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Featured Article

Success of the First Gynecological Teaching Associate Program in Turkey

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KEYWORDS

breast examination;
gynecological teaching
associate;
nursing education;
nursing student;
privacy;
simulation;
standardized patient

Abstract

Background: Given the sensitive nature of the examination, intimate examination procedures such as breast and genital examination create increased difficulties for students that other noninvasive techniques do not. The purpose of this study was to explore the feasibility and efficacy of an innovative instructional technique, breast examination training via a Gynecological Teaching Associate (GTA), in graduate nursing training in a part of the world where cultural norms dictate a more conservative approach to medical training.

Method: A qualitative study design was used, and semistructured interviews were undertaken with four female graduate nursing students.

Results: Students expressed feelings of anxiety, embarrassment, and hesitation at the first meeting with the GTA. However, owing to the encouraging and relaxing approach of the GTA, students overcame their initial difficulties, successfully completed the project, and reported both surprise at the unexpected success of the methodology and enthusiasm with the instructional technique.

Conclusion: Our study clearly shows that even in cultures where the methodology has never been used before and where a more conservative approach to medical training is used, the effectiveness of this kind of education crosses numerous boundaries and eliminates obstacles to provide excellent clinical examination instruction to all learners.

Cite this article:

Sarmasoglu, S., Dinc, L., Elcin, M., Tarakcioglu Celik, G. H., & Polonko, I. (2016, August). Success of the first gynecological teaching associate program in Turkey. *Clinical Simulation in Nursing*, 12(8), 305-312. <http://dx.doi.org/10.1016/j.ecns.2016.03.003>.

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Background

Today's health care environment calls for nurses who can think critically, who have technical and nontechnical skills as well as professional knowledge, who care for patient rights, and who can provide evidence-based, high-quality nursing care (Luctkar-Flude, Wilson-Keates & Larocque, 2012). Achieving technical and nontechnical skills is a fundamental component of professional development.

Key Points

- Perceptions of privacy vary between cultures, and seeing or touching the private parts of someone else's body, including breasts, is perceived, especially in Muslim societies, to be a misdeed, impiety, and a violation of privacy.
- Intimate examination procedures such as breast and genital examination create additional difficulties for students given the sensitive nature of the examination.
- Gynecological Teaching Associates offer students the opportunity to improve their skills in a comfortable, safe, and professional learning environment.

Although teaching physical examination skills has been a part of undergraduate nursing education since the 1970s, physical examination skills are more intensively taught at the graduate level in Turkey. Technical skills are often acquired in four stages: attending lectures, watching educational videos and demonstrations, practicing on partial task trainers in clinical skills laboratories, and developing the skills on clinical patients (Theroux & Pearce, 2006). Nevertheless, because laboratories and their equipment are by no means authentic representations of human anatomy, this can lead to ineffective development of physical examination skills and create difficulty for students in transferring knowledge and skills to clinical environments (Robinson-Smith, Bradley, & Meakim, 2009; Ross, 2012; Silverman & Wood, 2004). Plastic models used in laboratories for this purpose cannot replicate the feeling or experience of a real physical examination, and they cannot involve interpersonal interactions (Fairbank, Reid, & Minzenmay, 2015). Another current method of obtaining clinical skills is to practice on clinical patients. However, practicing physical examination skills on clinical patients without proper laboratory experience leads to regarding patients as educational resources, which in turn, poses a risk to patient safety, and is unethical (Abe, Fujisaki, & Ban, 2008; Robinson-Smith et al., 2009; Shrestha, Wijma, Swahnberg, & Siwe, 2010; Siwe, Wijma, Stjernquist & Wijma, 2007; Wånggren, Pettersson, Csemiczky, & Gemzell-Danielsson, 2005).

Intimate examination procedures such as breast and genital examination create additional difficulties for students given the sensitive nature of the examination. Practicing breast and genital examinations on clinical patients makes students anxious and distressed, resulting in embarrassment and discomfort for the patient being examined (Jain et al., 2010; Pickard, Baraitser, Rymer, & Piper, 2003; Shrestha et al., 2010). The teaching of gynecological examinations on anaesthetized or sedated patients poses ethical problems for students and educators (Coldicott, Pope, & Roberts, 2003; Ziv, Wolpe, Small, & Glick, 2003). Therefore, simulation methods are increasingly used to improve students' clinical and physical examination skills before their initiation into patient care (Nehring & Lashley, 2009).

Standardized patients (SPs), trained to present a particular condition or scenario in a systematic way, have been used in educational processes since the early 1960s to improve, in particular, health care professionals' clinical skills (Barrows & Abrahamson, 1964). Many studies in the nursing literature have demonstrated that the use of SPs is an invaluable instructional method for learners in obtaining communication and physical examination skills (Gibbons et al., 2002; Kelley, Kopac, & Rosselli, 2007; Oh, Jeon, & Koh, 2015; Robertson, Hegarty, O'Connor, & Gunn, 2003; Theroux & Pearce, 2006; Vessey & Huss, 2002). The early use of SPs led to the contemporary, more formal role of the patient instructor developed by Stillman, Ruggill, Rutala, and Sabers (1980) and the Gynecological Teaching Associate (GTA) introduced by Kretzschmar (1978).

GTAs use their bodies as teaching tools to instruct students in clinical breast, pelvic, and/or rectal examination technique, assess the effectiveness of the instruction, and provide immediate and constructive feedback to the students (Jain et al., 2010; Robertson et al., 2003; Shrestha et al., 2010). Research has demonstrated that GTAs offer students the opportunity to improve their skills in a comfortable, safe, and professional learning environment (Jain et al., 2010; Shrestha et al., 2010); to obtain genuine reactions and direct feedback (Deladisma et al., 2009; Jain et al., 2010; Jha, Setna, Al-Hity, Quinton, & Roberts, 2010); to develop interpersonal communication skills (Fairbank, 2009; Kleinman, Hage, Hoole, & Kowlowitz, 1996; Pickard et al., 2003; Wånggren et al., 2005); to boost self-confidence (Fairbank, 2009; Theroux & Pearce, 2006; Wånggren et al., 2005); to reduce the anxiety that precedes the examination of sensitive parts of the body; and to provide an effective learning experience (Seago, Ketchum, & Willett, 2012; Wånggren et al., 2005).

Despite the success and advantages of this methodology, some students still experience anxiety, embarrassment, and discomfort. These feelings mainly stem from the fact that breasts and genital organs are regarded as a part of gender identity and as such are the most private parts of the body

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