NURSING EDUCATION

INTRODUCTION

This is part two of the NUR 302 Module 21. The module aims at introducing you to some of the theories and principles of education and teaching methods that you will need to teach learners who may be nursing students, patients and their families, communities and societies. Particular emphasis is going to be placed on the teaching of adult learners and ways you can use to strengthen what your learners have learnt.

As you go through the module, you will find that there are certain words that are written in bold face, and activities that you are required to do. It is your responsibility to understand the various meanings of such words.

This Part has six (5) units. Each has specific Learning Outcomes that you must ensure that you attain. Each unit also has activities that are designed to help you to better understand the material. You must ensure that you do these activities before the next unit because in most cases, the understanding of the new unit hinges on your understanding of the current unit.

UNIT 1: THE EDUCATIONAL ROLE OF A CLINICAL NURSE

Introduction

This unit prepares you to take up your role as an educator in the various health care environments. Traditionally, nursing care has been concerned with giving quality care to individuals and their families in order for them to gain recovery from illness and to be able to enjoy a normal life that is politically, socially and economically productive. Emphasis has been on the curative aspect of care. This is now changing and grater emphasis is on preventive care and education in order for individuals, families, communities and societies to enjoy optimal health.

In order for you to understand your role as an educator, we will first examine the meaning and use of the word "**Education"** before examining your role.

Learning Outcomes

When you have completed this unit, you should be able to:

- Define the following terms:
    (a) Education
    (b) Learning according to the various schools of thought
- Explain the differences between the various forms of Education: Informal, Formal, Non-Formal, Lifelong
- Explain your role as a clinical nurse educator.

THE CONCEPT OF EDUCATION

As a practicing nurse in the various health settings, one of your roles will be to provide some kind of health education to your clients. For you to be able to do this, you need to be clear in your own mind what education is. This is necessary because the word "Education" means a lot of things to various people depending on the circumstances it is used. For most people, education means schools, school buildings, a government department such as the Ministry of Education or a District Education Office, or a course of study at a university such as this course you are studying now.

Education is a very wide concept that has occupied the minds of not only educators but philosophers and social scientists as well. Although there is no general agreement on its precise meaning, in its widest sense, it is an activity that goes on in society and is done by members of the same society. Through our interactions with the people we come into contact in a particular environment, we acquire knowledge, skills, attitudes, values, and beliefs. In this way, it may be regarded as a socializing activity. Some of the societal activities are deliberately planned and organized by individuals or organizations in order to make available certain information or knowledge that is not readily accessible by everyone.

Education has been defined in various ways depending on the psychological orientation of the person. You should look up these various orientations.

TYPES OF EDUCATION

Because education is a socializing activity that goes on in society, it takes three forms:

(a) Informal
(b) Formal
(c) Non-formal

Informal Education

This type of education refers to the initiation of youngsters by their parents, older siblings of the family or elders of the family, tribe or society into the acceptable norms, beliefs and cultural values and traditions of the society. Through this type of education, young members of the society are **encculturated** into the society while the foreign-born members of the society are **acculturated i**nto the society in which they live.

In this way, it may be regarded as:

(a) A preparation for living in the society in which is born.
(b) The initiation of youngsters by their parents, older siblings of the family, and elders of the tribe or society into the acceptable ways of life of their family, tribe or society.

While this may be true for less industrialized countries mainly of the south (of the equator), it would be wrong to think that there is no informal education in those industrialized countries

where children have little time to spend in the home. We need to realize that there is always, some form of informal education in these highly industrialized countries. It takes place in various settings such as in schools and colleges, the work place, social and community groups. Think of the times you have self-engaged in some activity in the community and at the end of it all, you learn something you had never known before. How about the book or magazine you picked and read some new information or expanded your knowledge.

Formal Education

This is what education philosophers such as R. S. Peters regard as the initiation of people into the activities and modes of thought that are worthwhile. It is also often referred to as e process of putting people in the way of desirable values, which they have never dreamt of, and involves the development of knowledge and understanding.

In the *UNESCO International Standard Classification of Education, 1975,* it is defined as ‘’an organized and sustained communication designed to bring about **learning’’.**

This kind of education is institutionalized, hierarchically structured and is examinations oriented It is concerned with the preparation of the learners for particular or specific roles in the society It is commonly referred to as school education. It takes so many forms such as continuing education, adult education, education of adults, lifelong education and so on.

Non-Formal Education

It usually refers to organized educational activity outside the formal system in which learns enroll for personal enrichment because of either an existing or perceived need. It is rarely associated with vocational engagement. The line between this and informal education is very thin and blurred. In order to draw a clear cut line, people tend to present informal education as the lifelong process in which people learn from everyday experience; while non-formal education as organized educational activity outside the formal systems.

The need to give or share information is sometimes identified by professionals such as health practitioners, employers, a government department, or private organizations.

Activity1.

(a) What do the words in bold print mean?

