Setting the Stage for Transforming Nursing Education

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Acknowledgment of the shoulders I stand upon as a teacher

- **Dr. Patricia Benner**

- **Dr. Rheba de Tornyay**
  - Author of *Strategies for Teaching Nursing* (1971, 1982, 1987)
  - Founding Fellow and the first board president of the American Academy of Nursing

- **Dr. Anthony Back**
  - Author of *Vital Talk* – a helpful app is available with short video clips to guide your teaching and practice!
  - [http://www.vitaltalk.org/](http://www.vitaltalk.org/)
  - Author of many very approachable articles on mentoring, teaching and communications skills for clinicians
Ice Breaker

What kind of bird are you? 😊

Please take the D.O.P.E. test

1. For each ROW of four adjectives, circle the ONE WORD that best describes you.

2. Don’t overthink this. Take about 5 minutes to complete.

3. Sum up each COLUMN (40 items possible).

4. Write your TOTAL for each column on the last page.
SCORING DIRECTIONS: Total the number of words selected for each COLUMN. The higher the total column score (both sides of page), the more your responses are in line with that personality style/s.

COLUMN # 1 TOTAL: _______ = PEACOCK Score

COLUMN # 2 TOTAL: _______ = EAGLE Score

COLUMN # 3 TOTAL: _______ = OWL Score

COLUMN # 4 TOTAL: _______ = DOVE Score
Find your flock!

As flocks, discuss and be ready to share . . .

- One or two strengths we can expect from you as colleagues and leaders.
- One or two things that you would appreciate help with from your colleagues and team members.
Let’s debrief

What did you think about that exercise?

What did you learn from it? (What was your “take away?”)

You discovered what kind of ”bird” you are. Was that useful? Did you learn something else? Did you learn about yourself or about others?

Where might you use this exercise with students where it would be a valuable use of 15 minutes of (precious f2f) class time?
How “we” teach
How “they” learn

What “we” teach
What “they” need to learn
Thinking Exercise

1. Have you ever owned a computer with a floppy disk drive?

2. Have you ever written a paper for school on a manual typewriter?

3. Do you remember going to the library to read reference materials and take notes before there were copy machines?

4. Do you remember how good fresh mimeographs smelled?
How Are Generations Formed?

- Defining World Events
- Parenting Trends
- Life-Span
- New Technologies
# Generations of the Western World

<table>
<thead>
<tr>
<th>Generation</th>
<th>Born Date</th>
<th>Events and Notable Features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOST GENERATION</strong></td>
<td>before 1900</td>
<td>fought in WWI</td>
</tr>
<tr>
<td><strong>GREATEST GENERATION</strong></td>
<td>1900-1920</td>
<td>came of age during Great Depression, Stock Market collapse, bread lines</td>
</tr>
<tr>
<td></td>
<td></td>
<td>veterans of WWI and WWII, GI generation, GI Bill</td>
</tr>
<tr>
<td><strong>SILENT GENERATION</strong></td>
<td>1920-1946</td>
<td>fought in WWII, Victory gardens, Rosie the Riveter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>quiet hard-working traditionalists, Parents of baby boomers</td>
</tr>
</tbody>
</table>
| BABY BOOMER GENERATION | born 1946-1964  
Fought in Vietnam  
Howdy Doody  
Radical 1960s counter culture  
Civil rights for blacks, women  
Elvis, Beatles, Woodstock, Joplin  
First man on the moon  
Political heroes: JFK, MLK, Pierre Trudeau  
Workaholics, service-oriented  
Optimistic, delayed gratification |
|------------------------|--------------------------------------------------|
| TWEENER GENERATION     | born between 1964-1968  
Between boomers and X’ers  
Computer pioneers like Bill Gates  
Conspicuous consumption  
First Yuppies, Pong, Jiffy Pop  
Forest Gump |
<table>
<thead>
<tr>
<th>Generation</th>
<th>Born Between</th>
<th>Known for</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>X Gen</strong></td>
<td>1968-1977</td>
<td>Born of Baby Boomers, Self-reliant, Individualistic, Latch Key Kids, Hate Rules, Dislike Authority, Cynical, MTV, Home Computers, Video Games, Remote Controls, Hip Hop</td>
</tr>
<tr>
<td><strong>Y Gen</strong></td>
<td>1978-1995</td>
<td>Iraq War, 9-11 Attack, Gay Rights, Transformers, Tickle Me Elmo, Cell Phones, Google, Ipods, Internet, Spice Girls, Eminem, Confident, Optimistic Team Players, Rule Followers, Overindulged by but close to their parents</td>
</tr>
<tr>
<td><strong>Z Gen</strong></td>
<td>1995-2010</td>
<td>Hurricane Katrina, Grew up on the Internet, Multi-taskers, Expected to be Individualistic, Self-directed, Excel at Rapid Info Processing, Place less priority on work, Green Environmentalists</td>
</tr>
</tbody>
</table>
Who are the Millennials?

- Generation “Y”
- “Me” Generation
- Internet Generation
- Echo Booms
- Boomerangs
- Baby Boomlets
- Generation Waking up
- Generation Now

- Make up the majority of current students
- Most culturally diverse generation
- Technology is necessary
- Experience a sense of new “world terrorism”
- Value public safety and saving money
- Civic-minded and highly-educated
- “Soccer moms” and “helicopter parents”
Natives: Students who have and are growing up in the digital age, who assimilate digital tools and methods for communication as easily as they breathe.
Natives: Students who have and are growing up in the digital age, who assimilate digital tools and methods for communication as easily as they breathe.

