrs. (B)?
6. By relating basic nursing principles to the situation and helping the student in application of these principles to develop skills. An example of this would be explanation and demonstration of skin care and skin massage where a decubitus is already present.
7. By showing how certain scientific principles influence or affect particular nursing procedures, to assist the student in understanding why certain things are done. An example would be showing the student how the height of an enema can affect the flow of the fluid, the higher

the can of solution, the faster the solution will flow, the greater the pressure of the fluid. Or, if the patient has gastric suction, demonstrating how the suction is produced by the flow of water in the bottles.

8. By calling the student's attention to patients with similar conditions, how their nursing care can differ due to different symptoms. This gives emphasis to the importance of the nurse being very observant of the patient, his appearance, his complaints, his reactions. They often are the key to nursing problems, and the type of nursing care the patient should have. For example, two patients with burns, one has a high fever and the second one has a low grade fever. They each present different nursing problems and need different nursing care.
9. By helping students to identify nursing problems in the care of their patients, showing how to approach the problem in a logical manner in order to solve the problem, and give better nursing care. For example, the student who has a patient that refuses to eat, refuses to cooperate when treatments are performed. What is the problem? Why does the patient display this type of behavior? What can the nurse do with the problem so that more satisfactory nursing care may be given? Here the supervising nurse could help the student in following through with the problem, and in evaluating the end results.
10. By explaining and showing abnormal or unusual conditions of patients. For example, showing the student the patient with pitting edema, or calling the attention of the student to the patient with cyanosis. Using these opportunities for teaching during the supervision of the student is much more meaningful for the student than all the descriptive words in class or the pictures showing pitting edema or cyanosis.
11. By giving the student guidance in planning better nursing care of the patient through nursing care plans.

12. By guiding the student in selection of the patient and the preparation of nursing care studies, and how to use these studies for planning the care of patients with similar conditions in the future.
13. By guiding students in preparation for and participation in clinical conferences - locating sources of information, and organization of reports. Also in recognizing how nursing problems and nursing care of one patient may have similarities to other patients with similar conditions; yet how the care of each patient is on an individual basis.

Skit - Scene I (See page 92 -)

Supervision of students' learning experiences in the formal theory course includes:

1. Guidance in habits of study.
2. Guidance in locating and using various resources of information.
3. Guidance in planning special assignments and reports.
4. Guidance in relating the new learning experiences with past and familiar experiences. This may be done through questions, examples, review, situation problems.

Supervision as evaluation in the clinical unit.

1. Factors which should be considered in observing the student for evaluation purposes.
  - a. Is this the first performance of the activity by the student?
  - b. How often has the student performed the activity?

- c. How long has it been since the student learned the activity in the classroom or through a demonstration?
- d. At what level of experience is the student - is this the first, second, or third year she has had clinical experience with patients?
- e. What is the purpose for this evaluation? What is being evaluated? For example, is it the understanding and skill of a single procedure? Is it the total care of the patient? Is it the interpersonal relations of the nurse and patient? Is it how the student met and handled teaching opportunities with the patient? Or is it how the student meets a nursing problem and the judgment and logical thinking involved?

How may the nurse evaluate while supervising the student in the clinical unit?

- 1. By checking the student's nursing care plans, her daily case record, and her experience records.
- 2. By observing and measuring the degree of competency or degree of progress shown by the student in performing the activity.
- 3. By using objective tools of evaluation.

Much more will be given in the next workshop about evaluation.

Conferences with students are a part of supervision.

- 1. Frequent conferences should be held between the supervisory nurse and the student.
  - a. To clarify any misunderstandings.
  - b. To answer questions the student may have.
  - c. To re-emphasize important factors.
  - d. To continue any teaching not completed at the patient's bedside.

2. These conferences should follow the period of supervision as soon as possible, so the questions or points of emphasis will not be forgotten.
3. The supervising nurse should have written notes as necessary for the conference. For example, if it is a conference following an evaluation of her performance of a procedure, the supervising nurse should have written notes of exactly what was done, exactly what was said, as a reference for the discussion.
4. The student should have opportunity to participate in the conference - to ask questions, to evaluate herself, to express her opinions and the basis for her opinion.

Skit - Scene II (See page 93).

Progress reports should be prepared periodically by supervising personnel, and may be used as part of the overall or final evaluation of the student in the clinical unit, and as basis for final evaluation of the student's total clinical experiences.

In summary, supervision includes teaching and evaluation. It may be necessary for the clinical instructor or head nurse or supervisor, or all of them to assume this responsibility, depending upon the situation. It is necessary that the supervising nurse know what learning experiences the student has had in the classroom and clinical unit, prior to the present learning experience. Supervision should have a purpose and it should be planned.

The following skit was prepared to accompany the talk on "Supervision of Students' Learning Experiences". The cast was composed of a local nurse and student nurse.

### Skit

Scene I  
SETTING : Conference of supervising nurse and student  
: At bedside of Mr. \_\_\_\_\_, a patient who had a stroke. His right side is paralyzed - his right arm, hand, leg, and foot are helpless. He cannot talk. Miss \_\_\_\_\_, student nurse, is giving Mr. \_\_\_\_\_ back care, changing his position. Miss \_\_\_\_\_, supervising nurse, is with her.

Supervising nurse : Miss \_\_\_\_\_, have you tried placing a support back of Mr. \_\_\_\_\_'s foot to hold it up in position? It may be more comfortable for him for a change.

Student nurse : No, I hadn't.

Supervising nurse : What could you use to hold the foot in position, to keep it from getting tired?

Student nurse : I could double a pillow against his foot. Or a small box that I could set something in to weight it down and make it stay in place. Then rest his foot against it.

Supervising nurse : Either of those would work very well. They are good ideas. Also, since changing positions is restful, let's look at his right arm and hand. Could we make any changes that would add to his comfort?

Student nurse : We could place the arm and hand up on a pillow, or fold a small comforter or quilt, and put under his arm and hand.

Supervising nurse : A good idea! Also you might take a wash cloth or small towel, roll it, and place it inside his hand to give support to his fingers. All these ideas will add to his comfort. Would you like to try out some of them?

Student nurse : Yes, I would like to try them now.

Supervising nurse : All right. You plan how you will do them, then go ahead and try them. After you have finished with Mr. \_\_\_\_\_ would you like to meet me at the nurses' desk so we may discuss what you have done?

Student nurse : Yes Miss \_\_\_\_\_.

## Scene II

### SETTING

: Miss \_\_\_\_\_, supervising nurse, and Miss \_\_\_\_\_, student nurse, at a small table. Miss (Student nurse) has a small notebook open, in which she makes notes during the conference. Miss (Supervising nurse) has several small pieces of paper, to which she refers during the conference.

Supervising nurse

: Miss \_\_\_\_\_, how did you get along finishing the care of Mr. \_\_\_\_\_?

**Student nurse** : Oh! Do you know when I finished, he looked at me and smiled. His smile seemed to say "Thank you". I rolled a pillow and put it back of his feet, supporting both of his feet. I placed a small folded quilt under his arm and hand, and a rolled cloth in his hand. It seemed he tried to move his fingers around the cloth.

**Supervising nurse** : He probably was saying "Thank you" by the smile, since he is not able to speak. I am sure he appreciated it. I noticed how you explained everything you were going to do, so that he knew what to expect next. I also noticed that you talked to him and said things to him he would not need to answer; but I am sure he appreciated your talking to him. You were very observing of his expressions, and noted when he was in pain and when you were moving him.

**Student nurse** : Miss \_\_\_\_\_, if he has to be in bed for awhile with the leg and foot helpless, that foot could become deformed if it isn't supported, couldn't it?

**Supervising nurse:** : That's right, Miss \_\_\_\_\_. When the foot and leg are not used, the muscles become weak, and the toes begin to drop back, then the whole foot drops back. So it is important to keep the foot in a normal position and supported. Weight of the bed clothes also causes weight on the toes and foot, and causes the foot to drop back. It helps to keep the weight of the bed clothes off the foot. How could you do this?

**Student nurse** : If I used a box a little higher than the foot, I could rest the foot against it for support, and at the same time it would hold the weight of the bed clothes off his foot. That

should be much more comfortable, not having all that weight on his toes.

Supervising  
nurse

: You are right. Now, you spoke about Mr. \_\_\_\_\_ trying to move his fingers when you placed the roll of cloth in his hand. This roll of cloth will help prevent his fingers closing together and becoming deformed. Also, often with a roll of cloth or a ball in the hand, the patient feels this mass, and he tries to move his fingers against it. It sometimes helps them to start trying to move their fingers, and the attempted exercise strengthens the fingers and hand to be useful again. Do you have any questions or something to add?

Student nurse

: Not about Mr. \_\_\_\_\_. But I did try the suggestion Miss \_\_\_\_\_, the night nurse, gave us this morning in report. She said how to assist Mrs. \_\_\_\_\_ while making her bed, and it was so much easier for me, and Mrs. \_\_\_\_\_ too. And she seemed so pleased. She said Miss (Night nurse) did it that way, but she wondered how I knew about it. I told her Miss (Night nurse) told us in the morning report.

Supervising  
nurse

: Fine! How do you feel about your work today in caring for Mr. \_\_\_\_\_ and Mrs. \_\_\_\_\_?

Student nurse

: I feel I was able to give them better care today than ever before. Having them several days I have had a chance to know them better, to anticipate some of their problems and needs. They seem to know me better too, and Mrs. \_\_\_\_\_ talks as I take care of her. And by having them for several days I have an opportunity to try the suggestions the other nurses give at report time. I hope I can share all this information about Mr. \_\_\_\_\_ at the clinical

conference tomorrow. This should help the others as they take care of him, or any other patient who has similar problems. Miss (Supervising nurse), do you have any other suggestions about my work today?

Supervising  
nurse

: No, Miss \_\_\_\_\_. I have written down some notes describing the appearance of Mr. \_\_\_\_\_ when you had finished. (Reads from her papers) "Mr. \_\_\_\_\_ has right foot supported up in position with a rolled pillow; a folded quilt under the paralyzed right arm; a roll of cloth in his right hand; his pillow placed comfortably under his head; hair is combed. Mr. \_\_\_\_\_ appears relaxed and resting."

Student nurse:

: Thank you, Miss \_\_\_\_\_. I will go check Mr. \_\_\_\_\_ and Mrs. \_\_\_\_\_, then finish my other assignments. (Miss (Student nurse) and Miss (Supervising nurse) leave the scene).

## Reference Material given to Participants

For the purpose of encouraging participants to make notation of ideas most significant to them, the following outline was distributed in lieu of a complete transcript of the talk, "Supervision of the Students' Learning Experiences."

### SUPERVISION OF THE STUDENTS' LEARNING EXPERIENCES

Supervision may be defined as the act of overseeing during performance of an activity.

Supervision includes:

1. Guidance and teaching.
2. Evaluation.

Purposes of supervisions:

1. To provide a more effective learning situation for the student.
2. To provide better nursing care for the patient.

Who should supervise?

1. Clinical instructor.
2. Head nurse.
3. Supervisor.

Characteristics of good supervision:

1. Have a purpose for the supervision.
  - a. Is the supervision to be for teaching purposes?
  - b. Is the supervision for evaluation of the student's progress?

2. Supervision should be planned.
  - a. If the supervision is for teaching purposes, what is to be taught?
  - b. If the supervision is for evaluation purposes, what is to be observed and measured?
3. Corrections for the student:
  - a. If the performance as being done by the student does not involve the safety of the patient; does not affect the therapeutic results, wait until the student is out of hearing of the patient before making the correction.
  - b. If the activity does affect the safety of the patient, or the therapeutic results of the treatment, suggest, in a tactful manner, another way it may be done. Then make explanations to the student when away from the patient's hearing.
4. Give praise or words of encouragement:
  - a. When student deserves it.
  - b. At time of the worthy performance.
  - c. Within hearing of others if they are involved.
5. Maintain continuity in the students' learning experiences in the classroom, in the nursing conferences, and in the practice in the clinical unit.
6. Supervising nurse should be familiar with the student's prior learning experiences in the classroom. Ideally it should be the same person teaching the clinical course in the classroom, assigning the student's clinical practice, and supervising this practice.
7. The span of time between the student's learning in the classroom and the practice in the clinical unit should be short.

8. The formal classroom theory should precede the clinical practice. If this is not possible, the student must have much more supervision of her clinical practice, especially the teaching aspects.

Supervision and Teaching:

1. May be done with one student or a small group.
2. Is often done at the bedside of the patient.

How may the nurse teach through supervising the student in the clinical area?

1. By demonstrating a new procedure.
2. By demonstrating an adaptation of a procedure already familiar to the student.
3. By working with the student in the care of a patient and at the same time showing how to do certain things.
4. By correlating classroom teaching with the clinical experience.
5. By relating the present learning situation to a past experience which the student has had.
6. By relating basic nursing principles to the present situation and helping the student to apply these principles in development of nursing skills.
7. By showing how certain scientific principles influence or affect particular nursing procedures; to assist the student in understanding why certain things are done.
8. By calling the student's attention to patients with similar conditions, how their nursing care can differ because of different symptoms. This gives emphasis to the importance of the nurse being very observant of the patient, his appearance, his complaints, his reactions. Often these are the key to nursing problems and the type of nursing care the patient should have.

9. By helping students to identify nursing problems in the care of their patients, how to approach the problem in a logical manner in order to solve the problem, and give better nursing care.
10. By explaining and showing abnormal or unusual conditions of patients. Seeing or experiencing these situations under guidance of the instructor is much more meaningful than all the descriptive words in books, class, or pictures.
11. By giving the student guidance in planning better nursing care of the patient through nursing care plans.
12. By guiding the student in selection of the patient and preparation of nursing care studies. Also in using these studies for planning the care of patients with similar conditions in the future.
13. By guiding students in preparation and participation in clinical conferences - locating sources of information, organizing reports, recognizing how nursing problems and nursing care of one patient may have similarities to other patients with similar conditions. Yet how the care of each patient is on an individual basis.

Supervision of students' learning experiences in the formal theory course in the classroom includes:

1. Guidance in habits of study.
2. Guidance in locating and using various resources of information.
3. Guidance in planning special assignments, reports.
4. Guidance in relating the new learning experiences with past and familiar experiences. This may be done through questions, examples, review, and situation problems.

### Supervision as Evaluation:

Factors which should be considered in observing the student for evaluation purposes.

1. Is this the first performance of this particular activity by the student?
2. How often has the student performed the activity?
3. How long since the student learned the activity in the classroom or through demonstration?
4. What level is the student - is this the first, second, or third year she has had clinical experiences with the patients?
5. What is the purpose for this evaluation? What is being evaluated? Is it the skill of a single procedure? or is it the total care of a patient? or is it how the student meets a nursing problem and the judgment and logical thinking involved.

How may the nurse evaluate while supervising the student in the clinical unit?

1. By checking the student's nursing care plans, her daily case record, and experience records.
2. By observing and measuring the degree of competency or degree of progress shown by the student in performing the activity.
3. By using objective tools of evaluation.

Conferences with students as a part of supervision:

1. Frequent conferences should be held between the supervisory nurse and the student.
  - a. To clarify any misunderstandings.
  - b. To answer any questions the student may have.

- c. To re-emphasize important points.
  - d. To continue any teaching not completed at the patient's bedside.
2. These conferences should follow the period of supervision as soon as possible, so the questions or points of emphasis will not be forgotten.
  3. The supervising nurse should have written notes as necessary for the conference.
  4. The student should have opportunity to participate in the conference - to ask questions, to evaluate herself, to express her opinion and the basis for her opinion.

