



Bridging the gap: Strategies to integrate classroom and clinical learning



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ABSTRACT

Nursing students often feel their classroom (didactic) learning and clinical (practice) experiences are disconnected which can lead to a rejection of academe and dissatisfaction with the profession. This classroom/clinical divide may be exacerbated because of the increased use of part-time clinical faculty, who are often isolated from their didactic peers. If clinical faculty, either novice or experienced, are disconnected from didactic faculty, is it any wonder students feel their learning is fragmented? The purpose of this paper is to discuss strategies to help bridge the gap between didactic and clinical learning. Specific integration strategies for faculty are presented using examples from a baccalaureate adult nursing didactic course and its related clinical course. The role of a clinical coordinator in facilitating course integration and support for part-time clinical faculty is described. Ideas for using technology to enhance learning and suggestions to promote socialization to decrease faculty isolation are also discussed.

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Nurse educators are being challenged to better integrate classroom and clinical learning to help students understand the knowledge, skills, and ethics needed for professional nursing practice (Benner et al., 2010). Nursing students often report feeling disconnected from the academic ideals learned in the classroom and the real life applications experienced in clinical practice (Benner et al., 2010; Meyer and Xu, 2005; Norman et al., 2005). This disconnect can lead students to rejecting academe as being irrelevant or becoming disillusioned with nursing practice (Meyer and Xu, 2005; Norman et al., 2005).

Perhaps adding to the classroom-practice dissonance in the United States is the national shortage of nurse educators, resulting in clinical courses being frequently taught by part-time faculty or staff nurse preceptors who are far removed from classroom teaching (Bell-Scriber and Morton, 2009). Nursing faculty may be full or part-time and may or may not have concurrent clinical teaching assignments. Clinical instructors without classroom teaching experience may focus solely on the clinical realities of completing skills in a timely fashion (Corlett, 2000). These instructors often lack the educational preparation and experience

necessary for maneuvering nursing students through the quagmire of merging theoretical knowledge with clinical realities (Bell-Scriber and Morton, 2009; Benner et al., 2010; Davidson and Rourke, 2012; Kelly, 2006; Kowalski et al., 2007; Krautscheid et al., 2008; Meyer and Xu, 2005). Currently, there is a scarcity of literature addressing the developmental needs of part-time clinical nursing faculty who often desire more information related to concurrent didactic courses (Davidson and Rourke, 2012; Forbes et al., 2010).

Ideally, nursing faculty should coordinate efforts to transition students' learning from the classroom, into hands-on practice in simulation laboratories, and then implementation in clinical settings. But, the ideal is often not realistic as faculty struggle to find practical ways to better connect classroom learning with professional practice. Crookes et al. (2013) have identified seven strategies/techniques used by nurse educators to bridge the gap: technology, simulation, narratives, problem/context based, reflection, gaming, and art. However, while there is growing worldwide interest in these engaging teaching techniques, more practical applications for nurse educators are needed to close the chiasm (Crookes et al., 2013).

The purpose of this paper is to discuss specific teaching recommendations for bridging the gap between didactic (classroom) and clinical (practice) gleaned from deliberate, coordinated efforts in an undergraduate adult nursing didactic course and its

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concurrent clinical course. The use of a Clinical Coordinator in facilitating integration and support for part-time faculty is described. Finally, the importance of promoting socialization between clinical staff and didactic faculty is emphasized.

Strategies for didactic faculty

Logically, classroom and clinical learning is best integrated when didactic faculty also teach related clinical courses, but the acute shortage of nurse educators often limits the supply of faculty available to teach in both settings (Benner et al., 2010). Didactic faculty, who teach clinical courses, are well positioned to enhance classroom learning with recent exemplars from students' experiences. These types of illustrations help students to contextualize theoretical concepts by providing relevant patient-centered examples (DiLeonardi, 2007) and also serve to enforce the credibility that the instructor's knowledge and course materials are related to current practice. Didactic faculty should strive to maintain clinical expertise by regularly teaching clinic/lab courses, holding joint/contingent practice positions, and/or participating in clinical shadowing experiences. Attendance at hospital in-services, universal skills days, or practice related continuing education such as the Trauma Nursing Core Course or Advanced Cardiac Life Support Certification also helps to ensure currency with standards, policies, and procedures. Ultimately, a commitment to clinical relevancy requires administrative support and its importance needs to be outlined in criteria for annual faculty evaluations and promotion.