(i) Education

(ii) Acculturation

(iii) Encculturation

(iv) Learning

(b) What are the distinguishing features between Informal and Formal education?

(c) Think of two ways which the Ministry of Health would use Non-Formal education as a means for disseminating health information.

1.2 THE ROLE OF THE CLINICAL NURSE IN PATIEN/CLIENT EDUCATION

Perhaps before we begin considering your role as a clinical nurse, let us examine the concept of "Patient Education". Just like the concept of "Education", there are various ways of looking at it. Here are two of the definitions:

(a) It is the process of *influencing* behaviour, producing changes in knowledge, attitudes, and skills required to maintain and improve health. (Scott Simons, 1979 in Rankin, S.H. 1995) Italics supplied.

(b) It is a planned learning experience using a combination of methods such as teaching, counseling and behaviour modification techniques that *influence* a patient's knowledge and health behaviour. (Barlett, E. E. 1985 in Redman B.K, 1993) Italics supplied

According to these definitions, the learning process may begin with giving the patient information, its interpretation and integration in a manner that will bring about changes in the patient's attitudes and behaviour that that will benefit the patient's health status.

Until quite recently, the traditional view of nursing was about attending to illnesses of the sick in order to promote healing (cure). Now the emphasis is on wellness and care.

Purpose

The goal of educating others about their health is to assist each individual, families or communities to achieve optimal levels of health.

The rationale here is that nursing should focus on wellness and care rather than on illness and cure.

The role of the clinical nurse in patient/client education

Since the primary responsibility of the nurse is to provide quality care to clients, he or she also has a responsibility to teach his or her clients about their health conditions and good practices that promote good health.

Because nurses are always in contact with patients, especially in-patients, they must necessarily clarify information by doctors and other health care providers. Sometimes such information is the primary information that clients may need for adjusting to their health problem. Such information should be clear and logically presented. You should ensure that the patient/client understands such information. This necessarily means that you should be:

(a) a good teacher

(b) a good communicator

Unit Summary

Education is a concept with a variety of meanings depending on the type of learning one is talking bout. Because the intention of providing some form of education is to help individuals, families and the community to develop or change their knowledge, skills, attitudes, values, or perception. Such an activity requires a two-way interaction between the educator and the learner. The changing nature of nursing necessitates a changing role of the nurse.. Whereas the traditional role of the nurse was about attending to illnesses of the sick in order to promote healing (cure), now the emphasis is on wellness and care. This demands that the nurse be an educator. The unit has, therefore looked at four theories of learning which the nurse will find useful in the provision of client education.

Unit Assessment

The learner should be able to explain the absurdness of such a statement as "Awatu ndi osaphunzira".

References

Crisp, J. & Taylor, C. (2001): Perry and Potter's Fundamentals of Nursing, Harcourt, Mosby.

Quinn, F.M. (2007): ***The Principles and Practice of Nurse Education***. London, Croom Helm

Rankin, A. S. & Stallings, K. D. (1996): ***Patient Education - Issues, Principles and Practices***. Philadelphia. Lippincott

UNIT 2: THEORIES AND PRINCIPLES OF LEARNING

Introduction

This Unit introduces you to some of the theories that psychologists use in trying to explain how human learning occurs. Since the primary function of all educators is to assist their learners to learn, they rely on the work of those psychologists who have put forward proven **theories** and **principles** of learning.

While you have a responsibility to find out the meanings of the words in bold print, let us begin by saying that generally, theory is a concept and a proposition that tries to explain how people learn. It also predicts the conditions or circumstances they will learn; while a principle is a statement about specific elements or variables that consistently influence learning. Such a statement will describe particular effects which the element or variable has on learning.

Consider these two sentences:

(a) Learning can occur if a stimulus that does not cause a response is associated long enough with a stimulus that causes an automatic response. (Proposition, a theory)

(b) A behaviour that is followed by a satisfying state of affairs is more likely to be learned than a behaviour that is not followed by a satisfaction. (A statement – a Principle).

In this Unit, we will examine four of such theories: Behaviourist theory of conditioning, Cognitive theory, social cognitive theory, and motivation theory.

Learning Outcomes

When you have successfully completed this unit, you will be able to:

- Differentiate between:
  - (a) Theory and Principle.
  - (b) Behaviourist and Cognitive school of thought
  - (c) Operant conditioning and Respondent conditioning
- Explain the importance of:
  - (i) Shaping in patient/client behaviour modification.
  - (ii) Reinforcement in client education.
  - (iii) Feedback in a teaching and learning situation.
  - (iv) Assisting your clients establish their needs in order for them to be able to learn.

- Identify learning situations when you, as a nurse educator should use positive reinforcements.
- Discuss the limitations of each of the theories of learning especially in in-patient education.

