‘Concept-Based Teaching for Nursing Instructors’ Faculty Professional Development Guide

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Introduction to Concept-Based Nursing Curriculum

As research, concepts, and best practices have evolved in the nursing field, nursing educators have been faced with the challenge of increasing the scope of their instruction despite unchanging time constraints. Faculty and program directors have become overwhelmed by the expanding volume of content related to their field of study, and have struggled with determining what to include or exclude from formal curricula. Consequently, nursing education programs have developed new approaches to address content saturation and the evolving challenges of nursing education.

One evidence-based approach which has been developed to address this challenge is "Concept-Based Curriculum." The Concept-Based Curriculum (CBC) model provides an organizational framework for curriculum design which places heavy emphasis on conceptual perspectives. The CBC model overcomes the challenges of content saturation through categorizing and organizing course content according to broad principles or concepts. This framework challenges students to go beyond facts to understand larger patterns and relationships related to patient care and illness. The CBC model emphasizes student-centered learning, integrated learning activities, and learning outcomes related to conceptual learning and higher-level critical thinking.

As CBC differs from the traditional approach to nursing education, nursing educators may be unfamiliar with the model. The purpose of this faculty professional development guide is to detail the process of developing concept-based curriculum for nursing, and provide strategies for delivery of concept-based curriculum in nursing education programs. Additionally, the guide includes recommended readings, a resource guide, and appendices with sample lesson plans for concept-based nursing education.

Implementation of Concept-Based Curriculum

This guide will use the implementation process detailed by Erickson (2008) to guide the development of concept-based curriculum for nursing:

1. *Identify and define the concepts.*
2. *Categorize concepts, identify exemplars.*
3. *Specify performance outcomes.*
4. *Align outcomes with activities.*
5. *Identify active learning strategies.*

1. Identify and Define the Concepts

The first step in developing concept-based curriculum is identifying and defining concepts. Erickson identifies five criteria for CBC, arguing that concepts must be:

- Broad in scope
- Summarized by one or two words
- Universal in application
- Timeless in use
- Represented by common examples

For example, consider the concept of *oxygenation*. *Oxygenation* is a broad concept, summarized by one word, universally applicable, timeless, and can be considered with regard to many scenarios in nursing (e.g., in direct patient care, in care of groups, and in the community).

For another example, consider concepts related to professionalism in nursing. These might include work ethic, accountability, competency, professional development, etc.

In identifying and defining concepts, it is important that the definition of each concept is both agreed upon by faculty and meaningful to students. Including students in this step of the process is recommended.

Useful sources of concepts for nursing curricula include QSEN, IOM, BSN Essentials, NLN Competencies, etc.

2. Categorize Concepts, Identify Exemplars

After identifying concepts, concepts should be divided into categories or domains, both for ease of reference and to help students organize the concepts. Categories should be broader in scope than concepts, and should be summarized by just a few words. For example, for the concepts related to professionalism in nursing, an appropriate category might be "Professional Behaviors and Accountability."

Once the critical concepts and categories of the curriculum have been outlined, exemplars to represent concepts should be selected. Exemplars should be based on conditions critical to student knowledge, and should be applicable for broad use. For example, for the concept of oxygenation, the goal will be to explore oxygenation across the lifespan. Therefore, to select an exemplar, one or two conditions that best represent the concept should be identified. There are many exemplars for oxygenation across the lifespan – an exemplar related to pediatric care might be Respiratory Syncytial Virus, or an exemplar related to geriatric care might be Chronic Obstructive Pulmonary Disease.

3. Specify Performance Outcomes

When students take responsibility for their own learning, they become explorers leveraging their curiosity to solve real-world problems. The goal of a concept-based curriculum is for students to take responsibility for their own learning. However, lesson planning is essential to facilitate this process. Lesson planning for a concept-based curriculum requires skill and creativity. The most important part of each lesson is the very beginning, during which the instructor informs the students about the concept to be explored, why the concept is important, and what the learning outcomes for the lesson are. Learning Outcomes are goals that describe what a student will be able to do as a result of a learning experience. Instructors should take care to be sure instructions and outcomes are clearly stated and easy to follow. Challenging content is necessary, yet it is important to avoid overcomplicating the lesson, which might lead to confusion.

