

〈研究ノート〉

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参加観察法による基礎看護学実習における実習指導の評価

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Evaluating Training Instruction for the Basic Nursing Practice Training through a Participant Observation Study

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In order to develop an effective training education, this paper investigates the training instruction situation of a colleague, as well as considers what methods could be used for future training instruction. Students must deepen their learning in a way that moves from nursing techniques to nursing skills. Instructors must see that students learn nursing skills during their training and must also be involved in that process. The role of moving from nursing techniques to nursing skills is also a role of the teacher, and there is a need to make use of that role as part of future training instruction, and a need for educators to make use of intrinsic motivation in their future instruction.

Key words : training instruction reflective practice basic nursing practice

Introduction

How to provide the best clinical training is a major issue in nursing education in the face of reduced hours for practical learning and the difficulty of skills acquisition, and educators are still looking for an effective training education methodology¹⁾. When author was responsible for clinical training instruction, there were times when author had doubts about my practical abilities in this regard. To become a teaching professional, there needs to be reflective partitioning that grows from a base of cooperation with other instructors and soul-searching during the training process²⁾.

In order to develop an effective training

education, this paper investigates the training instruction situation of a colleague, looks at what kinds of experiences students have, and observes what kind of training instruction the colleague provides, as well as considers what methods could be used for future training instruction.

Methods

As the responsible instructor overseeing training for the three-year Basic Nursing Practice Training, author trained five students and observed instructors during the training process, taking field notes. To carry out this participant observation method, in which the researcher is both observer and participant in the study³⁾, matters related to ethical considerations including the intent of this study were explained to the instructors, and their permission was obtained.

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Results and Discussion

1. The Aims and Expected Results for Session Training

In light of the general principles of the nursing process, the two weeks of training for the Basic Training serves to transition nursing students to caring for patients on their own and also helps to familiarize them with the hospital ward atmosphere, as well as provides experience as to how training in a clinical environment proceeds. In order to realize these training objectives in a planned way, trainees set their own goals and work toward them. On a day-to-day basis, instructors asked whether the trainee was facing any difficulties as they tried to realize their goals, visited the wards where trainees were caring for patients to check the condition of patients and to observe trainees as they provided care, and confirmed to what extent trainees were actually attaining their goals. Instructors used training logs to provide instructions to trainees.

In addition to the learning between trainees, instructors and patients, training should not proceed in the linear way lectures would⁴⁾ because of fluidity in the conditions of clinical instruction. Therefore, instructors applied formative evaluation for improving training and teaching⁵⁾, repeating a process of feedback and suggestions with regard to the trainee's level of achievement, and modified the trajectory of the learning process with the aim of achieving training goals. Additionally, instructors did not provide instruction or give evaluations based on training logs, but used observation and other methods to create formative evaluations, which were highly relevant. The use of formative evaluations for training instruction

allowed trainees to fluidly respond to clinical situations as part of the nursing process and, compared with log-based training, training goals were more easily reached. When scoring trainees for their clinical work, they achieved almost all their goals.

2. Training Environment for Instruction Sessions

Clinical training is usually carried out by the ward charge nurse. When the charge nurse is not available, staff nurses play an increased role in giving instructions to trainees. Staff nurses were extremely busy with their day-to-day duties, and some staff did not seem to be aware of the need to intentionally take time to work with the trainee, used a harsh tone, or showed reluctance in providing instruction. Trainees could be seen shrinking back from such situations.

A cold attitude from clinical instructors and negative caring in which the trainee experiences feelings of rejection can result in lowered enthusiasm during training⁶⁾. Situations where trainees experienced negative caring involved a human environment where there was low morale among staff involved in the training process. According to Rogers' theory of self, everyone needs positive regard⁷⁾. It is important for an instructor to increase the motivation of trainees, acknowledge their presence, and provide positive caring⁸⁾, and it is necessary for all the staff involved in training instruction to hold discussions and work together to make changes that will create a training environment that respects trainees.

3. Instruction Models

Instructors also have lecture and administrative duties, and are not usually present outside of

times they have training duties. Therefore, instruction for nursing process logs is mainly done by instructors, while charge nurses are directly responsible for instruction in nursing techniques carried out on patients, and the matter is discussed by both sides before training begins. For this case, instructors went on-site each morning and at necessary times throughout the day, making adjustments to training instruction in consultation with the charge nurse and giving training instruction. Instructors planned interim consultations with the charge nurse, confirming the direction of the nursing plan. In addition, instructors kept track of what the trainee needed to know in terms of the nursing care process by judging the trainee's response to questions and the content of nursing logs. When one trainee was worrying about how to tailor a massage method for a patient, the trainee and the instructor took turns giving massages to the patient, prompting the trainee to think about what technique would be most appropriate.

