



Students Lived Experienced with Team Teaching, Practical Return Demonstration, and Hospital Exposure as Strategies towards Excellent Clinical Nursing Practice

James Malce Alo^{*}

*Imam AbdulRahman Bin Faisal University, King Faisal Road, Dammam City, Eastern Province of Dammam,
P.O Box 1982 Dammam, 31441, Kingdom of Saudi Arabia
Email: drjames_alo@yahoo.com*

Abstract

This study explores the experiences with team teaching, practical return demonstration, and hospital exposure. Seek to understand the life ways of the nursing student. To describe and analyze the experiences of the nurse student. Therefore, there should be an ethnographic description and interpretation to their experiences, emic view, values and belief related to teaching strategies experienced. It provides guidelines for the development of a more relevant school curriculum to meet the needs of the student at school and in the field especially to those new nursing school without owned hospital for the students to have their actual hospital exposure. This will provide insight to the school administration offering nursing education the importance of a base hospital where students sharpen their nursing skills. This study presents an ultimate view of my experiences and students' experiences with team teaching, practical return demonstration and clinical. The study relates on the emic view, which reflects the cultural group's language, beliefs, and experiences. The value of the study sheds light on how the students felt with their experiences in school and hospital settings. For the academicians, this study introduces insights and inputs on how to nourish experiential learning with our students particularly in the medical field. Finally, the study will give adrenalin to others in doing in depth analysis of the concept and practices associated with team teaching, practical demonstration and actual field exposure parallel to nursing education where the concept has been immersed.

* Corresponding author.

The findings of this study suggest that nursing students recognize the significance of team teaching, practical return demonstration, and hospital exposure towards excellent clinical nursing practice. The continuing experiences of the student nurses' in a variety of experiential learning strategies, is the effective means of acquiring necessary increasing knowledge, skills, attitude and values to become an excellent nurse practitioner.

Keywords: Ethnography lived experienced; team teaching; practical return demonstration; hospital exposure; clinical nursing practice; emic view; dyadic question; triadic question.

1. Introduction

The ethnographic explored the student's experiences during their exposure with team teaching, practical return demonstration and hospital exposure. The effort to identify their experiential learning, their description to teaching strategies used by their clinical instructors, the values learned as students experienced providing nursing care to the clients, their experiences in the school and in the hospital, intention to nurse the patient, the outcomes, and relationship of experiential learning as students were exposed to the strategies used by their clinical instructors geared towards excellent clinical nursing practice.

2. Research Method

The study used the ethnographical approach [1]. It was conducted in a community, college of nursing classroom, laboratory and hospital. It documents and describes instances of student experienced that were gathered through three and a half months of videotaped observation, photo documentation and fifteen unstructured interviews. Also, the students wrote weekly journals reflecting their clinical experiences.

The research focused on the human experiences in the field of nursing education. The study has the target population of ninety-nine (99) but only fifteen (15) students were selected as co researchers. They were subjected to sampling to get their feedback using informal interviews randomly.

The reflections and observations were focused during their 3rd year level up to their 4th year level where their experiences and activities were documented. The observations were focused and based on the purpose formulated for the study. Reflexivity, participant observation and cultural analysis were used [2]. The student's activities and experiences were made during their exposures at school and hospital to the three teaching strategies related to their clinical nursing practice.

3. Results and Discussions

The study was to explore students experience during their exposure with team teaching, practical return demonstration and hospital exposure [3]. This is an effort to identify what are their experiential learning, their description, the values learned as students experienced providing nursing care to the clients, their experiences at school and hospital, intention to nurse the patient, the outcomes, and relationship of experiential learning as students were exposed to the strategies used by their instructors geared towards excellent clinical nursing practice.

3.1. What are the experiences of the student nurses with team teaching, practical return demonstration, and hospital exposures that constitute experiential learning?

