

NARRATIVE PEDAGOGIES FOR PERINATAL NURSING EDUCATION

by

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Abstract

Creating and providing core perinatal education to nurses within a health system can be challenging. Preparing nurses for complex and unpredictable situations requires innovative approaches to make learning meaningful, effective, and inspire deeper thinking. The purpose of this project is to demonstrate how I have incorporated what I have learned within the Nurse Educator (NUED) program into my practice as a nurse educator. The aims of this project include: 1) showing how caring theories, within the practice model of Relationship Based Care, (RBC) are utilized within a perinatal course offering to create a safe student-centered learning environment and 2) where narrative pedagogies are used to promote experiential learning and active engagement. An underlying premise of using narrative pedagogy is that learning occurs in mutual discussion between the students and teacher(s). The narrative approach, through the use of case studies and story-based learning (SBL), promote understanding by addressing the meanings of the participants' social interactions, which emphasize situation, context, and the multiple cognitive constructions that individuals create in everyday activities.

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List of Definitions

AHRQ – Agency for Healthcare Research and Quality; a department in the United States

Department of Health & Human Services

ANCC –American Nurses Credentialing Center

AWHONN – Association of Women’s Health, Obstetric and Neonatal Nursing

CAH – Critical Access Hospital (rural)

FHM – Fetal Heart Monitoring

HSS – United States Department of Health & Human Services

ICARE – Integrity, Compassion, Accountability, **R**espect, **E**xcellence; the mnemonic used by St Luke’s Health System to convey their values

IOM – Institute of Medicine

JOGNN – Journal of Obstetric, Gynecologic & Neonatal Nursing

NILMDTS – *Now I Lay Me Down to Down to Sleep*; a non-profit organization who trains, educates, and mobilizes professional quality photographers to provide beautiful heirloom portraits to families facing the untimely death of an infant.

NUED – Nurse Educator program

RBC – Relationship Based Care

SBAR - Situation, Background, Assessment, and Recommendation; a technique for communicating critical information that requires immediate attention and action concerning a patient condition

SBL – Story Based Learning

TeamSTEPPS – Team Strategies and Tools to Enhance Performance and Patient Safety: a teamwork system developed by the Department of Defense’s Patient Safety Program in collaboration with the Agency for Healthcare Research and Quality

Narrative Pedagogies for Perinatal Nursing Education

I cannot teach anybody anything, I can only make them think.

—Socrates

Creating and providing core perinatal education to nurses within a health system is challenging. Higher patient acuities, pressure to meet productivity goals, increased mandatory and regulatory educational requirements, changes in technology, along with decreasing educational resources illustrate some of these challenges. In addition, scientific advances and knowledge development have positioned technical skills and content driven educational processes as a priority for preparing nurses for evidence-based practice (Vandermause & Townsend, 2010). Preparing nurses for complex and unpredictable situations requires innovative approaches to make learning meaningful, effective, and inspire deeper thinking.

As a clinical educator, I facilitate various courses and programs related to perinatal nursing where I use different teaching/learning approaches such as case method teaching (using case studies) and story-based learning. Based in the theory of social constructivism, these pedagogical tools compel learners to build on existing clinical knowledge and learn through interactions with others (Young, 2007). I have observed that narrative pedagogies through storytelling and discussing case studies provide some of the richest learning. My interest in using story-based learning for this project started with a story I wrote and presented during a week-long Labor and Delivery course. The story presentation was told from a nurse's perspective and is as follows.

It was another busy afternoon and the Emergency Department brought us a patient who felt "crampy". Rachel looked nervous and said she thought she was pregnant but did not know how far along she was. She had not been to a doctor, or received any prenatal care. While helping her to the bathroom I saw that her teeth were in poor condition and she

had scabs on her arms and face in various stages of healing. I gave her instructions on how to collect a urine sample for analysis and closed the door to allow her some privacy. My mind was racing as I formed a plan of care –Are there any clean rooms? Is this another meth case? Who is on for “unclaimed” OB and Peds? Is the social worker still working? I literally walked a few feet from the door and heard a blood curdling scream from where I had left Rachel. Upon opening the bathroom door I found her standing with her pants down where I had left her beside the toilet. She had delivered a small baby in a pool of diarrhea. My first thought was the welfare of the baby and starting NRP steps as it looked like the baby had landed on her head. I grabbed the baby with my bare hands and started wiping her with paper towels while yelling loudly for help. I noticed that the placenta had also delivered with a large amount of clots so now I was really concerned about mom.

This story prompted a discussion around the complexities of caring for patients who use illicit drugs, specifically methamphetamines. The learners talked about the pathophysiology of vasoconstricting drugs and medication and how it disrupts the oxygen pathway to the placenta and usually causes an abruption. Learners also brought forward the importance of personal protection equipment and making sure they always carried extra gloves in their scrubs. When moving to the psychosocial aspects of the story, one participant commented how she could not understand why someone would want to shoot up or snort a drain cleaner. An emotional discussion followed as another participant shared her very personal story of living with an addicted brother who eventually ended his life and that of a police officer in an armed standoff. She made real for the group how complex and messy drug addiction can be by conveying details about the years of pain her family and brother endured. This in turn prompted five of the 20

participants to share similar stories of their experiences with family who were or had dealt with drug and/or alcohol addiction. There was not a dry eye in the group. Many participants expressed how they had made or held assumptions about addicts and that the personal stories had opened their perspectives and a space to have more compassion for these patients and their families. As a facilitator and co-learner, I sat in the group and made a decision to let the discussion unfold. I asked open-ended questions to aid in helping the group dig deeper into the emotion of the stories. Toward the end of our allotted time, I interjected with a reminder that we needed to break for the day. The group responded that they wanted to stay over lunch and the discussion continued for another 45 minutes without anyone wanting to leave. It is within experiences like this that I feel energized and see meaningful learning occurring. This story also reinforces how a safe and interactive learning environment engages students in the learning process.

