

LEARNING AND TEACHING IN CLINICAL SETTINGS

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INTRODUCTION

Clinical education plays a large part in a nurse's training. This period is important enough for us to examine its component parts more closely and reach some conclusions that could be useful to new instructors and even to more experienced educators who would be interested in these issues.

A more thorough consideration of these issues is essential, since the current nursing program employs a competency approach, and practical training and clinical teaching have large roles to play in student competency development. In order to develop a competency, the student needs to acquire knowledge, of course, but she also needs to acquire psychomotor, interpersonal, organizational

CLINICAL EDUCATION

Definition

- ❖ The education provided in clinical settings is a form of communication involving the application of theoretical and technical knowledge as well as knowledge about the organization of work and interpersonal relationships.
- ❖ It takes place in an environment where the student will see how her knowledge fits into a comprehensive, real-world view of clients.
- ❖ It allows her to make the shift from theoretical knowledge to the application of her knowledge in practice.
- ❖ It fosters the assimilation of knowledge through repetition.

CLINICAL EDUCATION: Organization

- ❖ The instructor provides the student with support during her practical training.
- ❖ The instructor supervises the student's work, letting her work independently according to her level of academic achievement.
- ❖ Throughout the day, the instructor provides the emotional and cognitive support she needs according to her personal progress and objectives.
- ❖ The instructor serves as a role model.
- ❖ She oversees the quality of care given by her group of students and is responsible for patient safety.
- ❖ Through intermittent teaching, by asking questions, and by combining knowledge, action and reflection, the instructor provides students with an experience in which knowledge is combined with action and students can assimilate information at a higher level and solve a wider range of problems.

and technical skills; values; a decision-making capacity; and the ability to manage her emotions: in short, she needs to complete a process of personal development that is enriched by experience, and only contact with the reality of practice can provide this experience. Competencies are not only developed by exposure to theoretical knowledge, they are also formed in the heat of the moment, in close contact with situations that resemble what the student will encounter in her career.

This is why careful preparation and expert presentation of this training is so important.

Definition and organization of clinical teaching

We should begin by determining exactly what can be considered clinical teaching. Clinical teaching is often confused with practical training. Practical training is experience working in a particular field. The student can complete her practical training at the beginning or at the end of her training. The main goal in such training is to give students an opportunity to apply the knowledge they have acquired on any given subject in an appropriate practice setting. The student can work

independently, but in nursing she is generally under the sustained supervision of an instructor or a “referent” nurse who has the skills needed to coach her and evaluate her performance.

Clinical education and the foundations of the profession

- **Clinical education applies the profession’s underlying theory to real patient care:**
 - A holistic philosophy,
 - A conceptual model from college or the health care environment,
 - The nursing process and diagnosis.
- **Clinical education fosters different types of growth:**
 - An excellent opportunity to use emotional intelligence,
 - An ideal place to learn to work independently,
 - An important period in the student’s progress in terms of the acquisition of skills.

Clinical teaching offers an approach that is tailored to the type and location of the practical training, but, in addition, the supervising nurse selects and prepares experiences for the student, works with her to establish links between theory and practice, develops the proposed learning program in response to events, monitors the student’s work, supports her when she has emotional responses, helps her move towards the attainment of program objectives and, generally, assists in her personal development.

Other advantages of learning in a clinical setting

- **This learning is complementary to and a continuation of theoretical and laboratory learning and is direct preparation for the student’s future practice.**
- **It makes it possible for the student to apply principles and technical skills in real situations, thereby fostering better assimilation of learning in the student’s mental representations of her knowledge.**
- **The student can adapt to reality, learn from role models and grasp the ethical, interpersonal and organizational implications of her work.**
- **It fosters the development of a professional identity.**

This process represents a true education, but it is more than that, since the presence of the instructor ensures that patients are receiving quality care. This type of teaching may appear pragmatic and limited to specific areas of care, yet it has the same professional and pedagogical bases as the training received in college. More fundamentally, it even enables the student to understand how the basic principles of the nursing profession fit into her day-to-day technical work and into how she organizes her work, as shown in the above illustration.

One of the main characteristics of clinical teaching is that it takes place in a working experience, where the student is constantly called upon to think about her experiences and adapt her activities in response. The professor's involvement is therefore much greater than simply fulfilling a role monitoring the practical training; it comprises training, facilitating and supervising. The role falls under a double mandate: she is an instructor who is responsible for the student as well as the nurse who is responsible for the client being cared for by the student. Because of these requirements, the role is a complex task split between concern for the student's learning process and a proper and ethical delivery of patient care.

At this point it is worth noting some basic principles, including the need to prepare for this practical training (or as we sometimes call it, this "laboratory-hospital") well ahead of time. This implies that the student must already have acquired the knowledge she will be applying in the clinical setting in her work with patients. It goes without saying that one cannot apply what one does not know. This preparation simply represents an exercise in professional responsibility on

the part of both the instructor and the student, since the clinical setting is where the student learns to use the theoretical and practical knowledge acquired in the classroom and the laboratory and apply it under new conditions. (See also *Learning in a Laboratory College: An Educational Practice That Deserves a Higher Profile*. [INFIRESSOURCES](#), [Educational Crossroad](#), in the "Being or becoming a teacher" section)

Another important issue is that once this knowledge has been mastered at college, it should not be necessary to continue the learning in a clinical setting. When the student commences her practical training, she has already advanced in her professional development, reaching the point where she needs to apply what she knows. Practical training has a special role to play in her learning. The instructor can nevertheless save learning experiences for the clinical setting that would be impossible to provide in a classroom setting, reserving this special time for the student to make observations, undertake interaction exercises or add additional information. In summary, none of the experiences that a student can have in college (whether in the classroom or in the laboratory) should be included in clinical teaching. Theoretical or technical learning and exercises that can be completed elsewhere should not be included, as they are not a good investment of this precious clinical time.

Clinical education

The instructor's preparation includes:

- Clearly defining learning objectives and communicating them to students,
- A prior, judicious selection of learning experiences:
 - That must not overburden her with stress, which would only interfere with their learning,
 - That represent good opportunities to learn,
- Prior identification of the patients' health problems and of the main interventions required in patient care; With this preparation behind her, the instructor can provide better supervision.

THE PREFERRED INSTRUCTIONAL APPROACH



Constructivist teaching: a definition

- ❖ A learning process in which the student builds her own internal representation of knowledge, a personal interpretation of her experience.
- ❖ This representation is subject to constant change; its structure and links form the basis of the future knowledge that will eventually be added to it.

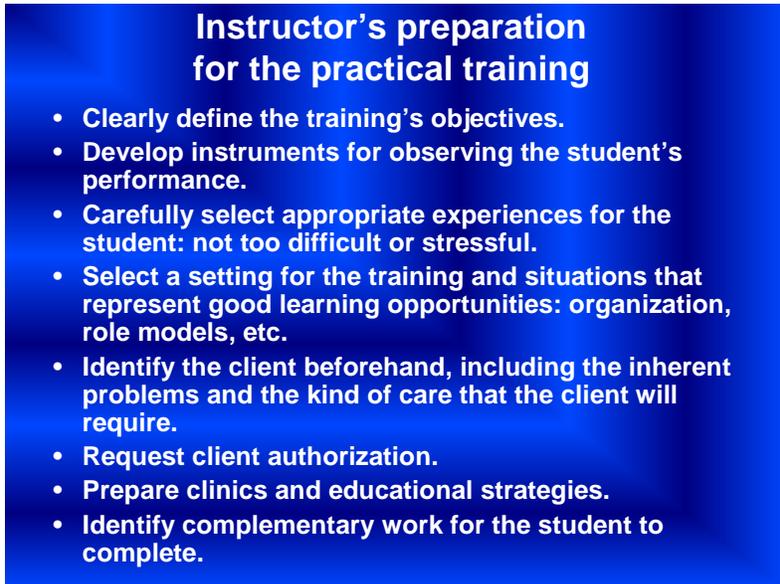
Clinical teaching, like all other teaching, must be based on a clearly identified instructional approach founded in principles that are adapted to this particular reality.

Work in a real practice setting requires active teaching aimed at building the student's knowledge base and based on principles of group practice. Since nurses work in teams, training that prepares them for this type of action is particularly appropriate. A socio-constructivist pedagogical approach has been

proven to meet the requirements of practical training. The group plays a very important role in this approach, since the group values the construction of knowledge by both the individuals in the group and the group itself. The strategies associated with maintaining an active group dynamic are necessarily dynamic and attractive (Rosée Morissette, 2002, p. 164).

PREPARATION OF CLINICAL LEARNING

Practical training and clinical learning require serious preparation by both the instructor and the student. For the instructor, this means providing the student with adequate knowledge about the scientific, technical and interpersonal context so that she can meet the demands of the clinical experience. In this kind of program, preparing a student does not only involve communicating scientific and technical concepts; at some fundamental level it also involves developing her self-actualization, ethics and professional commitment. Even though many instructors may have a very good understanding of how to prepare a student's practical training, we will now briefly summarize the main elements of this important work.



Instructor's preparation for the practical training

- Clearly define the training's objectives.
- Develop instruments for observing the student's performance.
- Carefully select appropriate experiences for the student: not too difficult or stressful.
- Select a setting for the training and situations that represent good learning opportunities: organization, role models, etc.
- Identify the client beforehand, including the inherent problems and the kind of care that the client will require.
- Request client authorization.
- Prepare clinics and educational strategies.
- Identify complementary work for the student to complete.

Instructor's preparations

Clinical learning is a serious undertaking, since this is a testing ground where the student comes into contact with the reality of care, with all its attendant rituals and demands. It is also where the student confronts a real practice setting, with real human beings. For ethical reasons, patients are not treated as guinea pigs, so students must have already attained a threshold level of performance in laboratory college. This is the justification for meticulous preparation, on the part of both the instructor and the student, for this critical experience.

More specifically, these preparations include:

- Communicating a clear definition of the clinical learning objectives to students, setting a precise level of performance needed in their next practical training. When we know where we are going, we have a good chance of getting there!

- Developing observation and evaluation instruments: a template that the student can use to gather information from the patient, supplementary exercises to develop her sense of observation, a document for recording her clinical experiences, a book covering her practical training and a logbook. A portfolio may replace some of this work. The instructor must also have an instrument for observing and evaluating the student.

