EMPOWER. ENERGIZE. INSPIRE.
FACTORS THAT LEAD TO
OUTSTANDING TEACHING

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NORTHERN ILLINOIS UNIVERSITY
OBJECTIVES

• **Describe factors that lead to outstanding teaching.**

• **Understand the phenomena of inspiration and the impact that inspiration can have in the classroom.**

• **Describe innovative teaching strategies that can empower the nurse educators practice.**

• **Identify strategies to energize the classroom experience.**
INTRODUCTION

If we can be a spirit lifting presence among those with whom we work, we have begun to understand inspiration.

INSPIRATION

- The term ‘inspire’ means both to inhale deeply and to become energized, creative, or motivated. ‘Expire,’ on the other hand, means to die.
MY STORY OF INSPIRATION

WHAT IS YOUR STORY OF INSPIRATION?

REFLECTION
THE STUDY

- Purpose
- Research Questions
- Participants
- Research Approach
- Data Analysis
- Emerging Categories
- Student Evaluations
PURPOSE

To explore factors associated with success in university teaching and to examine their possible connection to inspiration.
RESEARCH QUESTIONS

1. What are the factors that have led to success in university teaching?

2. Is there a connection between the factors that have led to success in university teaching and the experience of inspiration?
PARTICIPANTS

The 35 Presidential Teaching Professors of Northern Illinois University
RESEARCH APPROACH

• **Interpretive Study**

• **Drawing on the hermeneutic tradition of explicating textual origins**
HERMENEUTICS

According to Benner (1994) “The goal of hermeneutic, or interpretive account, is to understand the everyday skills, practices, and experiences, to find commonalities in meanings, skills, practices, and embodied experiences” (p. 56).

NARRATIVE DATA

- Presidential Teaching Professors written educational philosophies and goal statements
- Student evaluation comments of the professors
VARIETY OF TEXTUAL SOURCES

- Northern Illinois University web sites
- Individual professors’ publications
- Personal discussions with professors
- Miscellaneous
DATA ANALYSIS

• CONSTANT COMPARATIVE METHOD

• DEVELOPED THEMES

• THEMES GROUPED INTO CLUSTERS

• CLUSTERS INTO SECTIONS ENABLING CATEGORIES COMMON TO ALL PROFESSORS' DESCRIPTIONS TO EMERGE

• BACK TO ORIGINAL TEXT TO ENSURE ALL MAJOR FACTORS WERE ACCOUNTED FOR
EMERGING CATEGORIES

- Presence
- Promotion of Learning
- Teachers as Learners
- Enthusiasm
PRESENCE

- **The Relationship**
- **The individuality of the student**
- **Trust, respect and caring**
- **The relationship out of the classroom**
- **Once my student, always my student**
- **A relationship legacy**
PROMOTION OF LEARNING

• Dedication
• Teaching beliefs and views
• Finding meaning
• High expectations
• Life-long learning
TEACHERS AS LEARNERS

- We are all learners
- Keeping current
- Creation of new content
- Service
- Scholarly research and publications
ENTHUSIASM

• An enthusiastic teaching style
• Enthusiasm for the subject
• Love of teaching
• Passion
STUDY CONCLUSIONS

• Summary of Findings
• Implications for Future Research
• What I Learned
• Application to Teaching
WHAT ARE YOUR PURPOSES AND PRIORITIES IN TEACHING

• On your note card write down all of your purposes and priorities of teaching.
MY LIST

• First, Inspire.
• Second, Challenge.
• Third, Impart Information.
ENERGIZING

• To give energy to
• To activate
• To invigorate

Make a list:
What have you done to energize your classroom? Turn to your neighbor and share....

http://www.officialpsds.com/Energizer-Bunny-PSD97945.html
ENERGIZING THE CLASSROOM

TO DO’S

• BEING ORGANIZED

• CHANGE THE PACE OF DELIVERY

• INCORPORATE ACTIVE LEARNING TECHNIQUES

• EXHIBIT A PASSION FOR THE SUBJECT AND FOR TEACHING
BEING ORGANIZED

- Teaching takes work
- Need a road map
- Teaching philosophy
- Syllabus
- Lesson plans
- Stay current
CHANGE THE PACE OF DELIVERY