There are positive experiences of the student nurses with team teaching that constituted experiential learning. In Team Teaching (TT), teamwork was developed between and among student nurses. This is perceived to be effective, because it bonded them as a group and consequently, boosted their confidence. One of the students asked by the researcher to discuss the case of the patient handled the student were very confident telling his instructor about the case of her patient. However, team teaching did broaden, the student nurses' understanding of the nursing course; it enhances the student knowledge; hence, it improves the relationship between and among students involve in group activity. The interaction skills of the student to their client improved [4]. The critical thinking skills of student improved to the academic discourse done by teachers; camaraderie fostered among group members. Students already know how to support the ideas of their co-presenter upon presenting the case of their patient during "case presentation."

Students Prepare for Case Presentation



Figure 1: Group study while preparing their case presentation

On the other hand, in Practical Return Demonstration (PRD), as a result, the application of knowledge learned from the classroom discussion were executed at the students utmost performance; their understanding of the nursing care was fortified because of the demonstrations students experiencing; consequently, students confidence in delivering care to their patient improves; students believed that PRD developed their psychomotor skills as manifested by coordination when administering a particular procedure; it serves as advance training before they will be expose in the hospital area, and because of this the attributes of the student nurse was develop such as; organization, orderliness, prioritizing the needs of the patient through making a "Nursing Care Plan" for the client.

Regulation of the Fluid to Infuse for the Patient



Figure 2: Checking and regulating of the fluid to infuse.

Lastly, the experiences of the student nurses in the hospital that constituted experiential learning were the following: students came to learn so much the essence of care-giving to those who are sick; individualized nursing care was delivered through direct contact and set things first by doing nursing assessment to their assigned patients; students expressed the appreciation of the importance of health and well-being by self-care [5]. As I observed, student nurses like challenges when students believe they can meet the challenge; upon performing nursing care to their patient by heart, this likened them as if acting like a proficient nurse touching the lives to those who are afflicted; consequently, the students' mastery of the clinical procedures were improved, and this may be due to the advance training and clinical experiences student always encounter in the hospital. Thus, experiential learning was attributed from their clinical nursing practice.

In team teaching both teachers actively share the instruction of content and skills to the students, accepting equal responsibility for the education of all students and are actively involved throughout the class period [6]. As students look back over their lives they often note their watershed learning experiences- their first kiss, love, achievements and experiences, the students will have the desire to listen participate and share their point of view in the classroom. Instructors who share their experiences to give light with the concept discussed based on their personal experienced; student will easily understand and remember at times the knowledge will be needed. Expertise in the subject to be discussed is essential if the method is team teaching because you need to coordinate with the level of thinking your co presenter must avoid confusion from the students. If the strategy is properly implemented it promotes camaraderie and improve relationship to members of the team [7]. What we have in life is one great experience at best, and the reason of life is to reproduce that experience as often as possible. However, the lengthy and earnest conversation with the informant, said that, "The strategy of my teacher made me learns how to use my critical thinking skill, my mind was forced to think of the possible ideas to share, because I am inspired to participate," this is the expression of a student when asked by a teacher giving a question relevant to the concept presented. A question that will suggest analysis and critical thinking enable the student to be involved in the lesson discussion that will make the experienced unforgettable, because experience refers to the nature of events someone has undergone [8].

There is an improvement in their performance in the hospital once students were exposed to practical demonstration [9]. The Practical Return Demonstration (PRD) demonstrated by the clinical instructor on the procedure in nursing laboratory and followed up with return demonstration of the nursing students, then a greater understanding to the purpose and responsibility of a nurse why taking care of the patient is important.

Experiential educators operate under the assumption that: educational goals can be effectively met by allowing the nature of learner's educational experience through practical return demonstration to let them assimilate and be influence by the educational process and are generally aware that experiences alone are not inherently good for learning [10]. Thus, experiential try to arrange sets of experiences which are conducive towards educational goals. Students could apply things learned at school in real situation and able to exercise the procedure practice in the laboratory [11]. As the student progresses in understanding the interrelatedness of the many principles and skills needed to plan and provide nursing care, continued experience in a variety of health agencies, as appropriate, and is the means of effecting increasingly skillful performance.

