



# **Human Resources for Health Project in Bangladesh**

## **Pedagogy Training Manual for Facilitators**

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## Introduction

Bangladesh is suffering from a shortage of nurses. Training more nurses means releasing more nurses from clinical practice to instruct nursing students, putting extreme strain on a system that is already overburdened.

### Background

Recent data from the Bangladesh Nursing Council (2013) estimated there are approximately 30,692 registered nurses; only one nurse for nearly 5300 population. Physicians are also in short supply, but less so than nurses with close to 3000 population per doctor. This physician to nurse ratio is in contrast to most countries where nurses outnumber doctors. The system needs more nurses. This means educating more nursing students.

To address this problem, the government has begun opening new Nursing Institutes and Colleges to increase the workforce. There are now 44 public sector (including one military) and 39 private sector institutes providing 3140 seats for Diploma Nursing studies. In addition to the 4 previously-existing Colleges, in 2011 the government also opened 3 new Colleges of Nursing, increasing the public sector seats for Bachelor's Nursing (post-basic and entry level) to 1200. Twelve private Colleges contribute a further 365 Bachelor's seats, to reach a total of 1565. However, it will be some time before the required numbers of nurse educators are available run these institutions without depleting the essential clinical work force.

In Bangladesh this critical demand for nurses and nursing instructors has created extreme pressure for time and left many nurses concerned that they have been moved directly from clinical practice to roles as instructors with insufficient experience in academic lecturing and evaluation. A recent review highlighted these issues (Oulton & Hickey, 2009).

In prior needs assessments, nursing instructors have identified a serious problem in delivering the content of the 2008 nursing curriculum. Many are concerned that they do not receive any instructor training and have identified lack of conceptual understanding and skills in teaching as a key limitation.

Having expertise in a profession does not necessarily mean someone is able to teach. In fact, without special training it usually requires many years of experience before someone becomes an effective teacher. This is why it is common in many countries for nursing instructors to receive considerable training or mentoring in pedagogy before beginning classes.

There are many debates about the exact meaning of the word "pedagogy". Because the origin of the word comes from the Greek words for "boy/child" and "attendant", some have argued that "pedagogy" refers only to the teaching of children. They have brought forward a new word, "andragogy" to refer to the teaching of adults. However, others argue that there is no boundary between learning at different age levels and that "pedagogy" has come to include all types of teaching at all levels (Annex 01b, Holmes & Abbingtion-Cooper, 2000). Certainly most dictionary definitions simply refer to "pedagogy" generally as activities related to teaching. Further examinations of the concept of pedagogy and the debates about the uses of these words can be found in Annexes 01a and 01b.

For the purposes of the HRH Project, we will use "pedagogy" to define:

"... all the things a teacher does to help transfer learning...a complex activity, which encompasses more than just 'delivering' education. Another way to explain it is by referring to:

- the art of teaching - the responsive, creative, intuitive part

- the craft of teaching - skills and practice
- the science of teaching - research-informed decision making and the theoretical underpinning.

It is also important to remember that all these are grounded in ethical principles and moral commitment - teaching is never simply an instrumental activity, a question just of technique” (referred in: Smith, 2012).”

Pedagogy is a complex activity and the role of the pedagogue (teacher) is similarly complex. Smith & Smith (2008, p19) describe the teacher:

...we are called upon to be wise. We are expected to hold truth dearly, to be sincere and accurate... There is also, usually, an expectation that we have a good understanding of the subjects upon which we are consulted, and that we know something about the way of the world. We are also likely to be approached for learning and counsel if we are seen as people who have the ability to come to sound judgements, and to help others to see how they may act for the best in different situations, and how they should live their lives.” (Smith & Smith 2008, p 19)

Human Resources for Health (HRH) Project in Bangladesh aims to strengthen and support the role of nursing instructors by providing reviews and updates in pedagogy for all diploma nursing instructors.

### **Aims and Objectives**

HRH Project in Bangladesh proposes to assist the Directorate of Nursing Services and the Bangladesh Nursing Council by providing introductory modules in pedagogy for nursing institute instructors. In this way HRH will place the burden of time required for module preparation and delivery planning on external consultants rather than requiring practicing instructors to take time away from service.

Although the project mandate is to deliver training for Diploma Instructors, HRH will also add a small number of Instructors from Colleges of Nursing to increase access and distribution of resource persons for pedagogical methods.

The broad objective of the proposed training is to provide an overview of basic methods and strategies that can be used to maximize the effectiveness of classroom instruction.

#### General Objectives of the HRH initiative in pedagogy:

- update and support expertise in pedagogical methods for nursing instructors with the aim to deliver quality classroom instruction for diploma students;
- provide information, tools and mentors to assist nursing instructors in the planning, implementation and evaluation of classroom teaching

#### Specific Objectives for the Facilitator sessions in pedagogy:

- provide workshops for 50 Facilitators in Pedagogy
- use feedback from Facilitator workshops to improve relevance of pedagogy modules for the country context
- prepare 50 Facilitators to provide support for instruction in pedagogy to nursing institute instructors
- evaluate the effectiveness of the HRH pedagogy modules

### **Duration and Approach:**

- The recommended duration of the training is six (6) days
- The training format will include classroom lectures, group discussion and practical exercises

- Training materials will include the Pedagogy Training Manual for Facilitators and the Pedagogy Training Manual for Nursing Instructors, Powerpoint™ slide presentations of the material and handouts.
- Accommodation will be residential; meals and transportation for the participants will be arranged.

Facilitators will support the CNTS until the end of the HRH Project and will provide a lasting resource for the institutes.

Following feedback from the Facilitators during and after the sessions, material will be adjusted and extracted from these modules to create a Reference Manual for Pedagogy for Nursing Institute Instructors.

### **Proposed Criteria for Selection of Facilitators in Pedagogy:**

1. Preference for advanced education (Master's or Bachelor's degree holders)
2. Minimum of 2 years experience in full-time teaching
3. Demonstrated interest in teaching nursing students
4. Good communication skills
5. Age: limited to 55 years (the Facilitator should be available in the system for a reasonable amount of time following mentoring)

### **Facilitator Modules**

Pedagogy Training will be delivered as nine (9) modules with associated practice. The modules will be delivered over 6 full-day sessions. Facilitators will be chosen to support the CNTS to deliver instruction in pedagogy to the entire group of Nursing Institute Instructors (NIIs).

Pedagogy training materials will be made available in several formats.

- a. The Pedagogy Training Manual for Facilitators will be available as a series of nine Powerpoint™ presentations.
- b. The Facilitator's Manual will also be provided as a printed handout. The printed manual will provide an easy-access reference to the material and will also be an alternative source in cases where power losses may prevent use of multi-media.

**Objectives have been deliberately omitted from most of the modules. The group will use the modules to practice identifying and developing objectives.**

Lesson Plans for the most of the modules have deliberately been omitted from the package. Some Sample Lesson Plans have been included. **The participants will use the remaining modules to collaborate with the CNTS to construct their own, ideal Lesson Plan format.** The Sample Lesson Plan may be adjusted for future sessions, according to the Facilitator's advice.

## References

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## Session Schedule and Contents

Sessions will be delivered as 9 Modules over 5 full days and one part day.

01-06 Communication: Day 1 - 2	Pedagogy Skills	
01 Pedagogy		Introduction
02 Communication – Speaking & Presentation Skills	<p>Tips for organizing lecture content</p> <p>Use of voice and “stage” presence (body language) to engage with students</p>	<p>Content</p> <ul style="list-style-type: none"> <li>• three “T’s”</li> <li>• timing</li> </ul> <p>Voice</p> <ul style="list-style-type: none"> <li>• speed</li> <li>• tone</li> <li>• volume</li> </ul> <p>Body language</p> <ul style="list-style-type: none"> <li>• posture</li> <li>• movement</li> <li>• eye contact</li> </ul>
03 Slide Presentations & Visual Aids	<p>Identifying some of the ways people learn (sight, sound, action)</p> <p>Making slides easy to follow.</p> <p>Using handouts to strengthen learning and increase class time for discussion and questions.</p>	<p>Learning styles</p> <p>Tips for making slides (Powerpoint™)</p> <ul style="list-style-type: none"> <li>• colors</li> <li>• graphics</li> <li>• formatting</li> </ul> <p>Handouts</p>
04 Active Communication & Learning	<p>Understanding how the class is responding.</p> <p>Using student participation to strengthen learning.</p> <p>Building continuous English vocabulary and grammar learning into nursing coursework.</p>	<p>What is active communication?</p> <p>Active learning</p> <ul style="list-style-type: none"> <li>• questions</li> <li>• discussion</li> <li>• demonstration/practice</li> <li>• role playing</li> </ul> <p>Adding English</p>

05 Student Interaction	<p>Managing the classroom relationship.</p> <p>Helping students “want to learn”</p> <p>Showing students “how to learn”</p>	<p>Assertiveness</p> <p>Communicating expectations</p> <p>Motivating students</p> <ul style="list-style-type: none"> <li>• making the connection between skills/knowledge and empowerment</li> <li>• incentives</li> </ul> <p>Study skills</p> <ul style="list-style-type: none"> <li>• time management</li> <li>• notetaking &amp; review</li> <li>• reading strategies</li> </ul> <p>Critical thinking / reflection</p> <ul style="list-style-type: none"> <li>• how it works</li> <li>• why it is useful</li> <li>• frameworks for reflection</li> </ul>
06 Sample Lectures	Experience the effect of different styles of lecture delivery.	

<b>07 Using Resources: Day 3 - 4</b>	<b>Pedagogy Skills</b>	
	<p>Creating and using a lesson plan to save time and increase teaching effectiveness</p> <p>How to help students keep and use the information they learn in class.</p> <p>Teaching critical thinking and reflection (evidence-based teaching &amp; learning)</p> <p>How to find information we can use to improve our own (and our students’) knowledge.</p>	<p>Lesson plans</p> <p>Why do we use a lesson plan?</p> <ul style="list-style-type: none"> <li>• how to identify the main objectives from the course content</li> <li>• using &amp; designing lesson plans</li> </ul> <p>Reinforcing learning</p> <ul style="list-style-type: none"> <li>• review questions during class</li> <li>• link to previous courses</li> <li>• quizzes</li> <li>• games</li> <li>• video</li> </ul> <p>Problem-solving and comprehension</p> <ul style="list-style-type: none"> <li>• simple math and word problems</li> <li>• case studies</li> </ul>



		Increasing and updating knowledge (libraries & internet) <ul style="list-style-type: none"> <li>tutorials</li> <li>HINARI</li> </ul>
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08-09 Evaluation: Day 4 - 5	Pedagogy Skills	
08 Evaluation 1	Making assignments that focus on course objectives  Frameworks to clarify expectations and evaluation.	Letting the students know what you want <ul style="list-style-type: none"> <li>frameworks for presentations</li> </ul> <b>SELF-EVALUATION</b>
09 Evaluation 2	Identifying course/class objectives  Creating clear exam questions	Using the course objectives  Deciding how many marks to each section  Evaluating memory, problem-solving and comprehension  Exam style  Marking strategies  Designing questions

Day 6	Pedagogy Skills	
REVIEW & COMPREHENSIVE PRACTICE	Using module materials to practice lesson design, delivery and evaluation	
Module Evaluation		
Closing		

## **Orientation for Facilitators:**

In the printed manual the **Facilitator guides** are framed in **green colored boxes** to be seen easily. These include extra information the Facilitators may include as part of their presentation in addition to the text on the slides and also suggestions about how to guide discussions and points to highlight related to the lecture material.

**SUGGESTED ACTIVITIES ARE IN UPPERCASE BOLD RED TEXT IN THE TRAINER'S NOTES.**

**“ACTIVITIES” MEANS TEACHING METHODS THAT GO BEYOND THE INSTRUCTOR SPEAKING TO THE CLASS, LIKE INVOLVING THE GROUP IN A DISCUSSION, DEMONSTRATIONS OR ROLE-PLAYING EXERCISES.**

It will not be possible to address significant teaching of English language within any short program. However, English language training can be a part of all course material if the instructor understands how to include it in the lesson and assignment plans. This methodology uses self-study in vocabulary and word-use as an evaluated (and marked) component of the entire syllabus. This can be an effective tool for gradual extension and reinforcement of English competency. The modules will include specific strategies for including English training in everyday nursing class material.

## **ORIENTATION FOR WORKSHOP GROUPS**

**The information in your slides is also printed in your Manual.**

**Handouts are numbered according the Module they are related to (Handout 04a and 04b would be the first and second handout for Module 04). They are spiral-bound so you may photocopy them easily to use later.**

**Annexes provide extra study material for those who are interested in learning more.**

## 1. Pedagogy

### Facilitator Guide:

**FACILITATORS SHOULD COLLECT ALL THE NAMES OF THE PARTICIPANTS AT THE BEGINNING OF EACH SESSION.**

**EVERY EFFORT SHOULD BE MADE TO PRINT**

**CERTIFICATES FOR PEDAGOGY** (template provided)

**THESE SHOULD BE DISTRIBUTED DURING THE WRAP-UP AT THE END OF THE SESSIONS.**

### Facilitator Guide:

**ASK THE GROUP TO WRITE ANY CONCERNS THEY HAVE ABOUT TEACHING AND COLLECT THEM IN A BOX, ANONYMOUSLY.** These can be discussed at the end of the session and can be used to update material in the manual.

## Introduction

### What is pedagogy?

Simply – The art and science of teaching.

Many people are still debating about the exact meaning of pedagogy.

**We can think generally about pedagogy as any activity that one person uses to give teaching to another person.** It can happen in all areas of our lives and may be done by many different kinds of people.

Our particular interest is nursing education. For these modules, we will concentrate on teaching given by an instructor as part of a structured education program.

Pedagogy includes:

- The way we prepare and deliver our classes.
- How we communicate with our students (and our colleagues)
- How we find out if our students have understood (evaluation).

In addition to “teaching” a good educator may:

- use some of the performance abilities of an **actor**
- be a **scientist** who experiments with new ways to improve learning
- be a **leader** who inspires students to reach their potential

We may have many more roles than this.

Methods of teaching are changing.

In the past it was common for an instructor to stand at the front of a class and write information on the board and then ask students to memorise and repeat it.

Now we have understood that this kind of learning does not work well for all students. Teaching now uses a wide variety of methods. Modern educational programs give more attention to how well students are able to use information, rather than how well they can memorise it.