• From the VERY FIRST DAY
• Mix it up
• Avoid death by power point
• Give a lecture break every 12-15 minutes with some sort of activity....these can be short!
• Incorporate pop culture, you tube etc.
GET STUDENTS INVOLVED

- Thinking, talking, moving, or getting students emotionally involved so that what you teach gets into long-term memory

The

The secret to being a bore is to tell everything
~Voltaire
INCORPORATE ACTIVE LEARNING TECHNIQUES

• Involve learners in doing things and thinking about what they are doing

• Two basic assumptions
  o Learning is by nature an active process
  o Different people learn in different ways
<table>
<thead>
<tr>
<th>Active Learning</th>
<th>Examples</th>
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<tr>
<td>Think-Pair-Share</td>
<td>Focused listing</td>
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<td>Informal small groups</td>
<td>Clickers</td>
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<td>Discussions</td>
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<td>Team Based Learning</td>
<td>Cooperative student projects and in class work</td>
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<td>Concept maps</td>
<td>Two minute paper at end of class</td>
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<tr>
<td>Journaling</td>
<td>Presentations or Role Plays</td>
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Passion

How do you demonstrate passion for your subject and for teaching?
BE A PASSIONATE PROFESSOR

• Motivate your students
• Inspire your students
• Encourage your students
• Use creative teaching strategies
• Share your stories and experiences
• Involve students and bring them into your world!
  • Research studies, Honor's students, Research Rookies, Study abroad, themed learning communities........
THE MOST CREATIVE TEACHER EVER
3-2-1 ACTIVITY

• **SHARE 3 THINGS YOU GAINED FROM THIS PRESENTATION**

• **2 THINGS YOU WILL USE IN YOUR CLASS RIGHT AWAY**

• **1 THING YOU WANT TO LEARN MORE ABOUT**

**FIRST MAKE A LIST!**

**TURN TO YOUR NEIGHBOR AND SHARE!**
WRAP UP

• Questions and Discussion
THANK YOU!
HAVE A GREAT SEMESTER!

PLEASE feel free to call OR write!
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Nursing Education: The Male Perspective

By:
Cris Sabio, PhD, RN
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RN STATS and Implications:

• Population is roughly 50% Male
• Only 9.6% of RNs are Men (United States Census Bureau, 2013)
• Is there a need for more Men in Nursing?

History of Major Nursing Shortages:
  • Female population tapped
  • Male population NOT

• Are there health conditions that are male specific?
  • ED anyone?
  • Steroid use?
  • Vasectomy?
  • “I need a catheter?!”

• Diversity
  • Not just ethnic, cultural, or racial
  • How about gender diversity?
History of Nursing

• Were the first nurses (caregivers) men or women?
  ➢ Men - from religious orders.

• How and when did that all change?
  ➢ When Florence Nightingale came.
    • She said, in so many words, caring is for women. Are men capable of caring?

• From then on, Nursing is seen as a woman thing!
Why the Paucity of Men in Nursing?

• Blame Nightingale!
• “Nursing”, as a word itself, connotes femininity (breastfeeding)
• Society therefore equates nursing to the female gender

Why is it hard for men to consider nursing as a career?

• Don’t want to be seen as GAY, or doing women’s work.
• “Nursing? Really? Pick something more appropriate!”
  • School guidance counsellors steer men into “more appropriate professions”
  • Family, friends not enthused
• “Are there really Men in Nursing?”
• Pure ignorance
Challenges to Men who want to Pursue Nursing

- Stereotypes: 73%
- Traditionally female profession: 59%
- Other professions seen as more appropriate for men: 53%
- Lack of male role models/mentors: 42%
- Lack of guidance/information in high school: 27%
- Other professions seen with greater upward mobility: 22%
- Perception salary not equal to other careers: 21%
- Nursing not intellectually challenging: 13%
- Cultural influences: 12%
- Perception nursing is not high tech: 7%
- Family influences: 4%
- Other: 6%