Progress reports:

1. Should be prepared periodically by the supervising nurse.
2. May be used as a part of the overall or final evaluation of the student in the clinical unit.
3. May also be used as basis for final evaluation of the students' total clinical experiences.

In summary, supervision includes teaching and evaluation.

1. It may be necessary for the clinical instructor, or the head nurse, or the supervisor, or all of them to assume this responsibility, dependent upon the situation.
2. It is necessary that the supervising nurse know what learning experiences the student has had in the classroom and in the clinical unit prior to the present learning experience.

## Reference Material given to Participants

As further explanation of content of the talk, and in preparation for the demonstrated clinical conference presented in the afternoon session, the following material was prepared.

### CLINICAL CONFERENCES

Clinical conferences are often called nursing conferences, ward conferences. These conferences are patient centered with nursing care emphasis.

#### A. Purpose of Clinical Conferences:

1. For improvement of nursing care.
2. For students to have opportunity to identify nursing problems and determine how to meet them.

#### B. Possible approach for developing program:

1. Determine learning experiences students have had prior to coming to unit.
2. Determine learning experiences student will get in your particular unit, that she will not get elsewhere.
3. Determine disease conditions which should be subjects for clinical conferences. Clinical Conferences should be on typical disease conditions. Every student should have clinical conferences on same disease conditions.
  - a. Check incidence of disease conditions in your unit twice a week.

1 month - December, January

1 month - April, May

1 month - July, August

1 month - October

4. Start list of typical conditions to be subjects of nursing conferences. This list will be a guide for the conferences so all students may have similar subjects for conferences. The list may need to be changed, or additions made after checking incidence of conditions in the unit over a year's period of time.

Examples: in medical unit - strokes, anemia  
in surgical unit - appendectomy,  
burns  
in maternity unit - post partum  
care,  
eclampsia

5. Observe nursing conference already developed.

C. Developing nursing conference (clinical instructor and head nurse):

1. Select patient with typical condition.
2. Plan nursing conference with emphasis on Nursing Problems, Nursing Care, Nurse's Responsibilities - with selected patient as the subject of the discussion.
3. Make assignments for students.
  - a. Brief account of patient's condition and how it compares with general description of patients with same condition - also how patient differs.
  - b. Medications, treatments, their purpose, results.
  - c. Nursing care that has been given, problems in giving nursing care.
  - d. Health teaching being done.

4. Announcement of clinical conference be posted in nursing office or other appropriate place several days prior to conference:

- a. Date and time
- b. Place
- c. Patient's name, location, diagnosis
- d. Assignments for students
- e. Sources of information
  - (1) Patient
  - (2) Patient's chart
  - (3) Patient's family
  - (4) Doctor
  - (5) Nursing journals
  - (6) Class notes

5. May wish to develop some questions that students may use as guide in preparation for class.

D. Conducting nursing conference:

1. Clinical instructor or head nurse be in charge.
2. Have an informal situation. If possible have students seated around a table or in a circle.
3. Introduce the subject to be discussed.
4. Students give reports. Have general discussion throughout conference.

5. Some questions for discussion following reports:

- a. How can the nursing care be improved?
- b. What problems are present? How can we meet them?
- c. What teaching for the patient? for the family?
- d. How can we prepare the patient for his return to his home and back into his society?

E. As clinical conferences are developed:

1. A schedule or list of typical conditions will be developed as a guide for selection of patients for conferences, so each group of students may have similar learning experiences.
2. Build up a file of the teaching plans for these conditions; this may then be used as a guide for future planning.
3. Develop packets of materials for each subject - such as pictures, graphs, drawings, booklets.
4. Develop a reference file - reference cards on each subject, very helpful for instructor and students, can be added to as new references are located.  
Items to include on reference cards:

Author, name of book or article, name of publisher of book, name of journal if it is an article from a journal, date, pages.

5. Coordinate classroom theory, nursing conferences, clinical practice. The objectives of the clinical course are the guide for theory, conferences, and clinical practice.

F. Clinical experiences:

1. Experiences should follow theory.
2. Experiences should be related to theory.
3. Experiences should be those of the typical conditions and experiences that all students should have on the unit. (A list of common experiences that all students should have).
4. Emphasis upon total nursing care should be the basis of good clinical experience.
5. Students develop nursing care plans.
6. Students develop nursing care studies. (Some may be written, some may be given verbally).
7. Plans for student assignments of patient care and other nursing responsibilities.
8. Development of student clinical experience record.
  - a. Disease conditions in which student has had experience giving nursing care.
  - b. Disease conditions in which student has had clinical conferences.
9. Development of an evaluation form which clinical instructors and head nurses may use for individual observations and evaluation of student, to be used in determining grade for student's experience in the clinical unit. Also be used in conferences with student.

## CHAPTER III

### METHODS OF TEACHING CONFERENCE

The materials contained in this chapter were prepared for a conference on Methods of Teaching, held during five continuing one-half day sessions.

This conference was planned at the request of the local nurses' national organization. Participants were selected from nursing school faculties in the city and limited in number to 30 nurses to insure active participation for all. Physical facilities, selection of participants, registration and chairmanship of general sessions were the responsibilities of the nurse group requesting the conference. Program plans, content and materials were arranged by the advisors.

In preparing materials and planning the program, consideration was given to the requests and apparent needs of the nurses. Nurse faculty members had no academic preparation in methods and principles of teaching. Some nurses were graduated from university programs and had general education backgrounds, but application of psychological principles to teaching and nursing had not been emphasized. Facilities in hospitals and schools of nursing were limited. Certain adaptations of teaching concepts and materials were necessary. Problem solving techniques had not been developed. Formal lecture was the predominant teaching method. Textbooks and teaching materials were in short supply. Budgets were limited and certain educational resources being gradually made available through university, government, and Agency for International Development programs were not familiar to the nurses.

Using these facts as basis for the program, the advisors planned to emphasize basic learning principles as applied to teaching in nursing, factors to consider when planning method and facilities for teaching, methods of teaching, both formal and socialized, audio-visual materials in teaching and the use of group processes.

Since there were no instructional materials pertinent to the application of these factors to nursing available in the local language, basic instructions were prepared and mimeographed for the use of participants.

In order to acquaint the nurses with facilities available to them in their own setting, and also to awaken the interest of the personnel of these facilities to the needs of nursing and nursing education, participation in this program was requested of a government group processes expert and two audio-visual teachers, one American and one national.

The entire program was planned for active participation of the nurses, a learning by doing program. Since the time was necessarily limited, reference materials were distributed for study at home, and selected journals and books were borrowed and placed in a reading room for use of participants during the conference.

The program, materials prepared for participants, and explanatory discussions by the advisors are included in this report. Content of talks given by the group processes expert and the two audio-visual teachers was entirely in the local language and only the reference materials prepared by the advisors for use in conjunction with these talks are available here.

Program for Methods of Teaching Conference

TIME	ACTIVITY	PERSONNEL
<b>FIRST DAY:</b>		
1:30 - 1:45	Opening Session . . . . .	Presiding: Chairman
	Welcome Address . . . . .	President of National Nurses' Association
2:00 - 2:30	Introduction to Conference . . .	Nurse Advisor Assistant Advisor
	Introduction to Teaching Materials: <u>What is Involved in Teaching?</u> <u>Determining Method of Teach-</u> <u>ing According to Content</u> <u>Group Techniques - Socialized</u> <u>Methods</u>	
2:30 - 3:00	Introduction to Group Discussion . . . . .	Chief, Inservice Section, Central Education Research Institute
3:00 - 4:10	Supervised Practice in Group Work . . . . .	Chief, Inservice Section
	Questions for discussion prepared by nurse advisors	
4:10 - 4:30	Reports of Group Discussion . .	Participants
	Closing for Afternoon	

TIME	ACTIVITY	PERSONNEL
<b>SECOND DAY:</b>		
1:30 - 2:30	Explanation of Reference Materials: . . . . . <u>Principles of Teaching</u> <u>Determining Teaching Facilities</u>	Nurse Advisor Assistant Advisor
	Explanation of paper on <u>Formal</u> <u>Methods of Teaching</u> . . . . .	Nurse Advisor Assistant Advisor
	Group Assignments	
2:30 - 2:45	Intermission	
2:45 - 4:30	Group work. . . . . Prepare presentation of topic and demonstration of method selected by group:  Panel Symposium Nursing Conference Nursing Clinic Morning Conference Nursing Rounds	Participants
	Closing for Afternoon	

**THIRD DAY:**

1:30 - 4:30	Demonstration of Methods . . . . . Each group to present topic and demonstrate method. To be followed by discussion by entire group.	Participants
	Closing for Afternoon	

TIME	ACTIVITY	PERSONNEL
FOURTH DAY:		
1:30 - 1:40	Introduction of Topic and Speaker . . . . .	Nurse Advisor Assistant Advisor
	Introduction to Audio-visual Education . . . . .	Advisor, Audio- visual Demonstration Center
2:30 - 2:45	Intermission	
2:45 - 4:30	Talk and demonstration . . . . . "Utilization of Motion Picture and Slides"	Training Specialist, Audio-visual Demonstration Center
	Distribution of paper: . . . . . <u>Audio-visual Materials</u>	Nurse Advisor Assistant Advisor
	Closing for Afternoon	
FIFTH DAY:		
1:30 - 1:40	Introduction of Speakers . . . . .	Nurse Advisor Assistant Advisor
1:40 - 2:30	Talk and demonstration . . . . . "The Flannel Board in Audio- visual Education"	Training Specialist, Audio-visual Demonstration Center
2:30 - 2:45	Intermission	
2:45 - 4:30	Talk and demonstration . . . . . "Use of Bulletin Board"	Advisor, Audio- visual Demonstration Center
4:30 - 4:40	Closing of Conference . . . . .	Nurse Advisor Assistant Advisor

Introduction to Conference and Teaching Materials by Advisor on First Day. After the opening ceremony, the nurse advisor gave the following introduction to the content of the conference, and explained the purpose of certain instructional materials which had been distributed to the participants in advance. The visiting speaker from the local government education section was introduced and the program was then turned over to him.

Good afternoon ladies.

We are very happy to be here with you this week, and happy that your National Nurses' Association has asked us to conduct this conference. We also are quite pleased to be able to introduce to you today, some of the educational resources that are available to you here in your own city.

The topics for the week will be methods of teaching, group discussion methods, and audio-visual materials in education. This is a great deal of material to cover in such a short time so we will have to work hard this week. This is another work conference for all of us.

We talk about methods of teaching - but before we can determine what method we want to use in teaching, we must first think about, what are we teaching? What is teaching? What is learning? How does learning function? Learning is an active process which must be accomplished by the student or the learner herself. We can not do it for her. This process of learning can have good results if the learning activities are carefully planned and guided by the teacher.

How can the teacher guide her students to the desirable goals? Since learning is an active process, and must be done by the student, the teacher must plan her teaching and courses in a way that will interest the student and motivate her to more activity. Then the teacher should plan learning activities that will guide the student in the best experience for learning and help her to select study materials and to understand them.

And, a very important factor is encouragement to the student that only the teacher can give her; the praise for work that she does well that will make her try even harder to learn.

How can the teacher accomplish these goals? She should plan her teaching and select teaching methods that are the best suited to the types of learning that are expected. What is she teaching? Why is she teaching this? Who is she teaching? When will she teach this material? Where will she teach it? Who else will be teaching these students? What teaching aids are available to her? How can she use them? How can she get the students to participate in their own learning activities? These are all questions that we will try to help you find answers for during this week.

We have prepared some materials of instruction for you to help you in solving these problems. Many of these materials you already have in your envelopes. Because of the time, and the many activities we have planned for you, we will not discuss all these materials here at the conference. We hope you will read and study them at home so that you will be ready to participate in the activities and demonstrations.

There are also some books and magazines that have some information we think may help you. These books are in the reading room. You are welcome to come early in the morning before the conference to read these magazines, or you may borrow one for overnight if you would like. Just sign your name and the name of the book you are borrowing, in the notebook in the reading room. These references have been loaned to us for this conference, and we must return them.

Tonight, we would like for you to read the papers in your envelopes called: What is Involved in Teaching?; Determining Methods of Teaching According to Content; and Group Techniques. Will you all look now, to see if you have these papers? If you do not have them, come to me after the meeting and I will give them to you.

Now, for this afternoon, we are fortunate to have with us a specialist in group techniques to talk to you, and to give some practical instruction in the use of group discussion, which is one of the methods of teaching. He is Chief of the Inservice Section of the Central Education Research Institute. We think you will be interested in what he has to say to you.

I now introduce to you, Mr. \_\_\_\_\_.

Reference Material: What is Involved in Teaching? As an introduction to the basic factors involved in teaching, the following material was distributed to participants for study at home.

### WHAT IS INVOLVED IN TEACHING?<sup>1</sup>

**Definition of Teaching:** Teaching is making plans for student learning in such a way that she will be motivated to learn. Then the teacher can guide the student in her learning activities toward the best attainment of objectives. Praising the student for what she does well will give her the encouragement she needs to work toward objectives. In summary, teaching is: 1) instructing; 2) stimulating; 3) guiding; 4) directing; and 5) encouraging.

To make teaching more effective, the teacher should understand that learning is more than just listening to information. It is an active process for the learner. The teacher can motivate and stimulate but the learner must want to participate or no learning will take place. There are some specific principles involved in learning. Principles about objectives, ideas, feelings of satisfaction and dissatisfaction; and principles of learning which should be understood and put into practice so that teaching can bring about effective learning.

Teaching involves instruction. The teacher should have a good knowledge and understanding of her subject material and should be able to communicate this information to the student in a way that the student will understand. Instruction should start with what the student knows and should add to that knowledge gradually. Relating new learning to what the student knows and sees, the teacher can use examples from her own experience and from the experiences the students are having at the time of instruction. In trying to develop the ability of the student to reason and apply the knowledges to her work, the teacher should base instruction on basic principles and explain to the student

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<sup>1</sup>Portions of this material were adapted from Heidgerken, Loretta E., Teaching in Schools of Nursing, J. B. Lippincott Co., Philadelphia, 1953, 596 pp.; and Brethorst, Alice B., Methods of Teaching in Schools of Nursing, W. B. Saunders Co., Philadelphia, 1950, 362 pp.

not only the "how" of the information but the "why". Selection of content material and learning experiences that will best enable the student to grasp the new knowledges and make them a part of her education is very important in instruction.

Teaching involves stimulation. Since learning can be accomplished only through the active participation of the student, motivating the student to want to learn is a major factor in teaching. The student must be able to see the reason for learning, and must be curious to find out the "why" behind instruction. She must be challenged to work harder to accomplish more and more learning. Requiring participation of the student, asking questions that stimulate thought and require study and reasoning, and expecting a certain degree of accomplishment and activity of the student will be helpful. Relating new information to what the student already knows or is learning at the time, and relating information to the practical experience in the clinical unit will show the application of knowledge to practice, and will help to motivate the student to closer observation and study. We have said that instruction is more than giving information. It requires activity. A quick answer to student questions is not as effective in the learning process as is the method of helping the student to reason out the answer or to guide her to sources of study to learn how to find information. As the teacher is constantly reading, studying and improving her own knowledge, so she should stimulate the students to study and read to improve their knowledge and give them some guidance in finding information.

