

# **Community nursing for countries in transition**

**Part I: Community nursing curriculum**

**Part II: Training the trainers package**

European HEALTH21 target 18  
2000

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**Part II: Training the trainers package**

## EUROPEAN HEALTH21 TARGET 18

### DEVELOPING HUMAN RESOURCES FOR HEALTH

By the year 2010, all Member States should have ensured that health professionals and professionals in other sectors have acquired appropriate knowledge, attitudes and skills to protect and promote health

*(Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998)*

### ABSTRACT

WHO has stressed the key contribution of nurses to primary health care. The document *Community nursing for countries in transition* has been developed to build on and extend the existing knowledge and skills of experienced nurses. The curriculum aims to provide a foundation course in community nursing for countries which do not already have a formal programme. It addresses the micro and macro contexts of primary health care as well as the practice, management and organization of community nursing. The trainers' package was designed to provide accessible education material for those involved in delivering the transition curriculum across Europe. The package covers the five key themes of adult education, teaching methods, training resources, curriculum development, and assessment of learning. Each theme comprises a daily teaching plan, facilitator's notes and student-centred reflective learning activities.

### Keywords

EDUCATION, NURSING  
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# Part I

## Community nursing curriculum

*by*

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## Background

The late 1990s have seen major health care reforms commence across the Member States of the WHO European Region. In most of these countries, health care systems are in transition. The length of the patient's stay in hospital is shortening, early discharge leads to more acutely ill people requiring care in their own homes, and governments are becoming more aware, under WHO guidance, of the economic and social importance of improving the health of the people of their nations. As a result, in many Member States, a gradual but growing change is taking place in the distribution of financial resources devoted to health care, with less emphasis on acute care in hospitals and more on community care.

WHO has repeatedly stressed the key contribution of nurses to primary health care, mainly in the community either in patients' homes or in primary health care centres. However, in most Member States, nurses – the important human resource of nursing – have been educated and trained to work almost exclusively in hospitals. There is therefore an urgent need to prepare those skilled nurses to work in a totally different environment, i.e. the community and patients' own homes, and to work in a more independent and autonomous capacity than is required in hospitals.

This curriculum has been prepared to enable them to do so. It will bridge the gap between what exists now and what is increasingly required. It is intended to provide a foundation course, which will build on and extend the existing knowledge and skills of experienced nurses. In due course, the curriculum will be further developed as an essential element of the WHO European strategy for nursing and midwifery education. This next stage, which will build on the foundation course, will prepare the community nurse to become the family nurse of the twenty-first century.<sup>1</sup>

## Aim of the community nursing curriculum

The aim of this curriculum is to provide a foundation course in community nursing for those WHO European Member States which do not already have a formal programme in community nursing. Successful completion of this curriculum will provide the experienced hospital nurse with the basic competencies to work as a community nurse in the context of her<sup>2</sup> own country's health care priorities, needs and culture.

## Entry requirements

Course participants will be hospital-based nurses who have successfully completed a recognized training programme within their own country and have had a *minimum* of two years of nursing experience.

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<sup>1</sup> *HEALTH21: an introduction to the health for all policy framework for the WHO European Region*. Copenhagen, WHO Regional Office for Europe, 1998 (European Health for All Series, No. 5).

<sup>2</sup> For the purposes of brevity within this document, nurses are referred to as “she” although it is recognized that male nurses also make an important contribution to care.

## **Summary of the curriculum**

### **Learning outcomes**

On successful completion of the curriculum, the community nurse will be competent to:

- work as a member of the primary health care team and/or independently, in caring for patients in their own homes;
- promote health in the family and the community;
- participate in disease prevention;
- assess, plan, implement and evaluate nursing and health care for people within their own homes or communities according to their physical, mental and spiritual needs, and throughout the age span;
- make decisions about care in health and illness, based wherever possible on available evidence and founded on cultural values and ethical principles;
- provide rehabilitative nursing care;
- act as the patient's, client's or family's advocate for health;
- set health priorities together with the patient or community;
- utilize epidemiological and statistical data to prioritize needs for health care;
- mobilize appropriate community resources to optimize care of the patient/family in the community;
- using objective health-related data, participate in and seek to influence in a politically aware manner, the social and health issues within the community;
- be active in health-supporting projects;
- maintain professional relationships with other members of the community nursing team;
- seek to empower the community, the family and the individual patient; and
- accept authority and responsibility for her actions and decisions.

### **Content**

The content, both theory and practice, will be delivered within the main themes of:

- the macro context – primary health care and community nursing;
- the micro context – social and psychological aspects of primary health care and community nursing;
- home care nursing;
- the community nurse and health promotion;
- experiential learning during the period of practice in the community;



- reflection on practice:<sup>3</sup>
  - presentation of health assessments and community profiles (with feedback)
  - identification of students' gaps in knowledge, skills and attitudes (provision of relevant tutorials);
- community nursing – practice, management and organizational issues;<sup>3</sup>
- quality assurance in community nursing.<sup>3</sup>

The above-mentioned themes have been developed through discussion and review of key health issues identified from the nursing and midwifery profiles for European Member States (WHO, 1992–1995), the extensive literature on primary health care and community nursing, analysis of curriculum documentation from three WHO European Member States (one in eastern Europe), and research on curriculum design and the teaching/learning process.

The detailed content of the curriculum is set out on pages 5–25 below.

### Length and mode of delivery

It is recommended that this foundation course be delivered over ten weeks of full-time study, organized in an initial four-week period of theory, followed by four weeks of practice, followed by two weeks of theory. In due course the practice component will be supervised by a qualified community nurse, although this is unlikely to be possible for the initial cohorts of students as there may be no community nurse role models. For this reason, it is recommended that in the early stages of the introduction of the curriculum, some students are funded to go on observation visits to countries which have already developed community nursing (see page 5, first paragraph). In the interim, such supervision may be provided by feldshers or by nurses working in community settings such as polyclinics or primary health care centres.

The 10-week course will comprise:

*the first four weeks:* a 7-hour day 5 days a week for 4 weeks, i.e. 140 hours to deal with themes 8.1–8.4 (see pages 5–6);

*the four weeks of practice:* an 8-hour day 5 days a week for 4 weeks, i.e. 160 hours to deal with theme 8.5 (see page 7);

*the last two weeks:* a 7-hour day 5 days a week for 2 weeks, i.e. 70 hours to deal with themes 8.6–8.8 (see page 7);

– a total of 370 hours.

Some countries may wish the curriculum to be delivered on a part time basis, i.e. while the student continues to work, but the total number of hours and the apportionment to theory and practice given above would require to be met.

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<sup>3</sup> During the last two weeks of the course, when the students return to the university (or other learning institution), the themes are not presented as discrete subjects but are integrated, in order that students can achieve the maximum learning potential from their theory and practical experience.

## Optimum student intake and teacher : student ratio

As interactive adult teaching, learning and assessment strategies will be used throughout the course (see rationale in the next section), the optimum intake per course is a maximum of 30 students. Based on the same rationale, it is critical that the teacher : student ratio should not exceed 1 : 10, i.e. 1 teacher per 10 students.

## Teaching/learning and assessment strategies

These strategies will stimulate learning at all six levels of cognitive skills, as described by Bloom,<sup>4</sup> i.e. knowledge, comprehension, application, analysis, synthesis and evaluation.

An adult teaching and learning approach will be adopted, based on the rationale that both the teacher and the student will bring existing competencies – relevant knowledge, skills and attitudes – to contribute to a mutual educative process. A variety of teaching and learning methods will be adopted in which the student will be an active participant, working with her teacher as facilitator. These methods will include the traditional lecture but will devote proportionately more time to seminars, group work, problem-based teaching and learning, project work, role play and practical skills sessions. Vignettes and case studies based on family and community nursing scenarios will be used both to stimulate discussion and as a basis for assessment/examination. Assessment strategies will be congruent with the adult learning approach and will use more than one method of formative and summative assessment. Students will be required to submit:

- a full health assessment and plan of care for a patient/family, and
- a community profile,

and pass an examination.

These teaching/learning and assessment methods must be supported with relevant literature resources. Where these are not available within the country, photocopies should be attached to the course content, ready for translation into the language of each country using the curriculum.

## Quality control and evaluation

External audit will be essential to evaluate the quality and standards of the course, as see in the curriculum design, teaching and learning strategies, marking of student assessments and results. Curriculum evaluation will be carried out by teachers, students and those providing the service (i.e. nurse managers) and, *in due course*, practising community nurses who will act as mentors to the community nursing students.

The effectiveness of the curriculum will be regularly evaluated in relation to the impact of the community nurse on patient care outcomes and on health care indicators specific to the individual country.

## Teachers and mentors

Teaching will be done by a nurse teacher who, wherever possible, is a qualified teacher. Where, in addition, a teaching session conducted by a visiting expert is desirable, this is indicated.

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<sup>4</sup> BLOOM, B.S. *Taxonomy of educational objectives*. London, Longman, 1956, p.18.

Well qualified teachers and mentors will be vital. As role models are unlikely to exist in many of the countries wishing to provide this curriculum, it is strongly recommended that before the course begins, each country should invest in ensuring that suitably qualified nurse teachers and experienced hospital nurses receive relevant staff development, i.e. that they spend a period as observers in a country where community nursing education and practice has already been developed. These nurse teachers and mentors will then act as a valuable resource for their country in cascading their knowledge and experience to others.

## Location of the course

The theoretical elements of the course should preferably be delivered in a university or other institution of higher education. Alternatively, they may be delivered in a nursing school or in the teaching rooms of a primary health care centre. The practice elements will be undertaken in various settings in the community (see theme 8.5.4 below).

## Qualification on successful completion of the curriculum

On successful completion of the curriculum, the nurse will be awarded a post-basic certificate in community nursing.

## Content of the curriculum

Time will be allocated at the beginning of the course to an *introductory* session. At the end of the first four weeks of theoretical input, and before students leave for their period of practice experience in the community, there will be a *preparatory* session. At the close of the second period of theoretical input, time will be allocated to discussion and students' evaluation of the course.

All of the course themes are listed below, followed by the detailed content for each topic together with an indication of the time to be allocated, teaching methods, whether the topic is assessed, and references.

Themes 8.1–8.5 will run for the first four weeks of the course.

### 8.1 *The macro context: primary health care and community nursing*

- 8.1.1 The health care system
- 8.1.2 Primary, secondary, tertiary care provision
- 8.1.3 Primary health care and community care
- 8.1.4 Primary health care team
- 8.1.5 The family/community doctor service
- 8.1.6 Community nursing
- 8.1.7 Community nursing team
- 8.1.8 Social welfare
- 8.1.9 Voluntary agencies
- 8.1.10 Aid agencies
- 8.1.11 Education and employment

- 8.2 *The micro context: social and psychological aspects of primary health care and community nursing*
  - 8.2.1 The family
    - Maslow's hierarchy of needs
    - Growth and development through the age range
  - 8.2.2 Aging in society
  - 8.2.3 People and illness
  - 8.2.4 Families/friends as carers
  - 8.2.5 Coping with grief and death
  - 8.2.6 Communicating with patients/families
  - 8.2.7 Counselling
- 8.3 *The community nurse and health promotion*
  - 8.3.1 Defining health – primary, secondary, tertiary prevention
  - 8.3.2 Epidemiology
  - 8.3.3 Social medicine (public health/environmental health)
  - 8.3.4 Health screening – disease prevention
  - 8.3.5 Community profiling – working with local communities, using a health needs assessment approach
  - 8.3.6 Immunization/vaccination
  - 8.3.7 Family planning and women's health
  - 8.3.8 Child/maternal health
  - 8.3.9 Health in the kindergarten/school
  - 8.3.10 Occupational health
  - 8.3.11 Nutrition
  - 8.3.12 Substance abuse (alcohol, drugs, nicotine)
- 8.4 *Home care nursing*
  - 8.4.1 Patient assessment
  - 8.4.2 Planning care in partnership with patients and their families
  - 8.4.3 Record-keeping
  - 8.4.4 Ethical aspects of caring
  - 8.4.5 Teaching patients/families
  - 8.4.6 The nurse's health and safety at work
  - 8.4.7 Transferring hospital clinical skills to the home
  - 8.4.8 Infection control
  - 8.4.9 Transfer of patients between hospital and the community
  - 8.4.10 Care of patients with different clinical conditions
  - 8.4.11 Care of the dying patient/terminal disease
  - 8.4.12 Administration of medicines
  - 8.4.13 Management of wounds
  - 8.4.14 Maintenance of continence
  - 8.4.15 Pressure sore prevention and management
  - 8.4.16 Care of the patient with a mental health problem
  - 8.4.17 Care of people with learning disabilities
  - 8.4.18 Rehabilitation
  - 8.4.19 Management of emergencies
  - 8.4.20 Disaster nursing

*8.5 Experiential learning in the four-week period of practice in the community*

- 8.5.1 The aim and purpose of this theme is to enable the students to apply the theory learned in the first four weeks of the course to the reality of the practice of home care nursing and health promotion in the family and community. In order to do this, they will undertake all aspects of the role of the community nurse.
- 8.5.2 Throughout the four-week practice period, students will have regular supervisory visits from their teachers; as soon as suitable community nurse role models are available, they will act as mentors to the students, sharing their supervisory role with the teachers.
- 8.5.3 Students will also be expected to prepare drafts of two of their assessments, i.e. the health assessment and the community profile, during their practical experience. This is a further opportunity to integrate the theoretical components of the curriculum with the practice component.
- 8.5.4 Examples of practice locations will include:
- as the main element, the patient's home, in which family visits will be conducted and health assessments made
  - primary health care centres
  - family doctor services
  - an industrial workplace
  - a school and a kindergarten
  - homes for elderly people
  - voluntary and aid agency settings
  - the social work service
  - visiting with any community-based health, environmental or social worker.

Themes 8.6–8.8 will run concurrently in the final two weeks of the course, and a significant proportion will be student-led.

*8.6 Reflection on practice*

- 8.6.1 Reporting skills, protection of confidentiality
- 8.6.2 Individual work on health assessment and care plan
- 8.6.3 Students' presentations of health assessments and care plans
- 8.6.4 Individual work on community profile
- 8.6.5 Students' presentations of community profiles
- 8.6.6 Identification of gaps in knowledge, skills and attitudes in relation to community nursing
- 8.6.7 Tutorials on areas of need.

*8.7 Community nursing practice, management and organization*

- 8.7.1 Issues raised as a result of students' work on the health assessment and community profile
- 8.7.2 Management skills
- 8.7.3 Caseload management
- 8.7.4 Caseload profiling

*8.8 Quality assurance in community nursing*

- 8.8.1 Definition of quality assurance
- 8.8.2 Quality assurance and the health care system/community nursing
- 8.8.3 Creating and/or maintaining community nursing activity statistics
- 8.8.4 Methods for evaluating care.

## Theme contents

### Themes 8.1–8.4

<i>Content</i>	<i>Teaching/learning strategies</i>	<i>References</i>
<b>THEME 8.1 PRIMARY HEALTH CARE AND COMMUNITY NURSING</b>		
<b>8.1.1 The health care system (country-specific)</b>		
<ol style="list-style-type: none"> <li>1. Structure of health care system (national/local)</li> <li>2. Health care policy/legislation</li> <li>3. Health care reforms</li> <li>4. Ministry of health and social welfare</li> <li>5. Funding/expenditure/resource allocation (national/local)</li> <li>6. Service provision</li> <li>7. Role of chief nursing officer/chief medical officer</li> </ol>	<p>Lecture with questions and answers Discussion session Seminar Visiting expert: representative of ministry of health and social welfare</p>	Country-specific literature + 1, 2 (see reference list after table)
<i>Assessment:</i> Examination		Summative
<i>No. of hours:</i> 2		
<b>8.1.2. Primary, secondary and tertiary care provision</b>		
<ol style="list-style-type: none"> <li>1. Definition of primary, secondary and tertiary care provision</li> <li>2. WHO perspective</li> <li>3. National perspective</li> <li>4. Developing primary, secondary, tertiary care services</li> <li>5. Implications for community nursing</li> </ol>	<p>Lecture with questions and answers Discussion session</p>	Country-specific literature + 1, 3, 4, 5, 6
<i>Assessment:</i> Integrated into examination		Summative
<i>No. of hours:</i> 1		
<b>8.1.3 Primary health care and community care</b>		
<ol style="list-style-type: none"> <li>1. Primary health care concept (definition, principles)</li> <li>2. The concept of community care – definition <ul style="list-style-type: none"> <li>– caring for people in their own homes</li> <li>– working with other government and voluntary agencies</li> </ul> </li> <li>3. Networking between primary health care and community care</li> </ol>	<p>Lecture with questions and answers Discussion session Small group discussions on terminology Feedback from discussions Visiting experts: community nurse and family doctor</p>	Country-specific literature + 1, 7, 8
<i>Assessment:</i> Integrated into examination		Summative
<i>No. of hours:</i> 2		
<b>8.1.4 The primary health care team</b>		
<ol style="list-style-type: none"> <li>1. Definition</li> <li>2. Care and extended membership</li> <li>3. Roles/tasks of individual members</li> <li>4. Relationship of team members</li> <li>5. Team leadership</li> <li>6. Working in teams</li> <li>7. Shared care</li> </ol>	<p>Lecture with questions and answers Discussion session Workshop with group-based activities based on Pritchard 1994 Visiting experts: community nurse and family doctor</p>	Country-specific literature + 1, 9
<i>Assessment:</i> Participation in group-based activities		Summative
<i>No. of hours:</i> 2		

<b>Content</b>	<b>Teaching/learning strategies</b>	<b>References</b>
<b>8.1.5 The family/community doctor service</b>		
1. The family/community doctor service <ul style="list-style-type: none"> <li>– aims/structure/organization</li> <li>– patient group</li> <li>– collaboration with community nursing service</li> </ul> 2. Role within primary health care team 3. Liaison with hospital doctor	Lecture with questions and answers Discussion session Visiting expert: family doctor	Country-specific literature + 1
<i>Assessment:</i> Integrated into examination		Summative
<i>No. of hours:</i> 1		
<b>8.1.6 Community nursing</b>		
1. Why do we need community nurses? 2. What is community nursing? 3. What specific skills, knowledge, personal attitudes are required for community nurses? 4. Where do community nurses work? 5. The five common skills of the community nurse, care provider, decision-maker, communicator, community leader, manager (WHO 1996) 6. How is community nursing organized? 7. Recording community nursing activity 8. The community nurse and the law 9. Examples of community nursing practice <ul style="list-style-type: none"> <li>– from birth to death</li> <li>– combined with midwifery</li> </ul>	Lecture with questions and answers (Activity statistics, patient record, see 8.4.3) Discussion session Student discussions in small groups, case studies, showing how community nursing is organized in 1–2 other countries Visiting experts: two community nurses from different areas to make presentations on: <ul style="list-style-type: none"> <li>– their jobs</li> <li>– the records they keep</li> <li>– an example of the patients they care for and the interventions they carry out (case study)</li> </ul>	Country-specific literature + 1, 10
<i>Assessment:</i> Integrated into examination Integrated into community profile	Formative	Summative Summative
<i>No. of hours:</i> 7		
<b>8.1.7 Community nursing team</b>		
1. Definition of community nursing team 2. Roles within the team 3. Team goals and tasks 4. Meetings and communication 5. Working within a team 6. Patients as team members 7. Liaison with hospital nursing teams	Workshop with group-based activities based on Pritchard 1994 (see 8.1.4) Activities need to be adapted by community nursing team Discussion session Visiting experts: community nursing team and patient	Country-specific literature + 1
<i>Assessment:</i> Participation in group activities Contribute to examination		Summative
<i>No. of hours:</i> 2		
<b>8.1.8 Social welfare</b>		
1. The social welfare service <ul style="list-style-type: none"> <li>– legislation</li> <li>– services provided</li> </ul> 2. Assessment of client need 3. Collaboration with community nursing	Lecture with questions and answers Discussion session Visiting expert: social worker	Country-specific literature + 1
<i>Assessment:</i> Contribute to examination		Summative
<i>No. of hours:</i> 1.5		

