# Conducting Pre-Clinical and Post-Clinical Conferences

## Purpose
The purpose of this presentation is to present strategies, techniques, and tips for effective clinical pre- and post-clinical conferences. The presenters demonstrate selected approaches for clinical conferences so that participants will leave with first-hand experience and ideas to implement for their own pre- and post-conferences.

## Time
90 Minutes

## Outline
- Objectives
- Think-Pair Share
- Planning for Clinical Conferences
  - Pre-Clinical Conferences
  - Post-Clinical Conferences
- Purposes of Clinical Conferences
- Benefits of Clinical Conferences
- Different Approaches for Levels of Students
  - Beginning Students
  - Advanced Students
- Learning Activities for a Conference
- Debriefing for Meaningful Learning
- Faculty Role in Conferences
- Student Role in Conferences
- Tips for Effective Implementation
- Conference Evaluation
- Summary

## Materials Needed
- PowerPoint Slides 8-1 through 8-33
- One squeeze ball per participant
- 3 x 5 or 4 x 6 note cards
Opening
PPT 8-1
Introduce yourself and provide a brief overview of your credentials, history of career in nursing education, and background with pre- and post-clinical conferences. Share enough professional information to establish credibility with the participants.

Objectives
PPT 8-2 and 8-3
Review the session’s objectives and explain how the session will be conducted. Clinical conferences may be intimidating for students and new faculty. Faculty may experience anxiety because of past or no experience with clinical conferences as a student. Tell participants you will share information for effective implementation and demonstrate some strategies that have been used with success. Encourage participants to ask questions at any time. Using an informal presentation style works well for this session and makes it more fun.

Think-Pair-Share
PPT 8-4
Use the following instructions to introduce the Think-Pair-Share activity to participants. Mention that Student Learning in a Clinical Setting (Tab 4) used this technique.

1. Think about what you remember about pre-clinical and post-clinical conferences when you were a nursing student. How do you feel? Was there a wicked witch? Take one minute to reminisce about your experiences as student nurses with clinical conferences. Use the space on page 1 (Tab 8) to make notes if you wish.
2. **Pair** with the person next to you to share your recollections. Tell participants to take 3 or 4 minutes to compare their experiences. Note that if they have none, it may have been due to how traumatic their educational experience might have been.

3. **Share** with the entire group. Allocate about 5 minutes for this. This is a learning activity that could be used during a clinical conference. Share what you have learned with the entire group.

Give a squeeze ball to each individual when he/she responds so that by the conclusion of the activity each participant has a ball to take home. This may encourage participation by students who tend to be shy.

**Planning for Clinical Conferences**

**PPT 8-5**

- **Purpose:** What do you want to achieve that day?
- **Topic:** Some programs have a set topic for a week such as fluid and electrolytes, lab values, skin care. Share topics from your program.
- **Process:** Match process with purpose, securing a location, determining group leader securing required materials/supplies and specific strategies to meet the purpose.
- **Strategies:** Discussion, case study, critical incident techniques, games, role play, etc.
- **Method for Conference Evaluation:** formal vs informal.

Pre-conferences tend to be brief and focus on what students will be doing. Post-conferences focus on what has been done in the clinical setting and frequently include activities to enhance student learning and linking theory to practice.

**Purposes of Clinical Conferences**

**PPT 8-6**

**Pre-Conference**

Share the following information: What students say about assigned clients gives faculty a clue of the students’ level of preparation. For example, faculty may know that an assigned client is diabetic and has early morning insulin scheduled. If a student fails to communicate that the client is an insulin-dependent diabetic and never mentions the need for insulin before breakfast, most likely student
preparation fails to meet a standard for safe effective care. Limit the time of a pre-conference to 10-15 minutes maximum so that students have time to observe, report, and perform early assessments (e.g. vital signs, PBGs, etc.). Also a pre-conference gives another opportunity to share with students your daily expectations for them. Priority setting is enhanced because students most likely will be able to share who has early a.m. insulin and is going for an invasive procedure early in the day, etc. Pre-conferences enable faculty to double-check student prioritization also. Emphasize the importance of demonstrating how theory is linked to clinical practice: classroom knowledge and books meet the real world of practice. Pre-conference enables students to problem solve and make decisions in a safe, protected environment.