A common complaint from many nursing instructors is:

**“We were taken directly from the hospital to the institute. We received no preparation for teaching! We want some assistance for teaching!!”**

Your request is reasonable! Being an expert in any field does not necessarily mean a person can teach their expertise to another. You may have personal experience of a brilliant person who is confusing as a teacher. There are a great many skills involved in teaching and, like any other profession, we can benefit by study! Most colleges and universities now give training sessions in pedagogy to their instructors and professors.

This is your opportunity to get some fresh ideas and let us know what you need.

**As we move through our modules, keep in mind some generally accepted ideas about teaching:**

- “Teaching must be in accordance with the student’s stage of development...”
- All learning happens through the senses...
- One should proceed from the specific to the general, from what is easy to the more difficult, from what is known to the unknown.
- Teaching should not cover too many subjects or themes at the same time.
- Teaching should proceed slowly and systematically.”

(Gundem 1992)

In the coming days we will be looking at some of the techniques instructors are using to make their lectures more effective.

We will discuss which ones might work for us and which ones would not.

You might learn some techniques that will help you in your classes.

You might share some of your ideas that we can use with our students.

**Annex 01a provides more background about the concept and history of pedagogy.**

## References

Gundem BB (1992). Vivat Comenius: A Commemorative Essay on Johann Amos Comenius, 1592-1670. *Journal of Curriculum and Supervision* 8 (1):43-55.

Oxford Dictionaries (2013) retrieved on December 22, 2013 from:  
<http://www.oxforddictionaries.com/definition/english/pedagogy>

## 2. Communication – Speaking and Presentation Skills

### Introduction

#### Content

Time  
Three “T’s”  
Organisation

#### Voice

Speed And Tone  
Volume

#### Body Language

Posture  
Movement  
Eye Contact

### What is Communication?

When we give or receive information from another person or group, we are communicating. Communication is exchanging information by speaking, writing or any other method.

There are many ways to communicate information. Our class will discuss some of the common ways for a teacher to communicate with students.

#### Facilitator Guide:

Other ways of communicating are video, radio, using art.

### What is Effective Communication?

When another person understands what we have said in the way we want, then we have effective communication.

It is important to remember that many times when we say or write something, others may misunderstand (or may not be interested in understanding).

As professional instructors we must find ways to:

- communicate clearly
- catch the attention of our students

### Types of Communication

#### WRITTEN

#### VISUAL

Pictures, films

## VERBAL

Using spoken words (language or sounds)

## NON VERBAL

Communicating without words (body language, facial expressions, sound & pictures)

Most of us are very familiar with the ideas about written, or spoken communication or using pictures. However, we often don't think so much about how we are communicating non-verbally.

### Non-verbal Communication - Body Language

Sometimes non-verbal communication can tell us more than speaking.

We need to think about the message we are sending through non-verbal *gestures*, facial expressions or the sound of our voices.

We will discuss ways to use both these forms of communication to our advantage as instructors.

#### I. Content

##### What information should be in the lecture?

###### Time Available:

The amount of time will be the key in deciding how much information to give.

If we have a lot of time we can give many details.

If we have less time we must review the needed information and give the main points.

Putting too much information in one lecture will confuse your students. If necessary divide the information into two or more classes.

###### Facilitator Guide:

**The amount of time we have will be a key factor in deciding how much information to put in the lecture.**

**Extra details can be assigned to the students as homework.**

To find out if your information fits the time, practice reading the lecture out loud.

If you can read it fully, **and have a little extra time left**, then the amount of content is about right.

You will need a little extra time for questions and discussion during the class.

###### Know your information!!!

Students can understand if we don't know the information well. If this happens the instructor will lose the respect of the students. If students do not respect an instructor they will not give good attention to the class.

Study if necessary! Check facts before the class.

### Facilitator Guide:

As an instructor it is a good idea to review your lecture before the class, even if it is a lecture you have given before. It is also helpful to go to a good textbook or the internet to review the main points.

After we do this a few times the information becomes very firm in our minds. We always say the best way to learn something is to teach it to someone else.

### Content – 3 T's

Tell them what you will tell them.

Tell them.

Tell them what you have told them.

**Repeat** your **most important points** two, or even three times. This may sound like a lot of repetition to you, but will be just right for your audience.

Scientific studies show us that people remember:

- **10 percent of what they read;**
- **20 percent of what they hear;**
- 30 percent of what they see;
- 50 percent of what they see and hear;
- 90 percent of what they do and say (demonstrating practical skills to another)

Metcalfe, T. (1997) Listening to your clients, Life Association News, 92(7) p16 – 18

These studies told us that people have difficulty remembering things they hear, even when they are very interested. We can help students remember by repeating the main points more than once. Repeating the main points will help your students remember.

We will look at these points again in our future modules.

### Facilitator Guide:

**TELL THE GROUP THAT THE 3 T'S ARE TAUGHT TO BUSINESS EXECUTIVES WHO ARE PRESENTING TENDERS OR PROPOSALS.**

For example: They begin by saying "We can complete this bridge by summer 2016 for 100 crore". Then they describe the details of how they will build the bridge and they again include "the bridge will be completed by summer 2016" and "the total amount will be 100 crore". Then again in their summary they will say "To summarise, "For 100 crore we can finish this project by summer 2016".

There may be many more presenters for the tender and after awhile the information can become confusing in the memory of the interviewers. This group wants to make sure the interviewers remember the most important points – cost and completion date.

**We will talk more about how we can use this information about how people remember in our future modules.**

### **Content – Organization**

Organise your information in a logical flow so it is easy for the audience to follow your thoughts. Remember: “One should proceed from the specific to the general, from what is easy to the more difficult, from what is known to the unknown (Gundem, 1992).”

Introduction

Details

Summary

#### **Introduction:**

The Introduction should briefly let people **know why they should be interested** in listening to what you will say.

The Introduction should **catch the attention** of your students. If they are interested they will listen more carefully.

The Introduction should highlight the **main points** of the coming lecture **very briefly**.

#### **Facilitator Guide:**

**The Introduction should not be more than one or two slides (or short paragraphs, for a handout). If you have no projector or handouts you can list the main points on the board.**

#### **Details:**

The Details will be the biggest part of the lecture.

**Each of the main points** from the Introduction will be discussed in this section.

**More information and examples** will be added for each point, to help the students understand.

Questions and discussions can be included in this section.

#### **Summary:**

The Summary should be similar to the Introduction.

The Summary will **repeat the main points** listed in the Introduction but add one or two important learning details.

In this way you can use the 3 T's easily. Highlight the most important points in the Introduction. Discuss them again more fully in the Details section. Then repeat them in the Summary section.



## II. Voice

### Speed, tone and volume

Make your voice slightly **louder** and slightly **slower** than usual speech.

Speaking more slowly and in a strong voice allows people to hear your words more clearly and makes you sound a little more confident.

Making the “tone” a little **deeper** also gives the impression of strength and seniority.

Many international businesses provide instruction in tone and speed to their executive officers.

#### Facilitator Guide:

##### Vocabulary:

**EXPLAIN THE WORD “TONE”.** Tone in this case means the level or strength of sound or of color. (example deep or light tones of blue)

Tone can also mean the strength or fitness of a body or muscle. This is an important meaning for nursing. We talk about uterine tone. After delivery if the uterine muscles have good tone they are strong and stop the flow of blood. In the case of uterine atony, the muscles have lost strength (a-tony = lack of tone) and this can result in post-partum hemorrhage.

*Later, the Facilitator will refer back to this as one of the examples for introducing English learning into ordinary nursing lectures (Adding English – Module 04). Here, the instructor is building general English word skills into a lecture about another topic. We will see this again in Module 03 (Slide Presentation, using the word “emerge” as an alternate for “come out” in the example for using pictures in slides.*

## III. Body Language

In the first part of our lecture we mentioned “non-verbal communication”. Now we will discuss how to use “body language” to improve our classroom management.

Posture – how we hold our body

Movement – walking, using hands

Eye Contact – making a personal connection

#### Facilitator Guide:

Body language is important Many companies spend thousands of dollars sending their Executive Officers for training in body language because they know how effectively it can be used to manage customers and competitors.

#### Examples of Non-verbal Communication - What is body language?

Facial expressions (smile, frown)

Gestures or habits (toe tapping, clenched fists)

Eyes (eye contact, looking away)

Posture – the position of our body (leaning toward or away from someone, crossing arms)

Actors know how to use body language effectively. We can take some lessons from them. The next time you watch a serial, notice how the actors move!

**Facilitator Guide:**

**ASK THE GROUP TO GIVE PHYSICAL EXAMPLES OF BODY LANGUAGE AND TALK ABOUT WHAT THEY MEAN.** This part of the class can take some time and can be fun!

Highlight the information we get when someone rolls their eyes up when another person is talking (“I don’t respect you; what you are saying is nonsense.”)

**DISCUSS THE MEANING OF POSTURE.** Leaning or turning away cuts out connection with others. Crossing arms tightly in front is defensive (not confident) or angry – it disconnects us with others.

**Posture**

Keep your head up and stand tall.

Bending your shoulders forward (slouching) and looking down make you appear unsure or frightened.

Speak to the entire class, not just the front row. If each student in the class has the idea you are speaking to them they will give more attention.

Change your body position occasionally. A little bit of movement makes you look relaxed.

If you stand behind a desk or a stand all the time, you will create distance. Move out from time to time to connect with the students.

**Facilitator Guide:**

**DEMONSTRATE THE EFFECT OF THE DIFFERENT POSTURES. TELL THE GROUP THAT THEY ARE LISTENING TO YOU BECAUSE YOU ARE SPEAKING IN A CONFIDENT WAY WITH A POSTURE THAT SHOWS YOU HAVE AUTHORITY.**

**ASK THE GROUP TO PRACTICE TRYING TO SPEAK WITH STRONG VOLUME WHILE THEY ARE SITTING WITH THEIR BACKS STRAIGHT AND THEN AGAIN WHEN THEY ARE BENT OVER (LEANING FORWARD).** They will notice that their lungs are pressed by their ribs and they will not be able to take enough breath to speak with good volume.

**DEMONSTRATE THE EFFECT OF SPEAKING SOFTLY WITH SHOULDERS BENT OVER AND LOOKING DOWN.** Note that they would probably not listen to you if you behaved in this way because they would think you had a very junior post and did not know the information very well.

**Even if the information is exactly the same, our body language will determine if the audience will respect us or not.**

Keep your hand movements large and not too quick. Fast, small movements make you look anxious and uncertain.

Use your hands to physically point to important notes on slides.

Bring your hands up to call attention to a special point when you are speaking.

Be careful not to move “nervously”

Example: Shifting your weight from one foot to another (rocking) is a common mistake for speakers.

**Facilitator Guide:**

**DEMONSTRATE “ROCKING”.**

**Soon people will be so focused on your rocking movement they will not be giving attention to your lecture!**

Remember, the audience also plays a part in any kind of public speaking. Whether we are talking to students, colleagues or other groups it is important to remain calm. There are times when our audience may cause disturbances or be disrespectful (this can often happen when we speak to groups of colleagues or superiors).

If you begin to feel angry or upset, take some slow deep breaths and calm yourself before answering. A calm response demonstrates professional control.

**Facilitator Guide:**

**Any time we lose our temper in a situation like this we will give the impression that we are less experienced. If we remain calm and return any insulting behaviour with a rational answer in a strong voice, we increase our dignity and prestige.**

**The Facilitator may like to comment from personal experiences about this kind of situation. Being calm does not mean allowing misbehaviour to continue in our classes. We can even become angry and use a strong voice BUT it is important that we keep our control.**

**“I will show my professional strength and confidence. I will speak with my head high, shoulders back and a strong position.”**

If we use these ideas and the things we have learned about public speaking, we can increase the power we have to catch the attention of our students.

The same techniques can also be very effective in our personal interactions with our colleagues!

**Facilitator Guide: (allow 5-10 minutes)**

**ASK THE GROUP TO READ THE QUOTE ONE BY ONE, WITH SPECIAL ATTENTION TO THEIR TONE, POSTURE AND MOVEMENTS.**

They may like to try several times. Remind them to think about their favourite actors and actresses.

**BE SURE TO ENCOURAGE THEM AND TELL THEM THEY HAVE DONE WELL.**

In this way we are helping them learn the material by “saying” and “doing” (practicing the skills of public speaking that we have been talking about).

Gundem BB (1992). Vivat Comenius: A Commemorative Essay on Johann Amos Comenius, 1592-1670. *Journal of Curriculum and Supervision* 8 (1):43-55.

### 3. Slide Presentations and Visual Aids

**NOTE:** Modules 03 and 06 are the only modules that must be delivered as a slide presentation. The CNTS will carry a laptop and power adapters to ensure that this is possible. All other modules will be delivered as slide presentations if possible but can also be delivered using the text only form if necessary. (Some institutes may have problems with load shedding.)

“**Presentation**” means giving or showing something to others.

As instructors our goal is to give information and understanding to our students..

Anything we can do to help our students remember or understand, will make our presentation more effective.

#### **Presentation skills**

##### **I. Learning styles**

#### **Facilitator Guide:**

**In the previous module we discussed some ways we can use voice and body language to catch the attention of our students and increase our strength in managing classes.**

**In this module we will talk about adding multi-media to our speaking skills.**

Earlier in most classrooms the instructor would stand at the front of the room and read to the class or write notes on the chalkboard.

Now we know that this is not necessarily the easiest way for students to learn.

There are many different learning styles.

#### **Some Common Learning Styles**

##### **Seeing**

- demonstrations, pictures, shapes or graphs

##### **Reading**

- reading words (also a kind of “seeing”)

##### **Hearing**

- hearing words or sounds

##### **Doing**

- practicing, touching

In our earlier lecture we learned that people remember:

- 10 percent of what they read;
- 20 percent of what they hear;

We also know that people remember:

- 30 percent of what they see;
- **50 percent of what they see and hear;**
- **90 percent of what they do and say** (demonstrating practical skills to another)

Metcalf, T. (1997) Listening to your clients, Life Association News, 92(7) p16 – 18

**Seeing      Reading      Hearing      Doing**

**Using more learning styles can make our lessons more effective** (and usually more enjoyable for both the students and the instructor).

### **Facilitator Guide:**

**There is nothing wrong with having fun in class. When the students and the instructor enjoy the class the learning is much easier.**

### **Tips for making slide presentations**

- **Colors and fonts**
- **Pictures**
- **Formatting**
- **Handouts**

### **FONTS**

Using powerpoint we can change the sizes and style of the writing.

Font = the style of letters you use

Fonts have many names. You will find a menu that will show the name and a sample of the style. Sample    Sample    Sample

Some common fonts are:

Arial (we are using Arial for this manual)

Times New Roman (this is used in many books)

Remember, using too many unusual fonts can make the appearance confusing. Choose one for your presentation and check that it is clear from the back of the classroom.

