The use of online discussions for post-clinical conference

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ARTICLE INFO

ABSTRACT

Nurse educators, at every level of pre-licensure nursing education, are charged with developing critical thinking skills within their students. Post-clinical conference is one teaching strategy that nurse educators can employ to help promote the development of critical thinking skills in pre-licensure nursing students. However, traditional face-to-face post-clinical conference is marred with issues and concerns, as identified in the nursing education literature. An alternative to face-to-face post-clinical conference, asynchronous online learning environment, mitigates the issues and concerns associated with traditional post-clinical conference. Adult learning theory supports the use of asynchronous online learning environment because the asynchronous online learning environment promotes student-centered teaching strategy in place of teacher-centered learning, which by its nature traditional face-to-face post-clinical conference tends to support.

Introduction

Clinical post-conference is a widely used teaching method; however, as the research demonstrates, how well the purposes of clinical post-conference are met depends on the conditions under which clinical post-conference is conducted. Clinical post-conference is used at all levels of pre-licensure nursing education, including baccalaureate (four-year university setting), associate degree (two-year community college setting), diploma (three-year hospital based program), and practical nursing (one-year community college or trade school setting); therefore, understanding the conditions under which clinical post-conference is conducted in order to determine the most effective conditions adds to the ability of nurse educators to conduct meaningful post-conferences.

Clinical post-conference

Within the nursing literature, the purposes of clinical post-conference have been addressed, but the definition and purposes of post-conference have changed little over the past four decades. Matheney (1969) defined clinical post-conference as a group dialogue that normally follows an assigned clinical learning practicum. Kan and Stabler-Haas (2009) defined clinical post-conference as a meeting time set aside to discuss clinical issues and questions about clinical outcomes. While written forty years apart, these two definitions are essentially the same.

The nursing literature has identified several purposes for the use of clinical post conferences. These identified purposes include: developing critical thinking skills in pre-licensure nursing students, synthesizing of clinical learning, accomplishing clinical and course outcomes by making associations between clinical learning activities and learning outcomes that need to be achieved, group-learning experience, providing a time when students can use reflection to advance learning within the affective domain of learning, providing opportunities to appraise, analyze, and critique care provided during the clinical practicum, discussing the role of the nurse within the terms of professional and technical practice, and making clear the association between theory and practice and maintaining focus on the patient as an individual (Hsu, 2007; Kan and Stabler-Haas, 2009; Letizia, 1998; Letizia and Jennrich, 1998; Matheney, 1969; Mitchell and Krainovich's, 1982; O'Connor, 2006; Payne, 2011; Rossignol, 2000; Stokes and Kost, 2009; Wink, 1995). The nursing education literature clearly recognizes that post-conference serves a variety of purposes in the instruction of pre-licensure nursing students.

Nurses, at all levels of education, must have strong critical thinking skills in order to function effectively in the multifaceted healthcare environment that exists in today's healthcare arena (Brunt, 2005a,b; Daly, 1998; Hsu, 2007; Letizia and Jennrich, 1998; Martin, 2002, 2002; Twibell et al., 2005). Critical thinking is essential to the execution of safe and skilled nursing care (Saucier

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et al., 2000; Turner, 2005). The ability to think critically helps nurses function independently with the aim of advocating for patient needs within a constantly evolving healthcare system. Critical thinking is defined as "purposeful, self-regulatory judgment which results in interpretation, analysis, evaluation, and inference as well as explanation of the evidential, conceptual, methodological, criteriological, or contextual considerations upon which judgment is based" (Facione, 1990, p. 2). In order for nurses to learn these skills and carry them into clinical practice, Rowles and Russo (2009) declared that a role of nursing faculty is to assist nursing students to develop higher-order thinking skills.