Background and Significance

I have been a perinatal nurse for over 18 years and have practiced in both rural and urban settings. My initial “training” for labor and delivery consisted of on the job training at a rural hospital, which I feel did not adequately prepare me for practice. I found that I had to “find my way” through situations during my practice with little formal education or guidance from more experienced nurses. I have been working in a not-for-profit health system since 2001, where two of the hospitals and 100 ambulatory clinics hold Magnet designation through the American Nurses Credentialing Center (ANCC) (2014). The Magnet Recognition Program® recognizes health care organizations for nursing excellence, quality patient care, and innovations in professional practice (ANCC, 2014). After moving to this urban setting, I served as a preceptor for a number of new nurses within a structured four to six month orientation program where

nurses attended a 40 hour Labor & Delivery Course. I was amazed at how much better this program prepared perinatal nurses for practice.

In my current role as a clinical educator, I have been facilitating the Labor & Delivery Course for seven years. I inherited this program from former educators who originally delivered it in a didactic format. The content is based on competency guidelines from the Association of Women's Health, Obstetric and Neonatal Nursing (AWHONN, 2013) for basic, high-risk, and critical-care intrapartum nursing. As I have gone through the NUED program, I have found opportunities to change the delivery of this program and utilize different approaches, specifically creating the space for reflection on practice experiences through the use of case studies and story based learning. Although there is a lot of information to cover I have been able to engage with new pedagogies to promote and enhance caring and clinical reasoning

The week long (i.e., 40 hours) Labor & Delivery specialty course helps prepare learners to function competently in the ambulatory, antepartum, and labor and delivery settings. Attendees come from within our system sites as well as from other hospitals within the state and neighboring states. The audience is eclectic, comprised of nurses from clinics, our maternal/child transport team, rural critical access hospital (CAH) settings, as well as urban hospital settings and includes some nurses with previous (perinatal) nursing experience. For internal participants, this course occurs in conjunction with a 16 week (minimum) structured clinical orientation. As the course is offered three times and hiring occurs on an ongoing basis, participants attend the course at variable times during their orientation. In addition, new or graduate nurses with less than one year of experience also attend a yearlong residency. Considered a foundational course for perinatal nurses within our system, internal participants attend the Labor & Delivery Course during their clinical orientation. Further professional development opportunities and

competencies are scaffolded and spread along a timeline so learners are not overwhelmed within their initial orientation. Developing and retaining nurses within the organization is one of the forces within the Magnet Model (ANCC, 2014) that everyone works to support.

Context

Like their nursing colleagues in all settings throughout the United States, perinatal nurses are experiencing rapid and frequent change in their work. With the passage of the Patient Protection and Affordable Care Act in March 2010 (United States Department of Health & Human Services (HSS), 2014) nurses are now required more than ever to be knowledgeable about the market forces challenging their organizations to provide patient-centered, quality care (Studer, Robinson, & Cook, 2010).

Ultimately, these legislative changes call on health professionals to provide care that is safe, effective, patient-centered, timely, efficient, and equitable (Institute of Medicine (IOM), 2010) as well as transparent to the public (HHS, 2014) . Although it is not within the scope of this project to discuss the Affordable Healthcare Act legislation, it is important to note that components within this act promote professional nurses on the frontline to lead change and to practice to the full extent of their scope. Conversely, as reimbursement strategies shift to “pay-for-performance” from volume based systems, there is a reliance on nurses to ensure that hospitals meet certain measures for quality, efficiency, and patient satisfaction (Lutz & Root, 2007), As a result, the focus of education has shifted to prepare nurses to focus on patient safety through evidence based teamwork programs, such as TeamSTEPPS, where the goal is to improve communication and teamwork skills among all healthcare professionals. (Agency for Healthcare Research and Quality (AHRQ), 2014).

In effect, education to prepare nurses new to the profession, as well as education to support professional development for practicing nurses, is being transformed (Benner et al., 2010). The IOM (2010) also contends that current methods of providing continuing education are outdated and not always relevant to clinical settings or patient outcomes. Five core competencies recommended by the IOM (2010) for all nurses include “being able to provide patient-centered care, work in interprofessional teams, employ evidence-based practice, apply quality improvement, and utilize informatics” (p. 5). Benner et al. (2010) go on to state that there is an ethical obligation for nurses to continuously learn across domains of skill and knowledge (Benner et al., 2010).

The concepts, theory, and attributes of patient safety and practicing as a highly reliable organization have been a foundation for perinatal nursing since 1999 (Simpson, 2014). Realizing sustainable changes to meet these goals are complex and requires an interprofessional collaborative culture where safety is the number one priority.

Purpose

The purpose of this project is to demonstrate how I have incorporated what I have learned within the NUED program into my practice as a nurse educator. Ultimately I plan to help perinatal educators make connections between learning theories and teaching practice and I will write a paper for submission to JOGNN to contribute towards this goal. My specific objectives for this project are to:

1. Show how caring theories, within the practice model of Relationship Based Care, are utilized within a perinatal course offering where narrative pedagogies are also used.

2. Discuss the importance of creating a safe student-centered learning environment and the role of the educator as facilitator.
3. Explore the use of theoretically informed narrative pedagogies that promote experiential learning and active engagement with content.
4. Share tools for educators to use when orienting new perinatal nurses by providing examples of story-based learning (SBL) and case studies
5. Illustrate how SBL and Case Studies can address some of the experiences that perinatal nurses encounter in practice, provide an opportunity to think through frequently and less frequently encountered perinatal practice situations in advance, and enhance the development of clinical reasoning.
6. Provide guidance for how to evaluate learning from stories for participants in the Labor & Delivery orientation program.

