

Every move counts in learning: Filipino clinical instructors' scaffolding behaviors in teaching medication administration



Les Paul M. Valdez*, Allan B. de Guzman*, Rowena L. Escoler-Chua

College of Nursing, University of Santo Tomas, España, Manila 1015, Philippines
The Graduate School, University of Santo Tomas, España, Manila 1015, Philippines

ARTICLE INFO

Article history:
Accepted 14 June 2012

Keywords:
Scaffolding
Nursing students
Medication administration
Philippines

SUMMARY

The role of clinical instructors in preparing student nurses for the realities and dynamics of clinical practice cannot be underestimated. Previous literature has identified scaffolding as a diagnostic tool that enables both supervisor and learner to recognize knowledge-in-waiting and knowledge-in-use (Spouse, 1998). The pivotal role of scaffolding in the teaching–learning process cannot be underestimated. However, literature pertaining to its use in nursing is hard to locate (Dickieson, Carter and Walsh, 2008; Spouse, 1998). Hence, this qualitative study was conducted to capture nursing students' views and experiences of the scaffolding moves of their clinical instructors as they learn medication administration. From the thickness and richness of the descriptions of a select group of nursing students ($n = 31$) in a comprehensive university in the Philippines, three interesting and yet intersecting themes surfaced relative to the scaffolding moves employed by clinical instructors, which include: (1) thought-provoking; (2) focus-steering; and (3) action-enabling. The said moves are carried out in a timely fashion to facilitate students' acquisition of knowledge, skills and attitudes pertaining to medication administration. Through the understanding of clinical instructors' scaffolding behaviors, this study provides a platform for more effective clinical instruction aimed at supporting future nurses' role in medication safety.

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Introduction

The role of clinical instructors in preparing student nurses for the realities and dynamics of clinical practice cannot be underestimated. At the heart of this role is the challenge of how students' learning can be best facilitated through developmentally appropriate strategies. Such challenge is addressed in response to the fact that learners may arrive at clinical placements with some theoretical knowledge but not having seen it in practice (Spouse, 1998). To help learners reframe their knowledge within the theoretical and practical contexts of the tasks, scaffolding, a term coined by Wood, Bruner and Ross in 1976, has been identified as a diagnostic tool that enables both supervisor and learner to recognize knowledge-in-waiting and knowledge-in-use (Spouse, 1998). As a teaching strategy, it is described as “the steps taken to reduce the degrees of freedom taken in carrying out some tasks so that the child can concentrate on the difficult skill she is in the process of acquiring” (Bruner, 1978, cited by Burns and de Silva Joyce, 2005). Through scaffolding, teachers support students while developing new knowledge and skills. As students develop mastery of these skills, teachers employ “fading”

(Collins et al., 1991) to gradually withdraw the support given until they become competent and independent.

One area in nursing that requires competence and autonomy by students is medication administration. In fact, it is one of the major responsibilities of a nurse. However, nursing students may still be inadequately prepared for the unpredictability of clinical practice and multifactorial nature of student-made medication errors (Valdez et al., 2012). Undeniably, effective teaching through scaffolding is essential in linking the theoretical and practical dimensions of medication administration and error prevention.

However, literature pertaining to the use of scaffolding in nursing are hard to locate (Dickieson et al., 2008; Spouse, 1998). While scaffolding strategies (Dickieson et al., 2008) and activities (Phaneuf, 2007) are generally employed in clinical teaching, the extent to which scaffolding is applied in the teaching of medication administration in the Philippine context remains unexplored.

As is the case internationally (Reid-Searl et al., 2010), students in the Philippines are allowed to administer medications only under the supervision of an RN. In the Philippines, students are expected to undertake medication administration process under the supervision of a clinical instructor from the colleges of nursing.

The extent to which students develop the skills necessary to carry out successful medication administration depends in great measure, on the clinical instructors' ability to provide support during the learning process. Therefore, capturing students' views and experiences of the

* Corresponding authors at: College of Nursing, University of Santo Tomas, España, Manila 1015, Philippines. Tel./fax: +63 2 3140852.

E-mail addresses: lmvaldez@mnl.ust.edu.ph (L.P.M. Valdez), abdeguzman@mnl.ust.edu.ph (A.B. de Guzman).

scaffolding moves of their clinical instructors is vital in surfacing a number of pedagogical implications on how clinical instructors could make their role as preceptors meaningful. Thus, this study was underpinned by the question: What are the scaffolding moves employed by clinical instructors when teaching medication administration?

Methods

Design

To describe the essence of the clinical instructors' scaffolding as a phenomenon, descriptive phenomenology was utilized. Phenomenology is defined by Husserl (1970, cited by Wojnar and Swanson, 2007, p. 173) as “the science of the essence of consciousness focused on defining the concept of intentionality and the meaning of lived experience from the first person point of view”.