(Hodes Research, 2005)
When Men Come to Nursing

Why Men go into Nursing

- Desire to help people
- Growth profession with many career paths
- Career stability
- Mobility
- Parental influence

(Hodes Research, 2005)

When Men Come to Nursing

Why Men go into Nursing

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(Hodes Research, 2005)
Benefits of Career in Nursing

(Hodes Research, 2005)
Challenges to Men in Nursing School

• It’s still a woman’s world!
• Sexual orientation being questioned
  • Men are not supposed to be caring.
  • Being caring might be misconstrued as a sign of homosexuality
  • Or worse, of sexual deviancy (touching, intimate care)
• Unintelligent (did not make it to medical school) – the whaaat?
• Being singled out by faculty:
  • held to higher standard than female counterparts (called often, given more challenging assignments)
  • Anti-male remarks by faculty (microaggression)
Challenges to Men in Nursing School cont.

• Gender discrimination: Held out of OB/GYN/peds, patients refusing

• Being seen as “muscle”

• Lack of role models
  • Texts/society refer to nurse as “she”
  • Lack of history of men in nursing

• Feeling isolated due to lack of role models/other male students, role strain, and gender discrimination

➢ 15% of nursing enrollment are now composed of men (NLN, 2013)

➢ Higher rate of attrition among men than women in nursing school (O’Lynn, 2013, p. 88-89)
Challenges to Men as Faculty in Nursing

• Men only 7% of full-time faculty (AACN, 2017)
• Sexual orientation being questioned
• Unintelligent (did not make it to medical school)
• Microaggression
  • Related to stereotypes: sexual orientation and intelligence
  • Men seen as advantaged/privileged
• Feelings of isolation
  • Token faculty
  • Getting drowned out
• Adjusting to different gender tendencies in problem-solving/leadership/communication styles
Challenges to Men in Nursing Practice

- Sexual orientation being questioned
- Unintelligent (did not make it to medical school)
- Microaggression from:
  - Fellow nurses (due to above and territorial tendencies)
  - Doctors
  - Patients
- Fear of being accused of being inappropriate (touching, intimate care)
- Gender discrimination: patients refusing
- Being seen as “muscle”

- Men gravitate to Hi-tech, Low-touch areas: 41% of CRNAs (United States Census Bureau, 2013); >50% of men in nursing are in ICU, ER, APRNs, Administration, Education (Hodes Research, 2005)
It’s not all that bad though...

Advantages of being a Man in Nursing:

- The times they are a’changing. (Men more readily accepted into the profession). *Although stereotypes still remain...*
- Preferential treatment in hiring (more stable employee, muscle?)
- More recognized (stands out)
- Treated better by physicians compared to female RNs
- For the most part, the ladies actually like having them (muscle again?)
- “Glass elevator”
- Higher salary
What Should Nurse Educators Do?

• Let us examine ourselves:
  • Acknowledge that we may not be totally immune to the same prejudices
  • Do you eat your young? *(The oppressed becomes the oppressor)*

• Let us change our mindset and others’:
  • We work with the doctors. We don’t work for them. (We’re not subservient; we’re no handmaidens.) We work for our patients!
  • We can diagnose and treat if we want to. We can have our own practice.
  • There are those who still think nursing is easy. *They do not have a clue!*
  • And, by the way, MEN DO CARE. WE ARE CARING – THAT’S WHY WE WENT INTO NURSING. THAT’S WHY WE ARE STILL IN NURSING.

• This goes for all the nurses out there.
What Should Nurse Educators Do to Keep Men in Nursing?

• Check yourself at the door.
• Gender does not matter. A nurse is a nurse is a nurse.
• Men care as equally as women.
  • Men joke, smile, listen, show concern, and counsel.
  • WE DO HAVE FEELINGS – just not touchy-feely.
  • Show them how you care anyway.
• Quit challenging their manhood. Others will follow suit. Then, you’ll lose your man.
• Men in nursing are not unintelligent. It’s all circumstantial.
• Don’t single them out just because they stand out.
• They are not just “muscle.” They’d love to help, but they also have patients to care for.
What Should Nurse Educators Do to Keep Men in Nursing?