In defining performance outcomes, the instructor must determine both who the learners are, and what they need to be able to do at the end of each lesson. For example, for students being taught a lesson about oxygenation, the outcome might be to "list from memory the commonly occurring alterations in oxygenation and their related treatments." A learning outcome for a lesson on feedback might be to "demonstrate feedback methods that promote the development of a healthy learning environment." (See Appendix A for a sample lesson plan incorporating this outcome.)

4. Align Outcomes with Activities

In concept-based learning, it is essential for activities to be as engaging and active as possible. Each lesson should be designed based on the content (including props, readings, etc.), tasks students will complete, how the instructor will guide the process, and how students will be assessed in order to meet the defined outcomes for the lesson. The beginning of each lesson should introduce the concept and key exemplars. After the concept has been described, a variety of adult learning active modes of instruction should be implemented. These modes may include, but are not limited to: breakout groups, discussions, summary presentations, demonstrations, etc. There are many ways in which instructors act as facilitators of learning in their classrooms. It is important when planning lessons to be able to think creatively. Projectors and screens can be used to display concept-related media for students to analyze. Chairs can be rearranged and configured in ways that promote engaged discussions. Getting students out of the classroom can also be beneficial.

In designing curriculum, it is important for instructors to remember that students have different learning styles, and come from various academic and/or career backgrounds. These factors may significantly affect individual learning processes. In lesson planning, instructors should consider implementing various modalities (visual, auditory, kinesthetic) to engage diverse learners. Instructors should also consider how to engage students with a variety of different personalities, including both extroverts and introverts, social and nonsocial students, and those who face personal challenges. Understanding and embracing the diversity of learners will allow for students to contribute positively to the learning environment and overall experience. See Appendix A for a sample lesson plan featuring activities aligned with learning outcomes.

5. Identify Active Learning Strategies

Active learning strategies are recommended for delivery of concept-based curriculum in nursing education. Many different active learning strategies may be appropriate based on lesson content and student characteristics. The next section of this guide focuses on four different strategies to apply in developing learning activities and lesson plans for concept-based curriculum in nursing: small group work, demonstrations, using technology, and student-centered assessment.

Active Learning Strategies

Small Group Work

One active learning strategy for a concept-based curriculum is small group work. Working with large groups of students reduces opportunities for individuals to share and learn from their peers. For this reason, it can be more effective to divide large groups into smaller groups. Small group activities can significantly help to resolve communication issues and promote collaborative and engaged learning.

The BTC Nursing Program approaches small group activities by assigning students readings and videos to review prior to coming to class. When students arrive to class, the concept of the day is briefly introduced. For example, the concept of the day could be *oxygenation*. Faculty might share a story about a client with an oxygenation, highlighting important information such as assessments and medications. Students are then given unfolding case studies to work on in small groups that cover exemplars of the concept such as Asthma, Bronchitis, Emphysema, and RSV. Case studies typically start with a story about a patient, and give key assessments followed by a series of questions (e.g. what should the nurse do first? what should the nurse assess?). Subsequently, more information is given about assessments or lab results, and the students are asked more questions. See Appendix B for sample case studies for activities in the Nursing Program at BTC.

Small group work is most effective when students are allowed to share their own ideas, bring their own experiences and existing knowledge to the group, and help assist other students in understanding and applying the topic concepts covered. Small group work usually consists of collaboration with others in the group, whether they are working to create a group report, presentation, or other artifact. In this process, students work together to learn how to cope with social and life issues such as adversity, personality differences, and other forms of diversity – a critical skill for nurses working in the healthcare environment. If students don't get along personally, this will also be an opportunity to practice good interpersonal communication skills for the workforce.

