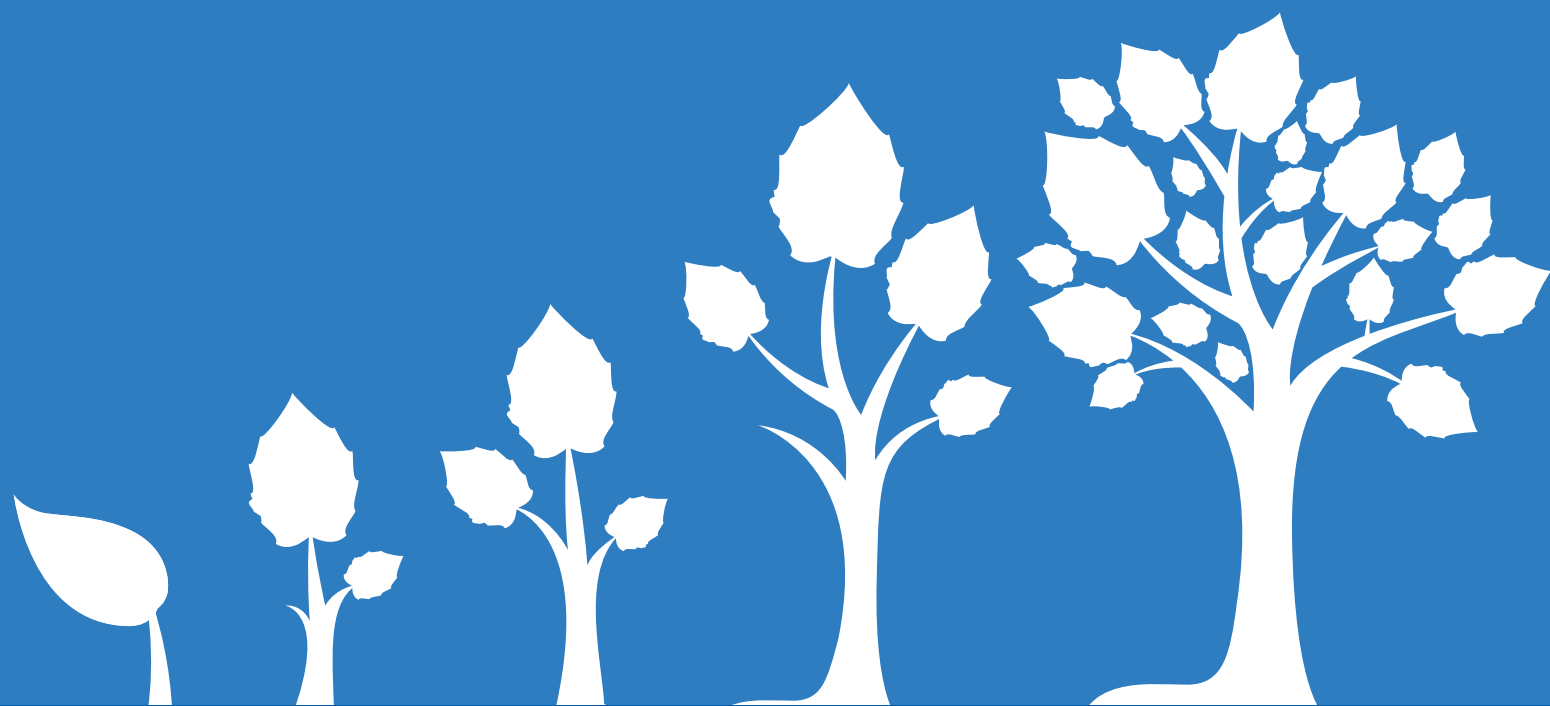


MINISTRY OF HEALTH
PROJECT FOR STRENGTHENING CLINICAL TRAINING SYSTEM
FOR NEW GRADUATE NURSES IN VIETNAM



**TRAINING CURRICULUM AND
MATERIALS FOR PRECEPTORS
IN CLINICAL TRAINING
FOR NEW NURSES**



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LIST OF AUTHORS

EDITORS

PhD. Nguyen Minh Loi	<i>Former Deputy Director, Administration of Science Technology and Training, Ministry of Health</i>
PhD. Horii Satoko	<i>Chief Advisor, JICA Nursing Project</i>