• Ease them into specialty areas (OB/GYN).
  • Accompany them, introduce them. Treat them like any other student nurse. Others will pick up on that.

• Put men together in clinical groups.
  • (2 or more) so they don’t get singled out and not feel isolated.

• Men hate to ask for help.
  • Encourage them to ask. It’s not about them. It’s about the patient!

• We’d rather be called men in nursing than male nurses.
  • Or just plane Nurse is fine.

• Establish mentorship, student organization for men in nursing school.

• How about hiring men as faculty? Students need role models!

• Listen to them. They actually talk!
THANK YOU Very Much!!!


Reducing Stigma by Inspiring Empathy

OLIMPIA PAUN, PHD, PMHCNS-BC, FGSA; CAROL WAHLSTROM LCPC, MS, RN, & JOSEPH GRIFFEY, BSN, RN-BC
Empathy

Empathy is the form of authentic human relatedness in which one person is receptive in a vicarious experience to the experience of the other person in which this vicarious experience is processed further in understanding of the other person as a possibility [empathic understanding], appreciates the perspective of the other person from the other’s point of view [the folk definition of empathy as talking a walk in the other’s shoes], and responds in such a way that the other person gets her or his own experience back from the listener in a form that is recognized as one’s own.

- Lou Agosta
Stigma

- a mark of disgrace associated with a particular circumstance, quality, or person
- -Oxford Dictionary
1. Value the voice.
   The person’s story represents the beginning and endpoint of the helping encounter. It embraces not only an account of the person’s distress, but also the person’s hope for its resolution. The story is spoken by the voice of experience. The practitioner seeks to encourage the true voice of the person – rather than enforce the voice of authority.

2. Respect the language
   People develop their unique ways of talking about their experience, telling their stories. This is how they help others appreciate what only they can know. The language the person uses – complete with its unusual grammar and personal metaphors – is the ideal medium for illuminating the way to recovery. We encourage people to speak their own words in their distinctive voice.
3. Become the apprentice
The person is the world expert on the life story. Professionals may learn something of the power of that story, but only if they apply themselves diligently and respectfully to the task by becoming apprentice-minded. We need to learn from the person, what needs to be done, rather than leading.

4. Use the available toolkit
The story contains examples of ‘what has worked’ for the person in the past, or beliefs about ‘what might work’ for this person in the future. These represent the main tools that need to be used to unlock or build the story of recovery. The professional toolkit - commonly expressed through ideas such as ‘evidence-based practice’ - merely describe what has ‘worked’ for other people. However potentially useful, this should only be used if the person's available toolkit is found wanting.
5. Craft the step beyond:

The helper and the person work together to construct an appreciation of what needs to be done ‘now’. Any ‘first step’ is crucial, revealing the power of change and potentially pointing towards the ultimate goal of recovery. Lao Tzu said that the journey of a thousand miles begins with a single step. We would go further: any journey begins in our imagination. We need to imagine moving forward. Crafting the step beyond reminds us of the importance of working with the person in the ‘me now’: addressing what needs to be done now, to help advance to the next step.
6. Give the gift of time

Although time is illusory, nothing is more valuable. Time is the midwife of change. Time flows through us - and our lives. We only become aware of its passing when we check our watches. Although we often complain of 'not having time' to do this or that, we have all the time there is. The real issue is what do we choose to do with the time available.