### **COLORS**

We can also change the colors of the writing and the background.

**BUT**

**Not all colors work together!**

Refer to Handout 03 – Visual Aids

### **Facilitator Guide:**

**ASK THE GROUP TO SAY WHICH COLORS LOOK THE MOST CLEAR**

**We will not discuss things like “Shadow” and “strikethrough” in these introductory lectures.**

## **The same colors on a white background.**

Red text and lines are difficult to read on a dark blue background. If you use red lines make sure they are very thick.

### **Facilitator Guide:**

**Red and dark blue are difficult to see together. They may look clear when you are making the slides on the computer, but in the classroom they can be impossible to see. (Many experienced presenters still make this mistake.)**

When we say “24 point font” we mean the size should be “24” (the size number appears beside the name of the font in the menu).

The size can look different depending on the font style you choose.

### **Formatting**

Formatting, for a slide presentation, means arranging the information using:

- Spacing
- Colors and lines
- Size

#### **Factors That Increase Risk Of Pressure Sores**

##### **Physical-Incontinence**

If the patient is unable to control their bladder (urine) or bowel (feces):

Increased risk of infection (microbes grow in warm, wet areas) – infection causes skin breakdown

##### **Physical-Malnutrition**

Insufficient nutrition reduces the amount of body tissue (person becomes more thin). If a person has less fat and muscle tissue s/he has even less protection over surface bones so pressure sores begin more easily. It is also important to make sure the patient has enough fluids (maintain hydration).

##### **Physical-Obesity**

Extra body weight adds pressure to bony areas. Obese patients may have many skin folds. Inside the folds perspiration does not dry. The warm, wet environment increases bacterial growth and risk of skin breakdown.

**The information above (Factors That Increase Risk Of Pressure Sores) is presented on one slide with no pictures, formatting or spacing. The text is taken from the sample lecture (Module 06).**

**The same information is then presented on three slides, taken directly from the sample lecture. No pictures are included but the text is broken into smaller sections with formatting to demonstrate spacing and highlighting to emphasize points.**

### Facilitator Guide:

Let's look at the information from this slide. We have not used any larger sizes to separate areas with different information and we have put lots of information on the slide. **ASK THE GROUP TO READ THIS NEXT SET OF SLIDES (16-19) ON THEIR OWN. GIVE THEM SOME TIME ... ASK WHEN THEY ARE FINISHED READING, THEN MOVE ON TO THE NEXT SLIDES**

Now we will look at the next set of slides with the information formatted. **HAVE A BRIEF DISCUSSION ABOUT WHICH FORM OF INFORMATION IS EASIER TO UNDERSTAND.** Note that the information is the same, it is just presented for our eyes in a different way.

### Use of pictures:

#### **Birth positions:**

In the **normal** position the baby will come out **head first**.

In the **breech** position the baby will *emerge* **bottom first**. This can be a medical emergency.

The next slide shows the information about birth positions with the same formatting but including a graphic of breach birth.

### Facilitator Guide:

The Facilitator will read the text and also point to the pictures to emphasize the different positions of the head. Then take moment to discuss the vocabulary words.

**Vocabulary:** emerge = "to come out"      cephalic = related to the head

By including the words "emerge" and "cephalic" the students can become familiar with two new vocabulary terms: Even if the students have already learned the term "cephalic" in their anatomy or other courses, this is a good way to continuously review and strengthen medical terminology.

Discuss with the group that in this slide we are using "hearing" (speaking), reading, pictures.

By discussing the vocabulary words and using our hands to point out the position we are doing two things: 1) making a more personal connection to them because we are not just reading, and 2) strengthening the learning by repeating the information In another way.

*Note: The Facilitator will refer back to the vocabulary learning about "emerge" and "come out" in Module 04 when we discuss Adding English to nursing lectures.*

Make sure it is clear!



The next slide shows the same information and formatting but uses the same graphic with insufficient resolution so the graphic looks blurred and the text is very difficult to read.

### **Facilitator Guide:**

**Make sure you use a picture that is clear enough. If the picture is too small, when you make it bigger on the slide it will not be clear. Unclear pictures will make the presentation look unprofessional.**

## **II. Handouts**

When we use a slide presentation it is helpful to give the students a printed copy of the presentation.

These can be made easily with or without pictures.

(pictures can be converted to black and white – color printing is expensive)

Providing a handout gives the students time to focus on what we are saying instead of writing everything that is in the slides.

The handouts are an accurate record of the main points we want them to understand.

Handouts are not only useful as copies of slide presentations. They provide extra reference material for the students to take away and study.

### **Handouts also save time in the class.**

Instructors often prepare a handout with the **Main Objectives** and a summary of the **Key Points** for each objective.

This allows the students to focus on what we say rather than focusing on copying everything we say.

We have **extra time for discussion** rather than waiting for the students to copy.

We can use handouts whenever (any time):

- we are teaching a topic or idea that uses a visual image (anatomical diagrams, nursing procedures, or others)
- flow charts would clarify the idea
- we want students to listen and discuss, rather than focusing on copying everything we say in the class

**Caution:** We want to be careful that students don't use handout outlines as their **ONLY** study material!

### **Visual Aids - Summary**

Slide presentations can be very useful tools for helping students to learn. The students can:

- hear and see the written text of the material
- colors and spacing can clarify the information
- pictures can strengthen their memory

Handouts can provide visual assistance AND give students more time to focus on asking questions, discussing ideas and noting more complex point (rather than copying everything we say in class).

Update!

**Facilitator Guide:**

Tell the group to remember to update the presentation from time to time as you have new ideas about your lecture or discover points that are difficult for the students.

## 4. Active Communication & Learning

### Facilitator Guide:

**THINGS TO BRING:** The instructor should bring

- 1) cloths and water to the class for the Demonstration section.
- 2) copy of an article from an English newspaper, if possible one that relates to health or nursing.

How do you know if someone is interested in what you are saying?  
How do you know if they are bored?

### Facilitator Guide:

**ASK THE GROUP TO TELL YOU HOW THEY WOULD KNOW THESE THINGS. MAKE A LIST ON THE BOARD.**

### What is active communication?

If we are actively communicating with the class we will be alert if their attention is lost.

Communication is not only one way. Active communication means we will also be hearing and watching what is going on in the class. We will be following the class's body language.

We may remember from our own time as students that it is difficult to focus on a lecture for a long time.

We may be interested, but if we only look and listen our attention will become weaker after some time.

As instructors, we can help our students keep their attention sharp by making breaks in the lectures.

### I. Active Learning

Active learning means the students are not only listening or watching, they are also participating in the activity. Some of the things we can do to increase active learning:

- Questions
- Discussion
- Demonstration / Practice
- Role Playing

### Facilitator Guide:

In this module we will talk about how to include breaks in our lectures in ways that also increase our connection to the students. Learning another language is never easy and learning their subjects in English is difficult for everyone. We can help strengthen English learning by having a little bit of English practice in every class. This can also be one of our strategies to break up the lectures.

### Questions

We can use occasional questions to create **small breaks in the class**.

- Ask the students if they have any questions.
- Ask particular questions to the students occasionally.

It is important to remember to ask many different members of the class, not just those who are most active or near the front.

### **Facilitator Guide:**

It is easy to get in the habit of speaking mostly to the students near the front of the class because a) they are close to us and 2) more interested students often sit near the front and are more eager to interact.

We must also try to encourage the students who are more shy to speak. It is important to build their self-confidence.

Students may not like to ask questions. In their HSC and SSC they may have been discouraged from asking.

During their early school their teachers may have been less modern. Many old-style teachers abuse students if they answer incorrectly. This makes students afraid to speak up in class.

It is essential for our students to become more interactive. If they do not have this kind of confidence it will be difficult for them to bring respect to our profession.

- **Praise** students who ask questions
- **Praise** students who answer questions – even if they are not correct (or not fully correct).

### **Facilitator Guide:**

When we begin our classes we may have to take time to make our students relax. If we begin early in the semester the students will soon be more ready to interact with us.

Even if a student answers a question incorrectly, we can still use a nice voice and say things like “Good try” or “Very good, but I’m looking for something a little different.” As long as we keep our tone of voice pleasant and encouraging, even if the student answers incorrectly they will be encouraged to try again in the future.

When we encourage our students to ask questions in class, we are also hoping they will become more confident and ask questions later when they are working in the hospital.

**Caution:** If students suddenly begin to be encouraged to question their instructors there is a danger they can become disrespectful.

We can actively teach them how to ask questions in a professional and respectful way.

#### **Facilitator Guide:**

**Many doctors will not welcome questions from a nurse. It will take time to change this culture, but it is beginning to change. It will be important to let our students know they can help to increase the power and position of nurses by asking questions in the hospital if they ask in a professional and respectful way.**

**TAKE A LITTLE TIME TO LET THE GROUP TALK ABOUT THIS. ASK THEM TO SHARE THEIR EXPERIENCES. DO THEY FEEL COMFORTABLE ASKING QUESTIONS IN THE HOSPITAL? BRING IN A DISCUSSION ABOUT MOVING NURSING FORWARD BY PROFESSIONAL BEHAVIOUR. USE SOME EXAMPLES OF RESPECTFUL QUESTIONING.**

#### **Discussions**

We can also break the class by asking students to discuss something related to the lecture.

Many of our nursing topics are not suitable for “discussion” but we can find opportunities.

- Sharing past experiences related to particular areas of health care
- How do they feel about things? (How do they feel about asking questions?)
- What are their ideas for changing things?
- Experience in the hospital

#### **Facilitator Guide:**

**Many nursing lectures have a little room for discussions about the student’s ideas regarding patient education. Classes that include topics related to communication, nurses or patient’s experiences, community conditions or local beliefs have natural places where students can contribute their observations, ideas or questions easily as part of the lecture.**

#### **Demonstrations / Practice**

Bringing models to class or demonstrating something in class can be a powerful tool for learning.

#### **Breaks the lecture**

**Introduces another learning style** (seeing their instructor do an activity is different from seeing pictures from a projector)

If we can include student participation in the demonstration it is even stronger!

### Facilitator Guide:

**BRING CLOTHS AND SOME WATER TO THE CLASS. Demonstrate how friction can cause bedsores.**

- 1) Ask the group to rub a dry cloth along their arm or their ankle.
- 2) Wet the cloth and repeat the exercise.

This will give a strong demonstration of how moisture (from sweat or urine) can greatly increase the risk of skin damage.

It is difficult to find time to include a demonstration in every class but if we use them from time to time they are extremely effective in helping students remember.

**DEMONSTRATE BODY MECHANICS. THE GROUP SHOULD PARTICIPATE IN THIS ACTIVITY.** Show how we should place our feet to keep balance. Show how to lift a chair by standing close to it and lifting with the legs. Demonstrate how we should NOT reach and bend out back, or we may seriously injure ourselves.

### Role Playing

Role playing means acting. It is sometimes helpful to ask students to pretend they are nurses and patients in a particular situation.

Example: One student can play at being a nurse taking a first health interview from another student who plays a patient.

This kind of acting can help students understand how the patient might feel and help them gain confidence in working with patients.

Role playing can be used for many kinds of learning including nursing administration issues.

Some universities ask their students to wear a blindfold for a day, or bind one leg so they will understand the problems faced by patients with injuries or disabilities. Asking students to brush each other's teeth is a powerful experience of how it feels to be helpless with another person performing your care.

### Facilitator Guide:

**THE INSTRUCTOR MIGHT TAKE SOME TIME TO ASK SOME MEMBERS OF THE GROUP TO ROLE PLAY A SCENE.** You can ask the group about situations they find challenging and create a role-play OR suggest some of the following:

1. The group can be asked to put their dominant hand behind their backs and then try to manage ordinary tasks like putting on their shoes or writing their names.
2. Divide the group into pairs and ask one member to cover their eyes with their sari or orna. This person will be "blind". The other person will be their guide and will lead them around the outside of the room. Then ask the pairs to change position and repeat the exercise.

Some universities ask their physiotherapy students to role-play in this way for a day. Each student must choose a disability and go for one day without seeing, using only one arm or one leg.

**THIS ACTIVITY MAY TAKE 30 MINUTES OR MORE.**

## II. Adding English

### **Including English learning in coursework**

We know it is difficult to learn nursing in English, especially if our students are from Bangla medium. Many prefer to have all the lessons translated into Bangla and only memorise a small number of English questions and answers.

The right to speak in Bangla was part of the Liberation War so many students are sensitive about their language and resist learning other languages.

### **Facilitator Guide:**

**We can understand their difficulties and of course they will love their Mother Language. Still, English is used almost everywhere in the world and most professionals can read and speak a little.**

We must convince students about the importance of learning English. Almost all the new information about nursing is available in English. It is updated every year and if our students can't understand English they can't use most of the textbooks or the information on the internet. If they can't use English they will quickly fall behind the professional community.

Without some English knowledge they will have great problems in being seen as professionals (doctors, lawyers, engineers and others all use English).

Many of our students will enter the Diploma program with very little English ability. One or two English courses can help but we can't learn a new language in one semester.

It may be necessary to translate for them in the beginning BUT we can help them learn by including **small exercises that strengthen English** in all our classes.

In each lecture we can **introduce some new vocabulary** words. We can introduce nursing vocabulary but we can also introduce general English vocabulary (words like: environment, unique, characteristic, etc that our new students may not know yet).

The next slide is from Module 06 –Sample Lecture (slide 2).

### **Example: Immobility**

**immobility** (being immobile) = unable to move

Immobility can happen because of illness or injury BUT

Bodies are made to move. Movement helps our bodies stay healthy.

Image credit: Without movement muscles and tendons begin to become shorter (**contract**).

If a person is immobile for a long time they could lose their ability to move.

Photo: contracture Aarabi S, Longaker MT, Gurtner GC (2007) PLoS Med 4(9): e234.

doi:10.1371/journal.pmed.

### Facilitator Guide:

In this slide we identified the vocabulary words “immobility” and “contract” and we clarified them for the students.

We can also talk a little bit more about other vocabulary words like the word “contract”. We can let the students know that a) “to become shorter or smaller” is the way we use this word in science. In this case we are using it as a verb. BUT, this word is also b) a noun (names a thing) that means an agreement. “The man made a contract to sell a part of his land.” c) it can also be a verb meaning to become infected with a microbial disease “The child contracted fever from her sister.”

**WRITE EACH OF THESE MEANINGS ON THE BOARD FOR YOUR STUDENTS AND TALK ABOUT THEM FOR A FEW MINUTES**

We can ask our students to practice making some new sentences using both of these meanings.