Caring Theories

Our health system's professional practice model of Relationship-Based Care (RBC) (Koloroutis, 2004), is based on the caring theories of Watson, Swanson, Leininger, and Dingman. While their theories are based in nursing practice, their principles can be applied to anyone providing care for another person. The core of this model is to create and maintain a caring culture where there is palpable, visible regard for the dignity of human beings, and where relationships between members of the health care team and the people they serve are built on mutual respect and a shared commitment to healing (Koloroutis, 2004). The goal or purpose of education within this model is to promote competence, confidence, and personal commitment. Priorities for educational development for nurses are in the areas of self-awareness, proactive positive communication, critical thinking, creative thinking, leadership, developing and

maintaining healthy relationships, and understanding patient and family experiences of care (Koloroutis, 2004). People at all levels of the organization are encouraged to be engaged and participants in their own learning (Koloroutis, Felgen, Person, & Wessel, 2007) in an environment where there is an emphasis on collective inquiry, dialogue, and action (Merriam et al., 2007).

I practice within a humanistic view of nursing, in which the role of the educator is on addressing the needs of the learners and providing health professionals with useful tools for patient-centered care and teaching. Doane (2002) contends that humanistic nursing is not just about finding a better way to practice, but is the *essential core* of nursing. This approach promotes caring, collaboration, creativity, self-reflection, and critical thinking in evaluating the experiences of learners (McEwen & Willis, 2007). I view myself as being in partnership with others in a relationship built on trust and open communication.

Caring is demonstrated when there is acknowledgement that students come to the classroom with a variety of learning styles, educational experiences, and cultural backgrounds. I view education as an interactive environment that engages students in the learning process in and out of the classroom. Within the RBC model, Koloroutis et al. (2007) state that "it is important to remember that education can only take hold when it is grounded in reality and facilitated so that its meaning is apparent" (p. 381) to the learner.

Caring is one of the most important parts of teaching, facilitating, or mentoring others. Caring involves being available, present, and actively listening. Good listening requires thinking about what I have heard before responding. It is my obligation as a facilitator to stimulate and encourage thinking rather than to provide answers and resolve problems, thereby engaging participants in their own learning (Koloroutis, Felgen, Person, & Wessel, 2007).

The organization's vision, mission, values, and strategic goals are expressed in the mnemonic ICARE, which stands for Integrity, Compassion, Accountability, Respect, and Excellence (St Luke's Health System, 2014). Clinical educators are asked to integrate these concepts into educational activities and are also required to show that the education being provided supports the goals of the organization. It is assumed that if the workplace culture is one that appreciates and promotes potential, there are limitless possibilities for growth (Koloroutis, 2004). Everyone's work is valued, regardless of the role or setting of care. In my workplace it is the expectation that relationships are the central focus and all employees and contractors practice and live the philosophies of RBC.

Creating a Safe Student-Centered Learning Environment

Conceptually, my evolving teaching philosophy is influenced by constructivism, and transformational theories, and is based in learner-centered approaches. It is my responsibility as a clinical educator to create a learner-centered environment that fosters clinical reasoning, promotes best practice, and encourages life-long learning. Educators who practice within a constructivist perspective create a setting where what is taught resonates with how it is taught (Young & Maxwell, 2007). The learning environment is where caring in nursing is role modeled.

A student-centered environment is fostered within the Labor & Delivery Course in a number of different ways. The physical space is set in one of the large, carpeted, quiet, comfortable classrooms within our education center. To create a structure that allows for collaboration among learners (Koloroutis et al., 2007), portable tables are arranged in a large U shape at one end of the room for the didactic portions and moved to form pods as needed for group work and discussions. Utilizing adult learning principles as put forth by Knowles

(Merriam et al., 2007), learners are told that we, the facilitators, understand they are not used to being in a classroom for long periods of time, so they are free to stand, walk, sit on the floor, snack, or use the bathroom as needed. Different sized yoga balls are available to promote comfort and as an alternative to sitting in a regular chair. The back half of the room consists of a number of stations where learners can move easily to practice skills such as Leopold's maneuvers, cervical dilation measurements, fetal scalp electrode and intrauterine pressure catheter placement, as well as rehearse the competencies required for precipitous and breech deliveries. A simulation mom is also set up to practice bimanual fundal massage as well as experience high risk scenarios. This room is blocked for the week the class occurs, allowing the learners to use the skills practice stations before or after class time if desired. Being in the same room allows for a smooth transition between didactic and skill sessions, with less time wasted as compared to when there is a need to move from room to room.

During introductions on the first day, participants are asked to share with the group where they work, their clinical background, the amount of experience they have in perinatal nursing, what energizes them in practice, their greatest fear of being a perinatal nurse, and what their goals are for the course. As most participants state they are nervous and scared about caring for moms and babies, this dialogue helps to build a *community of learning* (Care, Russell, Hartig, Murrell, & Gregory, 2007). It also allows me to get to know the learners so that I can guide and coach them through practice experiences and select stories which fit the context of their practice (Benner et al., 2010). Education that is contextual builds confidence in individual's ability to make decisions and take action in their real-life work environments (Koloroutis et al., 2007). Many participants also state their greatest fear is that they will misinterpret or miss something

when assessing a fetal monitoring tracing. They often state that fetal heart monitoring is a technical skill they view as being most important to their practice.

My co-facilitator and I review the agenda (Appendix 1) with the learners, discussing how the material to be covered follows AWHONN's recommended competencies for perinatal practice (AWHONN, 2013). We reinforce that the agenda is flexible, that guest speakers will be presenting, and that our role is to facilitate their learning and help make learning meaningful for them. We show how the content is scaffolded, starting with normal changes in pregnancy and progressing through to high risk and more complex topics (Keating, 2011). Content is viewed as a conduit for larger ideas and to encourage thoughtful practice and clinical reasoning (Vandermause & Townsend, 2010). It is emphasized that a main goal of the course is to help learners realize a role where they are "supportive guests at the woman's momentous life event rather than routine interventionists" (Simpson & O'Brien-Abel, 2014, p. 425). The discussion around the philosophy of minimal intervention is also started during this time. An interactive presentation, *Physiologic Birth*, on the first afternoon sets the foundation for understanding that labor and birth are natural processes, where women do well with support and minimal selective intervention (Simpson & O'Brien-Abel, 2014).