Teaching involves guidance. Guiding learning and learning experiences or activities requires that the teacher plan carefully for the presentation of content material, and practical experiences selected to add to classroom teaching, and to lead the student toward attainment of goals and objectives. Sequence of courses of study, relating new information to past learnings, planning demonstration, practice, and direct experiences that will show application of knowledge to practice takes time and thought on the part of the teacher. This means that the teacher must look for areas in the hospital and clinics that will give the student the experience and opportunity to use her knowledge. She should plan student assignments with the head nurses, and

should investigate possibilities of more and varied learning opportunities such as doctor's rounds, experiences in the Out-patient clinics, ward conferences and student projects. This means also that the teacher should work with the head nurses toward the improvement of nursing care because good nursing can be learned only through observing good nursing care. Periodic observation of the students in their practical experience will often show teaching opportunities in the daily work of the ward. All teaching and experience should be planned with regard to the objectives of the school and curriculum. Although the teacher cannot do the learning for the student, she can lead the student toward the accomplishment of desirable goals by careful selection and supervision of activities.

Teaching involves direction. The structure of the curriculum and courses of study will give an idea of the direction student learning should take. The teacher can help to direct the student through her learning experiences by providing opportunity to apply knowledges, by giving helpful criticism when correction is needed, by showing the student "how" and "why" knowledges can best be applied. Observation of student activities with frequent evaluation of performance is a part of instruction. Evaluation of performance should be a two-way conference, with the student participating in the evaluation, discussing the ways in which she could improve, and the areas in which she needs help. Criticism given in a private, friendly atmosphere, with occasional referral to the purposes of learning will give the student direction.

Teaching involves encouragement. Praising the student for the work she does well will give her the feeling of encouragement that will motivate her to attain objectives. All human beings need to feel that they are progressing toward their goals, and need occasional indications of this progress and the security that comes from knowing that they have the support of their leaders. Student performance should be observed, corrected and improved when needed, but just as important is the praise that tells them that they are going in the right direction. Every teacher should make an effort to know her students personally, know their personalities, the things they like, the things they fear, the things they do best,

and the things in which they need help. All criticism and evaluation should be accompanied by some praise for the things that the student is doing well. Most students will admire a good teacher, will try to imitate her and want to be "as good a nurse as she is". Occasional indication that they are achieving some measure of success in this ambition will inspire them to greater effort.

Teaching in nursing involves the techniques of teaching and the ability of a good nurse. Teaching techniques can be learned by a knowledge of the principles of learning and teaching, and by reference to the resources of general education. The ability of a good nurse is gained through a good nursing education, accompanied by a general interest in people and in their welfare, by a desire to serve the interests of the public and the profession, by an acceptance of the responsibilities of the nursing profession and the maintenance of high standards of professional and personal performance. Teachers should remember that example is a part of teaching, and that students often imitate their teachers. Personality, attitudes and ideals incorporated into teaching are eventually reflected in the character of the student.

Reference Material: Determining Method of Teaching According To Content. As further explanation of the brief introductory remarks made at the conference, the following suggested steps in planning were distributed to participants for study at home.

### DETERMINING METHOD OF TEACHING ACCORDING TO CONTENT

Determining the best method for presenting certain instructional units is a part of the overall plan for teaching. Teachers of nurses are fortunate because there are so many methods and teaching facilities available to them; lectures, demonstrations, laboratory practice sessions, direct experiences in the hospital or clinics, patients, the doctors, the graduate nurses, as well as audio-visual aids to teaching. With so many teaching facilities readily at hand, the teacher may be tempted to try too many different methods or aids in one lesson plan. She must give careful thought to selecting the best method or methods to reach the objectives of the particular lesson.

Deciding upon a method to use in teaching and planning for using this method involves a careful study of:

1. Content material of the lesson.
2. Type of learning desired.
3. Course objectives.
4. Time allowed.
5. Facilities available.
6. Teaching personnel available.
7. Age and level of ability of the student group.

Here are some of the questions the nurse teacher might need to ask herself when planning a course of study and deciding upon a method of presentation:

1. Why is this content material being taught to the student?  
The objectives or goals of the course will tell the teacher why she is teaching this material.

2. What is the content material?

Is it new information to the student?

Is it a summary or review of previous learning?

Is it both new material and some review of previous learnings?

Does it involve critical thinking, problem solving, application of principles to nursing care?

Is it factual material that needs to be presented and explained?

Does it involve something the student must see to understand?

Is it something the student must learn how to do?

3. Who are the students?

What is the age of the student group?

What education have they already had?

What are they learning in other courses?

4. When will this class be taught?

Does this class come in the first, second or third year of school?

What courses have they had already?

What courses will they be having next?

How much time is allowed for the course and the lessons?

What time of day will this class be given, in the morning when the students are rested? In the afternoon when they have been working hard?

5. Where will this course be taught?

In the classroom? On the ward? Clinic?

Is the class to be held in the hospital or on the campus?

Does the classroom have a blackboard? Chairs?  
Tables? Lights? Is the classroom large? or small?

6. Who will teach this lesson?

Is the teacher a doctor? A nurse? A science teacher?  
What is the ability of this teacher?  
Is this teacher skillful in the use of different types of  
teaching methods?  
What is the personality of the teacher? Quiet?  
Confident? Timid? Friendly?

7. What facilities are available?

Is there a movie film available on the subject?  
Do you have a projector and screen?  
Does the classroom have a blackboard and chalk?  
Is there a nursing record about a patient with the  
disease condition?  
Are there any still pictures or slides on this topic?  
Will the laboratory prepare slides for you to use in  
class?  
Do you have any pictures, posters, models of the  
different parts of anatomy?  
Can you draw a diagram to give to the students to show  
how the information can be applied?  
Is there a clinic where the students could observe?  
Are there patients on the units with this disease con-  
dition where the students can see and care for them?  
Do you have equipment for student practice? Demon-  
stration?  
Is this equipment the same equipment the student will  
use in the hospital?

8. Where will the student get experience in this type of  
nursing?

After the teacher has asked all of these questions, she  
must decide how she will teach this lesson. She will select  
method according to content.

1. If the material is to present facts that require memorization or are new to the students, or if there is a great deal of information to be given in a short time the lecture method may be used.
2. If the learning involves the use of special equipment or movements that the student must see to understand perhaps a combination of the lecture and the demonstration may be used.
3. If it is a type of learning that will require the student to perform some activities, sometimes the laboratory and practice method should be used.
4. Very important information that must be learned thoroughly may be given in the lecture, then review and question and answer method used.
5. If the information is something that the student must apply to nursing care, questions to the students that will force them to think of how they could use this information in taking care of patients could be used, or the group conference method in which all the students will share in discussion of the ways in which this material could be applied to the nursing care of patients.

The teacher needs to have some information about the ways in which people learn, some knowledge of her students, and knowledge of the various methods of teaching. She should know something about the advantages and disadvantages of each method of teaching, and the recommended use of each to be able to select the method or combination of methods best suited to the kind of material to be presented, and the type of learning desired.

Reference Material: Group Techniques - Socialized Methods. Content of the discussion on group processes was developed by the visiting speaker and presented entirely in the local language. The session included lecture, demonstration of group activities, and supervised practice sessions. At the request of the speaker, the nurse advisors prepared and distributed the following material for reference.

## GROUP TECHNIQUES<sup>1</sup> - SOCIALIZED METHODS

Nursing is a social profession. It is concerned with the welfare of others - with all factors which affect the health of the individual as well as the community. Therefore the nurse must have skill in cooperating with others. The growth and development of nursing as a profession is dependent upon the members of the profession accepting leadership and responsibility. If the nurse is to assume this responsibility she must have an opportunity to practice and develop skills of group participation and cooperation with others.

The fulfillment of this responsibility depends upon the nurse having opportunity to develop social tools, such as group discussion.

### A. Group Discussion.

1. Definition - a group of persons ( 6-20 ) meeting together with a leader to discuss and decide on a topic of interest to all. Every member of the group is given an opportunity to express herself on the subject being considered, and is exposed to the viewpoints of others. It is the working together in search for the solution of a problem of common concern, rather than just talking about a topic.

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<sup>1</sup>Material was adapted from Paul Bergevin and Dwight Morris, Group Processes for Adult Education, The Seabury Press, Greenwich, Conn., 1954, 86 pp., used by permission.

2. Group discussion can be used for one or more of the following purposes:
  - a. To identify a problem.
  - b. To explore a problem.
  - c. To solve a problem.
  - d. To decide on a plan of action.
  - e. To discuss topics of mutual interest.
3. Advantages of group discussion.
  - a. It is democratic in all aspects. Everyone participates, listens to the others, and respects opinions expressed by others.
  - b. Group discussion can give practice in human relations, skill in reflective thinking and problem solving, to acquire knowledge, and to develop desirable attitudes and personal traits, such as cooperativeness, respect for others.
4. Physical preparations.
  - a. Group should be seated comfortably around a table or tables arranged in a rectangle manner, if possible. At least, the individuals must be able to see and hear the leader and each other. This means they must be face to face.
  - b. There should be available a movable blackboard, chalk, and eraser, or an easel and paper with a black crayon.
  - c. Movable chairs are desirable for leader and discussion group.
5. Personnel.
  - a. The group leader is the member presiding at the meeting. Duties of the leader:

- (1) Studies information on the topic.
  - (2) Plans the discussion. Prepares an outline for a guide.
  - (3) Prepares introductory remarks. She presents briefly and in logical manner the topic to be discussed. She may use maps, short movie, or other materials to introduce the topics, if indicated and available.
  - (4) Plans for group participation. She may select someone in the group who has some knowledge on the subject to start discussion. She should become acquainted with the group.
  - (5) Organizes suitable physical needs.
  - (6) Guides the discussion. Does not teach or answer questions - is actually in the background if discussion progresses satisfactorily.
  - (7) Keeps the discussion moving, encourages talk which has a purpose.
  - (8) Occasionally makes brief summaries and closes with a summary.
- b. The group members.
- (1) Prepare for the discussion by studying available material on the subject prior to the meeting.
  - (2) Introduce themselves to each other to become better acquainted.
  - (3) Take active part in the discussion.
  - (4) Ask questions.
  - (5) Stay on the subject.

- (6) Permit others to say what they think.
- (7) Assist timid members.
- (8) Consider the opinions of the others even if different from their own.
- (9) Accept the conclusions of the total group, if these conclusions were made through democratic processes.

#### B. Panel.

1. Definition - a group of four to eight persons who have a special knowledge on the topic and hold an orderly and logical conversation on the assigned topic. The group should sit at a table in front of the audience.
2. Panel can be used for one or more of the following purposes:
  - a. To identify a problem.
  - b. To explore the issue.
  - c. To give the audience an understanding of the basic parts of the problem.
  - d. To discuss the advantages and disadvantages of a plan of action.
  - e. To create audience interest.
  - f. To offer information about the problem.
3. Advantages of the panel.
  - a. Gives the audience opportunity "to listen in".
  - b. Exposes several points of view.

#### 4. Physical preparation.

- a. The class should be comfortably seated, be able to see and hear the chairman, and panel members.
- b. Provide chairs and table for chairman, moderator, and panel members.

#### 5. Personnel.

- a. The chairman is the presiding officer of a meeting. Often the chairman acts as the moderator. Duties of the chairman are:
  - (1) Plans the class or meeting and makes all necessary arrangements.
  - (2) Welcomes the group.
  - (3) Introduces moderator and panel members.
  - (4) Closes the meeting.
- b. The moderator is an individual who acts as "go-between" for the panel members. Sometimes chairman acts as moderator. Duties of the moderator are:
  - (1) Meets with panel members before the meeting and coordinates the program.
  - (2) Assists panel members in a preliminary meeting to agree upon method and plan for presenting information.
  - (3) Introduces the topic to the audience and explains the plan of the program.
  - (4) Leads and coordinates the discussion presented by panel members.
  - (5) Occasionally presents a summary during the meeting and a final summary.

(6) Turns the meeting back to the chairman, if there is a chairman. Otherwise, the moderator closes the meeting.

c. Panel members - the panel is composed of four to eight carefully selected persons chosen for their knowledge and interest in the subject to be discussed. They should be persons who can offer different views on the topic to be discussed. Duties of the panel members are:

- (1) Hold preliminary planning meetings.
- (2) Prepare material on the subject.
- (3) Keep to the subject being discussed.
- (4) Talk without being reminded by the moderator.
- (5) Discuss the subject intelligently.
- (6) Talk loud enough to be heard.
- (7) Remarks be made in short periods of time - not over two to three minutes for each remark.
- (8) Remain seated and maintain an informal friendly atmosphere.

d. Class or audience.

- (1) Studies materials available related to topic.

Panel-forum is a panel which is followed immediately by class or audience participation. This should be free and open discussion, in which class may ask questions of the panel members, or may give additional information from their reading or experience.

### C. Symposium.

1. Definition - a series of speeches given by two or five experts, under the direction of a chairman. These speeches are on different aspects of the problem.
2. Symposium can be used for the same purposes as a panel; however, the symposium is more formal. Symposium does give opportunity for presenting several objective viewpoints of the subject, and a fair analysis of several sides of any controversial subject.
3. Advantages of the symposium:
  - a. Presents new material and information.
  - b. Stimulates active listening.
  - c. Presents several sides of a problem.
  - d. Presents speeches that are short and to the point.
4. Physical preparation.
  - a. Same preparation as for panel, except have a speaker's stand instead of tables.
5. Personnel.
  - a. The chairman is presiding officer. Chairman's duties are the same as for chairman of panel.
  - b. Symposium speakers should be well informed on the subject they are presenting. Duties of each symposium speaker are:
    - (1) Presents a carefully prepared speech, presenting one viewpoint. This speech may be given with or without notes, but should not be read. Speeches should not be over ten minutes in length.

- c. Class or audience reads available material related to the subject before the meeting.

Symposium-forum is a symposium which is followed immediately by class or audience participation. This should be free and open discussion, in which class may ask questions of the symposium members, or express a new or different viewpoint on the subject.

#### D. Seminar.

1. Definition - a group of persons gathered together for the purpose of studying a subject under the leadership of an expert or learned person.
2. Seminar can be used for one or more of the following purposes:
  - a. To identify a problem.
  - b. To explore a problem.
  - c. To discuss or plan necessary research involved in solution of a problem.
  - d. To present information.
  - e. To reach a conclusion based on research.
  - f. To share with others in the group, findings from reading or research.
3. Advantages of seminar.
  - a. Stimulates active participation.
  - b. Presents new material and information.
  - c. Gives opportunity for members to study under leadership of an expert.
4. Physical preparation.
  - a. Group should be comfortably seated around work tables.

## 5. Personnel.

a. The leader should have extensive knowledge of the field to be studied and ability to give this knowledge to others. Duties of the leader are:

- (1) Plans the seminar and makes all necessary arrangements.
- (2) Assists individuals in selecting specific topics for research and in arranging findings to present to the group.
- (3) Leads the session and makes comments at close of each presentation.

b. Seminar members are persons interested and informed on the general subject area before the meeting, such as all persons who attend are informed about surgical nursing or about juvenile delinquency. Duties of each seminar member are:

- (1) Selects a specific subject to study.
- (2) Reads available sources.
- (3) Prepares in a logical manner the findings from the reading.
- (4) Prepares paper.
- (5) Shares findings with the group.
- (6) Asks questions, expresses opinions and adds information during the discussion period.

E. Conference - a group of persons meeting together, with a common interest. They collect information and discuss mutual problems with a reasonable solution as a desirable result.

Nursing Conference<sup>1</sup> (ward conference, clinical conference, ward class).