Immigrants: Did not grow up with digital technology tools, but are working to "learn the language" and communicate effectively with the natives all around them. Some of the immigrants are open and accepting of "native ways," but many are resistant to change.
New Digital World & Digital Language

Natives

Immigrants

Bridges

Boomers

Tweener

Silent

Greatest

Lost

Z-Gen

Y-Gen

X-Gen

Refugee

The Undecided Tourists
## Digital Natives vs Digital Immigrants

<table>
<thead>
<tr>
<th>Digital Natives</th>
<th>Digital Immigrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefer receiving information <strong>quickly</strong> from multiple sources</td>
<td>Prefer <strong>slow and controlled</strong> release of information from limited sources</td>
</tr>
<tr>
<td>Prefer <strong>parallel</strong> processing and multitasking</td>
<td>Prefer <strong>singular</strong> processing and single or limited tasking</td>
</tr>
<tr>
<td>Prefer processing <strong>pictures, sounds, and video</strong> before text</td>
<td>Prefer to provide <strong>text</strong> before pictures, sounds, and video</td>
</tr>
<tr>
<td>Prefer <strong>random access</strong> to hyperlinked multimedia information</td>
<td>Prefer to provide <strong>information linearly</strong>, logically and sequentially</td>
</tr>
<tr>
<td>Prefer to <strong>interact/network simultaneously</strong> with others</td>
<td>Prefer students to <strong>work independently</strong></td>
</tr>
<tr>
<td>Prefer to learn <strong>just-in-time</strong> from multiple sources</td>
<td>Prefer to teach <strong>just-in-case</strong> (it’s on the exam)</td>
</tr>
<tr>
<td>Prefer <strong>instant</strong> gratification and instant rewards</td>
<td>Prefer <strong>deferred</strong> gratification and deferred rewards</td>
</tr>
<tr>
<td>Prefer learning that is <strong>relevant, instantly useful and fun</strong></td>
<td>Prefer to teach to the curriculum guide and <strong>standardized tests</strong></td>
</tr>
</tbody>
</table>
Thinking Exercise

1. Are you a digital native or a digital immigrant?
2. Were you honest?
3. Which characteristic of being a digital immigrant feels the most “true” for you?
4. In the past week, when did you notice being an immigrant?
Literacy versus Fluency
SOCIAL MEDIA EXPLAINED (DONUT EDITION)

- I’m eating a donut
- I like donuts
- This is where I eat donuts
- Here’s a video of me eating a donut
- Here’s a vintage photo of my donut
- Here’s a pretty donut recipe
- Here’s a viral picture of my donut
- My skills include donut eating
- Now listening to “Donuts”
- I’m a Google employee who eats donuts
Thinking Exercise

Do you speak with a digital “accent”? 

1. Do you prefer to edit documents in hard copy form or on-screen?
2. Do you do any of your banking on-line?
3. Have you asked someone (or tried) to print a hard copy of a website?
4. Would you have been okay with an electronic copy of the handout?
So perhaps our students are learning differently, but what they need to learn really hasn’t changed that much . . .

Right?
What are we preparing students for?

This?

Or This?
What are we preparing students for?

This?

Or this?
What are we preparing students for?

This?

Or these?
Bridging the Generational Gap

Baby Boomers  Millennials

?
WHERE SHOULD WE SIT, ZIP?

HARD TO SAY...

NO GIRLS ARE MAKING EYE CONTACT!

SURE, I COULD GO THE ROTE ROUTE, BUT WHY WOULD I? ASK ME A QUESTION — ANY QUESTION.

WHEN IS GUY FAWKES DAY?

NOVEMBER 5TH.

0.08 SECONDS.

CLIK! CLIK! CLIK!
THE SEVENTH MOST ABUNDANT ELEMENT IN THE EARTH'S CRUST?

MAGNESIUM. 0.14 SECONDS.

THE THREE MAIN BRANCHES OF MORAL PHILOSOPHY?
APPLIED ETHICS, NORMATIVE ETHICS AND META-ETHICS. 0.09 SECONDS.

WOW... YOU'RE RIGHT. SEARCH IS A LOT FASTER THAN TRYING TO REMEMBER.
AND MORE ACCURATE! WHICH RAISES PROFOUND QUESTIONS ABOUT WHAT IT MEANS TO BE A STUDENT!

YEAH, LIKE WHY GO TO COLLEGE?

WELL, TO PARTY. THAT HASN'T CHANGED.
DON'T OVERTHINK THIS.
Keeping up with Change

“For medical education to flourish from one generation to the next, it has to **reconfigure** itself in response to changing scientific, social, and economic circumstances.”

*The Flexner Report, 1910*
Keeping up with Change

“Indeed, a major finding of our study is that a significant gap exists between today’s nursing practice and the education for that practice, despite some considerable strengths in nursing education.”