My co-facilitators and I also explore with the group that we intend to foster a climate of questioning, thinking, and dialogue (Vandermause & Townsend, 2010). We invite participants to view us as co-learners, and as nurses with areas of expertise, where we can challenge each other and encourage knowledge seeking (Diekelmann, 2001).

As in practice, creating and maintaining a safe and healthy learning environment is instrumental in providing quality care (Simpson, 2014). A learning environment which is psychologically safe allows learners to take interpersonal risks, try out new ways of acting or

talking where they will not be ridiculed, and experience a place where mistakes are worked on together as a source of learning (Rudolph, Simon, Dufresne, & Raemer, 2006). Healthcare quality and outcomes are improved when learners are supported, feel part of the team, and receive positive feedback on their efforts to provide optimal care (AHRQ, 2014). To convey that the environment is psychologically safe, anticipatory guidance is provided concerning topics such as traumatic birth or fetal loss, which may cause personal memories of past experiences to surface or that may be difficult for some participants to discuss (Simpson, 2014). Strategies to deal with these situations are discussed and learners know that confidentiality will be honored and they can leave or not participate in a discussion. Group norms for the week are discussed and formed using the St Luke's Health System (2014) ICARE values.

Theoretically Informed Pedagogies that Promote Experiential Learning

Conventional pedagogy has been the dominant approach used in nursing education for over half a century; however, educators are aware that this approach is no longer sufficient in fully preparing students for future practice (Ironside, 2001; Merriam, Caffarella, and Baumgartner, 2007). Traditionally, conventional pedagogy has been classified as formal education that is often viewed as being “highly institutionalized, bureaucratic, curriculum driven, and formally recognized with grades, diplomas, or certificates” (Merriam et al., 2007, p. 29). Conventional approaches are often teacher-centered, where the teacher determines what counts as knowledge, what constitutes learning, and how it will be demonstrated (Ironside, 2001; Young & Maxwell, 2007). These pedagogies are also usually content driven, concerned with skill acquisition, and cognitive gain (Ironside, 2001).

In contrast interpretive pedagogy is located philosophically as a humanistic perspective, which aims to promote understanding (Giuliano, Tyler-Viola, & Lopez, 2005). Within the

humanistic perspective, all persons are regarded as unique beings, who possesses an inherent need to know (Chinn & Kramer, 2004). The humanistic view focuses the nurse educator on the needs and feelings of the learner, giving health professionals useful tools for patient-centered teaching and care (McEwan & Willis, 2007). This approach promotes caring, collaboration, creativity, self-reflection, and critical thinking in supporting the learning experiences of students and care of patients (Benner et al., 2010; McEwan & Willis, 2007). It moves away from teaching/learning conditioned behaviors and prescribed methods, such as completing care plans correctly or answering specific questions about particular patient situations (Ironside, 2003), borrowed from behavioral science, which may hinder the spontaneous flow within human relationships (Doane, 2002). Knowledge is viewed through a pragmatic lens where expert truth or theory are understood to be fallible and limited and in need of continual scrutiny (Doane & Varcoe, 2005).

Interpretive and conventional pedagogies can be contrasted; however, they exist alongside and within the other, even though they have profoundly different commitments to knowledge, theory, knowing, language, experience, language, and social and political discourses (Benner et al., 2010; Diekelmann, 2001). While conventional and interpretive pedagogies co-occur, Diekelmann (2001) also states nurse educators should have an understanding of their differences. According to Ironside (2006), interpretive pedagogies can be classified as phenomenological, postmodern, critical, narrative, and feminist. In this project I will focus on how narrative pedagogy influences the design of the Labor & Delivery Course.

Narrative Pedagogies

Within nursing education most learning occurs within simulated and classroom settings, however learning in a realistic environment or using stories about that environment, calls for

different approaches (Kuiper, 2012). The narrative approach promotes understanding by addressing the meanings of the participants' social interactions, which emphasize situation, context, and the multiple cognitive constructions that individuals create in everyday activities (Ford-Gilboe, Campbell, & Berman, 1995). An underlying premise of narrative pedagogy is that learning occurs in mutual discussion between the students and teacher(s). Diekelmann (2001) shows narrative pedagogy as a way to help in the development of “community-reflexive scholarship” (p. 68) that helps to move toward new ways of learning that creates community. It encourages students to process and appreciate the numerous perspectives that exist in nursing. As educators and learners engage in using narrative pedagogy, their attention changes from an epistemological focus, and from strategies to cover content, to creating a community of interpretive scholarship which is informed by multiple perspectives (Benner et al., 2010; Ironside, 2006). A central tenet of narrative pedagogies is having a learning-centered curricula and culture in which to practice, where learners share control of the learning process, and content is decentered (Ironside, 2006; Young, 2007). McGibbon and McPherson (2006) define decentering content as a teaching process where experiential and reflective learning take priority over the assimilation of content.

In addition, Doane (2002) shows how narrative pedagogy focuses on the relational process of clarifying the different dialogues that occur within the messiness of the human experience. Educators and learners practice unlearning previous ways of thinking and being which creates space to expand their pedagogical repertoire and become different educators and learners (Ironside, 2006). Doane (2002) highlights the importance of educators living “a pedagogy of inquiry” (p. 403), where the goal is not to teach a method but to participate *with* students in the inquiry process. Within narrative pedagogy, educators de-emphasize content in

order to engage students in discourse through questioning and encouraging reflection by listening (Scheckel & Ironside, 2006; Young and Maxwell, 2007).

Strengths within this pedagogy lie in exploring and understanding common experiences of students and teachers instead of generating knowledge, theorizing, or critiquing other approaches to education (Benner et al., 2010; Ironside, 2001). Critics highlight limitations to this approach with concerns about executing a desire to overcome a scientific and technological base with unscientific, nostalgic tactics (Ironside, 2001). Although the use of real patient stories is preferred, there may be significant ethical and practical problems in doing so, related to confidentiality (Walsh, 2010). To protect confidentiality, identifying details are changed and reorganized.