When we **add vocabulary** this way we are making a **short break** in the lesson AND we are **helping the students learn English** slowly in every class we teach.

It would **take time** for us to add extra vocabulary study to all our classes. We must choose the words and take time to check the meanings in an English dictionary (even English-speaking teachers have to do this!)

We can **add a few new words** to our lectures in **every semester**. After some time we will have a good collection of words for our students to practice.

Keep a separate list of the words and let the students know there will be quizzes and assignments using them.

### Facilitator Guide:

**Give some homework assignments or class quizzes that require the students to use both of these meanings in sentences. It is important to tell them they must use the science meaning if they see this word on an examination!**

**We want our students to practice using the words, not just memorise from your lecture. It is important to tell them they would not be able to use the example sentences from our lecture on an exam or a quiz.**

We can occasionally **make a game** for our students. For example, we can give a small prize for the student who is the fastest in writing the meaning of 4 or 5 words we choose from our vocabulary list.

If we don't have a lot of extra time we can make these short. It might only take 5 minutes to write the meaning of some words.

Once in a semester you might schedule a longer game with teams where a member is eliminated if they can't give the meaning of a word.



The Annex for Module 04 gives a few ideas for English games.

### Facilitator Guide:

It is nice if teams are chosen by drawing names from a box each time we do this. In this way we can mix our students each time we have a game and avoid having fixed groups that may clash.

**GAME: MAKE TEAMS AND ASK THE TEAMS TO THINK OF AS MANY ENGLISH WORDS AS THEY CAN THAT BEGIN WITH THE LETTER "R" (or any other letter). THE GROUPS HAVE 5 MINUTES. AT THE END OF THE 5 MINUTES THEY WILL WRITE THEIR LISTS ON THE WHITEBOARD.** To make the game even more educational the instructor might ask the students to identify the meaning of the words.

**THE FACILITATOR MAY GIVE A CANDY OR SMALL PRIZE TO EACH MEMBER OF THE WINNING GROUP.**

**NOTE: WE USUALLY ANNOUNCE THE WINNING TEAM, BUT NOT ANY OTHER RANKINGS. THE PURPOSE IS TO CELEBRATE THE VICTORY AND ENCOURAGE COMPETITION, WITHOUT MAKING ANY OF THE LOSING TEAMS FEEL EMBARRASSED.**

Another way to make English learning fun for students is to have them learn a song. Although the grammar can be unusual, this is a very good way to learn vocabulary.

The instructor may list the words and ask the students to learn the meanings.

Although the grammar can be unusual, songs are a very good way to learn vocabulary.

We can occasionally bring small articles from an **English newspaper** that are related to health care.

These can be used to make excellent assignments for Community Health or discussions about nursing issues. Students can practice reading the articles and work on the vocabulary words.

If we added even **one** English practice item into **every lecture** our students would be learning English more easily, along with their nursing knowledge.

At the end of their Diploma Program they would be much stronger in English and have much more confidence as professionals.

### Adding English to Classes - Summary

- Nursing vocabulary practice
- General English vocabulary practice
- Games/Competitions with words
- English songs
- Newspaper articles

We can probably think of other ways to include English learning in our nursing lectures.

Doing this will introduce breaks in our lectures AND help our students learn English more easily.

## **Remember the Learning Styles**

### **Pictures**

demonstrations, pictures, shapes or graphs

### **Reading**

reading words (also a kind of “seeing”)

### **Hearing**

hearing words or sounds

### **Doing**

practicing, touching

### **Facilitator Guide:**

**There is a lot to remember in nursing study. If we can use more of these in our lectures we can help students to remember more easily.**

These ideas about communication are not new. Almost two thousand years ago in China, a scholar wrote:

**“What I hear I forget, what I see I remember, what I do I understand.”** Confucius (340 - 245 BC)

If we use these ideas and the things we have learned about presenting information, we have a good chance to increase professional success in the classroom (and also our personal interactions with our colleagues)!

## 5. Interacting with Students

Most of what we discuss in our pedagogy modules is related to interacting with students.

In this module we will focus on interactions that are less directly related to delivering our course content and more related to helping our students study.

**Assertiveness**

**Communicating expectations**

**Motivating students**

**Study skills**

**Critical thinking/ reflection**

### I. Assertiveness

Assertiveness is a **professional art**.

It is something that an instructor should have.

**Definition:** confident and direct in claiming one's rights or putting forward one's views – Collins English Dictionary (2013) <http://www.collinsdictionary.com/dictionary/english/assertive>

**Assertiveness is the art of behaving or speaking in a strong way, without being angry or offensive. It is being strong in our statement, but also being respectful**

It is effective for gaining respect and cooperation.

It is also something we must try to **teach our students**.

Assertive = strong and respectful      Aggressive = strong and angry

#### **Facilitator Guide:**

**THE FACILITATOR MAY ASK 3 MEMBERS OF THE GROUP TO DEMONSTRATE 1) AGGRESSIVE, 2) PASSIVE, 3) ASSERTIVE BEHAVIOUR.**

**IF NONE OF THE PARTICIPANTS VOLUNTEER, THE FACILITATOR CAN DEMONSTRATE AN ASSERTIVE STATEMENT, IN COMPARISON TO A PASSIVE/SHY STATEMENT OR ANGRY STATEMENT. Telling people to leave a room provides a good example.**

**Most of us may already know and practice assertive behaviour. We may have observed that when someone shows uncontrolled anger or abusive behaviour our respect for them is reduced. Any time a person can remain calm and strong in a difficult situation, we will see them more as a leader.**

**We must also remember that it is important for our students to learn to be assertive.**

This can be very difficult for many of our students who may not have experience with independence.

We can begin to teach assertiveness by giving support when they speak up in class.

Too much independence and responsibility suddenly can be frightening so we can begin by giving small assignments such as:

- Class discussions with praise for participation
- Encouragement for answering questions in class (correctly or incorrectly)
- Presenting scenarios and asking the class to suggest possible actions (independent problem-solving).

To develop assertiveness it is important for the students to have trust that they will not be punished for asking questions or defending an idea. Students must learn to be confident in presenting their ideas BUT they must also be professional. They must never be rude or shout. They should be calm and use logic to prove their points.

**Debates** require people to present their ideas in public in a confident way. Having a student debate with an instructor can cause problems with discipline in the classroom so a helpful way to develop assertive behaviour is to have students debate with each other.

Students must collect their points and each should try to win the support of their classmates for their side. At the end of the presentations the audience should write their choice on pieces of paper that can be collected and counted to decide the winner. It is important that the votes are confidential, otherwise there can be conflicts between friends. To avoid this you may assign instructors to be judges, rather than fellow classmates.

Handout 05a provides a basic example of a scoring sheet for debates. As students become more advanced more complex categories may be added.

Another way to help students learn to be assertive is to ask them use role-playing. If the students feel like they are “acting” they may become more relaxed in taking a strong position. Many students enjoy drama and with a little encouragement they can become involved in playing a more confident assertive character. This takes time, but might be useful as a laboratory exercise. The scenarios can be related to nursing but they can also be about other situations. The students can be asked to present an assertive response and also an angry or weak response. In this way they can begin to practice the sense of being assertive.

Handout 05b provides some more tips for how to practice assertive behaviour.

**Facilitator Guide:**

**We can find many more opportunities to encourage confidence and assertiveness.**

**ASK THE GROUP IF THEY CAN THINK OF SOME OTHER TASKS OR ASSIGNMENTS WE COULD USE TO ENCOURAGE STUDENTS TO DEVELOP INDEPENDENT DECISION-MAKING.**

**II. Communicating expectations**

- a. Clearly say (or write) what we want the students to do (or not do).

- b. Explain the purpose.
- c. Explain what will happen if our expectation is not met.
- d. Be firm in holding our decisions about what we expect.

**Example: Classroom behaviour.** We want the students to arrive on time for class.

**What:** Tell them we want them in class at the scheduled start time.

**Why:** Explain you are teaching the habit of reliability and its importance for a professional. What would happen if there was an emergency in the ward and one or two nurses were half an hour late for the shift? What if a colleague was injured on the job and alone because his/her shift-mate was carelessly late. Pride in our professional responsibility is essential!

**Consequences:** Be clear that in future if they are late they will not be allowed to enter the class and will be declared absent.

#### **Facilitator Guide:**

**Giving an explanation for our decisions or actions is another way to encourage confidence in our students. We respect their right to expect reasonable behaviour from us!**

**Example: Assignments.**

**What:** Describe clearly what kind of information you expect them to provide and the form you want (how much detail; bullet points or full paragraphs...). Give clear due dates/times and mark values.

**Why:** Explain the learning goal (objective) for the exercise.

**Consequences:** How many marks will be lost if the guideline is not followed? What happens if the assignment is late?

If we are not firm in delivering the consequences we have outlined, we risk losing both respect and authority in the classroom.

It is helpful to **write some of our expectations** in the Course Outline or in handouts to accompany special assignments.

We will look more closely at creating “**frameworks**” in the “Evaluation” module.

#### **Facilitator Guide:**

**Firmness is important but we should also be reasonable if students face accidents or family emergencies.**

### **III. Motivating students**

#### **Making them thirsty to learn**

When students are motivated to learn, study become MUCH easier.

We have already mentioned the difficulty faced by many of our students who have no experience with independence.

They may have little interest in serious study because they do not understand that **knowledge and skills will make them more powerful.**

**Stories:** As instructors, we can include this message in many of our classes by using examples or stories about the actions of **strong nurses.**

#### **Facilitator Guide:**

**Previously, some students may even have been punished for showing independence or assertiveness. It is important for them to learn that our world is becoming more and more connected internationally.**

**In the past many societies could expect promotion only if they had good family connections or money. This is changing. In the global community skills and abilities can create bright futures if they come with professional behaviour.**

A few students may be motivated quickly but for many this process takes a lot of time (sometimes years). We may be changing lifetime habits!

#### **Incentives can help.**

An incentive is something that encourages a person to do something. Some examples of incentives are: rewards given by someone else, the approval of others, job promotions.

Here are a few examples of incentives we can add to our classes:

- Learning games with small prizes
- Special certificates if the class reaches a goal
- **PRAISE** – we should not underestimate the power of giving verbal support when someone has done well!!

Even simple things like saying “I’m glad you asked that question.” can be strong motivators for students.

#### **Facilitator Guide:**

**Incentive = reward for doing some task; a reward that makes a person want to work (or work harder).**

**WRITE THIS MEANING ON THE BOARD**

**ASK THE GROUP TO NAME DIFFERENT THINGS THAT COULD MOTIVATE STUDENTS. GIVE EACH PERSON WHO ANSWERS A CANDY.**

**THIS IS AN EXAMPLE OF GIVING A SMALL INCENTIVE. ALLOW 5 OR 6 (OR MORE) PEOPLE TO GIVE ANSWERS AND RECEIVE A CANDY. (It is not necessary to give candy to every person at this time. Everyone will have an opportunity to “win” a candy in the next section.)**

#### **IV. Study Skills**

Secondary school instruction may have been very weak for some of our students. Even with motivation they may have difficulty studying because they never learned how to do it.

Early in their program we can take a little time to teach:

- time management
- note-taking
- scanning and intensive reading
- paraphrasing

**Time Management:** Often students think they must study by reading or trying to memorize their notes for hours at a time.

Most students will learn more if they:

- study for 30 minutes or an hour
- take a break for 15-30 minutes
- quickly review the material

Then take another break and repeat the process with the next section of information.

Another popular strategy with students is to do all their studying the day and night before an examination (often missing classes to do it!). This study strategy works for a very few students but for most it gives poor results.

If students will **review** some of their course material even one hour every day they will be MUCH better prepared for their exams.

**Note-taking:** If they have handouts, many students will take very few notes. Taking notes is a skill and it takes time for them to learn that the extra stories and examples their instructor talks about in class are extremely useful in helping them learn and remember their course material. We can:

**Assign marks for note-taking and ask students to show their notebooks quickly before they leave the class.**

This would probably be necessary only in the early months of their program. Afterward they will be accustomed to taking notes.

**Scanning and intensive reading:** When students go to the library they may have to look through many books to find the one that has the information they need presented in the best way. A single textbook for medical-surgical nursing might be more than 1000 pages. It is not possible to read every part of these books. Students have to learn to find the particular information they need quickly. It can help them to use different reading strategies.

- **Scanning:** When we scan something it means we look without reading the details. We don't read sentences or even try to find the meaning, we only look for **keywords**. These are words that are very specific to the topic we are interested in.
- For example, if the student is trying to find information about the chambers of the heart there could be whole chapters about different topics related to the heart or the circulatory system. To save time we can teach them to quickly "scan" a page to find words like "ventricle, atrium, valve". These words are very specific to the chambers of the heart.
- **Skimming:** Once the student finds the keywords they can read the sentences around those words. They may not read the whole section but they may read just enough to understand if this section will be useful (does it have enough detail, is it about their

particular interest). This kind of “light” reading is called skimming. When we skim we don’t try to get the full understanding of the writing. We are only looking to find out if it is the information we need or not.

- **Intensive reading:** When they find a section of text that appears to contain the information they want, then they may begin to read it carefully and get the full meaning. This is “intensive” reading.

**Facilitator Guide:**

**Focusing on the sections they need is more difficult if they are weak in English but they can improve with a little practice.**

**MAKE A CONTEST:**

**ASK THE GROUP TO TURN TO A PAGE YOU CHOOSE IN THE PARTICIPANT MANUAL.**

**THE FACILITATOR WILL CHOOSE A WORD ON THE PAGE AND ANNOUNCE IT TO THE GROUP.**

**THE FIRST PERSON TO FIND THE WORD ON THAT PAGE RECEIVES A CANDY AS A REWARD.**

**REPEAT THIS UNTIL EACH PERSON RECEIVES A CANDY (AS EACH PERSON “WINS” THEIR CANDY THEY WILL NOT CONTINUE TO COMPETE, SO EVERYONE WILL HAVE A CHANCE TO WIN)**

**This activity may require 10 – 15 minutes.**

**Paraphrasing:** Learning not to copy is difficult for students everywhere. Asking them to practice paraphrasing is an important first step.

Explain that the simplest definition of “paraphrasing” is “writing something in your own words”.

However when we paraphrase, we are also usually “summarizing”. We are reading a large amount of text and taking only the main points.