Nursing student's experiences of their clinical practice provide greater insight to develop an effective clinical teaching strategy in nursing education. Clinical experience has been always an integral part of nursing education [12]. It prepares student nurses to be able of "doing" as well as "knowing" the clinical principles in practice. The clinical practice stimulates students to use their critical thinking skills for problem solving. The nursing process involves looking at the whole patient always. It personalizes the patient. It also forces the health care team to observe and interact with the patient, and not just the task they are performing such as a dressing change, or a bed bath.

The process provides a roadmap that ensures good nursing care and improves patient outcomes. Communication is essential to the nursing process [13]. All members of the health care team should be informed of the patient's status and nursing diagnosis, the goals and the plans. The hospital experience of the students plays a vital part that will mold them to become an effective nurse, the challenges met while performing procedure to their actual patients teach them to have mastery in the principles of skillful performance in complex situations.

Student's Clinical Exposure in the Community and Hospital settings



Figure 3: Monitoring the vital signs of the patient; temperature, blood pressure, pulse rate and respiration rate
Bedside care of the patient

3.2. What is their description of teaching strategies used by their instructors?

The students described the teaching strategies used by their instructors as they experienced during their 3rd and 4th year in nursing education. It shows that, most of the students have identified and described that teamwork is very important in teaching. Teamwork and interaction with fellow nursing faculty in delivering lessons will ensure the student a rewarding experience at work in nursing environment. Therefore, team teaching gives students the opportunity of having more than two (2) teachers instead of one (1).

The advantage of the team teaching approach includes: various teaching styles and activities, more time for one on one and small group instruction [14]. Interaction between teachers serves as a positive model for interaction between students, more student involvement and participation with more supervision, and more than two (2) teachers planning together to address students' needs.

However, other students described the teaching approach used by their teachers and, it is observed that there are

teacher monopolized the discussion, “there’s no teamwork,” the other one, once presenting the topic assigned is dependent on the ideas of her co-team teachers and displays dependency, maybe because lack of experience in the concept taught or in other words wasn’t able to prepare.

Lectures required students to act as passive receptors of communicated information, but team teaching involves the student in the physical and mental stimulation created by viewing two individuals at work. It begins with the recognition that the instructor/student link is critical and offers an approach that has been shown to stimulate and provoke, while expanding and enriching student understanding. Interest in the course can be stimulated as students share the enthusiasm and intellectual discourse that the lecturers communicate. Team teaching is not boring. Students are drawn into the situation from the first moment.

The strategies of team teaching are a group of teachers working together to plan conduct and evaluate the learning activities for the same group of learners. It is simply team work between two qualified instructors who, together, make presentations to the class. Teachers using the approach of team teaching should prepare and plan to stimulate student have learning experience [15].

3.3. What are the values learned by the student nurses as they experienced providing nursing care to their clients?

The learning experience of the student nurses taught them how to be reverent in taking care of their own patient assignment by empathizing to the patient regardless of their circumstances, could instill in their minds and possessed the intrinsic value from God that patient should be treated with respect and dignity while providing the prioritized need of the patient. Students could promote patient and family education to allow everyone the opportunity to prevent illness. The student nurses could collaborate with other health care team members to meet the holistic needs of their patients, which include physical, psychosocial and spiritual aspects of care. Students could preserve patient confidentiality and privacy while giving nursing care with their respective patient assignment [16]. Student nurses were sensitive to individual needs and give support. Thus, they could recognize the importance of pursuing professional growth and development through education, participating professional organizations, and supporting nursing research. Every patient, regardless of circumstances, should be treated with dignity and respect. In meeting the needs of patients and other customers should always be the number one priority. The nursing process is an integral part of the nurse professional practice. Nurses should aggressively promote patient and family education to allow everyone the opportunity to prevent illness and/or achieve optimal health [17].

The nurse should encourage and support collaborative decision-making by those who are closest to the situation, even at the risk of failure. And nurses are accountable to their patients, patients' families, and to each other for our professional practice. The nurse should possess an energy level and personal style that empowers and inspires enthusiasm in others. That justice should be applied equitably in all employment practices and personnel policies.