Tools for Educators Interested in Using Narrative Pedagogies

A narrative centered curriculum may include aspects of conventional pedagogy such as lectures and slide presentations which are orderly, rational, and sequential processes leading to knowledge and skill acquisition (Vandermause & Townsend, 2010). This blending of approaches allows for community engagement between facilitators and participants that leads to questioning and participatory learning (Ironside, 2001). Strategies to implement narrative pedagogy have been identified by various authors and include multimedia productions, story-telling, written stories (MacKinnon & Young, 2014), as well as simulation (Walsh, 2011).

Case Study

Case method teaching approaches guide students to learn through solving practice based problems. Kaylor and Strickland (2015) describe case studies and unfolding case studies as being separate entities within this methodology. Case study is best described as any type of descriptive, exploratory analysis of an event or person (Rowles & Russo, 2009). In comparison, an unfolding

case study is described as being similar to a simulation, involving an idea which changes over time in an unpredictable manner for learners thus allowing new situations to develop within different encounters (Kaylor & Strickland, 2015). These methods encourages students to build upon existing knowledge and learn through their interactions with others (Young, 2007).

Harrison (2012) shows these methods as being ways to enhance clinical reasoning, facilitate self-learning and promote empathy. Components of case study methods include a plot, character, setting, and plot structure which are designed to create a puzzle where learners evaluate both trivial and essential data to develop nursing interventions that address the client's priorities (Harrison, 2012).

Completing the AWHONN *Introduction to Fetal Heart Monitoring (FHM) Online Course* is a prerequisite for learners attending the Labor & Delivery Course. Building upon the knowledge obtained from this online course and clinical practice, case studies using FHM strips are presented. Emphasis is placed on the context of the situation, where learners can grasp the environment of the clinical situation, gain situated understanding, skill and the ability to apply knowledge (Benner et al., 2010). Interpreting fetal monitoring through electronic or intermittent auscultation is acknowledged as being a skill important to practice, however it is stressed that these methods are only screening tools and not diagnostic tests so need to be complemented by a holistic assessment of the patient (Simpson & O'Brien-Abel, 2014). During the first case presentation, a systematic process to assess the patient and FHM is provided as a tool to help learners organize their clinical reasoning. Dialogue and guided questioning are used to help learners make connections between what is happening to the patient physiologically, psychologically and socially in a particular situation. It also gives them an opportunity to express

their ideas and identify potential challenges and possible approaches for caring for a particular patient (Benner et al., 2010).

Unfolding case studies are also used throughout the Labor & Delivery Course. In this method, an ongoing story line unfolds and changes (Harrison, 2012) giving learners an opportunity to practice clinical reasoning in complex situations (Benner et al., 2010). Some cases are revisited later in the week (as continuing case studies) as new knowledge is gained. Herrman (2011) shows this approach is an effective mechanism for helping learners to make connections between theory and practice. During these case presentations, learners practice “making a case for their patients” (Benner et al., 2010, p. 147) and communicating their clinical findings to other health care team members. Concepts and communication tools from the patient safety, teamwork program, TeamSTEPPS, such as Situation, Background, Assessment, and Recommendation (SBAR) (AHRQ, 2014) are practiced through role playing.

Work is done with the class as a whole, as well as small groups of two to three learners. Common practice situations are explored and include patients who present with antepartum infections, preterm labor, substance abuse, bleeding, late prenatal care, differing cultural practices, surrogacy, preeclampsia, anxiety, or depression. The cases are generic enough to allow for them to be adapted to ambulatory, rural, community, or tertiary care settings. As the learners come from these different settings, they are able to share and discuss different approaches to care based on available resources in their setting. Within this learning community (Vandermause & Townsend, 2010) , relationships develop as learners realize the different roles each take in their particular setting and how they can communicate and work together in the future. For example, nurses in ambulatory settings state they have a much better appreciation when L&D nurses call

for providers (certified nurse midwives or physicians) to come to a bedside emergency as clinical situations can become critical very quickly.

Story based learning

Story-Based Learning (SBL) (Appendix 2) is an adaptation of case method teaching which is grounded in the constructivist and caring theories (Young, 2007). SBL differs from case method and problem based approaches as it attends to the lived experience of people and can identify both strengths and health challenges rather than focusing on simply attending to a problem. Stories constructed in the first person frequently engage the learner emotionally in contrast to case studies which are frequently written in the third person. The SBL process provides a structure for learning to think things through with other learners (MacKinnon & Young, 2014) as well as develop capacities for metacognition through reflecting on their own thinking (Young, 2007). Components included in a SBL story consist of ethical, physiological, social, ideological, political, and relational aspects of a health experience (Young, 2007). A goal of this method is for learners to work individually and as a team to become thoughtful, reflective and flexible professionals (Young, 2007). Stories, when presented in this method, are a powerful learning tool which offers learners an opportunity to “transcend their own personal frame of reference and engage with the reality of others” (Christiansen, 2010, p. 293).

The SBL Model (Young, 2007) is comprised of an outer circle that describes the learning processes of critical appraisal and participatory dialogue. The inner circle defines the six phases of the learning model: attending to the story, determining what is going on in the story, identifying patterns of wholeness and disruption, envisioning nursing support, reflecting on learning and interpretations, and returning to the “new” story. Stories are usually written from the first person perspective (MacKinnon & Young, 2014), encompassing the challenges, issues,

dilemmas, perplexities, or tensions experienced by patients/clients, family members, nurses, and/or other care providers (Young, 2007).