Post-Conference
Give examples from teaching practice. Conferences may be used for venting feelings; however, this should be done only once during the clinical rotation to avoid having the conference become a gripe session. Debriefing helps the student caring for a patient, as well as other students, to share feelings. For example, Kubler-Ross’s stages of grieving can be used to guide the discussion. Case studies based on patients that students have cared for over time may also be used. Clinical patient situations are helpful to facilitate linking theory to practice. These examples can help guide someone who has not done post-conferences before.

Benefits of Clinical Conferences
PPT 8-7 through 8-9
Both types of conferences are protected environments. In other words, anything is safe to discuss and faculty pledge not to penalize students for any errors in thinking because no harm to patients will occur. Questions to ask in post-conferences include: How would you deal with this situation? What would you do differently? What did you today to make you feel like a nurse? What did you do right today?
During both types of conferences, students have the opportunity to develop collegial relationships and bond as a clinical group. As instructors, we can evaluate where students are in curriculum and help to build on what they have. Conference time can be used to draw out their reading and correlate with what may occur or has occurred on the unit that day.

Different Approaches for Levels of Students

PPT 8-10 and 8-11

Review the bulleted information and share examples and stories from experiences. Ask participants if they have worked with beginning students and what experiences they have had working with beginners. Then ask if they have worked with more advanced students (e.g. students about to graduate) and share their experiences with the advanced students.

Beginning Students
According to Benner’s Novice to Expert theory, professional development is a process. Beginning students frequently are terrified and have little idea of what to expect during early clinical experiences. They need much encouragement and direction to survive a clinical day.

Advanced Students
Higher level students are ready to look at the broader picture and to analyze and evaluate clinical situations in more detail. Terminology may relate more to the healthcare delivery system rather than a single patient situation. As a faculty person, you might involve seniors in teaching...
juniors as part of skill acquisition/reinforcement. Use the example of *see one, do one, teach one* for skill reinforcement. In order to reinforce their understanding of medical terminology, the entire group can repeat a misspoken term 3 times.

**Possible Activities for a Clinical Conference**

PPT 8-12 through 8-15

Depending on the time available, cover all of the learning activities or select several to discuss. Refer the participants to the list in their notebook. Give examples to help participants understand how to implement the suggestions.

Highlight some of the learning activities listed on page 3 (Tab 8) and share experiences as a clinical faculty member using these methods. For example:

*Case studies* help students refine their use of the nursing process. As students become more knowledgeable, they can see various points of view which is indicative of advanced critical thinking skills.

*Share experiences from teaching practice*. The Socratic method is a useful strategy to develop critical thinking skills in students because the method facilitates students to think about the consequences of their actions, what additional data should be collected about clients, and understand the importance of solid reasoning /rationale behind nursing interventions.

*Skill building with equipment*: IV tube feeding pumps.

*Clinical pathways*: Take one diagnosis and use it as a case study for students.

*Strengthening documentation skills*: Practice nursing notes.

Learning how to operate a hospital computer system requires support of the clinical agency and student access to use computers.

*Topic of the week*: Lab values, fluid and electrolytes, nursing process, etc. Can prepare a sheet to be distributed.
Sharing personal accomplishments: What did you do that made you feel like a nurse today?

Cyber clinical conference: Chat rooms and discussion boards, synchronous and asynchronous methods.

Adult learners have different learning styles and needs. Adults prefer learning activities with realistic relevance and respond well to learning activities that draw upon their previous life experience (Knowles, 1990).

A variety of learning activities can be used to simulate and motivate nursing student learning as well as to add variety to clinical conference methods. As activities are discussed, share examples, i.e., topic of the week — provide prepared lab sheet; to illustrate care plans, have students do a NCP on themselves and use this for discussion. To strengthen documentation skills, have all students do a nursing note for the same case study and then share them. In some cases, students may have issues outside conference, i.e., paper due or test the next day so we as faculty need to be flexible and discuss these issues. Ask students to share where they are in the role transition process, i.e., as an LPN moving to an RN — how their philosophy has changed as their roles change. Students can be asked to describe the role of participants in a mock code.

Debriefing for Meaningful Learning

PPT 8-16

Dr. Kristine Dreifuerst at the University of Indiana Indianapolis developed a debriefing process to foster meaningful learning in clinical simulation. Currently, the process is being studied for its application to clinical learning situations in professional nursing students. Many times students have difficulty making links to what they are learning in the classroom to clinical situations. Also, students sometimes apply classroom concepts incorrectly in the clinical setting. The goal of the process is to facilitate the development of nursing clinical judgment, which is difficult to measure and evaluate. The process involves using assigned patients as the “story” and test to see if the students know the why behind their clinical actions, learning what else might possibly happen to patients (and why) and engage students in reflective thinking.