BEHAVIOURIST THEORIES OF LEARNING

These are the earliest theories that grew out of behaviourist philosophy in the early 20th century. This group of theories focuses on behaviour changes that occur in response to environmental stimuli. Behavioural psychologists believe that any behaviour is as a result of a series of conditioned reflexes and that all emotions and thoughts are as a result of behaviour that is learned through the **conditioning** of the learner. These psychologists consider learning as a relatively permanent change in behaviour due to experience. They believe that when someone has learned anything at all, there must be a change in behaviour that can be seen and that such a change must last for quite some time. Changes that occur because of maturation, illness, hunger or fatigue are excluded from this definition.

There are two main theories in this group:

(a) Classical conditioning

(b) Operant conditioning

Classical conditioning (Also known as Respondent conditioning)

Learning Outcomes:

When you have gone through this topic, you should be able to:

- Explain the following elements in this theory:
  (a) Neutral stimulus
  (b) Unconditioned stimulus
  (c) Unconditioned response
  (d) Conditioned stimulus
  (e) Conditioned response
- Explain the principle of contiguity

Classical conditioning refers to the learning that occurs through the association of two or more stimuli. This theory holds that when a stimulus that is initially incapable of evoking a certain response, if it is paired or associated long enough, with another stimulus that normally elicits that response, it will begin to evoke the same response when it appears by itself. This happens because the neutral stimulus will have picked up the characteristics of the stimulus that causes that automatic response. The stimulus that evokes an automatic response is called an unconditioned stimulus (US) and the response it causes is called an unconditioned response (UR). Such learning produces automatic responses called reflexes.

The leading person in this theory is the Russian psychologist, Ivan Pavlov who in the 1920s carried out experiments to find out how long it took a dog to secrete digestive juices (saliva) after it has eaten some food. This theory focuses on the learning of involuntary emotional and or psychological responses such as happiness, fear, salivation, increased muscle tension, sweet, nervousness, etc. in response to some environmental stimuli. The theory is grounded on the principle of **contiguity.** This is why you would probably jump, scream or both if at night, you saw something like a rope or stick lying across the footpath in front of you or stepped on something that had some length and felt unusually soft under your foot. You did not do that because someone either at home or at school taught you. This kind of learning is almost accidental or unintentional learning and the behaviour that follows is so automatic.

Activity 2.1

In the situation you have just read above, there must be an unconditioned stimulus and a neutral stimulus.

(a) Identify these.

(b) Which of these two is a Conditioned Stimulus? Why is it so?

(c) What Principle is at work in this theory? What does it say?

Operant conditioning

Learning Outcomes

When you have gone through this topic, you should be able to:

- Define the following terms in your own words
  - (a) Antecedent
  - (b) Consequence
  - (c) Reinforcer
- Differentiate between :
  - (a) a positive and a negative reinforcement
  - (b) A negative reinforcement and punishment
- Describe how a behaviour develops

One of the obvious problems with Classical conditioning theory is its failure to explain how one learns to read, write and count because one does not learn these by associations. This gave birth to new thinking in the 1950s by such people as J.B. Watson and B.F. Skinner who argued that people are active participants in their environments. As such, people learn to behave in certain ways as they "operate" in their environments

To "operate" in the environment is to voluntarily engage oneself in purposeful and goal-directed behaviour because of the satisfying consequences of that engagement. Think of "Behaviour" as an imaginary something that is sandwiched between two sets of environmental influences/stimuli: those that come before it (its antecedents) and those that follow it (its consequences). It is the antecedent that evokes a behaviour which attracts a consequence. You may want to view this relationship as:

Antecedent ⟶ Behaviour ⟶ Consequence (A-B-C)

As an individual continues to 'operate' in his environment, the consequences become inputs to the next phase of behaviour. In this way, the consequences become an antecedent of the next behaviour As an individual continues to 'operate' in his environment, the consequences become inputs to the next phase of behaviour. In this way, the consequences become an antecedent of the next behaviour. When the consequences are desirable, or produce satisfaction, the person is likely to repeat the behaviour in future because he feels rewarded for his being engaged in that behaviour. But when the consequences are undesirable or result in discomfort, the person feels punished and is therefore, unlikely to engage again in that behaviour. In psychology and in education, the word that is used is **reinforcement.** There is **Positive** as well as **Negative** reinforcement. The word "reward" is avoided because it connotes material things

In a teaching and learning situation, learning can greatly be facilitated by the use of correct **reinforcers** and reinforcements. As a general principle, Operant conditioning emphasizes on the need for the teacher to appropriately reinforce learners in order for them to learn the intended knowledge, skills, values, beliefs and attitudes. The reinforcement must come immediately after the learner has elicited the behaviour.

Activity 2.2

Bongololo is one of the second year student nurses who are doing their clinical experience in your ward. His professional conduct leaves much to be desired. For example, he often reports late, leaves early and his interaction with other nurses is poor, As a ward in-charge, you have a responsibly to ensure that he develops into a desirable professional nurse.

In your group, discuss how you would help him. To do this, you will need to look up what "shapping" is.