<b>Content</b>	<b>Teaching/learning strategies</b>	<b>References</b>
<b>8.1.9 Voluntary agencies</b>		
1. What are voluntary agencies? <ul style="list-style-type: none"> <li>– aim</li> <li>– purpose</li> <li>– task</li> <li>– funding</li> <li>– management</li> </ul> 2. Collaboration with community nursing 3. Accessing information on agencies	Lecture with questions and answers Discussion session Group activity: <ul style="list-style-type: none"> <li>– identify voluntary agencies within own area</li> <li>– 5 minute presentations by students, each presentation on one selected voluntary agency</li> </ul> Visiting expert: representative of voluntary agency	Country-specific literature + 1
<i>Assessment:</i> Student presentation of information on one agency		
<i>No. of hours:</i> 6		
<b>8.1.10 Aid agencies</b>		
1. What are aid agencies (national/international)? <ul style="list-style-type: none"> <li>– aim</li> <li>– purpose</li> <li>– tasks</li> <li>– funding management</li> </ul> 2. How to access their services for funding from agencies 3. Examples of aid agencies (i.e. Red Cross, UNICEF)	Lecture with questions and answers Discussion session Visiting expert: representative of major aid agency	Country-specific literature + 1
<i>Assessment:</i> Contribute to examination		Summative
<i>No. of hours:</i> 1		
<b>8.1.11 Education and employment</b>		
1. Level of education (including literacy) 2. Employment <ul style="list-style-type: none"> <li>– main employment</li> <li>– industrial hazards/injuries</li> <li>– government body</li> </ul> 3. Unemployment <ul style="list-style-type: none"> <li>– effects on physical and mental health</li> <li>– effects on family relationships</li> <li>– effects on housing (including homelessness)</li> </ul>	Lecture with questions and answers Discussion session Visiting experts: representative from government agency (content 1 and 2) and community nurse (content 3)	Country-specific literature + 1
<i>Assessment:</i> One part of community profile which student will undertake	Formative	Summative
<i>No. of hours:</i> 2		



<i>Content</i>	<i>Teaching/learning strategies</i>	<i>References</i>
<b>THEME 8.2 THE MICRO-CONTEXT, SOCIAL PSYCHOLOGICAL ASPECTS OF PRIMARY HEALTH CARE AND COMMUNITY NURSING</b>		
<b>8.2.1 The family</b>		
<ol style="list-style-type: none"> <li>Maslow's hierarchy of human needs. Spirituality, motivation and human behaviour, family relationships, loving and belonging</li> <li>Human growth and development across the life span through preconception, birth, child, adolescent, adult, elderly, death/dying</li> </ol>	Lecture with questions and answers Discussion session Small group work. Percentage of students take each age group – key steps in development Case study/vignette Role play	Country-specific literature + 1, 11, 12
<i>Assessment:</i> Contribute to: – family visits → health assessment – community profile		Summative
<i>No. of hours:</i> 5		
<b>8.2.2 Aging and society</b>		
<ol style="list-style-type: none"> <li>Demographic trends. Maintaining independence vs. loneliness</li> <li>The nuclear family as carers. Support networks giving things, help, advice, educational support</li> <li>Physical changes in common health problems. Dementia and depression.</li> <li>Sensory losses – hearing, sight, smell, taste. Abuse of the elderly</li> <li>Welfare benefits. Provision of sheltered housing or housing for the elderly</li> <li>Nutrition</li> </ol>	Lecture with questions and answers Discussion session Work seminars Visiting expert: doctor specializing in elderly people	Country-specific literature + 1, 13
<i>Assessment:</i> Contribute to examination		Summative
<i>No. of hours:</i> 3		
<b>8.2.3 People and illness</b>		
<ol style="list-style-type: none"> <li>Myths about causes of illness and about treatments</li> <li>How to cope with the existence of cultural and group determinants of illness behaviour. Learned helplessness, i.e. the “sick role”</li> <li>Family pressures</li> <li>Empowering the patient and family</li> <li>The nurse as the patient's advocate</li> </ol>	Brainstorming Contrasting case studies Discussion session Visiting expert: psychologist	Country-specific literature + 1
<i>Assessment:</i> Contribute to family health assessment	Formative	Summative
<i>No. of hours:</i> 2		
<b>8.2.4 Families/friends as carers</b>		
<ol style="list-style-type: none"> <li>Why do people become carers?</li> <li>Family expectations optional/compulsory</li> <li>Support for family members who are carers</li> <li>Stresses on carers – physical/mental/emotional</li> <li>Respite care</li> </ol>	Lecture with questions and answers Discussion session Brainstorming Visiting expert: community nurse and social worker	Country-specific literature + 1
<i>Assessment:</i> Part of family health assessment and community profile	Formative	Summative
<i>No. of hours:</i> 2		

<b>Content</b>	<b>Teaching/learning strategies</b>	<b>References</b>
<b>8.2.5 Coping with grief and death</b>		
<ol style="list-style-type: none"> <li>1. Kübler-Ross, the five stages of dying – shock, denial, anger, acceptance and grief</li> <li>2. Awareness of patient, family, carers re patient's condition</li> <li>3. Bereavement visiting and counselling. The importance of ritual (see 8.3.11).</li> <li>4. Debriefing of staff – severance of help to patient and family</li> <li>5. Cultural and religious mores re death (see 8.3.11)</li> </ol>	Lecture with questions and answers Discussion session Contrasting case studies <ul style="list-style-type: none"> <li>– young people and sudden death</li> <li>– death and the elderly</li> </ul> Visiting experts: hospice nurse and family doctor	Country-specific literature + 1, 14
<i>Assessment:</i> : Examination Family health assessment	Formative	Summative Summative
<i>No. of hours:</i> 3		
<b>8.2.6 Communicating with patients/families</b>		
<ol style="list-style-type: none"> <li>1. The process of communication, written – verbal – non-verbal</li> <li>2. Barriers to communication. Ways to promote communication</li> <li>3. Listening skills: sympathy: empathy. Interviewing – open and closed questions</li> <li>4. Disclosing information</li> <li>5. Ethical issues in communicating</li> <li>6. Sharing information</li> </ol>	Lecture with questions and answers Discussion session Exercise, individual and group – “Why communication takes place in human interaction”. Case studies	Country-specific literature + 1, 15
<i>Assessment:</i> Family health assessment	Formative	Summative
<i>No. of hours:</i> 3		
<b>8.2.7 Counselling</b>		
<ol style="list-style-type: none"> <li>1. Definition of primary and secondary counselling</li> <li>2. Differentiating between interviewing and counselling</li> <li>3. Counselling activities               <ul style="list-style-type: none"> <li>– Key client-centred – counselling at work – with the patient and family</li> </ul> </li> </ol>	Lecture with questions and answers Discussion session Role play	Country-specific literature + 1, 15, 16
<i>Assessment:</i> : All three elements (examination, community profile, health assessment)	Formative	Summative
<i>No. of hours:</i> 3		
<b>THEME 8.3 HOME CARE NURSING</b>		
<b>8.3.1 Defining health</b>		
<ol style="list-style-type: none"> <li>1. Definitions and understanding of complex nature of health and wellbeing               <ul style="list-style-type: none"> <li>– personal definition</li> <li>– WHO</li> </ul> </li> <li>2. Primary, secondary, tertiary prevention</li> <li>3. Care giving in partnership with other members of the primary health care team</li> </ol>	Discussion session (small groups) Comparison of definition Individual exercise on prevention of ill health Seminar	Country-specific literature + 1, 17
<i>Assessment:</i> Family health assessment	Formative	Summative
<i>No. of hours:</i> 2		

<b>Content</b>	<b>Teaching/learning strategies</b>	<b>References</b>
<b>8.3.2 Epidemiology</b>		
1. Definition, epidemic, endemic, epidemiology 2. Health care statistics <ul style="list-style-type: none"> <li>– accessing statistics</li> <li>– mortality/morbidity</li> <li>– basic analyses</li> </ul> 3. The value of evidence in statistics <ul style="list-style-type: none"> <li>– planning/delivery care</li> <li>– symptomatology</li> </ul> 4. Information management	Lecture with questions and answers Discussion session Student exercise understanding statistics Visiting expert: epidemiologist	Country-specific literature + 1
<i>Assessment:</i> Integrated into examination Essential – community profile	Formative	Summative Summative
<i>No. of hours:</i> 2		
<b>8.3.3 Social medicine (public health/ environmental health)</b>		
1. Role and function (housing, sanitation, pest control) 2. Environmental hazards (pollution, radiation, industrial waste, water purification) 3. Accessing the service for information and assistance 4. How the community nurse protects herself from environmental hazards	Lecture with questions and answers Discussion session Visiting expert: representative from social medicine	Country-specific literature + 1
<i>Assessment:</i> Contribute to examination		Summative
<i>No. of hours:</i> 2		
<b>8.3.4 Health screening and disease prevention</b>		
1. Definition of health screening 2. Importance of screening 3. Available types of screening 4. Costs and benefits 5. Patient/family teaching (see 8.3.5) 6. Effective use of health promotion material	Evaluation of selected health promotion material – group activity Lecture with questions and answers Discussion session Visiting expert: health educator	Country-specific literature + 1
<i>Assessment:</i> Integrated into patient assessment + care plan Integrated into community profile	Formative	Summative
<i>No. of hours:</i> 2		
<b>8.3.5 Community profiling and working with local communities – using a health needs assessment approach</b>		
1. Definition of profiling and health needs assessment 2. The three stages of profile – gathering/analysing/presenting 3. Accessing/utilizing information (research, country statistics, local communities, media, health workers, social welfare) 4. Framework for development of community profile (student assessment schedule) 5. Developing services and supporting health projects in the community	Lecture with questions and answers Discussion session (small groups) Preparation of formative community practice Visiting expert: community worker	Country-specific literature + 1
<i>Assessment:</i> Community profile	Formative	Summative
<i>No. of hours:</i> 4		

<b>Content</b>	<b>Teaching/learning strategies</b>	<b>References</b>
<b>8.3.6 Immunization/vaccination</b>		
<ol style="list-style-type: none"> <li>1. Provision of service, i.e. level of uptake supply and demand</li> <li>2. Incentives/disincentives – vaccination uptake, cultural and religious beliefs</li> <li>3. Recommended country schedule for immunization/ vaccination</li> <li>4. Vaccinations – storage, doctor’s orders, administration technique, contra-indications, side effects (including treatment of anaphylaxis), recording after administration</li> <li>5. Informal consent and education</li> </ol>	Lecture with questions and answers Discussion session Visiting experts: family doctor and nurse specialist	Country-specific literature + 1
<i>Assessment:</i> Integrated into examination Health assessment and care plan	Formative	Summative Summative
Number of hours:	2	
<b>8.3.7 Family planning and women’s health</b>		
<ol style="list-style-type: none"> <li>1. Definition of terms</li> <li>2. Sexuality and sexual health (including development, cultural and issues)</li> <li>3. Fertility/infertility</li> <li>4. Legal/moral/ethical issues</li> <li>5. Pharmacological issues – medication, literacy</li> <li>6. Contraception – male/female role, access, types (condoms, IUD, diaphragm, female condom)</li> <li>7. Abortion – legal and illegal</li> <li>8. Sexual abuse and rape</li> <li>9. Sexuality – transmitted disease – types – epidemiology protection</li> <li>10. Patient education</li> </ol>	Lecture with questions and answers Discussion session Seminar Practical session – role play Visiting expert: gynaecologist	Country-specific literature + 1
<i>Assessment:</i> Integrated into examination Integrated into community profile	Formative	Summative Summative
<i>No. of hours:</i> 4		
<b>8.3.8 Child/maternal health</b>		
<ol style="list-style-type: none"> <li>1. Healthy pregnancy (lifestyle, risks to pregnancy, specific health risks, employment, welfare, culture)</li> <li>2. Nutrition of mother</li> <li>3. Antenatal, delivery, postnatal, care provision</li> <li>4. Adolescent mothers, single parent families</li> <li>5. Function of health care centre</li> <li>6. Breastfeeding and weaning practices</li> <li>7. Infant care and developmental screening</li> <li>8. Caring for the sick baby and child</li> <li>9. Child health records</li> </ol>	Lecture with questions and answers Discussion session Sharing of experiential learning Practical skills Visiting experts: obstetrician, paediatrician and midwife or feldsher	Country-specific literature + 1
<i>Assessment:</i> Integrated into examination Family health assessment	Formative	Summative Summative
Number of hours: 6		

<b>Content</b>	<b>Teaching/learning strategies</b>	<b>References</b>
<b>8.3.9 Health in the kindergarten and school</b>		
<ol style="list-style-type: none"> <li>1. Provision of kindergarten and child care facilities (+ health system)</li> <li>2. Child health assessment (growth and development)</li> <li>3. Common childhood disease</li> <li>4. Health and safety in the kindergarten/school</li> <li>5. Childhood accidents (poisoning, drowning, injury/accident)</li> <li>6. Healthy eating</li> <li>7. Dental care</li> <li>8. Physical and psychological development</li> <li>9. Legislation – (child care + protection)</li> <li>10. Child abuse</li> </ol>	<p>Lecture with questions and answers Discussion session Experiential learning Visits to kindergarten and schools Visiting experts: family doctor, dentist or dental nurse, school nurse, social worker</p>	Country-specific literature + 1
<i>Assessment:</i> Integrated into examination		Summative
<i>No. of hours:</i> 3		
<b>8.3.10 Occupational health</b>		
<ol style="list-style-type: none"> <li>1. Health and safety legislation</li> <li>2. Physical, physiological and ergonomic hazards in workplace</li> <li>3. Conditions of service and effect on health</li> <li>4. Unemployment</li> <li>5. Health promotion</li> <li>6. Treatment of injuries/accidents</li> </ol>	<p>Lecture with questions and answers Discussion session Visiting experts: occupational health doctor or occupational health nurse</p>	Country-specific literature + 1
<i>Assessment:</i> Integrated into examination		Summative
<i>No. of hours:</i> 1		
<b>8.3.11 Nutrition</b>		
<ol style="list-style-type: none"> <li>1. Nutritional assessment</li> <li>2. Healthy eating and drinking</li> <li>3. Social, cultural and religious factors</li> <li>4. Food shortages and distribution</li> <li>5. Aid agencies and priority groups</li> </ol>	<p>Lecture with questions and answers Discussion session Seminar Visiting expert: dietician</p>	Country-specific literature + 1
<i>Assessment:</i> Integrated into examination Integrated into health profile	Formative	Summative Summative
<i>No. of hours:</i> 2		
<b>8.3.12 Substance abuse</b>		
<ol style="list-style-type: none"> <li>1. Statistics</li> <li>2. Main substances of misuse (alcohol, drugs and nicotine etc.)</li> <li>3. Substance addiction in different age group and reasons for taking substances</li> <li>4. Language of substance abuse</li> <li>5. Substance abuse and its effect on health</li> <li>6. Prevention of substance abuse – local/national initiative</li> <li>7. Health promotion material</li> </ol>	<p>Lecture with questions and answers Discussion session Visiting expert: substance abuse worker and health promotion worker</p>	Country-specific literature + 1
<i>Assessment:</i> Integrated into examination		Summative
<i>No. of hours:</i> 2		

<b>Content</b>	<b>Teaching/learning strategies</b>	<b>References</b>
<b>THEME 8.4 THE COMMUNITY NURSE AND HEALTH PROMOTION</b>		
<b>8.4.1 Patient assessment</b>		
<ol style="list-style-type: none"> <li>1. Introduction to the concept of the nursing process (assessment)</li> <li>2. Using a nursing model (Roper et al, Activities of living)</li> <li>3. Introduction to functional assessment (WHO)</li> <li>4. Nursing assessment (the activities which students would assess)</li> <li>5. Developing a checklist for home assessment</li> <li>6. Practical session on assessing patients (use record for country, see 8.3.3)</li> </ol>	<p>Lecture with questions and answers Discussion session Brainstorming Group activities Role play – nurse/patient scenario</p>	Country-specific literature + 1, 18
<p><i>Assessment:</i> Carry out health assessment of patient during practice placement</p>	Formative	Summative
<i>No. of hours:</i> 7		
<b>8.4.2 Care planning – planning in partnership with patients and families</b>		
<ol style="list-style-type: none"> <li>1. Nursing process – planning, implementing and evaluation – students to identify what issues they have to consider in these three stages</li> <li>2. Patient care based on health assessment carried out under 8.3.1 (assessment). Use record for country (see 8.3.3)</li> <li>3. Clinical decision-making in care planning</li> <li>4. Planning in partnership with the patient and family</li> </ol>	<p>Lecture with questions and answers Discussion session Individual student activity</p>	Country-specific literature + 1
<p><i>Assessment:</i> Care plan to be developed during practice placement experience Student to submit health assessment (8.3.1) + care plan to teacher for written feedback</p>	Formative	Summative
<i>No. of hours:</i> 3		
<b>8.4.3 Record-keeping</b>		
<ol style="list-style-type: none"> <li>1. Why is record-keeping important?</li> <li>2. What patient records exist?</li> <li>3. Community records (structure, method) <ul style="list-style-type: none"> <li>– computerized records and information management</li> <li>– nursing assessment (see 8.3.1)</li> <li>– care plan (see 8.3.2)</li> <li>– patient-held records (in home)</li> <li>– family doctor records</li> <li>– doctor’s order sheet</li> <li>– nurse’s order sheet</li> <li>– patient transfer form (patient going into hospital or other health institution)</li> <li>– other specialist assessment forms (i.e. elderly)</li> </ul> </li> <li>4. Legal aspects of record-keeping</li> </ol>	<p>Lecture with questions and answers Discussion session Brainstorming</p>	Country-specific literature + 1
<p><i>Assessment:</i> Health assessment and care planning project</p>	Formative	Summative
<i>No. of hours:</i> 2		

