Creating a Positive Learning Environment

Objectives
Integrate active learning best practices to:
- Facilitate students’ critical thinking and clinical reasoning
- Stimulate student learning
- Create a positive learning environment

Model as Initial Coaching Guide
Styles (2008) suggests that professions should be able to conceptualize components of their practice. Three conceptual areas that can be considered by clinical educators include the following.
- Social Significance, naming your product — what is it you strive for as a clinical educator?
- Ultimacy, using best practices — what are our best practices? How do we identify these?
- Collegiality, using your resources — who are you going to call when you don’t know what to do?

Critical Thinking and Clinical Reasoning
What do we already know? What do we need to know about critical thinking and clinical reasoning? Using self-reflection, we will tie together experiences and theory-based perspectives. Here is an opportunity to reflect on your experiences and compare these to the literature. Complete the following prompts to guide your reflection.

Critical Thinking, Clinical Reasoning and Active Learning

1. For me, critical thinking and clinical reasoning mean:

2. For me, active learning means:

3. Strategies to promote active learning, critical thinking and clinical reasoning include:
Critical Thinking Concepts
Critical thinking allows us to solve problems in context. According to Alfaro-LeFevre (2017), some of the more common considerations are:

- Purposeful, outcomes-directed
- Driven by patient, family, community needs
- Based on principles of the nursing process and scientific method
- Requires knowledge, skills, experience and commitment to developing critical thinking
- Guided by professional standards and ethics
- Makes the most of human potential
- Reevaluates, constantly striving to improve

Clinical Reasoning and Clinical Judgment

- Critical thinking is a broad concept that includes clinical reasoning and clinical judgment
- Clinical reasoning refers to the ways we think about patient care issues
- Clinical judgment refers to the conclusions we reach and the decisions we make about patient care. This is the result of our clinical reasoning and critical thinking.

Active Learning

- What do we already know?
- What we need to know about active learning?

Active Learning Concepts

- Active learning approaches help students engage with the content and make learning their own. Active learning incorporates the application of concepts and leads to increased mastery and retention of content.
  - *Just do it.* Like the old Nike commercial, this phrase directs us in approaches to an active learning assignment.
  - Selecting appropriate assignments helps us focus on making a good fit between the learning desired for students and the assignments that are chosen.

Active Learning Examples

- Sample strategies discussed in the following section include:
  - Stories and cases
  - Using questions
  - Building on reflection
  - Writing to learn
  - Using technology tools
  - Feedback (affirming and challenging)
Stories and Cases: Benefits

- Narrative such as stories and cases provide students an opportunity to share their experiences and learn from others.
- Benefits to stories and cases include the following:
  - Engage
  - Convey information
  - Promote connectedness
  - Promote problem solving (ie, ask what next?)
  - Share varying points of view (patient, family, health care provider perspectives)

Stories and Cases: Examples

- Once upon a time…
- Stories, learning, change intertwined
- Student stories
- Cases
- Using stories for difficult scenarios
- What’s wrong with this picture?

Using Questions

Questions are a key tool for learning and serve as a great strategy for engaging and extending learning situations. Questions are also a useful tool when starting post-conferences or discussions to stimulate student interest. Considerations related to questions include the following:

- Good teaching = good communication
- Questions facilitate and assess learning
- Questions bring life to critical thinking
- Modeling inquiry via questioning promotes further student inquiry
- One favorite question with application to many situations, “What if?”

General Question Guidelines

Broad categories of learning provide direction in questioning and evaluation. The three categories broadly considered to demonstrate learning include:

- Cognitive learning
- Psychomotor learning
- Affective learning

Assessing Cognitive Knowledge: Bloom’s Taxonomy

Bloom’s Taxonomy provides a broad guideline for leveling questions to be asked of students. The six levels of Bloom’s Taxonomy follow:

- Knowledge — Recalling
  - Remembering facts and learned information
  - What do you remember about…?
- Comprehension — Understanding
  - Explaining and describing
  - What is the rationale for…?
Application — Problem Solving
- Using information in new settings
- What makes this situation different from the textbook case?

Analysis — Exploring Patterns and Meanings
- Examining component parts
- What are the variables affecting this problem?

Synthesis — Creating
- Combining ideas into a new statement
- What would be a different way to approach this situation?

Evaluation — Judging
- Making an evaluation based on criteria
- What are the outcomes we will be looking for?

Example: Using a Handout to Learn about Questioning
Handouts can be useful teaching tools in the clinical setting. The handout labeled Worksheet 1 helps us consider different ways to use questions in the clinical setting.
- Questions as a teaching tool
- Sample strategies

Further Tools for Active Learning
In the next section, we will consider the following tools for active learning: Reflection, Writing to Learn, Technology Tools, and Feedback.