Several stories are presented using this method throughout the Labor & Delivery Course. Topics include patient stories of preterm labor, medical transport from a rural setting, thromboembolism and bed rest, post-traumatic stress during trial of labor after cesarean, and adoption/surrogacy. An exemplar story, presented by a perinatal palliative care and loss practitioner, provokes strong emotional reactions from learners. Utilizing a black and white photo slideshow set to the song *Baby Mine* by Alison Krause, the presenter tells the story of a local mom who chose to carry her fetus diagnosed with Trisomy 18 to term. These pictures, taken by the volunteer organization *Now I Lay Me Down To Sleep* (NILMDTS) chronicles the uncertainty, joy, and sorrow surrounding the short life of this infant with her family. This mom asked that we share her story with nurses so that they can gain an understanding into the complexities surrounding fetal loss. Engaging learners with stories offers a process for developing skilled know-how, integrating knowledge, and ethical comportment while helping develop clinical imagination and sense of salience (Benner et al., 2010).

Evaluation of Learning for Participants

Outcome measurement within narrative pedagogy differs from conventional approaches where pre-specified, measurable learning objectives are prepared by teachers in order to direct students to important aspects of course content against which student learning is measured (Ironside, 2001). The goal, however, within narrative pedagogy is to cultivate interpretive thinking that prepares students to provide safe, patient-centered care within complex and challenging health care environments (Scheckel & Hedrick-Erickson, 2009). According to Ironside (2005) students who were given classroom opportunities to experience the context in

which certain knowledge was useful, prior to hearing lectures or completing assignments, performed better on tests of learning transfer through extending what was learned into new contexts, than students who just heard lectures and read content. Narrative pedagogies are not a replacement for conventional pedagogies, but are valuable tools that can be used in conjunction with a competency and content oriented curriculums (Ironsides, 2001). They open up new ways of learning and knowing and help to locate learning that is more reflective of the human complexity of the real world (Walsh, 2011).

Evaluation of learning with narrative pedagogy can be assessed using different methods such as observation, reflective journaling, concepts maps, simulation, objective structured clinical examinations, or self-evaluations (Oermann, 2015). As required by institutional policy, evaluation of the Labor & Delivery course is conducted through the use of a standardized tool (Appendix 3) using quantitative and qualitative data tracks the experience of the learners, the relevance the activity has to practice, teaching strategies, and the performance of the facilitators (Keating, 2011). An evaluation form specific to the objectives and topics for the day is collected daily. An informal check in also occurs at this time where learners are asked to share one concept they will utilize in practice or how they will utilize the knowledge obtained during the day to create an exceptional patient experience. The course evaluation informs continual improvement to the program and processes to meet the mission and vision of creating an “exceptional experience”. It also provides data to close gaps between research, education, and practice (Institute of Medicine, 2010).

During the orientation period for learners in the Labor & Delivery Course, initial competencies and the integration of skills, behaviors, knowledge, and attitudes needed for employees entering a new position (Wright, 2005) are assessed and signed off by preceptors.

Preceptors also utilize concepts and tools, such as case studies and SBL, from the course to reinforce learning. Reflective practice is further promoted through the use of self-assessment tools and reflective journals (Benner et al., 2010; Gidman, 2013; Ironside, 2003) which are reviewed weekly with the orientee, preceptor, and unit educator. Orientees complete self and peer chart reviews to assess that they are meeting standards of care. Episodic evaluations (Young & Paterson, 2007) are used with unit based educators and preceptors to ensure the alignment of education and practice within the Labor and Delivery course. Continual assessment of learning occurs through many different avenues such as simulation, patient satisfaction scores, performance improvement measures, and core measure statistics.

Discussion

The selection of teaching strategies for the Labor & Delivery Course has evolved over time and been influenced by different factors. Approaches to instruction have changed as nursing education has evolved in the past decade from a focus on behavioral objectives to promoting critical thinking, clinical reasoning, and active learning (Rowles, 2012). Learner feedback from course evaluations has also reflected the need for more interactive learning experiences. The use of case study methods and SBL in the Labor & Delivery Course are used to complement and pull together concepts from the lecture presentations. Case studies for FHM strips are the first approach used and are effective for allowing learners to systematically perform an in-depth analysis of real-life situations, and associate the practical with theoretical concepts through peer interaction (Rowles, 2012). These cases provide prenatal records and background information for learners to practice assessment and prioritizing care for specific patients. Unfolding case studies are used later in the week as high risk concepts are covered. Limited information about the patient is provided to the learners, encouraging them to actively collect data from facilitators,

integrate knowledge, and make decision about clinical practice (Kaylor & Strickland, 2015).

With both of these approaches, learners role play giving report using SBAR to each other or as though they are communicating with a provider. Learners also collaborate to work towards understand and resolve problems (Rowles, 2012). SBL is placed throughout the course to explore concepts from multiple points of view to promote reflection, critical analysis, increase contextual learning and caring practices (Rowles, 2012).

Conclusion

This project has been informed by the various theoretical influences I have been exposed to during the progression of working towards a graduate degree in nursing education. It has allowed me the opportunity to closely examine and integrate narrative pedagogies in my teaching/learning practice. Perinatal nurses need education that prepares them for a role that is challenging and continually changing but also one that is centered on the childbearing woman and her family. Incorporation of adult learning principles including collaborative learning and learning generated from reflection on experiences better meets the needs of today's nurses. No one style or teaching or learning can address the varying needs of today's learners, nor should they. Teaching and learning, whether lifelong or situational, must incorporate variety of approaches to meet the needs of the learner. Educational theory that prioritizes the learners' needs, active engagement or experience, and reflection and integration cycles (Matthews-DeNatale, 2013) supports lifelong learning and prepares the learner for true knowledge exploration.