In the lecture environment, students are given knowledge and typically ask the instructor for clarification. In group settings, clarification can be offered by student peers. The instructor should be facilitating the activity and be readily available to support groups if further clarification is needed. Ultimately, students are held accountable for the role they play in the group, and with the final product they produce. This is where small group work has its advantages because students end up learning from each other.

A task or activity is available for groups that finish earlier than others, to maintain classroom behavior. For example, students could find NCLEX-style exam questions about the topic to share with classmates from online sources or in NCLEX prep books. When all the groups are done, the class comes back together as a large group to present findings. The faculty facilitate presentations of information through Socratic questioning (For information about Socratic questioning, refer to Resources).

Other activities in which small groups might engage (beyond discussion) include:

- Brainstorming
- Role playing
- Problem solving
- Debating
- Creating visuals

See Resources for more information about small group work.

Demonstrations

Nursing instruction is technical in nature. Consequently, nursing programs commonly require instructors to use demonstrations when introducing topics or procedures to their students. This focuses heavily on giving students the skills they need to perform certain tasks in their work. As subject matter experts, instructors must have experience in performing these tasks.

Demonstration means to display through modeling skills, behaviors, and competencies. The purpose is for students to replicate what they are shown until they are able to demonstrate that they can accomplish the same task, or illustrate the same concept. However, demonstration is not limited to job-specific tasks. Instructors can demonstrate their theoretical concepts through other means such as metaphorical presentations or the act of working with students to create something in class. In the science classroom, instructors demonstrate laboratory experiments as a means of illustrating and proving the existence of certain chemical processes. In student demonstration of the same actions, they arrive at the same conclusions, while reinforcing the concepts they might have been exposed to in a lecture or textbook.

Demonstrations for nursing skills can begin start by sharing concept related stories, so students know the importance of accurately performing the skill. Examples could relate to how a previous student made an error, perhaps a funny story from practice, or maybe an experience a client shared to the instructor. Narrating the process as the instructor goes through each step is effective for the students to understand how important sequencing process is. Giving a reason

for each action, and how it ties to any theoretical concepts becomes highly important for student comprehension. Having students read through the steps before demonstration is also highly recommended. Providing a clearly outlined set of steps that visually display the actions should be passed out to students. They can read aloud each set as the instructor goes through the manual, which helps keep them engaged. If it is a skill with a checklist, students are required to print the list and bring it. They can then take notes on it during the demonstration to help them when they practice, and are evaluated on the skill.

In nursing and other medical fields, limiting the amount of mistakes is crucial. This is why it is important for instructors to clearly state that the classroom is where mistakes should be made. When aiming to master any skill, students must understand that a process must take place, and that people will make mistakes along the way. Students will make mistakes and possibly become frustrated. Instructors should be supportive to students, by letting them know they had made mistakes along the way too. This can be explained throughout demonstrating any procedure. Ultimately, this lightens up the atmosphere and relaxes students so they can retain the knowledge much more effectively without so much pressure. Additionally, it can be valuable to demonstrate what to do when a mistake is made (i.e. if you contaminate your sterile field, what can you do?). Being able to practice in the lab-based environment over and over until confidence and mastery is achieved is an important aspect in demonstration, both from the instructor's perspective and the student perspective.

An added bonus of incorporating demonstrative techniques into the classroom is that the instructor can demonstrate how to display appropriate workplace behavior. When giving a demonstration it is important to act as if you are a professional in say a medical office or hospital. Point being, in addition to demonstrating the skills, instructors are also demonstrating the working context of those skills, and will should hold students to those same standards.

Modeling good workplace behaviors can also be related to role-playing. Depending on the concept or procedure being demonstrated, it can be a great opportunity to get students involved into the activity. Look for opportunities for them to assist where they can. Try to have them assist each other when it comes time to practice a skill or procedure. This helps to build confidence through practice. It is important to allow your students to fail, ask questions, and to arrive at mastery on their own terms. Keep in mind however that if a student is completely missing the point, and doing everything wrong, intervention may be required. Being able to tell the difference between this situation, and the one where the student is simply on their way to mastery, is an area where the instructor will have to be mindful and aware.