COGNITIVE THEORIES

These are a group of theories that focus on the mental processes that are involved in human learning.

If you have done your reading assignments on Behaviourist theories, you will have noticed that Behaviourist psychologist conducted their experiments on dogs, cats and rats. They extended their findings to include human beings because, they argue, man belongs to the animal species. Surely, not all forms of human learning can be explained in terms of responding to environmental conditions or shaping by using various forms of reinforcements. Humans are not passive participants of environmental forces. They choose what they want to do, practice, pay attention, ignore, reflect on what they see or have done, and make decision- good or bad. Cognitive psychologists believe that most learning involves extending and transforming the understanding we already have in our brains. Learning is therefore, a function of the brain, "cognition".

While Behaviourists are concerned with observable behaviour, Cognitive psychologists believe that for any learning to take place at all, there must be mental processes that are at work, "they can be studied scientifically, and that humans are active participants in their own acts of cognition" (Ashcraft, 2006 in Woolfolk, A.. 2010).

As regards the use of reinforcements, both camps agree that they are important in learning but differ in their reasons for the use of reinforcement. Behaviourists use reinforcements in order to strengthen the observed responses (behaviour) while Cognitivists view it as a source of information to predict what is likely to happen if the same conditions prevailed in the future.

In order to explain how "learning" takes place, cognitive psychologists study a wide range of learning situations in which individual learner characteristics such as differences in cognitive development, motivation and influence of the society. Instead of developing one general theory and a set of principles, they examine various aspects of learning and the part that the various parts of the brain play. Much of their work centers on **Information Processing**

In cognitive psychology, "Learning" is viewed as a relatively permanent change in mental associations due to experience. These associations involve mental processes, which are the procedures we use for manipulating information in our brains. These are the "top-down" mechanisms for converting sensations (stimuli) that we receive from the environment into meaning. From this basic definition, come a lot more definitions that you will find in the literature. Cognitive learning enables us to create and transmit information in a variety of ways such as the use of language, symbols, and electronic media.

Two of the theories that we will examine are Social Cognitive Theory and Motivation. Theory

Activity 2.3

Look up the explanation on ”Information Processing” in

Ormrod, J.E.(2006): ***Educational Psychology – Developing Learners***; and Woolfolk,A.(2010): ***Educational Psychology.***

If learning can be explained in terms of storage capacity of the brain, why do you sometimes forget material that you had previously learned?

Social Cognitive Theory: Albert Bandura

Learning Outcomes

When you have gone through this topic, you should be able to:

- Explain the four processes of social learning
- Examine the influence of the motivational phase in social learning.
- Explain how Bandura proved that cognition is an important element in any social learning.
- Explain the meaning of:
  (a) Vicarious learning
  (b) Inhibiting behaviour
  (c) Disinhibiting behaviour
- Explain the role of Role Models in social cognitive learning.

So far, we have learned that through Operant Conditioning, we can increase, eliminate, shape or modify or improve a learner’s behaviour by using reinforcements. The theory assumes that no learning can take place without the use of reinforcement. We know that we cannot explain all forms of learning in this way. This led to the birth of Observational learning theory. Social psychologist would argue that much of our learning is through our interacting with other people whom we simply observe. In 1986, Albert Bandura examined the processes that are involved as people learn from their social settings and came up wit the following phases

1. Attention

2. Retention

3. Reproduction

4. Motivation

Because people learn from role models in the society, it is also known as modeling theory.

When the model deliberately plans observational learning, as is the case in classroom and clinical setting where a patient/client is being taught a skill, it is called a **demonstration.**

Activity 2.4

In your group, think of some knowledge a or skill that you would want the other members of the class to learn from you. Practice that and present it during class time.

Motivation Theory

Motivation is a concept that is defined in various ways for example, Anita Woolfolk (2003) defines it as:" an internal state that arouses, directs and maintains behaviour".

(Woolfok, A. 2003: ***Educational Psychology***. Pearson, Boston)

Pintrich, P & Schunk, D.(2002) define motivation is "the force that energizes, sustains and directs behaviour towards a goal".

(Eggen & Kauchak, D. 2004. ***Educational Psychology – Windows on classrooms****).*

These definitions are not conclusive because the concept is quite vast which cannot be adequately covered in a short space of time. You will do well if you looked at behavioural, cognitive, humanistic and social cognitive approaches to motivation. Each of these schools of thought answers the question: "What is motivation?" in their own way.

Generally, three forces arouse behaviour:

(i) In-born psychological factors
(ii) Personal and environmental variables
(iii) Needs to satisfy

These forces may arise within the individual or may be in response to external situations. The forces that originate within the individual are termed "Intrinsic motivation" while those from outside the individual are "Extrinsic motivation".