The primary duty is to restore and maintain the health of our patients in a spirit of compassion and concern. That

compassion should be characterized in our day to day personal interactions as well as being a motivating factor in management decisions [18].

Monitoring and evaluating nursing practice is a nurse responsibility and is necessary to continuously improve care. The nurse should pursue professional growth and development through education, participating in professional organizations and support of research. Nurses should provide a progressive environment, utilizing current technology guided by responsible stewardship, to promote the highest quality patient care and employee satisfaction. That a nurse should consider suggestions and criticism as challenges for improvement and innovation. And each patient should receive quality care that is cost-effective, competitive and based on the latest technology.

Thus, the nurse encounter with patients and families should portray compassion and concern. The profession is a science and an art, the essence of which is nurturing and caring.

3.4. What are their beliefs on their experiential learning based on their experience at school and hospital?

The findings show, the student nurses believed that foundation of knowledge were learned from school related to their respective courses. The theory, laws and principles discussed by their teachers were given to build up their skills in administering effective and efficient care to the patient in the hospital set-up.

In fact, I observed that despite long hours of lectures and discussion, the students find it very hard to understand the concept delivered by their clinical instructors but when the students were exposed in the area, student nurses' understanding of the care management of their client were enhanced and fortified.

Students could feel the importance of having practical exposure to real patient in the hospital [19]. Therefore, practical exposure to hospital area plays a vital role towards excellent nursing practice.

The feelings of the student nurses like a professional nurse working in the hospital were shared by the co researchers. In fact, I observed, whenever clinical instructors delegated their responsibility to the student nurse with the utmost supervision, the student nurses could exercise their decision making on the priorities of care for the patient. One of the students expressed, " I appreciate so much, my instructor prepares me to assume leadership and care management roles for my patient in the delivery of health care and I feel like a professional nurse that day."

The experiences of the student nurses in the hospital help them think of the vital role of hospital exposure that enhances the totality of their learning process aside from their experiences in the classroom and laboratory. The principles not discuss by their classroom instructors were understood whenever exposed in the ward especially when students ask question to clarify how the basic nursing procedure to be administer to the patient.

However, the life of the patient is at risk if student nurses do not know how to administer basic nursing procedures administration. Students must remember all the time, which they are dealing with a real patient not dummy which was displayed in the nursing skills laboratory. Hence, it is easier to understand the basic principle

of nursing care procedure because everything is observed, planned, implemented and evaluated practically to the patient assigned to student nurses. Therefore, student nurses will not use any presumption in the care of the patient, because it is subjected to various diagnostics procedure to determine the diagnosis which is the basis of the care management.

3.5. What are the intentions of the student nurses in doing nursing care?

The study revealed that some student nurses expressed their dedication in providing competent and compassionate nursing care by providing comfort and the administration of basic nursing procedure. However, other student nurses experience in providing health education to their respective patient assignment in the hospital. They make health teaching plans which are designed to basically educate the patient and families on how to do self-care and prevent from acquiring disease. The management of care is a series of experiences designed to help patients and families cope with a crisis, gain information, and develop self-care skills, and use attitudes and strategies that promote optimal health.

Consequently, the student nurses intention in doing nursing care is to provide health teachings, effective efficient nursing care to their respective patient assignment when they were exposing in the hospital. Therefore, student nurses need to be exposing in the different areas in the hospital setting to promote; knowledge, skills and attitude in providing effective, efficient, yet compassionate nursing care.

3.6. How did the students view the relationship of experiential learning towards clinical nursing practice?

The students view very significantly the relationship of experiential learning towards clinical nursing practice. In fact, the students shared how their experiential learning significantly related towards actual clinical nursing practice. Student nurses were involved in actual activities or work in clinical nursing practice. Student nurses have learned from their experience in the classroom, skills laboratory, and in the hospital. However, students have shared that their experiences in the classroom, skills laboratory and hospital exposure really help them to become effective and efficient nurse in implementing nursing interventions to their respective patient assignment. Thus, student nurse viewed very significantly the relationship of experiential learning towards clinical nursing practice.