- Judiciously selecting clinical experiences of increasing difficulty that are the best experiences possible for meeting the objectives of a practical training period. These experiences must be appropriate to the student's emotional development, problem-solving skills and ability to exercise care activities. A situation that is too complex or emotionally too difficult will cause her a significant amount of stress, consume all her energy and overwhelm her capacity to learn.

- Illich has stated that beyond a certain level of tension, we enter into a zone of declining performance; i.e., beyond a certain threshold, we begin to become less effective. This is what happens to a student who faces an experience that is too technically or organizationally demanding and, above all, too emotionally upsetting. The student can no longer be certain of succeeding and the experience does not confirm her personal abilities, an essential

Patient information to be collected beforehand by the instructor

- **From the patient's file:**
 - **Medical diagnosis, surgical intervention**
 - **Appliances: stoma, prosthesis, orthosis, glasses, etc.**
 - **Medication: dosage and schedule**
 - **Treatments: with schedules and details**
 - **Culture: language spoken, characteristics**
 - **Lifestyle: for personal care, elimination, meals, wake-up, bedtime and sleep**
 - **Position: partially sitting, lateral, etc.**
 - **Exercises: breathing, movement, etc.**
 - **State: pain, fatigue, discomfort, means for relief**
 - **Characteristics: preparation for the O.R., for transfer, etc.**

principle in education. Inappropriate learning experiences lead to a sense of not being up to the task, and this leaves the student feeling discouraged.

- Selecting situations that offer good learning potential. What good will practical training serve if it offers nothing to be learned? What will a clinical setting have to offer if the caregivers cannot be taken as valid role models? Practical training in such a unit would represent time lost or even a bad influence on the student.

It is also worth remembering that the students are first and foremost there to learn, and that their primary role is not as “providers” of care or extra workers who assist the existing staff. The choice of a setting or department for the practical training is therefore one of the most important issues in its success.

- Before having a student work with a patient, the instructor must learn about the patient’s problems and identify the main interventions he or she will require. This involves visiting the hospital department and conducting an in-depth review of the patient’s file in order to learn about his or her health problem, treatments, medication and examinations, reactions (such as appetite), quality of sleep, the amount of pain experienced, mood, habits, etc. Last but not least, the instructor needs to meet with the patient and ask his or her permission, explain the level of personal care and performance that can be expected, and the monitoring and coaching that will be in place. The patient may well refuse the request, but this rarely occurs once the advantages have been explained.

In summary, before the practical training begins the instructor must have a good general idea of what the student will be doing, the main problems she will confront, and the teaching and explanations that will be needed in order to respond to different aspects of the situation. The instructor will also have to plan the various educational strategies she will be using. For example, to ensure that the student knows the organization and its staff she can ask new students to make a quick sketch of the department’s organizational chart. A quick and informal plan of the care unit may also help the student find her way around.

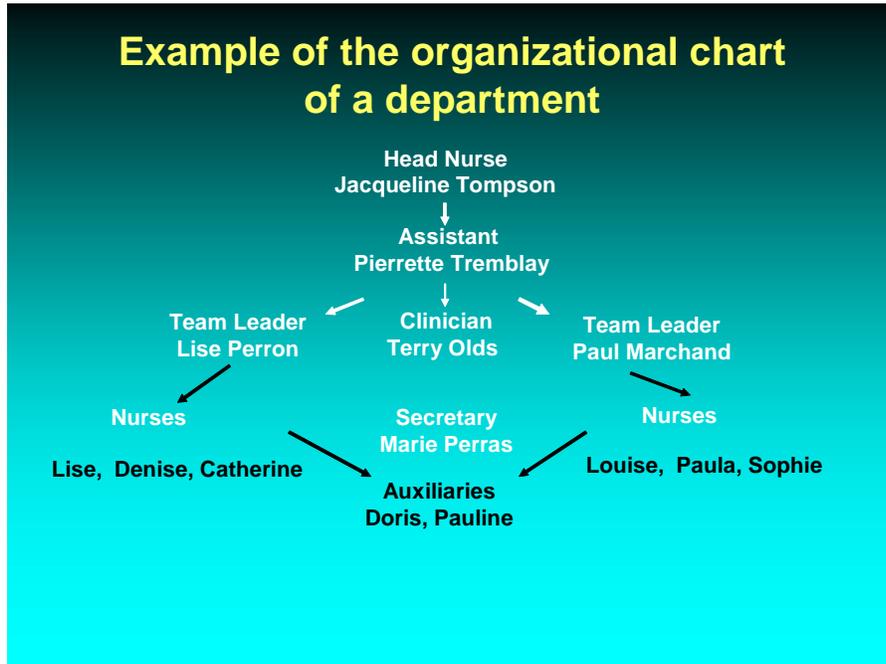
Student’s preparations

If she has some information about the patient beforehand, she should:

- ❖ **Learn about the patient’s health problem or surgery,**
- ❖ **Obtain information on the types of medication and treatments that will be administered so that when she arrives for work she will have a better idea of what needs to be done,**
- ❖ **Think about the required plan of care.**

Student's preparations

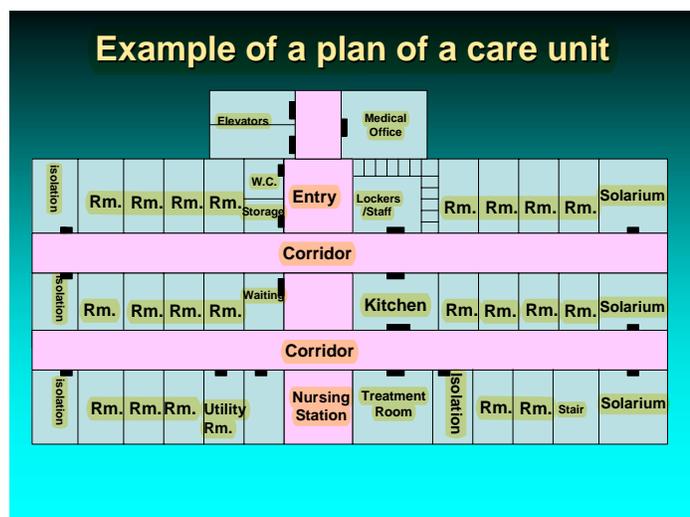
The student also needs to prepare for her clinical learning if she wants to get the most out of the experience and be sure that she is effective in the workplace. This preparation is also important for the safety of patients. Ideally, she must know ahead of time (i.e. the night before) what type of patient she will be caring for. This will allow her to review the health problem, the related surgery (if surgery is required), the types of tests required or the current treatment. But above all,



she must use the information to think about the plan of care she will need to develop for the patient. This will not only make her work easier, it will surely make it better. Under this approach, each situation the student faces will involve new learning. Some research and reflection will also help her absorb this new clinical and technical knowledge into her mental structures and transfer them to other situations as required.

ORIENTATION FOR THE CLINICAL SETTING AND EXPERIENCE

In order to be comfortable and effective in the clinical setting, the student must first receive a good introduction to the unit of care where she will be working. This will help reduce her stress through a more gradual adaptation to the general climate in the department, the staff and the physical surroundings. This orientation is intended to make her comfortable with the unit, provide basic knowledge about how it works and even give her an idea of the equipment used and where to find the storage areas.

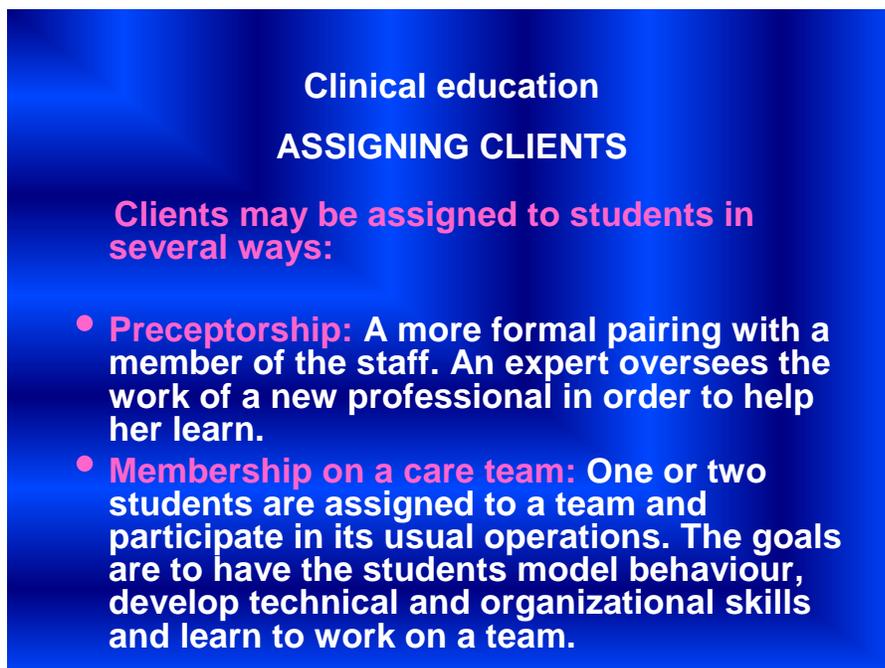


The student can be given a plan of the unit (if she is not asked to prepare one herself), making the experience of her first visit all that more concrete. Another approach is to ask her to complete a short exercise to reinforce the

information she received during the introduction. For example, she could be asked to show, in a kind of a treasure hunt, where she would find various items that she will need in her work or which members of the staff she will need to see for certain needs.

She can be given an organization chart (if she was not asked to prepare one herself) with the names of the people in each position in her unit. She can also be asked to observe certain aspects of how the unit operates. It is useful to set aside some time after this first formal contact with a hospital, time for the students to get together and discuss the experience, share their fears and talk about their emotional responses.

ASSIGNING CLIENTS TO A STUDENT



Clinical education
ASSIGNING CLIENTS

Clients may be assigned to students in several ways:

- **Preceptorship:** A more formal pairing with a member of the staff. An expert oversees the work of a new professional in order to help her learn.
- **Membership on a care team:** One or two students are assigned to a team and participate in its usual operations. The goals are to have the students model behaviour, develop technical and organizational skills and learn to work on a team.

Assigning clients to a student for her practical training is an important step in the preparation of this learning experience. The instructor can decide to select the clients and assign them to the student herself, based on her judgment of the student's abilities, the challenges she needs to face.