The last force, Needs to satisfy, was extensively studied and researched on by Abraham Maslow. In 1970, he suggested that there are five human needs that tend to be hierarchical starting with the lowest levels of biological and physiological needs to the higher levels of intellectual achievement and self-actualization, which is the term he used for self-fulfillment. Today, there have been several modifications to this original.

Activity 2.5

Go to:
http://www.businessballs.com/freematerialsinword/maslow%27shierarchyofneedsdiagram.doc
and http://www.businessballs.com/maslowhierarchyofneeds7.pdf

1. Study these two diagrams.

2. What are the differences and similarities?

3. What is the difference between deficiency needs and growth/intellectual needs?

Summary

It is important to note that there is not a single theory that adequately explains what learning is and how it occurs in various people in a variety of learning situations. Each theory and school of thought has both strengths and weaknesses their application to the teaching and learning situation largely depends on the educator's understanding of these, learner's cognitive development level (Readiness to learn) and the learning environment. As a nurse educator, it is important that when dealing with hospitalized clients, their environment is quite complex because already their proper functioning is impaired, they are already stressed up and the environment is unfamiliar.

Unit Assessment

The learner should be able to explain:

(a) The relevance of theories of learning in client education

(b) Why it is not possible for an educator to rely on just one or two theories of learning

References

Eggen,P & Kauchak, D. (2004): *Educational Psychology – Windows on Classrooms*

Quinn, F.M. (2007): ***The Principles and Practice of Nurse Education***. London, Croom Helm

Rankin, S.H & Duffy, K.L. (1997): *Patient Education: Issues, Principles, and Guidelines. London, Lippincott*

Redman,B.K. (1993): *The Process of Patient Education*. St. Louis, Mosby

Ormrod, J.E. (2006): *Educational Psychology – Developing Learners.* New Jersey, Pearson

Woolfolk, A (2010): *Educational Psychology*, New Jersey, Pearson

UNIT 3: THE ADULT LEARNER AND ADULT EDUCATION

Introduction

So far, you have established that one of your roles as a clinical nurse is to provide client education that is necessary for the promotion and maintenance of health and illness prevention, restoration of health, and coping with impaired functioning. The one difficulty with the word "client" or "patient" is that these are not age specific concepts. It encompasses people of all ages beginning from the first day of life to the day the person breathes the last breath. Just as it is with the concept of "Education", so too these two words. Just for a moment, think of the Pediatric section of the hospital. It comprises the neonate, infant, and child. What the educator ought to be mindful is the fact that the provision of education depends on a number of factors such as age, level of cognitive development, level of motivation (alertness), environment, and nurse-client relationship. Age is particularly important because the way you assist a neonate or child is not the same as you would with an adult. This unit will help you learn how you would approach adult learners.

Learning Outcomes

By the end of this unit, you should be able to:

- Define the following terms:
  (i) Adult

  (ii) Adult education

- Differentiate between pedagogy and andragogy.
- Explain how you would teach a child under the age of eight.

An adult learner

Who is an adult?

There are various meanings given to this concept. There are four notions for consideration:

- Biological meaning which is the ability to reproduce – sexual maturity (post-puberty),

- Legal meaning which the laws of the country of residence specify (aged 16 or over; aged 21 or over?),
- Psychological state (a person's 'self concept' is that of an 'adult' capable of directing self, seeks independence in making decisions about self – takes responsibility of own life.)
- A sociological meaning (the performance of certain roles and functions associated with adults, e.g. working, raising children etc.).

These notions are not conclusive. Different societies and cultures will have their own understanding of what it is to be an "adult". An easier way is to 'set 'against 'child'. In between adult and child is the idea of 'youth'. What is apparent is that adults are older than children. With this comes a set of expectations. They are not necessarily mature people but the society expects them to be mature.

Adult Education

There are as many definitions as authors on adult education. This is also compounded by the way various countries call "adult education" For the sake of your reading; let us have two working definitions.

Sharan B. Merriam and Ralph G. Brockett (1997) define adult education as:

Activities intentionally designed for the purpose of bringing about learning among those whose age, social roles, or self-perception define them as adults.

The key word in this definition is "intentional" The alternative word is "deliberate" This rules out its possibility of falling under the realms of Informal Education.

Patricia Cranton (1989) defines adult education as

Any organized, sustained activity engaged in by adult individuals for the purpose of changing their knowledge, skills, or values in any area.

There are two key words to bear in mind: "organized" and "sustained" "Organized" here gives the understanding that adult education is a planned activity. "Sustained" connotes that the activity has time duration during which period the learner receives support from the provider. This definition also rules out its possibility of being part of Informal Education. It is because of this that adult education can be Formal or Non-formal. The understanding of most people about formal education is schooling and schooling is equated with children and the youths. The learning theory/model used in this situation is called **Pedagogy.** Until the end of W.W I education of adults followed this model when teaching methods and approaches were found to be inadequate for adult learning.