Patricia Benner, Educating Nurses: A Call For Radical Transformation, 2009
Changes in the Paradigm for HCP Education

• Explanation vs lecture
  
  *Model teaching students using patient education best practices*

• Case-based / problem-based learning

• Knowledge acquisition *skills* vs memorization

• Multi-media resources vs ‘readings’

• Death by PowerPoint

• Transparency enhances relationship-building
  
  *Treat students as you want them to learn to treat patients i.e., with respect, clear boundaries, civility, etc.*

• Less is (way) more!
Questions? Comments?

What is one thing you learned from this session that you want to remember to use in your future teaching?

Please write it down!
Educational Strategies for Integrating Clinical and Theoretical Knowledge: Meaningful Assessment Strategies
Toto, I have a feeling we’re not in Kansas anymore.
Learning objectives

- Analyze the components that make a basic case or an unfolding case effective for classroom or simulation-based learning.

- Compare three methods for creating an effective platform for diving into interactive learning.

- Integrate specific facilitation strategies to achieve different learning goals such as encouraging class discussion, testing learner knowledge, developing critical thinking skills, etc.
The flipped classroom: What happens where?

- Learners cover new content outside of class **independently**
  - Voice-over or videotaped lectures
  - Assigned readings e.g., articles or texts
  - Online or web-based modules

- Learners use content and solve problems in class **with faculty guidance and interaction with other learners**
  - Problem-based learning
  - Case-based learning
  - Project-based learning
The flipped classroom:
From *Sage-on-the-Stage* to *Guide-on-the-Side*

- Learners cover new content **outside of class independently**
  - Accommodates **differences** in learners
    - Knowledge levels: skim known → focus on new
    - Language acquisition speed: ESL, learning disabilities, etc.

- Learners use content and solve problems **in class with faculty guidance & interaction with other learners**
  - Changes **who** receives attention from faculty
    - From the few confident and talkative students → to the many silent, struggling or tentative students
My attitude toward flipping the classroom is ...

A. Neutral – I have never flipped a class

B. Tentative – I’ve tried it a few times with modest success

C. Hopeful – I’ve used it several times and I can see how it works

D. Eager – I have tried it and I really like it for some courses

E. True Believer – I would not teach any other way
The problems I’ve encountered in flipping my classroom include ...

A. The students do not complete the assigned work so are not prepared for the class activities. Grrr!

B. I use really interesting case studies but I’m not sure students learn what I intend.

C. The students are disengaged, bored, and looking at Facebook or shopping online. What gives?!?

D. Students are frustrated and confused by the cases. It was a three-ring circus trying to answer their questions.

E. I thought class had gone well, but then a student asked me, “What is going to be on the test?”
With a flipped classroom, students learn through discovery.

But how do we structure “discovery”?
Flipping without flopping
Partner Exercise

1. Find a partner.

2. One of you will be the **nurse**; the other will be the **patient**.

3. You are going to do a short role play.

4. **PATIENTS:** Raise your hands; we will bring you information. Read but do not share with your nurse.

5. **NURSES:** your instructions will be on the next slide.

6. Quick tips before you start!
**Nurse Instructions**

**NURSE FOR PATIENT KIM**

- **Patient: Kim K**
  Hx smoking 2-3 packs cigarettes/day X 45+ years, presented w/ complaints of increasing dyspnea w/ exertion (1 flight stairs). PFTs done. FEV1=1.0 L indicating moderate COPD. Started on Albuterol inhaler 2 puffs q. 4-6 hrs prn.

- **Please see for smoking cessation education.**

**NURSE FOR PATIENT Dani H**

- **Patient: Dani H**
  Morbidly obese, 24 y.o., 150 kg/166 cm/BMI=55. Hx of AODM 3 yrs ago w/ mild hypertension. S/P gastric bypass surgery 13 days ago, discharge home 10 days ago. Doing well until this AM when noticed small wound dehiscence (4 cm). No drainage.

- **Please see for wound care teaching. Remove drainage with saline soaked gauze, cover lightly with dry gauze. Change bid.**
Debrief (as learners)

**Nurses:** How did it go? How did you start the conversation?

**Patients:** What do you wish your clinicians had known about you?

**All:** Was there something you/your clinician said or did that worked well?

**Learning Pearls:**
- "Ask-Tell-Ask" (skill)
- "Tell me more..." (skill)
- Blame in healthcare (attitude)
- Obesity and smoking most frequent targets of blame (knowledge)
Debrief (as educators!)

With someone near you, please discuss:

1. What did/could this exercise teach?
2. What level of learner would it be relevant for?
4. Was it teaching Knowledge? Attitudes? Skills?
5. What pre-work would prepare students for maximal learning from this activity?
Step 1: What do you want to teach?

- Knowledge (Cognitive)? Attitude? Skill?

- Are you building upon prior knowledge? If yes . . .
  - Is there a self-assessment for students to evaluate their prior knowledge?
  - Provide links for students to refresh their prior knowledge
  - Start class with short assessment to identify knowledge gaps (clicker questions, low stakes quiz, Q&A discussion)

- What level is your learner?
  - Tip: Start with abc before you teach xyz.

- What are your learning goals and objectives?
  - Tip: Less is more
Step 2: Creating a good case

- Start with real cases: students smell cheesy like mice
  - Edit for anonymity, simplicity and clarity
  - Provide clinical details and other background information as helpful, but if you do not want students to focus on these details, explicitly create a level playing field by giving students necessary information

- Case perspective: Consider presenting from patient’s perspective (what does this teach?)