Using Technology in Teaching

Technology in the classroom should enhance learning, not create barriers to it. When thinking of how to implement technology to achieve learning objectives, it is important to pick the most appropriate technology to facilitate these objectives. Think about what is trying to be accomplished, and what tools exist to achieve those ends. A good example is PowerPoint. PowerPoint was invented to augment and enhance in-person oral presentations, to provide more dynamic-visuals to a person's oral presentation. It has now become the most popular way to convey information. However, just because it is the most popular "*go to*" classroom technology platform, it may not be the most appropriate technology for the situation. The instructor should always be mindful about the overuse certain technologies. (See the Resources section to review two articles explaining this further)

Thinking about where and how technology is used in the classroom can determine its effectiveness. Where will the instructor be teaching? In a lab? In a classroom? Online? Are the same technologies used in one place the most appropriate or the most effective in another? Keeping track of all of the technologies being developed can be overwhelming. However, attempting to stay updated on technological developments in education is important, as it is a part of the career field. Online research can help with this. Again, it all comes down to what the instructor wishes to accomplish. Should students submit videos? Keep in mind there many different ways to upload videos. Which way is easiest for them to fulfill the task? Which way will help an instructor collect and grade these videos? These are just a few examples to keep in mind.

There are growing expectations for instructors to be proficient in the use of instructional technologies, which should not be ignored. New forms of technology are consistently evolving and are being used by both students and workforce employers. Therefore, it is increasingly important for instructors to be able to access and operate these technologies in appropriate ways. Adopting new technologies into the classroom has just been a part of the job for instructors, whether it is new equipment or new software. It is important to remain mindful, patient, and calm as these technologies make their way into our classrooms.

Student-Centered Assessment

The critical questions of student-centered assessment are:

- How do instructors assess if outcomes were met?
- How do instructors know if students can perform the learning objective(s)?
- What comes to mind when thinking of the assessment?

The approach to nursing education assessments is often thought of as a physical assessment (i.e. respiratory or heart rates). Higher education assessments are commonly thought of as quizzes, tests, exams, written assignments, clinical performance, and/or skill evaluations. Whatever the methods chosen for assessment, they should aim to accurately measure the outcomes in the course or assignment that have been set forth by the instructor or program faculty. It is very important to make sure the outcome and the assignment align. For example, if the outcome is that a student will be able to drive a car, only assigning a written exam would not allow for a full measure of their ability to drive a car. There needs to also be a proper evaluation for them to actually drive a car. A physical demonstration in a safe environment would be a properly aligned evaluation.

Ideally, replicating the workplace through simulation should be the aim for assessments. This allows for students to demonstrate their comprehension and mastery of skills towards the learning objective. The idea of assessing students through role-play, real world application, project building, and demonstration of skills mastery is called Authentic Assessment. This method for assessment is effective, as it helps an instructors align the assessment with learning objectives. Authentic Assessments enhance student motivation because they are also engaging and active. With this type of assessment, students are more likely to become proud of their product(s), and the process they went through to create it. Whereas, taking a written exam only gives them a number to show for their efforts.

Consider how students may feel stress or anxiety when presented with different forms of assessment. Just hearing the terms like mid-term, pop-quiz, or final exam can raise blood pressure rates. *High Stakes Testing* is especially stressful: pass this exam with this score or you fail out of the class or program. When asking a group of students "Any questions? Everyone understand this?" Students rarely speak up when they don't understand, as they fear how their colleagues will perceive them. Fortunately, there are many alternative solutions to this. Here are two examples:

- Take index cards with student names and information on them. Draw a student from the pile and ask clarifying questions of them, using the index cards to make it random and fair.
- A math teacher used another method- What he would do was after explaining a topic and giving his students time to work through a few problems, he would give them all a small blank sheet of paper. On this paper they'd write any questions they had about topics or concepts they didn't understand. They were then asked to crumple them up into balls. A paper-ball fight would then ensue, or a game of paper basketball, or a game of 'let's pummel the teacher with paper balls'. This got the students out of their seats, not thinking about math and actually having fun. After the activity, there were all these pieces of paper lying around. Each student picked a random one up, and one by one the instructor worked through these problem topics with the students. It was a fun and anonymous way for students to express their doubts, admit that they needed help and have support in those areas.