AUTHOR GROUP

PhD. Nguyen Minh Loi	<i>Former Deputy Director, Administration of Science Technology and Training, Ministry of Health</i>
PhD. Horii Satoko	<i>Chief Advisor, JICA Nursing Project</i>
Msc. Pham Duc Muc	<i>President of Vietnam Nurses Association</i>
Msc. Nguyen Thanh Duc	<i>Former Head of Post-graduate Training and Continuing Medical Education Management Division, Administration of Science Technology and Training, Ministry of Health</i>
Msc. Lai Vu Kim	<i>Former Officer of Education Management Division, Administration of Science Technology and Training, Ministry of Health</i>
PhD. Nguyen Thi Minh Chinh	<i>Director of Pre-clinical Practice Center, Nam Dinh University of Nursing</i>
Msc. Huynh Thi Binh	<i>Former Head of Nursing Faculty, Hai Duong Medical Technical University</i>
Msc. Nguyen Minh Nguyet	<i>Former Lecturer of Faculty of Clinical Medicine, Hanoi University of Public Health</i>
Msc. Nguyen Bich Luu	<i>Vice President of Vietnam Nurses Association</i>
BSN. To Thi Dien	<i>Vice President of Vietnam Nurses Association</i>
PhD. Phan Thi Dung	<i>President of the Vietnam Surgical Nursing Branch, Vietnam Nurses Association</i>

Msc. Pham Thu Ha	<i>Standing member of Executive Committee, Vietnam Nurses Association</i>
Msc. Ha Thi Kim Phuong	<i>Head of Division of Nursing - Nutrition - Infection Control Division, Medical Services Administration, Ministry of Health</i>
Msc. Bui Minh Thu	<i>Head of Nursing Department, Bach Mai Hospital</i>
Msc. Nguyen Thi Anh	<i>Officer of Nursing Department, Bach Mai Hospital</i>
Msc. Nguyen Thi Viet Nga	<i>Head of Nursing Department, Saint Paul General Hospital</i>
Msc. Nguyen Dinh Khang	<i>Officer of Practice Management Division, Vinh Phuc Department of Health</i>
NSI. Dinh Thi Ngoc Thuy	<i>Head of Nursing Department, Vinh Phuc Provincial General Hospital</i>
Msc. Nguyen Thi Nhu Tu	<i>Deputy Head of Medical Services Department, Binh Dinh Department of Health</i>
NSI. Truong Thi Huong	<i>Head of Nursing Department, Binh Dinh Provincial General Hospital</i>
NSI. Le Ho Thi Huyen	<i>Head Nurse of Pediatrics Department, Binh Dinh Provincial General Hospital</i>
Msc. Huynh Tu Anh	<i>Deputy Head of Medical Services Department, Dong Nai Department of Health</i>
BSN. Tran Thi Huong	<i>Deputy Head of Nursing Department, Dong Nai General Hospital</i>
MSc. Nguyen Do Thi Ngan Trang	<i>Head of Nursing Department, Thong Nhat General Hospital, Dong Nai province</i>
NSI. Ta Van Hien	<i>Deputy Head of Medical Services Department, Dien Bien Department of Health</i>
BSN. Dang Thi Tu Loan	<i>Head of Nursing Department, Dien Bien Provincial General Hospital</i>
BSN. Cao Thi My	<i>Officer of Nursing Department, Dien Bien Provincial General Hospital</i>
NSII. Truong Thi Thu Huong	<i>Vice President, Bach Mai Medical College</i>

Msc. Nguyen Thanh Thuy	<i>Head of Nursing Faculty, Hanoi Medical College</i>
Msc. Ly Thi Phuong Hoa	<i>Vice Head of Medicine Faculty, Tra Vinh University</i>

