

California State University, San Bernardino

CSUSB ScholarWorks

Q2S Enhancing Pedagogy

2020

Reflection and Application of ACUE Course for Effective Teaching Practices

Diane Mejia
dmejia@csusb.edu

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/q2sep>



Part of the [Educational Assessment, Evaluation, and Research Commons](#), [Educational Methods Commons](#), and the [Pediatric Nursing Commons](#)

Recommended Citation

Mejia, Diane, "Reflection and Application of ACUE Course for Effective Teaching Practices" (2020). *Q2S Enhancing Pedagogy*. 182.

<https://scholarworks.lib.csusb.edu/q2sep/182>

This Essay / Blog Post is brought to you for free and open access by CSUSB ScholarWorks. It has been accepted for inclusion in Q2S Enhancing Pedagogy by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

Reflection and Application of ACUE Course for Effective Teaching Practices

The Association of College and University Educator (ACUE) Course for Effective Teaching Practices was very beneficial overall and taught me many practical ways to improve my teaching abilities by using the principles found in the course. For example, I was able to rewrite two learning outcomes for the NUR 333 Pediatric Lab Syllabus. I also aligned course assessments and activities with the outcomes and evaluated what worked last quarter and what needed to be improved with my performance and how the students responded. Thus, I was able to submit this information to the Director of the Nursing Program and the Lead Pediatric Instructor as feedback regarding clinical teaching practices for the Pediatric Nursing Lab.

Course Design

During this course I revised two learning outcomes for the Pediatric Nursing Clinical Lab course. The original Course Learning Outcome: **Demonstrates care and knowledge of infant, children, adolescents and their families/caregivers using evidence-based data.** The revised Course Learning Outcome: **Demonstrates standard nursing care for infants, children, adolescents and their families using evidence-based data.** “Standard nursing” was added because this is a core concept nursing students need to master in all their clinical labs. This encompasses the standard of care and knowledge they are building upon each quarter. Also, adding the word “nursing” to care makes it more specific and measurable.

Original Course Learning Outcome: **Demonstrates clinical judgement and decision-making based on current knowledge and research in the care of infants, children, adolescents, and their families/caregivers.** Revised Course Learning Outcome: **Identifies nursing priorities and demonstrates critical thinking in clinical setting while working with pediatric patients and**

their families/caregivers. The changes made, “identifies nursing priorities and demonstrates critical thinking in clinical setting” was more specific and addressed the necessary objective. Also, it was redundant to add “based on current knowledge and research” because that was stated in the first objective by referring to “evidenced based data”. Furthermore, I shortened “care of infants, children, adolescents, and their families/caregivers” to “while working with pediatric patients and their families/caregivers” to convey a more succinct objective.

Assessments

I learned how to evaluate the type of assessments needed to align with learning outcomes which were under the cognitive level of “Apply”. The types of assessments needed for this lab would include activities that require students to use procedures to solve or complete familiar or unfamiliar tasks; may also require students to determine which procedure(s) are most appropriate for a given task. These activities would include problem sets, performances, labs, prototyping, and simulations. In this way, students would be able to execute standard nursing care and implement critical thinking

Teaching Methods

The teaching methods and moves aligned to these learning outcomes would be;

- a. Assessments: Medication calculation test with score of 100% before clinical.
- b. Able to calculate pediatric medication dosages on clinical patients and name possible adverse effects.
- c. Administer medication/vaccines under direct supervision of instructor.

- d. Prepare concept map identifying why patient is in hospital, nursing problems, priorities and interventions.
- e. Perform head to toe assessment on pediatric patient.
- f. Demonstrate standard infection control while in clinical.
- g. Participate in pediatric simulation in skills lab

Reflection

During this course I learned how to better align the assessments to the course outcomes and reflected on student learning. For example, the pediatric simulation was aligned with course outcomes because it was a scenario about providing nursing care for a child with asthma. The students were able to simulate standard nursing care and how they would respond to the family members. They were also able to demonstrate nursing priorities and critical thinking.