7. Develop genuine curiosity

The person may be trying to write a life story but is in no sense an ‘open book’. We need to help the person to 'open up'. However much we think we have learned about human psychology no one can ever know another person's experience. Practitioners need to express genuine interest in the person's story so that they can better understand both the storyteller and the story.
8. Know change is constant

Change is inevitable for change is constant. **Nothing lasts!** This is the common story for all people. However, although change is inevitable, growth is optional. Decisions and choices have to be made if growth is to occur. The task of the professional helper is to develop awareness of how change is happening and to support the person in making decisions about what she or he will do next. That next step will determine the course of the recovery voyage. In particular, we need to help the person steer clear of danger and keep focused on the course of reclamation and recovery.
9. Reveal personal wisdom

Only the person can know him or her self. The person develops a powerful store of wisdom through living the life story. They may not be aware of it, but they have learned what works 'for' them and what, usually, works 'against' them. Often, people cannot find the words to express fully the sheer breadth of their personal knowledge. Often they have not stopped to consider what they know about themselves. The practitioner needs to help the person reveal and value that personal wisdom, so that it might be used to sustain the person throughout the voyage of recovery.
10. Be transparent

If the person and the professional helper are to become a team then each must put down their ‘weapons’. In the story-writing process the practitioner’s pen can become a weapon: writing a story that risks inhibiting, restricting and delimiting the person’s life choices. Professionals are in a privileged position and should model confidence by being transparent at all times; helping the person understand exactly what is being done and why. By using the person’s own language, and by completing all assessments and care plan records (in situ) with the person, the collaborative nature of the practitioner-person relationship becomes even more transparent.


Self-Care for Nurse Educators: Benefits, Barriers, and Methods

Kathleen Musker PhD, RN
Abbey Stine RN BSN BC
Purpose

➢ To describe the barriers and benefits to self-care among nurse educators
➢ To guide participants in simple, brief self-care exercises that can be applied in work or home settings.
Significance: Need for Self-Care Among Nurse Educators

- ‘professions where women predominate – including nursing and teaching - have the highest levels of workplace stress.
  - British Health and safety Executive (2015-16)

- ‘High levels of emotional exhaustion foretell stress-related problems for individual nurse faculty members and possibly suboptimal functioning in the classroom.
  - Yedidia, Michael J; Chou, Jolene; Brownlee, Susan; Flynn, Linda; Tanner, Christine A

- ‘Important to faculty retention rates, the current study findings indicate that high emotional exhaustion was independently associated with intent to leave academic nursing’.
  - Yedidia, Michael J; Chou, Jolene; Brownlee, Susan; Flynn, Linda; Tanner, Christine A . ((2014).

- Withdrawing from teaching and coworkers, lack of self-efficacy
  - Owens, J. (2017)
Self-Care

‘Self-care is not selfish or narcissistic as many nurses and nurse educators believe. The ability to care for one’s self is essential for the well-being and congruence of nurses as educators and health promotion advocates and the foundation for compassionate care’.

Mills, Wand, and Fraser (2015)
What are some barriers to self-care that you have as educators?
Barriers to taking care of yourself

Professional
- Lack of boundaries between work and personal time
- Heavy work loads
- Scheduling issues

Personal
- Feeling unable to disengage from professional life
- Fear of failure or unknown
Self-Care Benefits

- Increase job satisfaction and teaching efficacy,
- Reduce burnout,
- Promote the health of nurse educators.
- Contribute to retention of nurse educators in places of employment as well as retention in the field of education.
Guided Imagery
Aromatherapy

Aromatherapy Improves Work Performance Through Balancing the Autonomic Nervous System.

Huang, Lin; Capdevila, Lluis; Journal of Alternative & Complementary Medicine, Mar 2017; 23(3): 214-221.

https://www.aromaweb.com
Digital Media - Mobile App

Insight Timer
Yoga
Can yoga or other self-care practices really help?

Nurses described feeling relaxed after participating in self-care classes.

Nurses noticed increased problem solving abilities and were able to resolve clinical dilemmas more quickly.

Participating nurses reported feeling better able to focus on patients and family members and consistently expressed feeling increasingly optimistic about their work after partaking in these self-care class regimens.

References


- Yedidia, Michael J; Chou, Jolene; Brownlee, Susan; Flynn, Linda; Tanner, Christine A .(2014). Association of faculty perceptions of work-life with emotional exhaustion and intent to leave academic nursing: Report on a national survey of nurse faculty Journal of Nursing Education, 53. 569-79.
Team Based Learning in Nursing - What is it and how do we do it?