REVISION, CORRECTION GROUP

Msc. Pham Duc Muc	<i>President of Vietnam Nurses Association</i>
Msc. Nguyen Thanh Duc	<i>Former Head of Post-graduate Training and Continuing Medical Education Management Division, Administration of Science Technology and Training, Ministry of Health</i>
PhD. Nguyen Thi Minh Chinh	<i>Director of Pre-clinical Practice Center, Nam Dinh University of Nursing</i>
Msc. Huynh Thi Binh	<i>Former Head of Nursing Faculty, Hai Duong Medical Technical University</i>
Msc. Nguyen Minh Nguyet	<i>Former Lecturer of Faculty of Clinical Medicine, Hanoi University of Public Health</i>

CONTRIBUTORS

Assoc. Prof. PhD. Nguyen Quoc Huy	<i>Head of Education Management Division, Administration of Science Technology and Training, Ministry of Health</i>
Msc. Lai Vu Kim	<i>Former Officer of Education Management Division, Administration of Science Technology and Training, Ministry of Health</i>
Msc. Pham Ngoc Bang	<i>Officer of Education Management Division, Administration of Science Technology and Training, Ministry of Health</i>
Msc. Pham Thi Kim Thanh	<i>Officer of General Office, Administration of Science Technology and Training, Ministry of Health</i>
PhD. Horii Satoko	<i>Chief Advisor, JICA Nursing Project</i>
MPH. Amaike Naomi	<i>Long-term Expert, JICA Nursing Project</i>
Msc. Desilva Tomomi	<i>Coordinator, JICA Nursing Project</i>
BSN. Fukatani Karin	<i>Former Long-term Expert, JICA Nursing Project</i>

Msc. Sugita Shio	<i>Former Chief Advisor, JICA Nursing Project</i>
BSN. Ikarashi Megumi	<i>Former Long-term Expert, JICA Nursing Project</i>
Tran Thu Huong	<i>Project Officer, JICA Nursing Project</i>
Nguyen Thu Hien	<i>Project Officer, JICA Nursing Project</i>
Nguyen Ngoc Lan	<i>Project Officer, JICA Nursing Project</i>
Tran Thi Duyen	<i>Project Officer, JICA Nursing Project</i>

LIST OF ACKNOWLEDGEMENT

PhD. Kurosu Hitomi	<i>Expert on Infection Control / Nursing ManagementJICA Project for Improvement of Hospital Management Competency</i>
Msc. Moriyama Jun	<i>National Center for Global Health and Medicine, International Cooperation Department, Human Resources Division, Capacity Development</i>
PhD. Suenaga Yuri	<i>Professor, school of nursing, Tokyo Health Care University nursing school</i>
PhD. Yokoyama Miki	<i>Professor, school of nursing, Tokyo Health Care University nursing school</i>
Msc. Adachi Yoko	<i>Assistant Professor, School of nursing, Tokyo Health Care University nursing school</i>
Msc. Kawano Megumi	<i>Candidate of Master of Science in Nursing, Graduate School of nursing, Tokyo Health Care University nursing school</i>
PhD. Sakai Shima	<i>Associate professor, school of nursing, Tokyo Women's Medical University</i>

INTRODUCTION

According to the Law on Medical Examination and Treatment No. 40/2009/QH12 dated November 23, 2009 and the Decree No. 109/2016/NĐ-CP dated July 1, 2016, which regulate issuance of practical certificate for healthcare practitioners and operational certificate for medical examination and treatment facilities, 9 months practicing at a medical examination and treatment facility for new graduated nurses is required to apply practical certificate of nurse. However, current legal documents have not specified training program, materials, implementation, teaching and evaluation method before issuance of practical certificate.