Reflection: Benefits
Reflection provides opportunity to engage one’s thinking specific to experiences and to learn from these experiences. It relates as well to opportunities to use positive imaging to help achieve future goals. This helps students to:
- Consider relevant experiences.
- Build on past experiences — how is this similar or different from your past experiences?
- Gain self-evaluation skill — how did you do today?

Reflection: Examples
- Mental rehearsals
  - Cognitive framing — includes positive visualizing and mentally practicing a skill.
- Hindsight 20/20
  - Reflecting on what has been learned
- Self-assessments
  - Goal setting — how does your self-assessment match up with our clinical objectives for today?
- Complete the following questions.
Affirming and Challenging Each Other

1. Why do you want to be a clinical educator?

2. What will be your product?

3. What do you want students and colleagues to say about you when you retire?

Writing to Learn: Benefits
Writing allows the making of connections that builds on student reflections and can reinforce learning. Benefits include helping students focus on selected topics, remember information, process information, and build on what they already know. The reflective component of writing helps discover and shape meaning. Sample considerations include:

- Writing as thinking
- Reflecting on concepts to discover and shape meaning
- Building on what students already know
- Remembering and processing information

Writing to Learn: Examples
Benner’s (2009) strategies for narratives, in particular, can help students to see the good things they are accomplishing and remind them to build on even small accomplishments.

- Benner’s model to create clinical narratives (See Worksheet 2)
- Additional tools and strategies such as portfolios

Technology Tools: Benefits
Rote memorization is no longer adequate for learning. As students are bombarded with more and more information, technology can be a tool to help them stay organized. Technology can also serve as a tool for the instructor in promoting student/faculty communication.

- Manage rapid information turnover with better information storage and retrieval.
- Enhance clinical learning via simulated practice opportunities.
Technology: Selected Tools and Strategies
Sample strategies for using technologies include:
- Clinical learning labs — including the benefits of high fidelity patient simulators
- Personal Digital Assistants — getting started, expert of the day
- Web-based conferencing — strategies include both pre- and post-conference approaches

Feedback: Affirming and Challenging
Appropriate feedback helps students gauge their learning process and take further responsibility for their learning. Feedback is generally not considered a final grade, but a formative type of assessment. A selected definition includes:
- Feedback is the communication of information that assists the student to reflect/interact with that information, construct self-knowledge relevant to course learning, and to set further learning goals (Bonnel).

Feedback: Sample Strategies
Sample strategies for providing and promoting use of feedback include:
- Using qualitative tools to synthesize data for feedback (multiple sources such as interview, observation, and document review)
- Coaching students to seek and use feedback
- Challenging students to self-reflect and set further learning goals

Summary: Facilitating Learning in the Clinical Environment
- Using these active learning tools can assist faculty to integrate active learning best practices to:
  - Facilitate students’ critical thinking and clinical reasoning
  - Stimulate student learning
  - Create a positive learning environment

- Active learning strategies to consider include:
  - Stories and cases
  - Using questions
  - Building on reflection
  - Writing to learn
  - Using technology tools
  - Feedback (affirming and challenging)

This presentation was developed by Wanda Bonnel, RN, PhD

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Questions for Further Consideration

To encourage and evaluate students’ critical thinking and clinical reasoning skills, consider asking these or similar style questions, depending on the context of the situation. Ask questions that move from the simple to the complex. As you review the following questions, highlight the five questions you think would be handiest for you to keep available.

1. Based on what you have learned, how would you explain…?
2. What do you know about this patient’s history that might explain these symptoms?
3. What principles from physiology might explain these symptoms?
4. What principles will drive your interventions?
5. What can you do that will assist this patient in this situation? How will this help?
6. How can you help as a patient advocate?
7. How can you move the patient toward outcome achievement? What’s the next step in doing so?
8. What changes would you make to solve…?
9. What would happen if…? Can you predict the outcome if…?
10. What alternative plan/treatment/medication/method would you propose?
11. What is the most appropriate…? Would it be better if…?
12. How could you determine …?
13. How would you prioritize care for this patient? Nursing diagnoses? Interventions? What is your rationale?
14. What data did you use to make this conclusion…? Why? What additional data would have been helpful? Why?
15. Why are each of these changes important for you to monitor?
16. How would you compare this patient’s situation with a previous patient or the textbook picture?
17. What are the patient’s psychosocial, spiritual, and/or intellectual needs? How did you assess them? How did you address them? Why?
18. What assumptions did you make about this family that influenced your decisions? What are alternate approaches to consider?
19. What are relevant ethical or legal issues in this situation? What problem solving strategies might you initiate?
20. What do you think is most important in this care plan? What makes you think that?