It is also possible to let the student choose the clinical experience that best responds to her learning needs, since she

must cover a certain amount of ground in the course of her education. What is important is that the student has access to all the knowledge needed by nurses. Also, in this case, practical training experiences must be selected from among a certain number of clients selected by the instructor.

To prepare a student for her work with clients and according to her level of training and her ability to work independently, the professor may either provide her with the information needed for care (as described above) or suggest that the student does the research herself (even if this means completing the information that she has collected at some later time). The attribution of patients to students can take several forms: individual, paired, alternative or preceptorial assignments. To this list must also be added integrating the student into a care team.

Individual assignment and assignment in pairs

Individual assignment is probably the most common method. It consists of confiding the care of one or more patients to a single student. Assignment in pairs involves confiding the care of one or more patients to two students who work together. This approach alleviates anxiety and helps students develop an approach based on sharing and mutual support. It can be particularly useful as a first assignment.

Clinical education: Client attribution

Clients can be assigned to the student in several ways:

- **Individual assignments:** one student for one or more clients
- **Paired assignments:** two students for one client (a difficult case) or for several clients; students can also be paired with a staff member or with a more advanced student
- **Alternative assignments:** one student takes a specific role with her classmates (help with research or with care) when opportunities for clinical experience are limited.

In addition, when faced with a complex situation that tests her abilities, the student can be paired one-on-one with a staff member, with a more advanced student or with a student who has demonstrated superior performance. The instructor thereby offers assistance and a role model, which, based on the writings of Albert Bandura, we know is a very effective learning experience. His theory of vicarious learning applies to what a student learns in parallel to the material that the instructor explicitly provides, by observing the

instructor or another nurse at work and learning by modeling their behaviour.

A paired assignment can also prove useful when resources are limited. There are several ways it can work. For example, two students can care for three clients. This type of assignment is particularly useful at the start of a course, as a way of easing students into their new roles.

Alternative assignment

This form of assignment can be used when a student has different learning needs or needs more complete learning experiences, or when the learning experiences offered on a particular care unit are limited or do not offer enough variety. The student can be asked to assist some fellow students in care delivery. This could involve research on medications and the types of tests and treatments required, information that she must then provide to the interested parties. The instructor can also assign the role of preparing and carrying out activities for paediatric or psychiatric clients. In some cases, it is also possible to ask a student to prepare, administer and record certain types of medications, if this requires a specific type of supervision at this point in the student's training.

Preceptorship

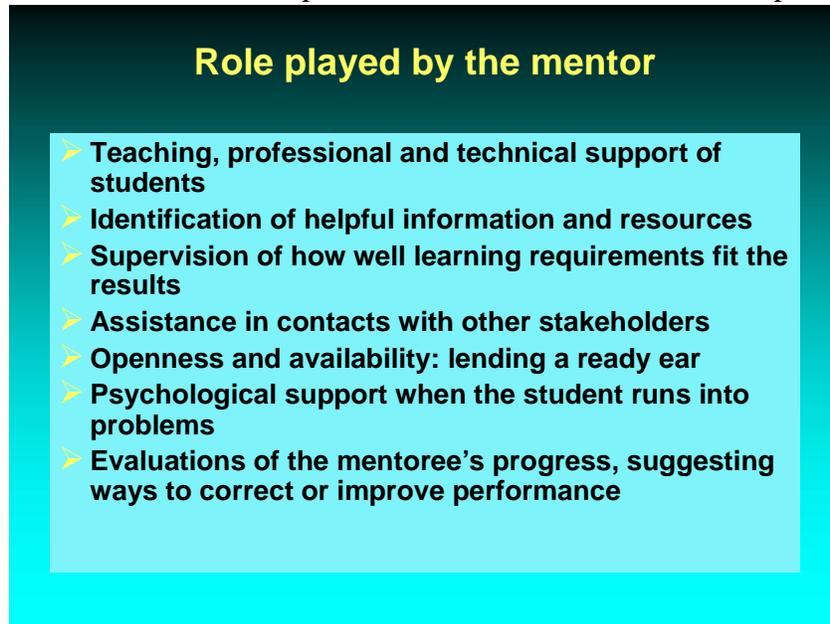


Provides:

- A thorough learning experience, progressive and well founded in reality,
- A progressive shouldering of responsibility,
- Tailored student support,
- Constant supervision,
- Optimal protection of the public.

Preceptorship

Preceptorship refers to a more formal paired assignment with a designated member of the care unit. This is not a new approach; it used to be known the “sponsor” system. A preceptorship pairs a “novice” with an “expert.” This makes it easier to develop the student’s clinical competencies



Role played by the mentor

- Teaching, professional and technical support of students
- Identification of helpful information and resources
- Supervision of how well learning requirements fit the results
- Assistance in contacts with other stakeholders
- Openness and availability: lending a ready ear
- Psychological support when the student runs into problems
- Evaluations of the mentoree’s progress, suggesting ways to correct or improve performance

and dampens the shock of dealing with real-world situations. The system can be made more effective if the experience is well planned and the selection of the preceptor is apt. The preceptor must be interested in taking the student’s learning objectives into account and, in some ways, take responsibility for them. Our hospital systems are more and more open to this type of arrangement, which is already used for the internship period during vacations.

Adding a student to a care team

Another way to give a student contact with patients is to make her a part of a care team. This allows her to begin her nursing experience with “caregivers” in an entirely real-world context.

These learning experiences occur as much by modelling the behaviour of other nurses as through an immersion in the practice setting. Organizational components and knowledge of psychomotor and interpersonal skills are experienced as interrelated phenomena, closely connected and continuous, a supplement to her learning. The student is able to see how a nurse organizes her day, sets priorities and resolves problems as they arise, information that the student then applies to her own activities.

This form of pairing is effective, since it allows the student to learn in a real practice setting, but it also has the advantage of providing her with the emotional support she needs to reduce the stress of starting out in a clinical setting. It is nevertheless very unfortunate that not all practice settings are open to receiving several students in this manner. We all know that nurses are overwhelmed with work, and that having a student on the team may, at times, make situations more difficult. It must nevertheless be pointed out that a student with little experience is still able to provide considerable assistance on a care unit. However, if a student is given a placement on a team, the team’s head nurse needs to have a very good understanding of the instructor’s objectives. Without actually doing the instructor’s work, the head nurse can play a support role.

HIGH POINTS IN CLINICAL LEARNING

High points in clinical learning can occur:

- At the morning orientation,
- At the clinical meeting during the day,
- At the postclinic at the end of the day,
- At times of interaction with the student throughout the day when the student is asked questions, given explanations and receives specific comments, or when her performance is monitored or assessed.

High points in clinical learning

In the course of a practical training experience, students learn mostly in their contacts with clients, but they also learn during clinics held by the instructor. The **preclinic**, as all instructors know, is when professors provide detailed information or explanations about the client or clients selected for the student. It is also an opportunity to direct the student to sources where she can look for more information in order to better understand different aspects of the

patient's condition.

The **clinical meeting** takes place during the day at a time that is best for the care organization. It can take place while patients are resting or when there are fewer demands on the staff's time. This clinic is used to:

- Discuss emotions aroused in the student and her impressions of the care experience;
- Provide her with support and understanding;
- Learn about any problems encountered in care: the patient's mood, a technical or organizational problem, specific concerns, etc.;
- Provide additional information;
- Direct the student to useful resources;
- Motivate students to do their research and learn;
- Give them direction in their work.

Strategies for practical training

Strategies must be adapted to the student's level of academic achievement. They can be used during clinical meetings or as a complement to her clinical work.

During the clinical meeting:

- Exercises that involve observing general activities or the client
- An oral care process: have the student describe the stages in an oral care process for a given client
- A report on an exchange with her client
- A clinical reasoning workshop

Complementary exercises:

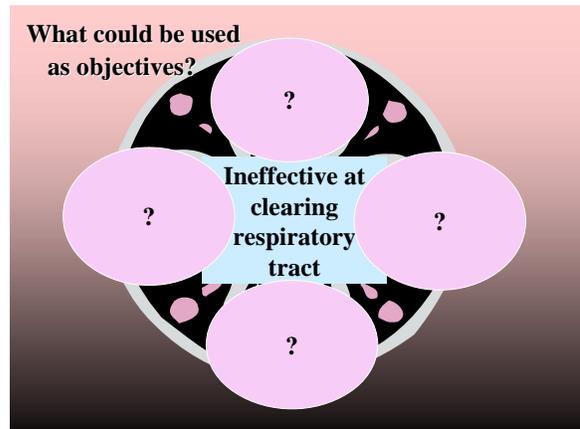
- Training report
- Portfolio
- Diagrams, organizational chart, unit plan
- Concept map or tree

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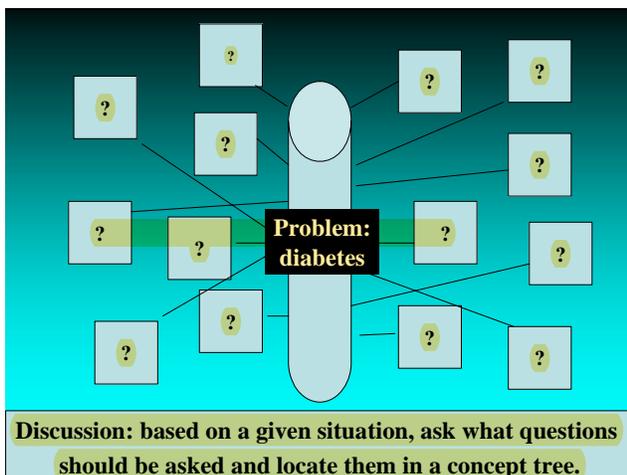
The **postclinic** provides the instructor with an opportunity to follow up on both cognitive and affective aspects of learning. This is where the instructor encourages the student think about her experiences and establish links, reflect, make choices, generalize about the experience and organize her knowledge about the client and the clinical setting. In addition, it is where students share experiences with each other. The postclinic gives them an opportunity to talk about the day's experiences and receive any support or explanations they might require. There may be times when students have suffered a loss that has had a profound effect on them and that requires emotional support from the instructor. But there may also be conflicts with patients, with staff

members or even with other students, at which time the instructor will need to encourage dialogue and reconciliation.