Kari Hickey RN, PhD
Assistant Professor
Northern Illinois School of Nursing
Participant Outcomes

• Explain the basic components of Team Based Learning: the readiness assurance process, the appeals process, peer evaluation, and the application exercise.

• Describe the 4 S’s fundamental to Team Based Learning

• Identify the benefits of establishing a more active, learning-centered classroom

• Formulate your own first step to begin transforming your courses to team-based learning
My TBL journey……..

• Taught first TBL course Spring 2017
  – Undergraduate Population Focused Nursing
    • Previously taught in lecture base format
    • This is a paradigm shift!
  – Attended university sponsored TBL workshop and searched nursing literature
  – Significantly revised for this semester!
    • More changes for next semester
In a nut shell....TBL

• Fosters group based learning
• Instructor as ‘guide on the side’
• Has a specific course design
  – Formation of heterogeneous teams
  – Creates student accountability
  – Provides immediate feedback
  – Provides meaningful and real world team assignments
• When fully implemented, is an EBP for teaching
  – Uses best teaching practices
    • Cooperative learning
    • Feedback
    • Reciprocal teaching
    • Whole-class interactive teaching
    • Visual presentations (Michealson & Sweet, 2011)
Let’s Try It!

- Create a team of 4-6
- Take Orientation IRAT by yourself with answer sheet (4 minutes)
- Take Orientation IRAT with your team on scratch off card (5 minutes)
Basic Components of TBL

Students work in teams to discuss and solve problems
- 5-6 students per team
- Random and diverse teams

Team-Based Learning Sequence

This sequence will be repeated for each major instructional unit

Preparation
Pre-class
1. Individual study
2. Individual Test

Readiness Assurance
Diagnosis - Feedback
20% - 30% of class time
3. Team Test
4. Written Team Appeal
5. Instructor Clarification Tutorial

Application of Course Concepts
Development of Students’ Critical Thinking Skills
70% - 80% of class time

Readiness Assurance Process Ensures:
- Effective and efficient content coverage.
- Development of real teams and team interaction skills.
- An experience-based insight about the value of diverse input.
- Development of students’ self-study & life-long learning skills.
- Class time to develop students’ application / critical thinking skills.
Basic Components of Team Based Learning (TBL): Readiness Assurance Process

- Includes Individual (IRAT) and Team (TRAT)
- “reading quiz” on fundamental knowledge required for application activity
- Should only measure important concepts
- [http://www.niu.edu/facdev/_pdf/2017tei/day2/4-writing-good-questions.pdf](http://www.niu.edu/facdev/_pdf/2017tei/day2/4-writing-good-questions.pdf)

Basic Components of TBL: Appeals Process (part of Readiness Assurance)

• Students have opportunity to refer back to prep materials (readings, slides, videos, etc.) and appeal questions missed on the team test
• Work together to build a ‘compelling’ case for their answer
• Students may learn more from the appealing ‘wrong’ answers than confirming correct answers
• If appeal is accepted, instructor may reward the point back to the team(s) that wrote successful appeal
Basic Components of Team Based Learning (TBL): Peer Evaluation

• Makes students accountable for:
  – *Individual* pre-class preparation
  – Contributing to the *team*
• Allow class to determine evaluation criteria
  – Example from my class:
    • Is present: shows up prepared and on time with a positive attitude (and a smile!)
    • Contributes: Stays on task, does their job, adds to the discussion, and is a problem solver
    • Communicates: Includes all in the discussion, is open minded and listens to others
## Evaluation Criteria

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<th>Evaluation Criteria</th>
<th>Team member:</th>
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<td>TOTALS</td>
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**Feedback on team based learning:**

What are at least two things/activities that I could do better?

What are at least two things/activities you liked about this course?