In 1833, a German grammar school teacher, Alexander Kapp coined the word **"andragogy"** to contrast the teaching of adults from that of children

Pedagogy and Andragogy

As you prepare to assist adults to learn, it is important that you realize that adults are not young learners who come to a learning situation to receive instruction from a knowledgeable nurse. After all, in some situations you might be many years younger than those you are assisting to learn. In educational theory, **Pedagogy** is the art and science of teaching children or young learners to learn while Andragogy. By 1939 (the beginning of W.W.II adult educators had accumulated enough scientific evidence that adults learned differently because thy have interests and abilities that are quite different from those of children. Malcolm Knowles, a renowned writer on adult education makes a distinction between pedagogy and andragogy under six assumptions of the learners:

1. The need to know
2. The learners' self-concept
3. The role of the learners' experience
4. Readiness to learn
5. Orientation to learning
6. Motivation to learn

Activity 3.1

Supply information in the comparative table below between a pedagogic and andragogical learner using the six characteristics.

ASSUMPTION	PEDAGOGY	ANDRAGOGY
1. Need to know		
2. Learners' self-concept		
3. Role of learners' experience		
4. Readiness to learn		
5. Orientation to learning		
6. Motivation to learn		

Relevance to patient/client and nursing education

Except for mature entry students, most student nurses in colleges of nursing are young adults. They have varying reasons for enrolling in the nursing course. The few who may have enrolled because they consider it as part of their growing up, must be assisted to establish their needs. The characteristics that identify individuals as adult learners need to be taken seriously. If they must

be evaluated at the end of a course of study, they need to know how it will be done. One principle is very crucial in dealing with adults: treat them as adults.

In the hospital setting, the common characteristic that binds all adult learners is that they all have come because of their health status. In certain situations, the learner is a "circumstantial learner" - a guardian. In such a situation, their motivation may be very different and therefore, assessment of the learner's readiness should include these "circumstantial learners"

Unit summary

The definition of "adult" depends on one's orientation and society. An individual may be an adult in one society and still be regarded as a child in another society. In Malawi, the definition of "adult" is currently a very thorny issue Adult education is usually treated under formal and non-formal education. Six characteristics distinguish adult learners from children as learners. The nurse educator needs to be aware of the roles that each of the characteristics plays in adult learning.

Unit assessment

The learner should demonstrate use of andragogical principals in adult learning.

References

Cranton, P. (1989): *Planning Instruction for Adult Learners*. Wall & Emerson, Toronto

Jarvis, P. (1988): *Adult and Continuing Education: Theory and Practice.*

Croom Helm. London

Knowles, M.S., Holton III, E.F., Swanson, R.A 2005:

The Adult Learner. Elsevier, Amsterdam.

Quinn F.M. (2000): *The Principles and Practice of Nurse Education*

UNIT 4: DOMAINS OF LEARNING

Introduction

The goal of all educators, including clinical nurses is to provide some form of education to individuals or groups of attentive individuals with some form of knowledge, attitudes, or skills that will help them attain their highest potential. To do this, the educator enters into a helping relationship with the individuals. This occurs in a teaching and learning environment. One of the definitions of teaching is that it is an interactive process that is deliberately planned to achieve

predetermined goals and objectives. Since any form of education must result in some form of learning, this unit will help you to look into three categories of learning: **Cognitive, Affective**, and **Psychomotor**. These categories are what is called "Domains".

Learning Outcomes

When you complete this unit, you will be able to:

- Differentiate one domain from the other
- Explain the various levels in each domain
- Develop appropriate instructional objectives in each domain. when teaching:
    (a) Patients
    (b) Student nurses

BLOOM'S TAXONOMY

In 1956, Benjamin Bloom, an American Psychologist, classified all the known educational objectives at the time, into three categories:

(a) Cognitive Domain
(b) Affective Domain
(c) Psychomotor Domain

This classification is generally referred to as Bloom's Taxonomy of Educational Objectives. Taxonomy is a system that describes, identifies, and classifies groups. Taxonomies relate to educational goals. They are very useful when formulating **instructional objectives** and developing learner assessment tools for the collection of learner psychological characteristics. Each domain is organized by levels of increasing complexity within the domain category. In this hierarchy of levels, each lower level is included in the next higher level. Educational taxonomies offer a systematic way of viewing a learner's educational growth.

Over the years, various people have tried to revise it especially the sub-categories of each domain but Benjamin Bloom remains the dominant figure. Initially, he developed the cognitive domain. The Affective domain was developed by David Krathwohl in 1964 and the Psychomotor domain in 1972 by Simpson.

Activity 4.1

Look up in any of the following resources and write a comprehensive description of each of these domains of learning.