Clinical lessons given during the course of the day. In reality, the instructor teaches throughout the day. The instructor helps students attain their learning objectives through questions and explanations that are given on the fly. Since she is often present when students are providing patient care, she can evaluate their performance or suggest improvements at that time, but it is important to remember that this teaching has its basis in the questions she asks rather than in any answers provided (Pierre Brazeau, 1998, p.26).



Technical learning or learning comprehensive care

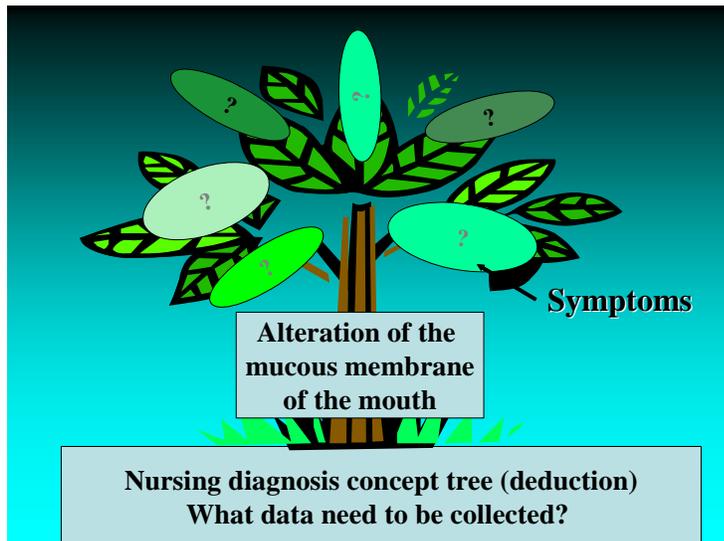


The nursing program directs us towards a comprehensive vision of the individual that takes into account all human dimensions: our physical, emotional, intellectual, cultural, social and spiritual foundations. Any teaching that is centered on the almost automatic basic skills or on techniques that only deal with part of an individual would therefore run counter to this holistic philosophy of care. Care processes and asepsis techniques clearly play a very important role, but they must not be the nurse's only concerns. Making them the main focus of clinical education would be counterproductive, since this training must to be *professional* in

the fullest sense of the word. The student needs to focus on the five main components of the clinical experience:

- The student's organizational capacity,
- Physical care given to the client and care techniques and processes related to treatment and medication,
- The interpersonal aspects of care: communication and the therapeutic relationship that the student must establish with the client,
- The ethical aspects of her actions and decisions,
- Teaching the client and any family members who are providing support.

Learning strategies in these different areas

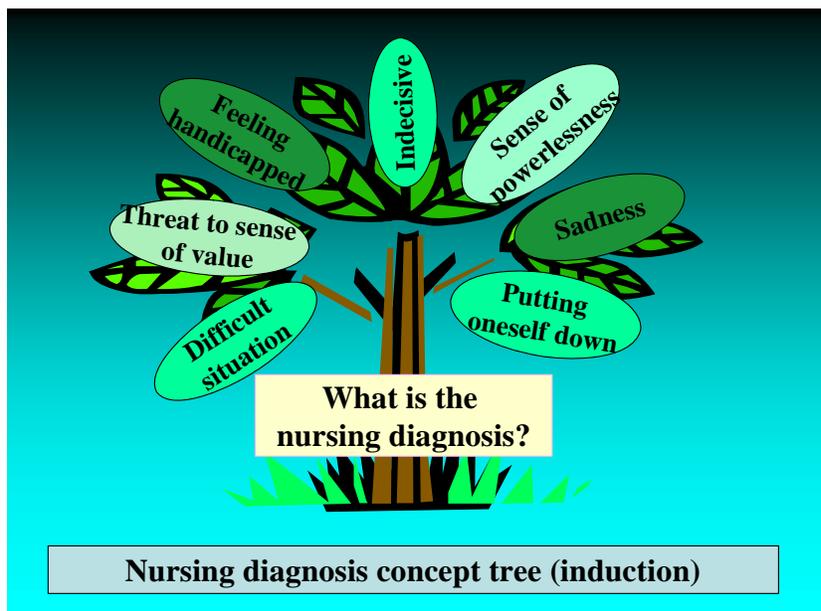


Just as classroom and laboratory learning require appropriate teaching strategies, strategies must also be developed to help the student learn in a clinical setting. The instructor must find the means to develop the student's sense of observation and encourage her to conduct research and develop an ability to think critically. She will use these skills to continually establish links between her considerations for the importance of her actions and the practical experience itself. In practical training, learning is fostered by developing this unending thought/

action feedback loop.

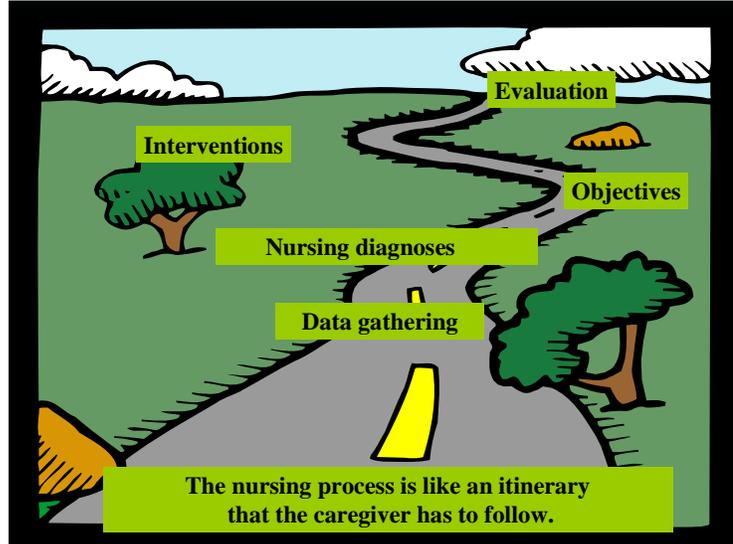
To this end, the professor may ask the student to complete an observation exercise that consists of focusing on one aspect of the client, such as facial expression and non-verbal behaviour, what the client says, his or her reaction to pain, etc. This is essentially a small data-gathering exercise performed with the student. The instructor could also ask for a summary of the client's status and treatment (pathology, surgery, investigative tools, treatments, medication, etc.): i.e. a short study of a real case or a concept map of the health problem.

Another approach is to have the student conduct research on investigative tools or on the medication prescribed for her client. Using inductive reasoning, she can determine the underlying principles of some of the care required by her client. This is another way to encourage the student to adopt more complex reasoning processes; it allows her to bring these principles to a conscious level so that she can see how, for example, the principles underlying respect, comfort, communication, asepsis, safety, and saving energy apply to client care.



Nursing process and diagnosis

The nursing process is still the best way to acquire this type of learning, even though we may regret the fact that too often the process is completed only after care has been provided. (However, it must be acknowledged that a student cannot prepare her complete process at the start of the day.) We can nevertheless ask the student to run through the process in her mind or verbally, at least to gain a general sense of it; to summarize her data gathering; to make one or more tentative diagnoses; and even to suggest any interventions that she believes are merited. This exercise sets objectives at the start of the day, even if corrections will be required along the way once she has accumulated more data. It should be understood that in a clinical setting the nursing process actually begins in the morning as soon as a client is assigned to the student, and continues throughout her work day. The process begins with care; only her final description of the process and her evaluation should take place later.

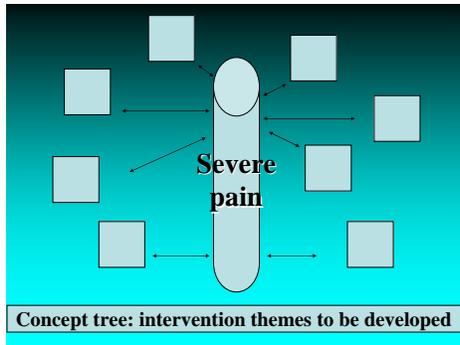


The drill or intensive exercise

- Intensive teaching strategy that targets a limited aspect of a problem to assist learning through:
 - Repetition,
 - A variety of approaches. For example:
 - Alternation between inductive and deductive reasoning,
 - Focusing on certain component parts that are taken up in succession. For example, in the nursing process, an exercise that targets the data to be gathered, objectives, nursing diagnoses, or interventions.

The instructor can also use some “drill” exercises to assist learning of, for example, the nursing diagnosis, and employ certain inductive or deductive reasoning strategies to identify the questions required in a specific situation, to state the objectives for a specific diagnosis, to determine the nursing diagnoses themselves, and to suggest certain interventions that can be developed on the basis of these nursing diagnoses (Phaneuf, 1996).

Illustrations of these strategies have been provided in the adjoining figures and above. For better learning, we should above all emphasize clinical decision-making, since clinical judgment and the decision-making process can be taught and improved through educational practices. One approach is to ask the student to prepare a list of the problems she has noticed in the client or, for one of these problems, list all the types of care that could be provided.



This divergent process is similar to the nursing process, but it also makes it possible to develop the student’s creativity. The instructor can then review the student’s responses with her and make appropriate suggestions.

The instructor can also ask the student to confirm the relevance of her physical examination by describing the patient’s state of health in terms of CQAST criteria. Oral and written process exercises can also be completed during

clinics, using actual cases. Cases constitute the best way to learn care planning and the various related types of decision-making. In terms of learning clinical judgment, the *clinical reasoning workshop* applies a much more complex strategy, but it is also more productive. This is a problem-solving method in the form of a simulation for the entire group. Concept maps and trees are also very useful.

	Concept	Explanation	Example
C	Cause	What causes the symptom to emerge? What makes it go away?	How did the pain first appear? Are you using an analgesic?
Q	Quality, quantity	Description of the symptom Frequency	What does it feel like: a burning sensation, a pounding, etc.? How bad is it, on a scale of 1 to 10?
A	Area affected by irradiation	Area where the symptom is located Other affected areas	Tell me where it hurts, or point to it with a finger. Does it hurt anywhere else?
S	Related symptoms	Other symptoms associated with the main symptom	Do you have any other related problems?
T	Time, duration	When it appears, duration	How long have you had this problem? Is it constant or does it come and go? How often in a day or a week?