1. Definition - a conference based upon the clinical experiences of the students and centered around discussion of an actual patient.
2. Nursing conference is used to solve problems regarding the nursing care of the patient with the aim of improving the care of that patient, and also of other patients with similar conditions, needs, and problems.
3. Advantages of nursing conferences.
  - a. Provides opportunity for identifying problems and solving them in a logical manner.
  - b. Gives opportunity for student to apply classroom theory to a realistic situation.
4. Physical preparation.
  - a. Group should be comfortably seated, preferably around a table.
  - b. Any aids used in the conference, such as blackboard, poster, slides, should be ready for use.
  - c. Nursing conference should be held in the hospital unit if possible.
5. Nursing Conferences should be:
  - a. Planned as course content for all students.
  - b. Scheduled as a regular class.

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<sup>1</sup>This material was adapted from Brown, Amy Frances, Curriculum Development, W.B. Saunders Co., Philadelphia, 1960, 851 pp.

- c. Related to a current situation, for example, conference on Mrs. \_\_\_\_\_, who has long term illness, while she is a patient on the unit.
  - d. Held concurrently with clinical practice. For example, conference on "nursing care in long term illness" should be held while students are in medical unit caring for these patients.
  - e. Established upon thorough study.
  - f. Approximately 40 - 50 minutes duration.
6. Personnel.
- a. Clinical instructor, head nurse, or supervisor of that clinical unit as leader. Senior students may serve as leader under supervision.
  - b. Students who are having clinical experience in that unit at that time. They may be of one or more class levels.
7. Preparation of students for nursing conferences.  
The following instructions may be given to students:
- a. Review lecture and reading notes, the symptoms of the disease condition to be studied. Nursing care is often based upon the patient's symptoms.
  - b. Read and learn about the patients who are to be discussed in class. Know the patients' laboratory findings, physical findings and history. Plan how knowledge of the facts will assist in planning nursing care.
  - c. Know the purpose of special tests and treatments used in diagnosis and treatment of the condition. Plan how the student nurse assists with the special tests and treatments.
  - d. Identify why and how the normal diet is modified for these patients.

- e. Review the drugs given. Identify how and why each drug is given. Identify the expected effect of each drug.
- f. List observations that a student nurse could make to assist the doctor as he plans medical care.
- g. Identify factors in health teaching which should be included in the nursing care plan.

#### Nursing Clinic (ward clinic).

1. Definition - similar to a nursing conference, with a patient present for all or part of the conference.
2. Nursing clinic serves the same purposes as nursing conference.
3. Planning a nursing clinic.
  - a. The patient to be chosen for clinic should show the principles and techniques of nursing care, not one who presents a diagnostic problem.
  - b. Select patients who will present the relationship between social factors and problems of nursing care.
  - c. Secure the doctor's permission.
  - d. Explain plan to head nurse.
  - e. Secure patient's permission. Explain to him the purpose of the clinic and how he will participate in the clinic.
4. Use of patient in the nursing clinic.
  - a. Have some introductory discussion before the patient is brought to the nursing clinic, and allow time at close of the clinic for discussion, after the patient has been returned to his room.

- b. Patient may be asked to tell the student nurses certain facts about himself, his illness, and problems he is confronted with in relation to his disease condition. Students may ask the patient questions which contribute to better understanding of the patient and his nursing needs.

#### Morning Conferences.

1. Definition - conference of head nurse and all nursing personnel giving nursing care to patients of that unit on that particular day.
2. Purpose of morning conference - to present problems of nursing care and to propose methods of solving the problems.
3. Conducting a morning conference:
  - a. Should be held out of hearing of the patients.
  - b. Should follow report of night nurse. Report of night nurse should be focused on a discussion of the changes in condition of various patients and explanation of necessary adaptations of nursing care.
  - c. Head nurse will lead the discussion of current nursing problems on the ward. The following are examples of teaching content the head nurse may present:
    - (1) The treatment and nursing care and the disease condition reactions may be compared of two patients who have the same diagnosis.
    - (2) Discussion of special problems of patient due to his disease, social background, age, and relation of these facts to the problems of nursing care.
    - (3) Opportunities for teaching the patient.

- (4) Review special tests to be performed that day, and the underlying principles of each test.

#### Nursing Rounds.

1. Nursing rounds are similar to medical rounds, but with a different purpose.
2. Purposes of nursing rounds:
  - a. To show examples of good nursing care.
  - b. To compare means of meeting different nursing situations.
  - c. To show examples of symptoms important in nursing care.
  - d. To make clear the medical terminology used.
  - e. To identify effects of medications.
3. Planning nursing rounds.
  - a. Consult students' previous clinical experience to prevent unnecessary repetition.
  - b. Be sure the demonstration of any nursing care, treatment, or procedure concerning the patient will not have a harmful effect upon him.
  - c. Choose patients that will provide teaching - learning opportunities.
  - d. Ask permission of the patient and explain the plan to him.
  - e. Explain the purpose of the nursing rounds.

4. Conducting nursing rounds.
  - a. Introduce patient to the students. At all times, the patient should feel important.
  - b. Discuss and/or demonstrate at bedside according to purpose for selecting the particular patient.
  - c. Encourage questions and comments of the patient and students. Always be aware of the patient's feelings.
  - d. At close of rounds meet together for summary and further discussion.
  
5. Precautions in utilizing nursing rounds.
  - a. Very careful planning is necessary in the selection and presentation of patients.
  - b. Students should see only examples of good nursing care.
  - c. A limited number of students can be taken at one time.

#### Nursing Case Study<sup>1</sup>

1. The nursing case study is a complete study of one patient. It is focused on the patient, his needs, the nursing care given him and problems encountered. Main theme in the nursing case study is the patient and the method the nurse employs to meet his needs during illness and recovery.
2. Purpose of nursing case study is to analyze the nursing care needed by a particular patient in terms of his problems and needs, with the desired result of better nursing care.

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<sup>1</sup>This material was adapted from Heidgerken, Loretta E., Teaching in Schools of Nursing, J. B. Lippincott Co., Philadelphia, 1953, 596 pp.

3. A nursing case study may be presented by a student of a hospital unit to the nurses of that unit, followed by an analysis and discussion of the nursing care needed for that patient.

Questions for Discussion Groups. In order to make practice group discussion meetings more meaningful to the conference participants, the visiting speaker requested that the advisors prepare pertinent questions for discussion groups. The following questions were then utilized during the supervised discussions. One question for each group.

### QUESTIONS FOR DISCUSSION GROUPS

1. How could you introduce group discussion to the other members of your faculty so that they could be familiar with it as a method of teaching?
2. Where could group discussion be used as a method of teaching in your school? What courses or classes could you teach in this manner?
3. What facilities in the school and community are being used in teaching in your school? What other facilities do you think might be useful for teaching in your school?
4. Method is not the only important part of teaching - content is the most important. To decide what to teach, we should decide what the nurse in this country should know, do, and be. How can we find out what the nurse should know, what she should be able to do, and what she should be? What qualities would we expect from her?

Explanation of Reference Materials by Advisor on Second Day.  
As the participants followed along with their copies of the material on Principles of Teaching, the following comments were made by the nurse advisor.

This is the second day of your conference. Yesterday you had a very good speaker and you all participated very well. Did you enjoy it? Well, today you are going to practice again what you learned from Mr. \_\_\_\_\_ yesterday, but let's try to apply this practice to methods of teaching.

We have prepared for you a paper called Principles of Teaching. Will you take this paper out of your envelopes and read along with us while we talk about some of the things on the paper?

Now, if you will look at this paper, you will see that there are 12 main points or statements on the paper. These are really just a summary of applications of the Laws of Learning that we all have studied in Psychology courses, and we have applied these to our own plans for teaching. I hope you will find them helpful to you.

Principle 1. (read from paper)

As one example of this - when you are teaching aseptic technique or care of a patient with a communicable disease, you might have the students review their notes from their Microbiology classes, and then use these 12 statements to explain to them how their first science courses are used in nursing practice.

Principle 2. (read from paper)

This statement is based on how the entire curriculum is organized and what you expect of a first, second, third or fourth year student. Explain to the students in what way the new material you are presenting to them is different from and more difficult than what they have already studied.

Principle 3. (read from paper)

If learning is an active process that must be done by the student herself, she should be given an opportunity to make some comments after she has had some learning and experience. She can tell the teacher how she has learned, and what is meaningful to her. This will help the teacher to plan for the next group of students, and also, the students will be more interested in their work. This talk with the students can be done in ward conferences, or in an informal class discussion in which the students are asked to talk.

Principle 4. (read from paper)

Give some suggestions about where the students can find more information for themselves, such as journals, patients' charts, doctors, class notes. They will learn more about self-direction. Senior experiences in ward administration and team nursing may help develop initiative if the students know what the objectives of their learning experiences are.

Principle 5. (read from paper)

The statement refers back to number one. Explain to the students and be sure they know why they are doing procedures.

Principle 6. (read from paper)

Mr. \_\_\_\_\_ talked about this yesterday. We suggest that your teaching objectives and goals should remain the same, but you can use different methods to fit different situations, and different students.

Principle 7. (read from paper)

This talks about method again. Change the method and the pace of teaching and students will be more interested and active.

Principle 8. (read from paper)

The entire course of study as well as the entire curriculum should be planned so that learning will progress gradually from easy material to more difficult material. We should plan activities and practice at the same time we plan content or theory.

Principle 9. (read from paper)

We should not hold the whole class back for the sake of one student or two students, but sometimes information can be made more clear by using different words, or by following theory classes with demonstration or practice. Sometimes individual talks with one or two students who are having trouble learning will help them to understand.

Principle 10. (read from paper)

Some knowledges in nursing are very important and should be repeated over again year after year. These reviews should be planned in the class schedule.

Principle 11. (read from paper)

The teacher should study activities in the community to see if any of these might be helpful for student learning. This is explained in another paper, called Determining Teaching Facilities.

Principle 12. (read from paper)

We should plan the whole curriculum, the whole teaching course, and each lesson to lead the student from knowledge that is easy to knowledge that is more difficult. Learning is gradual, remember.

These are just a few points that we hope will be helpful to you. You will find these ideas repeated many times in the materials we give you. I think you will find they are practical.

Now, if you will take from your envelopes the paper called Determining Teaching Facilities, I am going to ask you to read this paper tonight. Most of the information is easy to read, but right now, we will read it over to see if you have any questions you would like to ask about it.

Reference Material: Principles of Teaching. The following material was distributed to conference participants for study at home, and discussed briefly at the beginning of the second day's program.

## PRINCIPLES OF TEACHING<sup>1</sup>

Some basic truths are important for good teaching. Knowing and using these truths or principles will make teaching more effective. When the teacher is planning for her teaching, she should review these principles to be sure that she has made good use of them.

1. Relate (refer) a new learning situation to the students' past experience.

The learning situation has more meaning if the student can see how it refers to her past experiences and classes. She will then realize her need for the learning. The teacher must think of the interests, attitudes, knowledges and skills the students have gained by their past experiences, so she will plan to make the new experience seem useful and practical in the situation.

2. Progress should be according to the students' growing interest and abilities - so that new experiences are of greater difficulty than earlier experiences in the same, or similar situation.

When the teacher is planning for this progress she should think about what the student has achieved in attitude, interest, ideas and knowledges, skills and abilities. The students should be told that the new learning experience will be more complex.

3. Plan to arrange for careful selection, planning and evaluation by both student group, and by individual students.

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<sup>1</sup> Adapted from material developed by Dr. Dotaline E. Allen, Director, Division of Nursing Education, Indiana University, Bloomington, Indiana.

Teaching should be a cooperative affair between teacher and students, and the teacher should plan for student discussion and suggestions. Laboratory practice, demonstrations, and discussions give a good opportunity for student suggestions. However, the teacher should use only the suggestions that are of value to learning.

4. Teacher should plan student experiences to help develop initiative and self-direction in the student.

By talking with the students and making suggestions about reading and asking questions, the teacher may lead the student to do more study about nursing care, and to do better work. Asking questions which make the student stop and think, and telling the student when there is new instructional material may help.

5. Encourage the students to ask "why".

Encourage the students to identify the basic science principles which affect nursing care. encourage them to ask questions, and to learn about different points of view.

6. Plan for individual differences in interests and ability.

The teacher should try to consider the needs of all the members of the group, as much as she can. Therefore she needs to know her students personally so that she will know the abilities of each one when she is making assignments and evaluations.

7. Plan for a good balance and variety in experiences.

The teacher should think about and plan her classes so there will be some physical activities as well as mental, student participation in discussions, activities by individual students as well as by the group, difficult assignments, and some that are not so difficult, some information that is new to the student, and some periods of review.

8. Plan to gradually develop a desirable growth in knowledge, skills, habits, attitudes and understanding.

The teacher can do this by careful planning of her teaching, by carefully choosing learning activities for the students, and by her leadership.

9. Find out about the learning difficulties of the students.

By watching the students as they practice, by studying their assignments and tests, the teacher may be able to find reasons for student difficulty: maybe the student cannot hear well, or see as well as other students, perhaps the teacher is presenting information too fast, perhaps there is not enough time allowed for study.

10. Plan for review and repeating very important facts when needed.

Important information should be emphasized, repeated, stated in another manner and reviewed. There are some knowledges that the student should over-learn.

11. Use teaching opportunities that are available in the school and in the community.

The teacher should find out about health resources in the school, the hospital, and in the community to see if there is a good use for these in teaching. Any aids to teaching that are available should be used whenever they suit the teaching plan.

12. Plan teaching so that it will lead into new and worthy experiences, from simple to difficult, and into other similar areas.

If the teacher plans the entire teaching course to develop knowledge and abilities gradually and in a logical sequence, the student should be stimulated to take more interests in learning and to find out about new interest.

School Health Programs. What types of school health activities are available in your community? Can these be related to the Pediatric or Public Health Nursing courses? Do these health programs demonstrate good teaching and health principles? Would a visit to such an activity be related to what you are teaching? Would it be of such value as to make the time and expense of the trip really worth while? Could such a trip be arranged for the students? And could it be arranged for all of the students?

Pharmaceutical Companies. Some pharmaceutical companies welcome visits by student groups to tour their plants. Actual observation of medications in the process of being prepared can sometimes demonstrate the care and expense involved in drug preparation, will make the utilization of the drug and the precautions to observe more meaningful to the student. The drug will become more than just a medication in a paper packet to the student. It may take on real meaning as a potent, useful and sometimes costly therapy which should be administered according to instructions. Is there such a company in your community? Is there a company representative that could be contacted to arrange such a tour? What type of educational material does this company distribute? Would it be of value for student learning?

Mental Hospitals. If your school and hospital does not have a psychiatric unit, or if the unit is very small, perhaps there is a mental hospital in your locality that would provide observation or experience for the students during the psychiatric nursing course. Is it a well-operated hospital with good psychiatric practices that will demonstrate the practical application of classroom learning? Perhaps this hospital has some special facilities that are not available in other institutions and which are related to what you are teaching. Investigation of the possible value and use of such a community agency should be done to determine teaching opportunities.

Other Field Trips. Visits to Tuberculosis hospitals, to leprosariums, to orphanages devoted to the care of handicapped children, to vocational rehabilitation centers are all potential teaching facilities that the faculty should investigate.

All of these resources should be studied to determine the quality of service, possibility of use, and special features which could be good teaching opportunities. Once the facilities and their potential use are studied and listed, the faculty should study together to determine their usefulness.

1. Are these facilities related to what is being taught?
2. Would they give a good demonstration of that particular area?
3. Is their function in harmony with the objectives of the school?
4. Would the cost and time of a field trip be justified by the amount of learning that could be obtained?