1. Anderson, et al.: *A taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives*

2. deTonya, R. & Thompson, M.A*: Strategies for Teaching Nursing*

3. Gronlund, N.E.(2004):*Writing Instructional Objectives for Teaching and Assessment*

4. Oermann, M.H. & Gaberson, K.B.*:Evaluation and Testing in Nursing Education*

5. Redman, B.K. (1997): The Practice of Patient Education

Instructional Objectives

In any planned teaching and learning environments, the teacher has goals and objectives. The main difference between goals and objectives is that goals are the long-term learning outcomes while objectives are short term intended outcomes. Objectives are statements about the teacher's expectations of what the learner should be able to do during and after the teaching session or the learning experience. From a behavioural perspective, objectives must be specific, measurable, attainable, realistic and time bound. Because they are stated in behavioural terms (the ability to do), they should have a criteria by which they can be judged if the learner has achieved them. As a clinical nurse, it is important that you learn how to develop acceptable instructional objectives because from the learners' perspective, they:

- communicate the teacher's intentions of the learning situation
- help them in directing their attention and effort to those aspects of learning situations which will help them to achieve the teacher's intentions and expectations
- tell them what they are expected to be able to do at the end of the learning session
- overcomes learners' frustration of being in class with no idea of what they are being expected to learn and therefore engage in guessing in a trial and error fashion.

From the teacher's point, objectives help:

- him/her to structure the lesson in a logical sequence
- in developing appropriate measuring tools for collecting data for assessing learners' educational outcomes.
- in knowing if the teaching activity has been successful

As can be expected, how one formulates instructional objectives will vary between the domains. You will need a lot of practice in developing instructional objectives in the Affective Domain.

Unit summary

This unit has established that in 1956 Benjamin Bloom grouped all educational objectives that teachers used as they taught their students into three categories, known as domains of learning. These categories are cognitive, affective and psychomotor. Each domain is further broken

down into smaller units that are referred to as levels and that these levels are hierarchically arranged

Unit assessment

Ndaonazino is a diabetes mellitus type II patient who has been admitted in your ward because of complications resulting from diet non-compliance. You want to teach him to be able to cope with his impaired functioning.

Develop: (a) One general objective

(b) Two learning outcomes in the cognitive domain

(c) Two learning outcomes in the psychomotor domain

References

1. Anderson, et al.: *A taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives*

2. Gronlud, N.E. (2005): ***Measurement and Evaluation in Teaching***. Macmillan. London

3. Nitko, A.J. (1983): ***Educational Tests and Measurements! An Introduction***. Houghton Muffin. Boston

4. Ormrod, J.E (2006)**:** *Educational Psychology – Developing Learners*

5. Quinn F.M. (2000) *The Principles and Practice of Nurse Education.* Croon Helm, London

6. Rankin, S.H. & Stallings, K.D. (1997): *Patient Education- Issues, Principles, Practices.* Lippincott, Philadelphia

UNIT 5: CLIENT EDUCATION

Introduction

If we were to travel back by ten years in both time and space , we would find that the population of Malawi was about nine million, one district hospital in each district with about twenty hospital beds and one or two rural dispensaries, two Central Hospitals, one General Hospital and about ten mission hospitals. You would rarely find patients sleeping on the floor. Because health care at mission hospitals attracted a fee, they were never full. The picture today is quite different. Although there have been various expansions of the existing health facilities and that additional hospitals have been built, they have not equaled the increase in population. Increased population with inadequate health facilities has created high pressure at these facilities. High population has

also resulted in high nurse-patient ratio. The emergence of new diseases such as HIV and AIDS and the resistance of diseases to the known drugs have also resulted in high demand for health services and long stay in hospital. All this results in increased pressure on both the available resources and nurse time as a caregiver.

Shorter hospital stays, increased demands on nurses' time and the provision of quality nursing care can be achieved by the provision of client education. This unit will assist you to learn how you can fulfill your role as a clinical educator. It will examine the teaching process in patient/client education, the application of the theories and principles of learning you discussed in unit 2 and 3.

Learning Outcomes

When you have completed this unit, you will be able to:

- Assist your learners to identify their learning needs
- Teach your clients using either the pedagogical or andragogical principles, depending on the nature of the client.
- Select the appropriate:
    (a) Teaching methods

    (b) Teaching and learning aids

For the purpose of our discussion here, let us define **patient education** as:

> A planned learning experience using a combination of methods such as teaching, counseling, and behaviour modification techniques that influence patients' knowledge and health behaviour. (Bartlett C, 1985 in Redman B.K 1993).

And **Teaching** as:

> An <u>interactive process</u> that is deliberately planned to achieve predetermined **goals** and **objectives.**

Such an activity results in **learning.** Learning will occur if the patient/client sees his or her own need to know or to acquire a skill that will enable him/her to do something he/she is <u>currently unable to do.</u> Thus, teaching is most effective when it responds to, or meets a client's needs.