What we need to

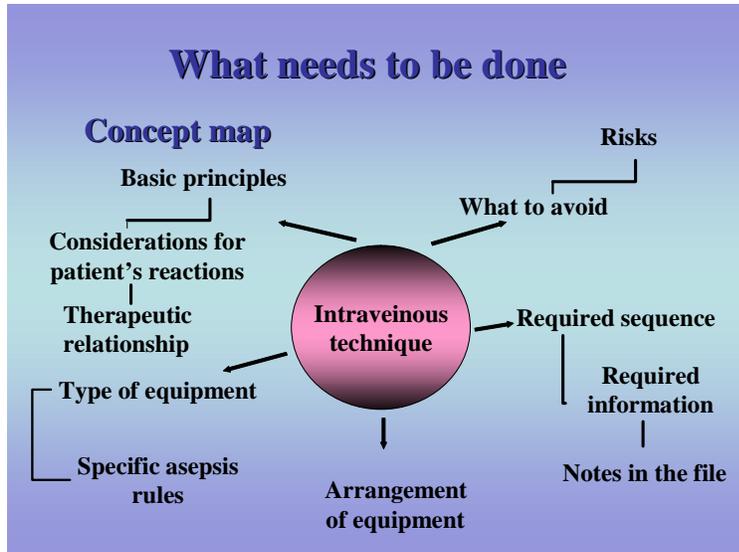
remember is that clinical situations are complex, so they require complex thinking. In fact we

Clinical reasoning workshop (CRW)

- ❖ The group is provided some details about the patient’s condition.
- ❖ More complete information is provided to the student who will play the client.
- ❖ She becomes the contact person, giving information to her classmates on the client’s problems and symptoms.
- ❖ The group must collect data from the student/client and then, either individually or as a group, arrive at the appropriate clinical reasoning or nursing diagnoses.

cannot teach students to think, (the human brain does this very well all on its own). We can only provide students with the conditions under which they can analyze and synthesize information and engage in the inductive and deductive reasoning required to plan care. The situations provided in our practical training are ideal for this purpose. All that we need to add is the appropriate opportunities and use appropriate pedagogical strategies (David A. Sousa, 2002, p. 268). See also Margot Phaneuf, [INFIRESSOURCES](#), [Educational Crossroad](#), Tools for

Education section. See Additional Resources.)



Organizational needs

As for organizational needs, the student must be provided with a copy of the schedule of activities in her unit so that she can respond appropriately. The student needs to learn how to be effective in her work planning, paying close attention to schedules in her unit of care and the treatments required.

To help the student get organized and set priorities, four questions have proven very useful:

- What do I need to do right away?
- What do I need to do at specific times of the day?
- What can be put off to some other time of the day?
- What would be good to do sometime today, if I have the time? (See the Eisenhower chart.)

Eisenhower grid:

Helps set priorities and arrive at better activities management

A Very urgent situations	B Urgent situations
C Less urgent situations	D Situations that are not pressing

The teaching relationship

Even if a clinical situation tends to generate anxiety, this is not the only source of stress. The climate established by the instructor in her relationship with the student can also generate tension.

The teaching relationship

- ❖ A strong professional and personal connection between the instructor and the student
- ❖ This relationship is unusual in that it combines contradictory elements such as:
 - ❖ Trust in the student and monitoring by the instructor,
 - ❖ The student's independence and the instructor's professional support,
 - ❖ Respect for the student's professional abilities and an orientation towards care and personal growth that is directed towards developing the student's initiative and competencies,
 - ❖ A careful balance of all the above.

The instructor should try to establish a relationship that favours the kind of exchange as well as cognitive and emotional support that the student needs in order to grow as a professional, and encourage her to do her best.

A trusting relationship reduces stress levels and gives the student a certain amount of independence that the instructor can adjust as required. New nurses in particular have to live with high levels of stress, since they are often dealing with insecurities like a fear of forgetting something or not

acting in the client's best interests. Most students want to do well in the clinical setting, and if they appear not to be very involved oftentimes it is because they are simply afraid to make a mistake or not succeed. Whether a problem results from a misunderstanding or an oversight, we can be certain that students do not intentionally make mistakes.

We also need to remember that positive reinforcement is more apt than negative reinforcement to create an emotional context favourable to learning. There are times when we wonder how to help a student think about what she is doing and make progress towards her objectives when she is physically and emotionally caught up in caring for a client. First, a clear distinction must be made between "learning through experience," meaning learning in the heat of the action (not always the best kind of learning) and "learning from the experience," which is much more useful. As instructors, we can underscore this difference in how we help the student make sense of her experience. One of the ways to do this, asking questions, seems to be the most appropriate strategy for encouraging students to think about their clinical experiences. The instructor can ask the student about her opinions and feelings, what she has noticed in a particular situation, etc. The transfer of principles to a given situation or from one situation to another does not occur automatically, so asking questions can call up ideas that would otherwise have remained hazy and unapplied and encourage the student to give them further consideration in light of her experience.

What the pedagogical relationship should communicate in the clinical setting

- **Emotional safety**
- **Mutual acceptance and respect**
- **Confidence in the student's abilities and in the instructor's desire to support her**
- **A degree of independence that is proportional to the student's abilities and her progress**
- **Assistance in understanding the practical training experience**
- **Warm communication and a therapeutic relationship, if required**
- **The chance to be creative**
- **A feeling of cooperation within the team**

The work given to a student is another significant aspect of her education and growth. It effectively extends the time she spends in contact with the clinical setting and her professor's teachings, and it helps the professor monitor her progress. The student's reports and analyses of interactions and the ideas she enters into her portfolio or journal will also place her clinical learning in a true experiential approach, where knowledge acquisition alternates with practical experience and reflection.

Interpersonal relationships

During her time in a clinical setting, the student must also apply her knowledge of communication, the therapeutic relationship and how to teach the client.

The student needs to use this time to gain a better understanding of the discipline and develop these aspects through her contact with the client and as she reflects on her experiences. Her professor's questions and observation exercises can help her grow as a professional. It is also useful to conduct a critical review of the situation through an analysis of her interactions, but as in the planning of care, it is probably more useful to study real cases in terms of the functional or

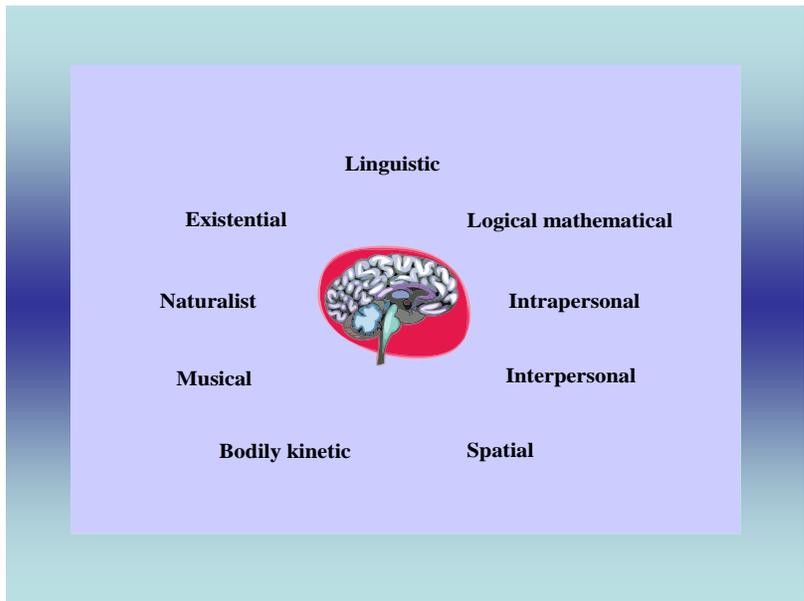
therapeutic communication. Case studies are more effective at making students understand how they can draw on their own resources to help a client and get him or her to realize what behaviour is best suited to a situation.

Foster a broader development of intelligence

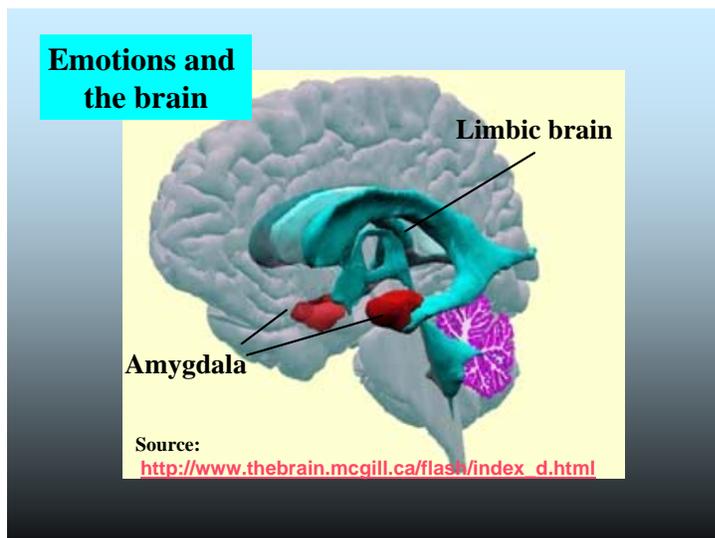
Practical training is an ideal place to develop a student's intelligence in all its forms and, in particular, to develop her emotional intelligence.

The theory of multiple intelligences

Howard Gardner's theory of multiple intelligences is very important in education. Our role as instructors is to direct the student's intelligence towards specific situations of nursing care so that she comes to understand them and better apply the principles of good nursing. Since the human being forms a whole, it is only logical that personal development should occur in all the student's abilities. We can foster this growth through the way we organize her education and through our teaching strategies.



First, we need to adopt a wide range of teaching strategies that tap into the many intellectual dimensions of our students.



Second, we need to employ teaching and organizational strategies that encourage the development of each of these dimensions. This may initially appear difficult to achieve, but it is not; it only requires some thought about our strategies, without overcomplicating preparations for clinical training.

For example, the student's **linguistic intelligence** can be developed through narratives, brainstorming, keeping a logbook, preparing reports on her interactions with the patient and thoughts recorded in her portfolio.

Her **logical mathematical intelligence** is developed when she calculates dosages of medication, develops a strategy to resolve problems, attends clinical reasoning workshops and applies her nursing process. Using metaphors and making sketches of the physical layouts and diagrams foster **spatial intelligence**. The psychomotor skills needed to apply our techniques and manipulate the wide variety of clinical equipment develop **bodily kinetic intelligence**. **Interpersonal intelligence** is developed through teamwork and other interactions with patients and colleagues. In addition, **intrapersonal intelligence** is developed by thinking about one's own responses, capabilities and progress; the metacognition fostered by self-assessment and co-assessment exercises; analyzing one's emotions in response to suffering and death; and setting personal objectives (Tomas Armstrong, 1999, p. 66-85).