- Learning in clinical context
Debriefing for Meaningful Learning Process (preparation)
PPT 8-17
- Inform a student that his/her patient will be the clinical case for discussion
- Students complete worksheets during their down-time in clinical in order to compare their patients with the one being presented
- Debriefing occurs off the clinical unit
- Need a white board to develop a concept map on the patient being discussed
- Markers of different colors

Debriefing for Meaningful Learning Process (execution)
PPT 8-18
The debriefing conference starts with giving the students the opportunity to reflect on their daily actions, recognize that all clinical days will not be perfect and that there is always room for self-improvement as a professional nurse.
- Students quiet as they answer the following questions:
  - What went well during the day and why?
  - What did not go so well and why?
  - What would be done differently if had the opportunity? Why?
- Collaboratively process what happened during clinical
- Develop a patient concept map

There is time spent for discussion about how the clinical day went for the group including gaps between the ideal practices learned in the classroom with the realities of real life practice.
- Collaboratively process what happened during clinical.

The clinical group then develops a concept map that includes the physiological, psychological, sociocultural and spiritual dimensions related to the patient being presented. Steps of nursing
process are included in the concept map as well as what else might possibly occur with a given patient situation (e.g. postop pneumonia, DVT for the immobile patient or UTI for a patient with an indwelling catheter, possible complications for a disease process, diagnostic test or surgical procedure).

- Develop a patient concept map.

**Debriefing for Meaningful Learning (execution and closing)**
PPT 8-19

- Explore why things were done as they were (student perceptions and evidence-based actions).
- Anticipate potential complications that might arise with this or another clinical situation (what students know and compare with evidence-based information or what the textbooks say).

**Closing**

- Close the conference by asking each student what they will take away from the clinical experience and will use as a future professional nurse (each student must say something).
- Goal is to teach clinical reasoning and produce reflective thinkers.

**Faculty Role in Conferences**
PPT 8-20 through 8-25

Review the Faculty Role list on p. 4 (Tab 8) with participants and give examples from teaching practice.

For an example of being flexible: a student comes to post-conference crying so faculty would assist student in sharing. Faculty should actively listen to students and observe nonverbal behaviors. Faculty should assume the role of *Guide on the Side* rather than the *Sage on the Stage* which means that faculty serves as more of a guide than actually lecturing.
If there are any participants engaged in side conversations, you can demonstrate one of the strategies listed in the bullets under Managing Side Conversations in the participant notebook (also on PPT 8-23). If no one is participating in the side conversation, then tell participants they can try the suggestions, but sometimes they just need to confront the persons engaging in these conversations.

**Handling Tardiness**

Hold to the allotted time frame scheduled for the conference. If an hour is scheduled from 1400 to 1500 and the conference starts at 1420, then end the conference at 1520.

The following discussion focuses on techniques for handling difficult student behaviors. Participants will go into great depth on this topic in the discussion of Tab 9 *Dealing with Difficult Students*. 
Handling Dysfunctional Group Members

Review the dysfunctional behavior and the techniques to extinguish it listed on the slide.

- **Monopolizer**: Call on the other group members and set limits. If behavior continues, hold a private conference with the person.
- **Playboy/Playgirl**: Confront the behavior and refocus them to conference deliberations.
- **Quiet One**: Call on the student directly.
- **Know-It-All**: Ask the other students: *Do you agree or disagree?* Ask the other students to share their experiences.
- **The Complainer**: Sometimes the group may get tired of listening to it and intervene. If not, refocus the conversations.

Share experiences from teaching practice and ask participants to share any experiences with dysfunctional group members.

### Student Role in Conferences

**PPT 8-26 and 8-27**

Students need to understand that their role is to share information and work collaboratively with the group to develop solutions and make decisions. Examine different points of view and respect others’ opinions/actions. Asking questions when uncertain about processes or information shared such as, *Have any of you not known what to ask...*, helps them know how to ask in situations when they are uncertain. To keep students focused on conference deliberations, faculty might say: *Let’s stay focused on this topic and then we can use the last 10 minutes of the conference to discuss your issue.*

Share examples of how students improved problem solving, critical thinking, and collegial relations; such as, *We have found that students frequently focus on what they did wrong rather than what they did right.*

Review the roles with participants and give examples from teaching practice with an emphasis on confidentiality. *What happens in Vegas stays in Vegas.*
Tips for Effective Implementation

Share with participants that student and faculty time is a valued commodity. Students juggle multiple roles besides just being a student.