In determining value and relatedness of community agencies to teaching, the faculty can utilize the questions as to:

1. What is learned?
2. Why is it to be learned?
3. How could it be learned best?
4. Where can it be learned best?

Careful selection of outside teaching opportunities for the greatest value to learning, combined with the experiences of the student in the hospital setting can provide a broad view of the field of health and related activities that will stimulate student interest and should result in more active learning. The faculty should be careful to use discrimination in selection and to use only those learning activities that will contribute to the general learning objectives of the student and school.

Introduction to Reference Material by Nurse Advisor on Second Day. Immediately preceding the group sessions to plan for demonstration of selected teaching methods, the following summary of certain aspects of techniques was given by one nurse advisor.

We have talked about many different factors that are important in planning for teaching. Today we will discuss some of the methods that we use in teaching.

If you will look in your envelopes you will find a paper called, Formal Methods of Teaching. This paper has information about different types of teaching we do. I am not going to go over this entire paper with you today. You will use the paper in your group discussion this afternoon, and we hope you will study it carefully tonight.

I do want to discuss some parts of the paper with you. Since we know that it is sometimes necessary for you to use lecture method in teaching, there are a few points about lectures and teacher questions that we might talk about before we have group work.

We know that the lecture is a systematic way of presenting subject matter to the students, and that the students must take notes during the lecture. There are times when it is especially good to use the lecture method. Sometimes it is necessary to give important information quickly, and to explain it to the students. The teacher often has information that the students cannot find in a textbook; this information can be given in a lecture. When the class is ready to start a new unit of work, and the subject must be explained, or when the class is completing a unit and the teacher wants to summarize main points it is good to use a lecture.

We all want to do good teaching, and we try to plan so that students will learn the best way possible. When we use lecture, we should plan the content very carefully and present the information in a natural tone of voice so that the students will be interested. It is even helpful to be humorous sometimes. This helps the students to relax and starts the class off in a good mood. We can explain content by using examples and demonstrations so that the students can understand the whole idea.

It is good to progress slowly through the information and wait for students to understand and also to ask questions of the students, to stimulate an inquiring attitude.

Since students must take notes of lecture materials, they will need some instruction about taking good notes, and should also be given enough time to write their notes down. Giving frequent tests of lecture material is helpful in determining if the students are taking good notes, and learning the subject matter. Be sure to summarize the whole unit when it is completed to see that all necessary points have been included, and to clarify some difficult ideas.

When we use lecture method, it is sometimes wise and helpful to give the students mimeographed lists of important materials that have been covered in class. It is also helpful to give each student an outline of the course content and course objectives so she can follow the sequence more easily.

The blackboard is particularly useful when lecturing. Main points of discussion may be written on the blackboard as they are introduced. In this way, the students both hear and see what is being explained and this reinforces learning.

The paper you have lists some of the weaknesses or limitations of the lecture method. But the lecture has its advantages too. It is a good way of preparing the way, or acquainting the students with facts concerning a new topic of study. When carefully planned and presented in an interesting manner, it arouses student interest, makes them want to learn more. While a good lecture takes time to prepare, it can save class time. A great deal of material can be presented in one class period through lecture. The teacher can explain the material and be sure the students understand facts in proper relationships. Textbook content can be presented in various patterns and also clarified by discussing it in lecture.

How well the students understand the material, the amount of interest and motivation they have to learn depends upon the personality and skill of the teacher. Tone of voice, facial expressions, posture, mannerisms and dress, all of these can have an effect on the way the students receive information. Content should be given in an easy natural manner, should be

made interesting to listen to. And of course, it is very important that the teacher know her subject well.

Skill in delivering a lecture is a social responsibility as well as a professional one. Often the teacher and nurse is called upon to explain education or health to groups of citizens. How well she presents the information will effect the amount of knowledge and understanding the audience gains.

Now, just a few remarks about the use of questions, as one method of teaching. Questions serve several purposes. Good questions can stimulate the students to more critical thinking and can give direction to learning activities.

We use questions when we prepare tests. We use them to check on student learning and attention. When questions are asked and answered there is repetition of facts that have been given in lecture content. This reinforces learning. We use questions as drill, that is to insure more thorough learning by having the students repeat information they have gained through lecture. Questions are a means of getting real information, of diagnosing weakness and problems in learning, and of guiding and stimulating learning.

But to serve all these purposes, the questions must be carefully selected. They should be planned well in advance of the class period and worded so as to appeal to the attention of the whole class. They can be used to review the lesson material.

The teacher should try to answer all questions that students ask. This is another way of teaching. And, questions are a good means of evaluating the effect of teaching. If the students can give good answers to the questions asked, they are learning the material. If the questions the teacher asks stimulate the students to ask more questions, then they are learning to think.

The paper prepared for this topic lists some of the characteristics of good questions and good techniques of questioning. Some of the more usual faults of questions can be listed as: 1) questions not well worded; 2) questions repeated in different ways that confuse the student; 3) questions asked in a hurried manner that interferes with thinking; 4) questions that are not

definite in meaning; 5) questions worded so that they suggest the answer. The teacher should not try to force the student to answer a question if she does not know the answer. Another student may be able to answer.

The teacher can encourage the students to ask questions of her also, but the questions should be significant ones. Both student and teacher should be courteous in asking questions. Questions should be asked one at a time, but the teacher should be sure that all questions are recognized and answered if possible. If a student does not agree with the answer the teacher or another student gives, she should be given opportunity to explain why she does not agree. This is a good way of clarifying meaning or avoiding misunderstandings.

If the teacher cannot answer all student questions, she should say she cannot answer. She should not give a hurried or incorrect answer. She can tell the students that she will find the answer for them or perhaps she may have a student help her to find the answer. It is sometimes hard to say that we do not know the answer, but this will show the students that we must continue to learn and study even after we leave school.

One more suggestion about questions. Sometimes it is helpful to allow the class to evaluate the answer to a question. This will cause them to think about the material again, and perhaps more carefully.

Now, I think this is all we will say about lecture and questions. You will find more information in the paper we have prepared for you.

It is time for an intermission. When we come back together we will select certain methods of teaching for each group to demonstrate, and the rest of the afternoon will be spent in group work making plans for the demonstration. We'll see you here again in 15 minutes.

Reference Material: Formal Methods of Teaching. The following material regarding formal methods of teaching was prepared and distributed to participants early in the program. The discussion groups used this paper as reference in planning for group demonstration of selected methods of teaching.

## FORMAL METHODS OF TEACHING<sup>1</sup>

### A. Lecture.

1. Definition - A formal talk by the teacher in which she gives facts, principles and explains the relationship of these to the subject of the class.
2. Lecture may be used for any of the following purposes:
  - a. To summarize a unit of class.
  - b. To review material that has been taught.
  - c. To explain difficult material.
  - d. To introduce a new unit or subject.
  - e. To explain how to solve a problem.
  - f. To develop a subject.
  - g. To acquaint students with, and interest them in a new subject.

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<sup>1</sup>Material adapted from Heidgerken, Loretta E., Teaching in Schools of Nursing, J. B. Lippincott Co., Philadelphia, 1953, 596 pp.; and Brethorst, Alice B., Methods of Teaching in Schools of Nursing, W. B. Saunders Co., Philadelphia, 1950, 362 pp.

3. Limitations of the lecture method are:

- a. Lecture takes time. It should be used to add information to or explain facts found in a book.
- b. It does not provide much activity for students unless it is planned carefully and given in a manner to stimulate the students to think.
- c. It requires that the teacher be skillful and know the subject matter thoroughly. It also requires good teacher personality, voice, poise, and vocabulary.
- d. It is not easy for the student to summarize lecture content and decide which are main points.
- e. It is sometimes difficult to apply to students' level of learning.
- f. It is not effective teaching if the material is read from the teacher's notes or textbook.

4. How to prepare a lecture.

- a. Know the lecture material thoroughly and plan for the next day's class.
- b. Keep the course objectives in mind and make them clear to the class.
- c. Base lecture content upon the knowledge of the students and lead them gradually from what they know to what they do not know.
- d. Arrange ideas in an orderly manner but do not include more than three or four ideas in one lecture.
  - (1) Introduce each main idea in a natural order. Choose topic sentences and explain these in simple words.

- (2) Encourage an inquiring state of mind. Ask questions of the students so they will use their imagination and find more questions for themselves.
  - (3) Use examples freely.
  - (4) Write the class outline clearly so it can be used easily.
- e. Select audio-visual materials carefully so that they help to make the lecture a better learning situation.

5. Important points in a good lecture.

- a. The lecturer should be neat in appearance.
- b. The lecturer should use expression and personality when explaining ideas.
- c. The lecturer's voice should be clear and loud enough so that all the students can hear. The voice is very important in the lecture.
- d. It is helpful to start the class off with an interesting question or remark to attract students' attention. The lecturer should look at the class and speak directly to them to hold interest.

B. Questions and Answer (Recitation, Teacher-led Discussion).

1. Purpose of questions: questions are used as part of teaching to help the student develop judgment and independence in study. In this way she will gain more ability to examine ideas, select good ones and withhold judgment on those that are not proven.
2. Questions may be used in teaching:
  - a. To measure the amount of student accomplishment. This measurement is needed to learn how thoroughly the student has prepared and learned

essential facts in a lesson or assignment. It also helps to discover weaknesses and to determine grades.

- b. To give opportunity for practice through repeated and regular questioning.
  - c. To guide and stimulate students' thinking by questions which require examining, comparing, or further investigation. Asking the student to explain "why" sometimes helps the teacher discover how well the student is thinking.
  - d. To arouse student interest and provide motive by directing attention to important points and phases of work.
  - e. To stimulate formation of habits, thoughts, skills, attitudes and appreciation of behavior.
  - f. To attract attention of individual students, or of the class, and also to learn about students' interests.
3. Characteristics of good questions:
- a. The question should be expressed in a way to help attain lesson objectives.
  - b. It should be related to the purpose of the particular lesson.
  - c. It should be said in such a way that the student understands it.
  - d. It should not contain more than one idea.
  - e. It should be difficult enough to challenge the student, but it should not be too difficult for her to understand. Questions which require careful thinking and comparing are helpful.

- f. The question should not be copied from the text-book. This type of question will encourage students to memorize answers rather than to think through the information.
- g. It should be expressed in the proper grammar.

#### 4. Technique of asking good questions:

- a. State the question and allow students time to think before calling on the student who is to answer.
- b. Ask questions of all the students instead of asking one or two students to answer all questions.
- c. Use a natural, expressive tone of voice when asking a question.
- d. Give the student time to think of her answer.
- e. Do not make a habit of repeating questions. The students should be attentive and listen to the question the first time it is asked.
- f. Plan questions to contribute to a main idea and to follow a logical order.
- g. When a student seems inattentive, a question will attract her interest.
- h. Give the student credit for her answer, and compliment those students who answer a question completely.
- i. Be sure the answer is not included in the question.

#### 5. Student questions and answers.

- a. Encourage students to ask good questions. Their questions should relate to the subject being discussed.

- b. Encourage students to be polite in asking and answering questions. The teacher should also be polite.
- c. Allow the student to disagree with the question or answer if she can give good reasons for disagreeing.
- d. Do not try to force a student to answer if she cannot. Ask the question of another student.
- e. Do not repeat answers to questions unless there is a good reason why the class cannot hear the answer.
- f. If the teacher does not know the answer to a question, she should say she does not know. Then she might say, "Let's find the answer", or "I will find the answer for you".

Reference Material: Audio-Visual Materials. Content of lecture and discussion on audio-visual teaching, and points regarding demonstration of audio-visual equipment was prepared by the visiting speakers and presented in the local language. Certain forms and techniques demonstrating and evaluating the audio-visual content were prepared by the speakers in the local language and distributed for use as part of the lecture content. At the request of the speakers, the nurse advisors prepared the following reference material for distribution to participants.

### AUDIO-VISUAL MATERIALS<sup>1</sup>

Audio-visual materials are materials used in teaching that can be felt, heard, seen, tasted, or smelled. What can audio-visual materials do?

1. They help the student think in a logical manner about a subject.
2. They stimulate self-activity for the students.
3. They make learning more lasting.
4. They create much interest for students, and involve students in "doing".
5. They supply a concrete foundation for concept thinking and decrease the number of words which have no meaning for students.
6. They help make other teaching materials and methods more useful.
7. They add diversity.

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<sup>1</sup>Portions of this material were adapted from Dale, Edgar, Audio-Visual Methods in Teaching, The Dryden Press, Inc., 1955, 534 pp.

8. They will help make learning experiences more realistic.
9. They often provide learning experience with a saving of time and energy.
10. They provide experiences not obtained easily through other materials.
11. They help students develop a meaningful vocabulary.

#### Major Points in Using Audio-Visual Materials:

1. Preparation must be made for use of the materials.
  - a. Select materials carefully, recognize the advantages and limitations of the materials.
  - b. Know the material selected. For example, in using a film, it may be necessary to see the picture before using.
  - c. Use the material at the appropriate time.
  - d. Follow-up - apply the material to the subject. Tie all the learning experiences together.
2. The materials must be related to the objectives of the class.
3. Choose a particular kind of audio-visual material only when it is better than any other material for that specific purpose.

#### Types of Audio-Visual Materials:

##### A. Demonstrations.

1. Demonstration is a method of teaching which includes explanation and showing some idea or process. It includes telling, doing, and showing.
2. Demonstration can be used often in nursing.

### 3. Uses of demonstration in teaching.

- a. To show students and others how to perform nursing activities.
- b. To show the proper use, care, and handling of new equipment.
- c. To show the patient methods for performing certain nursing activities necessary for his care.
- d. To show the family or friends of the patient how to perform certain nursing activities necessary for the patient's proper care.

### 4. Preparation for the demonstration.

- a. Make clear, definite assignments to the students before the demonstration, if appropriate. Distribute direction sheets for them to study.
- b. Arrange so the demonstration of the nursing activity is as much like the actual situation as possible.
- c. If appropriate, select a patient requiring the nursing activity to be demonstrated. If not convenient, some other person may consent to act as the patient. For certain procedures, the model may be used.
- d. Obtain the consent of the patient before demonstration.
- e. Assemble necessary equipment and test to be sure it is in working order.
- f. Arrange physical set-up for the demonstration.
- g. Study carefully the directions for the procedure which is to be demonstrated.
- h. Practice the demonstration exactly as it would be performed before the class. This will include a step by step explanation.

- i. Continue practice until the demonstration can be skillfully performed.
  - j. Do the final practice as near the time for the demonstration as possible.
  - k. Recheck the equipment and arrange the room and materials for the demonstration.
5. Giving the demonstration.
- a. Explain the purpose of the activity. For example, if demonstrating the hypodermic injection, explain the purpose of the hypodermic injection. Also, explain the desired results, and the equipment used.
  - b. Introduce the patient, if a patient is used.
  - c. Arrange so that all the observers are comfortable and can see the demonstration.
  - d. Show how to prepare for the activity, such as preparation for sterilization of equipment, or preparation of solutions used.
  - e. Explain exactly what is to be done with each step of the activity.
  - f. Begin each statement with a verb. Use positive statements. For example, "Place a sterile towel on the tray".
  - g. Make clear, definite, concise statements.
  - h. Do not use the words "you" and "yours".
  - i. Explain the activity to the patient as it would be explained to a patient in the real situation.
  - j. Work so all can see what is being done.
  - k. Give the demonstration slowly so that all motions can be seen and interpreted.

- l. Include statements explaining the important scientific principles underlying the different steps of the activity and the expected results. These scientific principles explain "why" things are done.
- m. Observe proper body mechanics.
- n. Show how to care for the patient and equipment after the activity is performed.