Theory of emotional intelligence

❖ According to the theory of emotional intelligence, the human brain and, more specifically, the limbic brain, is the locus of our emotions. The limbic brain has four different types of skills:

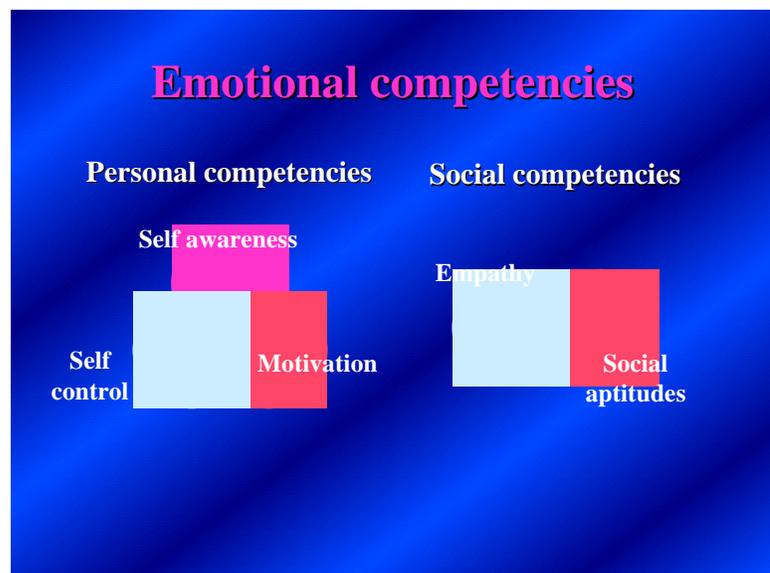
- ❖ Identification of emotions,
- ❖ Their acceptance and understanding,
- ❖ Their use, and
- ❖ Their adjustment to a given situation.

In his program *Par Quatre Chemins*, Jacques Languirand stated that “the theory of multiple intelligences draws on all human aptitudes, so it can be applied to all trades and professions. By placing everyone on an equal footing, it enables each and every one of us to come out a winner.” We can attain this goal in nursing through a dynamic approach to teaching that features more variety and that is designed to foster the various forms of intelligence. (Margot Phaneuf, *Multiple Intelligences, A Theory That Can Be Applied to Nursing*,

[Infiresources](#), Educational Crossroad, in the Educational Viewpoints section).

Emotional intelligence

Emotional intelligence is another very useful theory in nursing. Developed by Daniel Coleman (1999) several years ago, the theory is now widely accepted. It suggests that I.Q. is not the only determinant of academic success. In order to succeed in a career, it is simply not enough to have an exceptional memory or to be good at mathematics, whether the career is as an educator or as a professional.



If we do not have sufficient self-knowledge or confidence in our abilities, if we are not assertive, if we do not exercise enough self-control or have enough motivation, we will have considerable difficulty succeeding in our careers. And if we are unable to adopt appropriate social attitudes and show empathy, it will be difficult to succeed in society or in life.

Clinical practical training is the ideal place for this kind of growth to occur. To become an accomplished professional, the student must begin by getting to know herself better or become more *self aware*, which implies becoming more aware of her emotions, identifying strengths and weaknesses and developing self confidence and self-control. How far will anyone be able to go without self-confidence?



A nurse must be able to face significant problems and she must be assertive if she is going to establish significant relationships with patients, teach them and, in some cases, make critical decisions. Without these abilities, it will be very difficult for her to succeed.



The same principles apply to the student's relationships. It is only by adopting appropriate social attitudes and, above all, having empathy for the patient, his or her family and colleagues, will the student be able to understand them and make the necessary adjustments to her own behaviour. In addition, empathy is one of the key aspects in the therapeutic relationship, which is so central to nursing.

For a student, the time spent in a clinical setting is essential to both professional and personal growth. The instructor has a major role to play in this learning experience. Through teaching strategies, questions,

understanding and judicious decisions, the instructor can provide the student with a springboard to her future.

THERAPEUTIC RELATIONSHIP WITH THE STUDENT

The therapeutic relationship is a very important aspect of our dealings with patients. Happily, the concept also applies in education, where it is invaluable in our interactions with students. In a good teaching relationship, the therapeutic relationship provides a means to understand a student's problems and support her search for solutions. It also provides much needed direction when we have a student experiencing learning difficulties.

During a nurse's training, and particularly during her practical training, a therapeutic relationship is an essential part of the teaching relationship. Using the therapeutic relationship "supportively" will help a student build her identity, and when the student is having problems adjusting, it can be a motivational and even a therapeutic tool (Margot Phaneuf, 2002).

Here the context is not limited to professional training but also includes the student's personal growth through the complex educational process, an instructional approach in which the socio-psychological aspects of the relationship are very important. The therapeutic relationship plays a key role in how these aspects of teaching are handled; by drawing on our basic humanity, the therapeutic relationship gives meaning to our teaching.

If our socio-educational and instructional actions are complementary, it is because of the basic pedagogical principle that an educational and teaching action will only be effective to the extent that it addresses the relationship as well as instructional needs: that in addition to receiving knowledge, the student should learn about life.

This is why the instructor plays such an influential role in a student's personal growth. Establishing a good therapeutic relationship is an essential part of motivating a student, supporting her in her work and assessing her progress. Her learning is best fostered by an atmosphere of openness, where she can be herself, and this is created through strong relationships. An open atmosphere is particularly helpful in situations where you need to deal with tensions or even conflicts, help her accept the kind of problems that can arise along the way, or motivate her. Her intelligence cannot be separated from her emotions, and any given subject cannot be isolated from her interactions with her environment. The therapeutic relationship gives us the tools to face these challenges.

The therapeutic relationship: Objectives

To help the student:

- Deal with her problems (pain, mourning, interpersonal conflicts, academic difficulties);
- See herself as playing an active role in her own situation rather than as a victim;
- See her problems more clearly and realistically, understand them better, describe her perceptions of them and be able to identify her own potential solutions;
- Express her emotions and opinions and be able to better satisfy her physical, psychological, social and spiritual needs;
- Make good choices, be more sure of her academic choices.

More specifically, therapeutic interventions can lead to a constructive examination of problems encountered in the student's education and in her personal life. They help students:

- Appropriate knowledge, build their knowledge bases and acquire skills;
- Know themselves better, have more self confidence, be more assertive and make better self-assessments ;
- Develop the ability to deal with conflict through negotiation, mediation and problem solving in order to live more harmoniously with others and avoid becoming either the oppressor or the oppressed;
- Learn to be more open with others and more understanding and accepting of themselves, of what they are going through and, above all, their problems;
- Prepare for careers as responsible professionals;
- Deal with their problems and find well-balanced ways to adjust to changes.

But one of the major benefits of establishing a therapeutic relationship in education is probably the fact that the student can then model her relationships with patients on her therapeutic relationships with instructors.

Some of the areas of development supported by this relationship help students achieve balance in their lives and mental health. The therapeutic relationship supports instructional goals, creating a climate where

Portfolio

Definition:

- An organized collection of documents that can be used either as a reference or as the basis for a reflective or even metacognitive practice.

Contents:

The portfolio can be organized into a variety of sections:

- ❖ A **section for a learning activity report** that covers laboratory college and practical training experiences, the techniques practised, the people met and outcomes. This report is invaluable as a checklist.
- ❖ A **section for structuring thought**: reflection, annotated experiences (emotions, opinions, problems solved, a collection of thoughts, assessments of growth and changes). Helps the student understand her cognitive mechanisms.

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Portfolio (continued)

- A **resource section**: collection of bibliographies, Web site libraries, useful articles, a record of readings, charts, care protocols, photographs, CD-ROMS, etc. Practical support documents.
- A **section of accomplishments**: completed work, charts, photographs, concept maps and any document showing the student's learning and research path. A way of acknowledging the skills acquired.

change and growth are encouraged. This special form of interaction helps the student reach for her full potential and cultivate a feeling of success.

One way to support her personal development is to have her keep a **practical training journal**, a place where she can record her thoughts, questions and the problems she encounters dealing with patients. The **portfolio**, in a section reserved for **structuring thought**, is also a useful tool for personal development. The student can use it to record difficult experiences, jot down thoughts about her experiences and the

emotions they triggered, and describe situations that helped her grow.

Supervising the student's approach

- ❖ The instructor must supervise:
 - ❖ The student's approach to interpersonal relations:
 - ❖ Civility: how she presents herself;
 - ❖ Asking the patient for permission when required;
 - ❖ Acknowledging and responding to the patient's physical, psychological, social and spiritual needs;
 - ❖ Entering into a therapeutic relationship as required;
 - ❖ Respecting the privacy and dignity of the patient and his or her family at all times.

accomplished in concrete form, she will have a personal record of achievements of which she can be justly proud, achievements that will encourage her to continue pursuing her objectives. Building a portfolio is an excellent way to develop self confidence, an essential part of all professional practice.

THE ROLE PLAYED BY SUPERVISION OF THE STUDENT'S BEHAVIOUR AND CARE

In a clinical setting, the instructor must not only teach, she must also supervise the students' work with patients and the quality of care they provide. She must supervise how they use their interpersonal skills, how they approach people and their appearance,

Supervising the administration of medication

- ❖ The instructor must monitor:
 - ❖ The administration of medication according to the rules of pharmacology:
 - ❖ Verifications: the person, the medication, the route of administration;
 - ❖ Identification of adverse reactions or toxicities;
 - ❖ Explanations to the client of the medication and its effects;
 - ❖ Supervision of its effects on the client;
 - ❖ Timely notice to authorities;
 - ❖ Appropriate notes made in the file.

and comfort? How does she handle her own emotions? The instructor supervises the student in her

The **accomplishments** section is used to record the results of her hard work: interactional analyses, diagrams, concept trees, written texts, or articles she has read. It is a collection of accomplishments, personal thoughts and references that have helped her grow. By supporting the development of a student's concepts and values, working on a portfolio helps her understand the time she has spent in a clinical setting. But this is not all. Once she can see everything that she has

Supervising the student's behaviour

- ❖ The instructor must oversee:
 - ❖ Proper conduct:
 - ❖ Cleanliness and appropriateness of the uniform, hair styling, hands, etc.;
 - ❖ No flashy jewellery;
 - ❖ Appropriate conduct:
 - ❖ punctuality (arrival and departure, schedule for medication and treatments);
 - ❖ politeness to patients, superiors, colleagues;
 - ❖ frankness and honesty: notes in the file, reporting any mistakes, accidents or incidents.

and she must note how well and how gently the student performs her nursing tasks. Since students are future professionals, the professor must also pay attention to how they look, how clean they keep their uniform, hair and hands, etc.