Nursing program skill evaluations at BTC are commonly performed with two students going at the same time, working on two other classmates as patients. Students are given an opportunity to support each other through the skill. They practice this way to prepare for evaluation time. If they don't pass, they can repeat the assessment two more times. Classroom exams are then followed by group exams, where students are divided into equal groups to retake the exam for a score which counts toward their final grade. This helps them as they share knowledge and explain their exam strategies to each other.

Other methods of assessment are measuring the students' ability to produce a product, where the final product is the only thing that is assessed. In many of the fields of work, it may be advantageous to assess their learning process as well, going into how they stumbled along, didn't understand concepts, and how they came to an understanding to eventually master a skill in confidence. Generally however, there are two categories of assessment: Formative and Summative. Formative is typically ungraded, informal, and a way to pinpoint gaps in learning. Summative is the final assessment, where students will provide evidence to the instructor that they have met the outcomes or masteries expected of them. These are usually for a grade. Implementing a balance of both formative and summative are recommended.

Recommended Readings

Here is a list of readings on concept-based nursing to educate and inform the process:

- Duncan, K & Schulz, S (2015) Impact of change to a concept-based baccalaureate nursing curriculum on student and program outcomes. *Journal of Nursing Education, 54* (3), 16-20.
- Getha-Eby, T., Beery, T., Xu, Y., O'Brian, B., (2014). Meaningful learning: Theoretical support for concept-based teaching. *Journal of Nursing Education, 53* (9), 494-500.
- Getha-Eby, T., Beery, T., Xu, Y., O'Brian, B., (2015). Student learning outcomes in response to concept-based teaching. *Journal of Nursing Education, 54* (4), 193-200.
- Giddens, J. F., & Brady, D.P. (2007). Rescuing nursing education from content saturation: The case for a concept-based curriculum. *Journal of Nursing Education, 46* (2), 65-69.
- Giddens, J., Brady, D., Brown, P., Wright, M., Smith, D. , & Harris, J. (2008). A new curriculum for a new era of nursing education. *Nursing Education Perspectives, July.*
- Giddens, J.F, & Morton, N. (2010). Report card: An evaluation of a concept-based curriculum. Nursing Education Perspectives, Nov/Dec, *31*, 6.
- Gubrud-Howe, P., & Schoessler, M. (2008). From random access opportunity to a clinical education curriculum [Guest Editorial]. *Journal of Nursing Education, 47* (1), 3-4.
- Ironside, P. M. (2004). "Covering content" and teaching thinking: Deconstructing the additive curriculum. *Journal of Nursing Education, 43* (1), 5.
- Lasater, K., & Nielsen, A. (2009). The influence of concept-based learning activities on students' clinical judgment development. *Journal of Nursing Education, 48,* (8), 441-446.
- Nelson-Brantley, H.V., Laverentz, D.M.,(2014) Leaderless organization: Active learning strategy in a concept-based curriculum. J*ournal of Nursing Education, 53* (8), 484
- Nielsen, A. (2009). Concept-based learning activities using the clinical judgment model as a foundation for clinical learning. *Journal of Nursing Education, 48* (6), 350-354
- Tanner, C. A. (2007). The curriculum revolution revisited February [Editorial]. *Journal of Nursing Education, 46,* (2), 51.
- Tanner, C. A. (2010). From Mother Duck to Mother Lode: clinical education for deep learning [Editorial]. *Journal of Nursing Education, 49* (1), 3-4.