- Make the case feel real: name, picture, video?
  Emotional content

- Choosing between usual case or unusual case?
  - Example from ethics: decision-making for elderly patient with ambiguous EOL wishes versus “face transplant”

- Unfolding case or basic case: both work
Step 3: Setting up the learning activity

- One case or **multiple**?
  - Consider multiple to help students transfer learned knowledge to novel situation/s
  - Vary 1-3 key elements: example vary type of patient or presentation of illness
  - Plan for exchange of learning to achieve transfer of knowledge: large group debrief at end is easiest

- **Clear instructions:**
  - How long? What to do? What will happen next?

- Do the students need to **prepare** for this?
  - Readings?
  - Watch videotaped/voice-over lecture on content?
  - How will you assess their readiness to engage in learning activity?
Step 4: Engaging your students!

- **Assess** prior knowledge level or readiness to learn
  - Clicker questions, Q&A discussion, low-stakes quiz w/ disc

- **Set up** learning activity: enthusiasm, directions, questions, go!

- **Activity** where students engage in learning: circulate to answer questions, listen, engage where helpful, but stay out of their way!

- **Debrief**: where the teaching occurs!
  - Guided discussion: Ask students what they learned and pull out the learning points you have identified, then add ones not noted
  - Teaching pearl: Teach content useful for the case/s

- **Summarize**: *What are the key points you learned today?*
  - Consider providing handout to facilitate listening
Questions? Comments?

What is one thing you learned from this session that you want to remember to use in your future teaching?

Please write it down!
Techniques to Engage Students in Deeper Learning:

Optimizing the Use of Narrative
Learning objectives

1. Examine assumptions around why, how, when and what we teach related to teamwork in healthcare.

2. Re-write one of your own “hero” teaching stories to reflect evidence-based practice.
Thinking Exercise

1. You’ll need a blank piece of paper

2. Describe your favorite case to teach students about the role of the nurse as a patient’s advocate.
   • What was the situation?
   • Were other clinicians involved?
   • In what ways?
   • What was the outcome?

3. We’ll come back to this in awhile.
Three generations of education reform

- Beginning of 20th century
- Mid-century
- Now!

Second Generation

Problem-based learning: Mid-century

Third Generation

Systems-based:  Now

**Vision:** All health professionals in all countries should be educated to mobilise knowledge and to engage in critical reasoning and ethical conduct so that they are competent to participate in patient and population-centred health systems as members of locally responsive and globally connected teams.

Educational Silos and IPE

Paradox: We educate health professional students separately and then expect graduates to function effectively as a team.

- Why do we teach teamwork?
- How do we teach teamwork?
- When do we teach team skills?
- What do we teach?
A New, Evidence-based Estimate of Patient Harms with Hospital Care


- **Global Trigger Tool** – clues in EMR such as orders to stop med, abnormal lab results, or naloxone
- **Good** → errors of commission
- **Not as effective** → errors of omission, lack of documentation in EMR, diagnostic failures & death post-hospital discharge
- Total 4,252 records reviewed with 38 deaths from PAE (preventable adverse events) identified
- 210,000 PAE deaths yr in U.S. using GTT method
- 440,000 PAE deaths yr in U.S. GTT + estimated missed errors
A New, Evidence-based Estimate of Patient Harms with Hospital Care


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Summary of Evidence for Teamwork

- Strong correlation between teamwork and...
  - Improved patient outcomes
  - Increased patient satisfaction
  - Increased staff satisfaction
  - Decreased moral distress

- Evidence of impact from team training programs on outcomes above
  - In healthcare (as in other industries such as aviation)
  - Three years for maximum effect
Thinking Exercise

1. What setting/population/topic do you typically teach?
2. Who are the typical members of the team?
3. Who are occasional members?
Educational Silos and IPE

Paradox: We educate health professional students separately and then expect graduates to function effectively as a team.

- Why do we teach teamwork?
- **How do we teach teamwork?**
- When do we teach team skills?
- What do we teach?
Thinking Exercise

1. Think about the teams you prepare students to work with in practice.

2. What are two communication challenges for those teams?

3. What skills are needed?
Communication breakdowns

Patient safety lens:

- **Errors**: Honest mistakes vs. undiscussables
  - Highlights tension between systems view of errors versus personal accountability

- **Conflict**
  - Task-based conflicts – easier
  - Relationship-based conflicts – harder!
  - Bad behavior – rare

How would your team respond to this statement?

“**Staff will freely speak up if they see something that may negatively impact patient care.**”
Educational Silos and IPE

Paradox: We educate health professional students separately and then expect graduates to function effectively as a team.

- Why do we teach teamwork?
- How do we teach teamwork?
- When do we teach team skills?
- What do we teach?
When should we teach team skills?

- When our students are definitely ready?
- Is this student ready now?
Educational Silos and IPE

Paradox: We educate health professional students separately and then expect graduates to function effectively as a team.

- Why do we teach teamwork?
- How do we teach teamwork?
- When do we teach team skills?
- What do we teach?
Last thinking exercise

1. Look at your first “thinking exercise” story.
2. Who is the hero (or heroine) of the story?
3. Is there a villain? Who?
4. Who is not seen in your story? Team member? Patient? Family caregiver?
Cowboys and cowgirls don’t save lives.