What suggestions do you have for future students to be successful in a team based learning course?
Basic Components of Team Based Learning (TBL): Application Exercise

4 S’s of TBL

**Significant Problem**- teams should work on a problem that is relevant to students

**Same Problem**- teams should work on the same problem, case, or question

**Specific Choice**- teams should be required to make a specific choice

**Simultaneous Report**- teams should be able to report their choices at the same time
Example Application Exercise

Question

Label the following school nursing tasks as

A. Primary

B. Secondary

C. Tertiary

___ Treating a suspected wrist fracture
___ Teaching handwashing to kindergartners
___ Teaching a classroom teachers about a diabetic care plan
___ Creating an emergency plan for a student with a peanut allergy
___ Supervising a classroom nurse taking care of a student with seizures
Benefits of TBL

• Collaborative and active learning environment
• Improved retention of content
• In addition to delivering content:
  – Improves communication
  – Collaboration
  – Problem solving
Where to start?

- Assess current course structure
  - See handout
- Think Backward Design
My tips to get started!

• Read about what others are doing with TBL especially in nursing for ideas

• Get stakeholder buy in
  – Chair/Administration- a paradigm shift will require faculty development
  – Students-VERY important
    • Thoroughly introduce TBL method first day of class
  – Other Faculty-for support and ideas
Additional Resources


Therapeutic Alliance, Relationship Building, and Communication Strategies for the Schizophrenia Population: An Integrative Review

BARB HARRIS PHD, RN
GINA PANOZZO DNP, RN-BC

11/3/17

INTEGRATIVE REVIEW AND COLLABORATIVE RESEARCH OPPORTUNITIES
"Despite the need for a therapeutic relationship with patients or residents, many nurses, including myself, tend to limit communication and interaction with psychotic patients due to potential escalation, lack of staffing to tend to in a crisis, and the state (of IL) encouraging NO psychotropic PRN med orders. Unfortunately, this results in avoiding patients unless meds, vitals or other orders need to be implemented. We are very task focused as well, often forgetting to build alliance and the importance of it. We focus more on not missing med times, charting, admissions, discharges, and carrying out orders."
Consider This....... 

In your practice/training to what degree do you think therapeutic alliance has been taught and emphasized in regards to persons with schizophrenia?
Background/Problem

- Statistics
- Therapeutic Relationship
- Engagement Barriers
- Patient Behaviors
- Lack of Evidence
Purpose

To identify and extract current research findings that provide:
1. Empirically based methods for assessing the quality of therapeutic relationships
2. Outcomes associated with high and low quality therapeutic relationships
3. Factors that either positively or negatively impact the development of therapeutic relationships
4. Empirically based guidelines for building therapeutic relationship
Method
(Design and Sample)

- **Design**: Integrative Review of the Literature

- **Sample**:
  - Peer reviewed journal articles written in English
  - Published between 2006-2017
  - Original research: communication and therapeutic relationship between professional providers and persons with schizophrenia or psychotic disorders
  - Adults 18-65
  - Studies with samples of at least 50% with a diagnosis of schizophrenia, schizoaffective disorder, or psychosis included as there were relatively few studies with samples consisting only of persons with diagnosis of schizophrenia
Method
(Search Strategies)

- Search Strategy

-Multiple databases searched. Authors performed separate searches.

- Search Terms: schizophrenia and communication, therapeutic alliance and communication, Peplau’s Theory of Interpersonal Relations and schizophrenia, Peplau’s Theory of Interpersonal Relations and schizo*, schizophrenia and nurs*, patient-centered communication, schizophrenia, schizophrenia and communication, and therapeutic alliance and communication.

- When reviewing the results of these searches, duplicate articles were excluded. Secondary sources and seminal articles outside of search parameters were used in the discussion. This yielded 21 articles.
Method (Analysis)

- Grid development: structure/components, rigor-grading
- Studies were separated into groups based on the research questions to which each referred
- Independent analysis, comparison of findings, assessing for themes, gaps, and discontinuities
- Consensus on rigor scores
- Modified themes to encompass other themes
Finding #1

Assessment of Therapeutic Relationship
- Instruments, variability
- Sample of Working Alliance Inventory (WAI)
<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Never</td>
<td>Rarely</td>
<td>Occasionally</td>
<td>Sometimes</td>
<td>Often</td>
<td>Very Often</td>
<td>Always</td>
</tr>
<tr>
<td>2</td>
<td>What I am doing in therapy gives me new ways of looking at my problem.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I believe</td>
<td>likes me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>does not understand what I am trying to accomplish in therapy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I am confident in</td>
<td>'s ability to help me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WAI-Patient Continued