Resources

- BTC Concept Grid:
  - 2015-2016 BTC DTA Nursing Concepts rev 6_25 DD (1).xlsx
- Concept-based Nursing
  - http://conceptbasednursing.org/
- Discussion Board Rubrics:
  - http://etatmo.missouri.edu/toolbox/doconline/discussionrubric.php
- Hybrid Resources:
  - http://www.brandeis.edu/provost/committees/adhoc/distance_learning/hybrid_guidelines.pdf
  - http://www.uwb.edu/learningtech/hybrid-and-online-learning/hybrid-learning/faculty-hybrid/hybrid-assessment
- Nursing Instructor Resources:
  - https://sites.google.com/site/nursinginstructorresources/home
- Pearson Health Science
  - http://media.pearsonhighered.com/conceptbasednursing/take_a_tour.php
- Small Group Work:
  - Cooperative Learning: Students Working in Small Groups]
- Socratic Questions:
  - http://changingminds.org/techniques/questioning/socratic_questions.htm]
- Teaching Strategies:
  - http://serc.carleton.edu/NAGTWorkshops/coursedesign/tutorial/strategies.html (Links to an external site.)
- Technology:
  - "Death by PowerPoint" see the attached link. http://www.forbes.com/sites/work-in-progress/2014/11/14/six-ways-to-avoid-death-by-powerpoint/
  - The other PowerPoint trap you want to avoid is "PowerPoint Karaoke".http://www.utdc.vuw.ac.nz/resources/powerpoint/documents/20050509PPTKaraokeStudent.pdf
- Transitioning to Concept-Based Education:
  - http://www.elsevieradvantage.com/article.jsp?pageid=12371

Appendix A: Sample Lesson Plan

This is a lesson about giving students feedback.

Learning Objectives:

Upon completion of today's lesson, participants will be able to:

1. Demonstrate steps needed to give effective feedback.
2. Demonstrate professional ways to receive feedback.
3. Analyze Feedback lesson plan.
4. Critique Feedback lesson plan.
5. Recognize components of feedback lesson plan.
6. Apply what is learned about lesson plans to formulate small group lesson plan for tomorrow.

Learning Outcomes:

- Upon completion of this lesson, students will demonstrate feedback methods that promote the development of a healthy learning environment.
- Upon completion of this course, students will develop effective lessons based on identified student learning outcomes and competencies.

Preparation:
None

Supplies:
None

Introduction:
Driver's Education as a metaphor for teaching nursing. It is the instructor's job is to encourage the new driver, but know how and when to slam on the brakes to protect the public and everyone in the car. The objective is to protect client safety while also supporting a safe learning environment. Students won't do things perfectly, sometimes great learning comes when a small mistake is made, or almost made. Students may have to get to a point that they struggle a bit to find out what they don't know, or find out what they didn't know they actually knew. The most important skill to develop in a student nurse is how to think critically. It is the instructor's job to know when to step in, when to hang back, and how to do both of these in a way that protects safety (#1) and promotes learning (#2).

1. Safety is top priority.
2. Feedback is a dish best served warm. Try to give feedback as close to the event as possible.
3. Assume the student had the best intentions, unless you know otherwise.
4. Don't make assumptions based on non-verbal communication that may be cultural (e.g. eye contact).
5. Ask the student what resources they could use to come up with an answer.
6. Allow students time (if appropriate) to use resources to come up with an answer.
7. Ask the student to explain their thinking behind choices, you may be surprised what you learn.
8. Ask student how they perceived the events, what went well, what they would do differently.
9. Keep feedback kind.
10. Anticipate common mistakes: share stories with students when you are teaching a skill, and have a plan if they occur.
11. Take a deep breath and calm yourself down. It can be scary catching a near miss sometimes.
12. If needed, agree to discuss the event later, but don't wait too long.
13. Call another instructor to run it by them.
14. Focus on the current event, don't bring up a long list of past wrongs.
15. Give feedback in a private place.
16. Avoid Gossip. Ask people to give feedback to each other directly. If unavoidable, acknowledge you were not present and ask the student how they remember events.
17. As needed, follow-up a verbal conversation with a written remediation plan, developed with the student. Give student a copy, put a copy in their file.