**Facilitator Guide:**

**An example of paraphrasing from everyday life would be when your friend gives you a detailed explanation of why he wants to meet at the hospital canteen at 3:00 PM. His explanation includes a discussion of his colleague calling him to ask him to work a replacement shift because she must attend a relative’s wedding and other details about how he feels he cannot refuse the request. In the end you might use a summary paraphrase and say “So we’ll meet for tea at 3:00 in the canteen.”**

All of this takes practice. We can begin by asking students to rewrite single sentences in another way (their own words). Gradually we can have them try to identify the main points of



short paragraphs and write a summary sentence in their own words. In this way we can move up to writing summary paraphrases of whole chapters.

Example using a single sentence:

“My sister got married in 2013 near the middle of April.”

Say it in another way:

“Last year my sister’s wedding was near Bengali New Year.”

As they become more senior it will be important to teach students that when they paraphrase someone else’s **ideas** they must also provide a reference. They will have to learn the importance of avoiding plagiarism (copying writing or ideas without giving reference to the original source).

Our students must use the information or ideas of others when they prepare assignments. All their nursing information comes from textbooks written by others! BUT when they use these ideas they MUST give credit to the person who wrote the book, or who gave the idea.

### **The Annex for Module 05 provides more information about Reading Strategies.**

**Reading strategies: scanning, skimming and intensive reading** *Restore – Economic and Social Research Council; retrieved December 22, 2013*  
<http://www.restore.ac.uk/logicofenquiry/logicofenquiry/gst/Reading/Pages/Readingstrategies.html>

**Note:** For students who are not native English speakers finding things in an alphabetical list can be very difficult!

They can find information easily on the internet but looking in the index of a textbook is a challenge.

We can improve this skill by including small questions on alphabetical order in exams or class quizzes.

Practice using in-class games with lists of words they can define and order.

### **Study Skills – Remarks**

In the first class we can take a little time to discuss these study skills with students.

Write the main points on the board or prepare a handout to give, along with the course outline.

Remind the students about the methods occasionally in the first months of their course.

**Strengthen study habits using games, quizzes or marked exercises in the early parts of the program or course.**

## **V. Critical Thinking**

Students are often confused by this idea. We can help them by giving a simple description:

**Critical thinking means checking the information we receive.**

Like any other skill, our students’ ability to think in an organised and clear way will improve with practice.

We can provide some simple steps to help them begin to think more deeply.

### Framework for beginning critical thinking (also available as Handout 05d)

When they give or receive new information ask the students to consider these things:

<b>Clarity</b>	Have I fully understood the information? Would my statement be understood by others?
<b>Accuracy / Logic</b>	Is this information true? How could I find out if it is true? Is there evidence? Does the information make sense? Does my idea make sense?
<b>Fairness</b>	Are there other ideas or opinions about this? Am I considering how this will affect others? Am I changing my thinking only because I like one person more than another?

Example: **We know we should use saline to treat dehydration.**

Clarity: Have we understood correctly how much salt and how much water (or glucose)?

Accuracy / Logic: We believe this information is true because 1) we have seen it in many textbooks written by many local and international experts (worldwide experts agree). 2) as we became practicing nurses we used this ourselves and we observed this treatment is very successful.

Fairness: Now there are new ideas about adding zinc for pediatric dehydration. We should consider this information. We may also hear coconut water or rice water will work well. If this information also seems clear and accurate, we may include these new ideas also.

### Reflection

**“Thinking about thinking (reflection) in order to make it better.”**

Students may not have any experience with reflection. We can begin in a simple way by encouraging them to keep a diary.

- Summarize daily events BRIEFLY (What happened?)
- Special emotional responses (How did you feel; happy, excited, angry?)
- What made you feel that way?
- What did I learn today (at least one special point from class or from life outside class)

### Reflection

Reflection can be developed by asking students to hand in their journals or diaries for comments from time to time.

We can encourage reflective discussion in the class to get students started with deeper thinking.

**When they first begin to practice reflection, most students simply tell what happened. To guide the students in reflection, instructors will often use comments like:**

**“How did you feel when that happened?”**

“Why do you think you felt that way?

“Why do you that person behaved in that way?”

“If this happened again in the future, do you think your actions would be the same or different? Did you learn anything new?”

**Facilitator Guide:**

**Reflective journals are a required part of nursing education in many countries. Instructors can develop frameworks for reflection for particular classes or for clinical practice.**

Many students resist full reflection. They are very good in writing what they saw and what they did, but they do not think more deeply. Making deeper thinking part of the marks for their reflective journals can help push them to think. The framework below is one example of a marking guide for journaling.

If we use this method, give the framework to the students early in the course so they will understand that we will mark these areas. They can refer to the framework to guide their thinking.

**Handout 05d** (shown below) provides a framework that could be used to guide students in reflective thinking when they write in their clinical practice journals.

<b>Journal (RJ = Reflective Journal)</b>	
Marks	
10	Maintains reflective journal.
5	Submits journals in a timely manner
5	RJ respects confidentiality in journal entries
5	RJ summarises daily events BRIEFLY
5	RJ records emotional response of the student
5	RJ reflects on the actions of self and others ( <b>Why</b> did I or others behave/feel or act in this way?)
5	RJ reflects on how events added to learning
5	RJ reflects on how events might influence future actions/practice

**Example:**

**Summarise events:** Today we managed a serious pneumonia patient. We gave oxygen therapy and suctioning to help her breath. I monitored her vital signs every hour for my full shift.

**Emotional responses:** My fellow nurse became angry and shouted at me in the afternoon. She is my friend and usually we have a good relationship. I was very unhappy about this. I also shouted in return. Then she told me her father-in-law died yesterday. She apologized for shouting at me.

**Why did this happen:** I think my friend was very disturbed about the death of her family member and so maybe she shouted at me without thinking.

**What did I learn:** Next time if my friend is angry and I cannot think of any problem from my side, I will be more patient. Before I shout I may ask her if she is OK. I understand the same situation might happen with patients or family members if they are very upset or scared. In the future I will also try to be more calm with them if they are shouting and I will ask if they are OK or if I can help, before I also shout.

### **The art of encouraging students to communicate.**

**Handout 05e** – Question Strategies, provides some tips for encouraging our students to be more interactive and participate in the classroom lectures. Take some time to review the Handout.

### **Student Interaction Summary:**

All these things take time but if we add small steps to each class we can:

- Help our students to become more confident
- Make sure they understand the requirements of their courses
- Show them the pleasure of learning
- Improve their ability to study effectively
- Assist them to become more skillful thinkers
- Encourage them to participate in the classroom

If we can do this, delivering the content of our courses will be so much easier.

## 6. Sample Lecture

Refer to Handout 06 – Sample Lecture

## 7. Using Resources

Lesson plans

Reinforcing learning

Problem-solving and comprehension

Increasing and updating knowledge

- HINARI and other resources

### I. Lesson Plans

**What is a lesson plan?** It is a framework for how we will deliver a single class.

**I already have notes for my class. Why do I need a lesson plan?** A lesson plan is not class notes. A good lesson plan:

- Summarises the main focus of the lesson (concept)
- Clarifies our main points (learning objectives)
- Notes what material we will include (contents)
- Reminds us about activities we will use to assist learning (activities)

#### **Facilitator Guide:**

**ASK THE GROUP TO REFER TO THE FOLLOWING Lesson Plan – Physical Assessment)**

This page is part of a 5-Volume set prepared by BNC, DNS and WHO.

**POINT OUT AND BRIEFLY DESCRIBE THE CONCEPT, OBJECTIVES, CONTENTS AND ACTIVITIES SECTIONS.**

Instructors are often overloaded with work. A quick look at the lesson plan will refresh our memory about the main points we will present. It also reminds us about the learning activities we might want to use.

**Concept = summary of the general area; why it is important**

**Objectives = what we expect the students to understand or be able to do at the end of the lesson**

**Learning activities = different strategies we will use to transfer knowledge**

In addition, the lower part of the page also reminds us about equipment we want to use or take for the class.

We can also include a section about how we will evaluate (sometimes we have special assignments or other methods we want to try).

**Facilitator Guide:**

**The Lesson Plan on the next page is reproduced from:  
Diploma in Nursing Science and Midwifery, Lesson Plan (Volume-1) (2006) Topic 4:  
Physical Assessment; Bangladesh Nursing Council, Directorate of Nursing Service,  
Ministry of Health and Family Welfare Bangladesh, World Health Organisation. pg.  
105**

## Lesson Plan – Physical Assessment

Lesson Plan

Topic 4: Physical assessment (2 Hours)

Concepts

To review of systems. nurse need to conduct the physical assessment. There are five basic assessment skills that nurse has to accomplish in order to collect objective data of the patient

Objective	Contents	Learning activities
NM be able to:		
4.1 Demonstrate the skills for physical assessment of infant and older adult	4.1 Basic assessment skills <ul style="list-style-type: none"> <li>• Inspection/observation</li> <li>• Palpation</li> <li>• Percussion</li> <li>• Auscultation</li> <li>• Interpretation</li> </ul>	Lecture Discussion regarding the explanation of the following term <ul style="list-style-type: none"> <li>• Inspection</li> <li>• Palpation</li> <li>• Percussion</li> <li>• Auscultation</li> <li>• interpretation</li> </ul>
4.2 Explain the preparation for conducting the physical assessment	4.2 Preparation for conducting the physical assessment <ul style="list-style-type: none"> <li>• Setting</li> <li>• Consent</li> <li>• Assessment of the infant and older adult issues to be considered.</li> </ul>	Role play followed by lecture Students conduct physical assessment of infant and older adult. Other students observe and critique.

Teaching material

- Handout
- Flipchart chalkboard transparency and OH
- Assessment equipments (stethoscope sphygmomanometer etc.)

Evaluation

- Test examination
- Class participation

### References

Estes. M. E. Z. 1998 t. *Health assessment and physical examination*. Albany. NY: Delmar Thomson. Jarvis. A. (2000). *Physical examination and health Assessment* 4th ed. x Philadelphia. PA: W.B.Saunders.

Wilson. S. & Giddens. J. 2001). *Health assessment for nursing practice (2nd ed..* St. Louis. MO: Mosby.

It can take a lot of time to prepare a Lesson Plan but once we have done it our job becomes simpler. It is much easier for us to quickly organise our classes. We can see immediately if we need to take any special things to the class, like demonstration materials or a useful video.

They are extremely useful to guide a new instructor who might take over your class in the future.

The Lesson Plan can also be given to an assistant so they can collect the things you will need before the class and make sure all the equipment is working.

We also hear about concerns that visiting faculty do not always give attention to the full nursing syllabus. Lesson Plans can help ensure they will deliver all the content (particularly if we note specific points for evaluation).

It would be difficult to write Plans for all our Lessons at a time, but if we make a few in every semester soon we would have them all.

**The following is another kind of Lesson Plan Framework (it is also provided as Handout 07a).**

### Lesson Plan – Sample

**Course Name:**

**Class Topic:**

**Duration:** The total amount of time for this topic. *Some lecture modules require only 1 hour; others require many classes to complete.*

**General Objectives:**

- the main focus of the class (usually there is only one).

**Materials:** Any equipment that will be needed for the class is listed. These could be: projector, flip chart, markers, special demonstration materials)

Specific objective	Content	Teaching Activity	Time	Resources
The specific learning point	The content in the class material that relates to this point.	The method might be: lecture, presentation, discussion, demonstration, role play, teaching game, or other strategies	How much time for this part of the lecture	What equipment will be needed for this section of the class (notes about special demonstration materials would also go here.)
Example: <i>Introduction to the concept of pedagogy</i>	Example (referring to the lecture notes): <ul style="list-style-type: none"><li>• Definition of pedagogy</li></ul>	Example: Presentation (slides & speaking)  Class discussion – where is the art and where is the science in	5 min  15 min	Example: Slide projector  Flip chart & markers for discussion



	<ul style="list-style-type: none"> <li>• Various parts of pedagogy</li> </ul>	pedagogy?		
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**Evaluation:** The methods that will be used to evaluate learning for this lecture module. Evaluation does not always mean quizzes or examinations. It could also mean the instructor questioning the class to find out if they have understood the material. The instructor might ask the students to explain the ideas in their own words or describe a life situation that demonstrates understanding. (Note: Not all lesson plans have an evaluation.)

**Assignments:** Homework or special required reading.

**References:** The references for any books, articles or other materials that were used to create the class notes as well as extra references that would be useful for the students, but is not required.

### Facilitator Guide:

**Those who are unfamiliar with the global standard of nursing professionalism may not give nursing classes the full attention they deserve. If we provide notes for visiting faculty to let them know what topics we will include in the examination they may be more likely to ensure all the topics are completed thoroughly.**

### Lesson Plans

The Plan we looked at is part of a complete set of Lesson Plans that are available from BNC. They outline all the core Learning Objectives for the updated Diploma Curriculum.

If we want to update our courses these plans can provide a starting framework. It is always easier to edit something than to begin with nothing.

We might like to use them as they are or keep the objectives and change other parts to suit our own teaching ideas.

**Gradually** (a few every semester) we can begin matching the Objectives of our own lectures to the ones in the new curriculum. We can:

- Add missing Objectives
- Remove Objectives that provide more detail than needed
- Highlight areas we know are difficult for the students
- Identify areas we might like to review in advance ourselves

Remember, Lesson Plans are not intended to provide a strict rule for how we conduct a class.

They are intended to allow us to quickly refresh our memory of what we want to include and things we need.

We can change them at any time.

We can move more quickly if our students are catching the material easily OR add more hours if they are having problems and need more time.

**Learning Objectives:** Listing the Objectives for each class will help our students understand what we expect them to learn. We can include them at the start of the class.

Identifying the Objectives takes practice:

**Facilitator Guide: (allow up to 45 minutes)**

**BREAK INTO GROUPS:**

**CREATE A LESSON PLAN FOR MODULE 06 (the demonstration lecture).**

**FOLLOW THE TEMPLATE IN HANDOUT 07a.**

**Make sure the groups identify the specific objectives for each section.**

**(using this manual – note that the “Objectives” section in the Handouts was left blank deliberately for this exercise.**

## II. Reinforcing learning

Experiencing a class presentation once is not enough to ensure students will understand or remember. Most need to review the information slowly and think about the ideas.

We can tell our students to study on their own but most inexperienced students will avoid extra study until the exams (and then it is often too late – they try to study too much, too late).

### Facilitator Guide:

**We have already discussed study skills but let's take some time to review and talk about ways we can help students understand and guide them in good study habits.**

**ASK THE GROUP ABOUT THEIR EXPERIENCES WITH STUDENT STUDY. ASK IF THEY HAVE ANY SPECIAL WAYS THEY HELP STUDENTS TO STUDY. MAKE A LIST OF IDEAS.**

### Strategies:

- Ask review questions during class
- Games
- Demonstrations and participation
- Video

All these strategies can be useful but with very inexperienced students we sometimes find they will not take anything seriously unless it is marked.

