Why Do We Teach It This Way?: Undergraduate Practicum Assignments for Students Studying Psychiatric Mental Health Nursing

Sheri A. Tratnack, DNP, PMHCNS/FNP-BC,RN
OBJECTIVES

The participant will be able to:

1. Identify at least 2 written student assignments which are supported by published studies in the literature.

2. Discuss the pros and cons for the traditional written assignments in PMHN.

3. Identify one area for further clinical research in PMHN undergraduate education.
INTRODUCTION

Program/Practicum Hours (Patzel, 2007): Mean 78.34; 5-240
• Diploma: 124 hours (60-240)
• ADN: 68.81 hours (5-120)
• BSN: 80.26 hours (12-168)

Placement of PMHN Course (Patzel, 2007):
• Beginning: 13%
• Middle: 51%
• End: 31%
• Integrated/Merges: 6%

Goals & Grading of Practicum & Assignments
Traditional Practicum Assignments

* Student-patient (1:1) assignment

* Written assignments
  - Journaling
  - Process recordings
  - Case studies
  - Mental status examinations

Observational/Agency assignments
  - AA/NA
  - AMI
  - Clubhouse
Student-Patient (1:1) Assignment

**Pros:**
- Helps identify stages of therapeutic relationship
- Focuses written assignments (case study)

**Cons:**
- Shorter lengths of hospitalization
- Difficult for staff to find “appropriate” patients for students
- “Professional patients”
- Limits experience (Waite, 2006 study)
- Poor student-patient match
- Too focused on obtaining data

**Guiding Documents:**
- No empirical data?
- AACN Essential I, II
- PMHN Standard 1, 5C
Written Assignments: Reflective Journaling

Structured vs. Unstructured:

• Self-evaluation ⇒ reflection a critical thinking & clinical reasoning skills (Kuiper & Pesut, 2004)

• Most effective if a clinical situation is incorporated ⇒ student analyzes thoughts and feelings and suggest future learning opportunities (Craft, 2005)

• Structure preferred by students (Lasater & Neilson, 2009)

Graded? (Craft, 2005; Neilsen, et al, 2007)
  ✓ Performance of activity rather than content
  ✓ One instructor - probing; noncritical/nonjudgmental comments
  ✓ Focus on process not product
Written Assignments: Reflective Journaling (continued)

Pros:

Kuiper & Pesut (2004):

• Guide & support reflective process
• Integrate theory with practice
• Promotes intellectual growth
• Improves confidence
• Fosters responsibility and accountability
• Gain new insights
• Fosters self-understanding
Written Assignments: Reflective Journaling (continued)

Pros (continued):

Lasater & Neilson (2009):
- Personal insight/self-awareness
- Expand ability to make clinical judgments
- Communication tool for faculty & student
- Documents critical learning moments

Craft (2005):
- Better able to cope with critical events
- Develop critical thinking skills
- Documents practice experiences
- Gain new insights & fosters self-understanding
- Organize thoughts
Written Assignments: Reflective Journaling (continued)

**Cons** (Kuiper & Pesut, 2004):
- Amount of structure and feedback to provide
- Some students have difficulty with emotions
- Negative focus may erode confidence and self-esteem
- Time consuming for instructor and student if done well

**Supporting Documents:**
- PEW Health Professions Commission
- AACN Essentials II, VIII
- PMHN Standards 1, 3, 4, 5, 9

**Tools:**
- The Lasater Clinical Judgment Rubric (Lasater, 2007)
Written Assignments: Process Recordings

Pros:

Neuman & Friedman (1997):
• Fosters self-awareness
• Develops self-evaluation
• Helps identify errors in focus, role id, and communication, especially latent content
• Fosters development of use of self

Mullin & Canning (2007):
• Fosters development of use of self
• Sharpens memory
• Greater satisfaction with instructor
• Role clarity
Written Assignments: Process Recordings (continued)

Pros (continued)

Medina (2010):
• Greater satisfaction with instructor
• Inexpensive
• Opportunity for immediate feedback
• Students report integrative learning (connecting knowledge, skills and values with practice)
• Helps organize, structure and focus
• Identify communication patterns/techniques
Written Assignments: Process Recordings (continued)

Cons:

Mullin & Canning (2007):
• No empirical evidence
• Anxiety-provoking
• Rely on memory & subject to distortion – conscious or unconscious (Varcarolis, 2006; Medina, 2010)
• Time consuming (Medina, 2010)
• Inexperience of students (Kameg, 2009)

Supporting Documents:

IOM
AACN Essentials I & II
PMHN Standards 1, 5C, 9
Written Assignments: Case Studies

**Pros:**
• Ability to apply knowledge
• Students more engaged in “real-life” cases
• Development of problem solving skills
• Improved clinical decision-making skills (Kuiper & Pesut, 2004)

**Cons:** No specific benchmark studies (Grossman, et al (2004)
Time consuming to write and read/grade
Allows distancing by student
Focus on data collection rather than therapeutic relationship

**Supporting Documents:**
AACN Essentials III & VI
PMHN Standards 1, 2, 3, 4, 5, 5C, 5D
Case Studies (continued)

Interactional Case Studies (Schneebeli, et al, 2010):

**Pros**
- Improved understanding of mental illness & recovery (“hope”)
- Positive attitude towards service user & PMHN
- Improved empathy
- Less distancing; more individualized
- Less use of jargon

**Cons**
- Not measured
- May reinforce stereotype if service user ill
- Student role role confusion

**Supporting Documents:**
- AACN Essentials IV, V, VI
- IOM
- PMHN Standards 1, 11, 12, 14
Written Assignments:
SOAP(IE) Notes/Mental Status Examinations

Varcarolis & Halter (2009):

Pros:
• Contains all elements of nursing process
• Structured/consistent organization of data
• Fosters critical thinking

Cons:
• No empirical data
• Negative connotation/limits entries to problems
• Requires time/effort to structure & review

Supporting Documents:
AACN Essentials III, VI
PMHN Standards 1, 2, 3, 4, 5, 11
Observational Experiences & Service-Learning Activities

Service-Learning (Teaching projects):

Pros:
• Contribute to the community
• Opportunity for diversity in the experience
• Promotes partnerships
• Develop ethic of civic responsibility/community sharing
• Enhances student confidence and empathy; use of self

Jarosinski & Heinrich (2010):
• Enhances student confidence and empathy; use of self
• Challenges role of expert a facilitator
Observational Experiences & Service-Learning Activities (continued)

Cons:

• Requires preceptor or limits guidance by instructor
• Students must be able to function independently
• Requires reciprocity (Jarosinski & Heinrich, 2010)

Supporting Documents:

- NLN
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Selected References


A handout of all references will be provided to presentation participants.
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QUESTIONS??

RESEARCH IDEAS?

Survey Faculty Re: Assignments?

Multi-site Evaluations of:
  Process Recording?
  SOAPIE Notes?
  Case Studies?
  Service-Learning Activities?