<b>Content</b>	<b>Teaching/learning strategies</b>	<b>References</b>
<b>8.4.4 Ethical aspects of caring</b>		
1. Why is confidentiality of information in the community important? 2. Code of professional nursing practice (if the country does not have a nursing code, adapt a medical code and show sample from other countries) 3. Practical aspects of confidentiality in community nursing 4. Ethical issues in community nursing	Lecture with questions and answers Discussion session Brainstorming Small group exercise. Discuss aspects of confidentiality re clinical strategy set by teacher	Country-specific literature + 1
<i>Assessment:</i> Included in short-question examination		Summative
<i>No. of hours:</i> 2		
<b>8.4.5 Teaching patients/families</b>		
1. Introduction – valuing the patient’s knowledge/ experience 2. Assessment – identify knowledge experience of patient – identify gaps in knowledge and misconceptions – identify what the patient needs to know 3. Planning – develop patient teaching plan – verbal and written information (language and literacy important) 4. Implementation – teaching the plan – demonstration of task – supervising patient doing task and allow questions 5. Evaluation – supervision over period of time re techniques and success of plan 6. Practical application at teaching plan; for example – teaching of clinical practice (patients with diabetes to administer own insulin) – teaching carer stoma care	Lecture with questions and answers Discussion session	Country-specific literature + 1
<i>Assessment:</i> Student to submit teaching plan for written feedback by teacher	Formative	
<i>No. of hours:</i> 2.5		
<b>8.4.6 The nurse’s health and safety at work</b>		
1. Legislation (country-specific – if available) – protect self against hazards at work – toxic substance – injury/accident – infection 2. Personal safety in the house – aggression/violence by patient/family	Lecture with questions and answers Discussion session Brainstorming – re general topic and students understanding of safety aspects Visiting expert: community nurse manager	Country-specific literature + 1
<i>Assessment:</i> Integrated into examination		Summative
<i>No. of hours:</i> 1		

<b>Content</b>	<b>Teaching/learning strategies</b>	<b>References</b>
<b>8.4.7 Transferring hospital clinical skills to the home</b>		
1. Differences between nursing the patient at home and in hospital 2. Preparing for a home visit <ul style="list-style-type: none"> <li>– gather information from different sources</li> <li>– prepare equipment (gloves, apron, medicines, dressings)</li> <li>– obtain doctor’s order (if required)</li> <li>– psychological preparation</li> </ul> 3. Undertaking procedure <ul style="list-style-type: none"> <li>– adapting home (sterilizing equipment/self-protection)</li> <li>– involving patient/family</li> <li>– setting up equipment</li> <li>– safe disposal</li> <li>– patient instruction</li> </ul> 4. Student to set up for a clinical procedure, i.e. wound care	Brainstorming Seminar and clinical demonstration Discussion session	Country-specific literature + 1
<i>Assessment:</i> Integrated into examination	Formative	Summative
<i>No. of hours:</i> 2		
<b>8.4.8 Infection control</b>		
1. Spread of infection 2. Preventing spread of infection 3. Protecting self and patient from spread of infection 4. Legislation 5. How to make the home environment safe (water supply, sterilisation of equipment, disposal of contaminated material and equipment) 6. Universal infection control precautions (i.e. hand washing, disposable gloves/aprons, single use equipment) 7. What to do if exposed to contamination (i.e. infection, needle stick injury, toxic waste or chemicals) 8. Common infectious diseases (relative to country)	Lecture with questions and answers Discussion session Seminar	Country-specific literature + 1
<i>Assessment:</i> Integrated into examination	Formative	Summative
<i>No. of hours:</i> 1.5		
<b>8.4.9 Transferring patients between the hospital and community</b>		
1. Communicating information about the patient, verbal and written 2. Visiting patients in hospital (if they have complex care “needs”) 3. Preparing the family for discharge of the patient from hospital 4. Ordering/obtaining equipment/dressing material/medicines 5. Assessing the patient and developing care plan on discharge 6. Practical application of care planning	Lecture with questions and answers Discussion session Problem-based learning activities based on case study Visiting experts: hospital nurse and community nurse	Country-specific literature + 1, 19
<i>Assessment:</i> Integrated into examination Family health assessment and care plan project	Formative	Summative Summative
<i>No. of hours:</i> 2		



<b>Content</b>	<b>Teaching/learning strategies</b>	<b>References</b>
<p><b>8.4.10 Care of the patient with different clinical conditions</b> (include all prevalent diseases identified in the WHO nursing and midwifery profiles – cardiovascular diseases, cancer, respiratory diseases, diabetes mellitus, neurological/spinal conditions, infectious diseases + other diseases identified by specific countries)</p>		
<p>1. Prevention (see epidemiology, health screening and disease prevention)</p> <p>2. Clinical update</p> <ul style="list-style-type: none"> <li>– anatomy/physiology</li> <li>– aetiology of disease/prevalence</li> <li>– medical treatments and symptom control</li> <li>– nursing interventions</li> <li>– rehabilitation</li> </ul> <p>3. Patient education aspects</p> <p>4. Using evidence-based practice</p>	<p>Lectures with questions and answers</p> <p>Discussion session</p> <p>Visiting experts: hospital nurse, hospital doctor, family doctor, community nurse, specialist nurses</p>	<p>Country-specific literature + 1</p>
<p><i>Assessment:</i> Integrated into examination Health assessment and care planning Community profile</p>	<p>Formative</p>	<p>Summative Summative</p>
<p><i>No. of hours:</i> 1 per disease</p>		
<p><b>8.4.11 Care of the dying patient/terminal disease</b></p>		
<p>1. Definition of terms – palliative care/terminal care</p> <p>2. Organization of care – teamwork – primary health care team/multidisciplinary teams/hospice care</p> <p>3. Disease process – primary site/metastatic disease/evidence</p> <p>4. Physical care – symptom control (nausea/vomiting, sleep disturbance, nutrition, constipation/diarrhoea, dysphoea, etc.)</p> <p>5. Management of acute and chronic pain</p> <p>6. Emotional and spiritual care – patient/family/nurse (see 8.2.5)</p> <p>7. Bereavement visits to family</p>	<p>Lecture with questions and answers</p> <p>Discussion session</p> <p>Group activity with feedback by nurse teacher</p> <p>Visiting experts: Specialist on palliative/terminal care, nurse or doctor</p> <p>Religious leader(s)</p>	<p>Country-specific literature + 1</p>
<p><i>Assessment:</i> Care plan development</p>	<p>Formative</p>	<p>Summative</p>
<p><i>No. of hours:</i> 6</p>		
<p><b>8.4.12 Administration of medicine</b></p>		
<p>1. Knowledge of medicine (mode of action, route of administration, contraindications, side effects, adults/children)</p> <p>2. Controlled medicines in community</p> <p>3. Routes of medicine, administration in community, (oral, eye, ear, rectal, vaginal, topical, inhalation, injection, intramuscular, subcutaneous)</p> <p>4. Management of allergic reaction (anaphylaxis, treatment of)</p> <p>5. Storage and disposal of medicines</p> <p>6. Equipment – preparation, sterilisation and disposal</p> <p>7. Documentation – doctor's order/nurse record sheet</p>	<p>Lecture with questions and answers</p> <p>Discussion session</p> <p>Visiting experts: pharmacist, doctor</p>	<p>Country-specific literature + 1</p>
<p><i>Assessment:</i> Integrated into examination</p>		<p>Summative</p>
<p><i>No. of hours:</i> 3</p>		

<b>Content</b>	<b>Teaching/learning strategies</b>	<b>References</b>
<b>8.4.13 Management of wounds</b>		
1. Physiology of wound healing 2. Factors affecting wound healing 3. Different types of wound (surgical, traumatic, malignant wounds, burns, pressure sores and leg ulcers) 4. Wound assessment – use of chart 5. Wound dressing technique in home 6. Topical preparation + bandaging products 7. Patient/family teaching 8. Factors affecting wound healing (infection, nutrition, injury, impaired blood supply, smoking, drug treatment)	Lecture with questions and answers Discussion session Brainstorming Visiting experts: community nurse, pharmacist	Country-specific literature + 1
<i>Assessment:</i> Integrated into: – examination – patient care plan	Formative	Summative Summative
<i>No. of hours:</i> 3		
<b>8.4.14 Maintenance of continence</b>		
1. Urinary and faecal continence – causes/incidence/ investigation 2. Assessment – duration of problem, symptoms, physical examination by doctor – testing of urine, or collection of specimen – physiological effects 3. Planning – nursing interventions (bladder/bowel retraining, toilet training, use of continence products, catheter care, psychological support) – doctor's order (hospital investigations, medicines) – equipment for home – disposal of products 4. Evaluation – outcome for patient	Lecture with questions and answers Discussion session Seminar	Country-specific literature + 1, 20
<i>Assessment:</i> Integrated into examination		Summative
<i>No. of hours:</i> 2		
<b>8.4.15 Pressure sore prevention and management</b>		
1. Preventing pressure sores in the home – assessment and use of risk assessment tools (Norton and Waterlow tools) – nutrition, positioning, equipment, skin care, continence, teaching patient/carers 2. Management of pressure sores – classification – treatment (see wound care 8.3.13) + nursing interventions, timing + charts 3. Responsibility of community nurse	Lecture with questions and answers Discussion session	Country-specific literature + 1
<i>Assessment:</i> Integrated into: – examination – patient assessment + care plan	Formative	Summative Summative
<i>No. of hours:</i> 2		

<b>Content</b>	<b>Teaching/learning strategies</b>	<b>References</b>
<b>8.4.16 Care of the patient with a mental health problem</b>		
<ol style="list-style-type: none"> <li>1. Defining mental health (what is normal/abnormal)</li> <li>2. Causes and classification (including suicide)</li> <li>3. Legislation for mental health patients</li> <li>4. Treatment update (drug theory, psychotherapy, etc.)</li> <li>5. Role of the primary health care team</li> <li>6. Management of the patient in the community</li> <li>7. Management of a mental health emergency in the community</li> <li>8. Mental health care service (government, voluntary)</li> </ol>	<p>Lecture with questions and answers Discussion session Visiting experts: psychiatrist or mental health nurse</p>	Country-specific literature + 1
<i>Assessment:</i> Integrated into examination		Summative
<i>No. of hours:</i> 2		
<b>8.4.17 Care of people with learning disabilities</b>		
<ol style="list-style-type: none"> <li>1. Causes of disability</li> <li>2. Challenging behaviour and interventions</li> <li>3. Physical care problems</li> <li>4. Fostering independence</li> <li>5. Supporting the family</li> <li>6. Service provision <ul style="list-style-type: none"> <li>– rehabilitation</li> <li>– education provision</li> <li>– institutional and community care</li> </ul> </li> </ol>	<p>Lecture with questions and answers Discussion session Buzz session Visiting experts: specialist nurse, specialist doctor and social welfare worker</p>	Country-specific literature + 1
<i>Assessment:</i> Community profile	Formative	Summative
<i>No. of hours:</i> 2		
<b>8.4.18 Rehabilitation</b>		
<p>Update on rehabilitation methods</p> <ol style="list-style-type: none"> <li>1. Physiotherapy – mobility <ul style="list-style-type: none"> <li>– transferring patients</li> <li>– exercises – active/passive</li> <li>– preventing contractures and other complications</li> <li>– equipment/aids for home</li> <li>– devices and prothesis</li> </ul> </li> <li>2. Speech theory – techniques/treatments (dysphagia and dysphasia) <ul style="list-style-type: none"> <li>– methods of communication</li> <li>– equipment/aids for patients</li> </ul> </li> </ol>	<p>Lecture with questions and answers Discussion session Visiting experts: physiotherapist and speech therapist</p>	Country-specific literature + 1
<i>Assessment:</i> Integrated into: – examination – patient assessment + care plan	Formative	Summative Summative
<i>No. of hours:</i> 2		

Content	Teaching/learning strategies	References
<b>8.4.19 Management of emergencies</b>		
1. What types of emergency can occur in the home? (poisoning, injury, fire, suicide, cardiac arrest, respiratory arrest, loss of consciousness) 2. What should be done? – first aid/interventions – getting help 3. Cardiopulmonary resuscitation	Lecture with questions and answers Discussion session Brainstorming Practical skills	Country-specific literature + 1
Assessment: Competence in cardiopulmonary resuscitation	Formative	
No. of hours: 2		
<b>8.4.20 Disaster nursing (country-specific)</b>		
1. Definition and types of disaster 2. Preparation for disaster – country procedures – health care procedures 3. Management of effects of disaster (injuries, food/water supplies, shelter, spread of disease, mental health problems, rehabilitation of casualties) 4. Emotional effects on the nurse	Lecture with questions and answers Discussion session Seminar Visiting experts: representatives of emergency services and Red Cross or United Nations	Country-specific literature + 1
Assessment: Examination		Summative
No. of hours: 2		

References for themes 8.1–8.4

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## Theme 8.5

See page 7 above.

## Themes 8.6–8.8

*Theme 8.6 Reflection on practice*

*Theme 8.7 Community nursing practice, management and organization*

*Theme 8.8 Quality assurance in community nursing*

These themes are to be integrated throughout the last two weeks of the course (see footnote 3). Students will be expected to lead a number of the sessions and interactive learning will predominate, with the teacher acting primarily in a facilitative and supportive role. Students must be encouraged to utilize the competencies (knowledge, skills and attitudes) gained in the previous eight weeks of theory and practical experience in the various teaching, learning and assessment activities of the final two weeks.

### Day 1

Initial introductory session: 1 hour, entire group of students together with teachers – discussion.

Second session: 1.5 hours, entire group of students together with teachers – reporting skills, protection of confidentiality of patient/family, anonymity of data, professional role – lecture with opportunities for questions and discussion.

Remainder of day: 4.5 hours, students will be in groups of a maximum of 10, with one teacher to each group. Each student will work individually on her health assessment assignment, ready for making an individual report to her group and teacher the next day. The teachers will be present throughout to provide tutorial support as requested by individual students.

### Day 2

Students remain in their groups of 10, supported by their teachers.

Each student will present a summary of her health assessment and care plan. Time: 10 minutes, followed by 20 minutes of teacher-led discussion – 30 minutes per student.

Format for the presentation of the health assessment:

- profile of family unit (demographic, sociological, health)
- identification of main care needs
- nursing interventions
- evaluation of care.

This will take a total of 5 hours, but 6 hours has been allowed as this is more realistic when students are making presentations and the focus of the day is interactive.

The focus for the remaining hour will be upon community nursing practice, management and organizational issues, managing change:

- issues raised as a result of students' work on the health assessment and community profile
- management skills
- caseload management
- caseload profiling.

Teaching and learning strategies will include a seminar, brainstorming and discussion session.

Assessment – integrated within the examination.

### **Day 3**

A 4-hour session for all the students and their teachers, focusing on quality assurance in community nursing:

- definition of quality assurance
- quality assurance and the health care system/community nursing
- creating and/or maintaining community nursing activity statistics
- information management
- methods for evaluating care:
  - clinical indicators
  - patient outcomes
  - evaluating care plans
  - evaluating health promotion activities.

Teaching and learning strategies will include an initial 1-hour lecture with opportunities for questions and answers. Students will then break into their small groups of 10, with their teachers, for a 3-hour session of small group activities in which the different methods of evaluation will be practised, using examples of evaluation frameworks.

Time: 3 hours – lecture, followed by small group activities to practise different methods of evaluation, using examples of evaluation frameworks.

Assessment of this material will be integrated within the examination.

Students will then continue in their small groups, supported by their teachers, working individually on their community profile assignments.

A 3-hour session: each student will work individually on her community profile assignment, ready for making an individual report to the group and teacher later that day or the next day. The teacher will be present throughout, to provide tutorial support as requested by individual students.

### **Day 4**

Students remain in their groups of 10, supported by their teachers.

Each student will present a summary of her community profile. Time: 10 minutes, followed by 20 minutes of teacher-led discussion – 30 minutes per student.

Format:

- health problems within the community
- social issues within the community
- services available within the community.

Allowing 1 hour spare in case of delays, the remaining 1.5 hours will consist of a group discussion in which students will identify potential health promotion opportunities arising from the community profiles.

### **Day 5**

Students remain in their groups of 10, supported by their teachers.

For 5 hours, students will work individually on their health assessment and community profile assignments. They will be able to present their drafts, in whole or in part, to their teachers for feedback, as this is the meaning of formative assessment.

For 2.5 hours, students will individually (for 1.5 hours) and then in the group (for 1 hour) discuss gaps they have identified in their knowledge, skills and attitudes in relation to community nursing.

### **Day 6**

Students will work on their assignments, while teachers prepare tutorials on those areas identified by students as gaps in their knowledge, skills and/or attitudes in relation to community nursing and arrange for related visits by students, as appropriate, to clinical areas.

For specified 1-hour periods during the morning and afternoon, teachers will be available to comment and give feedback on assignments.

### **Days 7 and 8**

Small group tutorials conducted by teachers and/or visits by students to clinical areas, to fill gaps which students have identified in their knowledge, skills and attitudes.

Students will also have time during these two days to continue preparing their summative assignments and revising for the examination.

### **Day 9**

Final preparation and submission of the health assessments and community profiles.

### **Day 10**

Morning: examination (3-hour paper)

Afternoon: course evaluation:

- completion of evaluation form (individually)
- followed by group evaluation, including students and teachers.

Planning for post-course liaison and regular re-evaluation in the light of practice, receipt of results of assignments and, on successful completion, arrangements for award of certificate.

## Glossary

### **Formative assessment:**

“Type of assessment to help with teaching and learning”

“Ongoing assessment throughout the learning process”

Reece, I. & Walker, S. *Teaching, training and learning. A practical guide*. London, Business Education Publishers Ltd., 1992.

“... where the purpose is to get an estimate of achievement which is used to help in the learning process.”

Brown, S. & Knight, P. *Assessing learners in higher education*. London, Kogan Page Ltd., 1994.

### **Summative assessment:**

“Type of assessment used at the end of a period of instruction and used for certification purposes”

*(also used)*

“To satisfy needs of society”.

Reece, I. & Walker, S. *Teaching, training and learning. A practical guide*. London, Business Education Publishers Ltd., 1992.

“... includes end-of-course assessment ... produces a measure which sums up someone’s achievement”.

Brown, S. & Knight, P. *Assessing learners in higher education*. London, Kogan Page Ltd., 1994.

Rowntree points out that the difference between the two forms of assessment is in the purpose and not in the techniques.

Rowntree, D. *Assessing students: how shall we know them?* London, Kogan Page Ltd., 1987.

### **Accreditation:**

Process by which a statutory body, an agency or organization scrutinizes, evaluates and recognizes an institution, programme or curriculum as meeting the standards necessary for providing a particular service.

## Additional reading

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*Nursing in Europe. A resource for better health*. Copenhagen, WHO Regional Office for Europe, 1997 (WHO Regional Publications, European Series, No. 74).

*HEALTH21: an introduction to the health for all policy framework for the WHO European Region*. Copenhagen, WHO Regional Office for Europe, 1998 (European Health for All Series, No. 5).



## Part II

# Training the trainers package

*by*

Lesley A. Whyte

## **GUIDANCE NOTES FOR FACILITATORS**

### **Introduction**

Trainers undertaking this programme will both acquire knowledge and gain practical skills from the theory and teaching strategies used in the delivery of this package. The presentation of factual information is combined with the opportunity for trainers to be actively involved in the learning experience. The WHO community nursing curriculum for countries in transition (part I of this document) is used as case material on the course to enable the trainers to identify a variety of teaching strategies which can be used to deliver the different elements of the curriculum.