An effective way to guide students into good review habits is to have **frequent, very short quizzes** on information from the earlier classes and to make the cumulative mark value for these quizzes high.

### Facilitator Guide:

**Linking class questions to material from a related previous course can help students understand that nursing knowledge does not stand as disconnected facts. We bring lots of information together to become experts in our profession.**

**TAKE SOME TIME TO DESCRIBE THE CONCEPT OF QUIZZES.**

**Of all these strategies this one has been found to be very effective.**

We can make it easier to use quizzes by using a flexible marking framework. We can make 1 quiz or 10 or 37 in semester. We can add more or use less. We can make them up on the spot. No matter how many we make we can match the marks for a Total Course Mark of 20/100 (or any other amount).

	Quiz 1	Quiz 2	Quiz 3	Quiz 4	Quiz 5		Cumulative (All) Quiz Marks	Weight Mark
<b>Total Possible Quiz Mark</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>3</b>		<b>23</b>	<b>20</b>
	Student Individual Quiz Mark						Student Total Quiz Mark	
Student 1	2	2	3	5	3		15	<b>13.0</b>
Student 2	3	2	4	4	3		16	<b>13.9</b>
Student 3	1	2	2	6	3		14	<b>12.2</b>
Student 4	2	2	3	5	2		14	<b>12.2</b>
Student 5	3	2	4	4	3		16	<b>13.9</b>
Student 6	0	2	3	5	3		13	<b>11.3</b>

Method 1 : To get the Cumulative Percent, we use the formula:

$$\frac{\text{Student Mark}}{\text{Possible Mark}} = \frac{?}{\text{Weight Mark}}$$

For Student 1: 15 is to 23 as ? is to 20

We cross-multiply and divide:

(Student Total Mark X Weight Mark) divided by Cumulative quiz mark.

Example Student 1:  $(15 \times 20) / 23 = 13$  marks out a 20.

*Note: There are also other methods:*

*Example: Method 2 (Student Mark ÷ All Quiz Total) x Weight Mark*

The idea is to deliver lots of quizzes with each worth only 4-6 marks at a time. This way they don't take up too much time at the start or the end of a lecture (5-10 min).

We can use only 1 or two questions for each quiz – 5 minutes at the start or end of a class. We can make up the questions on the spot.

We can change the mark values or the number of quizzes (no need to fix at the beginning of the semester). On the Course Outline we can make the Total Marks for Quizzes 20 out of 100 (or more or less).

At the end of the course we can add the total marks for all the quizzes (whatever it is) and convert them to a mark out of 20.

If the mark value is high enough the students will soon understand that they must review and prepare for the quizzes or they can lose a large part of their marks. The instructor may choose to eliminate early quizzes with very poor marks while the students are learning the habit.

Practice:

Q 1 A student completes 20 quizzes in a semester.

The total possible marks for all the quizzes together is: 50

The total of all the student's quiz marks is: 30

In the Course the quizzes altogether are worth 10 marks out of 100 marks for the year.

What is the student's yearly mark for quizzes?

**Facilitator Guide:**

**THE GROUP WILL CALCULATE THE WEIGHTED QUIZ MARKS FOR A SET OF 3 STUDENTS AND 4 QUIZZES.**

### III. Problem-solving and comprehension (understanding)

We know that, around the world, nurses changed from "assistants" to professionals when they became skilled problem-solvers.

Unfortunately the majority of students are still taught using only memorisation in their primary and secondary schools. We will have to teach them to become confident problem-solvers.

Changing the habit of memorising without understanding will take time. Problem-solving is not automatic. We must introduce our students to this way of thinking.

One way of describing the process is:

**Memorising is necessary. It is like the bricks, rod and cement we need to build a house BUT if we don't understand how those things go together, we will never be able to build anything.**

**If we do understand how they go together we can build a house but we can also build a bridge, a school a hospital or many other things.**

We can begin by adding problem-solving practice into their earliest courses, including courses like English, Sociology and Biology.

**Simple math and word problems:** Mathematical problems are often easier in the beginning.

Example: Three nurses are posted to a rural hospital. Each works an eight-hour shift. If one nurse is ill and cannot work, how will the shifts be organised?

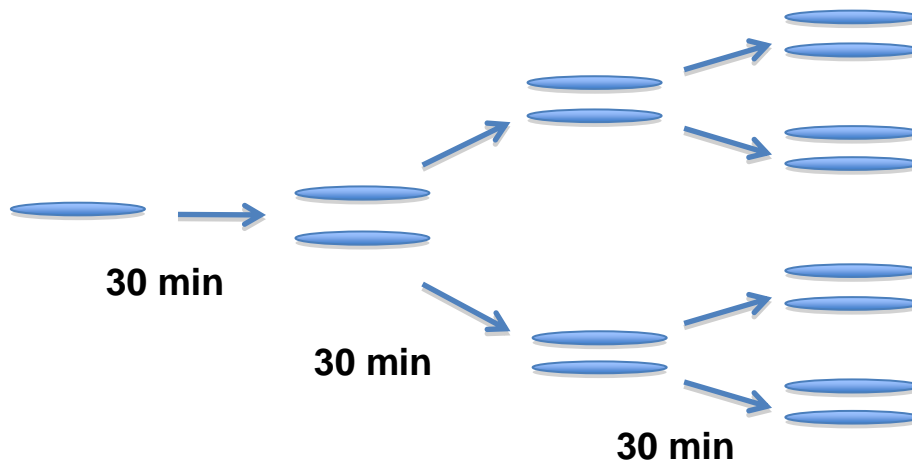
At first you may have to demonstrate:

24 hours / 3 nurses = 8 hours / nurse

24 hours / 2 nurses = 12 hours / nurse

Example (biology): If we start with one bacterium and it divides every 30 minutes, after 3 hours how many bacteria will there be?

It can be helpful to draw a picture for the students at first, to demonstrate binary fission.



Using the picture learning style will help fix the concept.

Then we can create many problems by changing the starting number or the dividing time.

The students will be learning problem-solving at the same time they are understanding why hygiene is so important (after 24 hrs we can have 7,000,000,000 bacteria!)

### Word Puzzles:

For fun we can have “brain-teaser” problems or riddles. These can be **games** with prizes for the correct answer.

Q. If you were running a race and you passed the person in 2nd place, what place would you be in now?

Ans. You would be in 2nd place. You passed the person in second place, not first.

Q: I'm tall when I'm young and I'm short when I'm old. What am I?<sup>[1]</sup><sub>[SEP]</sub>

Ans: A candle

Problems from: <http://www.forbes.com/sites/work-in-progress/2012/05/15/10-braintasers-to-test-your-mental-sharpness/> and <http://www.funology.com/riddles/>.

Lots of examples of problems and puzzles can be found by using the search term “brain teasers” on the internet. At the end of this module you will find a small collection of riddles and word puzzles you might like to use with your students.

Explain to the students that these problems are not just games. They also help us with critical thinking. They help us become sharp thinkers!

As the students become more skilled and learn their nursing fundamentals we can introduce care plans and case-study questions.

**The Annex for Module 07** has a short list of some word puzzles.

**A famous word puzzle:**

**Two men guard two gates. One gate leads to death. The other gate leads to safety.**

**One guard ALWAYS tells the truth (he cannot lie).**

**One guard ALWAYS lies (he cannot tell the truth).**

**There is no way to understand which is the truthful man and which is the liar.**

**You may ask only ONE man ONE question to discover the correct road.**

**WHAT QUESTION WILL YOU ASK?**

**Facilitator Guide:**

**The answer is at the end of their book.**

**In a new set of sessions, allowing the group to think about this question overnight and then discuss the answers can be interesting.**

**In later sessions the groups will have memorized the answer from previous batches and the discussion is not useful.**

## Care Plans:

**Preparing care plans can also help students begin to think in a problem-solving way.**

When a nurse cares for a patient s/he will “implement” the doctor’s orders but also to make her/his own plan of care. A good care plan will require students to think about what the patient needs in addition to drugs. It should include ideas about what problems the patient might have, ways to solve those problems and the reasons for those ideas.

**Handout 07b** – Nursing Care Plan provides one example of a blank framework provided by the Bangladesh Nursing Council.

This is a simple care plan and a good start for students. Some plans can be very complex and include very detailed information, including all medications and lab values and expected time for achieving objectives.

## Nursing Care Plan

**For demonstration of the template in this example, this plan shows only concerns related to movement. Many patients would have more risk areas. For example, this patient might also have risk for infection at the surgical incision site.**

<b>Client need/ problem (assessment &amp; diagnosis)</b>	<b>Information about the patient’s problem.</b>  Example: Patient admitted with fracture (tibia and fibula) and resulting from motor vehicle accident. Patient’s leg has a pin inserted and is in traction (immobilised) to assist healing.  Nursing Diagnosis:  1. risk for developing pressure sores and muscle weakness related to broken and immobilised leg.  2. difficulty managing daily activities of living (ADLs) because of immobilized leg
<b>Objectives (planning)</b>	<b>What the nurse hopes to achieve for the patient (desired outcomes).</b>  1. Patient will not develop pressure sores and will maintain muscle strength.  2. Patient will be able to recover independent ability to manage ADLs quickly
<b>Nursing intervention (planning &amp; implementation)</b>	<b>What the nurse will do to help the patient achieve the objectives.</b>  1. Related to immobilized leg:  ➤ Patient will be assessed regularly for redness in bony prominence areas.



	<ul style="list-style-type: none"> <li>➤ Nurse will change the patient's position 2 hourly</li> <li>➤ Patient and family will be instructed to change the patient's position frequently (every two hours).</li> <li>➤ Nurse will demonstrate and assist with prescribed exercises for patient and family.</li> <li>➤ Bed linens will be checked regularly.</li> <li>➤ Patient and family will be educated about pressure sores and their prevention.</li> <li>➤ Patient and family will be taught how to use a wheelchair and crutches.</li> </ul>
<p><b>Rationale</b></p>	<p><b>The reasons for the nurse's interventions.</b></p> <p>1. Related to immobilized leg:</p> <ul style="list-style-type: none"> <li>➤ <i>Patient will be assessed regularly for redness in bony prominence areas.</i> Pressure over bony areas can result in pressure sores.</li> <li>➤ <i>Nurse will change the patient's position 2 hourly.</i> Frequent position changes are one of the best ways to relieve pressure on risk areas and ensure good circulation.</li> <li>➤ <i>Patient and family will instructed to change the patient's position frequently.</i> The family will understand the importance of position change and they may ensure position change if the nurse is unavailable because of emergency.</li> <li>➤ <i>Demonstrate and assist prescribed exercises for patient and family.</i> Regular prescribed exercise will maintain muscle strength and flexibility for a patient with immobility. Demonstrating and explaining the exercises to the patient and family means they can also carry out the exercises if the nurse has other emergency work.</li> <li>➤ <i>Bed linens will be checked regularly.</i> Wet or wrinkled linens can increase the risk for developing skin damage in a long-lying patient.</li> <li>➤ <i>Patient and family will be educated about pressure sores and their prevention.</i> If the patient and family understand about the risks and prevention they will be more likely to assist with position changes, exercises and bed care regularly and carefully. This is especially important in a hospital where there are insufficient nurses for the number</li> </ul>

	<p>of patients.</p> <ul style="list-style-type: none"> <li>➤ <i>Patient and family will be taught how to use a wheelchair and crutches.</i> It will be necessary for the patient to become independent and learn how to perform his daily activities. Using the equipment will also help keep muscle strength.</li> </ul>
<b>Evaluation / outcome (planning &amp; evaluation)</b>	<p><b>How the nurse will know if the objectives have been achieved.</b></p> <p><i>From “Objectives” 1 &amp; 2. Patient will not develop pressure sores and will maintain muscle strength. Patient will be able to recover independent ability to manage ADLs quickly</i></p> <ul style="list-style-type: none"> <li>➤ Patient’s skin will remain intact (unbroken) and healthy with no red areas or infection.</li> <li>➤ Patient will use a wheelchair independently after 3 days.</li> <li>➤ Patient will be able to walk with crutches without assistance after 10 days.</li> </ul>

**Facilitator Guide: (allow 45-60 minutes)**

**BREAK INTO GROUPS.**

**THE GROUPS WILL CREATE A CARE PLAN FOR THE FOLLOWING SCENARIO.**

**A patient comes to the ward with high fever (39.5 C). She is coughing heavy yellow sputum. She complains she is feeling like she can’t get enough air. She visited the hospital 3 weeks ago with fever and coughing and was prescribed antibiotic for 7 days. She tells you she stopped taking the medicine after 3 days because she felt better.**

**NOTE: THE SCENARIO MAY BE CHANGED. WHEN WORKING WITH MANY SESSIONS SEQUENTILLY THE OBJECTIVES, ETC MAY BE MEMORIZED.**

**This has been identified as a useful and difficult area; particularly the identification of nursing diagnoses/objectives and rationales.**

**Case Studies:**

Case-study question example: Nasima, was admitted to the hospital with fever. She has been coughing heavy yellow-colored sputum.

- What could be causing Nasima’s condition?
- What are some nursing issues?
- 

To solve the problem students must understand that a) fever with thick yellow sputum is a good indicator of bacterial infection and b) the nurse should be concerned about precautions to prevent the spread of infection.

It will be important to create exam questions that require problem solving. If we don’t do this there is a risk the students will not work seriously to practice problem-solving.

In our next module we will talk about how to evaluate problem-solving and comprehension.

**Handout 07c** provides one possible framework for case studies, with an example.

### Case Study Framework

<p><b>PROBLEM</b></p> <p>The current problem of the patient; the reason s/he is coming for treatment.</p>	
<p><b>PATIENT HISTORY</b></p> <p>Age:</p> <p>Past medical history: (other significant diseases, accidents, surgeries)</p> <p>Lifestyle:</p>	
<p><b>PHYSICAL ASSESSMENT AND REPORTED SYMPTOMS</b></p> <p>Only unusual or abnormal observations should be noted.</p>	
<p><b>VITAL SIGNS</b></p> <p>HR:</p> <p>BP:</p> <p>RR:</p>	<p>O2 SAT:</p> <p>TEMP:</p> <p>PAIN: (subjective – reported by patient or estimated by physical signs)</p>

**CURRENT MEDICATIONS** (Always use generic names, NOT company brand names.)

Name of each drug and purpose (why is this drug being used for this patient; what does it do?)

**LABORATORY VALUES**

a) test results      b) whether the values are normal or abnormal for each test  
c) what any abnormal values mean.