Study Site and Selection

The locus of this study was a comprehensive university in the Philippines. Currently, the said college follows a four-year competency based academic program in accordance with the standards set by the Commission on Higher Education (CMO, 14, 2009). Admission to the Bachelor of Science in Nursing program requires applicants to comply with certain standards and prerequisites. Additionally, students are obliged to meet a cut-off average set by the admissions committee to qualify for the second level. After which, students are then permitted to have their related learning experiences (RLE) in the university's affiliated hospitals under the supervision and guidance of qualified clinical instructors (de Guzman et al., 2007) and are rotated in different areas every four to six weeks.

Gathering rich experiential descriptions necessitate participants with substantial experience in medication administration. Hence, this study involved 31 junior student nurses from a comprehensive university in the Philippines. The demographic profile of the participants as shown in Table 1, indicates that majority of the participants were female ($n = 18$) between 18 and 19 years of age ($n = 26$). In addition, all participants had clinical experiences in pediatric, obstetric, out-patient and medical surgical units. Further, 48.4% had been assigned in medical–surgical wards three times.

Data Collection

After obtaining approval from the institution's administrators and ethics committee, letters of invitation were sent personally. Students

who expressed interest were scheduled for an interview based on their availability. Consent to conduct and record the interview was secured from the students after explaining the purpose of the interview and the importance of their participation. Further, they were assured of the voluntary nature of their participation and their right to withdraw anytime during the interview and that their participation would not affect their grades. Each participant was assigned a number as pseudonym. To make sure all the topics were covered, an *aide memoir* was used. Specifically, the key questions asked included: (1) How would you describe the way your clinical instructors help you learn how to prepare and administer medication? (2) What specific steps have you undergone along with your clinical instructors to be able to prepare and administer medications during your shift/rotation? (3) What do you think of your clinical instructors' practices when teaching medication administration?

Mode of Analysis

Interview recordings were transcribed by the researchers for a more accurate transcription and to come up with an extended text which was later read and reread to facilitate naïve understanding. For the purposes of phenomenological reduction, a dendrogram was constructed to enable the researchers to observe cool and warm analyses (de Guzman and Tan, 2007). During cool analysis, anchors and phenomenal referents were marked to facilitate identification of themes within the text (Ryan and Bernard, 2003). For the warm analysis, highlighted words or phrases were proof-read and analyzed to formulate categories and themes. Finally, validity, truthfulness and trustworthiness of the emerging patterns were established through correspondence with the participants, member-checking procedure (Graneheim and Lundman, 2004) and critical friend technique involving experts.

Findings

Through the thickness and richness of the descriptions of the participants, three interesting themes emerged relative to the scaffolding moves employed by clinical instructors when teaching medication administration. Hence, we developed the *Wheel of Scaffolding*, a conceptual model which typifies distinct behaviors of clinical instructors as they facilitate students' acquisition of knowledge, skills and attitudes pertaining to medication administration (see Fig. 1). This includes: (1) thought-provoking; (2) focus-steering; and (3)

Table 1
Demographic profile of the participants ($n = 31$).

Profile	Frequency	%
Age		
18–19	26	83.9
20–21	5	16.1
Gender		
Male	13	41.9
Female	18	58.1
Clinical experience		
Medical–surgical*		
Twice	16	51.6
Thrice	15	48.4
Neurology	17	54.8
Pediatrics	31	100.0
Obstetrics	31	100.0
Psychiatric	3	9.7
Out-patient	31	100.0

*Multiple responses.

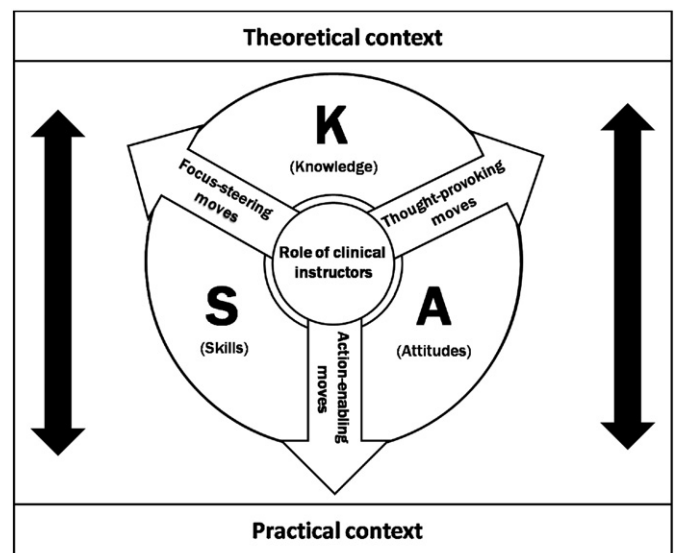


Fig. 1. Valdez, de Guzman and Chua's Wheel of Scaffolding.

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