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Appendix 1 – Course Agenda**Labor and Delivery Course Agenda****2015**

Blue = skills*

Red = Fetal Heart Monitoring review**

Green = case studies/SBL***

Day One: Monday

0800 – 0830	Welcome, Historical Perspectives: Claire
0830 - 0915	Psychological Changes in Pregnancy: Claire
0915 – 1015	Physiologic Changes in Pregnancy: Jen
1015 – 1030	Break
1030 – 1200	Infection in Pregnancy: Claire
12:00– 1230	Lunch
1230 – 1300	Fluids & Electrolytes in the Laboring Patient: Jen
1300 – 1400	Childbirth: Supporting the Physiologic Process: Holly
1400 – 1415	Break
1415 - 1700	Childbirth: Supporting the Physiologic Process, Anesthesia and Analgesia in Labor, Cont: Holly

Day Two: Tuesday

0800 - 0900	Placental & Fetal Physiology: Claire
0900 – 1000	Fetal Monitor Strip Review: Basic strip book**
1000 – 1015	Break
1015 - 1115	Antenatal Testing: Claire
1115 - 1215	Skills Practice: delivery slides, video, vaginal boxes, sim mom*
1215 - 1245	Lunch
1245 – 1400	Skills Practice: delivery slides, video, vaginal boxes, sim mom cont.*
1400 – 1430	Initiation of Breastfeeding: Claire & Jen

1430 - 1500	Documentation, Communication & Liability: Jen
1500 - 1515	Break
1515 – 1700	Fetal Monitor Strip Review: SBAR exercise hand out, Day 2 NST Norma, and Day 2 NST's 1-4** Case Studies/Story-Based Learning (SBL): Infection/Sepsis, Breastfeeding, Postpartum depression***

Day Three: Wednesday

0800 – 0930	Newborn Resuscitation & Assessment: Julie
0930 – 0945	Break
0945 – 1200	Newborn Resuscitation & Assessment: Julie, Claire, Jen
1200 – 1230	Lunch
1230 – 1400	Postpartum Assessment: Jen
1400 – 1515	Multicultural Nursing Care of the Patient and Her Family: Claire Case Studies/SBL: Cultural issues***
1515 – 1530	Break
1530 – 1700	Care of the Family with Fetal Loss: Jen J. - Case Studies/SBL***

Day Four: Thursday

0800 – 0900	Care of the Bariatric Patient: Stacy
0900 – 1000	Hypertensive Issues in Pregnancy: Jen
1000 – 1015	Break
1015 – 1100	Skill Practice: Reflexes, Seizure Care & Maternal Resuscitation*
1100 - 1200	Induction & Augmentation: Claire FM strip review/ Day 4 “Pearl”, and Day 4 pitocin class review**
1200 – 1230	Lunch
1230 – 1330	Cesarean Birth, TOLAC/VBAC: Claire
1330 – 1430	Diabetes in Pregnancy: Claire
1430– 1700	Fetal Monitor Strip Review: Day 4 mixed labor decelerations, Day 4 Abruption**

Case studies/SBL: HTN, Bariatric, Failed induction***

Day Five: Friday

0800 – 0900	Thromboembolic Events: Claire
0900 – 1000	Preterm Labor - Jen
1000 – 1015	Break
1015 – 1115	Trauma in Pregnancy: Claire
1115 – 1215	Multiple Gestations: Jen
1215 – 1245	Lunch
1245 – 1345	Fetal Monitor Strip Review (Summary): All**
1345 – 1400	Break
1400 – 1500	Case Studies/SBL: original + Thromboembolic, Multiples***
1500 – 1700	Review Test & Evaluations

Appendix 2 – Link to the Story Based Learning Model

MacKinnon, K. & Young, LE. (2014). "Story Based Learning: A Student Centred Practice-Oriented Learning Strategy," *Quality Advancement in Nursing Education - Avancées en formation infirmière*, 1 (1), Available at: <http://qane-afi.casn.ca/journal/vol1/iss1/3>

Appendix 3 – Evaluation

Labor & Delivery Course – Day 1
Date , 2015

Evaluation Form

Scale: 1 = Strongly Disagree
 3 = Agree

2 = Disagree
 4 = Strongly Agree

Please check the response that best reflects your opinion.

As a result of this program, I am able to:

1. Identify three (3) important historical events in obstetrics.	1	2	3	4	N/A
2. Discuss the psychological goals during the three (3) trimesters of pregnancy and postpartum period.	1	2	3	4	N/A
3. Identify two (2) physiologic changes in pregnancy.	1	2	3	4	N/A
4. Discuss the benefits of hydration for the normal laboring patient.	1	2	3	4	N/A
5. Define the four (4) stages of labor.	1	2	3	4	N/A
6. Compare benefits of parenteral analgesia to epidural anesthesia.	1	2	3	4	N/A
7. Discuss Group B Strep and how it affects the mother/baby pair.	1	2	3	4	N/A

Please rate each speaker in the following areas:

Faculty	Used Appropriate Teaching Methods				Demonstrated Expertise in Content Area				
	1	2	3	4	1	2	3	4	
Claire Beck, RNC-OB, BSN	1	2	3	4	1	2	3	4	NA
Educator #1	1	2	3	4	1	2	3	4	NA
Educator #2	1	2	3	4	1	2	3	4	NA
	1	2	3	4	1	2	3	4	NA

	Fully	Partially	Not at All
The individual objectives relate to the overall purpose/goals of the activity.			
I will be able to use the content presented in this educational activity in my work.			
I would recommend this course to a colleague.			

If you marked “Partially” or “Not at All,” please explain: _____

Comments and/or suggestions: _____

How will you utilize the knowledge you obtained today to create an exceptional patient experience?

Labor & Delivery Course – Day 2
Date , 2015

Evaluation Form

Scale: 1 = Strongly Disagree
3 = Agree

2 = Disagree
4 = Strongly Agree

Please check the response that best reflects your opinion.