### **Duration of course**

The taught component of teaching skills should take 1 week (5 days).

In countries where the community nursing transition programme has not already been developed, a further 1–2 weeks should be allocated for the trainers to work with the facilitator to develop the teaching programme, using part I of this document, the community nursing curriculum. This will assist the trainers to apply the theory of the taught component to the transition curriculum.

### **Format (taught component only)**

An A4 loose-leaf folder contains lesson plans, course content and activities for the facilitator to use with trainers. The facilitator will be expected to provide additional material to ensure country-specific information. This format will enable material to be added and updated.

### **Structure**

The same format is used throughout the programme. Each theme comprises a daily teaching plan, facilitator's notes, key points for overheads (overhead projectors) and reflective learning activities. The reflective learning activities have been designed to encourage the learner to participate in the educational experience and to be given the opportunity to practise different teaching strategies. The programme is based on a seven-hour teaching day (plus 1 hour for coffee and meal breaks) over a period of five days. Within each theme, sub-topics are identified with approximate time allocation (these may differ according to the class size). It may be necessary to translate the course content into another language.

### **Group size**

Groups should be kept to a maximum of 16 learners per facilitator.

### **Role of the facilitator**

The facilitator should be a nurse educator or an experienced facilitator who can share he/her skills and knowledge of teaching with the learners. He/she should have some knowledge of the local education resources. Although facilitator's notes are included, the local facilitator will be expected to provide additional material to ensure country-specific information. The facilitator needs to recognize that the learning experience is one of partnership and that he/she is a role model for the participants. The teaching methods used in this programme should, where possible,

involve the learners so that they can experience the strengths and weaknesses of different teaching strategies. The facilitator should ensure that all resources and teaching aids are in place before the course begins. Although the programme is designed principally as a theoretical preparation for trainers, some of the material can be used directly by the learners when developing the community nursing transition curriculum, for example “Day 1 – The education experience”.

### **Preparation for the course**

Learners should be sent a copy of the Community nursing transition curriculum four weeks in advance of the course and instructed to read the document. They should select one topic from the course content list at the end of the document and collect information on that specific subject. The learners should bring this information as well as the transition curriculum to the course, as they will be used during some of the reflective learning activities. Learners should also be sent a copy of the learning style questionnaire (Annex 1) and asked to complete it and bring it with them on day 1 of the course.

### **Resources and teaching materials**

There may be variations in the nature and quantity of teaching resources available to facilitators. Essential resources include: a classroom with movable furnishings (tables and chairs), whiteboard or chalkboard and flip chart, a resource area of journals, books, community information, etc., and ideally a well stocked library. Where possible, an overhead projector (including overheads and pens) and, where appropriate, computers should be available to the learners. The facilitator should have access to photocopying facilities. The use of information handouts for learners depends on local resources. If information sheets are used, they should contain key points from the daily teaching plans (including learning outcomes). A small number of student information sheets have been included in the package. Where an overhead projector is not available, the facilitator should write the information on a chalkboard, whiteboard, flip chart or poster.

### **Teaching plans**

Although the programme attempts to cover the main aspects of contemporary nurse education, it is only possible to include an introduction to key training methods within the time frame. The daily teaching plan follows the same format for the five days:

- main theme
- learning outcomes (of student)
- teaching methods
- visual aids
- resources
- facilitator’s notes
- sub-topics
- evaluation
- supporting material.

The trainers attending the course are referred to throughout this package as “learners”. The female gender is used although it is acknowledged that some of the trainers may be male. The abbreviation OH followed by a number refers to material which should be shown on an overhead projector or written on a board.

## DAY 1 – THE EDUCATIONAL EXPERIENCE

### *Learning outcomes*

1. Establish the previous knowledge and skills of the student group
2. Produce a philosophy for education
3. Discuss ethical aspects of education
4. Describe different approaches to adult learning
5. Identify key study strategies

### *Teaching methods*

Ice-breaker  
Short lecture  
Brainstorming  
Group work  
Buzz group  
Snowballing  
Demonstration

### *Visual aids*

Overhead projector  
White board/chalk board  
Flip chart

### *Resources*

Overheads and pens  
Student information sheet (learning styles and course programme)  
Learning style questionnaire scoring sheet

## FACILITATOR'S NOTES

### 1.1 Introduction to programme and educational philosophy (2 hours)

#### *Introduction of facilitator to student group*

The facilitator starts by introducing him/herself to the group and giving a brief description of his/her role in this programme.

#### *Introduction of student group*

The use of an “ice-breaker” helps to promote an informal, non-threatening learning environment. An example of one which encourages learners to find out about each other is called “know my neighbour”.

#### *Activity – Ice-breaker*

##### *Getting to know my neighbour (20 minutes)*

*Learners are invited to choose a partner (someone they don't know if possible). They are given 10 minutes to get to know the other person, i.e. his or her personal details, interests, hobbies and professional information. At the end of the allocated time the group reassembles. Each pair takes it in turn to introduce each other to the rest of the group.*

#### *Expectations from the course*

It is important to ascertain at an early stage what the learners expect from the course. The facilitator asks the group ‘*What do you expect to achieve from the course?*’. Each learner is given five minutes to consider this question and write down a minimum of three things he/she expects to gain from attending the course. The learners are then asked to share what they have written with the rest of the group. To ensure that everyone participates the facilitator should get one response from each learner in the initial round. The facilitator then records the list on a flip chart and initiates a discussion based on the learners’ responses. The responses should be developed by the facilitator into a list of learning needs which encourages the group to develop ownership of the course. The flip chart list of responses should be retained and used as an evaluation tool on the final day of the course.

#### *Introducing the course content*

The facilitator gives the learners a copy of the five-day teaching programme (topic headings) with a brief description of the main themes and invites questions about the course content. Learners are reminded to bring their copy of the community nursing curriculum (part I of this document) and the information they were asked to collect on a selected topic from the teaching content of the document. They should also have their completed learning style questionnaire for use later in the day (the facilitator should have some spare copies in case any learners have forgotten theirs).

## Educational philosophy

The educational philosophy or ideology takes into account the underlying values of the educational institution concerned as well as reflecting the beliefs of the team teaching the course. It should govern the content and methods used in the course, and perhaps more importantly should make a statement about how learners are perceived within the institution. It should incorporate a collection of ideas and beliefs rather than those of just one person. An educational philosophy is an essential part of the development phase when planning new courses. The philosophy should be simple, succinct and easy to understand. The philosophy which underpins this course provides an example for learners which they may wish to use when developing the community nursing transition programme.



### The course philosophy (OH1)

The philosophy underpinning this course is derived from the belief that all learners bring to the course a wealth of experience. The course is designed to facilitate flexible learning with the underlying ethos of partnership in education between the learner and the facilitator. The course builds upon the initial preparation of the learners and is concerned with developing cognitive, affective and psychomotor skills. Community nurses are required to practise this higher level of skill in communities where families and individuals have varied and complex needs. These nurses require to be prepared to an advanced level which will enable them to fulfil the complex roles of practitioner, care manager and teacher.

## The role of the trainer

Trainers will be required to assess learning needs, to plan and implement educational programmes, and to evaluate the effectiveness of the learning experience. Trainers need to be knowledgeable about the subject of the course, have the ability to motivate learners and, most importantly, enjoy teaching. Effective trainers require three essential characteristics.



### Essential characteristics of trainers (OH2)

- Knowledge, teaching skills and professional competence
- Personal attributes
- Ability to relate to learners



#### *Reflective learning activity 1.1 – Buzz groups (15 minutes)*

*Divide the learners into groups of equal size (maximum of six in each group) and ask them to identify some points which could be included under each of these headings. Record all the responses on the classroom board.*

The facilitator should have his/her own list of points which can supplement those identified by the learners. Some examples are given below:

<i>Knowledge</i>	<i>Personal attributes</i>	<i>Relationships</i>
clinical care area (e.g. community)	enthusiastic	approachable
teaching methods	supportive	mutual respect
presentation skills	good communicator	openness
resources for learner	sense of humour	caring
theoretical content	role model	admits limitations.

The learners' responses should generate a discussion about the role of the trainer. The facilitator can encourage the members of the group to reflect on their own experience of teachers when they were student nurses. Did their teachers display similar or different characteristics from those identified in today's activity?

## 1.2 Ethics in education (2 hours)

### Introduction

Ethics are an integral part of both personal and professional life.



#### *Reflective learning activity 1.2 – Brainstorming (5 minutes)*

*Ask the learners to identify words or meanings to describe or define what “ethics” means to them. Record their answers on the board.*

Link the learners' responses with the official definition (from any dictionary). For example, *Longman's dictionary* defines “ethics” as “a set of moral principles and judgements” and “the principles of conduct governing an individual or a group”.

Within health care the importance of ethics is closely linked to:

#### **Ethics in health care (OH3)**



- working in a health care system with finite resources
- increasing care demands
- relationship of social, environmental and political issues with health
- expectations of patients regarding treatment options and services
- working with vulnerable groups

Within community nursing there are several potential areas of conflict.



#### **Ethics in community nursing (OH4)**

- Aspects of practice which conflict with the beliefs of the nurse
- Environmental waste which may be hazardous to the community
- Confidentiality of patient and family information
- Inequalities in health care provision within and across different communities
- Relationship between politics and health
- Freedom of speech by nurses about health-related concerns
- Adhering to professional codes of practice when there is peer or family pressure for the nurse to undertake a procedure which she does not feel competent to do

In community nursing education, the trainer requires to be aware of both practice-related ethical issues such as those given above – as they can provide useful lesson content material – and ethics as they apply to education. Some of the characteristics of the trainer (see reflective learning activity 1.1) are useful starting points when considering ethics in education. Issues such as mutual respect for individuals' views, cultural differences and valuing past experience are essential aspects of adult education. Encouraging learners to question and challenge the trainer are important skills which, if nurtured, can be transferred successfully to practice where the community nurse will have an advocacy role for the patients and families in her care. Creating a positive learning environment and giving encouragement and constructive feedback enables learners to gain knowledge and develop confidence in these skills.

#### **Hints on teaching ethics**

The theoretical aspects of ethics should be taught in a designated session. However, it is essential that applied ethics are addressed across the whole programme. The content should include concepts such as different theoretical approaches to ethics, professional codes of practice, and application of the ethics of care to practice-related problems (the facilitator should include some examples relevant to the country).

#### **Suggested teaching methods**

A variety of teaching methods such as short lectures combined with more active learning strategies (discussion, debate, role-play, problem-solving activities) help students to understand and apply quite complicated ethical concepts. The use of videos, case studies and computer-assisted learning programmes apply these concepts to realistic care settings.

#### **An example for trainers**

An example of this type of teaching approach can be demonstrated with “decision-making”. The topic could be introduced by asking students to think about what is involved in decision-making. The trainer writes their responses on a board. This is followed by a short lecture on the topic which may include issues such as personal judgement, discrimination, equality, attitudes, value to society and resources. A problem-solving activity which encourages students to reflect on the principles of decision-making is given below.



### *Problem-solving activity (20 minutes)*

*A number of passengers are travelling together in a small boat. The boat is involved in an accident and only one lifeboat is undamaged. There is space to save only two of the passengers. As a group you must reach agreement on which passengers should be saved. During your discussion you should note how you come to your final decision. Each group will report back their findings and the rationale behind their choice as well as the criteria used in the decision-making process.*

#### *Passenger list:*

- 1. A nun who is also a nurse, on her way to work as a missionary*
- 2. A pregnant woman on her way to visit her dying mother*
- 3. A 9-year-old boy (only child of a 45-year-old widow) who is ill-behaved, rude and very annoying to all the other passengers*
- 4. A 19 year-old singer who gives 75% of his money to charity every year*
- 5. A brain surgeon on his way to an international conference*
- 6. A 30-year-old unemployed labourer who is a recovering drug addict*

*The facilitator should allow the learners to try this activity as it will help them to understand the importance of combining the traditional style of lecture with more active forms of learning.*

### **Applying ethical principles in the education setting<sup>5</sup>**

The philosophy of any educational course must be underpinned by ethical principles. Learners will have different backgrounds, experience, interests and expectations from the course. They all need to feel that they are individuals with specific needs. It is important for the teaching staff to acknowledge that learners may have preconceived ideas which need to be debated in an open forum. The introduction of a group “learning contract” helps to address some of these issues through negotiation and agreement of ground rules. A learning contract includes agreement on group behaviour and is the responsibility of the whole group. The learning contract may contain statements on confidentiality, respect, time-keeping, participation in learning activities, and honesty. New statements can be added throughout the course.

#### *Activity*

*The learners are asked to brainstorm for a few minutes on what they consider will be helpful in enabling them to work together. The facilitator records their suggestions on the board. Each suggestion is discussed by the group and a learning contract drawn up. Agreement is then reached over how the contract may be enforced. The final list is written on a poster and displayed in a prominent position within the classroom. The learning contract remains in place for the duration of the course.*

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<sup>5</sup> Adapted from *LEMON Teachers’ and facilitators’ guide*. Copenhagen, WHO Regional Office for Europe, 1996.

### 1.3 Adult education (2 hours)

Teaching adults requires a different approach from teaching children. In his book *The adult learner: a neglected species*,<sup>6</sup> Knowles has developed an approach to adult learning termed “andragogy”, identifying key areas unique to adult learners.



#### **Andragogy (OH5)**

- Adults are motivated to learn
- Adults' experience provides a rich source of learning
- Adults are motivated to learn by different factors

These areas have implications for the organization of programmes for adults, for example:

- the learning environment should be informal;
- there should be an emphasis on encouraging students to identify their own gaps in knowledge and skills;
- the learning climate should encourage mutual respect.

Learning theorists have described three main types of learning domain, although most learning relates to more than one of these domains.



#### **Learning domains (OH6)**

- Cognitive – the acquisition and understanding of information, facts and explanations
- Psychomotor – the learning of skills
- Affective – the understanding of values, attitudes, beliefs and feelings



#### **Reflective learning activity 1.3 – Snowballing (15 minutes)**

Ask the learners to consider an area of learning or study in which they have recently been involved. This could be related to nursing or a personal hobby or interest. They should identify which of the three domains of learning is involved. After five minutes they should form pairs and share this information with each other. After a further couple of minutes the pairs should form groups of four and share this information. This exercise is useful in helping learners to apply the theory of learning to their own and others' experience.

<sup>6</sup> KNOWLES, M. *The adult learner: a neglected species*, 4th ed. Houston, Gulf Publishing Co., 1990.

Students have been identified as using two approaches to learning:

- the surface approach – viewed as superficial in nature as the student learns the course material by rote with little understanding of the actual content and is usually motivated by the need to pass an examination;
- the deep approach – the student is motivated by the need to process and understand information, and is normally an active learner with the ability to relate different pieces of information to each other.

Trainers should seek to develop programmes which facilitate a deep learning approach through use of teaching methods which involve the students.

Closely linked to these approaches is Bloom's *Taxonomy of educational objectives*<sup>7</sup> which demonstrates progression through different levels of understanding.



#### ***Bloom's Taxonomy of educational objectives (OH7)***

<i>Knowledge progression</i>	
▪ Level 1	recall
▪ Level 2	understanding
▪ Level 3	application
▪ Level 4	analysis
▪ Level 5	synthesis
▪ Level 6	critical evaluation

The trainer can assist the student to progress through these different levels by using a student-centred approach to learning. This approach involves:



#### ***Student-centred approach to learning (OH8)***

- learning through experimentation and discovery
- participating in reflective learning activities
- working cooperatively in small groups
- expressing oneself creatively
- identifying one's motivation to learn
- exploring one's learning style

<sup>7</sup> BLOOM, B.S. *Taxonomy of educational objectives*. London, Longman, 1956.

## Learning styles<sup>8</sup>

The way in which people like to learn has implications for the trainer when developing teaching sessions. An understanding of different learning styles will enable him/her to design programmes that facilitate deep learning. The four main styles have been identified as:

1. theorists
2. pragmatists
3. activists
4. reflectors.



*Reflective learning activity 1.4 – Learning styles (score sheets are in section 1.6 below) (40 minutes)*

*Learners are asked to produce their completed learning style questionnaire. A score sheet is given to each learner so that he/she can calculate his/her own learning style. The facilitator records on a poster each learner's style under one of the four headings identified above. It is useful for learners to see the spread of styles within a group, as this emphasizes that all learners have different needs. This poster is displayed and retained for the duration of the course.*

## 1.4 Study skills (1 hour)

Many of the learners will already have a knowledge of study skills because of their prior learning. Referencing techniques are not included in this package but the facilitator should establish that all learners have a knowledge of the two main styles of referencing, i.e. Harvard and Vancouver. If the learners are not familiar with them, the facilitator should include a session on this essential skill and provide a student information sheet along with practical examples. Information on seminars, tutorials and student assessment are covered elsewhere in this course.

## Literature searches

In traditional nursing programmes self-directed study is often minimal. The educational approach used today requires nurses to have the skill to search for information themselves from a wide variety of sources which may include books, journals, newspapers, computer databases and the Internet. The main aim of a literature search is to find material on a specified topic which will aid understanding and provide evidence for an assignment or project. A literature search requires the learner to:



### Literature search (OH9)

- identify the main topic and related keywords – using a dictionary or creating a mind map may help
- decide which sources to search
- identify how much time can allocated to the search
- identify what sources are available, e.g. library, computer databases/internet/professional organizations
- define parameters such as time period, language and type of material, e.g. research abstracts
- conduct the search using computer databases or, if these are unavailable, reference texts
- record all relevant information.

<sup>8</sup> LEMON – Teachers' and facilitators' guide. Copenhagen, WHO Regional Office for Europe, 1996, p. 8.

Information from the literature search can be summarized using an index card or sheet. The following information should be included.



### Index card/sheet (OH10)

- Complete reference (using Vancouver or Harvard method)
- Source (name of library, computer database, etc.)
- Date when reference found
- Summary of information, highlighting any important details
- Record of any original quotes (with page number)

### Mind mapping

Mind mapping or concept mapping is a strategy used to help develop a framework for all types of assignment. It is also useful when planning a literature search or an examination answer. It is a simple skill to develop and is particularly effective for adult learners.