Didactic faculty, who are not teaching in the clinical environment, need to develop course materials that explicitly connect the theory-practice dots for students. Didactic faculty should have access to clinical books and assigned skill videos in order to weave practice content into theoretical lectures and case studies. Skill textbooks are particularly helpful in providing concrete steps, application examples, and evidence-based practice references, in order to illustrate theoretical concepts. For instance, when teaching about patient transitions, skill textbooks often have content related to discharge planning, patient education, and home care.

Along a similar note, didactic faculty can support clinical faculty by providing access to lecture notes, course materials, and current research articles. This enables busy clinical faculty to mine appropriate patient experiences and plan clinical discussions that correlate with current didactic concepts. Milner et al. (2005) point to the importance of clinical educators as being a credible and visible links between academe and practice settings. Mindful mentoring and support of clinical faculty creates more opportunities for the transfer of current evidence-based practice into health care settings (Milner et al., 2005). Positive and collaborative interactions between didactic and clinical faculty also serve to role model professional civility for students.

Classroom technology is an important tool for didactic faculty to engage students in meaningful learning and has the potential to improve practice (Crookes et al., 2013). For example, use of audience response technology such as I-clickers, is beneficial for both faculty and students. Faculty can select or create questions to promote synthesis and application of complex concepts which helps students to develop advanced reasoning skills (DeBourgh, 2008). Using this technology, faculty are able to immediately clarify any misconceptions which enhances comprehension (Broussard, 2012).

Video clips and photographs can be useful for portraying applications of theoretical concepts. For example, during a class on postoperative care, showing a short video on patient controlled analgesic devices can provide a pertinent link between conceptual knowledge, clinical skills, and bedside technology. Another classroom strategy is to use samples of electronic medical records to highlight practice relevant to a specific topic such as documenting

assessment data, analyzing vital sign trends, or reviewing prescribed medication orders.

The importance of reflective activities for student comprehension has also been noted in the literature (Crookes et al., 2013). Although content dense didactic courses may have limited time for reflective activities, using short video clips from websites such as TED Conferences, LLC (2013) can be helpful in engaging students to contemplate holistic nursing interventions. Didactic faculty should share relevant websites used in theory with clinical faculty to promote further reflection during clinical discussions with students.

Involving didactic faculty in simulations is another way for students to visualize the connections between the classroom and clinic setting. Didactic faculty can work with simulation staff to plan related classroom activities to precede a simulation experience. Burns et al. (2010) found significant knowledge gains in students taught with human patient simulators preceded by a related didactic lecture. In turn, transfer of lessons learned in simulations can shift back into the classroom by involving didactic faculty in simulation design, implementation, and debriefing sessions.

Didactic faculty have long understood the importance of threading narrative stories into their courses. Inviting clinical instructors to share their stories in the classroom, or through electronic communication, allows students to benefit from multiple faculty experiences and perspectives. For example, via email clinical instructors could submit 'a story of the week' to share in the classroom providing real life relevance. Use of case studies in the classroom also provides realistic problems to promote critical thinking and develop clinical reasoning (Delpier, 2006). Having students work through a scenario or online case study enables students to apply classroom concepts to practice situations. Sharing these cases with clinical faculty helps to thread the learning back into the clinical setting.

Strategies for clinical faculty

Clinical faculty must constantly strive to maximize teaching opportunities and balance multiple students' learning needs while providing safe, high quality patient-centered care in complex, chaotic environments. Although many clinical faculty are expert staff nurses who are thrust into the teaching role, they may not be well prepared for the transition into an educator role (Anderson, 2009; Forbes et al., 2010; Schriener, 2007) and need help to understand how practice experiences correlate with concurrent didactic courses (Davidson and Rourke, 2012; Forbes et al., 2010). To help facilitate understanding, clinical faculty should be given copies of the didactic syllabi and textbooks and be invited to attend classroom lectures to learn firsthand about key concepts, observe how a class is conducted, and discern management of student issues (Anderson, 2009; Flood and Powers, 2012).

Clinical faculty, especially those new to the role or in part-time positions, often need help to prepare for pre/post clinical conferences (Hewitt and Lewallen, 2010). These clinical meetings provide faculty and students with rich opportunities for dialog and reflective learning which facilitates linking didactic concepts to practice. Ideas for clinical conferences include: 1) Challenging students to look for patient medications that correlate with the week's didactic topics; 2) Reviewing NCLEX style questions and then discussing connections to clinical experiences (Yehle and Royal, 2010); 3) Analyzing short case studies derived from lecture topics and identifying links between textbook knowledge and clinical observations (Oermann, 2008; Yehle and Royal, 2010); 4) Sharing evidence-based practice articles that directly relate to didactic topics and discussing ways to integrate research into practice

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