Blackboard or chalkboard can be used to demonstrate ideas or processes. Examples: the teacher making an outline drawing of the lungs and showing how oxygen enters and carbon dioxide leaves the blood stream through the lungs, or showing how to figure a child's dosage of medicine from an adult dose.

Caution: Students should understand the blackboard presentation is a simplified presentation of the "real thing".

Felt board or flannel board is a board covered with fuzzy cloth for displaying materials. It is used like a blackboard, except that the items to be shown are prepared before class. They are then attached to the felt board as needed, and are easily removed.

To make a flannel board:

- (1) Stretch a piece of flannel or other fuzzy cloth over a piece of wood or heavy cardboard, or tape flannel tightly to a wall.
  - (2) Place pieces of flannel, felt, sandpaper or other rough surface material on back of objects to be displayed.
  - (3) Objects made of blotting paper, art paper, cloth, sandpaper, need no rough surface added to make them stick.
6. After the demonstration.

- a. Provide opportunity for questions, discussion, and review immediately after the demonstration. This discussion should be conducted away from the patient.
  - b. Repeat any part, or the whole demonstration, if necessary.
  - c. Evaluate the demonstration.
  - d. Plan for the students to practice as soon as possible after the demonstration, if it is an activity the students will perform.
7. Evaluating the demonstration.
- a. Was each step under parts 4, 5, and 6 observed?
  - b. Was the demonstration itself correct?
  - c. Did your evaluation of the student learning show that the demonstration achieved its purpose?

B. Field Trips.

1. A field trip is a planned visit to a specific place away from the regular classroom.
2. Factors to consider in selecting field trips.
  - a. Will it be worth the time, expense, and effort it will require?
  - b. Will it fulfill the teaching purpose?
  - c. Will it give a generally truthful picture?
  - d. How many field trips should be taken each year?
  - e. Will all students go on all trips? or on some trips? Will groups or individuals go and report to rest of class.?
  - f. Does the field trip have relation to learning experiences students have already had?

### 3. Planning the field trip.

#### a. Administrative arrangements.

- (1) It will be necessary to obtain consent from school administration and others as pertinent.
- (2) Make a list of situations to be visited and points of interest.
- (3) The length of time for round-trip and the visit should be estimated.
- (4) Transportation must be planned in detail and financing of trip must be arranged.
- (5) It will be necessary to decide whether entire class will go on the trip.
- (6) Arrangements should be made with persons at the place to be visited.
- (7) If a guide is needed, give him information concerning the purpose of the trip, the student group, and the results desired from the trip.

#### b. Preparing nurse students for field trip.

- (1) Clarify the purpose of the trip with the students.
- (2) Stimulate interest of students.
- (3) Identify and discuss with students the problems that the trip can help solve.
- (4) Any materials that might be beneficial during the trip should be prepared and given to the students.
- (5) Have students consult any reference materials related to the purpose of the trip.
- (6) Identify with students the specific points to observe during the field trip.

c. Following the trip.

- (1) There should be discussion of observations made, with opportunity for questions to be answered.

C. Exhibits.

1. Examples: bulletin boards, displays, posters.
2. Classification of exhibits.
  - a. Home-made, prepared by the class or school.
  - b. Ready-made, available on loan or in museums.
3. Uses of an exhibit.
  - a. For summarizing activities that have been completed.
  - b. For research and other work in the unit of learning.
  - c. For motivation in approaching new subject material.
4. Standards for school-made exhibits.
  - a. Use only one major idea in the exhibit.
  - b. The visual message must be seen at a glance.
  - c. Put the exhibit in a place that it can be seen easily.
  - d. Place exhibit in well lighted area.
  - e. Use labels that are brief and simple.
  - f. Use labels that are uniform in size.
  - g. The exhibit must have power to attract attention. Look at it from the point of view of people walking past the exhibit.

## 5. Bulletin Board.

- a. It serves two purposes. It gives the teacher opportunity to introduce new facts and ideas to the class. It also allows the students to work as a group and share their learning experiences, by teacher and students planning and working together.
- b. Characteristics of a good bulletin board.
  - (1) It can be any size, however, it should not be less than 30 to 40 inches vertically.
  - (2) Cover edges with wood framing, or other permanent binding.
  - (3) The bulletin board should be placed at the eye level of the students. Color of the board should harmonize with room and surroundings and provide contrast for items to be displayed on it.
  - (4) All materials placed on board at any one time must contribute to one idea.
  - (5) Attractive arrangements and frequent changes of materials invite attention.

## 6. Posters.

- a. Posters may be made or may be available on loan.
- b. Characteristics of a good poster.
  - (1) It should be based on one clear, concise idea.
  - (2) It should be a learning experience for the student, in terms of the content.
  - (3) Color is not essential, but often adds appeal and power.

#### D. Motion Pictures.

1. How films can assist in teaching.
  - a. Can present a process that cannot be seen by the human eye, such as division of cells, or action of white corpuscles on infection.
  - b. Increase reality by pointing up relationships, also by use of sound, color, and three dimension effects.
  - c. Compel attention by the movement and change of pictures.
  - d. Present certain meanings that involve motion, for example, show the circulation of blood, or the action of antibodies on an infection.
  - e. Control the time factor by slowing down or increasing speed to show a process or period of time.
  - f. Bring the distant past and the present into the class-room, such as historical events of the past, or present events that occur elsewhere.
  - g. Can enlarge or reduce actual size of objects.
  - h. Can increase understanding of abstract relationships, can make them seem more real.
  - i. Provide learning experience for the slow learner as well as the more rapid learner.
  - j. Can influence attitudes of students. Teacher must be careful in selection of films, as the influence on attitude can be good or bad.
2. Effective use of motion pictures.
  - a. Know sources where nursing film may be obtained.
  - b. Know the best films available in nursing.

- c. Know the content of the film. See the film before using it.
- d. Have class discussion before showing the film, including:
  - (1) new words, phrases, or principal ideas in film.
  - (2) what to look for in the film and questions to be answered by the film.
- e. Have class discussion after showing the film.
- f. Other learning activities may follow as a result of the film, for example, written reports, further reading, and field trips.
- g. Use any teaching guide that may accompany film.
- h. Learn how to have proper physical arrangements in the classroom.

#### E. Still Pictures.

1. Examples: photographs, illustrations, slides, filmstrips, opaque and overhead projections.
2. Guides in using still pictures.
  - a. Everyone should be able to see the picture. Some type of device which projects the picture on a screen or wall will help.
  - b. A definite purpose in the lesson should be provided by each picture.
  - c. Select a few pictures, do not use too many.
  - d. Identify what idea each picture is explaining.
3. Guides in selecting still pictures.
  - a. Will it help achieve the purpose of the lesson?

- b. Will the picture add to the students' knowledge?
- c. Will the picture arouse the imagination?
- d. Is the picture good in technical and artistic detail?
- e. Does the picture have one central idea shown clearly?
- f. Does the picture have enough detail to give an idea?
- g. Does the picture give a true general impression?
- h. Does the picture give a true impression of relative size?

#### F. Radio and Recordings.

1. Guides in use of radio.
  - a. Have good physical conditions. Students should be able to hear. Have the radio tuned in properly.
  - b. Prepare the class before the radio program, through class discussion.
  - c. Be familiar with the program, to know the program is related to purpose of lesson.
  - d. Have discussion following the program. Relate program to other learning experiences.
2. Recordings may be bought or made by the teacher. They may be disks (records) or tape. Often a certain radio program may be recorded and then used at the desired time.
  - a. The teacher should hear the recording before using it with a class.
  - b. The same procedure should be used with recordings as with motion pictures in classroom use: preparing the students before using the recording, and follow-up discussion after using the recording.

3. A recording can be made of student activities, giving students opportunity to hear themselves. Often times this can be used to help them improve their manner of speech.

#### G. Visual Symbols.

1. Examples: flat maps, sketches, diagrams, charts, graphs, cartoons.
2. Blackboard or chalkboard.
  - a. Uses for a blackboard.
    - (1) To give important facts and principles, such as new words, terms, rules and definitions.
    - (2) To explain facts, ideas, processes, often with help of drawings, sketches, and maps.
    - (3) To display materials, such as daily assignments, questions, and materials similar to those displayed on bulletin board.
    - (4) To provide an efficient means for student demonstrations and practice.
  - b. Guides for using blackboard.
    - (1) Erase the blackboard completely before starting class.
    - (2) Do not use too much material on blackboard at one time. If too much material is placed on blackboard, it loses its effectiveness.
    - (3) Materials can be placed on blackboard before class time, and covered with paper until time of presentation. Papers can then be removed as desired.
    - (4) Do not stand in front of the material on the blackboard.

- (5) Make letters and drawings large enough that they may be seen from any place in the classroom.
  - (6) If a drawing is difficult, put it on the board before class time. Do not waste class time for it.
  - (7) If accuracy is not essential for a drawing, do not spend unnecessary time on it.
3. In using any of the visual symbols, they should be large enough for the class to see, otherwise, make provision so all may see. This can be done by passing the material around the class, by groups looking at it, or by having it available for individuals to see it more closely following class.
  4. When using these materials before a class, stand in such a position that you are not between the material and the class.
  5. Often, using a pointer or stick to show parts of a visual symbol will aid students to visualize it better.

#### H. Direct Learning Experiences.

1. These experiences are direct, concrete; they have a purpose. The student performs the activity, the activity has a particular purpose, and the student is responsible for the outcome.

Example: the student giving nursing care to the patient in the hospital unit; the student doing health teaching in the outpatient clinic.

2. Principles to keep in mind when using direct learning experiences.
  - a. Experience must be related to theory.
  - b. The experience should be planned and supervised.
  - c. Student should understand the purpose of the activity.

- d. The shorter the period of time between the theory and the students' direct learning experience, the better the learning situation.

3. Criteria for evaluating direct learning experiences are:

- a. The experiences had variety to meet the needs of all students.
- b. The experiences were interesting.
- c. The experiences encouraged further learning.
- d. There were opportunities to transfer the learning from this experience to other problems.
- e. Opportunities were given to talk about the experiences.
- f. The experiences allowed for the student to adapt to the situation and to be creative.

I. Contrived Learning Experiences.

1. The experiences are modified from the "real" direct experiences; they are imitations of the "real" direct experiences.

Examples: models of the eye, heart, or pelvis; specimens such as samples of the fetus at different stages of development.

2. How to use contrived learning experiences.

- a. Show student how this experience is different from the real experience, also how it is the same.

3. Criteria for evaluating contrived learning experiences are:

- a. The model was used because the "real" situation could not be used at this time.
- b. Wrong impressions of size, color, shape, do not result from using contrived experience.

- c. The model or other contrived learning experience will not give wrong impression of the idea by appearing more simple than the "real" situation.
- d. The contrived learning experience will motivate the student to further learning.

#### J. Dramatic Experiences.

1. Examples: plays, role-playing, puppet shows, pageants, dialogues.
2. Role-playing can often be used in nursing education; for example, role-playing of admission or discharge of a patient, or teaching a patient.
3. Role-playing is an unprepared, unrehearsed action in which the student plays the part of some individual.
4. Preparation for role-playing.
  - a. Choose the situation to be played. It should be about an important idea. Do not use too many characters.
  - b. Teacher describes each character in relation to the idea.
  - c. Choose role players who will gain from the experience.
  - d. Give role players a little time to think about their parts, and to talk about the situation to be played.
  - e. Teacher discusses with class how to use this situation as a learning experience.
5. Evaluation of dramatic experiences.
  - a. Is the chosen dramatic experience the best possible method or would some other teaching method be better.

- b. Do the students understand the role-playing or other dramatic experiences as "real" or just as pretending?

**K. Verbal Symbols.**

1. Words or vocabulary should be selected to the level of students. Both words and pictures are necessary for communication.

## CHAPTER IV

### CLINICAL CONFERENCE PROGRAMS

In developing the original overall plan for initiation of clinical conference programs, the advisors engaged in preliminary investigation to determine needs, problems, facilities and possible method of approach.

The nurses had stated that one great problem was correlation between theory classes and clinical practice. Many of the clinical courses were taught by medical teaching staff. Regular nurse faculty members who administered the curriculum did not, as a rule accompany students to hospital units during clinical practice. Written course plans and objectives were not available to assist the head nurses in determining student needs and objectives. Some attempts had been made to introduce clinical teaching programs but these attempts had not been fully successful. The format of existing clinical classes seemed to be in the nature of a formal report delivered at morning report by one student nurse, and did not include follow-up discussion of relationships to actual patient care. Because of work pressures of the head nurses, the classes were frequently cancelled. Faculty members did not usually participate in this program. Topics were selected on the various wards and students did not receive a uniform series of content. A carefully planned, scheduled, and implemented clinical conference program seemed to be what was needed, but in view of the fact that this had been tried and without noticeable success, the exact form of approach and details of planning would have to be carefully worked out.

The advisors decided to outline a general basic plan for the program, introduce this plan to the nurses, explain possible alternate plans for implementation, and then work with the faculty members and head nurses in methods decided upon by them. Whether implementation would involve faculty members, or head nurses, or both would depend upon existing situations in individual institutions.

During planning sessions, emphasis was to be on patient-centered conferences with student and teacher participation. Topics for the total program were to be selected to avoid repetition on several wards, or omission of important disease conditions. All conference objectives and lesson plans, together with associated teaching

materials would be carefully developed well in advance and time schedules worked out to be compatible with student class schedules and ward routines. Advance information of content, student study assignments, and personnel participating in the conferences was to be through notices posted in several places three or four days before the conference.

Working with the various schools, advisors encountered different patterns of work. Personnel varied in number and initiative, attitudes and abilities. Progressing toward the same goals, the programs differed in format and pace of implementation according to the needs of the particular institution.

In one school, the faculty group carried full responsibility for the conference program, and two nurses were assigned to plan and conduct the conferences on all units, under guidance of the advisor. The program progressed quite rapidly in this institution.

In another institution, faculty members gave support and encouragement, but head nurses were the implementing group, under leadership of one faculty member assigned to this role. Head nurses, unprepared for teaching functions and pressed for time developed plans more slowly. Observation on selected wards to assist in determining teaching opportunities was done initially by the advisor, and later by the clinical supervisor responsible for the program in the school. Extensive instruction and encouragement was needed for the selected head nurse before the conferences could be actually started.

Some of the materials developed to assist the head nurses are presented here. It should be pointed out that concurrent with the plans for clinical conferences, regular discussions were held also with faculty members in which they were encouraged toward more active participation and ultimately complete responsibility for the teaching program, both theory and clinical. At the time, direct assistance in the clinical conference program was geared toward what the head nurse could do to improve the existing pattern of instruction in the clinical situation. The material included here refers to the head nurse. In another situation, the same content could be directed to the clinical instructor.

Reference Material: Making Plans to Start Ward Conferences.  
During the period of planning for the first clinical conference in the selected school, the following instructions were prepared for use by one head nurse of a pilot ward. The head nurse and clinical supervisor later translated the instructions into the local language and duplicated the results for distribution to other head nurses at a series of programs planned for orientation and demonstration of the clinical conferences.

### MAKING PLANS TO START WARD CONFERENCES

**Purpose:** The main purpose is to supplement or add to what has been taught to the student in the classroom. The conference is centered on nursing care of patients, and generally focused on a patient on the particular unit, to locate and solve problems of patient care as related to this patient, and as compared to other patients with the same disease.