Training instruction used the preceptor model, with the trainee working one-on-one with a seasoned veteran nurse. Whether this model works successfully or not is dependent upon the involved parties understanding their roles and responsibilities⁹⁾. Instructors well known to the trainees and charge nurses well acquainted with patients worked to adjust their busy schedules and coordinate, effectively using the preceptor model to support trainees. Moreover, the instructor used not only an adaptive knowledge method to target the acquisition of appropriate on-site knowledge¹⁰⁾, but also a skills training method, which combines both knowledge and specialized skills training, selecting the instruction model in accordance with the teaching situation to

effectively use a combined model for instruction.

4. Trainee Expectations

The trainees had no other practical experience other than a one-week training period ten months previous that had provided daily living assistance to patients. Although trainees had done case studies of actual patients to understand the nursing process, it would be the first time that they would implement the nursing process for a live patient. Trainees were concerned about this practicum and worried that they would not be able to complete their nursing logs, yet they had a dream of achieving this goal and the desire to learn. Instructors carefully watched and spoke with each trainee, and took the time to listen to address their honest doubts, questions and worries.

Teachers need to keep open communication through an open attitude and atmosphere and make the effort to understand students¹¹⁾. Instructors consistently showed interest and made efforts to understanding trainees in the here and now. As a result, instructors had sufficient understanding of what the trainees' expectations were.

5. Trainee Approaches to Training

At the start, trainees were not able to reflect upon their situations to notice issues, so valuable experiences were being missed. When trainees were faced with the matter of what is the appropriate care for a patient, instructors did not teach, but asked questions to make the trainees think. As training proceeded, the trainees aimed at the final outcome of realizing their training goals, and began to explore solutions on their own.

The trainees appeared to be working toward

realizing their goals, but their knowledge and skills adaptation was shallow because their practical experience was limited¹²⁾. Training involves working with the precious lives of patients, and there is a need for trainees to explore on their own what nursing is and how to develop their own individual style of nursing. According to andragogy which is an approach to support for adult learning, adult motivations for learning are more about interest than about external rewards, and the intrinsic motivation to continue learning becomes important¹³⁾.

Training instruction that encouraged proactive participation of trainees increased their intrinsic motivations and made them willing to learn on their own. Therefore, it appears that trainees were able to obtain deep training, acquiring knowledge from their explorations and practical efforts at nursing.

6. What Can Be Applied from Observation of Instructor Sessions to One's Own Instruction

The author left all nursing technique instruction to the charge nurse, and was able to determine at the end of each training day what subjects were covered and what trainee experiences were in terms of patient responses, by way of trainees' explanations and nursing logs. However, before students carried out any actual nursing on a patient, the instructor made use of learning simulation⁹⁾ to evaluate newly acquired nursing skills without being in the field, and to get trainees to consider in advance how a technique should be applied to the patient. Moreover, the instructor talked with trainees afterward to determine how things went.

Nursing skills are intentional behavior and unified attitudes of the knowledge taught at

nursing school together with the applied techniques, which are appropriate to learn through training¹⁰⁾. Students must deepen their learning in a way that moves from nursing techniques to nursing skills. Instructors must see that students learn nursing skills during their training and instructors must also be involved in that process. The author's training instruction could be seen as a knowledge-centric education with a gap between theory and practice¹⁰⁾ with the possibility of students coming away not with nursing skills but only with superficial nursing techniques. The role of moving from nursing techniques to nursing skills is also a role for the teacher, and there is a need to make use of that role as part of future training instruction.

Conclusions

The use of formative evaluations by instructors allowed trainees to mostly achieve their goals. The training environment includes staff with a low level of morale, which is an issue with the human environment that needs to be addressed. Instructors were working in coordination with the clinical setting, employing a preceptor model. Instructors also carefully looked at the training situation and appropriately chose a knowledge adaptive model or skills training model. The instructor made an effort to understand trainees and knew their expectations. Learning had been shallow for trainees, but the instructor worked to heighten intrinsic motivation and turned the situation into a deep learning experience. An important role of nursing education is to move from teaching nursing techniques to teach nursing skills; it is, at the same time, the role of the instructor. There is a need for educators to make

use of intrinsic motivation in their future instruction.

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