The Project for strengthening clinical training system for new graduate nurses, hereafter as JICA Nursing Education project, aims to enhance healthcare quality in Vietnam through nationwide scaling-up clinical training system for new nurses. Japan International Cooperation Agency (JICA) provides both technical and financial assistance. Ministry of Health's leader assigned the Administration of Science Technology and Training to act as implementing agency. Bach Mai Hospital, Saint Paul Hospital in Hanoi together with Dien Bien, Vinh Phuc, Binh Dinh and Dong Nai province are selected as pilot sites from 2016 to 2020.

The clinical training program and materials for new graduate nurses including 04 modules that developed by JICA Nursing Education project in coordinated with local and international experts, management officers, lecturers and Vietnam Nurses Association. After a series of revisions through collecting training result in pilot provinces, the material set has approved by Appraisal Committee under Ministry of Health (MoH).

Administration of Science Technology and Training, Ministry of Health would like to highly appreciate the leader of MoH, effective support from JICA especially Japanese experts work in Vietnam; extend thankful to Editing board and all concerned people for contributing efforts in material set development; last but not least, warmest thanks to our colleagues.

Sincerely thanks!

DIRECTOR
ADMINISTRATION OF SCIENCE TECHNOLOGY AND TRAINING

Dr. Pham Van Tac

PREFACE

Nurse plays an important role in the people's health care and there are many specialties in nursing and education levels from intermediate, college, university to postgraduate. In Vietnam, there are more than 30,000 new graduated nurses each year from different levels of intermediate, college and university. According to the Law on Medical Examination and Treatment No. 40/2009/QH12 dated November 23, 2009 and the Decree No. 109/2016/NĐ-CP dated July 1, 2016, which regulate issuance of practical certificate for healthcare practitioners and operational certificate for medical examination and treatment facilities, 9 months practicing at a medical examination and treatment facility for new graduated nurses is required to apply practical certificate of nurse. These training materials were developed to facilitate the implementation of clinical training in health facility to meet these legal documents and to ensure the quality of the training.

The materials consisted of: (1) Curriculum of clinical training for new nurses; (2) Textbook of clinical training for new nurses (Vol.1&2); (3) Training curriculum and materials for preceptors in clinical training for new nurses; (4) Guideline on management and implementation of clinical training for new nurses.

Each book aims to improve necessary nursing competencies at different level because nursing manager's competencies on planning, monitoring and evaluation of training and preceptors' competencies on teaching, supporting and evaluation of trainees are crucial to implement clinical training for new nurse. The training materials could also support all related people who involved in clinical training implementation including Department of Health who manage the training program, nursing professional association and educational institution to support this training and the role of each are clarified in the Guideline. Furthermore, we updated and relating to regulation and expertise, together with application of learning through case-studies reflected theory and practical contents.

We, the members of edition team, do hope that these material as a set could facilitate all stakeholder involved clinical training to enhance necessary capacities to implement the clinical training so that standardized and qualified training can be provided for new nurses to obtain basic competency for nurses in Vietnam.

Lastly, the editing team would express our gratitude to the efforts, contributions and leaderships of the Administration of Science, Technology and Training - Ministry of Health, JICA Nursing Education Project, local and international experts, teachers/lecturers of nursing educational institutions, leaders of provincial Department of Health/Hospital, Head Nurses of provincial Department of Health/Hospitals involved this activities, members of Appraisal Committee of MOH to fulfill this material set.

Thank you very much!

ON BE HALF OF EDITION TEAM

JICA NURSING PROJECT

EDITION TEAM LEADER

HORII Satoko

*Project Chief Advisor
(Signed)*

Pham Duc Muc

*President of Vietnam Nurses Association
(Signed)*

ABBREVIATION

MOH	Ministry of Health
DOH	Department of Health
ASTT	Administration of Science Technology and Training
JICA	Japan International Cooperation Agency

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PART I: TRAINING CURRICULUM FOR PRECEPTORS IN CLINICAL TRAINING FOR NEW NURSES