Experiential education is based on experiential learning and experiential educators operate under the assumption that: educational goals can be effectively met by allowing the nature of learner's educational experience to influence the educational process. Experiential educators should generally be aware that experiences alone are not inherently good for learning. Practical experiential learning try to arrange sets of experiences which are conducive towards particular educational goals and supervision from the instructor should be provided to students to have a holistic learning process.

3.7. What are the important outcomes of team teaching, practical demonstration and hospital exposure that changed student nurses' life direction?

The result shows, that the experience of the nursing student in the clinical laboratory is as essential to the

learning process as classroom participation. The nursing student will be given an opportunity to apply classroom theory to as many client/patient situations as possible to enhance their skills in nursing care. While, the student nurses could demonstrate therapeutic communication skills as they do nurse – patient interaction. Students were easily understood by their patient while providing nursing care. Students could grasp confidence, in interacting with patients during health teaching interventions to their clients.

Most of the students have acquired a good level of nursing skills in performing procedures, because of hospital exposure. Students' nursing knowledge increased as they possess such attribute because hospital experience and it follows the other attributes: good communication, gratitude, motivation and decision-making.

The students understanding the interrelatedness of the many principles and skills needed to plan and provide nursing care were develop as students were exposed in actual clinical setting and apply what they learn from school. Therefore, it is further observed by the students that once they experience every actual nursing procedure, they have learned additional knowledge aside from what they learn in school. It is implicated by the fact that while academic discussions perk up intellectuality, the personal interactions articulate emotionality, actual and personalize delivery of care fortify nursing skills.

The classroom is a setting where clinical instructors and students share the responsibility for creating an educational climate which fosters intellectual inquiry, critical thinking and creativity; facilitates the development of each person's potential; and reflects democratic values and ethical principles.

Undergraduate nursing education is based upon studies in the arts, sciences and humanities and provides a foundation for continuing personal, professional and educational development. The baccalaureate program is designed to prepare a competent, self-directed, general practitioner of nursing who can assume increasing responsibility and leadership in the delivery of nursing care for individuals, families, groups, communities and societies.

Most of the students acquired a good level of nursing skills in performing procedures, because of hospital exposure. Students' nursing knowledge increased as they possess such attribute because of their hospital experience [20].

The students understanding in the interrelatedness of the many principles and skills needed to plan and provide nursing care were develop as students were exposed in actual clinical setting and apply what students learn from school. However, it is further observed by the students that once they experience every actual nursing procedure, they have learned additional knowledge aside from what they learn in school. It is implicated by the fact that while academic discussions perk up intellectuality, the personal interactions articulate emotionality, actual and personalize delivery of care fortify nursing skills. Thus, the interrelatedness of the strategies such as; team teaching in the classrooms, practical return demonstration of basic nursing procedures through the use of simulations in the laboratory, and actual hospital exposures where student nurses can really apply to their clients all the knowledge learned in school.

4. Conclusion

This study has provided insight into ethnography and its value as research method that provide the means to study experiences of the nursing students. The findings of this study suggest that nursing students recognize the significance of team teaching, practical return demonstration, and hospital exposure towards excellent clinical nursing practice.

The continuing experiences of the student nurses' in a variety of experiential learning strategies, is the effective means of acquiring necessary increasing knowledge, skills and values to become an excellent nurse practitioner.

J.M. Alo Practical Experiential Learning (PEL) Theory, 2009



Figure 4: J. M. Alo's Practical Experiential Learning (PEL) Theory, 2009. The practical experiential learning of the student-teacher-patient interrelationship by which student nurses learning from their experiences with Team Teaching (TT), Practical Return Demonstration (PRD) and Hospital Exposure (HE) which may result in obtaining knowledge, skills and attitude requisite towards excellent clinical nursing practice

Acknowledgements

The author would like to acknowledge the nursing students for their detailed and substantive information which help foremost in constructing a thematic analysis as a useful method for qualitative research in and beyond psychology. To my colleagues, staff nurses and administrators in various departments in the hospital for their effort and time devote on interviews. My appreciation to the scientist and readers who freely give their time and made these studies possible.