Teams save lives.
Core Competencies for IPP

Expert Panel Report
May 2011

Nursing, Pharmacy, Dentistry, Public Health, Allopathic Medicine, Osteopathic Medicine

Four Core Competency Domains:
1. Values/Ethics for IPP
2. Roles/Responsibilities
3. Interprofessional Communication
4. Teams and Teamwork
Teaching Pairs Exercise

Create a story to use in teaching

Goal #1: Demonstrate interprofessionalism
Goal #2: Model civility
Goal #3: Make the team the hero
Goal #4: Include use of narrative or reflection
What is one thing you learned from this session that you want to remember to use in your future teaching?

Please write it down!
Approaches for Teaching Relational and Communication Skills for Engagement in Nursing
Learning Objectives

- Contrast different ways of providing feedback to learners.
- Analyze the types of social and clinical frames that can affect learners’ judgment.
- Practice providing feedback that identifies learner’s unconscious or unrecognized frames for action.
What makes feedback easy versus hard?

Positive feedback is:

- Quicker
- More rewarding
  - For learner
  - For teacher
- Low Stakes
Evaluation: 30,000 foot level

**Formative evaluation:**
- Modify teaching and learning activities to improve student attainment
- The process used by teachers and students to recognize and respond to student learning in order to enhance that learning, during the learning
- Supports decision making during educational and learning processes
- Not determined by the format of the test

**Summative evaluation:**
- Occurs at end of a learning unit
- Determines if the content being taught was retained
Evaluation: 30,000 foot level

- Safe
- Trustworthy
- Accurate
- Frequent
- Timely
- Intentional
Evaluation: 30,000 foot level

- Individualized
- Specific
- Frequent
- Expected
- Effective
Evaluation: 30,000 foot level

- Individualized
- Specific
- Frequent
- Expected
- Effective
Is self reflection a necessary skill to be a good clinician?

- What do you visualize when someone is identified as a self-reflective professional?
- Why is self-reflection important for clinicians?
- Is self-reflection a skill that can be taught or an innate attribute?
Thinking Exercise

- You’ll need a blank piece of paper
- Think of one of your best personal qualities.

- Perhaps . . .
  - Being a good listener?
  - Making decisions easily?
  - Being flexible?
  - Following through on promises?
  - Being methodical?

- Is this strength recognized by others? When?
Thinking Exercise

Think of a personal quality that challenges you.

Perhaps you . . .

- Focus on people more than the task?
- Rush into decisions too quickly?
- Sometimes get sidetracked?
- Procrastinate?
- Get too focused on the details?

Is your earlier strength and this challenge related?
Anyone willing to share?
The way we provide feedback can teach students the skill of self-reflection.
Two different (but interrelated) skills

- Develop professional habit of asking three simple CQI questions
  - Self-reflection
  - Debriefing
- Debriefing with “good judgment” approach
  - Providing feedback
Developing professional habit of Three Questions for CQI

1. **Continue**
   What is working that I/we should continue doing?

2. **Stop**
   What is not working that I/we should stop doing?

3. **Start**
   What should we try next time that I/we did not do this time?
Habit of questioning addresses ...

“Our best qualities can be our worst qualities”

1. Listen for learner’s good qualities (think “best” first)
2. Yet, how did this quality pose a problem?
3. Link to your data (observable action or results)
4. In what ways could this quality pose a problem in the future as a nurse?
5. Coach to identify next steps
6. How can you support this learner’s growth?
Fundamental Attribution Error

I’m stressed – you’re rude.
I’m overworked – you’re lazy.
I’m worried – you’re hypervigilant.

- My negative behavior is best explained by situational factors and context.
- Your negative behavior is best explained by a personality flaw or stable trait deficit.
Paradox: Modeling what we teach

If we want to develop reflective learners who are able to accept feedback, . . .

we need to model being reflective teachers who invite feedback.

“I expect you all to be independent, innovative, critical thinkers who will do exactly as I say!”
Three questions to invite in your teaching

1. **Continue**
   What learning strategies do you find effective that you would like us to use in this course?

2. **Stop**
   What learning strategies have you not found effective that you are hoping we minimize?

3. **Start**
   What am I not doing that you wish I was?! What are/were you hoping to learn in this course?
Two different (but interrelated) skills

- Develop professional habit of asking three simple CQI questions
  - Self-reflection
  - Debriefing
- Debriefing with “good judgment” approach
  - Providing feedback
Judgmental approach

- “Let me set you straight.”
- The student is seen as having made a mistake.
- The instructor has the truth or knowledge.
- **Typical message:** “Here’s how you messed up.”

Example

- A group of 4 students do a simulation on assessing and treating a patient (manikin) who is short of breath
- The patient is a teenager having an acute asthma attack
- During the simulation, one student prioritizes getting a blood pressure over other activities
- In the debrief, the faculty asks all the students to talk about why blood pressure is not a priority in this situation.
Non-judgmental approach

- “I will find the kindest way of filling you in on how to do this correctly.”
- May be done nicely by “sandwiching” the criticism with layers of praise.
- The student is seen as having made a mistake.
- The instructor has the truth or knowledge.

**Typical message:** “What do you think you could have done better?”

Example

- During clinical, the faculty observes a nursing student transferring a patient with several IVs and Foley to a wheelchair for transport to radiology.