**Objectives:**

1. To correlate classroom lecture material with the actual experience of the student on the hospital unit.
2. To stimulate the student to think about and plan for good nursing care for the patient.
3. To develop the student's ability to observe and interpret symptoms.
4. To develop understanding of and skill in performing new techniques of patient care.
5. To increase ability to reason out good nursing care through the use and application of basic nursing principles and scientific principles.

**Ward Conferences Are Different From Lecture:**

1. Informal meeting with group discussion.

2. All participate in talk.
3. Applies previous knowledge to actual patient care.
4. Centered on care of the patient and refers to a particular patient and how to care for that patient.
5. Student must prepare for conferences by reviewing class notes on the subject, by reading the patient's chart, by looking for articles in the journals that refer to this type of disease, by asking questions of the doctor, and by becoming acquainted with the patient to learn about his condition, his feelings and care.

#### Selection of Topics:

1. Select disease conditions that can usually be found on that unit.
2. Select and plan conferences so that all students coming to the unit may have the same topics.
3. Select disease conditions that are the most important and the most common.
4. Select a patient with some nursing care problems to be discussed and solved.

#### Defining Objectives for the Conference:

1. What does the teacher or head nurse want to accomplish by teaching this conference?

Decide on several goals and write these down in clear terms to use as a guide in planning classes.

2. What are the things the student should accomplish in this conference?

Decide on several goals. Write these down in clear terms. Then look at them carefully. Are they practical? Are they realistic? Can they be accomplished?

#### Finding Facilities for Teaching:

1. What place do you have available that can be used for teaching? Is there enough space? Places to sit? No interruptions? Do you have reference materials? Where can the students find information about the disease condition?

#### Questions to Ask Yourself When Making Plans for Conferences:

1. When can this conference be given?
  - a. When are all students on the unit?
  - b. Can time be arranged so that they will all be on the unit?
2. What topic will you select?
  - a. What will you want to teach about this topic?
  - b. What particular points will you emphasize?
  - c. What year students will attend? If several levels of students attend, how will you plan learning activities for all?
  - d. What preparation should the students make for the conference? How will you let them know about these preparations?
  - e. What types of activities can you have the students do to increase learning?

- f. Write out several questions to ask the students to think about and discuss. Could these same questions be applied to another patient?

Examples:

What are this patient's symptoms? Do these agree with your class notes about the disease? If not, how are they different?

How do these symptoms effect what the nurse can do for the patient?

What drugs or treatments does this patient get? Why? What do these drugs do? How do they affect this patient?

Is there something about this patient that is different from another patient with the same disease?

Time:

1. Is there enough time allowed for all the things you want to teach?
2. If not, what is the most important topic? Select the most important factors to consider.
3. How can the students learn these important points?

Follow-Up:

1. What can you plan for a follow-up experience on this class?
2. How can you evaluate the result?
3. Can you tell if the students have learned what they should have learned?

Reference Material: Suggested Activities in Planning a Ward Teaching Program. A program of instruction for the head nurse group was in progress during the initial planning for the clinical conference program. In anticipation of future participation in the clinical conferences, the head nurses requested information related to planning for the conferences and the following material was developed.

### SUGGESTED ACTIVITIES IN PLANNING A WARD TEACHING PROGRAM

When making plans to start a ward teaching program for student nurses, the faculty and head nurses would need to do the following activities.

- A. Activities that have to do with organizing and administering the program:
  1. Study the methods and principles of a ward teaching program.
  2. Work together to decide upon objectives for the teaching program.
  3. Define objectives for the ward teaching program that will help in the entire teaching program of the school, and will help to fulfill objectives of nursing service.
  4. Select several persons who would be interested in helping with the program.
  5. Decide upon the functions of each individual person who is to help with the program.
  6. Have meetings and conferences together about problems related to the program to find answers to these problems before the program is started.
  7. Plan to organize the program as part of the total curriculum.

- B. Activities that have to do with providing physical facilities for teaching:
1. Arrange for a room, or some other space that can be used for a teaching room.
  2. Look for possible sources of teaching equipment: chairs, blackboard, book cases or shelves, files, table, bulletin boards.
- C. Activities that have to do with preparing and securing teaching aids:
1. Start to develop a library containing books, pamphlets on health, drugs, disease conditions, some nursing care studies, plans for nursing care, bibliography files, anatomical charts, teaching courses.
  2. Plan materials to show on a bulletin board such as: charts to demonstrate how to use the bulletin board effectively, pictures and posters that could be used on the bulletin board and that relate to the topic for class.
  3. Collect photographs of interesting and important disease conditions on the unit, if this is possible.
  4. Collect and preserve specimens and slides if the laboratory will help you.
- D. Activities that have to do with providing for good clinical experiences:
1. Assign the students to care of patients with disease conditions that they need to learn about.
  2. When a better assignment is found, change the student to the better learning assignment.
  3. Arrange for the student to have experiences in various nursing situations.
  4. Help to plan student rotation schedules.

5. Determine what experiences are available on the unit and compare these with experiences available on other units. Plan student experience to be on the unit that will provide the best learning situation.
- E. Activities that have to do with different methods of teaching:
1. Plan for group conferences that will be needed by the group.  
  
Consider:
    - a. sequence of order of discussion.
    - b. experience of students.
    - c. disease conditions of the unit.
    - d. disease conditions which should be topics for class on that unit.
  2. Make arrangements to hold nursing clinics.
  3. Consult with students about selecting a topic for discussion and preparing a nursing care plan.
  4. Discuss with the students how they should prepare a plan for nursing care.
  5. Demonstrate new equipment or procedures to individual nurses or groups of nurses.
  6. Prepare lesson plans or conferences.
  7. Arrange field trips, excursions, panel discussions, or observation of special nursing care or procedures.
  8. Supervise students or staff nurses when they are doing a new procedure.
  9. Make rounds with students.

F. Activities that have to do with developing and using ward records:

1. Help in the preparation of procedure manuals and keep these up-to-date. Date each procedure.
2. Improve charts and record forms.
3. Help to develop a policy book and keep it up-to-date.
4. Encourage proper charting techniques.
5. Help to keep charting manual up-to-date.
6. Use all opportunities for teaching, such as charts, medication lists, Kardex.
7. Make use of nurses reports for teaching, both written and oral.

G. Activities that have to do with providing a permanent record of ward experiences:

1. Plan and encourage the proper use of cumulative experience records (record of all learning experiences that the student has had).
2. Instruct the students in the proper use and the value of experience records.
3. Plan to keep a record of student performance in nursing situations.
4. Plan to keep a record of individual instruction that is given to the student while supervising her in new procedures or nursing care.
5. Develop records to determine the number of hours of teaching done on the clinical units so that it can be included in the overall teaching program.

- H. Activities that have to do with teaching the student to practice good nursing care:
1. Demonstrate the proper care of the patient.
  2. Help the student to give nursing care.
  3. Encourage the student to evaluate the nursing care she has given. Discuss this with the student.
  4. Encourage the student to observe symptoms and to record these on the patient's chart.
  5. Use every opportunity to teach the patient and the patient's family. Discuss this with the student.
  6. Guide the student in selection of comfort measures for the patient.
  7. Guide the student in establishing good relationships with the patients.
  8. Help the student to understand that each patient is an individual person.
  9. Study the number of nurses you have on the unit to take care of the patients and plan assignments carefully.
  10. Observe the results of good nursing care.
- I. Activities that have to do with understanding the students and their needs:
1. Talk with students early in assignment to the unit and also at regular times while they are on the unit.
  2. Talk with students about patient care, problems in patient care, plans for patient care.
  3. Study to see where the students have difficulty in taking care of patients and help them to solve problems.

4. Learn about students' past education and learning experiences.
  5. Learn about students' health records. (List of illnesses during schooling, state of health now).
- J. Activities that have to do with evaluating the results of the ward teaching program:
1. Study the results of the teaching program as they relate to the planned objectives.
  2. Study the way in which patients react to the care given them.
  3. Prepare and give short tests to the students about things you have taught them.
  4. Keep anecdotal records to use in preparing student evaluation.
  5. Decide upon a method to use when grading students.
  6. Observe on other units to see how students apply knowledge gained on your unit.

Talk: Role of the Head Nurse in Teaching. After clinical conferences had been successfully initiated on pilot wards of the selected schools, other nursing school faculties requested information related to the function of the head nurse in the teaching program. The following talk was presented to head nurses of several schools of nursing.

## ROLE OF THE HEAD NURSE IN TEACHING

We have been asked to talk to you today about teaching students in the hospital.

We have decided to talk to you about the things the head nurse should know and do about student learning and then later we can discuss with you what you might want to do about some of these things. Because you must go back to work and do not have much time today, Miss \_\_\_\_\_ will give our talk in your own language so that all of you will understand what we want to say, and we will try to answer any questions you have after the talk.

### I. The Place of the Head Nurse in Teaching.

There are many different groups of people who use the hospital ward as a place to learn and practice. For this reason it is very important that the hospital ward be well-managed and have a high quality of nursing care. This is to make the ward a good learning situation. The head nurse is the person who really influences the ward management and the learning situation for the students. Therefore, she is important and what she does or does not do, how she acts toward patients and personnel, the plans she makes for her ward, all have a direct influence on how well the student learns.

### II. Some Important Factors Which Affect Learning for the Student Nurse.

#### A. A carefully planned teaching program.

1. The student nurse should learn enough about the sciences to enable her to understand the how and why of treatment and patient illness.

2. She should have the opportunity to practice skills as she learns theory. This is also an important part of the student nurse learning program.
- B. The high quality of the ward in which she practices.
1. If the student works with well-trained nurses who give good nursing care she will learn to give good nursing care.
  2. The student nurse will very often imitate the head nurse and graduate nurses. If they are careless and disinterested, she will learn careless ways.
- C. The attitude of the head nurse.
1. If the head nurse practices good nursing care and pays attention to all details of the patient's care, the student will imitate what the head nurse does.  
  
Example: Kindness to patients.  
Care with medications.  
Careful charting and observation.  
Care of equipment.
  2. If the head nurse feels herself that she is competent and that the work she is doing is important, and respects herself for what she does, the student will also respect her for her ability and experience. It is from the experience of the head nurse that our students can learn much about care of patients in the hospital.
  3. If the head nurse realizes how important it is to constantly work to learn more and to improve her own knowledge and ability, the student nurse will learn from her that she must also constantly work to improve herself in her nursing ability.
  4. If the head nurse shows an interest in the student's learning needs and cooperates with the faculty to provide a good learning situation, the student will learn to turn to the head nurse with questions. She

will learn that nursing service and nursing education are very closely connected. Remember, the student nurse is being educated to give nursing service and this should interest all head nurses.

- D. There are three main methods by which learning is provided in the hospital ward. These are:
1. Planned experiences that are in harmony with what the student learned in the classroom.
  2. Supervision - good supervision which is meant to help the student learn.
  3. Ward teaching - planned classes and also teaching that is incidental as the nurses work.

III. What the Head Nurse Should Know and Do About Providing a Good Learning Situation.

- A. She must know what her ward has to offer the student nurse in the way of educational experiences.
1. She should take time to think about this and make a list of the activities on her ward which will provide learning for the student nurse.
  2. The student nurse should have an opportunity to practice the new things she is learning. She should not always be assigned to do the routine ward work such as bed-making, baths, and temperature taking. She should do some of the treatments that she will do when she is a graduate nurse and should be carefully observed while she is doing these things and helped to do them right.
- B. The head nurse should talk with the faculty (even when these are doctors) and find out what it is that the school expects the student to learn from her experiences on this ward.

1. The head nurse must form her objectives or purposes for student experience on her ward. Objectives are the goals you want to reach, or the reasons for which the student is assigned to your ward. What are the things you as a head nurse want the students to learn on your ward? What does the student need to know? What do you want her to be able to do when she leaves your ward? What kind of a person or nurse do you hope she will be as a result of having been on your ward and working with you?
  2. Write these things down. These are the objectives for student experiences. These things you want her to learn to know and do will be in harmony with the knowledges and abilities that the school expects the student to develop while she is on your ward.
  3. The head nurse needs to set up for herself, or in cooperation with the faculty some standards or means of measuring performance that she can use to help her judge whether or not the student and the staff nurses are reaching the desired goals or objectives.
- C. After the head nurse has decided on objectives and has determined what learning experiences are available on her ward, she should make a plan for student experiences (assignments) on her ward. The plan should be written and kept available for the head nurse and school personnel to consult when it is necessary. And this plan should then be followed as closely as possible.
- D. Whenever possible, the head nurse should develop a plan for teaching on her ward. Once established, this plan for teaching should be held to and time planned for it. When the head nurse thinks that the teaching plan is as important as all other activities on the ward, and plans a time for teaching, the student nurse and other personnel will soon realize that it is important.

1. Teaching plans may be very simple or may be more detailed depending upon the situation of the hospital and ward.

Example:

Simple:

Once a month one person reports on the nursing care of a particular patient at morning report.

Once or twice a month, may have short meetings in the afternoon to learn about a new procedure or a new medication.

More detailed:

Ward conferences once a week.

Morning reports giving information about nursing care of more acutely ill patients.

At morning report, the staff discusses nursing care problems on the ward.

Ward rounds for teaching to students and staff nurses.

- E. When the school and hospital do not have a clinical instructor for the ward, the head nurse must take responsibility for supervising student nurse practice. This means she must:
  1. Know what the student can do already.
  2. Know what the student should learn to do while on this ward.
  3. Know what the student has been taught about a new procedure or nursing care.

4. Work with the student on new activities to see if she does these properly. If the student has difficulty, the head nurse must help and show her how to improve.
  5. This is important - supervision is a means of teaching and helping the student to improve. Many people think supervision means only to see what is done wrong, but it is also to help correct the wrong steps and to see what is done correctly.
- F. The head nurse who must supervise the student must also evaluate the student's performance.
1. Evaluation is also a means of teaching. The student should be told what she does wrong and how to correct that. She should be told what she needs to do to improve and how to improve.
  2. She should also be told when she has done well and be complimented on the degree of skill she has attained. This will encourage her to try harder the next time.
  3. Evaluation as a means of teaching is of no value unless it is shared with the student. The student should have opportunity to discuss the evaluation with the head nurse and to comment on how well she thinks she has done and how she herself thinks she could improve.

### Summary:

Participation in a program of good nursing care is most important in good student education. The student will practice in the future what she learns on your ward today. So the head nurse has a big part to play in student nurse education. She should not only plan her ward to be a good experience for student practice, but she must help to plan more learning, by knowing what good experiences are to be found on her ward. She helps also by:

Making good objectives or purposes for student experience.

Planning student assignments to be good learning experiences.

Supervising and evaluating for good teaching.

All of these are things the head nurse should do about teaching students on the ward. Every head nurse should be interested in helping to improve nursing education. These students on your ward are the women who will be teaching student nurses in the future. These will be the nurses who will make more progress in the improvements that you all want for nursing.

Now, if you have some plans in mind, or some idea of what you want to do to improve your ward teaching, we would be interested to hear them. If you do have such plans and want to put them into practice, we will be happy to help you.

## CHAPTER V

DEVELOPMENT OF INSERVICE PROGRAM  
FOR HEAD NURSES

The following plan for head nurse instruction was developed and implemented in response to a request from the Director of Nursing Service of the hospital affiliated with one selected school of nursing.

In developing the plan, consideration was given to the objectives and philosophy of the contract, project activities already underway, the stated and observed needs of the particular nurse group and future goals.

The project objectives stated that assistance be directed to faculties of schools of nursing toward improvement of nursing and nursing education. In the particular culture, much of the assignment of student activities, instruction, supervision and evaluation of the student nurse in the clinical situation was done by the head nurse. Accordingly, head nurses were invited to participate in Clinical Teaching workshops.