References

- [1]. M. Hammersley, and P. Atkinson. *Ethnography: Principles in Practice*. London: Routledge, 1995
- [2]. P. Atkinson, & M. Hammersley. *Ethnography and Participant Observation*. In Norman Denzin and Yvonna Lincoln (Eds.), *Handbook of Qualitative Research*. Thousand Oaks: Sage, 2004, pp.249-261.
- [3]. R. Brandenburg. *Team Wise School of Knowledge: An Online Resource About Team Teaching*, 2005.

- [4]. H. Bulmer. *Symbolic Interactionism: Perspective and method*. Englewood Cliffs, NJ: Prentice Hall, 2000.
- [5]. J.M. Alo. "Effectiveness of Health Education Intervention by the Community Health Nurses to Pregnant Mothers in Cavite City." M.A. Thesis. Philippine College of Health and Sciences (PCHS), Philippines, 2005.
- [6]. K. Goetz. *Independent Inquiry on the Perspectives of Team Teaching*. 2006.
- [7]. J.M. Alo. "Job Satisfaction and Productivity of Commission on Audit (Personnel): An Analysis," M.A. Thesis, University of Santo Tomas (UST), Philippines, 2003.
- [8]. D. A. Kolb. *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, NJ: Prentice-Hall, 1984.
- [9]. L.S. Larsen, and C.A. Logan. (2005, Jan.). "Redesign of Clinical Nurse Specialist Role Course for Distance Education: Development, implementation and outcomes." *Journal of Nursing Education*. Volume 44, Number 1. A Slack Incorporated Publication. Cited in Index Medicos. [14]. S. Ingrid. *Team Teaching: Education for the Future*. University of Science and Arts of Oklahoma, 2006.
- [10]. M.K. Smith. David A. Kolb on experiential learning. *the encyclopedia of informal education*, <http://www.infed.org/b-explrn.htm>. 2001.
- [11]. N. Abraham. (2005, Jan.). "Teaching with the Nightingale Tracker Technology in Community-Based Nursing Education: A Pilot Study. *Journal of Nursing Education*, Vol. 44, Number 1. p. 40.
- [12]. A.S. Maglaya. *Nursing Practice in the Community*. 3rd Edition. Published by Argonauta Corp. 2003.
- [13]. J. Lowenberg. *Interpretive research methodology: broadening the dialogue*. *Advances in Nursing Science*, 16 (2), 57-69, 2003.
- [14]. S. Quinn and S. Kanter. *Team Teaching: An Alternative to Lecture Fatigue*. (JC 850 005) Paper in an abstract: *Innovation Abstracts* (Eric Document Reproductive Service No. ED 251 159), 2000.
- [15]. B. Robinson and R. Schaible. *Collaborative teaching: Reaping the benefits*. *College Teaching*, 43 (2), 57-60, 2005
- [16]. D. Allen. (1998, Oct.). "Record Keeping and Routine Nursing Practice: the view from the wards. *Journal of Advanced Nursing* 27, 1223-1230.
- [17]. C.A. Tanner. (2004, Aug.). "Changing Nursing Education: Creating Our Tipping Point." Volume 43, Number 8. A Slack Incorporated Publication. Cited in Index Medicos.

- [18].J. Cortes. (1993). " Exploration in the Theory and Practice of Philippine Education 1963-1993. Quezon City Claretian Communications Inc. p.25.
- [19].R. DeMarco, B. Brush, and M. Dylis. (2004, Dec.). "Nursing and Academic Merit: Is There a Fit? Journal of Nursing Education. Volume 43, Number 12. A Slack Incorporated Publication. Cited in Index Medicos.
- [20].K. Holland. (1999). "A Journey to Becoming: The Student Nurse in Transition." Journal of Advanced Nursing, 29 (1), 229-236.