**QUESTIONS** (The following are general questions that should be applied to any case.)

What could be the reasons for the patient's current condition? Does lifestyle and past medical history have some effect?

How does the information from the physical assessment relate to the patient's condition?

How do the results of the lab tests relate to the patient's condition and his/her medications?

What nursing interventions should we consider?

If the patient is being discharged, what patient/family education should the nurse provide?

**IV. Increasing and updating knowledge**

Our students will be very busy completing the syllabus and most will not have time for extra work. However it is useful to let them know that there are many resources for self-study. Some we can introduce them to are:

Libraries – books with more or new information

Internet – there are many self-study tutorials for almost any subject

**V. HINARI**

This internet site was "...set up by WHO ... to gain access to one of the world's largest collections of biomedical and health literature. Up to 11,400 journals (in 30 different languages), up to 18,500 e-books...

You can find HINARI at this internet address:

<http://www.who.int/hinari/en/>

There are good instructions online for how to use the HINARI to find books, journals and other resources.

Increasing and updating knowledge

Complete information about how to get access to HINARI can be found here:

<http://www.research4life.org/howtoregister2/>

### **Using Resources:**

There are many resources we can use to get fresh ideas for our classes.

We can use the **Learning Objectives** from the **5-Volume set of Lesson Plans** to make it easier to match the new curriculum and update our lectures.

We can reinforcing student learning with **quizzes, games and demonstrations**.

We can add **problem-solving** to our students' study skills.

We can show students how to go farther than our minimum learning requirements using the materials that are freely available in our libraries and on the internet.

## **8. Evaluation 1 - Assignments**

### **Introduction**

**How do we know if students are learning?**

**Evaluation tells us.**

We use evaluation to understand if our teaching is effective.

If we do it all through the semester we can understand what topics are difficult for the students. We can the give more time or try to explain the idea in another way BEFORE the end of the course.

#### **Facilitator Guide:**

**It is not very useful to continue teaching in the same way if the students are not learning from us.**

As instructors, evaluation tells us if we need to adjust our course material.

Frequent evaluations also let the students know:

- how well they know the course material
- what kind of questions they must master

### **Highlights**

#### **Bloom's Taxonomy**

##### **Making and Evaluating Assignments**

- **What about the Course Objectives**
- **Letting the students know what you want**
- **Frameworks for assignments**

## Bloom's Taxonomy

We can begin our discussion of evaluation with a quick review of Bloom's Taxonomy. It was created in 1956 to give a structured analysis of learning goals (Bloom et al, 1956).

The categories can be a useful to remind us about the different areas we want to include when we design assignments or examinations that we will use to evaluate our students.

Three major domains were identified:

- **Cognitive:** mental skills (*Knowledge*)
- **Affective:** growth in feelings or emotional areas (*Attitude*)
- **Psychomotor:** manual or physical skills (*Skills*)

A good way to think of these is:

- Cognitive:       **HEAD**
- Affective:       **HEART**
- Psychomotor:   **HAND**

Our modules will focus a little more on the Cognitive domain because for these modules we are mostly interested in classroom work.

### Facilitator Guide:

Ask the group to remember the parts of these modules. How to prepare Objectives is an example of Cognitive Domain.

When we demonstrate (like the participatory demonstration with water and cloth) we are working in the Psychomotor Domain.

When we did the role-play demonstration with a guide leading a blind person we were using the Psychomotor Domain but also the Affective Domain because the blind person had to trust the guide. When we showed the pictures of the serious pressure ulcers we were also using the Affective Domain because we were trying to make our students imagine the feeling of the patient's situation.

Note for the group that another set of sessions will focus on teaching and learning for the Psychomotor Domain. These sessions will be directed toward practical teaching.

Bloom's Cognitive Level	Student Activity	Words to Use in Question Items
Knowledge		

<b>(Remembering)</b>	Remembering facts, terms, concepts, definitions, principles	Define, list, state, identify, label, name, who? when? where? what?
<b>Comprehension (Understanding)</b>	Explaining the meaning of something	Explain, predict, summarize, convert, translate, give an example, paraphrase
<b>Application (Using)</b>	Using a concept or principle to solve a problem	Apply, solve, show, use, modify, demonstrate, calculate
<b>Analysis (Knowing how it works)</b>	Breaking material down into its parts to see relationships and order of ideas	Compare/contrast, discuss the difference, identify
<b>Synthesis (Being able to use it)</b>	Producing something new or original	Design, construct, develop, formulate, imagine, create, change
<b>Evaluation (Knowing which action is best for the situation)</b>	Making a judgment based on previous learning	Evaluate, justify, judge, critique, recommend, suggest what would be better

adapted from: Indiana University (2004) How to Write Better Tests;  
<http://www.indiana.edu/~best/bweb3/reference-material/best-documents> retrieved October 2013

Often Bloom's categories are considered when we design examinations, but we can also use it as another tool to help include different ways of learning in our class lectures or practical work.

Considering Bloom's categories when we make a Lesson Plan can help us to include **more learning styles**.

**The Annex for Module 08 provides a more detailed overview of Bloom's Taxonomy.**

## Assignments

### Use the Course Objectives

The first step in making a **good assignment** is to identify the goal (decide what you want the students to learn).

Class Objectives are the key learning points for one class or module. Course Objectives are the **key learning points for the subject/semester**. They are more broad.

We identified the Class Objectives for our Immobility lecture.

We can imagine this class is part of one semester of Adult Medical-Surgical Nursing.

The **Course Objectives** might be:

- Students will be able to describe assessment for the integumentary, digestive, respiratory and lymphatic systems.
- Students will be able to describe basic nursing management for selected disorders of these systems.

Before making any assignment it is a good idea to **review the Course Objectives**.

This will refresh our memories about the most important points we want the students to learn.

**The main course objectives should be the focus of learning for assignments.**

### **Letting the students know what we want.**

When students enter their Diploma program, some may have no experience in managing serious assignments.

We can help by providing a framework for the assignment.

- What we expect the student to do (topic)
- How we want them to do it (how long, what format)
- Note the areas we expect them to include
- Show the students how marks will be given
- Tell when the assignment will be due (and any penalty for lateness)

### **Facilitator Guide:**

**ASK THE GROUP TO LOOK AT THE HANDOUT IN THEIR PACKAGE (also next page).**

**08a Handout Evaluation 1-Slide Presentation Framework**

### **Facilitator Guide:**

**The Facilitator can discuss this framework – BOTH THE STUDENTS AND THE INSTRUCTORS SHOULD HAVE COPIES OF THE BLANK FRAMEWORK**

**This lets both the student and the instructor know what should be included in the presentation and how it should be marked.**

**Each category has a section for the instructor to write extra comments.**

**Instructors can change this framework depending on the course or focus of the assignment.**



**If we want to test knowledge more, we can decrease the marks for Delivery, Clarity, Organisation, etc and increase the marks for Content and Question. We can change the categories to make this framework more useful for a written report.**

Handout 08a provides one suggestion for an evaluation framework. This framework was designed for a student slide presentation about an assigned topic in Physiology, but it could be easily adapted for any course by adding or deleting evaluation areas and changing the comments or mark distribution.

In this case we have used marks that are easily divided by 5 but any marks could be used. We have placed more marks for the more important areas (comprehension of the topic). In this example we have given the highest marks for the Question section.

These frameworks should also be given to the students so they will understand how they must prepare themselves for their assignment. The framework helps the student remember all the areas they must include. We know sometimes students may have others prepare most of their presentation. By giving a high mark value to the Question section we can ensure that the students must know the information in their presentation well. Even if others do most of the work, the students understand they must study their topic seriously to pass the assignment.

**Slide Presentation Framework – (Example Physiology)**

**Student Name:** \_\_\_\_\_ **ID** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **End:** \_\_\_\_\_.

**Presentation Title:** \_\_\_\_\_

	<b>Fail</b>	<b>Poor</b>	<b>Med.</b>	<b>Fair</b>	<b>Good</b>
<p><b>Personal Appearance:</b> The student should follow the dress code. Within that code they should present a professional appearance (hair and dress tidy, appropriate clothing, ID)</p> <p><b>5 marks</b></p>					
<p><b>Delivery:</b> The student should present with confidence and maintain good eye contact with the audience. Voice should be well-paced, clear and an appropriate volume for the room. Posture should be tall and mostly facing the audience.</p> <p><b>5 marks</b></p>					
<p><b>Clarity:</b> The material should be easy to understand.</p> <p><b>10 marks</b></p>					
<p><b>Organisation:</b> The material should be introduced in sequence with information flowing from beginning to end.</p> <p><b>10 marks</b></p>					
<p><b>CONTENT:</b> The student has chosen a reasonably complete overview of the subject for the time allotted. Within the time the student must decide what topics to highlight. This will include: brief overview of the physiology of the system. The presentation should also include a brief discussion of some of the <u>common</u> pathologies with respect to the mechanism and manifestations.</p> <p><b>KNOWLEDGE OF THE SUBJECT:</b> The student should be able to add to the text and diagrams on the slides with spoken information. Students who read from the slides without supplemental information should not receive a grade of Good for this category.</p> <p><b>25 marks</b></p>					
<p><b>Format:</b> Slides should have text, tables and diagrams that are large enough to be visible throughout the venue. Colors should enhance the texts. Subtitles and minor points should be reflected with consistent text sizes/styles/colors. A good mix of graphics and text</p>					

should be used. <b>5 marks</b>					
<b>Time:</b> The student should complete the presentation within 20 minutes, allowing another 5-10 minutes for questions. If the student is within 5 minutes of the designated time they will receive full marks. The student will be stopped at 5 minutes overtime. Marks will be deducted based on any remaining material that is not covered or how far short of the allotted time the presentation falls. <b>5 marks</b>					
<b>QUESTIONS:</b> Can the student answer questions about the presentation? Has the student answered professionally? Note that questions may come from any area included in the scope of the assignment, not necessarily only from the material presented. <b>35</b>					

Date:

Instructor:

### Individuals and Groups

We use assignments to help students **learn by doing**.

The “doing” can be reading, writing, presenting, clinical/field work or all of these.

Assignments can be done by **individual** students or by **groups**.

An effective assignment will also help **teach students how to do their own work and solve their own problems** in their future.

The most effective way to make sure each student learns the material is usually to ask each student to submit a separate assignment or participate in a demonstration.

**Individual assignments** make it easy to evaluate each student on their own merit, but it takes a **lot of time for the instructor**.

**In large classes** it may not be possible to ask each student to deliver a presentation or for the instructor to mark a lengthy assignment.

We may also like to teach the students to work together. In this case **we can make group assignments**.

### **Facilitator Guide:**

**Whether we make individual or group assignments, it will be important to let the students know that if they copy from each other they will not pass.**

**We know it is very common for students to copy and it is difficult for a student to refuse to “help” a friend. However, if we are not strict about this many of our students will suffer later.**

**To help the students prepare for this you may create assignments early in their courses and demonstrate that copying will result in failure. If this lesson is early and strict, the students will usually stop copying soon. The instructor may then choose to drop the marks for these early assignments from the final course total. BUT if the students continue to copy they should not pass until they repeat and present an original assignment.**

## **Groups**

We know that often 1 or 2 students will do all the work in a group. Sometimes the students must find their own way to manage this situation among themselves BUT we can try to mark in such a way that individuals within a group can be recognised for their work.

### **Tips:**

- Each student may be asked to write a one-paragraph summary of their group topic in class after the work is presented or handed in
- In a presentation, the instructor may call on any group member to take over the speaking at any time (the students should be instructed that each of them should be ready to take over the presentation at any time)
- Students may be asked oral or written questions about their report or presentation and their individual ability to answer can be included in their mark

**We can make a framework for our own pedagogy! Handout 08b provides one suggested framework for a self-evaluation.**

### **Facilitator Guide:**

**ASK THE GROUP TO SUGGEST SOME CATEGORIES THEY COULD USE TO EVALUATE THEIR OWN TEACHING SKILLS.**

**THE FACILITATOR WILL DISTRIBUTE THE SELF-EVALUATION FORM AND ASK EACH GROUP MEMBER TO ANONYMOUSLY EVALUATE THEIR CURRENT PEDAGOGY** (the evaluation should include date and location but not name).

Bloom BS, Engelhart MD, Furst EJ, Hill WH, Krathwohl DR (1956) *Taxonomy of educational objectives: the classification of education al goals; Handbook I: Cognitive Domain* New York, Longmans, Green

## **9. Evaluation 2 - Making and Evaluating Examinations**

**Using the course objectives**

**Deciding how many marks to each section**

**Evaluating memory, problem-solving and comprehension**

**Exam style**  
**Preparing the students**  
**Making a clear question**  
**Marking strategies**

**Annex 04 provides more detailed considerations about making examinations.**

### **I. Use the Course Objectives**

The first step in making a **good examination** is deciding what you want the students to know.

Before making any examination it is a good idea to **review the Course Objectives**.

This will refresh our memories about the most important points we want the students to learn.

**The main course objectives should be the focus of the major part of the marks for the exam.**

#### **Facilitator Guide:**

**Remember Module 07. Reviewing the Course Objectives is also important for making assignments and class lectures. Frequent review of the Objectives will help keep us focused as instructors.**

**If there is a Course Outline**, copy the Main Objectives as a list with spaces between (you can use the Lesson Plans books to help with this).

Quickly review your lectures and under each main objective choose points that would make good exam questions.

**If no Objectives have been listed previously**, you can do the same thing by reviewing your lectures quickly and making a list of the most important points.

This will take a little longer but, after you do it the first time you will have a list of Objectives and it will be easy in the future.

#### **Deciding how many marks to each section or question**

After the instructor has made a list of the main things s/he expects the students to learn, s/he can decide which are the most important. In a basic course we put more importance on knowledge the nurses are most likely to need often.

Generally we place more marks for questions about major concepts and less marks for specific points.

Example:

- a. Name and describe the location of two places on the body that are often used to measure heart rate.
- b. Explain the difference between a stage 2 and a stage 3 pressure sore.

If a nurse cannot answer Question 1 s/he would have difficulty with everyday nursing duties.

If a nurse could not answer Question 2 it might not affect their function as a nurse very much.

Our examination should award more marks for Question 1. We might also make more questions about this topic (such as if the pulse can be palpated or must be auscultated at different sites).

We should also try to make sure:

- a. We ask questions about many of the topic areas.
- b. We do not make the mark value too high for any single question.

If we focus on only a few topic areas, a student who is weak in one of those areas (but excellent in most other areas) might get poor marks in the exam.

If the mark value for a single question is too high, one wrong answer can seriously hamper the student's grade.