Large Group Activity:
Sample Scenarios: Giving students feedback.docx

A student has selected a 100 unit syringe to administer 4 units of insulin. As an instructor, you are aware a smaller syringe might be more appropriate. Which of the following is the best response?

1. Let them draw up and administer the insulin.
2. Tell them "that is the wrong needle!"
3. Ask "Is that the correct syringe?"
4. State "Tell me how you decided to choose that syringe to administer this insulin.'

All responses may be appropriate in some situations. Like an NCLEX style question, one response is BEST. 4 is the best response. Perhaps the client only has 100 unit syringes available,

and this is the best one to use for this client. It assumes the student might have a good reason for selection, and reflects respect for the student, keeps communication open, and lets the student know you are interested in their thought process. 1 is also ok, as it is not technically incorrect to use a 100 Unit syringe. 2 might be correct if you know a smaller syringe is available, and the facility prefers the larger syringes be saved for larger injections. 3 elicits only a yes or no response.

You enter a client's room with a student and watch as the student stumbles their way through a skill they have done previously only in the lab. What is the best way to handle this?

1. "Stop, you obviously don't know how to do this very well."
2. Let them continue, taking notes to share later.
3. Give them step by step instructions.
4. Offer a few suggestions in a gentle tone during the skill performance.
   This one was left intentionally tricky. There are situations where each may be appropriate, well, maybe not the first one. It depends on if safety is a factor, or if they are barely doing it correctly, if time is a factor, if the client is anxious, if the student is anxious, etc.

A student is inserting a catheter for their first time and contaminates their gloves. What is the best way to handle this?

1. "STOP! You contaminated your gloves!"
2. Allow them to continue, statistics show many catheters are contaminated during insertion anyway.
3. Glove up and finish the procedure yourself.
4. Hand them the backup sterile gloves in you brought in and allow them to continue.

After a student finishes performing a procedure for the first time, you have a mental list of what went wrong. What is the best response?

1. Tell them what they did wrong in front of the client.
2. Write it down and give it to them with their weekly performance graded.
3. Tell them what was wrong in a private space.
4. In a private space, ask them to reflect on what went well and what could be better, and you fill in any gaps.

A student is about to make an error that could harm their client. What is the instructor's best response?

1. Stop the student immediately by saying "STOP! You are going to kill him!"
2. Let the student continue, and hope for the best.
3. Give the student written feedback after the client is harmed.
4. Calmly ask the student to stop, and take them to a private space and ask if they can identify what you were concerned about.

You are about to enter the room with a student who is going to administer their first injection. Which of the following is the best action?

1. Say "Good luck, the last student failed this skill."
2. Tell the client this is their first shot.
3. Point at the student and tell the nurse in the hallway it is his first injection.
4. Ask the student to review the steps involved before entering the room.

Small Group Activity:
Pair Up, one person is the student, one is the instructor. Demonstrate how to handle your assigned scenario in a way that protects the client and fosters learning.

1. A student is late to practicum, and misses report.
2. A student pulls the wrong type of insulin out of the cart.
3. A student can't remember which gauge needle to use for an IM injection.
4. A student won't make eye contact with you, and mumbles when you ask a question.
5. A supervisor at a facility where a student is completing an internship complains to you about a student that he feels is incompetent.

Sometimes you will need to give feedback to a student of a more serious nature. Maybe they hurt a client. Or they keep making similar mistakes. Or they did not receive feedback in a professional manner. Maybe they are about to fail the course, or exit the program.

