2.2 Enhancing the student experience
2.2.1 Large group lectures: what students think

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Purpose of lectures

“Lecture: a process by which the notes of the professor become the notes of the student, without passing through the minds of either”

Mark Twain

“The primary role of the lecture today is not to disseminate content.”

Pickford and Clothier, 2006

HEA Conference Seminar
Discover - what is

Dream - what might be

Design - what should be

Destiny - what will be

Appreciative Enquiry
Cooperrider et al, 2005
Process

- Approval
- Pilot study
- Design of interactive photograph
- Recruitment of project team
- Advance warning of e-mail
- Consultation
- Analysis of students' responses
Interactive photograph
Hi

As part of a review of learning and teaching strategies in the School of Health, Community and Education Studies, we would like to know what you think helps to make a large group lecture a ‘good’ learning experience.

Lecture Feedback Interaction
Analysis of results

Volunteers to undertake analysis

They each reviewed the students’ responses for common themes

Comparison of emergent themes

Next step in discovery stage is to explore themes with students and academic staff

Identified subthemes and quotes which illustrated each

Analysts each then focused on one theme
How many students does a lecture have before you would call it a large group lecture?
Which of the following are essential for a positive large group lecture:

- Well ventilated room
- Enough leg room
- Good desk space for taking notes
- Clear view of whiteboard/screen
- Clear sound from lecturer and other audio equipment
- Quality of visual presentation
Themes

- Assessment of student need
- Use of humour
- Minimising disruption in class caused by students
- Student interaction
Assessment of student need

“encourage questions to be asked. If anything is difficult to follow, explain in a different way to the first time”

Approachable, helpful, respectful of students, aware of different learning styles, checks students understanding, values student contribution, interacts with whole group and doesn’t single out individuals, responds to questions and gives enough time.
Humour used to …

• Engage students
• Control large group
• Support knowledge
• Promote enjoyment
• Demonstrate enthusiasm
• Communicate at a personal level
Managing disruptive behaviour

Students identify this as an issue of lecturer confidence

“a lecturer should be assertive, not afraid to ask the students to be quiet and listen in”

“confident enough to ask those who come in late and who are late to leave”
Student interaction

The majority of students suggested that they liked to have the opportunity to participate in lectures. Some examples were given (discussions, debate, quizzes, small group activities, questions).

We will explore this further in the focus groups.
Large Group Lectures – What Students Think

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2.2.2 The sense of care in nursing students’ process of learning

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“The sense of care in nursing students’ learning process”
The sense of care in nursing students’ learning process

Do the students feel cared for, when provided a personal solid training, equipped with technical and scientific knowledge and know how to use this knowledge, together with the emotional and relational aspects, do they feel better prepared to care?
Understand the nature of the interaction between student and teacher/mentor within the learning process of care;

Analyze the emotional experience of the student in the process of acquiring skills to care for others;
Why reflect about caring and teaching?

practices and the system of care provided by the nursing profession not only as a profession, but also as a subject of knowledge in order to understand that the meaning of care is an entire historical trajectory that today may be the starting point, for nursing as a profession, to be able to reflect and propose new trends for care.
Learning to Do
Learning to Live Together
Learning To Be
To Think
To Feel
To Be
To Touch
To Do
To Know
To Understand
A daily practice context seems to be missing that to establish a relationship is a necessary requirement. Nurses need to learn how to relate to people just as much as they need to learn all the techniques related to nursing care [...]

There is no nursing care without a relation with the patient or their family.

Amendoeira, 2006
Methodological Procedures

Train nurses with technical skills

Train nurses with relational skills

Emotional Competence of the nursing students

Understand how to make the approach to designing care both in theory and in practice nursing
Methodological Procedures

Qualitative Case Study

Document Analysis, Analysis of Narratives of speech Interviews
(Bogdan; Biklen, 1994.); (Foddy, 1996); (Demazière; Dubar, 2007)

Explanatory theory about how the nursing students live their emotional experience of caring
# EC VI Professional Life Integration

- Assisting people by appointing professional teams

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# EC V Community Intervention

- Develop skills for NURSING CARE, in the processes of lifelong health and disease

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# EC IV Care practice for women and children

- Intervene in certain groups and communities

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# EC III Care practice for adults and the elderly