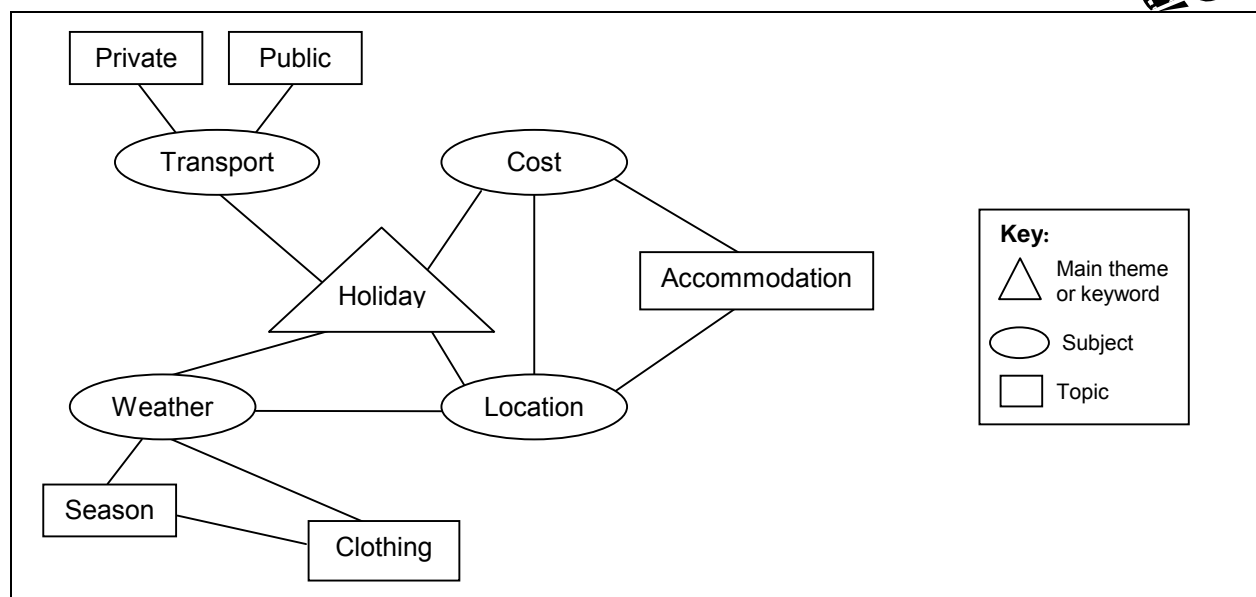


### The mind mapping process (OH11)

1. Start with a main theme or keyword and write it in the centre of the page
2. Write down between three and five subjects related to this keyword (spaced out on the page)
3. Identify and write down any topics related to these subjects
4. Examine the information on the page and make links by drawing lines between any subjects or topics
5. The completed mind map provides a detailed picture of the main concepts related to the original theme



### Example of a mind map (OH12)





**Reflective learning activity 1.5 – Demonstration and practice (30 minutes)**

The facilitator writes a theme in the centre of the board. The learners brainstorm to identify subjects and topics related to the theme. These are recorded on the board and the learners are asked to identify links. Next the learners are asked to consider any topic and create their own mind map. These mind maps are presented to the class.

Feedback on these maps allows the facilitator to highlight the fact that no two learners will ever produce exactly the same mind map. This should be used to draw together the key points of the day's teaching, i.e. all learners have different experience and learning styles, and teaching methods should facilitate deep learning approaches.

## 1.5 Evaluation

### Discussion (15 minutes)

Learners are asked to identify what they have learned during the day, what has been the most difficult part of the programme, and what has been the most enjoyable.

## 1.6 Supporting material

Learning styles questionnaires score sheet.<sup>9</sup> You score 1 point for each item you tick (✓) and 0 points for items you cross (×). Indicate on the lists below which items were ticked

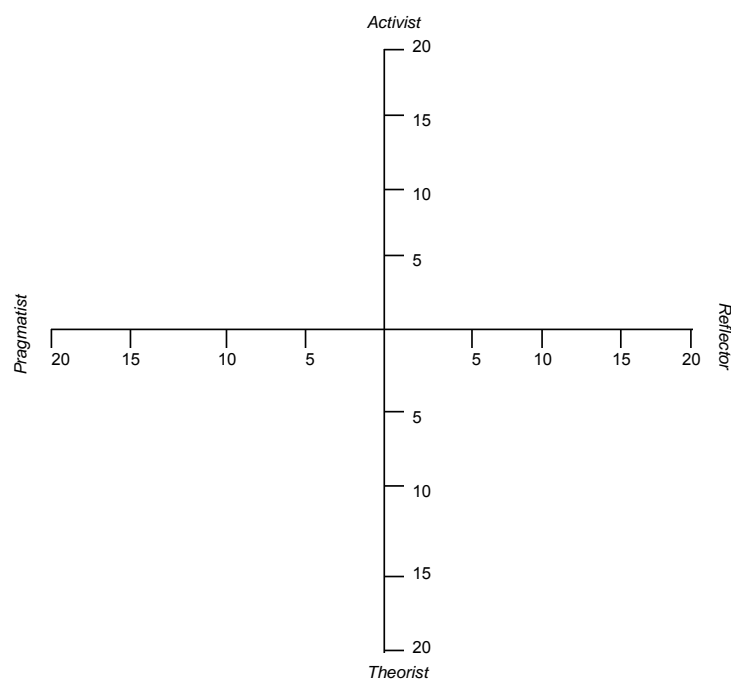
2	7	1	5
4	13	3	9
6	15	8	11
10	16	12	19
17	25	14	21
23	28	18	27
24	29	20	35
32	31	22	37
34	33	26	44
38	36	30	49
40	39	42	50
43	41	47	53
45	46	51	54
48	52	57	56
58	55	61	59
64	60	63	65
71	62	68	69
72	66	75	70
74	67	77	73
79	76	78	80
<b>Totals</b>			
	<b>Activist</b>	<b>Theorist</b>	<b>Pragmatist</b>
	<b>Reflector</b>		

<sup>9</sup> LEMON – Teachers' and facilitators' guide. Copenhagen, WHO Regional Office for Europe, 1996, p. 8.

Ring your score on this chart and join up:

Activist	Reflector	Theorist	Pragmatist	
20	20	20	20	<b>Very strong preference</b>
19		19		
18	19	18	19	
17		17	18	
16	18	16	17	
15		15	16	<b>Strong preference</b>
14	17	14	15	
13	16	13	14	
12	15	12	13	<b>Moderate preference</b>
11	14	11	12	
10	13	10	11	
9	12	9	10	
8	11	8	9	<b>Low preference</b>
7	10	7	8	
6	9	6	7	
5	8	5	6	<b>Very low preference</b>
4	7	4	5	
3	6	3	4	
2	5	2	3	
1	4	1	2	
0	3	0	1	
	2		0	

Plot the scores on the arms of the cross below.



## **Learning styles – general descriptions**

### *Activists*

Activists involve themselves fully and without bias in new experiences. They enjoy the here and now and are happy to be dominated by immediate experiences. They are open-minded, not sceptical, and this tends to make them enthusiastic about anything new. Their philosophy is: “I’ll try anything once”. They tend to act first and consider the consequences afterwards. Their days are filled with activity. They tackle problems by brainstorming. As soon as the excitement from one activity has died down they are busy looking for the next. They tend to thrive on the challenge of new experiences but are bored with implementation and longer-term consolidation. They are gregarious people who constantly involve themselves with others but, in doing so, they seek to centre all activities around themselves.

### *Reflectors*

Reflectors like to stand back to ponder experiences and observe them from many different perspectives. They collect data, both first-hand and from others, and prefer to think about it thoroughly before coming to any conclusion. The thorough collection and analysis of data about experiences and events is what counts so they tend to postpone reaching definitive conclusions for as long as possible. Their philosophy is to be cautious. They are thoughtful people who like to consider all possible angles and implications before making a move. They prefer to take a back seat in meetings and listen to others and get the drift of the discussions before making their own points. When they act it is part of a wide picture which includes the past as well as the present and others’ observations as well as their own.

### *Theorists*

Theorists adapt and integrate observations into complex but logically sound theories. They think problems through in a vertical, step-by-step, logical way. They assimilate disparate facts into coherent theories. They tend to be perfectionists who won’t rest easy until things are tidy and fit into a rational scheme. They like to analyse and synthesize. They are keen on basic assumptions, principles, theories, models and systems thinking. Their philosophy prizes rationality and logic. “If it’s logical, it’s good.” Questions they frequently ask are: “Does it make sense?” “How does this fit with that?” “What are the basic assumptions?”. They tend to be detached, analytical and dedicated to rational objectivity rather than anything subjective or ambiguous. Their approach to problems is consistently logical. This is their “mental set” and they rigidly reject anything that doesn’t fit with it. They prefer to maximize certainty and feel uncomfortable with subjective judgements, lateral thinking and anything flippant.

### *Pragmatists*

Pragmatists are keen on trying out ideas, theories and techniques to see if they work in practice. They positively search out new ideas and take the first opportunity to experiment with applications. They are the sort of people who return from a management course brimming with new ideas that they want to try out in practice. They like to get on with things and act quickly and confidently on ideas that attract them. They tend to be impatient with ruminating and open-ended discussions. They are essentially practical, down-to-earth people who like making practical decisions and solving problems. They respond to problems and opportunities as a challenge. Their philosophy is: “There is always a better way” and “if it works it’s good”.



## DAY 2 – TEACHING METHODS

### *Learning outcomes*

1. Discuss different teaching styles
2. Describe problem-based learning
3. Identify and demonstrate a range of teaching methods
4. Discuss teaching different group sizes

### *Teaching methods*

Short lecture  
Brainstorming  
Group work  
Buzz groups  
Problem-based learning  
Discussion  
Goldfish bowl  
Role-play  
Round  
Seminar  
Tutorial

### *Visual aids*

Overhead projector  
White board/chalk board  
Flip chart

### *Resources*

Overheads and pens  
Student information sheets (learning styles, teaching methods)

## FACILITATOR'S NOTES

### 2.1 Teaching styles (1 hour)

Teaching styles are closely linked to the styles of learning identified in the previous session. Trainers must try to provide a balanced programme of learning, with strategies which motivate all styles of learner. The keyword here is balance, to ensure that the course offers something for each student. However, this does not mean that students will only learn from the strategies that match their individual learning styles. Some examples of how specific teaching strategies can be linked to styles of learning are given below. The facilitator should produce this as an information sheet for learners.



#### *Learning styles and teaching activities (OH13)*

<i>Activities</i>	<i>Learning styles</i>			
	Theorists	Pragmatists	Activists	Reflectors
Problem-solving games	x	x	x	x
Role-play		x	x	
Discussion	x		x	
Presentations			x	
Seminar				
Tutorial	x			x
Demonstration		x		
Case study		x		x
Demonstration		x		
Skills practice		x	x	
Debate	x			
Question and answer	x			
Self-directed study				x
Goldfish bowl				x
Snowballing				x
Critical incident	x			
Brainstorming		x	x	

There are several methods which fit more than one learning style. The most common teaching strategy, the lecture, was not included in the list as it is normally used in all courses to impart new material relatively quickly. However, it is important to remember that lectures should always be used with more active teaching methods, as these help to make the material more meaningful and aid retention of information. They also help the learner to develop transferable skills such as effective listening, public speaking, group work, negotiation skills and self-assessment. Ideally, the range of strategies used should cover the three learning domains of cognitive, psychomotor and affective skills.

The following points should be considered before selecting the teaching methods to be used in a lesson.



### **Selecting teaching methods (OH14)**

- lesson content
- learning domains
- characteristics of student group (numbers, prior learning, age range, learning styles)
- accommodation
- available resources
- time period

## **2.2 Problem-based learning**

Problem-based learning is an approach to learning which has been used successfully in the teaching of medical staff. It is now starting to be used in the nursing curriculum. Problem-based learning is commonly referred to as PBL and, as the name suggests, it is a learning method based on identifying and resolving problems. This section provides a brief overview of PBL in nursing education. This approach focuses on education in the context of real-life situations, and for that reason is particularly relevant to skills-based academic programmes such as medicine and nursing. The teaching methods used in PBL integrate theoretical concepts with practical skills. This “deep learning” strategy helps the student to develop self-directed study skills and promotes the understanding of complex concepts. The aim of PBL is to produce nurses who are not only knowledgeable but are also able to reflect critically on their own practice as well as possessing problem-solving skills. Traditional methods of teaching such as lectures have been criticized for being merely a source of information for students without actually developing their problem-solving skills – which are acknowledged as being an essential component of nursing. The role of the teacher in PBL is one of facilitator, and learning is seen as a shared experience. Where possible, the same facilitator and group members should remain together for all PBL sessions. PBL can be practised within a complete nursing course, within a teaching module (a collection of lessons), or within one single lesson.

### **The problem-based learning process**

During an initial tutorial the facilitator presents a topic or case study/scenario to the students. At a follow-up session each member of the student group contributes in some way to providing and presenting material on the topic. Self-directed learning skills are developed when the students have to search and critically review the material using a variety of sources. The group is encouraged to challenge, question and discuss the material presented during a PBL session. The teacher may initially find it difficult to act as a facilitator rather than a traditional information provider. Students need to be given time to collect and prepare material for the PBL session and there should be a well stocked resource area or library where literature can be accessed.

Trainers undertaking this course should be urged to use a PBL approach for at least one of their sessions.



### **The problem-based learning process (OH15)**

- Students to be taught self-directed literature search and critical review skills; group work; research awareness; and use of evidence-based practice prior to undertaking PBL
- Case study/scenario created by community nurse and educator
- Group size 8–10 students with one facilitator
- Initial tutorial by facilitator to present case study/scenario
- Students to identify key problems and information they need to gather
- Tasks to be agreed and shared out among the student group
- Students spend one week gathering information (based on evidence and research) and summarize it on an A4 sheet of paper.
- Students come together and present their information; there should be discussion and debate prior to a resolution of the problems identified in the initial tutorial
- Students to write up the information from the PBL session as this constitutes the content of the teaching session



#### **Reflective learning activity 2.1 – Problem-based learning discussion (30 minutes)**

Learners are instructed to look at the course content list at the end of the community nursing transition curriculum.<sup>10</sup> They should identify a topic which could be taught using a PBL approach, identifying a possible clinical/case scenario and suggesting which sources of literature may be useful for students in the preparation of material. The facilitator should generate a discussion on this, questioning the learners on the rationale for their selection of topic and how they will prepare their student group to use a PBL approach.

### **2.3 Teaching methods workshop (3 hours)<sup>11</sup>**

Six different teaching methods are included in the workshop. Other methods such as lectures, snowballing, seminars, case studies and tutorials are discussed elsewhere in this package. The learners should be divided into groups of four to six people who will move between individual teaching method workstations. At each station there are instructions on the teaching method and activity which the group is to undertake. There should be a copy for each learner. Suggestions have been made for activities, but the facilitator can make these more country-specific. The facilitator is available to help and support the groups and should evaluate the workshop him/herself. It is useful to have a coffee or meal break at some point during the workshop.

The facilitator begins the workshop by summarizing the teaching method and activity at each workstation. Each group is allocated 40 minutes at the different workstations. Every member of each group will have the opportunity to act as the rapporteur/facilitator/group leader for one of the teaching methods. At the workstation, the group will nominate a facilitator to organize the group activity. The members start by reading the information about the teaching method and the activity. On completion of the activity, the group examines the course content list at the end of the community nursing transition curriculum and identifies where the teaching method could be used.

<sup>10</sup> LEMON – Teachers' and facilitators' guide. Copenhagen, WHO Regional Office for Europe, 1996, p. 1.

<sup>11</sup> LEMON – Teachers' and facilitators' guide. Copenhagen, WHO Regional Office for Europe, 1996, p. 8.

## **Brainstorming**

The purpose of brainstorming is to extract a great many options from a group in a short time. Brainstorming can reveal what the students/nurses know or are seeking to learn, generate ideas to solve a problem and provide a structure to share feelings about a common experience.

The process involves asking the group to focus on a topic, a question or an unfinished sentence. For a few minutes, members of the group say anything that occurs to them on the topic and a recorder writes it all up on a board or flip chart, however irrelevant, silly or challengeable. During this time there is no discussion, as the purpose is to produce ideas in volume and variety. Contributions trigger further ideas as imagination runs freely. Nothing is censored or evaluated during the brainstorm; participants have a chance later to elaborate on the suggestions and to challenge and discuss all the ideas produced. If ideas are slow in coming, the teacher/facilitator can write down some of her or his own, but should always wait before doing so.

### *Guidance for brainstorming*

- Prepare well to ensure that the students/nurses are brainstorming on an appropriate issue.
- Explain the procedure and purpose of the task to the students/nurses.
- All ideas are recorded in the language or words used by the contributor.
- No negative evaluation of any idea is to be made by the teacher or by any member of the group.
- The group works for quantity not quality; the longer the list the better.
- Encourage extreme ideas.
- Once all the ideas have been collected, the students/nurses should be able to elaborate on their comments or challenge and discuss others' contributions.
- It is helpful when reviewing and evaluating the list to arrange the contributions in some order, perhaps by grouping similar ideas together.

Brainstorming has the extra bonus of uniting a group. This usually happens in well led groups because each person has had a chance to contribute and is made to feel that his/her idea is at least worth writing down. It turns problem-solving away from a competitive atmosphere, where people are contending to have their own ideas accepted, and towards a collaborative venture, where the problem itself is the prime adversary, rather than another member of the group.

At the beginning of the brainstorming session it is very important that the teacher/facilitator explains the procedure to the group. It is also important to keep the group to the task; even a group accustomed to brainstorming has a tendency to start discussing contributions before all the ideas or thoughts have been collected. It is helpful to have a recorder so that the teacher/facilitator can manage the process, collecting ideas from the group while the recorder writes them down. This allows the teacher to maintain eye contact with the group and does not slow the participants' thinking.

## Discussion

In a discussion the group is seeking to examine an issue through the free flow of argument and the collective exploration and public evaluation of ideas. The students are pooling their knowledge and ideas, working together in an endeavour to understand a problem. The discussion group is free from the relative formality of the seminar and the rigid rules of debate. Its freedom, however, necessitates careful preparation and control if the benefits of discussion are to be realized in full.

### *Guidance on discussion groups*

- Good preparation is vital before running and managing a discussion group. Tell the students/nurses before the session what is to be discussed, and the process that will take place will facilitate effective participation.
- The discussion group must have a clear objective. Unless the topic is carefully chosen and the session carefully structured and controlled, the discussion is likely to degenerate into an informal debate, with a hierarchy of star speakers.
- During the session you should manage the time and process. The discussion will lose much of its effectiveness if it is imposed without any clear guidelines regarding its structure.
- Set and keep the discussion in motion, encouraging varying points of view from all members of the group.
- Interruptions and irrelevancies should be dealt with in a way that will not terminate the discussion or disempower individuals.
- Summarize the arguments and matters on which there is general agreement and record these on the board or flip chart.
- The final summing up should impartially survey the main points which have been made.

### *Tips*

When starting the discussion group, you may wish to use a single question but it is helpful to have available a number of prepared questions which can be used to provoke thought and comment and move the discussion on to a higher level or in a new direction, or to return it to the group's general line of thought.

Facilitation skills are important when managing discussion groups, to ensure that the potentially dominant personalities are not allowed to take over the discussion. The naturally reticent must be encouraged to contribute. By directing specific questions at individuals, you can draw out answers from members who have specialized knowledge or who are naturally shy. This also serves to prevent one or two people monopolizing the session.

Managing the process is key to the success or otherwise of this teaching method. With a group experienced in participating in discussions there are likely to be no problems, but with a less experienced group you may find it helpful to provide a clear definition of what the students/nurses are meant to be doing, a list of stimulus questions (written up either on paper or the board or flip chart) to guide their discussion and some guidelines on how to proceed.