Adapted from Barton, L. G. (1997) Quick flip questions for critical thinking. Dana Point, CA: Edupress (www.edupressinc.com)
Break Out Session Cases

Worksheet 2

Select one of the following cases and think about how you might approach this from your clinical faculty role. Questions from Worksheet 1 may be useful as you problem solve.

Case 1
My student, Jared, is getting ready to give a medication to his 88-year-old male patient. I see nothing wrong with his technique as he reviews the proper documents and medication dispensing system, but I do have a nagging feeling he is not thinking through what this medication means to his patient. What approaches might I take at this point to help assure good critical thinking is in process?

Case 2
My student, Terra, copies the pages from the care plan book and brings this to me as her prep work for the day in caring for her 75-year-old female patient. While the content in the care plan is appropriate, I do have a nagging feeling she is not thinking through what this care plan means to her patient. What approaches might I take at this point to help assure good critical thinking is in process?
Reflecting and Writing our Clinical Narratives  Worksheet 3

Benner (2009) suggests that writing out clinical experiences helps nurses to name what they do. Students can use this strategy to identify their practices as well. Keeping narratives over selected periods of time (such as pre- and post-course) may even help students evaluate their progress.

In writing a clinical narrative, you should include:

- Context of the clinical situation (e.g., shift, time of day, staff resources, etc.)
- A detailed description of what happened
- Why the clinical situation is important to you
- What your concerns were at the time
- What you were thinking about as it was taking place
- What you were feeling during and after the situation
- What, if anything, you found most demanding
- Important conversations you had with the patient, family, members of the health care team or other relevant parties
Sample Vignettes from Students in Advanced Clinical Courses

Sample Vignette: Best Patient Education Experience

My example includes seeing a patient for follow-up on his diabetes management. He was concerned that he had not encountered more of a weight loss on this visit. This led to further discussion on his lifestyle to include diet and exercise. He traveled extensively with his job and found it impossible to manage either.

- We discussed the “dining out experience.” I provided him with a common resource (a “How to” guide) utilized in the clinic for those who frequent fast food restaurants. We also developed a plan of action to incorporate exercise into his daily routine even when he is traveling. I emphasized that adding a few minutes a week to his routine would make a difference.

- The patient was seen in follow-up three weeks later, and he demonstrated these lifestyle changes with a five-pound weight loss. He also expressed he felt a better attitude toward his stress and relaxation.

It wasn’t the critical thinking skills or knowledge I used, but the comfort level I felt when assessing and evaluating his care. I know that we will all build on our learning and when we finish the program that it may take one or two years to truly feel comfortable with our new role. This experience provided me with the awareness that we will all get to that point. As I progress farther and farther in this program, my ability to reason and care for the patient becomes stronger and better…. This experience gave me hope and clarity that in the future I will be able to function in the role of a nurse.

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Sample Vignette: Best Nursing Home Patient Experience

My 92-year-old female patient, LM, was in a local nursing home. Before I went into her room, I reviewed her chart. She had a history of HTN, CVA, depression, and degenerative joint disease. The doctor’s progress note indicated a probable diagnosis of Bell’s palsy. Her sister had called the nursing home because she thought LM was more depressed.

When I went into LM’s room, she was sitting in her wheelchair next to her bed, staring at the floor. I introduced myself and had to repeat my name because she was hard of hearing. I immediately noticed that LM could not blink her left eye.
and that the left side of her mouth drooped. When I talked to LM, she said she was scared because the left side of her face had just stopped working overnight.

At breakfast, she looked embarrassed because she could not drink her juice — it would dribble out the left side of her mouth. When she took her medicine, it followed the same course as her juice — out the left side of her mouth. She was very embarrassed about her disability and was scared that maybe she had another stroke. I felt much empathy toward LM. I can be a clumsy person and spill something on myself when I am eating. I do get embarrassed, but can laugh at my clumsiness. I know that it is something I can control and not part of a disease process.

When I helped the nurse with the physical exam, LM was able to move all extremities, but was unable to close her left eye, smile or frown on the left side of her face, and was unable to wrinkle her forehead on the left side. These findings fortunately suggested Bell’s palsy instead of stroke. Later in the day, the nurse told me she had just received orders for LM to have a speech therapy consult, a patch and taping of the left eyelid to prevent corneal abrasion (she was already receiving eye drops), and we ordered an ophthalmology appointment to be arranged. We did not make any changes in her anti-depressant at that time.

This case sticks out in my mind for two reasons. First, because I felt empathy for LM as I described above. Also, because I was able to incorporate my knowledge from lecture and directly apply it to this situation. This was a good clinical experience for me.