As one aspect of assistance to schools of nursing, clinical conference programs were to be introduced in the selected schools, and plans for the initiation of these programs were underway. Advisors were observing on clinical units and giving consultative assistance to faculty members and particular head nurses involved in the pilot plans. Other head nurses of this institution observed the preparations with interest, and in anticipation of their future participation in the conference program, requested assistance in methods and principles of ward teaching and unit administration.

The nurses cited organization of ward work as a problem area. Head nurse responsibilities were many and time-consuming. Delegation of duties to assistant head nurses was not well understood. The existing plans for ward teaching were often abandoned under pressure of service demands. Head nurse off-duty time was limited in consideration of multiple activities. How could they find time to carry out satisfactory ward teaching programs without sacrificing nursing service responsibilities was their question.

In addition to the stated problems, head nurses graduated from three year nursing programs requiring only middle school graduation as requisite for admission felt keenly the gap existing between their educational preparation and that of the students in the new four year collegiate nursing programs. Student questions were often avoided and authoritarian practices of ward administration were sometimes resorted to in defense of their positions.

The Director, an intelligent, alert and progressive nurse, was young. Many of the nurses in this group were older women. At the suggestion of the advisor that an inservice program of study be instituted for the nurses under the leadership of the Director, the Director demurred. It was tradition that youth must listen to the elders. The young Director was uncertain as to the reaction of these older nurses to a program of instruction under her leadership and requested the advisor's services in regular instructional meetings for the head nurses.

The advisor agreed to the request with the idea that as the program progressed, the Director would assume a gradually increasing role of leadership, and the instructional program would be converted to Inservice education when the time seemed appropriate.

The total plan was developed to include study and discussion of basic administrative principles as they applied to unit and hospital organization, identification of the factors involved in administrative responsibilities of the head nurse, principles and methods of clinical teaching, supervision and evaluation. Particular mention would be made of the role of the head nurse in teaching, and the value of her years of experience as a source of practical information and guidance for the student nurse.

The method of presentation was initially through lecture by the advisor, gradually developing into group discussion of pertinent aspects and group activities geared toward solution of actual work problems. The assistant nurse advisor, working closely with the advisor in preparing and interpreting content material was active in supervising group activities and assumed gradually increasing responsibilities as consultant or resource person as the head nurse group displayed growing confidence in her ability. Group activity, poorly understood at the start of the program, soon became the preferred method and nurses working in groups defined objectives for their nursing service, developed specific assignment plans, initiated

work on revision of a uniform procedure manual for the school and hospital, and began study to develop evaluation procedures for student nurses and staff nurses.

During the entire course of the program, the clinical supervisor assigned by the faculty to work with the advisor and assume responsibility for project activities in the institution, attended all meetings and followed up with individual assistance to head nurses in applying new methods to actual work situations.

As time for contract termination grew near, the Director and the assistant nurse advisor planned and conducted programs under guidance of the advisor. The head nurse group elected to continue as an Inservice program under the leadership of the Director, voted on the proposed program for the following year and selected volunteers from among their own members and the faculty to lead discussions on certain topics. The assistant nurse advisor was invited to speak to the group on the role of the head nurse in teaching students. The group had learned to recognize the abilities of their young colleagues and accepted the leadership of the Director for the Inservice program despite her youth.

On the following pages, the general outline of topics planned for the group is listed, with additional comments explaining group activities designed to correlate content with the specific problems of unit organization. It was the actual application of content in their daily work which made the meetings most meaningful to the nurses and gave demonstration of the practical value of basic principles through problem solving methods.

Outline: Topical Outline of Instruction for Head Nurses. The following plan of instruction was presented to the head nurses, together with the group activities explained. Lecture method was used in the first meetings, and informal group discussion was introduced gradually.

## TOPIC OUTLINE OF INSTRUCTION FOR HEAD NURSES

- I. Introduction.
  - A. Explanation of format of class.
    1. Informal group arrangement.
    2. Group discussion expected.
    3. Use of mimeographed outlines and additional notes.
    4. Translation to be done for all content - request repetition or further explanation as desired.
    5. Attendance of majority of group necessary. Meetings to be postponed when unable to attend.
    6. Active participation expected. Assignments, individual and group activities to be given.
    7. Question: would they be willing to share materials or findings with other schools or hospitals? Would they be willing to help other hospitals or schools if requested?
  - B. Materials and activities to be practical and related to specific institution and work situations.
  - C. Explanation of outline of course.
    1. Distribute and read, with brief explanation of items.
    2. Answer questions.

D. Assignment for next meeting:

1. Each nurse to make list of all activities she performs on unit. Make complete as possible.
2. Make list of specific problems on her ward.

Comment: At the beginning of the class, held in the school library, nurses were puzzled by the informal arrangement of chairs and tables and immediately began to line chairs up to resemble formal classroom. Assistant nurse advisor explained reason for group arrangement. When asked if they would be willing to help other nurse groups if requested, all agreed but expressed doubts as to their ability to contribute significantly.

Unit I. Head Nurse Responsibilities.

A. Position of Head nurse.

1. Question: What do we mean by term "head nurse?"  
Group suggestions to define term.
  - a. Administration of one unit.
  - b. Representative of hospital administration.
  - c. Activities in general:
    - (1) Interpret hospital policy.
    - (2) Manage unit.
    - (3) Conform with philosophy and regulations of hospital.
    - (4) Help to fulfill hospital objectives.
    - (5) Question: What are the objectives of your hospital?
2. Hospital objectives in general:
  - a. Care of sick.
  - b. Education of personnel.
  - c. Health maintenance.
  - d. Research

### 3. Place of head nurse.

#### a. Care of patients.

- (1) Direct care.
- (2) Indirect care.

#### b. Patient teaching.

#### c. Student teaching.

#### d. Research - study.

- (1) Large scale.
- (2) Small scale - action research.
- (3) Optional.

### 4. Roles of head nurse.

- a. Leader - explain how this is manifested.
- b. Administrator - explain how this is manifested.
- c. Teacher - explain activities in educational areas.

Comment: All of the above was given during several meetings by lecture with translation. Nurses were attentive, but reluctant to offer ideas when questioned. The method of informal give-and-take of discussion instead of lecture brought nervous laughter and some few very good suggestions. Translation of all content was time consuming but seemed necessary that advisor talk even though assistant advisor was thoroughly prepared in advance and well able to give content unassisted.

Group Activity: Discussion of lists of functions head nurses had prepared from first assignment. Some had done this, some had not. Available lists were reviewed and suggestions made. Some were too general - some listed activities not actually done - some were quite accurate.

After discussion of the lists and what should or should not be included, the assignment was to review the lists and bring to next meeting.

## B. Organization of Hospital.

### 1. Questions for discussion:

- a. What is the place of the head nurse in the hospital?
- b. How important is she?
- c. What effect does she have on patient care?
- d. What effect does she have on education of patients?
- e. What relationship does she have to other departments of hospital?

Comment: These questions resulted in rather extensive discussion. Nurses participated actively with suggestions as to what was, and what they thought should be.

Group Activity: Nurses were divided into groups and each group reviewed lists of functions, to add or delete, and compile into one complete list for each group. Lists to be used by groups for later work.

### 2. Organization of hospital as a whole.

- a. General pattern - similar in all.
- b. Basic structure of organization.
  - (1) Non-professional help - responsible to whom?
  - (2) Students - responsible to whom?
  - (3) Staff nurses - responsible to whom?
  - (4) Head nurses - responsible for whom?  
responsible to whom?
  - (5) Supervisors - responsible for whom?  
responsible to whom?
  - (6) Director - responsible for whom?  
responsible to whom?

Comment: Starting with the lowest rank, an organizational chart was developed on blackboard with suggestions and participation of group. Completed chart showed basic structure of organization of hospital, with lines of authority outlined, and communications shown.

Then, with the help of the group, the Director developed the organizational structure of the particular institution. This activity continued through the remainder of the session, with the place of the head nurse outlined heavily to demonstrate relationships to total structure.

c. Principles of organization.

- (1) Authority centered in one person.
- (2) Responsibility as delegated and according to hospital policy.
- (3) Need for authority equal to responsibility.
- (4) Lines of authority clearly stated.
- (5) Right of appeal.
- (6) Responsibility for unit functions.
- (7) Status of supervising person.
- (8) Flexibility of structure.
- (9) Discussion of adaptations and examples drawn from particular institution.

Comment: The above was given mainly through lecture with some discussion in regard to (9). By this time the nurses were showing more freedom in discussion and contributed actively, asking questions, giving examples. Coffee or tea was served at all sessions adding to the informality, and intermissions found the group engaged in animated conversations.

Unit II. Administrative Responsibility of Head Nurse.

A. Nursing Care.

1. Definition of good nursing care with suggestions from group.

2. Factors affecting nursing care:

- a. Good.
- b. Bad.

3. Nursing service objectives.

- a. Defined and written.
- b. Question: What are the nursing service objectives of this institution?

4. Setting Standards.

- a. What standards of nursing care does the head nurse set?
- b. How does she decide on these standards?
- c. What will she use to evaluate these standards?

5. Objectives.

- a. These are a means of determining standards of care. What do you want to do for patients on your ward?
- b. List these points. These are the goals or purposes toward which you are working. They tell us what is the desired result of your work.
- c. To formulate:
  - (1) List nursing care activities on unit.
  - (2) List housekeeping and other activities.
  - (3) Write all these down in definite terms.
  - (4) Decide what is the goal for each item on the list.
  - (5) These goals should be definite, give a clear idea of what you want to do.
  - (6) Each goal should be something that can be done.
  - (7) Each goal should be in harmony with the overall philosophy of the hospital.
  - (8) All of these should be written and kept in a place where the staff on your ward can read them.

- (9) The goals can be used as a basis for planning work and developing procedures on your ward.
- (10) The goals should be specific, state what is to be done.

d. Questions:

- (1) Do you know what is the philosophy of your hospital?
- (2) Do you have the goals for your unit written?

Comment: This topic brought out prolonged discussion from the nurses, with the result that a sub-committee was appointed by the group to work with the Director in developing nursing service objectives for the department, these to be included in a nursing service manual which they decided should be developed.

B. Management of Ward.

1. Factors involved:

- a. Ward rounds.
  - b. Ward routines.
  - c. Hours.
  - d. Supplies and equipment.
  - e. Doctors orders.
  - f. Records: treatment, nurses, doctors.
  - g. Reports.
  - h. Assignments.
  - i. Delegation of duties.
  - j. Physical environment.
  - k. Good relationships.
- (1) To other departments.
  - (2) To ward personnel.
  - (3) To patient and families.

**Comment:** Nurses were asked to consider the factors listed above and select those items they wished discussed in detail. They voted to consider all items, and these were then explored during subsequent meetings, one or two items at a time, with particular emphasis on hours, assignments, orientation. During the second half of each meeting the following group activities were carried out.

Assignment (each group)

1. Refer to lists previously drawn up in groups.
  - a. Does each list include all above areas?
  - b. Are there any functions listed which do not fit into the above listings? Should these be included?
  - c. Complete lists as each group thinks it should be.
2. Study lists again.
  - a. Mark with a star each activity which must be done by the head nurse.
  - b. Mark with a circle each activity which could be done by the assistant head nurse.
  - c. Mark with a triangle each activity which could be done by a staff nurse.
  - d. Mark with a square each activity which could be done by a student nurse.
  - e. Mark with an "a" each activity which could be done by anyone on the ward.
  - f. Separate these activities into groups under headings.
3. Study complete lists again.
  - a. Which ones must be done every day?
  - b. Which ones must be done several times every day?
  - c. Which ones must be done at special times?
  - d. Which ones must be done in the morning?
  - e. Which ones could be done in the afternoon?

- f. Which ones need to be done only every several days?
- g. Which ones need to be done once a week?
- h. Which ones need to be done once a month?
- i. Be sure all duties on the list are marked as to when they should or could be done.
- j. Put these into separate groupings under headings such as "immediate and daily", "daily", "Afternoon", etc.

4. Next step:

- a. Examine the less urgent or once a week duties to decide which ones could be done in a very short time, which ones might take longer, and write down the estimated time for each duty. Do this for all duties on list.
- b. Decide which of the short time duties are similar in nature and put these into groups. Repeat for all duties.

5. Next step:

- a. Separate the lists of functions according to patient care activities, and non-patient care activities such as replenishing supplies, cleaning treatment cart, etc.

6. Next step:

- a. Refer to lists of non-patient care activities and select from the list:
  - (1) One short-time morning activity.
  - (2) One longer-time afternoon activity.
  - (3) One weekly or monthly activity.
- b. Mark this group as Group I.
- c. Repeat this type of grouping until all activities are arranged in similar groups.

### 7. Explanation:

When assigning ward duties to personnel, these groups can be assigned in addition to patient care assignments, so that each person will have some activities in patient care, some that are daily non-nursing duties, and some which are extended over a period of time. When assigning duties, consider the amount of time needed for patient care, and allot additional duties accordingly.

Example: Miss \_\_\_\_\_, 7:00 - 3:30.

Patient 1, 2, 3, 4, in Ward 2.

Group I.

Check treatment cart for neatness and supplies morning and afternoon (15 minutes)

Fridays - Replenish sterile solutions, cabinet 3.

Monthly - linen inventory.

**Comment:** This assignment extended over a period of time, generally during the second half of each meeting, occasionally the entire meeting was devoted to it. This was in response to a request by the Director for help in organizing ward work to eliminate morning rush and afternoon lulls in personnel activity. Head nurses had been performing most of the functions themselves and this resulted in lack of time for ward teaching and proper maintenance of ward facilities. For the duration of the time spent with this particular group, the clinical supervisor worked on individual basis with those of the group who attempted to put this plan into practice. Certain adaptations of groupings were necessary for each ward. Time was allowed during each meeting for further discussion or question of problems arising during the implementation of the assignment plans.

## Special Presentations (2)

Time Scheduling  
Orientation

Comment: At the request of the group, the above topics were planned and presented by the Director of Nursing Service and the assistant nurse advisor. Group discussions followed each topic, and plans were made by the head nurse group to develop an orientation plan for nurses new to the hospital. At this time, the completed nursing service objectives were also reviewed and voted on.

## Unit III. Educational Responsibilities of the Head Nurse.

## A. Head nurse responsibilities to:

1. Staff.
2. Students.

Comment: The talk, The Role of the Head Nurse in Teaching, was given by the assistant nurse advisor, with flannel board aids. This was followed by group discussion and reports related to specific points in the talk that the group believed could be applied to the particular program.

## B. General principles of ward teaching.

1. Applied:
  - a. Students assigned to duties they know and can do.
  - b. Assignments should be explained and time allowed for questions before and after.
  - c. Instruction should be related to care of patients.
  - d. After instruction is given and students are assigned to experience, head nurse should follow up with more instruction as needed.

- e. Teaching on the ward should be planned.
- f. Head nurse should have a list of activities desirable for learning for each level of student nurse.
- g. Student assignments should be directed toward good learning and students should be required to report to head nurse after completing.
- h. New activities should be supervised and student helped to learn proper method.
- i. Ward classes or conferences should be planned in regular schedule.

#### C. Methods of Ward Teaching.

1. Referred to materials from Methods of Teaching Conference.

**Comment:** Since the group had demonstrated greatly increased self-direction, the advisor withdrew at this point. The program for the following year, to be guided by the Director of Nursing Service, was planned to include various methods of clinical teaching, supervision and evaluation of student and staff nurses. For information, the group was referred to the instructional material distributed at the Methods of Teaching Conference.