One of the many approaches used to help develop critical thinking skills in pre-licensure nursing students is clinical post-conference (Emerson, 2007; Hermann, 2006; Hsu, 2007; Letizia, 1998; Letizia and Jennrich, 1998; O'Connor, 2006; Rossignol, 2000; Stakes and Kost, 2009; Wink, 1995). However the traditional face-to-face clinical post-conference is fraught with many issues and challenges including: a lack of sufficient time for each student to critically evaluate care, a lack of structure which can facilitate the education session, disbanding into insignificant conversation, the timing of the session, in that the session is held at the conclusion of the training practicum that can be physically and emotionally draining for the learner, as well as the educator, the session is often viewed by the learner as a repeat of what has already been learned, faculty dominance, minimal student involvement during the session (DeYoung, 2009; Kan and Stabler-Haas, 2009; O'Connor, 2006; Payne, 2011; Wink, 1995). Therefore, the effectiveness of online learning in the development of critical thinking skills in pre-licensure associate degree nursing students must be investigated to determine to what degree, if at all, the online learning format counteracts the identified issues and challenges associated with post-clinical conference. Should online post-clinical conferencing counteract the identified issues, it may be one way to meet the call for reform issued from national nursing educational advocacy groups.

While nursing educational literature articulated the importance of clinical post-conference in the development of critical thinking skills along with clinical decision making skills, the studies by Letizia and Jennrich (1998), Rossignol (2000), and Hsu (2007) document that face to face clinical post-conference may not always meet the purpose of developing critical thinking skills. However, numerous authors still assert the importance of clinical-post conference in developing critical thinking skills. For example, Wink (1995) avowed that clinical post-conference functions as a vital component in the development of critical thinking and clinical decision-making skills by student nurses. Clinical decision-making or clinical judgment is described by Alfaro-LeFevre (2009) as the outcome of the critical thinking process. As a result of critical thinking, clinical decision-making is the deductions fashioned, the judgments made, and the options formed as a result of the critical thinking process (Alfaro-LeFevre, 2009). Gaberson and Oermann (2010), Hsu (2007), as well as Twibell et al. (2005), endorsed the significance of clinical post-conference in the development of critical thinking skills. Furthermore, nursing education literature identified the importance of post-conference in supporting learning within the affective domain through reflection and sharing of clinical experiences within a group setting (Hsu, 2007; Kan and Stabler-Haas, 2009; Letizia, 1998; Payne, 2011; Rossignol, 2000).

Because the clinical post-conference serves multiple learning purposes, there was no single instrument to assess the effectiveness of clinical post-conference. To address this gap, Letizia and Jennrich (1998) conducted a study to "describe the development and psychometric testing of an instrument that allows nursing faculty to describe and differentiate the learning environment as perceived by students and faculty during clinical post-conference"

(pp. 206–207). Due to the lack of an instrument to measure the learning environment specifically in the clinical conference setting of post-secondary education, the authors created the Clinical Post-Conference Learning Environment Survey (CPCLES). Developed from an exhaustive search of the literature, the CPCLES contains 54-items based on a 7-point Likert scale.

While CPCLES added to the knowledge base regarding clinical post-conference, it did not fully close the gap between the stated purposes of clinical post-conference and an instrument to measure those purposes effectively. Rossignol (2000) conducted a descriptive non-experimental study which investigated "verbal and cognitive actives between and among students and faculty during 30 post-conference sessions" (p. 245) that added to the research base regarding the assessment of clinical post conference. The study was conducted at a baccalaureate nursing program in a northeastern state. A convenience sample of 57 generic nursing students and 10 faculty members was used for the study. Three post-conferences per faculty member were audio taped for a total of 30 post-conferences. The audiotapes were transcribed verbatim. The transcripts were coded by two trained coders. For this particular group of post-conferences, the author found that faculty employed a student-centered model of instruction, students did most of the teaching, discussion was cooperative, and that one-quarter of the conferences dialogue was at a high (evaluation) cognitive level, while 75% of the dialogue was at a low cognitive level (knowledge).

Hsu (2007) conducted an explorative study to investigate the perceptions of nursing faculty on the subject of clinical post-conference and interaction characteristics between faculty and students during clinical post-conference. The study used a sample of 10 faculty members and 50 nursing students from a Taiwanese school of nursing. The data was collected from researcher observation, field notes, and taped transcripts from two post-conferences conducted by each faculty member. The data was analyzed using the qualitative software program Non-Numerical Instructed Data Indexing Searching and Theory-building. The majority of post-conference was found to be made up of discussion of clinical experiences and discussion of assignments. Ninety-percent of questions asked during post-conference were on the low end (knowledge and comprehension) of Bloom's taxonomy. The author argued that in order to achieve significant learning during post-conference, faculty members must cultivate critical thinking and problem-solving in an active, student-centered learning environment.

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