- Student neglects to put slippers on the patient’s feet, to lock the wheelchair until the patient begins to sit down, or to offer a bathrobe.

- After the patient leaves:
  - Faculty: *How did that go?*
  - Student: *Awful!*
  - Faculty: *What could you have done to make it go better?*
  - Student: *Everything.*
Debriefing with Good Judgment

- “I see what you are doing (or not doing) and it seems problematic; what am I missing here?”
- Genuine report of puzzlement and inquiry into how the student’s actions can make sense.
- The student is seen as someone whose actions are the result of specific assumptions and knowledge.
- The instructor may or may not know the “truth”.
- **Typical message:** “I noticed X. I was concerned about Y. I wonder how you saw it?”
Reflective Practice: Theory and Method

Invisible: In minds of student and faculty
Observable
Feedback: A method for learning self-reflection

Debriefing with Good Judgment

**Goal:** to allow students to explain, analyze and synthesize information and emotional states to improve performance in similar situations in the future.

Another way to think about it:

“Our best qualities can be our worst qualities”

1. Listen for learner’s good qualities (think “best” first)
2. How did this quality pose a problem?
3. Link to the data (observable action or results)
4. Why could this be a problem in future as a nurse?
5. Coach to identify next steps
6. How can you support growth/learning?
Time for practice!

- We will work in pairs but will switch your pairs in a stepwise pattern.
  - Person to the **right** is always the **debriefer**
  - Person to the **left** is always the **learner**

- For each scenario there will be three slides:
  - **Slide A:** both people read
  - **Slide B:** only the learner reads
  - **Slide C:** practice time!
Exercise #1: Slide A

- A student orients to the ED for clinical. During orientation, the clinical group is told they cannot administer medications IV push in this setting.

- On the third day of clinical, the precepting nurse instructs the student to give a medication IV push. The student follows the nurse’s request and administers the med. The patient is unharmed.

- The faculty sees the med administration when reviewing the student’s charting.
You have done well in nursing school and were excited to get placed in the ED. You would like to do trauma care or ortho someday. Your preceptor for this clinical seems terrific. She is very experienced and confident (almost brash). You knew people like that when you were in the military – natural leaders. When she told you to administer the IV push med, you “obeyed”.

You knew the policy. You cannot explain your actions. You feel a little in shock right now.
Exercise #1: Slide C

- Take 5 minutes to practice debriefing with good judgment in your pairs
- Let’s discuss together
  - What worked?
- What might be this learner’s frame?
  - Sense-making? Cognitive? Emotional?
- What might be the instructor’s frame?
  - Sense-making? Cognitive? Emotional?
Exercise #2: Slide A

- An adult nurse practitioner student asked (insisted!) on placement in a challenging site. Faculty recommended against this site but the student was not dissuaded. While the student was able to meet basic NP expectations, s/he was slow and could not meet the course’s expectations of managing 2-3 patients. The site preceptor has given a failing grade after consulting with faculty.

- The course must be repeated and is not offered again for 3 months.
You have loved the nurse practitioner program. You are the first one to volunteer to try a new skill, the first to practice in the sim lab. You love the challenge of learning new things. You know that you eventually want to get a role in a more acute setting and this was your last chance to do that. You cannot believe you have failed! You worked hard and did not make any mistakes. You learned more this quarter in clinical than all your other clinicals combined. You feel punished for learning, yet you still feel it was worth it.
Exercise #2: Slide C

- Take 5 minutes to practice debriefing with good judgment in your pairs

- Let’s discuss together
  - What worked?

- What might be this learner’s frame?
  - Sense-making? Cognitive? Emotional?

- What might be the instructor’s frame?
  - Sense-making? Cognitive? Emotional?
Exercise #3: Slide A

- In the OB theory class, students are asked to complete a detailed patient care plan showing research on a patient’s complicated clinical condition. One student turns in a document that is more like a letter to the nursing staff about the patient. The clinical content is barely acceptable. However the student’s ideas around behavioral care for the patient are quite interesting, but that was not the assignment.
Last quarter you had psych nursing. It really clicked with you. You have not enjoyed your other clinicals so far. In sum: OB (pink and blue scrubs), peds (teddy bear scrubs), ICU (just scrubs), med-surg (should have scrubs). But psych was fascinating because it combined thinking about physical and mental health. Now you see psych everywhere! This quarter you are in OB, but have been looking at the mental health issues that can accompany pregnancy. You think you want to be a psych NP or CNS.
Exercise #3: Slide C

- Take 5 minutes to practice debriefing with good judgment in your pairs
- Let’s discuss together
  - What worked?
- What might be this learner’s frame?
  - Sense-making? Cognitive? Emotional?
- What might be the instructor’s frame?
  - Sense-making? Cognitive? Emotional?
Paradox: Modeling what we teach

If we want to develop reflective learners who are able to accept feedback, . . .

we need to model being reflective teachers who invite feedback.

“I expect you all to be independent, innovative, critical thinkers who will do exactly as I say!”
Reflective Teaching

Invisible: In minds of student and faculty

Observable
Modeling reflection in your feedback

- I noticed X, I was wondering Y?
- I’m curious, how you were seeing the situation?
- What do you think?
- Here’s my thinking – give me feedback.
- Let’s generate ideas (give yours last)
- May I offer a suggestion?
Two caveats to debriefing with good judgment approach

- Assumes the learner is acting with good will and trying to do right thing
  - In rare cases, learner is negligent or malevolent; another approach is needed (e.g., counseling, discipline, etc.)