The professor must also ensure that the student acknowledges and satisfies the patient's physical, emotional, social and spiritual needs, in part to see how she reacts to her patient's suffering, and how she responds. Is she able to provide support

work and encourages her to think about various aspects of what she is doing. In addition to ensuring that the student is polite, discrete and on time, the instructor monitors how medication is administered. This is an important part of a nurse's work, so it is also essential in the work of a student. The professor must be aware of how the student performs basic verifications according to rules of pharmacology: the right person, the right medication, the right dosage, the right route of administration and proper timing. But the instructor also needs to see how the student obtains information on the effects of these medications and how she observes these effects on the patient. The information given to the client must also be monitored: it needs to be clear and appropriate, and she needs to show appropriate concern for the individual's ability to understand.

The application of care techniques and procedures also needs to be supervised, whether in personal care or for specific interventions or treatments. The instructor must see how the student prepares the patient or the equipment, and how she takes into account concerns for the patient's anxiety, comfort and pain. But the instructor also needs to see that the student applies the techniques appropriately, performs them in the right order and, importantly, how she ensures asepsis.

Supervising care

❖ The instructor must supervise:

❖ The administration of care techniques and procedures:

- ❖ Preparation of the equipment and the patient;
- ❖ Precise performance of techniques in the right order;
- ❖ Asepsis;
- ❖ Attention paid to patient during the procedure;
- ❖ Respect for privacy;
- ❖ Proper use of equipment;
- ❖ Appropriate speed in the performance of techniques;
- ❖ Explanations provided to patients and family members;
- ❖ Correct placement of equipment after the procedure;
- ❖ Appropriate entries made in the file.

Supervising note taking for the file

Supervising note taking for the file

- One of the instructor's responsibilities is to supervise the student's note taking for the file.
- She must:
 - Correct the presentation: legibility of the writing, cleanliness;
 - Ensure that the observations meet legal requirements:
 - No spaces between comments,
 - Complete lines,
 - Corrections made according to accepted rules,
 - Consistent indication of dates, times, dosages and amounts;
 - Ensure the relevance and accuracy of what has been indicated, with no falsifications;
 - Ensure that the student signs as required by the institution;
 - Ensure that a second signature has been provided by the nurse in charge of the patient or by the team leader.

The instructor's supervision of the student's note taking for the file is a major aspect of a nurse's training. Since the patient's file is a legal document, specific precautions must be taken. As a result, the instructor must pay a great deal of attention to what students enter into patient files.

The instructor must verify the general presentation, the legibility of the student's writing and compliance with legal

requirements on file preparation. The notes must be simple, clear, precise and relevant. Any corrections made must follow the legal rules that have been established to avoid any falsifications in medical files. The description of the patient's state and his or her reactions must be simple and concise but accurate. The instructor must ensure that the dates, times and amounts are consistent and that the file is duly signed, following rules established by the institution.

All these verifications take considerable time, but they are essential because the quality of care depends on them. The student's training also depends on these controls, since the accompanying comments provide the student with opportunities to think about what she is doing, correct herself and learn.

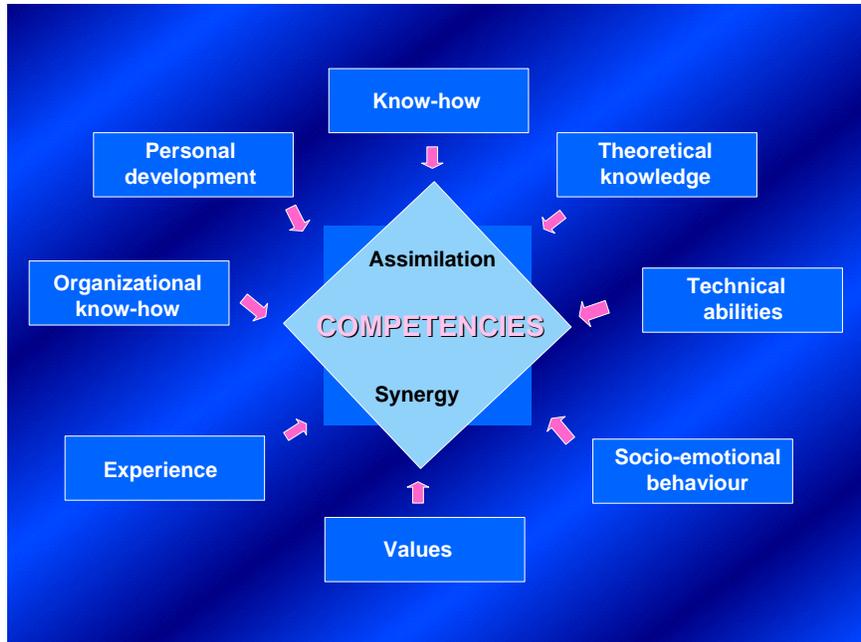
The time spent by an instructor overseeing the student in her practical training serves many purposes. It provides support, fosters learning, ensures the quality of care provided and, in addition, serves the goals of student performance evaluation. In a structured competencies program, this supervision is essential. It combines evaluation, encourages reflection and directs the student towards acquiring essential nursing competencies.

ACQUIRING COMPETENCIES

Students need clinical education that is well designed and presented if they are to acquire skills and attain more comprehensive professional competencies. During this part of her training, the student will develop as a professional, assimilating theoretical knowledge into her practice. She gains an appreciation of her therapeutic capacity through her values and her personal qualities and by integrating her technical and organizational know-how into the care she provides. Her life experience and clinical training represent personal assets and give her the ability to rise to the

challenges inherent in patient care.

Without well designed and properly implemented clinical teaching, it would be difficult to acquire nursing competencies. Without facing the reality of providing actual services and care, the student would be hard pressed to acquire and assimilate all the dimensions of competencies essential in her professional role.



Just as it is impossible to learn how to swim without getting wet, it is unthinkable that you could learn how to care for patients without assimilating the values, habits and requirements of your field. Theoretical knowledge, as important as it may be, has little value unless it is integrated into professional practice. Technical and organizational knowledge cannot be truly effective without interpersonal skills, including the ability to make decisions and establish a significant relationship with the patient, and their human import would be thin indeed without the ethical and professional values needed to truly bring them to life.

But there is more. To be a professional, it is not enough to absorb different aspects of professional competencies. When it comes to cooking, having found a good recipe does not make you a great chef; the same principle applies to competencies, because they need to be employed synergistically and in a timely manner. All in all, it is easy to see the beauty in a good nursing education, but also the hurdles to achieving these educational objectives.

Competency: a definition

Competency represents complex learning that is based on an integrated body of knowledge, experience and personal growth and is tied to a specific aspect of nursing that, once it is applied to a concrete situation, calls upon the nurse's cognitive, psychomotor, organizational and technical abilities and brings out specific socio-emotional behaviour. All these elements work together synergistically, allowing the nurse to practice at a level that is well suited to her role and functions.

Margot Phaneuf

EVALUATING CLINICAL LEARNING

Evaluation



Observations made during an activity to assess how it is being carried out. It is an evaluation of the process:

- . Of psychomotor abilities,
- . Of organizational and interpersonal abilities.



Observations made after the activity to assess the quality of the work. It is a results-based evaluation:

- . The quality provided as a function of the time required;
- . The quality of the work.

Evaluating students' clinical learning is a major challenge for instructors. Despite great effort, nursing professors at the college level have still not found a simple and complete method for evaluating students. Generally speaking, performance evaluations of practical training have two goals: to improve the quality of learning and give the student a grade. The first part is formative, while the second is summative. Given the fact that this second aspect of evaluations consists mostly of awarding a grade, we will

focus on the formative evaluation.

The main factors that influence learning in this area are the object of the learning or **what needs to be learned** and how the object is appropriated or **how it is learned**; these two elements constitute the essence of teaching, and any evaluation needs to take them into account. The form of evaluation best suited to this double concern is formative evaluation which, in a clinical setting, is an integral part of the learning/teaching process. For the professor, formative evaluation constitutes a way of working with students: the professor is present as the learning takes place. In this way, evaluation becomes a teaching function.

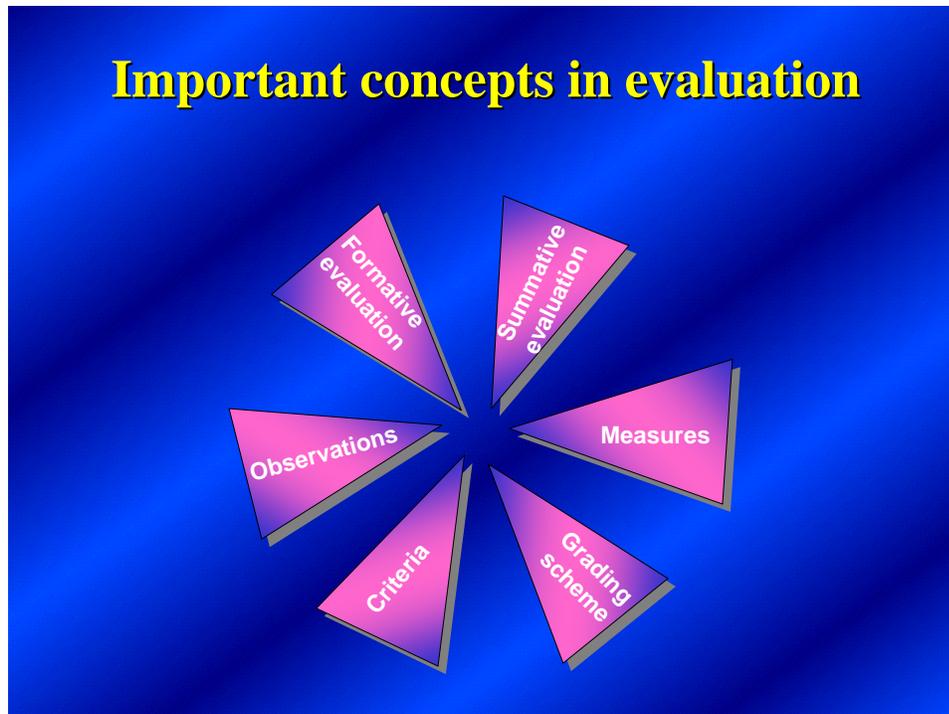
In a clinical setting, evaluations are essentially based on the instructor's observations of the student's behaviour. If these observations are made in an informal manner, there is a significant risk that they will become subjective. This is why it is essential to have an instrument that reduces the observer's subjectivity and directs her attention to certain important parameters that can make it easier to judge performance. However, since in the final analysis this evaluation is used for decision-making purposes, it would also appear to be essential that the instrument we use identifies events, behaviour, abilities, attitudes and procedures and relates them to the student's overall performance and behaviour. The goal here is to assess quality as a function of predetermined criteria and standards.