The discussion ought to move briskly around the members; it is important to maintain the pace of the discussion. Avoid overall control or playing devil's advocate, both of which inhibit discussions because they lead the students/nurses to feel that they are being manipulated.

If there is a momentary silence, don't view it as a sign that discussion is flagging; it may indicate a pause for thought and may be a prelude to an improvement in the quality of the discussion.



### *Reflective learning activity 2.2 – Brainstorming and discussion*

*The group should consider the question “What are the challenges facing nurses working in (name of country)?” One of the group members is elected as the rapporteur. The rest of the group give their thoughts and views to the rapporteur, who writes all responses on the flip chart. After all the responses have been reported the rapporteur generates a discussion based on these responses.*

*Resources – Flip chart and marker pen*

### **Buzz groups**

Buzz groups are designed to energize students after spells of inactivity. After listening to some input, the students are asked to turn to their neighbours and share their views or impressions for a few minutes before asking questions.

Another version is small discussion groups of four to six people who share their views with each other for five minutes. Brief reports from buzz groups can be brought back to a general session and can be a useful guide as to what has been heard, and whether it has been understood and agreed or disagreed with.

#### *Guidance for buzz groups*

- Introduce the exercise and explain clearly to the students/nurses on what you wish them to focus their discussion.
- Tell them clearly the amount of time they have.
- Explain whether you expect feedback on what the buzz groups discussed or whether you will invite questions from each group.

Judging the amount of time required can be difficult. It is a good idea to write the finish time on a board so that the participants can judge when they should finish the task. By walking unobtrusively among the groups the teacher/facilitator will be able to tell whether they need more or less time to complete the task. If they have too much time, their conversations may wander from the subject under discussion and outside events and discussion may be introduced.



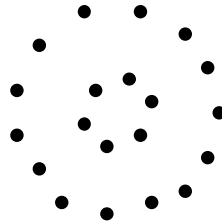
### *Reflective learning activity 2.3 – Buzz groups*

*The individual group members are asked to write down everything they know about the main health problems of their country. The rapporteur/facilitator writes these ideas on the board and then asks the other group members to turn to their neighbours and share their views on one idea (allocated by the rapporteur/facilitator). After five minutes each pair should report their views to the rest of the group.*

*Resources – whiteboard or chalkboard*

### **Goldfish bowl**

This process gets its name from the arrangement of the chairs in two circles, as illustrated below. There are two styles of goldfish bowl, “open” and “closed”.



The members of the group in the centre are actively involved in the discussion, while those on the outside are the observers. Sometimes each person in the outside ring observes a particular person in the inner ring, or he/she may observe the whole process. After the discussion, the people in the outer ring share their observations and may also comment on what effect the discussion had on them, either in terms of the issues being discussed or the limits the structure placed on their involvement. It is important that the tutor briefs the groups on how to give feedback and share their observations – a checklist may also be used by the people in the outer ring to help them in their observations (see page 54, first tip).

#### *Open goldfish bowl*

In an open goldfish bowl, two chairs in the centre circle remain unoccupied at the start of the session. At any point in the discussion a member of the outer circle can move to one of the empty chairs to participate, returning to his/her own seat when finished so that others from the outer circle can participate if they so wish. In the open goldfish bowl some disruption may be caused by people moving between seats. One person may also “hog” the empty chair, refusing to go back to the outer circle.

#### *Closed goldfish bowl*

In a closed goldfish bowl there are no empty chairs, so whatever decision the participants make at the start of the discussion about participating or observing cannot be changed. In the closed version there is less variety of input into the centre circle, and more time may be needed to process the discussion so that the observers have an opportunity to share their views.

#### *Guidance on goldfish bowls*

- Prepare the students in advance by asking them to read, research or think about a particular issue.
- Prepare the seating arrangements.
- Divide the group into those participating in the discussion and those observing.
- Prepare and remind the observers about how to give feedback.
- Manage the time to allow for plenary discussion afterwards.
- Facilitate the plenary discussion, focusing on the process as well as the issues raised.



### *Tips*

You may wish to participate in the centre circle; the advantages in not participating are that you are free to manage the time and organize the plenary discussion. The students/nurses are then able to take the lead in the goldfish bowl itself.

If you choose an open goldfish bowl, nobody from the group is excluded from the discussion.

This teaching method lends itself well to objective observation of the process. Sometimes students/nurses may not be interested in discussing the process or the outcome as they see the situation as being too artificial. Prepare them beforehand on the importance of reflecting on the process. The learning cycle could be used to reinforce this.



### *Reflective learning activity 2.4 – Closed goldfish bowl*

*The group is divided into two groups as in the diagram above. The inside circle considers the question “Why do we need community nurses?” The outside circle observes and records the behaviour of the people in the inner circle, for example:*

- *nonverbal communication – gestures, facial expressions, body position;*
- *which members of the inner circle participate in the discussion, and how frequently do they participate;*
- *listening skills – listening and responding to others;*
- *interrupting other members;*
- *negative behaviour such as monopolizing the discussion, devaluing the comments and views of others;*
- *supportive roles such as praising other members, including quiet members.*

*After seven minutes the inner and outer circle change. After a further seven minutes the facilitator brings together the total group. Feedback should be general with no specific group member being identified. This is a useful exercise as it helps individuals to understand group dynamics as well as gaining insight into the positive and negative characteristics of group interaction.*

*Resources: chairs for all participants to sit on during the activity*

### **Role-playing**

Role-playing allows for skills to be practised or ideas and feelings to be explored in a simulation of a real-life experience. Individuals can be given or choose particular roles which they then perform either according to a script or ad-libbing. Often the more over-prepared, complex or structured the role-play, the longer it takes to set up and get started and the more likelihood there is of a breakdown because someone forgets a line or a stage in the proceedings. Careful preparation, management, separation from the roles played and processing is essential for successful role-playing. The process stage gives an opportunity for participants to explore the experience and extract learning from it.

Role-playing is a valuable teaching method, particularly in the context of nursing, because it allows the student/nurse to face new and difficult situations more effectively as he/she has had an opportunity to rehearse for them.

Role-playing has the added advantage of giving the students/nurses an opportunity to receive feedback about their behaviour, attitudes and skills. It should be introduced to them with care and they must always separate themselves from their roles afterwards. People who lack confidence may find role-playing threatening or demanding and therefore it is important that the atmosphere is supportive. If people have bad experience of role-playing they will be resistant to this form of learning in the future.

There are several options for setting up role-playing:

- Participants choose the situations which they want to play.
- The teacher/facilitator presents individuals with their roles and details of the general situation.
- The participants are given two lines of dialogue as a starter and are then asked to develop the role-play from there.
- The teacher/facilitator gives the participants a complete script and asks them to play it so that they can, for example, get in touch with a particular emotion, skill or situation.

#### *Guidance for role-playing*

- Select material that is appropriate to role-playing. Good planning is essential.
- Clarify the aims and objectives of the session carefully.
- It is important to explain clearly at the beginning of the session the aim and the process the students will go through.
- The teacher/facilitator must engender and maintain a safe and supportive atmosphere.
- It is important that the roles match the students'/nurses' abilities so that no-one is embarrassed or humiliated.
- Although time should be allowed for the students/nurses to ask questions and for the teacher/facilitator to check their understanding, once the subject has been introduced it is better that the students get started fairly quickly so that they don't spend too long preparing.
- Encourage the students/nurses to remain within the situation as much as possible.
- Give the individuals a few minutes to study their brief, or to brief their partners if they are using a personal situation, before they start to play their roles.
- If the situation would benefit from a few props, make sure these are available at the beginning of the session rather than having to go and collect them during the session.
- Prepare the students/nurses who are observing the role-play and giving feedback. Feedback must only be about behaviour and should focus on aspects such as eye contact and non-verbal encouragement.
- Support the students/nurses during the process.
- The ending of role-playing is really important as participants often become very involved. It is always important to allow time for them to separate themselves from the roles they have been playing.

### Tips

- A checklist for observers helps them to focus on behaviour and also acts as a reminder.
- Participants may also be interested in completing a check list so that they can compare their experience or perception of what they have done with that of the observer. If participants are being asked to try out different or new ways of behaving they can be invited to note down their satisfaction with the process and outcome of each type.
- Although role-playing begins with some given stimulus, the outcome is always the result of the individuals' ways of behaving.
- No-one should be forced to play a role if they are really unwilling. Once they have seen other people do it, however, they may wish to try next time.
- It is important to emphasize that the students/nurses do not need to be able to act. Role-playing is linked to the learning objective and not to the display.
- One way for an individual to come out of the role afterwards is to say: "I am not X. I am me, aged ..., married with no children. I do this work. I enjoy ..." and to continue in this way until he or she feels completely back to normal again.
- Exploring the process of role-playing, hearing the observers' comments and applying the issues to the real world will take a considerable time. If the process is hurried, much of the benefit will be lost.
- Role-playing is often an emotionally disturbing experience. Sometimes people get feedback which they find difficult or upsetting to hear, or they are upset or frightened by the way another person has played a role. As the teacher/facilitator you need to watch for signs of distress and be ready to intervene when necessary. If the response occurs in the discussion afterwards you will need to decide whether it is better to discuss it with the individual alone or whether the whole group should discuss it.



### *Reflective learning activity 2.5 – Role-playing*

*The group is divided into pairs and each person takes on the role of one of the characters.*

*Character 1 – Student nurse: you are a student nurse doing a pre-registration course in nursing. You have completed six months of the course and are anxious about an important nursing examination you have to sit in two weeks time. You are very worried about going to your first clinical placement which is nursing elderly people. You decide to talk to your tutor about these worries.*

*Character 2 – Nursing tutor: you are a nursing tutor on a pre-registration course in nursing. You have noted that one of your students has been very quiet during the teaching sessions. She appears tired and pale and has started to arrive late for classes. She asks to talk to you.*

*Each member of the group should spend five minutes reading and developing their character and considering some issues he/she may wish to discuss with the other character. The role-play of the meeting between the student nurse and the tutor should take five minutes.*

## **Rounds**

The students/nurses sit in a circle and are invited to comment on an issue or complete a sentence round the group. This enables everyone to have the opportunity to speak and is useful when it is important to get everybody's views. It is, however, usual to allow people to pass if they wish.

Sometimes an object is passed around – the person with the object has the right to speak.

In a round everyone has the same status, including the tutor. The seating arrangements ensure that everybody can see each others' faces, therefore allowing eye contact to be maintained while actively listening to the person speaking.

Rounds can be used for many purposes, including:

- evaluation
- problem-solving
- positive reinforcement
- planning
- meetings.

### *Guidance for rounds*

- Place the seats in a circle so that all the students/nurses and the teacher/facilitator are able to see each other.
- Explain the procedure.
- Everyone who is not speaking must listen quietly; no comments are to be made about what is said, even by the teacher/facilitator.
- If a statement is made which requires discussion, this should be saved until after the round is completed.
- Anyone can refuse a turn, saying "I pass", and there should be no comments about this.
- At the end of the round ask the individuals who "passed" whether they would like to say anything (sometimes some people need a bit more time to think about the issue).
- At the end thank everybody.

### *Tips*

- Always remind the students/nurses of the rules of rounds. It is not uncommon for participants to start to comment on an issue instead of listening to and absorbing what is being said.
- When a group is not used to doing rounds, it is helpful for the teacher/facilitator to start because it reinforces to the participants what they should do but not what they should say!
- When the group is more experienced, it does not matter where the round starts.
- Rounds can be used at the beginning or end of a teaching session, for example:
  - "I would like to explore ..."
  - "I appreciate ..."
  - "In this session I learned ..."



#### Reflective learning activity 2.6 – Rounds

*Come together as a whole group using the “round” teaching method to give everyone the opportunity to comment on their role-playing experience. The members initially share their feelings about the actual role-playing activity. After this first round, the second round should focus on what was learnt from this activity and how it can be applied to the learner’s own situation. The group discussion provides the opportunity for everyone to separate themselves from the roles they have played.*

## 2.4 Teaching different size groups (1½ hours)<sup>12</sup>

Groups can be either small or large. Large groups are mainly taught through lectures while smaller groups use methods such as seminars or tutorials.

### The lecture



#### Reflective learning activity 2.7 – Brainstorming (10 minutes)

*The students should consider the strengths and weaknesses of the lecture method. Encourage them to reflect on their own experience of this method. The facilitator records the responses on a board with the two lists side by side. Is there a balance or does one column have more responses?*

The lecture is useful as it imparts a large body of knowledge to any number of students. However its inherent weakness is that it is not normally conducive to active learning. It is also unlikely to cover all the domains of learning. For this reason it should be combined with other methods.

The oldest of all teaching methods can still have a place if the speaker is skilled, the time is right, the method fits the subject, the group is interested and is able to listen and concentrate, and it is not used too repetitively or exclusively. If you wish to present material in a logical sequence, for example research summaries, the lecture is a useful medium. In a student-centred approach the aim of a lecture is to offer material to help the students/nurses to integrate the knowledge with their experience and understanding. The lecture therefore provides a platform for discussion, questions and comments. A disadvantage is that it precludes students from participating for long periods. This can be reduced by dialogue and questions or by using mini-lectures.

Mini-lectures can be used very effectively in 10-minute bursts to introduce ideas as a basis for group activity or to give theory input that links group learning.

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<sup>12</sup> LEMON – Teachers’ and facilitators’ guide. Copenhagen, WHO Regional Office for Europe, 1996, p. 8.

### *Guidance for lectures*

- Plan the lecture so that it is relevant to what the students/nurses are studying, logical and engaging.
- Use examples, illustrations and anecdotes to bring the material alive.
- Explain what you are going to say, say it and then summarize what you have said, using signposts throughout so that the students can easily follow what you are saying.
- If possible, avoid reading a prepared text as this weakens the personal link between you and the students/nurses.
- If you have a lot of detail to impart it is better to give the information out on paper so that the students/nurses can read it. To maintain contact and participants' interest it is better to put headings on cards which can be used as triggers so that the information is not forgotten or the sequence is not lost.

### *Tips*

Short lectures of 10–20 minutes, followed by a brief discussion and questions, will keep participants' interest. It may be useful to distribute a handout at the beginning of the lecture so that the students/nurses can concentrate on what is being said rather than worry about taking notes. Using a flip chart/chalk board/white board, overhead projector or slides will add to the impact of the spoken word and will increase recall.

### **Small group teaching**

This type of teaching is student-centred and provides an environment for students to share and exchange ideas. It is difficult to define small group teaching as there are so many different styles, types and methods.



#### *Reflective learning activity 2.8 – Buzz group (10 minutes)*

*The learners are instructed to discuss with their neighbours what groups they are familiar with (professional, social or family). The facilitator records all responses on the board to demonstrate the vast number of groups which we encounter in our professional and private lives.*

Many of the teaching methods already discussed are well suited to working with small numbers of learners. Small group work can be more resource-intensive in terms of human resources, time and accommodation.

### **Group work**

Working with a group of students/nurses who may only know the teacher/facilitator and each other for a short time requires relationships to be built and maintained quickly and effectively.

To set a cooperative rather than a competitive climate for learning, the teacher/facilitator should be aware of what happens as a group passes through a series of developmental stages, and what he or she can do to promote the work of the group at each stage.

Some groups never build a cohesive relationship and will require good facilitation and sensitivity from the teacher/facilitator. An awareness of the climate in the group and questions of cooperation, competition and conflict among its members will help the teacher/facilitator to monitor the group and intervene appropriately.

A group may not work together effectively for a variety of reasons:

- the tasks/exercises may seem irrelevant, too hard or too easy;
- the environment may be hostile, in particular there may be many interruptions or the room may be too large or too small;
- the members may not be willing or able to participate in the session which has been designed;
- competition between members or anxiety about being accepted may prevent them using their initiative or participating;
- the teacher/facilitator's leadership style may not suit the needs or expectations of the members.

An awareness of the following issues is likely to help diagnose any problems that may arise and indicate why the group is or is not achieving its task.

- *Power* – who is exercising influence and how?
- *Decision-making* – how are decisions being made?
- *Participation* – how involved are the different members of the group?
- *Task functions* – who is contributing in order to carry out the session exercises?
- *Relationship functions* – who is contributing to the maintenance of healthy relationships within the group and how? What might be hindering this process and how?
- *Group climate* – what is the atmosphere like at any given time?
- *Feelings* – how are people feeling? Are they expressing and dealing with their feelings?
- *Inclusion* – how included do different members feel? Are any subgroups forming?
- *Norms* – have the members established ways of working together?

The teacher/facilitator should consider what is needed in order to carry out the task and to build and maintain the group, and develop and motivate the individual. A breakdown in one area will affect the others, and prevent the teaching session being as effective as it might otherwise be.

### **The tutorial**

The tutorial is one of the most common types of small group teaching. It is a two-way communication process between the tutor and student(s) which can be on a one-to-one basis to discuss individual progress, or with a small number of students. The tutorial provides the opportunity for students to help understand and integrate theoretical concepts as well as to develop transferable skills such as communication and group skills. It also provides an

environment for students to discuss any difficulties they are experiencing with course work. The tutorial enables the trainer to assess individuals' level of understanding about the course material and initiate remedial action. Tutorials can generate debate, questions and new ideas and enable a sharing of knowledge among the group members.

The tutor may draw up an agenda beforehand, identifying the topics to be discussed, or students may be invited to put forward their own ideas for discussion. Usually it is a mixture of both with more discussion points evolving during the tutorial. Learners need to be aware that the tutorial is a shared learning experience and as such must do any reading in advance advised by the tutor.



### **Guidance on tutorials (OH16)**

- Distribute the agenda, including any preparatory reading, at least one week before the tutorial
- Arrange the room with chairs in a circle
- The tutor usually guides the tutorial discussion
- Remind students of the learning contract, particularly the confidentiality of shared information and respect for other members' views
- Encourage students to contribute to the tutorial through sharing their views or ideas, asking questions or supporting other group members
- Students should make brief notes on completion of the tutorial and use them as study aids for examinations or assignments

### **The seminar**

The term “seminar” is generally used to refer to a structured group discussion which may precede or follow a formal lecture or series of lessons and which is introduced by the presentation of a thesis, often in the form of an essay.

The main advantage of the seminar is that it stimulates and tests the students' powers of comprehension and evaluation. The presenter of the thesis from which the seminar stems is tested on her or his skill in arranging and formulating a sustained argument; ability to detect and separate principles from their context; and to consider, apply and question their relevance in certain situations. A key disadvantage of the seminar lies in the difficulties which can arise when the presenter and the rest of the group are unequally matched. In these circumstances the group may not feel able to participate and will become silent or defensive.

### **Guidance on the seminar**

- If possible, prepare the students/nurses in advance by giving them the opportunity to read a summary of the paper to be presented.
- Time is an important consideration when organizing a seminar. Seminars planned for one hour may be of little value.
- Discuss the purpose and aims of the seminar with the presenter of the paper. Find out if he/she requires any visual aids.
- Prepare the room so that the seating arrangements encourage intercommunication.