1. INTRODUCTION

The curriculum and training program for preceptors in clinical training for new graduated nurses is followed by Circular No.22/2013/TT-BYT stipulating guidance on continuous training for medical staff and Circular No. 11/2019/TT-BYT dated 17 June 2019 providing guideline on teaching-learning methodology for clinical training instructor of medical professionals. Targeted users are health facilities which are qualified enough to conduct clinical training for new nurses (hereafter called as hospital), medical staff in charge of clinical guiding (hereafter called as preceptor) and training management staff. Core content of the training focuses on necessary skills of preceptors in clinical training for new nurses such as teaching skill, evaluation skill, supportive skill and feedback skill. Training duration of this course is 5 days with 40 units in total in which 14 units are theory part and 26 units are practice part. After finishing the training course, trainees will receive certificate on “Preceptor in clinical training for new nurses”.

1.1 Title: *“Training for preceptor in clinical training for new nurses”*

1.2 Training scope: The training is for nurses at medical facilities who are in charge of clinical training for new nurses.

1.3 Form of training: Regular short-term training

2. TRAINING OBJECTIVES

2.1 Achievement outcomes after the training

Trainees of this training course are experienced medical staff in the field of clinical training. Hence, target of the course aims to provide necessary skills to the preceptors that they can gain the following outcomes:

- (1) Developing clinical lesson plan and delivering the lesson for new nurses in accordance with the lesson plan and hospital’s plan;
- (2) Guiding and supporting new nurses during clinical practices;
- (3) Applying active learning methods, evidence-based practice, proper assessment and evaluation in accordance with content of training and subject of trainees.

2.2 Overall objective

To train amount of qualified clinical practice trainers who are capable to make plan and implement practical clinical training for new nurses towards competency-based approach.

2.3 Specific objective

** Knowledge*

- Analyzing main content of clinical training program for new nurses.
- Analyzing roles of preceptors in clinical training for new nurses.
- Describing necessary skills of preceptors.
- Analyzing characteristics of adult learner and adult learning methodology
- Identifying characters of competency-based and objective-based education methods.
- Clarifying methods of assessment and evaluation using in clinical training for new nurses.

** Skills:*

- Implementing clinical training plan for new nurses effectively.
- Making clinical lesson plan and conduct that lesson by case study/ actual patient.
- Applying active learning method in clinical training for new nurses effectively.
- Applying active learning methods with/without patients.
- Using proper assessment and evaluation methods to evaluate competency of new nurses.
- Using active supportive skill and feedback skill in training for new nurses in accordance with the objectives and needs of trainees and encourage them to be independent.

** Attitude:*

- Demonstrating interest and willingness to transfer professional experience to new nurses.
- Being a model of nurse in caring and serving patients for new nurses to learn.

3. TRAINEES AND CRITERIA OF TRAINEES

Trainees who are directly in charge of clinical training for new nurses at medical facilities need to meet following criteria:

- Having nursing education at college level at least;
- Having professional license relating to the fields of training;
- Having 3 years of clinical experience at least and being capable person to perform professionally nursing technique.
- Having appointment from hospital's leaders to participate the training course and having been assigned as preceptor in clinical training for new nurses.

4. TRAINING CURRICULUM

4.1 Training duration

5 days (8 units/day).

4.2 Detail program

Lesson	Objective	No. of unit		
		Total	Theory	Practice
Opening	1. Pre-test. 2. Introduction of training objectives and training schedule	1	1	0
Lesson 1: Overview of clinical training and training curriculum for preceptor and new nurses	1. Analyze importance of clinical training and effective clinical training strategy for new nurses. 2. Analyze main content of clinical training curriculum for new nurses. 3. Discuss on training methodology for main parts in clinical training for new nurses. 4. Discuss on how to implement clinical training course plan for new nurses in line with actual condition of health facilities. 5. Analyze main content of training program for preceptor in clinical training for new nurses.	6	2	4
Lesson 2: Necessary skills of preceptor	1. Analyze 5 roles of the preceptor. 2. Present 5 necessary skills of the preceptor. 3. Discuss on ideal preceptor in clinical training for new nurses.	2	1	1
Lesson 3: Training methodologies in clinical training for new nurses	1. Present 4 basic contents of objective-based learning 2. Explain characters of competency-based education. 3. Analyze learning characteristics of adults. 4. Apply effectively active learning methods in clinical training for new nurses. 5. Perform supportive skill to new nurses.	8	3	5
Lesson 4: Clinical training methodologies with/without patients	1. Describe 2 types of clinical training for new nurses. 2. Apply clinical learning-teaching procedure with patient in training on nursing process. 3. Apply clinical learning-teaching method on feedback skill without patient. 4. Apply learning-teaching methods on nursing techniques.	2	1	1

