



| NURSING EDUCATION | NURSING EDUCATION |
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| Signature Pedagogy: Coaching | 特別的教學法:教練法 |
| They are also out on the floor looking for things that we can do to gain the experience in skills that we have learned in labs so that we can become more comfortable in performing those skills. They are available at all times for questioning too." | 他們也在病房找事情給我們做,讓我們 有使用在實驗室學過的技能的經驗,讓 我們在使用這些技能時更有信心。任何 時候我們都可以問他們問題"。 學生 |
| Student | |
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| Signature Pedagogy: Coaching | 特別的教學法:教練法 |
| Different purposes for various types of coaching: To help students explore, make connections, realize what they know (or do not know) and how | 不同教練法的不同目的 • 幫助學生探索,聯系,意識到已知道什么(或 不知道),與該情景相關的如何或爲什么 |
| and why it is relevant to this situation To provide a model of behavior, where the relationship of the teacher's coaching of the student mirrors the way teachers want the student | 作為一個行為的模范,教師的輔導令學生可以 借鏡教師的方法輔導、賦權及鼓勵病人 利用情景提供體驗式學習,幫忙學生增加自信 |
| to coach, empower, encourage patients To prod experiential learning in the situation and help the student gain self-confidence | THE CARNEGIE FOUNDATION for the ADVANCEMENT of TEACHING |
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| Signature Pedagogies: Teaching for the Action Step | 特別的教學法:教授操作步驟 |
| Ask questions to identify the action step: After asking a student about possible complications to a prescribed narcotic, the student answers "respiratory depression, lowered blood pressure, decreased level of consciousness." What interventions could be taken? Narcan to reverse the effects of the narcotic. Where would you get the Narcan. What key would you need and where is Narcan located? | 通過提問確定操作步驟 - 在提問學生醫囑內鎮靜藥可能的併發症,學 生回答"呼吸壓抑,低血壓和降低清醒的程度 "。可做什么干預呢? Narcan可逆轉鎮靜藥的 作用。在哪里可以拿到Narcan?需要哪條鑰 匙? Narcan放在哪里? |
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| Signature Pedagogies: Mining Experiential Learning | 特別的教學法:關注體驗式學習 |
| Pre-clinical preparation required: Advance patient assignments, such as care plans | 出臨床前準備 高階護理功課,例如護理計劃 |
| Practice in the skills lab | - 在技能實驗室練習 |
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| Student Description of | 出臨床前準備,學生的描述 |
| Pre-Clinical Preparation "Prior to every hospital clinical, we are required to go up to the floor and get our patient assignments. After we have looked up the H & P and the labwork, we must go home and write an in depth pathophysiology on our patients. This includes the admitting diagnosis, and any past medical history which may be important to note while caring for the patient. If I didn't use the classroom content-ie learning about the disease processes-I would never have been able to correlate how hypertension has cardiac, respiratory, and kidney effects." | "出醫院臨床之前,我們需要去到病房收集我們的病人的資料。看過病史和身體評估、檢驗報告後,我們回家就要寫一個深度的病理生理學情況。這包括我們在護理過程中要關注病人的相關重要的入院診斷、病史。如果我沒有使用課堂上學到的知識,即是,疾病過程,我就不可能聯系高血壓如何影響心臟、呼吸和腎臟。" |
| Student The carnegie foundation for the advancement of treaching | 學生. The CARREGIE FOUNDATION for the ADVANCEMENT of TEACHING |
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| Building On Strengths of Pre-Clinical Preparation | 在出臨床前作鞏固強項的準備 |
| More unfolding case studies with use of simulation in the classroom In-class simulation can provide students with more opportunities to integrate the apprenticeships The use of actors or patients in the classroom The use of simulated patients for assessment | 在教室使用模擬法,進一步剖析案例 模擬法的使用提供學生更多機會去作三個學 徒制的融合 在教室使用病人或演員 使用模擬病人做評估 |
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| NURSING EDUCATION Signature Pedagogies: Mining Experiential Learning | |
| Signature Pedagogies: | NURSING EDUCATION |
| Signature Pedagogies: Mining Experiential Learning • Post clinical conferences: – Students share experiences from the clinical setting – Some teachers introduce classroom content – Deliberate reflection on ways preclinical | NURSING EDUCATION 特別的教學法:關注體驗式學習 •出房後臨床小課 -學生分享臨床場景的經驗 -老師介紹課堂內容 |
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| Signature Pedagogies: Mining Experiential Learning Post clinical conferences: Students share experiences from the clinical setting Some teachers introduce classroom content Deliberate reflection on ways preclinical planning and expectations changed | NURSING EDUCATION 特別的教學法:關注體驗式學習 •出房後臨床小課 -學生分享臨床場景的經驗 -老師介紹課堂內容 -特意反思出房前計劃和期望的改變 |
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Building On Strengths of Post-Conferences

- Ask students to follow up on previous postconference discussions in the next postconference:
 - Report on what has happened to their patients
 - Report on what they have learned about what brought their patient to the clinical setting
 - Report on any changes in the practice setting that came about through student questions

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Student Experiences

- This student brought together many comments:
 - * Being able to apply real world skills soon after learning them in the classroom.
 - * Being allowed to help real patients right now.
 - * Gaining scientific and medical knowledge.
 - * Helping society.
 - * I know I'm doing something important in the world.