- Draw up a lesson plan with timings which should contain the following components:
  - introduction to the session and speaker
  - presentation of the paper
  - discussion, first part
  - interim review
  - discussion, second part
  - summary of discussion (by teacher/facilitator)
  - reply to discussion
  - conclusion.
- Link the seminar to the students'/nurses' future work or study.

### *Tips*

- If you give out a summary of the seminar paper before the session, it should contain information under the following headings:
  - full title of the paper
  - abstract of argument to be presented
  - main headings and subheadings of the argument
  - relevant statistics
  - reading list.
- It will help the students/nurses to have access to the summary paper at least two to three weeks before the seminar, so that they can reflect on the points outlined in the paper and do some extra reading if they so wish.
- If the students/nurses read the summary paper before the seminar there is less probability that they will not participate. A lack of response often indicates lack of preparation.
- The seating arrangements are important. Chairs should be set out in such a way as to ensure that the presenter is seen as part of the discussion group and not outside it.
- If the discussion throws up criticisms of the paper presented, the presenter must be allowed to reply. It is important to build time for this into the programme.

## **2.5 Evaluation**

### **Discussion (30 minutes)**

Learners are asked to share their feelings about the different teaching methods that they have encountered. Encourage them to identify the ones they enjoyed most and any they had problems with. This can lead to a discussion on ensuring a balance in the programme, and avoiding the selection of methods preferred by the trainer. Remind the students of different learning styles.

## **2.6 Supporting material**

The facilitator should draw up an information sheet for learners with a summary of each of the teaching methods used in the programme. This information can be obtained from the trainers' package and should include lectures, brainstorming, snowballing, group work, buzz groups, problem-based learning, discussions, goldfish bowls, role-play, rounds, seminars and tutorials.

## DAY 3 – RESOURCES

### *Learning outcomes*

1. Identify how to access teaching aids and resources
2. Discuss different types of teaching material
3. Demonstrate the use of different resources and aids

### *Teaching methods*

Short lecture  
Brainstorming  
Group work  
Case studies  
Critical incidents  
Demonstration  
Discussion

### *Visual aids*

Overhead projector  
White board/chalk board  
Flip chart  
Video and machine  
Computer

### *Resources*

Overheads and pens  
Student information sheets  
Equipment for demonstration

## FACILITATOR'S NOTES

### 3.1 Teaching aids and resources (1 hour)

Teaching resources need to meet the needs of both the student and trainer and are dependent to a great extent upon what is available in the local area. In general, both aids and resources should:

- make the teaching session more meaningful
- stimulate and motivate the student.

It is sometimes difficult to separate a teaching method from a teaching aid, e.g. the case study.

When selecting a resource or teaching aid the following questions should be asked:

#### **Selection of teaching aids and resources (OH17)**



1. Is the resource available locally? If not, can it be obtained in some other way?
2. Is it likely to make the topic more interesting?
3. Do I require additional training to use this aid?
4. Will it enable the student to be involved in the learning process?
5. Is there a financial cost, and is it acceptable?
6. How much time do I need to prepare the resource?
7. Can it be used within the time allocated to the teaching session?



#### *Reflective learning activity 3.1 – Brainstorming and discussion (30 minutes)*

*The learners are asked to identify what resources they feel would be useful for teaching nurses undertaking the transition programmes. The facilitator records these responses on the board and then discusses with the group whether these resources are available in their area.*

#### **Types of aid and resource (OH18)**



- Overhead projector (including overheads and pens)
- Whiteboard and chalk board
- Posters
- Flip chart
- Books/journals/magazines/newspapers
- Computer (including internet and access to databases)
- Television/videotape/films/film slide
- Audiotape
- Case study/critical incident
- Models (i.e. patient model, technical model)
- Nursing equipment
- Audiovisual equipment
- Medical/nursing equipment
- Information sheets for students

### 3.2 Using resources in teaching practice (5 hours)

The information on the following overheads should be provided as an information sheet for learners. After the information on each resource has been presented the facilitator should give a practical demonstration. Following this a workshop should be set up with all available equipment on show to enable the learners to get “hands on” experience.

#### *The board*

Boards may include chalkboards, which enable material to be either displayed or hidden by a roll-down mechanism. The whiteboard is a more up-to-date version which may also be used as a magnetic surface. These have limited space, and special dry marker pens MUST be used.

#### *The flip chart*

These are popular and frequently used at business conferences as well as in education. The pad of A2 paper is positioned on a metal frame and the pages can be turned over or detached and displayed on a wall surface. Flip charts are valuable during discussion as key points can be recorded on them and, unlike boards, there is a permanent record of the information. The paper can also be used to create posters.

#### *Hints for using boards and charts (OH19)*



- Have 2–3 different pens (use a maximum of two colours per page)
- Make sure that there are enough sheets of paper in the flip chart
- Plan what you are going to write (if possible)
- Write legibly
- Use dark colours for the text
- Check that your writing can be seen from the back of the room
- Leave space between the separate points
- Record key information
- Do not put too much information on the board or sheet
- Try not to talk when writing
- Give students time to write down the information and then discuss it more fully

#### *The overhead projector*

This provides more flexibility than boards as it can be adjusted to present large or small images. Practice is required regarding the focus mechanism. Many of the hints for boards also apply to overhead projectors. However, there are some which are specific to this resource.



### **Hints for using the overhead projector (OH20)**

- Write legibly or use a word processor
- Use a print size of at least 1 cm
- Use overheads vertically, i.e. short sides at the top and bottom
- Do not photocopy a page of text directly onto an overhead
- Do not obscure the screen – it is useful to sit beside the projector
- Practise before the session
- Number the overheads
- Place paper between the overheads to prevent them sticking to each other
- Use a pointer or pencil on the overhead, not on the screen
- Learn how to change the bulb
- Switch off the machine between overheads

### **The video/audiotape**

A video/audiotape is useful for all domains of learning. It should, however, be used with other methods rather than as a single strategy. It can provide a trigger for discussion, demonstrate a communication process or show how a theoretical concept can be applied to practice.



### **Hints for using the video/audiotape (OH21)**

- View/listen to the tape in advance and select the parts you wish to use
- Check the contents as some of the information or practices may be out of date
- Time the sections you are using (add on 5 minutes for setting up)
- Check the video/audiotape machine prior to use
- Use tapes when students' concentration span is likely to be lower, i.e. after lunch or at the end of a lecture

### **Computers**

Increasingly, computers are being used in both health care and education. In some countries nurses may be able to use computers to:

- link up with medical information on patients
- access Web sites and databases to increase their knowledge
- participate in interactive learning activities
- produce teaching aids.

The facilitator should plan a 1–2 hour session on computers (depending on local use and availability). In general, the session content should include:

- an introduction to the computer system
- different uses for computers.
- skills session on how to use a computer.

### **Information sheets or handouts for students**

Handouts provide a summary of the information covered in the teaching session. They can reduce the amount of note-taking the students have to do and thus enable them to concentrate on the teaching session. However, some students find their understanding is improved through taking notes. It is probably best to use handouts to supplement the information given in the session. Although most handouts are given at the end of the session, they can be given at the beginning if a more interactive approach is being used, e.g. the student will use it to record information or undertake activities during the teaching session. Wide margins and spaces should be included if the handout is being given at the beginning of the session. Handouts may also be used to provide a set of instructions for a particular clinical procedure and skill, where considerable detail is required to identify and record each step in the process. This type of handout would be used during a demonstration session.



#### **Hints for preparing handouts (OH22)**

- Use handouts to summarize key points, give references or describe in detail a clinical procedure
- Write legibly or use a word processor
- Use both sides of the paper to reduce costs
- Tell students at the beginning of the session that they will be getting a handout and what it will contain
- Use handouts selectively and be aware of photocopying costs

### **Demonstration**

Although demonstrations are principally concerned with psychosocial skills, they also integrate the other domains of learning. Normally the process involves an information-giving session as well as a demonstration of the procedure concerned. Considerable planning is required ahead of a demonstration, and it is important to ensure that there are enough people to supervise the students learning the procedure.



#### **Preparing for a demonstration (OH23)**

- Decide on the learning outcomes
- Write the sequence of events for the demonstration
- Write the student handout detailing each stage of the process
- Identify who is going to demonstrate the procedure (e.g. the teacher or a clinical expert) and how (using a computer program or video, for example)
- Collect equipment and ensure appropriate accommodation
- Practise and time the demonstration of the procedure
- Teach the procedure first, demonstrate it, then supervise the students practising the procedure
- Remember that students will learn at different rates
- Give the students positive feedback

### Case studies and critical incidents

The case study method is based on the examination, analysis and diagnosis of a detailed description of an event, a character, a situation or a problem. It can be real or simulated so that the general principles might emerge in a realistic fashion.

The case study provides a participatory active learning situation, enabling the participant to experience thinking quickly under pressure; to consider the real costs (in financial and human terms) of decisions taken under stress; to apply a practical situation to theory; and to apply insight to the solution of problems.

The teacher/facilitator can choose to join in or stay out of the discussion, but whichever role you adopt, you must be in a position to draw out the learning that has occurred at the end of the session. The strength of using case studies is that they provide a link with reality and are an aid to removing the artificial barriers of the classroom situation. Students/nurses may find them motivating because they reflect real life rather than an arid, theoretical situation.

Case studies can be explored in large or small groups. An advantage to the whole group approach is the opportunity of tapping into the breadth and depth of the group's work and experience, resulting in a wealth of possible solutions to a particular situation.

There are many different types of case study.

#### Critical incident analysis

Critical incidents can be discussed, reflected on and analysed to produce new insights into practice-based issues. The process comprises two main stages.



#### Critical incident (OH24)

Stage 1 – Description	Stage 2 – Analysis
<ul style="list-style-type: none"><li>▪ The context</li><li>▪ Who was involved?</li><li>▪ What happened?</li><li>▪ Where did it happen?</li><li>▪ When did it happen?</li><li>▪ Why did it happen?</li><li>▪ How did it happen?</li><li>▪ What other information is required?</li></ul>	<ul style="list-style-type: none"><li>▪ What are the issues/problems?</li><li>▪ What are the possible alternative outcomes?</li><li>▪ What are the possible solutions?</li><li>▪ What can be learnt from the incident?</li></ul>

A *next stage case study* is when a case is unfolded and the students have to identify what is likely to happen next. This calls on the students' ability to analyse and synthesize the information.

A *role-play case study* is when the students are required to act out the roles of the central participants on the basis of an incident reported to them.

Writing a case study is a specialized task which may be best carried out by the teacher/facilitator using real life material. Once it has been written, the teacher/facilitator can use the same case study with a number of groups, and he or she will find that different groups will produce a whole range of possible views or alternatives.

When writing a case study, the teacher/facilitator material should include all the important elements of the situation to be analysed, and relevant background and statistical information.

#### *Guidance for using the case study*

- Be clear about the aims of the session and case study material. Use these aims for setting the session objectives or learning outcomes.
- Select appropriate material for the session.
- Prepare the case study material in advance, allowing time for a colleague to read it through and comment if appropriate.
- Send the case study material to the students/nurses before the session. Ensure that an explanation of the purpose of the case study and accompanying session is attached.
- Think about the students'/nurses' different learning styles and plan the teaching session to accommodate these.
- If dividing the group into smaller subgroups, try to ensure that each one has a balance of experience.
- Prepare a lesson plan, with detailed timing, to ensure that the students/nurses have the opportunity to give feedback.

#### *Tips*

- Case studies are difficult to prepare and write. The teacher/facilitator needs time for background research and the collection and interpretation of data.
- It is helpful to develop a “library” of case study material by recording incidents on paper or index cards as they occur, so that they can be used when appropriate.
- Do not make the case study too long. A one- or two-page case study detailing a specific event can generate hours of discussion.
- Test the case study with a colleague or friend before using it with a group of students/nurses to check that it is coherent.
- To save time during the group session (particularly if the case study is lengthy), send the case study material to the students/nurses beforehand and ask them to read and reflect on it. Explain how it will form the basis for work in the next session.
- The students/nurses may complain that they do not have enough information in the case studies you have given them. It is useful, and indeed important, to point out that in our daily lives we normally make decisions before we have all the information.
- A good opportunity for reviewing group dynamics and individual contributions occurs when groups of students/nurses are working together on a task. A check list is a helpful reminder of what should be reviewed and provided as feedback to the recipients. It is always important when giving feedback to remind the students/nurses about the principles underpinning the giving and receiving of feedback.



### 3.3 Skills workshop on teaching resources and aids

This is the opportunity for the learners to practise using teaching aids. The facilitator provides an activity for each aid (where possible, link this to the community nursing curriculum in part I of this document), for example:

- prepare an overhead from a topic in the community nursing curriculum, which learners will present to the group;
- write a handout for students containing a set of instructions to be used with a demonstration, e.g. dressing a wound or teaching a child the correct way to brush his/her teeth;
- locate a piece of information on the computer (e.g. references on a selected topic);
- find a particular section in a video, time its duration, and show how it could be used in a session;
- write a framework of a clinical incident or case study (100 words).

### 3.4 Evaluation

#### *Discussion (30 minutes)*

Learners are asked to share their feelings about the different teaching resources that they have practised today. Encourage them to identify the ones they enjoyed most and any they had problems with.

### 3.5 Supporting material

The facilitator should write an information sheet for learners with a summary of each of the teaching resources/aids used in the programme for day 3, and also ensure that all the equipment is available for the students to use.

## **DAY 4 – DEVELOPING THE CURRICULUM**

### ***Learning outcomes***

1. Discuss the main theoretical approaches to curriculum development
2. Identify the main stages of curriculum development
3. Prepare a teaching plan
4. Formulate student learning outcomes
5. Outline different ways to evaluate teaching sessions

### ***Teaching methods***

Short lecture  
Brainstorming  
Group work  
Buzz groups  
Snowballing  
Discussion

### ***Visual aids***

Overhead projector  
White board/chalk board  
Flip chart

### ***Resources***

Overheads and pens

### ***Supporting material***

Copy of teaching plan for each student

## FACILITATOR'S NOTES

### 4.1 Theoretical approaches to the development of a curriculum (10 minutes)

There are several different approaches to the development of a curriculum. Traditionally, a behaviouralist approach has been used in nursing education as the progress of the students could be measured relatively easily through the use of behavioural objectives. This is known as a “product” model, as it is the outcome or product which is deemed to be important. However, the main weakness of this approach is that it does not take account of cognitive processes such as understanding. The gradual move in nursing away from the idea of training to one of education is reflected in the theories which now direct the development of a curriculum. A humanistic or “process” model is now favoured in nursing education, as this is perceived to be more student-centred and to emphasize the process of learning rather than just the end product. This model values all activities in the curriculum, and while the course content is prescribed there can be flexibility in the methods used to teach the programme.

### 4.2 The main stages in developing a curriculum (45 minutes)

In general a curriculum comprises four main phases:

6. assessment
7. planning
8. implementation
9. evaluation.

These terms are familiar to nurses as they are the stages in the nursing process. There are several points which the trainer needs to consider when developing a teaching curriculum.



#### *Reflective learning activity 4.1 – Buzz groups (30 minutes)*

*The learners are divided into four groups and are allocated one of the above stages. They are asked to identify items that could be included under the heading they have been allocated. The group should record their list on a poster and present it to the rest of the class. The facilitator can then display the following overheads.*

#### **Assessment (OH25)**



- The student' learning needs
- The students' previous knowledge or experience
- Size of the group
- The students' learning styles
- Essential core content of the course
- Accommodation and equipment required to run programme
- Staffing – specific skills, staff/student ratio
- Supporting services, e.g. library and computers



### **Planning (OH26)**

- Write a teaching plan for each session
- Formulate the learning outcomes
- Allocate time to each topic
- Identify the teaching methods
- Decide on any teaching aids required
- Prepare teaching notes



### **Implementation (OH27)**

- Decide on the structure of the session
- Check teaching resources and aids
- Before the session, read the teaching notes you have prepared
- Use a variety of teaching methods



### **Evaluation (OH28)**

- Consider whether the content of the lesson reflects the learning outcomes of the programme
- Use a structured evaluation system involving the trainer, students and educational institution
- Consider different methods of evaluation
- Assess the learning environment as well as the students and trainer
- Decide what should be evaluated

## **4.3 Preparing the teaching or lesson plan (1¼ hours)**

The use of written plans are advised where:

- new courses are being developed
- a new subject is being taught
- a topic is complex.

There are different formats for these plans, but they should all include:

- the title of the course
- the title of the session
- the number of learners and their previous experience
- the learning outcomes for the students
- the teaching methods
- teaching resources/aids
- the evaluation method
- supporting material such as information sheets or handouts for the students.

The facilitator should give each learner a copy of the teaching plan (see section 4.8 below).

## 4.4 Learning outcomes

Learning outcomes provide the framework for the teaching session and a checklist for the trainer when writing his or her teaching notes. More specifically they:



### **Purpose of learning outcomes (OH29)**

- identify the aim of the session
- outline the topic content
- help to select suitable teaching methods
- assist in the evaluation process.

Learning outcomes are student-centred and should be clear and concise. They should contain a verb which identifies the action or behaviour required of the learner to achieve the objective. When learning how to write student-centred objectives, it is sometimes useful to start with the statement: “At the end of this session the student will be able to ...” (the facilitator should write this on the board), followed by the specific learning objective, e.g. “... discuss the role and function of the community nurse”.



### *Reflective learning activity 4.2 – Brainstorming (10 minutes)*

*The learners identify as many verbs as possible which could be used to write learning outcomes under the three domains of cognitive, affective and psychomotor skills. The facilitator should record these on the board then show the next overhead.*



### **Verbs to use when writing learning outcomes (OH30)**

calculate	discriminate	identify	plan
compile	discuss	illustrate	produce
create	draw	justify	record
debate	estimate	label	solve
demonstrate	explain	list	state
describe	explore	name	summarize
design	formulate	outline	write
devise			

### **The process of writing learning outcomes (OH31)**



1. Identify the students' learning needs
2. Identify the content of the topic
3. List the individual parts of the skill or the topic
4. Write an objective for each of these parts



#### Reflective learning activity 4.3 – Individual activity (30 minutes)

The learners are asked to write a minimum of four learning outcomes on the topic Prevention of home accidents. When they have finished the facilitator should ask for some examples and record them on the board. Following this he/she can also show an example on an overhead. Examples of learning outcomes for this topic are given below.

1. List some national statistics on the prevalence of home accidents.
2. Discuss the most common types of home accident.
3. Identify the most vulnerable groups.
4. State where in the home accidents are most likely to happen.
5. Describe the most likely causes of home accidents.
6. Outline the role of the community nurse in the prevention of accidents.

### 4.5 Preparing teaching notes

Teaching notes are essential to ensure that all the teaching content is covered.



#### Hints on preparing teaching notes (OH32)

- Use key points and trigger words rather than the full text of the session
- Space notes out on a card or sheet to enable additions to be made
- Expand on the information presented in the overheads
- Use the recognized format of introduction, main section, summary of key points
- Include practice-based examples
- Provide an opportunity at the end of the session for learners to ask any questions
- Highlight important parts
- Number all pages
- Update material before each session

It is useful to keep all material (including teaching plans and teaching notes) for one session together in a named folder.