- Challenging if learner is exceptionally deferential to the instructor for cultural, gender, or other reasons
  - Prepare students as part of orientation
  - Reward speaking up
Model for providing tough, negative feedback (think SPIKES!)

- **Set up:** Know standards & learning objectives, consider setting
- **Perception:** Assess learner’s perception
- **Invitation:** Be sure feedback is expected and purpose is clear
- **Knowledge:** specific, non-judgmental, direct
- **Emotion:** attend to emotion, communicate respect
- **Strategy and Summary:** action plan and follow-up

Thomas & Arnold. J of Pall Care. 2011
Questions? Comments?

What is one thing you learned from this session that you want to remember to use in your future teaching?

Please write it down!
Educational Strategies for a Sense of Salience in Nursing Practice
Learning objectives

- Analyze the components that make a basic case or an unfolding case effective for classroom or simulation-based learning.

- Compare three methods for creating an effective platform for diving into interactive learning.

- Integrate specific facilitation strategies to achieve different learning goals such as encouraging class discussion, testing learner knowledge, developing critical thinking skills, etc.
Doris: an unfolding IPE case

- Developed case for interprofessional learners
  - Senior nursing, 2nd year medical, 3rd year pharmacy, 1st year physicians assistant, etc.

- Real case
Today’s agenda

• Case presentation
• Develop an initial plan of care
• Hear from the real team about challenges
• Revise your plan to reflect these challenges
Doris Carlson

SHARED MENTAL MODEL
Doris Carlson*

- Noticed ↑ SOB & leg swelling for 1 week
- Collapsed in her apartment this morning
- Called 911 and transported to ED
Doris Carlson*

- Lives alone, no family
- Retired librarian
- Obese
- MEDS: Vitamin D
**Vitals:** T 36.7, HR 96, BP 183/72, RR 30, O2 sat 92% on 4 liters

**Gen:** obese, AOX4, pleasant, quite talkative

**HEENT:** normal

**CV:** RRR, nL S1/S2, + S4, elevated JVP

**Chest:** crackles at bases bilaterally

**Abd:** normal

**Ext:** 2+ pitting edema from feet to proximal thighs
Chemistry:
Sodium 140
Potassium 4.9
Chloride 103
Bicarb 27
BUN 45
Cr 2.0
Glucose 198
Troponin 0.02
CK 14

CBC: normal

Sinus tachycardia, no evidence of ischemia. ? LVH

Pulmonary edema and bilateral pleural effusions
What does Doris need? What are her strengths?

TWENTY MINUTES
BE SPECIFIC

• Further assessment
• Support
• Therapy
• Education
• Followup
Six hours after admission:

- Doris had ↑dyspnea and falling O2 sat
- Wheezing and diaphoretic
- Placed on a 50% non-rebreather mask
- BP 210/108, HR 110
- ABG on 60% face mask
  - pH 7.24
  - pO₂ 51
  - PCO₂ 67
What does Doris need now?

5 minutes
The following morning . . .

- Much less short of breath, talkative, doing ADLs
- Now on 4 L O2 with O2 sat 93%
- BP 164/92
- Echo shows evidence of diastolic heart failure:
  - Normal LV systolic function
  - Diastolic indices suggest decreased ventricular compliance
  - Increased central venous pressure
  - Large bilateral pleural effusions
Let’s hear from Doris

Play Video
Doris’s hospital course continues

- Diuresed 10 kilos and oxygen weaned to 4 liters
- Remains hypoxic on RA
- Continues to refuse all oral medications but accepts IV furosemide
- Accepts a diagnostic and therapeutic thoracentesis, with fluid consistent with CHF
• **This is an autonomy issue.** We need to let Doris go home. We cannot force her to accept meds.

• **This is a safety issue.** We have a duty to protect older, vulnerable people like Doris.

• **This is a resource issue.** There are other people who actually want our help who need the bed.

• **This is an education issue.** We need to be sure that Doris understands her options and the implications of her choices.
What do you do now?

10 MINUTES

BE SPECIFIC
Things to keep in mind

• Difficult behavior is often a sign that, *from the patient’s perspective, her needs aren’t being met.* *

• *Understanding the patient’s perspective* on her health and healthcare places her at the center of the team’s conversation.

• *Exploring her preferences in a non-judgmental way* is key to enhancing motivation and engagement, both of which are essential to effective care. **

• *Ultimately, patients make their own decisions.* The challenge for providers is to take the journey with them, work together creatively to bridge medical aims and patient priorities, and provide support.
Doris’s Team

Play Video
EPILOGUE

• APS visited; Doris answered the door but wouldn’t let them in

• Readmitted to the hospital 6 months later, with dyspnea & acute renal failure. She did not wish to start dialysis.

• The ICU team discussed with Ethics consult service.

• Consistent with her prior wish for limited intervention, dialysis was not started.

• She died several days later.
Debrief (as educators!)