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Sarah Reflects on Her Development as a Teacher

Continued

"I'm also wanting them to learn what they don't know, which is the hardest thing to teach people. I want them to **own** what they don't know. So, I want them to look at a case and be able to say, 'Well, I don't know whether it's painful to die of dehydration. Gosh, you know, I have this initial reaction, but do I have any evidence for that?""

Sarah Shannon

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Sarah's Student

"She respected us, plus she had this way... you were sure about something and she had this way of making you see a whole other side to it and suddenly you'd be scratching your head saying, 'Well, maybe I wouldn't do that. What would I do?' And then (she would) guide us through the process of trying to (understand the case)."

臨床小課之鞏固強項

- 提問學生去跟蹤先前的臨床小課討論
 - -報告他們的病人發生了什么事情
 - 報告他們所學到的令病人在臨床場景上 出現的原因
 - 通過提問學生,報告實踐場景中的任何 改變

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學生經驗

- 這位學生提出了多個評論:
 - 在課堂學習後可以很快就在真實世界應 用技能。
 - 可以即時幫助真正的病人。
 - -學到科學和醫學知識。
 - 幫助社會。
 - 我知道我在做一些對這個世界很重要的 事情。

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Sarah反思她作爲一個老師的發展

"我想他們學習他們不知道的,就是最難教的 東西。我想他們認領他們所不知道的。所以 ,我希望他們看了個案後會說:'唉,我不知 道是否脫水而死是痛苦的。唉,你知道,我 起初是這樣反應的,但我有證據嗎?"

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Sarah的學生

"她尊重我們,加上她有這樣的做法..., 你肯定的一些事情,她有方法令你看到 事情的整個另一邊,突然你抓頭,'啊, 可能我不應該那樣做。我應該怎么做呢 ?之後,她會通過一個過程來指引我們 ,明白案例。"

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Conversation, Identity and Confronting Diversity

"One of the reasons I have so much class discussion is, I want them to realize that, while they may view themselves as pretty homogeneous...they are not, and it helps them to see...because then what I say is, 'Just imagine. You are privileged students. You're college educated. Right there, you're privileged....Just imagine the diversity of opinion that occurs across America....We don't have societal consensus on the Terry Schiavo cases.' I try to emphasize to them, 'So what is your role?**To compassionately care for these people, to not pass judgment, certainly to not pass judgment and treat them differently**.'"

Sarah Shannon

NURSING EDUCATION

Sarah Shannon's Student

"She would get a lot of discussion going in the class and a lot of people did have differing opinions and different perspectives and she brought it out in a way that we weren't trying to kill each other and at the end of the class we all left with good feelings about one another. I don't know how she did that because there were some pretty varied opinions but I never felt like, 'boy, what a stupid opinion.""

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Creating Moral Imagination in the Context of Ambiguity

"What I mean by critical thinking is recognizing when you've made assumptions and being willing to question those assumptions upstream. And then being willing to entertain multiple perspectives, embracing ambiguity and also, for me, it's a necessary part of moral imagination."

Sarah Shannon

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Making the Social Contract Visible

"I want them to come out of the course with a clear sense of their professional values. And I talk a lot about (the fact) that professional values are the social contract we have with patients. They're what every patient can expect when a nurse walks in the room, whether that nurse is young or old, male or female, Black, White, regardless of their ethnicity, regardless of their religion, regardless of anything. It's your social contract. An example is, your personal values might be that you really like openness. Your professional value is that you adhere to confidentiality. And it's that contract that that patient has with you."

Sarah Shannon

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會話,身份和面對多樣性

"我有那麼多課堂討論的原因之一是,我想他們 意識到,當他們覺得他們自己挺同質的時候,其 實他們不是,這樣幫忙他們看到,那樣,我會說 '就想像你是一個特別恩典的學生。你有學院教 育。就那,你就是恩典的.....,就想像在我們美 國上下意見的多樣性.....,我們在Terry Schiavo 類型案例上並沒有社會共識'。我努力強調:'你 們的角色是什麼?對這些病人慈悲的關懷,沒有 審判,當然是沒有評判和不同的對待。""

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Sarah 的學生

"她會讓課堂上有很多的討論,很多人有不同的意見,不同的角度,她把這些都提出來不抹殺大家,最後我們離開課堂相互感覺良好。我不知道她是如何做到的因為有那麼多的不同意見,但我離開時不會感覺,'唉, 多么愚蠢的主意。"

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在模稜兩可的環境中創造道德想像力

"我的意思是當你想當然時意識到批判思維, 愿意去質疑前面那些假定。然后愿意去關顧多 種的角度,環抱模棱兩可,而且,對我來說, 是道德想像力的一個必須部分。"

