

# **NURS3106: Leading, Teaching, Mentoring & Clinical Supervision for Health Professionals**

## Glossary:

Andragogy	Andragogy is the art and science of teaching adults, in contrast to pedagogy.
Autocratic	A leader who has absolute power and decision-making.
Behaviourism	A theory that assumes the learner is essentially passive, responding to external stimuli. The learner starts off as a clean slate and behaviour is shaped by either positive or negative reinforcement.
Clinical supervision	A formal structured process of professional support between two or more professionals that facilitates the development of reflective skills, knowledge, and new perspectives for individuals.
Cognitivism	Also known as cognitive development. The underlying concepts of Cognitivism involve how we think and gain knowledge. Cognitivism involves examining learning, memory, problem solving skills, and intelligence.
Compliance	An individual's motivation to learn and to act on the learning.
Democratic	A leader who shares decision-making ability by promoting the participation of all members and the sharing of their ideas.
Faissez-faire	A leader who allows followers to have complete freedom to make decisions concerning the completion of their work
Leaders	Leaders are those who make a difference in system viability.
Leadership	The action of leading a group of people or an organisation or the ability to do this.
Learning	Is a change in human disposition or capability that persists and cannot be solely accounted for by growth.
Mentorship	Differs from preceptoring in that it typically involves a long-term relationship focusing on professional development and career progression that extends beyond the practice setting.
Preceptorship	Is a one-to-one short-term workplace relationship between a learner or novice and an experienced and competent practitioner focusing on orientation to the practice environment, the teaching of clinical skills, and growth and development of the novice's professional abilities.
Self-directed learning	A process in which individuals take the initiative, with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies and evaluating learning outcomes.
Teams	A number of people organised together in specific work or activity

# Leadership:

## LEARNING OBJECTIVES:

— **discuss the difference between leadership and management.**

- What is leadership?
  - **Definition:** the action of leading a group of people or an organization, or the ability to do this.
  - Types of leadership:
    - Formal: means an employee who has a job title that positions them within the organisation as a leader, e.g. NUM
    - Informal: anyone who acts in a way or speaks up to benefit the viability of the system, e.g. a RN who role models the ANMC standards.
  - Fundamental state of leadership:
    - A temporary state where we perform optimally through putting the goals of the collective first and following your core values.
- What is a leader?
  - **Definition:** **leaders are those who make a difference in system viability.**
  - 3 attributes of a viable social system:
    1. Those who are affected by the work of the system are satisfied (patients).
    2. The system itself becomes more capable of performing as a functioning unit (the health system).
    3. Individual members feel the pros of the job – e.g. fulfilment, learning & enjoyment – outweigh the cons – e.g. frustration, exhaustion (nurses).

Leadership	Management
<ul style="list-style-type: none"><li>• Inspire others to follow them voluntarily</li><li>• Needed for innovation and change</li><li>• Focused on system vision and goals</li></ul>	<ul style="list-style-type: none"><li>• People work for and follow them due to their seniority and position</li><li>• Needed to ensure day-to-day business gets done</li></ul>

— **identify the attributes of an effective nursing or midwifery leader.**

— **Identify the factors that create positive and collaborative working relationships.**

- Leadership traits and skills:
  - Know themselves (practice self-reflection) and their limits
  - Possess clinical expertise
  - Effective communication & interpersonal skills
  - Empowers others through mentoring, team building and respect
  - Drive change by:
    - Providing quality care
    - Clinical education
    - Continuous improvement (accept feedback)
  - Have vision and passion

## Clinical teaching:

### LEARNING OBJECTIVES:

#### — Discuss adult learning theories.

- What is teaching?
  - Definition: teaching is a planned series of actions intended to produce specific learning outcomes.
- Learning theories:
  - Self-directed learning:
    - Knox (1979) asserts that adults rarely learn, remember or utilise answers for which they did not formulate the question.
  - Behaviourism: a theory that assumes the learner is essentially passive, responding to external stimuli. The learner starts off as a clean slate and behaviour is shaped by either positive or negative reinforcement.
    - Imitation: the process by which individuals copy and reproduce what they have observed.
    - Modelling: the process by which individuals learn by observing the behaviour of others.
  - Cognitivism: is also known as cognitive development. The underlying concepts of cognitivism involve how we think and gain knowledge. Cognitivism involves examining learning, memory, problem solving skills, and intelligence.
    - Cognitivism involves 3 domains/areas of learning:
      - Cognitive domain: the 'thinking' domain
      - Affective domain: the 'feeling' domain
      - Psychomotor domain: the 'skill' domain.
  - Humanism: According to humanistic theory, learning is believed to be self-motivated, self-initiated and self-evaluated. Each individual is viewed as a unique composite of biological, psychological, social, cultural and spiritual factors. Learning focuses on self-development and achieving full potential.

#### — Explain how adult learning theories can be used in clinical teaching.

- Nurses using the **behaviourist theory** identify what is to be taught and immediately identify and reward correct responses.
- However, the theory is not easily applied to complex learning situations and limits the learner's role in the teaching process.
- Users of **cognitive theory** recognise the developmental level of the learner and acknowledge the learner's motivation and environment.
- However, some of the motivational and environmental factors may be beyond the teacher's control.
- Using **humanism**, the nurse focuses on the feelings and attitudes of learners, on the importance of the individual in identifying learning needs and in taking responsibility for them and on the self-motivation of the learners to work towards self-reliance and independence.

# Mentoring, preceptoring and clinical supervision:

## LEARNING OBJECTIVES:

### — Define the roles and discuss the characteristics of effective mentors and preceptors

- Role of the mentor/preceptor in 4 phases of the mentor-mentee relationship:
  1. **Preparing:**
    - Assess readiness to be a mentor/preceptor
    - Make preparations to accept a mentor: make workplace aware, prepare resources, plan rostering.
  2. **Negotiating:**
    - Introduce yourself, staff members and manager (e.g. NUM)
    - Establish mentee's experience, background and level of knowledge.
    - Define roles, expectations, learning outcomes and scope of practice.
    - Clarify clear boundaries and how feedback will be given
  3. **Enabling:**
    - Provide guidance, support and feedback in clinical skills and build on existing knowledge.
      - **CORBS acronym** for giving feedback:
        - Clear, Owned, Regular, Balanced, Specific
    - Facilitate transition from observer to doer and gradually withdraw the level of guidance/supervision needed as the mentee gains competency and the mentor confidence in them.
  4. **Closure:**
    - Review learning outcomes and goals
    - Deliver honest feedback and strategies for continued development
    - Seek feedback on mentor's role/support.
- **Characteristics of effective mentors:**
  - Providing consistency and continued support
  - Be a good role model of safe and quality patient care
  - Being accessible and approachable
  - Relatable to the mentee
  - Being perceptive of others emotions and having emotional intelligence
  - Good interpersonal skills
  - Being tolerant and non-judgemental
  - Allow mentee's to ask questions and question mentor's rationale
  - Being a good teacher:
    - Providing timely constructive feedback
    - Ability to share knowledge and experiences
    - Foster critical thinking
    - Provide a variety of challenging and relevant learning opportunities