Tips:

- Set up a time to meet when you will both be calmer and recovered from whatever happened.
- If necessary, ask an experienced instructor to sit in with you, to help, and be a witness.
- Let the student know you are giving them feedback to help them grow as a student, it is a gift.
- Make sure the student knows you like them, that this is not a personal attack.
- Provide verbal and written feedback, so they can go home and review it.
- Ask for their side of events.
- Ask students to help create remediation plan.

Appendix B: Sample Case Studies

The following case studies are excerpted from a lesson on inflammation:

1. AP

19-year-old AP comes to the ED with his parents reporting abdominal pain. It started in his upper abdominal area 4 hours ago, he thought it was just a bad pizza. It couldn't be anything else because all he eats is pizza. It has become more intense and now he feels intense pain in a spot between his right hip and navel. It is worse with movement and when he coughs.

Based on this set of symptoms, what do you suspect AP is experiencing?

His vital signs: BP 130/94, RR 24, T 98.4, o2 98%, P 90, his EMR shows his VS are usually in the normal range.

How are these consistent with his potential diagnosis?

During the exam with the provider, AP reports pain with hip extension and internal rotation. He reports intense pain when his abdomen is pressed and then released. What is this finding called?

While waiting for the ultrasound to confirm diagnosis of appendicitis, AP begins to moan about a stabbing pain that is getting much worse, he is clutching his RLQ. His temperature jumps to 103 F. The pain abruptly stops.

The provider had tentatively arranged for a laparoscopic appendectomy, will that still be possible? What do you suspect has now happened? What procedure is now appropriate?

AP mother wants to know why he can't have the laparoscopic procedure, apparently he is a male model and she is concerned about the larger scar a laparotomy will leave. How will you explain the rationale to her?

His father wants to know if the procedure can wait a day so he will be covered by his new insurance, what would be an appropriate response?

What will you need to do to prepare AP for his surgery?

What can you tell the family to expect during the procedure, and after?

How long will AP be in the hospital?

What discharge teaching would you provide? Any dietary changes he may need?

2. GB

GB is a 65-year-old retiree who is admitted to your unit from the ED. On arrival you note that he is trembling and nearly doubled over with severe abdominal pain. He indicates that he has severe pain in in the RUQ radiating through to his mid-back as a deep, sharp boring pain. He is most comfortable walking or sitting bent forward, and does not tolerate lying flat in bed. GB admits to having previous similar episodes over the last few weeks, but "none as bad as this." He feels nauseated but has not vomited, although he did vomit last week when he had the pain. The pain started today after eating fish and chips from the double decker bus in Fairhaven. He is not happy about being in the hospital, and is upset with his daughter for bringing him in.

Your assessment findings: A&O x3, MAEW (moves all extremities well), is restless, constantly shifting position, reports fatigue. Heart sounds clear and crisp, no murmur noted, RRR. Abdomen flat, slightly rigid, very tender to palpation throughout, especially RUQ, bowel sounds present. Positive Murphy's sign. He reports light colored stools for a week. Pt voids dark amber urine but denies dysuria. Skin and sclera jaundiced. VS 164/100, 132, 26, 36 C, 96% on 2L O2 NC.

What do the above symptoms suggest?

US demonstrates several retained stones in the common bile duct and a stone-filled gall bladder. GB is admitted and NPO ordered as well as prep for ERCP surgery.

Which signs symptoms are consistent with the diagnosis?

Given the diagnosis, what lab values should be evaluated?

Lab values WBC 11.9thou/cmm, HGB 14, HCT 42, platelets 250 thou/cm, ALT 200u/L, AST 260 u/L, UA neg. The ERCP is completed and is successful, but imaging reveals that a stone is retained and is blocking the cystic duct, trapping multiple stones in the gallbladder. A Lap-choley is planned. How does this differ from the ERCP?

After recovering from the surgery for a day, he is sent home. What information does GB need prior to discharge?

Sources

- Erickson, H.L. (2002). Concept-based curriculum and instruction: Teaching beyond the facts. Thousand Oaks, CA: Corwin Press.