Additionally, in the clinical setting each student was required to perform a head to toe assessment on a pediatric patient where they adjusted their approach according to the age of the patient while demonstrating standard infection control. This included handwashing before and after contact with each patient, use of isolation gowns, mask and gloves as needed. Furthermore, the students were required to take a medication calculation test to demonstrate their understanding of dosage calculations needed for pediatric patients before they were allowed to administer medications. Each day in clinical the students were expected to know which medications were ordered for their patient including side effects and correct dosage.

Additionally, students were able to administer vaccines in the pediatric clinic under my supervision. This was a great way for them to demonstrate standard nursing care since they not only had to draw up the medication, but also needed to perform correct identification of the patient, patient teaching and be able to safely administer the vaccines. Another assignment which

aligned to learning outcomes was the nursing concept map. This was performed on an individual patient where the student had to identify the main reason why the patient was in the hospital and the nursing care required. In this way, the students were able to demonstrate their knowledge of standard nursing care, priorities and critical thinking.

There were both successes and challenges encountered during this course. However, refining course learning outcomes, aligning assessments, assignments, and activities to these outcomes yielded some positive results. For example, the pediatric simulation went very well. The students were actively engaged and debriefed afterwards. The only challenge was that they were not willing to give any negative feedback to their peers. There seemed to be an unspoken rule that the students would only say positive comments to each other. I tried to address this but was unsuccessful in changing the group mores. I think it would be helpful to address this openly in the beginning of the simulation to let them know they are expected to tell their peers what they could have done better as part of the learning process. I would encourage them to sandwich it between two positive comments to moderate the delivery.

Furthermore, each student performed a head to toe assessment in the clinical setting. Since pediatric patients are different ages I found that the students weren't always prepared for the age related nuances. A better way to address this would be to review assessments for different age groups in skills lab, prior to going to clinical and have the students talk it through before going into the patient's room. Although we discussed the assessment ahead of time I think it would be helpful to focus more on the developmental needs for each child according to their age. A particular challenge that comes to mind was with a 4 year old child who needed to have cardio respiratory stickers removed from her chest. She was screaming and crying because the stickers

were extremely hard to remove, much worse than a band aid. The mother was not feeling well and didn't want to be involved, especially when the child started kicking. So the students and I brought adhesive remover pads and navigated distracting her as much as possible as we removed each one of the stickers. This was a stressful learning experience for the students because of her age and how she was responding. I talked to the students about this afterwards and told them they did the best they could under the circumstances, especially with distracting her. Working with the pediatric population presents special challenges and I was pleased the students were able to experience this aspect of the clinical lab. This activity met the Learning Outcome: Identifies nursing priorities and demonstrates critical thinking in clinical setting while working with pediatric patients and their families/caregivers.

The Concept Map was another effective tool for the students to identify nursing priorities and demonstrate critical thinking. Some of the students needed help with this so I had them show me their rough draft before turning it in so they could make corrections. For the students who didn't ask for help and needed it I let them redo the parts they did not understand for their first concept map. The next steps would be to require each of the students to show me their concept map before turning it in so I could quickly review it. At first a few of the students were disgruntled when I gave them feedback because they said that I was singling them out. This surprised me because I have been teaching students for over six years and I consider it part of my job to give them specific feedback. Thankfully, when I explained to them core nursing concepts the students understood what my true motive was in reviewing the concept map.

Additionally, the medication calculation during clinical was very good practice for the students. The main problem however was there weren't always enough patients who had medications

ordered. In this case, I would have several students perform a med calculation for a single patient and then discuss it along with the possible adverse effects. Taking the students to the pediatric clinic was also a helpful experience for the students to implement basic medication administration skills. Some of the students wanted to observe but I talked them through the process step by step so they were able to utilize the opportunity and administer vaccines. The next step to refine the med administration process would be to bring a worksheet to clinical with common pediatric medications and have the students calculate dosages according to different weights. This would give them more practice, especially when the unit is not busy.

In conclusion, I felt ACUE was a worthwhile course as it provided the specific tools to improve my effectiveness as an instructor. Being able to write measurable learning outcomes, perform assessments and improve teaching methods are valuable skills I was able to develop and refine. The students responded well to the implementation of these concepts. There is always room to grow and I plan to utilize the instruction and materials provided by ACUE for future classes.