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令社會合約清晰可見

"我想他們學完課程後有一個清晰的專業價值觀 。我談到很多專業價值是我們和病人間的社會 合約。這是當一個護士走進一個房間時,無論 她的年齡、性別、種族、宗教或其它,每個病 人都可以預期得到的。這是你的社會合約。一 個例子就是,你的個人價值可能是你喜歡開放 ,但你的專業價值是你堅持保密。這就是所有 病人和你的合約。"

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| Observing Sarah's Teaching | 觀察Sarah的教學 |
| • The patient is the paradigmatic subject that organizes the practice of her teaching. As she keeps saying to her students: | 她的教學實踐是關於一個半癱的病人。 她不斷告訴學生: |
| "It isn't about youit's about the patient or the family. What you personally think doesn't matter. It's how you act professionally as a nurse that matters." | "這不是關於你的,是關於病人或者家屬 的。你個人怎么樣想不重要。重要的是 你如何像一個護士一樣專業地行動。" |
| Sarah Shannon | |
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| Sarah Shannon, R.N., Ph.D. Ethical Comportment and Formation University of Washington Video Clip: EducatingNurses.com | Sarah Shannon, 註冊護士,博士 倫理舉動和構成 Video Clip: EducatingNurses.com |
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| NURSING EDUCATION Approach and Stance of Students in Sarah's Dialogical-Integrative Teaching • Teaching from the stance of a nursestudents' ethical response from a nursing stance | NURSING EDUCATION Sarah對話的融合式的教學 |
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| Three Reflective Questions for Teachers in Classrooms and Clinical Laboratories 課堂和臨床實驗 | 檢室的三個反思問題 |
| the student's approach to the patient and clinical 實踐的處理 | 何結構學生對病人和臨床 |
| practice? Can the student imaginatively access and rehearse for practice situations? 學生是否可以有想 | 像力地使用及演習實踐情 |
| • What is the student's stance in relation to the | 場是什么?對老師呢?對其 |
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| The Nature of Practice 實踐 | 感的本質 |
| notions of good internal to the practice. 需要通過實踐過程 | 的知識離不開生活中的實踐 不斷的改進 |
| Requires ongoing improvement in the practice Practice is a way of knowing in its own right. | |
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| The Nature of A Practice實證 | 戔的本質 |
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| It is impossible to make the knowledge embedded in practice completely formal, completely explicit. Much clinical knowledge is only elicited by the | |
| It is impossible to make the knowledge embedded in practice completely formal, completely explicit. Much clinical knowledge is only elicited by the situation it is context dependent. 低何實踐都是一個失 | 我是不可能完全地正式,完 |
| It is impossible to make the knowledge embedded in practice completely formal, completely explicit. Much clinical knowledge is only elicited by the situation it is context dependent. Any Practice is a source of knowledge/knowledge development in its own right. It is impossible to make the knowledge formal, completely explicit. It is context dependent. It | 俄是不可能完全地正式,完 於情景中被勾劃,是結合環 |
| It is impossible to make the knowledge embedded in practice completely formal, completely explicit. Much clinical knowledge is only elicited by the situation it is context dependent. Any Practice is a source of knowledge/knowledge development in its own Example 1 Example 2 Exam | 战是不可能完全地正式,完 注情景中被勾劃,是結合環 □識/知識發展的源頭 |
| It is impossible to make the knowledge embedded in practice completely formal, completely explicit. Much clinical knowledge is only elicited by the situation it is context dependent. Any Practice is a source of knowledge/knowledge development in its own right. This is why systems engineering cannot be the only approach to Clinical Knowledge and Practice Development. | 战是不可能完全地正式,完 注情景中被勾劃,是結合環 □識/知識發展的源頭 |
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| Teamwork forming a community of Practice The task of the craftsman or [skilled practitioner] is not to generate the meaning, but rather to cultivate in himself the skill for discerning the meanings that are already there." Hubert L. Dreyfus and Sean Dorrance Kelly. All Things Shining: Reading the Western Classics to find meaning in a secular age. | 形成實踐共同體的團隊 技工的任務【或熟練的從業者】不是產生意義,但需要培養自己辨別工作中存在意義的技能 Hubert L. Dreyfus and Sean Dorrance Kelly. 《事事發光:在一個世俗的年代閱讀西方經典發現意義》 |
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| Clinical Knowledge Development in a Clinical Practice Requires: | 臨床實踐中臨床知識發展需要: |
| Development of shared notions of ethical comportment (in dispositions and actions, not just beliefs and decisions) in a community of practitioners | - 在實踐者社區中發展共享的倫理舉動(在處 理和行動中,不只是信念和決策) |
| Articulating and capturing both practice breakdown and what is learned in practice | -明確表達和捕捉實踐細節和實踐中所學到的 -明示與公開新的臨床知識和正面的另類實踐 |
| making new clinical knowledge and positive deviation publicvisible | |
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| NURSING EDUCATION Situated Coaching Required for Clinical Reasoning | NURSING EDUCATION 臨床推理需要的情景教練法 |
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