As a result of this program, I am able to:

1. Discuss primary nursing actions while caring for a patient with a shoulder dystocia.	1	2	3	4	NA
2. Describe three (3) abnormalities of the placenta and/or cord.	1	2	3	4	NA
3. Identify three (3) goals of Antepartum fetal surveillance.	1	2	3	4	NA
4. Demonstrate OB care for a precipitous delivery using manikins and delivery instruments (precip pan).	1	2	3	4	NA
5. Demonstrate OB care for a nuchal cord during delivery.	1	2	3	4	NA
6. Demonstrate placement of a Fetal Scalp Electrode (FSE) and Intrauterine Pressure Catheter (IUPC).	1	2	3	4	NA
7. Identify the purpose of chain of command.	1	2	3	4	NA
8. Describe the factors that influence establishing and maintaining breastfeeding.	1	2	3	4	NA
9. Discuss nursing management interventions for various case studies.	1	2	3	4	NA

Please rate each speaker in the following areas:

Faculty	Used Appropriate Teaching Methods				Demonstrated Expertise in Content Area				
	1	2	3	4	1	2	3	4	
Claire Beck, RNC-OB, BSN	1	2	3	4	1	2	3	4	NA
Educator #1	1	2	3	4	1	2	3	4	NA
	1	2	3	4	1	2	3	4	NA

	Fully	Partially	Not at All
The individual objectives relate to the overall purpose/goals of the activity.			
I will be able to use the content presented in this educational activity in my work.			
I would recommend this course to a colleague.			

If you marked "Partially" or "Not at All," please explain: _____

Comments and/or suggestions: _____

How will you utilize the knowledge you obtained today to create an exceptional patient experience?:

Labor & Delivery Course – Day 3
Date, 2015

Evaluation Form

Scale: 1 = Strongly Disagree
3 = Agree

2 = Disagree
4 = Strongly Agree

Please check the response that best reflects your opinion.

As a result of this program, I am able to:

1. Compare normal vital sign parameters for a full-term vs. pre-term infant.	1	2	3	4	NA
2. Describe three (3) anatomically unique features of neonates that require special considerations during resuscitation.	1	2	3	4	NA
3. Describe three (3) components of a thorough postpartum assessment.	1	2	3	4	NA
4. As a caregiver, identify a personal barrier that would prevent aspects of care given to a family with a fetal demise.	1	2	3	4	NA
5. Discuss nursing management interventions for various case studies.	1	2	3	4	NA

Please rate each speaker in the following areas:

Faculty	Used Appropriate Teaching Methods				Demonstrated Expertise in Content Area				
	1	2	3	4	1	2	3	4	
Claire Beck, RNC-OB, BSN	1	2	3	4	1	2	3	4	NA
Educator #1	1	2	3	4	1	2	3	4	NA
Educator #2	1	2	3	4	1	2	3	4	NA
Educator #3	1	2	3	4	1	2	3	4	NA
	1	2	3	4	1	2	3	4	NA

	Fully	Partially	Not at All
The individual objectives relate to the overall purpose/goals of the activity.			
I will be able to use the content presented in this educational activity in my work.			
I would recommend this course to a colleague.			

If you marked “Partially” or “Not at All,” please explain: _____

Comments and/or suggestions: _____

How will you utilize the knowledge you obtained today to create an exceptional patient experience?:

Labor & Delivery Course – Day 4
Date , 2015

Evaluation Form

Scale: 1 = Strongly Disagree
3 = Agree

2 = Disagree
4 = Strongly Agree

Please check the response that best reflects your opinion.

As a result of this program, I am able to:

1. Verbalize understanding of how to care for a patient during selected OB emergencies.	1	2	3	4	NA
2. List three (3) complications associated with cesarean section birth.	1	2	3	4	NA
3. Describe three (3) common methods of induction.	1	2	3	4	NA
4. Identify three (3) nursing interventions used to treat an antepartum/laboring patient with hypertension.	1	2	3	4	NA
5. Predict two (2) interventions that may be necessary immediately following the delivery of a baby whose mother had GDM.	1	2	3	4	NA
6. Review normal maternal weight gain parameters in relation to pre-pregnancy BMI.	1	2	3	4	NA
7. Discuss nursing management interventions for various case studies.	1	2	3	4	NA

Please rate each speaker in the following areas:

Faculty	Used Appropriate Teaching Methods				Demonstrated Expertise in Content Area				
	1	2	3	4	1	2	3	4	
Claire Beck, RNC-OB, BSN	1	2	3	4	1	2	3	4	NA
Educator #1	1	2	3	4	1	2	3	4	NA
Educator #2	1	2	3	4	1	2	3	4	NA
	1	2	3	4	1	2	3	4	NA

	Fully	Partially	Not at All
The individual objectives relate to the overall purpose/goals of the activity.			
I will be able to use the content presented in this educational activity in my work.			
I would recommend this course to a colleague.			

If you marked "Partially" or "Not at All," please explain: _____

Comments and/or suggestions: _____

How will you utilize the knowledge you obtained today to create an exceptional patient experience?:

Labor & Delivery Course – Day 5
Date , 2015

Evaluation Form

Scale: 1 = Strongly Disagree 2 = Disagree
 3 = Agree 4 = Strongly Agree

Please check the response that best reflects your opinion.

As a result of this program, I am able to:

1. Identify three (3) criteria that determine if a patient is in preterm labor.	1	2	3	4	NA
2. Identify two (2) factors that put pregnant women more at risk for a venous thromboembolism.	1	2	3	4	NA
3. Describe components of a complete fetal monitoring assessment.	1	2	3	4	NA
4. Synthesize learning to interpret case studies and Story Based Learning.	1	2	3	4	NA
5. Demonstrate knowledge through successful completion of written test.	1	2	3	4	NA
6. Discuss nursing management interventions for various case studies.	1	2	3	4	NA

Please rate each speaker in the following areas:

Faculty	Used Appropriate Teaching Methods				Demonstrated Expertise in Content Area				
	1	2	3	4	1	2	3	4	
Claire Beck, RNC-OB, BSN	1	2	3	4	1	2	3	4	NA
Educator #1	1	2	3	4	1	2	3	4	NA
	1	2	3	4	1	2	3	4	NA

	Fully	Partially	Not at All
The individual objectives relate to the overall purpose/goals of the activity.			
I will be able to use the content presented in this educational activity in my work.			
I would recommend this course to a colleague.			

If you marked “Partially” or “Not at All,” please explain: _____

Comments and/or suggestions: _____

How will you utilize the knowledge you obtained today to create an exceptional patient experience?:

