TAKING LEARNING TO THE LEARNER: USING AUDIO TELECONFERENCING FOR POST-CLINICAL CONFERENCES AND MORE

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Abstract

Clinical educators are often burdened by conflicts that occur as they try to balance multiple post-clinical scheduling demands with students' varying timetables. The purpose of this article is to inform educators how to use teleconferences to deliver valuable post-clinical debriefing, model professional growth experiences, and more. The innovative use of teleconferencing as a pedagogical method enables educators to take learning to the learners.

INTRODUCTION

The clinical post-conference is an essential teaching strategy and learning experience that helps students reflectively make connections and think critically (Hsu, 2007; Rossignol, 1997), and become transformed from student to graduate nurse. At times, clinical nursing educators confront challenges in finding adequate meeting space for a desired time in a particular facility or in accommodating varying schedules. During these times of varying schedules and lack of meeting space, nurse educators face challenges meeting individual students' educational needs while maintaining group connection and fostering a collaborative learning community. When a nurse educator recently told me about her conflicts trying to balance multiple post-clinical scheduling demands with students' varying timetables, I shared how I resolved similar problems by "taking the learning to the learner when *they* have time to learn" (Hermann, 2006) through teleconferencing.

At the beginning of one semester, I experienced challenges trying to schedule post-clinical conference time for a group of final-semester students who were preceptored by clinical managers. The students were required to work during the managers' scheduled hours. Because of multiple conflicts due to time, distance and travel issues, only four of the ten students attended post-clinical conference at the end of their eight-hour shifts.

The purpose of this article is to suggest novel ways to use teleconferences as an alternative venue for post-clinical conferences and other meetings, especially when face-to-face communication is impractical. By using this simple yet innovative 21st Century medium effectively, instructors can educate students about professionally relevant and meaningful issues while overcoming time and place barriers.

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THE VALUE OF POST-CLINICAL CONFERENCES

The goal of undergraduate nursing education is to prepare students to become competent entry-level registered nurses (RNs) who will deliver safe nursing care and create positive health care outcomes. Post-clinical conferences, used as a teaching-learning strategy in undergraduate nursing education, awaken students to the feelings of their patients (Letizia & Jennrich, 1998; Letizia, 1998; Rossignol, 2000), and stimulate critical thinking. Typically after providing care to patients, students meet as a small group, face to face, with a faculty member to review the day's clinical events, and singly and collectively (collaboratively) share clinical knowledge, experiences and inferences (Elcigil & Sari, 2008; Hsu, 2007; Rossignol, 2000).

Post-clinical conferences, with their low student-faculty ratio, group discussions and clinical scenario presentations, are ideal formats for stimulating individual and collaborative learning and high-level cognitive skills. Here, educators encourage students to articulate higher-order reasoning processes, defend their pattern of logic (Hsu, 2007), and reflectively explore feelings and thoughts about previous learning experiences. The challenges surrounding the scheduling of face-to-face conferences necessitate the use of teleconferences which can enable the accomplishment of educational goals in a more practical way.

TELECONFERENCES

The teleconference is a synchronous mechanism for conducting audio group communication via the telephone. Individuals dial in to a pre-established number, enter an access code, and are able to communicate with others on the line. All parties are able to audibly communicate "live", and benefit from the synchronous mode.

As a nurse educator, I have used teleconferencing to assist with the management of preceptored groups of clinical students who have varying clinical assignments/schedules, and to facilitate the building of collaborative learning communities in which team members bond and work together. I have found that collaborative learning communities occur where all learn experientially as individuals as well as a team (Melrose, 2004; Rossignol, 1997; Wilson, 1979). Individuals are able to infer general principles from the experience of learning and develop strength from the work team. These learning communities provide a model for team work and team function in multidisciplinary groups (Billings & Kowalski, 2007; Rossignol, 1997; Rye, 2009).

These transferable peer collaborative learning skills later serve to enhance team work and multidisciplinary group practice. Nurses are constantly working with other disciplines and must possess skills that will foster professional team work and activities focused on one goal: positive patient outcomes.

USE OF TELECONFERENCES FOR POST-CLINICALS

I use the services of a free conference call provider, and encourage nurse educators to investigate free versus pay-for-use services which can be found online. When using free teleconferences, faculty have a tool to design powerful learning environments that challenge students to actively learn, solve problems, and be stimulated to create a learning community that supports curricular objectives.

At the beginning of the semester, I introduce the use of teleconferences for post-clinical debriefing to my group of graduating seniors who participate in a leadership/management and capstone preceptored clinical experience. I explain the rationale and benefits of using

teleconferences as a medium to communicate, to remain connected as a group, and to accommodate varying schedules that interfere with face-to-face conferences. I give students verbal and written instructions on clinical requirements, and include telephone numbers, access numbers, and my personal cell phone number. I allow the students to select the day and time to hold weekly synchronous telephone conferences. Students are reminded of their equal opportunities to participate in discussions and to remain engaged for the duration of the course. I inform students that I will take attendance at each teleconference session and will evaluate individuals based on their participation.

During teleconferences, I actively engage students by asking specific questions and soliciting responses from individuals (Adegbola, 2011). For example, I say to students, "Tell me about your observations of the nurse manger's leadership style." Or, "Share with the group a new or unexpected experience you had while working with the charge nurse." Since all the students are involved in the discussions, they are more inclined to remain engaged and not drift off to other activities simply because they cannot be seen by me or by peers.

Ten minutes prior to each teleconference I call into the teleconference phone line and welcome students as they come on the line. During the conference I strive to express affective behaviors such as smiling, kindness, friendliness, and praise for students' achievements (Elcigil & Sari, 2008; Letizia, 1998). I pay particular attention to being excited and enthusiastic about nursing and to my teaching delivery, portraying a lively, humorous attitude, excited voice inflection, and a positive, encouraging demeanor (Elcigil & Sari, 2008; Hsu, 2007). Additionally, I encourage students to pose questions and to answer individually or collectively as a group (Melrose, 2004). Clinical students are more motivated to learn when they identify enthusiasm, encouragement, and personable attributes in their instructor's delivery (Rossignol, 1997).

On one occasion I praised a student for incorporating the feedback of the nurse manager's perspective in his critique of a journal article. This student's incorporation of the manager's perspective showed that he utilized his clinical resources to gain new insight into the subject matter pertaining to nurse skill sets related to RN entry into practice. The feedback from a practicing nurse gave the students a perspective that might not have been available had this student not included his preceptor's comments.

At the end of the teleconference I excitedly thank the students for participating in the session. I summarize salient points of the discussion, again thank the students for their attentiveness, and encourage them to develop zeal for the nursing profession.

An efficient way of keeping track of students' attendance is to listen to the audible tones provided by the teleconference service that alert listeners when someone enters or exits the conference. After the conference, I receive a log from the conference service providers that associates attendees' phone numbers with log-on and log-off times. I am able to confirm how long students remain on the line.

IMPACT OF TELECONFERENCES FOR POST-CLINICAL CONFERENCES

In three complete semesters of teleconference use, I have received positive student evaluations and feedback. Students have expressed gratitude for the synchronous, live forum and for being able to have the conference in their chosen venue, especially in the relaxed atmosphere of their homes. One student reported, "*It was awesome. I kept my phone on mute to disguise background noises, and when I was ready to speak, I un-muted and contributed to the discussion.*" The use of humor and a permissive atmosphere that gives freedom to experience and to express (Irby, 1986) helped students appreciate the role of the instructor as a professional model, guide, and facilitator of learning and professional development.

Students have expressed to me their appreciation for being able to freely share in the group environment and for the format that encourages them to share their ideas as fellow professionals.

During the semester, students gave testimonials about the ease of using this medium for post-clinical conferences. They expressed gratitude for not having to stay longer in the hospital after finishing work; this freed them up for their own family time.

Throughout the semester, I conducted formative evaluations on individual and class progress. Formative evaluations were used during the teaching/intervention process as a technique to informally analyze the progress of the students and ways of improving course content and delivery. For example, I would ask the students, "What area of the course expectations remain unclear after today's discussion?" Or, "What needs do you have that would enable a more enriching learning experience?" One week, students indicated that in the past they needed more time with the learner-instructor interaction, but were now satisfied by these weekly teleconferences that helped to bring the group together.

Nurse educators considering the use of teleconferences should examine the advantages and disadvantages (See Table 1). Some of the disadvantages mentioned can be overcome by maintaining student engagement and participation. Also, explaining the course expectations to the students at the beginning of the course and reiterating them during the semester will increase the likelihood of goal achievement.

OTHER USES FOR TELECONFERENCES

In addition to post-clinical debriefing, teleconferences can be used for discussions on resume' building, constructive feedback on projects, critiques of research manuscripts, case study discussions, individual and group reflection, debates, and other lively, engaging interactions. I have also used teleconferences to present guest speakers. One guest presenter, a nurse recruiter, shared tips on how to interview for jobs, display professional presence, and be remembered by managers. Another forum engaged students in critiquing a research article pertaining to the newly licensed RN's adaptation to the work environment. During the robust discussion, students commented on the timeliness and relevance to their situations as graduating seniors.

Teleconferences can also be used for professional workshops, continuing educational offerings and peer consultation (Wilson, 1979), and to maintain professional identity, professional networks, and organizations (Adegbola, 2011). Professional nursing organizations, work groups, and boards that are challenged with distance barriers can maintain communication through teleconferences. This mechanism of meeting and networking can help to reduce travel cost.

A serendipitous benefit of teleconferencing happens when the audio event is recorded and the content is available for podcasting. Podcasting is a method of delivering audio or audio/video files over a server (institutional or internet-based) (Billings & Kowalski, 2007). The teleconference, now in podcast format, can be launched on an institutional server, transposing a live synchronous event into an asynchronous podcast that can be permanently available at the listener's convenience. This is especially valuable to students who wish to hear a repeat of guest speaker presentations. However, if you plan to launch (feed) the podcast on your institution's server or on a public domain such as iTunes, you need to obtain a signed release from each of the teleconference participants.

With the increasing need for global innovation and collaborative interaction that foster scholarly tailgating (Adegbola, 2011; Adegbola, 2010), scholars are encouraged to use

teleconferences as a means of group communication. This innovative teaching technique can be used to help students learn in a familiar mode of technology. In disciplines in which there are distance students or courses with preceptor supervision, teleconferences are a good mechanism to maintain peer-to-peer and student-to-instructor interaction and achieve curricular objectives. Teleconferencing is also a good strategy for use in courses at the graduate level where nurse practitioner students are supervised by preceptors, and are applicable to other disciplines and at all levels of education. The planning activities for course delivery or any meeting activities are the same for teleconferences as for face-to-face meetings.

CONCLUSION

In preparation for use of teleconferences for post-clinical conference, one must plan to meet face-to-face at least once to establish rapport and camaraderie and to lay ground rules. The benefits for debriefing, active learning, and establishing collaborative learning should be stressed. Using teleconferences as a delivery mechanism fosters self-reflection and a collaborative learning community, and overcomes the barriers of distance, space, time, and campus-related job conflicts. Importantly, the service of teleconferencing can be acquired and maintained without any cost to the educator or the institution. Teleconferencing allows the educator to freely take learning to the learners.

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Table 1

Teleconferencing for post-clinical conferences: Advantages and disadvantages

Advantages of teleconferencing	Disadvantages of teleconferencing
• Facilitates real-time communication and collaborative learning	• Inability of students to see each other's non-verbal communication
• Engages students in meaningful and challenging interaction	• Reluctance of some students to share in this type of group process
• Debriefing after clinical learning occurs in the comfort of their chosen environment	• Partial engagement of some students who may do other things such as surf the internet during the teleconference.
• Encourages telephonic dialogue, debate, and engagement strategies, especially from shyer, less vocal students	
• Students can access information from home wherever there is a telephone line	
• No cost for use where institutional network available	
• Eliminates travel or wait time after clinicals	
• Reduces barriers such as unavailable meeting space	
• Conducive to teacher's off-campus travel responsibilities	
• Relaxed atmosphere that enables critical thinking skills	
• Effective social network medium that decreases isolation	