6. _______________ and I are working towards mutually agreed upon goals.
7. I feel that _______________ appreciates me.
8. We agree on what is important for me to work on.
9. _______________ and I trust one another.
10. _______________ and I have different ideas on what my problems are.
11. We have established a good understanding of the kind of changes that would be good for me.
12. I believe the way we are working with my problem is correct.
Finding #2

- Outcomes Associated with Therapeutic Relationship
  - Medication adherence
  - Social/Relationships
  - Health outcomes
Finding #3

- Factors Influencing Therapeutic Relationship
  - Client intrapersonal characteristics
    ◦ Self-stigma and level of insight
    ◦ Substance use
  - Treatment setting factors
  - Provider and patient ratings
  - Therapist training programs
Finding #4

- Provider Relationship Training
  - Trust and presence
  - Acknowledgement and respect
  - Attention to patient needs
  - Training programs
Discussion

- Peplau was the original intent to focus on, which is listed in textbooks, but in practice the research is not prevalent in regards to therapeutic alliance.
- Medication adherence
- Intrapersonal factors
- Treatment context
- Demographics (country of origin, overrepresentation of males, underrepresentation of nurses)
Implications

- Peplau
- Nurses are not represented in samples
- Various settings in studies
- Importance of mutual goal setting
- Relationship perspectives
Limitations

- Studies focused on providers/therapists and patients, only two studies included nursing but were part of larger populations of providers
- Limited research on samples only including persons with schizophrenia (other psychotic diagnoses are included)
- Numerous scales were utilized to measure therapeutic alliance, with some items being removed
- The articles reviewed do not all clearly define therapeutic alliance, thus potentially affecting what is being measured
Implications and Future Research Opportunities

- Plans for integrative review-publication/dissemination
- Timeline for next project/qualitative research
- Brainstorming
References


References Continued


ENHANCING THERAPEUTIC COMMUNICATION CONCEPTS THROUGH COLLABORATION WITH NURSE EDUCATORS

Katherine Hess, MS, RN-BC
• Foundation of the nurse-patient relationship

• The better the relationship = improved patient outcomes
## Group Discussion

<table>
<thead>
<tr>
<th>Student Challenges?</th>
<th>Faculty Challenges?</th>
</tr>
</thead>
</table>

Student Challenges

“I don’t want to say the wrong thing”

“I don’t know what to say”

“What if I make the patient more upset?”

Anxiety

Faculty Challenges

Time constraints
Learned behavior
Reinforcing concepts
Change in patient status
Clinical observation
Lack of experience, critical thinking
Patient-centered Care

Therapeutic Nurse-Patient Relationship
Back to the basics

1. Self-assessment
2. Nonjudgmental approach
3. Empathy
4. Active listening
5. Patient-centered
6. Trust
7. TIME
Examples:

“That must feel scary.”

“I am here to listen to you”

“I noticed you were crying in group.”

“I am not sure what you mean by that.”

“It sounds like you are having a hard time.”

“You are safe in the hospital.”

“Tell me more about your relationship with your spouse.”
Examples:

“Why are you feeling depressed?”
“I am glad you are feeling better.”
“You should focus on the positive aspects of your life.”
“Things will get better once you get discharged.”
“Everyone has bad days, you will get through this.”
“What made you get so angry?”
Evaluating Therapeutic Communication

- Role Model

- Nurse Observations

- How do we know a patient was cared for?
<table>
<thead>
<tr>
<th>Post Conference</th>
<th>Video Resources</th>
<th>Online Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Therapeutic Communication Role Play</td>
<td>• APNA link</td>
<td>• NCLEX style questions</td>
</tr>
<tr>
<td>• Therapeutic Communication vs. Non-Therapeutic Communication</td>
<td></td>
<td>• Therapeutic Communication Games</td>
</tr>
</tbody>
</table>
Collaboration with faculty + Consistent Concepts = Improved Student Understanding
References