- Develop capabilities for performing TECHNICAL NURSING

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# EC II Introduction to Care Practice

- KNOW the human being, nursing and community resources in Health

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# EC I Necessity and resource diagnostics

- EC I Necessity and resource diagnostics
Being myself in understanding other people

Centered on the interaction towards competence to care for others

The learning process of care centered on you and others
Results

Pedagogical relationship in the training model

Centered on the Teacher  Centered on the Student

Interaction

Promoting well-being and comfort
Results

Care Process Conception

- Ability to consider the situational context
- Ability to judge oneself

Nursing Intervention

- Committed Action
- Reflected Action
How does the student live the emotional experience of caring?
Conclusions

Student’s Awareness of Emotional Process

- Be Emotionally Competent
  - Thought dominance
  - Feel Affectionate Dominance
  - Wanting Dominance

- Cognitive
- Relational & Emotional
- Psycho Motor

Emotional Intelligence Development

- Emotional Knowledge
- Emotional Sense


We must research what we don't know, what is important to know and what is possible to know.

Thomas Kuhn

Thank you for your cooperation!

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2.2.3 Spiritual care: why bother?
A non-traditional approach to nurse education

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Spiritual Care
Why Bother?

A non-traditional approach to nurse education
Spiritual care, why bother?

• In the context for current health care, “kindness and compassion, dignity and respect must be central to care whoever provides it and wherever it is provided” (DH 2012).

• Underpinning the concepts of knowledge, values and attitudes (NMC 2010) is the assertion that ‘spirituality is the essence of our being and one that gives us meaning and purpose to our very existence’

• Innovation not ‘cookbook’ approach (Narayanasamy 2010).
Background

Why we bothered!

In 2009, the values of compassion, respect and dignity are high both on the Department of Health and National Health Service Agendas (Johnson 2009, DoH2008)

Yet the nursing literature continues to highlight concerns about loss of the art of caring, together with the place of spiritual values in development of qualities such as caring, compassion, connectedness and engagement (Sanders 2002, Swinton, McSherry 2006, Chan 2009, Narayanasamy 2010).
“…….has been defined as the ‘final taboo’ of nursing, yet the majority of respondents to an RCN survey said it was a ‘fundamental’ part of the profession”.

Funning B (2010)
Spirituality
RCN Bulletin 19th May 2010
Session Outline

• What is Spirituality

• Spirituality V Religion

• Beliefs line up

• Sea-bag exercise

• Assessment and care
Line up and Sea-bag activity
# Evaluation

What you enjoyed about session, what you learned, what can you take to clinical practice

| Interactive/open debate Inc. Activities (183) | Considered and respected own and others beliefs (114) | Respect/appreciation of differences in patients beliefs/being holistic (63) | Not just about religion (27) |
Spirituality can be anywhere not just in hospitals.

It takes many forms and depends on an individual’s beliefs.

Important in nursing care.

Personal to everyone.

It is an important part of patient care and should be a priority for nurses as it can make a real difference to patient wellbeing.
# Evaluation Comments

<table>
<thead>
<tr>
<th>How session can be improved</th>
<th>What you disliked about session</th>
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</thead>
<tbody>
<tr>
<td>More time.</td>
<td>Exposing personal beliefs.</td>
</tr>
<tr>
<td>Smaller groups.</td>
<td>Some attitudes and approaches to debate.</td>
</tr>
<tr>
<td>Ground rules to be explicit.</td>
<td>Being categorised into different groups to distinguish your beliefs.</td>
</tr>
<tr>
<td>Refine line up activity; can lead to arguments.</td>
<td>Some inconsiderate viewpoints of others.</td>
</tr>
<tr>
<td>Debate in groups not pairs.</td>
<td>Group too large for personal discussions.</td>
</tr>
<tr>
<td>Allow anonymity of religious beliefs.</td>
<td></td>
</tr>
<tr>
<td>Relate to care more</td>
<td></td>
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</tbody>
</table>
Summary.

• Exposure

• Anecdotal feedback from colleagues

• What next –

• “Physical care has to be tailored to each individual and so should spiritual care”
  Congress Member 2010
References


• Department of Health (2012) Commission on Improving Dignity in Care, London HSO

References


• Nursing and Midwifery Council (2009) Care and Respect every time: New Guidance for the Care of Older People