



Nursing rounds as a pedagogical strategy: anchoring theory to practice in gerontological nursing

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Accepted 5 March 2004

KEYWORDS

Nursing care of older
adults;
Nursing students;
Learning community;
Situated learning

Summary There is considerable concern among nursing educators that baccalaureate nursing students' ageist attitudes about the elderly and the lack of understanding of the praxis of nursing care of older adults is not significantly changed by classroom lectures or discussions. Although there is general agreement that working with an experienced practitioner may positively impact on nursing students' perceptions and knowledge about the nursing care of older adults, the clinical learning experiences in this field are often uneven and problematic. In the paper, the authors present a strategy, an adaptation of traditional bedside rounds, in which students are invited to become members of a learning community in the nursing care of older adults. Based on the theory of situated learning by Lave and Wenger, the strategy entails nursing students' active involvement with skilled practitioners in the three phases of the strategy, i.e., orientation, adaptation, and integration. The authors describe how the strategy was implemented in one school of nursing. They conclude with an invitation for faculty and practitioners to further refine and assess this strategy.

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Many concepts, such as functional assessment, autonomy, frailty, and communication (Barkay and Tabak, 2002; Markle-Reid and Browne, 2003; Perry et al., 2003), in the nursing care of older adults should be foundational to practice. However, researchers have determined that nursing students'

integration of these concepts is often lacking (Brown and Draper, 2003; Slevin, 1991; Stevens and Crouch, 1992; Tuohy, 2003). For example, despite lectures about recognizing and assessing delirium, treating pain in the cognitively impaired and cautions about the dosage and side effects of medications, new graduates frequently do not apply the knowledge in their practice as has been identified in other areas (Blomqvist and Hallberg, 2001; Flick and Foreman, 2000; Ludwick and O'Toole, 1996). This may occur in part because more socially based influences, such as ageism, tend to be hidden from

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nursing students' consciousness and are therefore not accessible to them in their practice (Herdman, 2002; Tuohy, 2003). A related concern is that clinical teaching strategies have remained essentially stagnant in nursing education over the past three decades. These essentially evaluative and didactic approaches have constrained the integration of complex concepts in clinical practice (Paterson, 1994). In addition, such pedagogical approaches have been criticized as promoting unreflective and passive thinking by nursing students (Paterson, 1997). There has been a recent call for new methods of clinical teaching that embrace tenets of new curricular paradigms, such as the need to foster clinical reasoning, collaborative learning, active involvement, and learning communities (Paterson, 1997; Tuohy, 2003).

In the following paper, the authors will present a description of a clinical teaching strategy, an innovative variation of bedside teaching rounds that draws on a current theory in adult learning, situated learning. They will discuss their experience with the implementation of this teaching method, including the theoretical and empirical foundations for the use of this strategy, the format and processes involved, the necessary preparation and planning, and the challenges they encountered. The paper will conclude with a discussion of how this strategy may be further adapted to meet the learning needs of nursing students and nurses who provide nursing care for older adults.

Review of literature

There is extensive literature that points to the poor quality of interaction between nursing students and older patients (Slevin, 1991; Stevens and Crouch, 1992; Tuohy, 2003). Although the reasons for this are varied, most authors agree that there is a need for new, innovative ways for nursing students to learn the skills and attitudes to provide nursing care to older adults from practitioners in the field. For example, Leblanc (1995) compared the outcomes of a lecture–discussion versus a simulation in improving nursing students' attitudes toward the elderly. She determined that the outcomes of either strategy were not significant; however, there was a significant change in students' attitudes following eight weeks of clinical practice that included mentorship by skilled practitioners. Tuohy (2003) found in her study of nursing students' communication that students needed to reflect on their practice, particularly the dilemmas of practice in the nursing care of older

adults, with a skilled practitioner to enact improvements and to gain new learning in the care of older patients.

The clinical setting presents many challenges for nursing students to gain new insights about the elderly. The focus on speed and the work of nursing in clinical settings often precludes students' ability to reflect on their experiences and nurses are often too preoccupied to assist students to reflect on their practice (Meyer, 2002). Many courses about the nursing care of older adults include a one-to-one mentoring experience provided by a single practitioner or "buddy nurse". Such an experience may be "uneven and problematic" (Meyer, 2002, p. 28); nurses may be unskilled as mentors and have little interest in the role (Andrews and Wallis, 1999). In addition, nurses who have no official connection with a course may have difficulty integrating the course content or understanding the student's needs. Sheffler (1995) maintains that clinical experiences without skilled mentors who offer concepts and knowledge that are central to the nursing care of older adults have little effect on nursing students' knowledge and attitudes toward the elderly.

One strategy that has been used to teach students in the health professions about the praxis of the profession is patient rounds (Eagles et al., 2001). "Rounds" is a term used in the health professions in a variety of ways, most commonly in reference to case-based or topic-based didactic sessions led by a clinical expert and taking place in a classroom or conference room setting (Keller et al., 2001). Rounds, conducted at a patient's bedside, are common in health professions, such as nursing; however, involvement of the patient or his/her family is not a given and much of the actual teaching that is conducted in these rounds occurs away from the patient, in the hospital hallway or conference room (Manias and Street, 2001; Usatine et al., 1997). The purpose of bedside rounds is most often to hear a student's assessment of a patient and to question students about related content (Elliot and Hickam, 1993). They have been used, however, to teach specific skills, such as cardiac auscultation and clinical reasoning (Seldak and Doheny, 1998). This strategy is particularly relevant for students who have not yet developed a full range of skills in the area because it provides exemplars of praxis by skilled practitioners and it fosters the integration of theory into practice (Irby, 1994; Seldak and Doheny, 1998; Usatine et al., 1997).

There are a number of models of teaching rounds in the health professions. Medicine has maintained a clear preference for case-oriented

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