Create a Safe Climate for Discussion

Faculty may need to schedule a private location for the conference (depending on clinical practice site). Faculty might also need to check out or reserve clinical equipment or come to the conference with specific written materials/handouts for students. Finally, faculty can decide how they want to receive feedback about clinical conferences.

Target a student with sensitivity. Phrase open-ended questions carefully. Give students time to answer questions or rephrase responses (5–10 second waiting times). Avoid interrupting students if errors are detected. Correct students with sensitivity. Focus on errors in answers and reasons, not on the student.

Activity: Use a student volunteer to demonstrate how to volunteer by asking one of the participants to stand up. They think they are volunteering, but then ask them to tap the person on one side of them who becomes the volunteer to share information with the group.

Facilitating Participation

Feminist Process

Create an open, trusting, learning environment with Chinn’s (2012) Peace & Power. These are the steps in this process.

1. Check in. Start by having everyone in the group share information that may inhibit them from focusing totally on conference deliberations.
2. Circle to get everyone’s ideas. If you want opinions/ideas from all members of the group, the ball is passed from member to member without skipping anyone.
3. Only the person holding the object speaks. Refer participants to the squeeze ball distributed earlier as the speaking object. The person holding the ball is the person who is to speak while others listen. Students have fun throwing the ball and it helps keep order.

4. Check out. At the end of a conference, use circling to have everyone state key learning that occurred during the conference session.

Activity: Demonstrate Feminist Process using squeeze ball as the speaking object. Ask for 4 to 6 audience volunteers. Thank them. Explain that the only person to speak is the one holding the ball. Explain check in as the participant’s thoughts and feeling or anything that will prevent him/her from full participation in the activity. Pose the question: What is occurring with you personally that is keeping you from totally focusing on the Faculty Academy activities (it could be a family issue, multi-tasking, busy life). Then pose a question about how the volunteers feel about becoming a clinical faculty member. Have them toss the ball to each other as they want to share their feelings. Then proceed with check out. Have each person hold the ball and share what they have learned to date in the Faculty Academy.

Use the process of circling. Have students take a pledge of confidentiality if highly emotional or ethical situations arise: Ask all students raise their right hands! Use open ended questions. Give positive feedback for participation. Offer rewards for participation (no grades or extra points).

Share experiences from teaching practice to illustrate the material in participant notebook and slides. Emphasize to participants that it is not good practice to award extra points or give credit for student participation during a conference.

Start on time. Peer pressure will come into play if others are kept from their other responsibilities, i.e., child pick up or a job.

Keep group focused on conference activities.

End on time.
Conference Evaluation
PPT 8-32
Discuss the six bullets on page 6 (Tab 8).

- Develop a feedback form. A short questionnaire that is distributed post conference for student to complete. Items might include *How valuable was this conference?* *Do you have any more questions about what was covered in the conference?*
  Suggestions for future topics for conferences
- Have student complete a feedback form. Some schools might have a form used. If not, use the one that you developed.
- Faculty self-reflection. Spend a few minutes of quiet reflection about your implementation of the conference — done during commute, office time, wherever you can find peace and quiet.
- Direct student conversations. An informal process. Many times students say how they enjoyed or how much they learned in a conference.
- Note cards. Pose a general question such as *What works well for a conference?* Request future topics then tell students that they do not need to put their names on the completed cards.

Activity: Distribute note cards which can be used by participants in the Academy session as they would in a post conference. Emphasize the point of developing an individualized feedback form focused on a few points regarding clinical conference execution and strategies used to facilitate student learning.

- Include item addressing clinical conferences on clinical faculty evaluation forms. This varies across programs and it is out of your control. Sometimes extending an invitation to return as a clinical faculty depends on student responses. If there is no form, developing your own form would be beneficial. Have students complete them and save them for a professional portfolio.
Summary
PPT 8-33
Summarize the session’s key points. Ask if there are any questions or other points the audience wants to share.

FILE: G-CFA Instructor Tab 8 Conducting Pre Post Conference