<u>The Teaching Process</u>

It has the following stages:

1. Needs identification

2. Formulation of Goals and Objectives

3. Content Selection and Lesson Planning

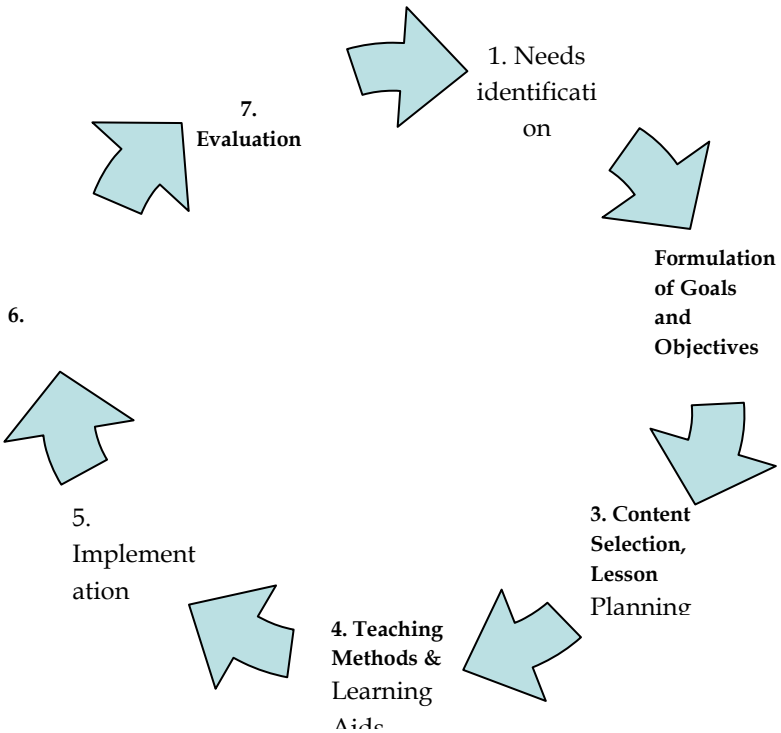
4. Selection of Teaching Methods and Learning Aids

5. Implementation

6. Assessment

7. Evaluation

This process is better understood as a cycle in which each higher stage necessitates checking what has been achieved in the preceding stage.



Patient/client education revolves around three components:

(a) Maintenance and promotion of health, and illness prevention

(b) Restoration of health

(c) Coping with impaired functioning

Activity 5.1

Look up in Crisp, J & Taylor, C (2001): *Perry and Potter's Fundamentals of Nursing* what each of these components of patient/client education means.

In any patient education, it is important to consider the part that family members can play. Sometimes family members may need to know just as much as the patient needs to know about his or her health condition, and what needs to be done for him/her to return to wellness. It is therefore important to include family members in the teaching plan because if they are omitted, conflicts might arise between the patient and family members as caregivers.

In order to give the right kind of education, the nurse educator must assess the patient/client's needs, abilities, motivation to learn at each level of wellness.

The nurse must always remember that learning takes place when the client sees the usefulness or practicality of the information given.

Conversely, teaching is most effective when it responds to, or meets a client's needs.

Teaching Methods

A teaching method is simply the means or technique by which a teacher conveys to the learner the information or knowledge to be learned in order to achieve specific learning objectives

Types of teaching methods

We will consider them in four main groups:

(a) Expository methods (also called traditional methods)

(b) Interactive methods

(c) Experiential methods

(d) Individualized methods

(b) and (c) are popularly called Activity Based methods. You will need to be attentive and think for yourself to discover why these are called that way.

Activity 5.2

Look up in:

Borich G.D (1988): *Effective Teaching Methods*

deTornya R.& Thompson M.A. : *Strategies for Teaching Nursing*

Perrott E: *Effective Teaching – A Practical Guide to Improving Your teaching*

DeYoung S (2009): *Teaching Strategies for Nurse Educators* for the kind of teaching methods in each group.

Teaching and Learning Aids

These are the resources which one uses either to convey information to another person or to receive information from another person or source. These are grouped into three categories:

(a) Visual aids

(b) Audio aids

(c) Audio-visual aids

As you look up these in the literature, pay particular attention to those resources that are appropriate in a clinical setting.

Unit summary

Patient education is a necessary component of professional nursing practice in order to reduce pressure on the limited human and non-human resources available in the various health facilities. In order for the nurse to fulfill this role, the nurse needs to have adequate knowledge on how people learn, the methods used in order to assist the learners to learn, and the teaching and learning resources necessary for such a task.

Unit assessment

Ability to prepare a teaching plan that shows all the parts of the Process Model

References

1. Borich, G.D (2004): *Effective Teaching Methods,* Merrill, Columbus

2. De Young, S (2009): *Teaching Strategies for Nurse Educators,* Pearson Hall, New Jersey

3. Ormrod, J.E (2006)**:** *Educational Psychology – Developing Learners,* Pearson, New Jersey

4. Quinn F.M. (2000) *The Principles and Practice of Nurse Education.* Croon Helm, London

5. Rankin, S.H. & Stallings, K. D. (1997): *Patient Education- Issues, Principles, Practices.* Lippincott, Philadelphia