As a group, let’s discuss:

1. What did/could this exercise teach?
2. What level of learner would it be relevant for?
3. What made it realistic?
4. What made it engaging?
5. What made it challenging?
6. What pre-work would prepare students for maximal learning from this activity?
Summary

- Cases are a key component to flipping the classroom
- Unstructured student discussion does not equal learning
- Good teaching cases are:
  - Relevant - realistic - engaging - challenging – instructional
- If require prep work, assess learning before starting the activity: create a safe, level playing field
More summary

- Guide **with intention**:  
  - **Critical thinking?** Try an unfolding case with twists and turns, debrief to pull out learning points or try multiple cases with a debrief to allow transfer of knowledge  
  - **Modify attitudes?** Try role play with rich backstory or create a video to capture the “other’s” perspective/experience; supplement with prep readings  
  - **Teach skill or apply knowledge?** Try cases with increasing complexity or varying setting/population to allow transfer of basic knowledge to novel situations; debrief to share knowledge or summarize key points; do mini-teach during activity to provide key information needed in unfolding case
Examples of preparation materials for a class session
Example 1: Dry legal content

https://canvas.uw.edu/courses/1024915/pages/ethical-principles-and-the-law?module_item_id=6381111

Reading Assignment:

- **Seven Legal Barriers to End-of-Life Care** by Meisel, et al. An excellent, highly readable article that clears up many legal issues. Focus on sections 7.70.040, .050, .060, .065, and .068.
- **WA State informed consent legislation**. This is important. Focus on sections 70.122.020-.120.
- **WA State Natural Death Act**. Skim through this important law especially sections 70.2425.010-.140.
- **WA State Death with Dignity Act**. Skim through this new legislation especially sections 70.2425.010-.140.
- **POLST form and info**. Skim this webpage. In particular, view the "master copy", read the "patient brochure", and watch the video on POLST.
- **Domestic Partnerships**. Review three key sections -- 26.60.010-.30.
- **WA State Marriage Act**. Review three key sections but note, there are two versions for several -- one for if Referend passed November 2012 and is in effect -- 26.04.010, 26.04.020, and 26.04.260.
- **Five Wishes**. Glance through this website with information on advance directives and planning. Skim through. Click on the suggested document. What do you think of it? Would this process assist you or a family member with thinking through the issues?
- **Will to Live Project**. Compare the above website to this one. Click on the "Download the Will to Live" to see their suggested form.
- **Incapacity to Give Informed Consent Owing to Mental Disorder** by C W Van Staden and C Kruger. What about mental disorders? What does it mean that one cannot make health care decisions? This article discusses how to clinically assess a patient's capacity to make decisions.
Example 2: Health policy data

https://canvas.uw.edu/courses/1024901/pages/week-4-exploring-the-policy-literature?module_item_id=6368904

Preparation Activities: (Keep notes and bring for your group work next week)

1. **U.S. Census Bureau**: This is the mother lode for health data. Please go to this site and find at least your topic. But explore a bit to see what the capabilities are of this site. Can you download dataset (i.e., select your own variables)?
2. **Healthy People 2020**: Another rich resource for data and more. Again, identify at least one but will be helpful for your policy brief.
3. **Dartmouth Atlas of Health Care**: What is the purpose of the Dartmouth Atlas of Health Care? Which Dartmouth atlas that are relevant to your topic? Identify at least one piece of data and be ready to share concept -- and tools to measure -- the Triple Aim. See if you can find "Lessons Learned from Two $ global trigger tool" for measuring adverse events. Then find at least one resource from this site that prepared to share with your group next week.
4. **IHI: Institute for Healthcare Improvement**: Explore this site! It is a wealth of continuously updated concept -- and tools to measure -- the Triple Aim. See if you can find "Lessons Learned from Two $ global trigger tool" for measuring adverse events. Then find at least one resource from this site that prepared to share with your group next week.
5. **Washington State Department of Health**: A wealth of data about the health of Washingtonians. See if you can find 1-2 pieces of data relevant to your topic. Bring for your group work.
6. **Access Washington** (Washington State Government portal): This lists resources for Washington relevant to your topic. See if you can see what eligibility or access barriers might affect the issue.
7. **Government Publications collection** in Suzzallo Library (click here for map). Go to the UW HS library publications. What might be useful that is there (in print form)? These might be historical document
Thinking Exercise

Students report that nursing education is boring, redundant, often irrelevant, and fails to teach the most important things needed for clinical practice.

1. **In pairs with a potential teaching partner**, consider one class you will likely be teaching soon.

2. What are 3 ways you might make a digital native find class preparation materials more interesting, relevant, and applicable?
Changes in the Health Care Environment

**Patient Safety**
- Just Culture
- Error disclosure

**Interprofessional Practice & Education (IPP/IPE)**
- Team communication (TeamSTEPPS)
- Coordination of care

**Patient/Family-Centered Care**
- Team-patient communication
- Patient satisfaction measures

**Focus on Where Health Occurs**
- Public and community health
- Ambulatory, primary and occupational settings
Thinking Exercise

With your teaching partner, consider how might you better prepare:

- a **digital learner**
- in a class you are teaching
- around one of the **key priority areas** (i.e., patient safety, IPE/IPP, patient/family-centered care, where health occurs)
- **for practice**
- in the health care world of **tomorrow**?
To do a perfect flip, break it down
Questions? Comments?

What is one thing you learned from this session that you want to remember to use in your future teaching?

Please write it down!