### 4.6 Evaluating the curriculum (30 minutes)

There should be a formal method of evaluation which meets the quality standards of the educational institution. Usually this involves evaluation by the teacher, student and an independent governing body. At a more local level the teacher is responsible for evaluating individual programmes and lessons. Various issues should be considered in this evaluation process:

- Were the learning outcomes clearly defined?
- Was the session well presented (projection of the contents and trainer's voice)?
- Was a variety of teaching methods used?
- Were visual aids used appropriately and were they of an acceptable standard?
- How was student learning assessed?
- Was the learning environment suitable?

Rating scales can also be used to make a formal assessment of the standard of the teaching session/course. A simple example is given below (the facilitator should write this on the board):

Excellent	Very Good	Good	Fair	Poor
5	4	3	2	0

Each issue can be awarded a score or verbal response. Other more qualitative methods include asking the learners to identify:

- the most enjoyable parts of the course
- the least enjoyable parts of the course
- anything they would like added to the course.

Trainers can incorporate some informal evaluation strategies into their own lessons through involving students in active learning methods and questioning them during the session to assess their understanding. An informal discussion at the end of each day provides the opportunity to obtain more general feedback. A formal evaluation tool is usually included at the end of each course. The main things to remember about evaluation are:

- keep it simple
- make any forms user-friendly and easy to complete.



#### *Reflective learning activity 4.4 – Individual activity (4 hours)*

*The learners are asked to write a teaching plan using the session material they were asked to collect prior to starting the course. They should:*

- 1 plan a 15-minute teaching session*
- 2 write student-centred learning outcomes*
- 3 complete a copy of the teaching plan (included under supporting material)*
- 4 compile teaching notes for the session*
- 5 use at least two different teaching methods*
- 6 use at least one visual aid*
- 7 present this session on day 5 to their peer group and facilitator.*

*The facilitator should ensure that all necessary equipment and resources are available to enable the learners to develop teaching resources. They should also support and guide the learners while they prepare this material.*

### **4.7 Evaluation (15 minutes)**

Learners are asked identify any concerns they have over developing a programme and discuss whether the time given to each part of the development process was appropriate. They should also comment on their feelings about the lesson plans they have completed.

### **4.8 Supporting material**

Supporting material should include a copy of the teaching plan for each student to complete, and materials to design and create teaching aids.

## TEACHING PLAN

*Name of trainer*

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*Title of course*

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*Title of session*

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*Number of learners and previous experience*

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*Learning outcomes for students*

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*Teaching aids/resources*

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*Evaluation criteria*

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*Supporting material (e.g. information sheets/handouts/equipment)*

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## **DAY 5 – STUDENT ASSESSMENT, TEACHING PRESENTATION AND COURSE EVALUATION**

### ***Learning outcomes***

1. Discuss the purpose of assessment
2. Identify two main approaches to assessment
3. Outline different types of assessment schedules
4. Present a teaching session
5. Evaluate the trainers' course

### ***Teaching methods***

Short lecture  
Individual activity  
Group work  
Buzz session  
Snowballing

### ***Visual aids***

Overhead projector  
White board/chalk board  
Flip chart

### ***Resources***

Overheads and pens  
Course evaluation form  
Any other equipment/material required by the students for their teaching sessions

## FACILITATOR'S NOTES

### 5.1 The purpose of assessment (10 minutes)

There are several reasons why students should be assessed.



#### **Purpose of assessment (OH33)**

1. To ascertain how much the students have understood
2. To identify any weaknesses in the students' level of knowledge
3. To motivate students
4. To evaluate teaching methods
5. To provide feedback to students

### 5.2 Approaches to student assessment (30 minutes)

There are two main approaches to student assessment, formative and summative.

#### **Formative assessment**

This is a more informal approach to assessment which is continuous throughout the learning process. It does not normally contribute to the final course marks. It is an approach which assists students to learn as it enables the identification of any gaps in their knowledge or weaknesses in their writing ability before submission of the summative assessment. It may provide the basis for discussion during tutorials with the trainer.

#### **Summative assessment**

This type of assessment is carried out at the end of the learning period. It is a formal method of assessment whose criteria the student must meet in order either to progress to the next stage of the course or to gain the exit qualification. Students who fail the first attempt are normally allowed to resubmit their material.

Most courses include both types of assessment.



#### *Reflective learning activity 5.1 – Buzz group (15 minutes)*

*The learners work in groups of 4–6 people. They are asked to identify the formative and summative assessments from the community nursing curriculum (part I, page 1 of this document). When they have finished, the facilitator records their suggestions on the board.*

### 5.3 Different types of assessment schedule (1½ hours)



*Reflective learning activity 5.2 – Brainstorming (5 minutes)*

*The learners work in groups of 4–6 people. They are asked to identify any types of assessment strategy/schedule. When they have finished, the facilitator records their suggestions on the board.*

There are three main systems of assessment: self-assessment, periodic and continuous assessment.

#### **Self-assessment**

Self-assessment is seen as an important aspect of the humanistic/process approach to curriculum development. The learner is actively involved in the assessment process. It is seen as a transferable skill, i.e. it can be applied to other areas of the nurse's professional life such as self-appraisal of his/her clinical practice. Students should be encouraged to assess themselves when presenting material at a tutorial or seminar. They can also share the assessment of formative work with the tutor.

#### **Periodic assessment**

Examinations are an example of this type of assessment and assess breadth but not necessarily depth of knowledge. They tend to be used with other types of continuous assessment. Examinations can be:

- unseen – content not known in advance
- seen – the topic is known to the student in advance of the examination
- open book – content not known, but students can take textbooks into the examination.

The expected standards in terms of knowledge and use of evidence will be higher in both seen and open book examinations.

The format of the examination may vary and can include:

#### **Examination formats (OH34)**



- multiple choice questions
- true/false questions
- short questions and answers
- essay style
- oral presentation
- clinical demonstration

The facilitator should give examples of each of these approaches.

### **Continuous assessment**

This is an increasingly popular method of assessment which is used in conjunction with periodic assessment. Students are given the guidelines for this type of assessment early on in the course. There is usually a formative component in the form of a 200-word framework.

The completed assessment (summative) is submitted at the end of the course. Continuous assessments usually measure depth of knowledge and understanding but not necessarily a wide range of knowledge. Students need to be aware that this type of assessment should not be merely descriptive but should involve some discussion, critical debate and references. Academic supervision and written feedback is provided by the tutor in the formative phase. This type of assessment can include:



#### **Continuous assessment format (OH35)**

- essays
- case studies
- family health assessments
- community profiles.

It is particularly important to give detailed guidelines to the student, which should include information on:

- submission dates for formative and summative assignments
- number of words
- pass mark
- nature of the formative assignment
- format/layout for final submission.

Some general points on working out assessment schedules include:



#### **Developing assessment schedules (OH36)**

- selecting different types of assessment format
- selecting content material from across the curriculum
- following the educational institution's guidelines on pass mark, resubmission, and invigilation of examinations
- writing several drafts of the assessment
- setting realistic time limits for examinations and continuous assessments
- working out a marking schedule for all assessments (i.e. a framework answer)
- allocating marks to the different parts of the assessment
- obtaining comments from another teacher on the proposed assessment
- marking assessments with a second examiner (according to the institution's guidelines)

The facilitator should add any country/institution-specific policies.



*Reflective learning activity 5.3 – Individual activity (15 minutes)*

*Following on from reflective activity 4.4, each learner should identify and develop an assessment schedule for his/her teaching topic. This should be recorded under the evaluation part of his/her teaching plan.*

#### **5.4 Presentation of teaching session (4 hours)**

The learners present their teaching sessions according to reflective activity 4.4. Each learner is given 20 minutes. There should be a maximum of 10 learners to 1 facilitator.

Evaluation should be carried out both by the individual learner and the facilitator on the basis of the criteria given in section 4.3 and the following questions:

- Were the outcomes clearly defined?
- Was the session well presented (content and voice projection)?
- Were various teaching methods used?
- Were visual aids used appropriately and were they of an acceptable standard?
- How was student learning assessed?
- Was the learning environment suitable?

This should be made up into a handout for each learner.

When all the presentations have been made the facilitator collects the material. This material should be commented on using the evaluation criteria and written feedback which should be sent to the learner within four weeks.

#### **5.5 Course evaluation (1 hour)**

##### ***Discussion and completion of the course evaluation forms***

The facilitator displays the list of learning needs which were identified on day 1 by the learners when they were asked what they expected to achieve from the course. These learning needs provide the basis for the informal evaluation of the trainers' course. The group should consider these needs and discuss whether they have been met.

The second part of the evaluation is more formal. Learners should complete the course evaluation forms and return them to the facilitator before they leave the room. They should be reassured that the forms are anonymous.

## TRAINERS' COURSE EVALUATION FORM

*We welcome your feedback on the trainers' programme. Please answer each question and return the form to the facilitator. These forms are anonymous.*

**1. What I enjoyed most about the course**

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**2. What I enjoyed least about the course**

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**3. What I would like to see added to the course**

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**4. Did the course meet my expectations Yes/No (if no please give reasons)**

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**5. Any other comments**

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## Reading list

BRADSHAW, P.L. *Teaching and assessing in clinical nursing practice*. London, Prentice Hall, 1989.

DOWNIE, R.S. *Healthy respect*. London, Faber and Faber, 1987.

NEWBLE, D. & CANNON, R. *A handbook for teachers in universities and colleges*. London, Kogan Page, 1991.

QUINN, F.M. *The principles and practice of nurse education*. London, Chapman and Hall, 1988.

ROGERS, A. *Teaching adults*. Milton Keynes, Open University Press, 1993.

*LEMON – Teachers' and facilitators' guide*. Copenhagen, WHO Regional Office for Europe, 1996 (EUR/ICP/DLVR 02/96/1).

Annex I

## LEARNING STYLES QUESTIONNAIRE<sup>13</sup>

*A copy of this questionnaire should be sent to the learner four weeks in advance of the course.*

This questionnaire is devised to find out your preferred learning style(s). Over the years you have probably developed habits that enable you to benefit more from some experiences than from others. Since you are probably unaware of this, the questionnaire will help you pinpoint your learning preferences so that you are in a better position to select learning experiences to suit your style.

There is no time limit to this questionnaire. It will probably take you 10–15 minutes. The accuracy of the results depends on how honest you can be. There are no right or wrong answers. If you agree more than you disagree with a statement put a tick (✓) by it. If you disagree more than you agree put a cross (×) by it. Be sure to mark each item with either a tick or a cross.

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | 1. I have strong beliefs about what is right and wrong, good and bad   |
| <input type="checkbox"/> | 2. I often act without considering the possible consequences   |
| <input type="checkbox"/> | 3. I tend to solve problems using a step-by-step approach  |
| <input type="checkbox"/> | 4. I believe that formal procedures and policies restrict people   |
| <input type="checkbox"/> | 5. I have a reputation for saying what I think, simply and directly  |
| <input type="checkbox"/> | 6. I often find that actions based on feelings are as sound as those based on careful thought and analysis                       |
| <input type="checkbox"/> | 7. I like the sort of work where I have time for thorough preparation and implementation   |
| <input type="checkbox"/> | 8. I regularly question people about their basic assumptions   |
| <input type="checkbox"/> | 9. What matters most is whether something works in practice  |
| <input type="checkbox"/> | 10. I actively seek out new experiences  |
| <input type="checkbox"/> | 11. When I hear about a new idea or approach I immediately start working out how to apply it in practice                         |
| <input type="checkbox"/> | 12. I am keen on self-discipline such as watching my diet, taking regular exercise and sticking to a fixed routine               |
| <input type="checkbox"/> | 13. I take pride in doing a thorough job   |
| <input type="checkbox"/> | 14. I get on best with logical, analytical people and less well with spontaneous “irrational” people                             |
| <input type="checkbox"/> | 15. I take care over the interpretation of data available to me and avoid jumping to conclusions                                 |
| <input type="checkbox"/> | 16. I like to reach a decision carefully after weighing up many alternatives   |
| <input type="checkbox"/> | 17. I am attracted more to novel, unusual ideas than to practical ones   |
| <input type="checkbox"/> | 18. I do not like disorganized things and prefer to fit things into a coherent pattern   |
| <input type="checkbox"/> | 19. I accept and stick to laid down procedures and policies so long as I regard them as an efficient way of getting the job done |
| <input type="checkbox"/> | 20. I like to relate my actions to a general principle   |
| <input type="checkbox"/> | 21. In discussions I like to get straight to the point   |
| <input type="checkbox"/> | 22. I tend to have distant, rather formal relationships with people at work  |
| <input type="checkbox"/> | 23. I thrive on the challenge of tackling something new and different  |
| <input type="checkbox"/> | 24. I enjoy fun-loving, spontaneous people   |
| <input type="checkbox"/> | 25. I pay meticulous attention to detail before coming to a conclusion   |
| <input type="checkbox"/> | 26. I find it difficult to produce ideas on impulse  |

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<sup>13</sup> LEMON – Teachers’ and facilitators’ guide. Copenhagen, WHO Regional Office for Europe, 1996, p. 8.



- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | 27. I believe in coming straight to the point   |
| <input type="checkbox"/> | 28. I am careful not to jump to conclusions too quickly   |
| <input type="checkbox"/> | 29. I prefer to have as many sources of information as possible – the more data to think over the better                      |
| <input type="checkbox"/> | 30. Flippant people who do not take things seriously enough usually irritate me   |
| <input type="checkbox"/> | 31. I listen to other people's point of view before putting forward my own  |
| <input type="checkbox"/> | 32. I tend to be open about how I am feeling  |
| <input type="checkbox"/> | 33. In discussions I enjoy watching the manoeuvrings of the other participants  |
| <input type="checkbox"/> | 34. I prefer to respond to events on a spontaneous, flexible basis rather than plan things in advance                         |
| <input type="checkbox"/> | 35. I tend to be attracted to techniques such as network analysis, flow charts, branching programmes and contingency planning |
| <input type="checkbox"/> | 36. It worries me if I have to rush a piece of work to meet a tight deadline  |
| <input type="checkbox"/> | 37. I tend to judge people's ideas on their practical merits  |
| <input type="checkbox"/> | 38. Quiet, thoughtful people tend to make me feel uneasy  |
| <input type="checkbox"/> | 39. I often get irritated by people who want to rush things   |
| <input type="checkbox"/> | 40. It is more important to enjoy the present moment than to think about the past or future                                   |
| <input type="checkbox"/> | 41. I think that decisions based on a thorough analysis of all the information are sounder than those based on intuition      |
| <input type="checkbox"/> | 42. I tend to be a perfectionist  |
| <input type="checkbox"/> | 43. In discussions I usually produce lots of spontaneous ideas  |
| <input type="checkbox"/> | 44. In meetings I put forward practical, realistic ideas  |
| <input type="checkbox"/> | 45. More often than not, rules are there to be broken   |
| <input type="checkbox"/> | 46. I prefer to stand back from a situation and consider all the perspectives   |
| <input type="checkbox"/> | 47. I can often see inconsistencies and weaknesses in other people's arguments  |
| <input type="checkbox"/> | 48. On balance I talk more than I listen  |
| <input type="checkbox"/> | 49. I can often see better, more practical ways to get things done  |
| <input type="checkbox"/> | 50. I think written reports should be short and to the point  |
| <input type="checkbox"/> | 51. I believe that rational, logical thinking should win the day  |
| <input type="checkbox"/> | 52. I tend to discuss specific things with people rather than engaging in social discussion                                   |
| <input type="checkbox"/> | 53. I like people who approach things realistically rather than theoretically   |
| <input type="checkbox"/> | 54. In discussions I get impatient with irrelevancies and digressions   |
| <input type="checkbox"/> | 55. If I have a report to write I tend to produce lots of drafts before settling on the final version                         |
| <input type="checkbox"/> | 56. I am keen to try things out to see if they work in practice   |
| <input type="checkbox"/> | 57. I am keen to reach answers via a logical approach   |
| <input type="checkbox"/> | 58. I enjoy being the one that talks a lot  |
| <input type="checkbox"/> | 59. In discussions I often find I am the realist, keeping people to the point and avoiding wild speculation                   |
| <input type="checkbox"/> | 60. I like to ponder many alternatives before making up my mind   |
| <input type="checkbox"/> | 61. In discussions with people I often find I am the most dispassionate and objective   |
| <input type="checkbox"/> | 62. In discussions I am more likely to adopt a low profile than to take the lead and do most of the talking                   |
| <input type="checkbox"/> | 63. I like to be able to relate current actions to a longer-term bigger picture   |
| <input type="checkbox"/> | 64. When things go wrong I am happy to shrug it off and put it down to experience   |
| <input type="checkbox"/> | 65. I tend to reject wild, spontaneous ideas as being impractical   |
| <input type="checkbox"/> | 66. It is best to think carefully before taking action  |
| <input type="checkbox"/> | 67. On balance I do the listening rather than the talking   |
| <input type="checkbox"/> | 68. I tend to be tough on people who find it difficult to adopt a logical approach  |
| <input type="checkbox"/> | 69. I usually believe the end justifies the means   |
| <input type="checkbox"/> | 70. I do not mind hurting people's feelings as long as the job gets done  |
| <input type="checkbox"/> | 71. I find the formality of having specific objectives and plans stifling   |
| <input type="checkbox"/> | 72. I am usually one of the people who puts life into a party   |

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | 73. I do whatever is expedient to get the job done   |
| <input type="checkbox"/> | 74. I quickly get bored with methodical, detailed work   |
| <input type="checkbox"/> | 75. I am keen on exploring the basic assumptions, principles and theories underpinning things and events |
| <input type="checkbox"/> | 76. I am always interested to find out what people think   |
| <input type="checkbox"/> | 77. I like meetings to be run on methodical lines, sticking to the agenda, etc.                          |
| <input type="checkbox"/> | 78. I steer clear of subjective or ambiguous topics  |
| <input type="checkbox"/> | 79. I enjoy the drama and excitement of a crisis situation   |
| <input type="checkbox"/> | 80. People often find me insensitive to their feelings   |

*Please complete and bring on day 1 of the trainer's course*

*Annex 2*

CERTIFICATE OF ATTENDANCE

LOGOS

**CERTIFICATE OF ATTENDANCE**

**This is to certify that**

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**has successfully completed a training course for trainers who will be teaching the programme for Community Nursing for Countries in Transition.**

*Signature of facilitator* \_\_\_\_\_

*Date* \_\_\_\_\_

EUR/00/5019305  
ORIGINAL: ENGLISH  
E71523

WHO has stressed the key contribution of nurses to primary health care. The document *Community nursing for countries in transition* has been developed to build on and extend the existing knowledge and skills of experienced nurses. The curriculum aims to provide a foundation course in community nursing for countries which do not already have a formal programme. It addresses the micro and macro contexts of primary health care as well as the practice, management and organization of community nursing. The training the trainers package has been designed to provide accessible education material for those involved in delivering the transition curriculum across Europe. The package covers the five key themes of adult education, teaching methods, training resources, curriculum development and assessment of learning. Each theme comprises a daily teaching plan, facilitator's notes and student-centred reflective learning activities.

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