In professional education, there are two approaches to evaluating the student's performance in practical skills:

- Observing the student as she executes a given task (an evaluation of the process),
- Verifying the quality of the result (an evaluation of the product).

It is clear that in nursing these two approaches are inseparable. However, without neglecting the result (out of a concern for the safety and for the comfort of the client as well as out of respect for

the client), an evaluation of the process is still crucial, since it is this aspect that carries the greatest potential for effecting change in the student's behaviour and provides the key to her being able to improve. The relative weight given to each of these two aspects of an evaluation will depend on the instructor's teaching objectives.



Observing processes in a clinical setting clearly involves paying attention to the student's psychomotor abilities, but we all know that carrying out a task involves much more than that: it also calls on the student's intellectual abilities, her ability to understand the underlying scientific principles, and her organizational and interpersonal skills. Nursing programs require that we pay

attention to the progress she makes acquiring the competencies that have been identified for her level.

Furthermore, in order to properly evaluate a student's work we need to consider the amount of care provided and the time spent (effectiveness), but above all we need to evaluate quality. Also, if we are to cover all of these dimensions we need to decide how to conduct this evaluation. We need to develop a system that puts the focus on a well-structured formative evaluation while at the same time providing a summative evaluation.

Formative or summative evaluation

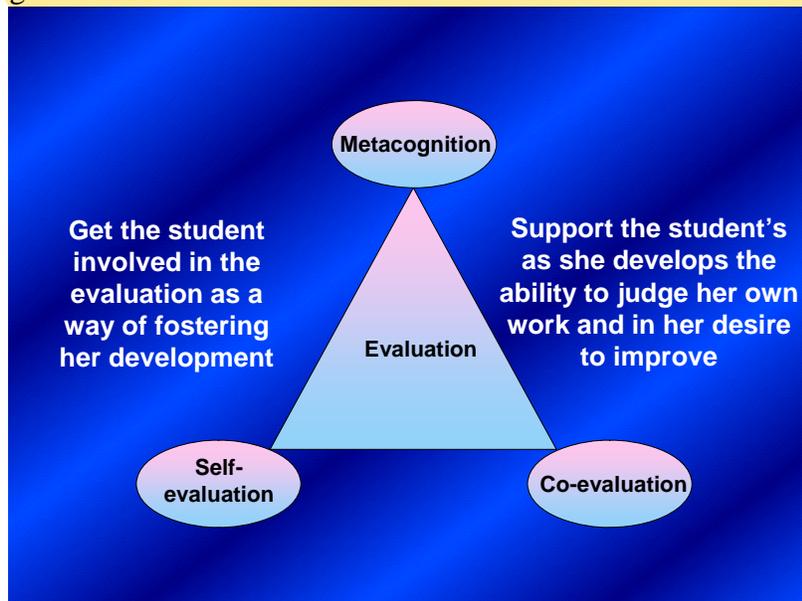
Evaluations are an essential part of the clinical teaching process, just like other forms of teaching. They constitute the last step in the process, but that does not imply that they are any less important. Because of the evaluation's ability to influence a student's progress, evaluations are a very important aspect of the training given to nurses. They include several methods: self-evaluations made by the student; co-evaluations by the instructor and the student; formative evaluations, which are closely associated with the educational process; and summative evaluations, which are rather administrative in nature.

Self-evaluation and co-evaluation

Self-evaluation, or an evaluation that is made by the student herself, is not a simple process since it is not about arriving at a grade; it is a serious examination of performance. The student does not improvise, as the task requires preparation. In metacognitive growth, the student must develop a critical sense and learn to be objective about her own actions. This is a profoundly important stage in her development. The professor can support this process by providing a template that covers the different dimensions of her work and the interactions with people that she needs to consider in her self-evaluation. **Co-evaluation** is similar, except that the instructor intervenes more actively, raising questions and suggesting solutions.

Formative evaluation

Formative evaluation is particularly well suited to clinical teaching. The instructor's constant presence encourages observation and exchange, and makes it is easy to correct how the student goes about her work and to draw her attention to mistakes. It is worth noting that this evaluation



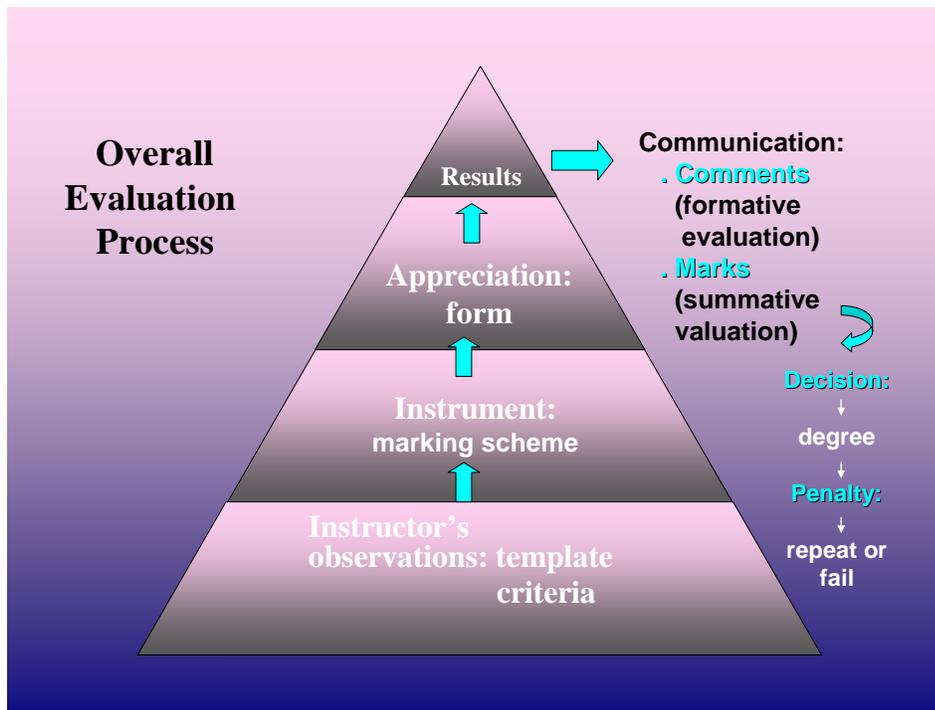
need not be only negative. Indeed, the opposite is true; the potential of this approach lies in how correct the observations are, in how they are communicated to reinforce the student's self-image, encourage her to believe in herself and motivate her to improve. This type of evaluation is challenging for the instructor, since it requires much thought about how the student is performing and about the effort she is making and it targets improved performance, rather than looking to blame or even to discipline

her! This approach works well when we give direction, make suggestions for improvement, recommend how she can do better and indicate where she can find helpful resources. Even formative evaluation is not simply about what the instructor sees; it must be based on serious criteria with which the student can measure her own performance. In summary, evaluation is a process of comparing desired behaviour (a criterion) with observed behaviour.

Summative evaluation

Summative evaluation is necessarily less formative. Its fundamentally administrative nature makes it widely disliked, but it is essential. Grading students is a requirement imposed by the system, yet it also carries the power to fail a student or set her back in her advancement. Summative evaluation is therefore not to be taken lightly at all. It is an area where the key criteria are justice, equity and professional conscience. The instructor must understand the personal, family and social implications of the decisions she makes. In addition, it is often difficult to sort

out these issues. We need to be objective about the student and fair to the group as a whole, and we must not forget our responsibility to this nurse's future patients. It is not a simple issue, as there are significant inherent ethical issues to consider.



One way to maintain a fair balance among these issues is to provide the student with an educational prescription for improvement. If a passing mark is not obtained, every attempt should be made to have the student repeat the training. Students do not all have the same talent, capacity to remember or ability to deal with an evaluation: no two students learn the same way or in the

same amount of time. We can maintain our standards and evaluation criteria while placing the situation in perspective. And if we have to place an obstacle in the way of a student's training, we must take care not to be in any way condescending or hold her in lower esteem. She may not have what she needs to become a nurse, but this does not mean that she does not deserve our respect. She may have other qualities, and we must not damage her ability to pursue future goals.

Observation template: characteristics

An evaluation requires the appropriate instruments, including a template to frame observations and note-taking. The template structures the evaluation and helps the instructor determine the student's progress in meeting learning objectives. It is an instrument used for diagnosis, control and decision-making, since it provides the instructor with direction in the evaluation process. Given these qualities, the evaluation template must be:

- Objective: Information entered on the form must be verifiable and not depend on the observer's personality;
- Accurate: When applied to different groups under the same conditions, the template should provide the same general results;
- Sensitive: The template should make distinctions that are fine enough to take account of more subtle aspects of the student's behaviour and performance;
- Valid: It should measure what it is intended to measure. It must therefore be clear and precise and closely related to learning objectives;

- Easy to use: The template must be easy to use, which means that it must be concise, simple and practical. It should therefore not require too much work on the part of the instructor.

CONCLUSION

Clinical education consumes a good deal of our teaching time and plays a very important role in how we direct students towards acquiring the competencies targeted by our training programs. As a result, the subject needs serious thought. In their long-term and short-term planning, in how they teach in the clinical setting and throughout a day spent with students, instructors need to be methodical and exercise great care in how they approach clinical education.

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