## II. Evaluating knowledge/memory, problem-solving and comprehension

When they enter their Diploma course, most students will only have experience with learning by memorization.

**If we continue to use only memory questions for exams, the students will continue to use only memorization in their classes. They will avoid deeper learning.**

If we want them to meet the international standards we must make sure their examinations also test problem-solving and comprehension.

**Change the questions.**

One way to help move the students away from memorization is to make sure new examinations are made every year. (Students are very skilled at getting copies of old questions and memorizing the questions and answers.)

The instructor can often ask the same questions but change the words or the situation a little bit.

**Make sure some of the questions cannot be answered by memorizing the lecture material.**

Example (comprehension):

- a. Name and describe the steps of the nursing process.
- b. A nurse takes the temperature of a patient 90 minutes after giving paracetamol. What part of the nursing process is this?

Question 1 can be answered by memorizing.

The student cannot answer Question 2 without understanding (comprehending) the concept.

*The instructor must make sure the situation for Q2 was never written in the course material.*

**Facilitator Guide:**

**Note that Q1 requires a short answer. Q2 could be a short-answer question or it could have multiple choice answers.**

Example (problem-solving):

Your patient had a stroke two days ago. He is now receiving an IV of dextrose and normal saline at 60mL per hour. At 2200h there is 210 mL of solution remaining. At what time should the nurse plan to hang the next bag?

- A.0000h            C. **0130h**  
B.0100h            D. 0210h

Other problem-solving questions might ask the students to consider which patient should be managed first, from a group with different conditions.

### **Facilitator Guide:**

**DIVIDE THE CLASS INTO FIVE GROUPS.**

**TELL THE GROUPS THEY HAVE 10 MINUTES TO WRITE DOWN 2 COMPREHENSION-BASED QUESTIONS (ABOUT ANY SUBJECT).**

**These can be any questions about any subject.  
The group with the most non-memorisable questions wins.**

### **Question Styles:**

There are many different kinds of questions, but only a few basic styles. When we construct our questions we should make sure we examine for comprehension/problem-solving, as well as memory. We should also consider whether we are using subjective or objective questions:

- Objective questions – have fixed answers (T/F, MCQ, checkbox) and fixed marking – no matter who marks an objective question, the marks will be the same – there can be no partial marks
- Subjective questions – have answers that are freely written – the marks given could be different depending on which instructor is marking (such as experience, idea of the instructor, mood of the instructor).

### **True / False**

- √ True / False questions can be made quickly
  - √ Marking can be done by others with no experience
  - √ Objective marking
  - √ Can measure memory; problem-solving, comprehension
- X Reduced ability to ask complex questions due to the need for a simple T/F answer

- X Can not measure ability to communicate/writing skill
- X Can not show the student's reasoning
- X Students can guess - 50% chance (not reliable for large exam)

**Facilitator Guide:**

**MANY situations have answers that are may be true (or false) MOST of the time, but in special cases the answer can change.**

**Multiple Choice Questions (MCQ)**

- √ Objective
- √ Multiple choice questions are quick to mark (good for large classes)
- √ Marking can be done by others with no experience (saves work for the instructor)
- √ Good for memory, problem-solving, comprehension
- X Take a long time to make
- X Can not measure ability to communicate/writing skill
- X Can not show the student's reasoning

**Facilitator Guide:**

**Objective marking means there is no influence by the instructor or marker in how to award marks for questions. Anyone will give the same marks.**

**Usually an instructor has much more time before the exam than after, because of deadlines for submission of marks. This means it is usually easier to give lots of time for preparation of the exam and a short time for marking.**

**Multiple choice exams take a long time to make the first time. Future exams can reuse many of the questions by rearranging the wording and the scenarios slightly. Each time we make an MCQ exam for our subject, future exams become easier and faster to construct.**

**Most examinations for large classes use this format in the USA and Canada. International migration exams use this format.**

**Multiple True/False Choice**

- √ Objective
- √ Multiple choice T/F questions are quick to mark (good for large classes)
- √ Marking can be done by others with no experience (saves work for the instructor)
- X Take a long time to make
- X Can not measure ability to communicate/writing skill
- X Students can guess 50% chance (not reliable)

**Facilitator Guide:**



**We will discuss MCQ and MTFC in more detail in the next section.**

### **Fill in the blank**

- √ Fill-in-the-blank questions can be made quickly
- √ Can measure memory; problem-solving, comprehension
- X Subjective marking (students can write different answers – some may be partly correct)
- X Serious difficulty in making questions clear enough (problems for ESL)
- X Can not measure ability to communicate/writing skill
- X Can not show the student's reasoning

Students can often find unexpected answers to a “fill-in-the-blank” question that are not what we wanted but are not technically incorrect.

Example 1: The instructor may wish to ask students what year Florence Nightingale wrote *Notes on Nursing*.

“Florence Nightingale wrote Notes on Nursing in \_\_\_\_\_.”

The answer could be “1860”, but it would also not be wrong to answer “England” or “English”

Example 2. The instructor wishes students to show they know that cancer is caused by mutations in the DNA.

“Cancer is caused by \_\_\_\_\_.”

The answer could be “mutation”, but it would be equally correct to say “carcinogens” or “cell-growth”, “smoking”, “pollution” or other possible answers.

### **Facilitator Guide:**

**Subjective marking means the instructor can influence the way the marks are given. Students can have great difficulty in understanding what answer the instructor wants (it is difficult to imagine all the different ways students can think about the questions). These questions are difficult for native English speakers so they become extremely difficult for ESL students. These are not recommended.**

### **Short Answer (few words, sentences or points)**

- √ Short answer questions can be made quickly
- √ Can test memory but are also very good for problem-solving and comprehension
- √ Can be used to measure communication/writing skill
- √ Can show the student's reasoning
- X Subjective marking (students can write different answers – some may be partly correct)
- X Need more time to mark

### Essay (student gives their own idea using evidence)

- √ Essay questions can be made quickly
- √ Especially very good for problem-solving and comprehension
- √ Very good for communication/writing skill
- √ Very good for showing the student's reasoning

- X **Very subjective** marking
- X Need a **large amount of time to mark**
- X Difficult for students to organise thoughts well in the pressure of an exam

**Essays are very difficult to use for large class exams. They are usually used only when communication skills must be tested.**

#### Facilitator Guide:

The problems of subjective marking are much greater for essay questions because the form of the essay can be very different for a group of students.

We will work with designing exam questions in the next part of our module.

#### Facilitator Guide:

Because a question has subjective marking does not mean this is not a good question style. These are excellent questions for testing comprehension and problem-solving because they can require the student to show their thinking . It does mean the instructor has to be very careful in marking.

This does not mean the instructor has intention to be unfair.

**ASK THE GROUP IF THEY CAN THINK OF WAYS THE INSTRUCTOR MIGHT BE UNAWARE THEY ARE MARKING UNFAIRLY. MAKE A LIST ON THE BOARD.**

(some common reasons are given below)

In marking a large number of exams an instructor may not award a mark early in his/her marking, but later after seeing a similar answer many times may begin to give some marks, without noticing they are doing it.

Instructors can become tired and irritated as they mark a large number of exams and may begin to reduce marks for similar answers.

The instructor may receive unrelated news that is upsetting or makes them angry and can affect their marking partway through the exam.

An instructor may check the course notes partway through marking and decide to give more marks (or less) for a question .. But the early marks may not all be adjusted.

When an instructor marks the exam of a student they have personally taught, they may award more marks because they have interacted with the student and believe the student "knows" the correct answer, even if what they have written is not very clear.

Another student that is not well known by the instructor might not get the same benefit, particularly if that student has a poor past performance. The instructor may not notice s/he is doing this.

### III. Exam Style - Comprehensive or Section-Based

**Section-based** exams only test information from specific parts of the course.

Example,

- First-Term Exam will test material from Lectures 1-7
- Mid-Term Exam will test material from Lectures 8-16
- Final Exam will test material from Lectures 17-23

Students usually will study only the material they know will be on the exam. Frequently they will forget important points from the earlier classes.

**Comprehensive** (cumulative) exams will test any material from any part of the course.

Example:

- First-Term Exam will test material from Lectures 1-7
- Mid-Term Exam will test material from Lectures 1-16
- Final Exam will test material from Lectures 1-23

Most nursing courses build on information given in previous courses or classes. At the end of their course they should be able to use all the information they have learned, not just the last lectures of the last classes. If students are encouraged to study comprehensively their learning becomes easier as they progress because the facts begin to link together as they understand more and more about complex care.

#### **Facilitator Guide:**

**Students usually prefer section-based exams because there is less material to study and they believe this is easier.**

**BUT**

**They may face fully comprehensive exams for their licensing or at the end of the year.**

**Making all their exams comprehensive requires them to review the material several times and helps to strengthen their knowledge.**

#### **Exam style – Remarks**

There are many kinds of good exam styles and questions.

If possible it is a good idea to use mixed question types for your students during the semester. This will increase their thinking flexibility.

Using only one kind of question can habituate the students and they may be unable to answer later if the question is given in another way (for example, in a real hospital situation!).

### **Preparing the Students**

Let your students know how you will expect them to answer.

**Practice** some sample questions before the first exam.

Example:

#### **Q.(3) Define “observation” in assessment.**

Let the students know “seeing” or “what the nurse sees” might be OK for a one mark question but it will not be a sufficient answer for a 3 mark question.

Demonstrate that the answer you would want is something like: “examination by looking – checking the appearance, behaviour and dress; checking the condition of skin, hair and nails and other outer parts of the body for things like color, injuries, rashes.”

#### **Facilitator Guide:**

**This does not mean you will tell the students what the questions or answers will be. Give them examples, then use different questions for your major exams. It is not necessary to tell them which particular topic areas to study – they should study all.**

**One of the skills the students should develop is how to look at the Course Objectives and understand what areas they should give more time for study.**

Some students might not have experience with these kinds of questions.

**Practice** some MCQ questions with the students if you plan to use them. Make sure the students know if there can only be ONE answer or if there can be MORE THAN ONE answer.

### **Clear Questions**

Every instructor can make the mistake of giving an unclear question. Remember an exam is stressful for students and they can become confused more easily than in the class.

**Ask only ONE question at a time. If you really want two or more parts in a single question, label them a), b), etc.**

Example:

- “Write about the digestive enzymes and function of the stomach.”

When students are under pressure they may misread and answer only the first or the second part. A better way to write would be:

- Describe: a) the digestive enzymes and b) the function ....of the stomach.

**Give lots of direction in the question (be specific).**

Example: The instructor wants the students to explain the structure of the heart.

Q1. Write notes about the heart.

Q2. Describe the structure of the heart including all chambers, valves and major incoming and outgoing vessels.

Q1 does not have enough instruction for the students. For Q1 they might write about the structure, the path of circulation, the control of electrical stimulus, the kind of cells in the heart, pathologies of the heart.

**Give the students some idea of how much information you want in the answer.**

Example:

“Discuss patient teaching for Type 1 Diabetes.”

Students may take too much time trying to write everything they can think of for the answer.

A better way might be to ask:

“Discuss THREE important points for teaching patients about Type 1 Diabetes.”

**Facilitator Guide:**

**Question 1 is much too general. Students might think they have to discuss the structure of the heart, or heart problems or heart health or all of these. They can waste time writing things the instructor is not interested in.**

- Avoid asking “negative” questions.
  - (Example: Name two activities that should not be allowed for families of patients receiving oxygen.)
- Clearly show the mark value of the question.
- For MCQ – if the student must choose one best answer, make sure there is only ONE answer.

**Facilitator Guide:**

**In the pressure of an exam many students will misread a negative question and give the interventions that should be used.**

**Handout 09 - gives more Tips for Multiple Choice Questions**

**Facilitator Guide: (Block 1-2 hours)**

**THIS AREA HAS BEEN IDENTIFIED AS ONE OF THE MOST USEFUL BY PARTICIPANTS OF ALL SESSIONS. SIGNIFICANT TIME SHOULD BE GIVEN.**

**ASK THE GROUP TO:**

**1) PREPARE ONE SUBJECTIVE QUESTION THAT WILL TEST COMPREHENSION**

Allow 30-60 minutes or more for this activity.

Let the group know that this area has been identified as the most difficult and also the most useful by every batch who has taken the Pedagogy sessions. It is expected that they may face problems in constructing the questions.

Next:

## 2) PREPARE ONE OBJECTIVE QUESTION THAT WILL TEST COMPREHENSION

Allow 30-60 minutes or more for this activity.

Collect the papers at the end of the exercise (make sure participants put their names on the papers.)

Facilitator Guide:

ON THE FOLLOWING DAY THE INSTRUCTOR MAY PROVIDE THE GROUP WITH A HANDOUT OF SAMPLE COMPREHENSION-BASED QUESTIONS.

Some questions the group has constructed may be useful to add. In this case make sure to let the group know that many good questions were given but for lack of time you have chosen only a few.

## IV. Marking Strategies

Objective marking is straightforward and can be done by anyone. Subjective marking is more difficult but these kinds of questions can be very useful. Some simple ways to help make our subjective marking equal are:

- a. **Answer keys.** The “key” has the answer the instructor expects. A good key notes the marks that will be given for each part of a question. Making a key helps us to clarify our thoughts about subjective questions AND increases our consistency (equality) of marking for all papers.
- b. **One at a time.** Mark one question at a time for the whole class, then move on to the next question. This way the mark values for a subjective question stay fresh in our mind.
- c. **Anonymity.** Try to mark subjective questions without looking at the name of the student. This reduces the possibility that we unconsciously change the mark because we know the student.

## Wrap-Up

**EVALUATION OF CLINICAL SUPERVISION MODULES.** Allow 20 min. for this activity.

ASK THE GROUP TO WRITE AN ANONYMOUS EVALUATION OF THE TRAINING SESSIONS – (**EVALUATION OF CLINICAL SUPERVISION SESSIONS FORM**).

The Facilitators can distribute the forms but they should be collected by one of the participants, NOT the Facilitator or the CNTS/LNTS.

**DISTRIBUTE THE POST-TEST FOR PEDAGOGY.** Allow at least 1 hr for this activity.

### **PRESENTATION OF CERTIFICATES FOR PEDAGOGY**

Answer: If you were the other man, which road would you tell me leads to safety?

The liar **MUST** lie. He knows the truthful man would tell you the safe road therefore he must tell you the opposite of what the truthful man would say (he will tell you the wrong road).

The truthful man **MUST** tell the truth. He knows the liar would tell you the wrong road therefore he must answer your question by telling you the wrong road (as the liar would tell you).

You know the **OTHER** road will be the safe road.