Lesson 5: Assessment and evaluation in clinical training for new nurses	1. Identify assessment and evaluation in clinical training for new nurses. 2. Apply checklist in assessment of trainees. 3. Apply competency-based evaluation of new nurses.	8	2	6
Lesson 6: Lesson plan – performing and evaluating the lesson	1. Identify procedure of lesson plan for both theory and practice parts. 2. Develop lesson plan and perform the lesson in both theory and practice according to clinical training materials for new nurses. 3. Evaluate learning-teaching activities	12	3	9
Closing	1. Post-test 2. Certification	1	1	0
	Total	40	14	26

5. TRAINING MATERIAL

5.1 Training material

The Project for strengthening clinical training system for new-graduate nurse in Vietnam:

- (1) Curriculum of clinical training for new nurses
- (2) Textbook of clinical training for new nurses
- (3) Training curriculum and materials for preceptor in clinical training for new nurses
- (4) Guidance on management and implementation of clinical training for new nurses.

5.2 Reference

- (1) Trương Việt Dũng and Phí Văn Tâm, 2010. Medical – Medication Teaching Method, Ministry of Health.
- (2) Ministry of Health, 2011, Circular 07/2011/TT-BYT dated January 26, 2011 guidance on nursing activities for patient care in the hospital, Ministry of Health.
- (3) Lương Ngọc Khuê and Phạm Đức Mục, 2014. Training material for patient safety, Ministry of Health.
- (4) Lương Ngọc Khuê and Phạm Đức Mục, 2012. Training material for infection precaution and control, Ministry of Health.
- (5) Vietnam National Assembly, 2009, Law on Medical Examination and Treatment No.40/2009/QH12 dated November 23, 2009.
- (6) Government, 2016, Decree 109/2016/ND-CP dated 01/07/2016 stipulating on granting practical licenses to practitioners and operational licenses for medical examination and treatment facilities.

- (7) Inter-ministerial Circular No.26/2015/TTLT-BYT-BNV of the Ministry of Home Affair – Ministry of Health on specifying codes, standards of professional titles for nurse, midwife and medical technician.
- (8) Circular No.22/2013/TT-BYT dated 9/8/2013 providing the guidance on continuous medical education for medical officials.
- (9) Basic competency standards of Vietnamese nurses under the Decision No.1352/QĐ-BYT dated 21/4/2012
- (10) Professional ethics standards of Vietnamese nurses under the Decision No. 20/QĐ-HĐĐ of the President of Vietnam Nurses Association; Agreement document No. 5747/BYT-TCCB of the Ministry of Health and Agreement document No. 282/CV-THYH of the Vietnam Medical Association.
- (11) Project of HHRSDP, Competency-based education, 2016, Medical Publishing House.
- (12) MOH, Circular No.11/2019/TT-BYT dated June 17th, 2019 on enhancing capacity of clinical learning-teaching methodologies for preceptors in medical professionals.
- (13) MOH, 2020, Materials for enhancing capacity of clinical learning-teaching methodologies for preceptors in medical professionals.

6. TRAINING METHODOLOGY

6.1 Methods

- **Theory:** Presentation, group work, role play and self-study.
- **Practice:** Role play, group work and self-study.

6.2 Lesson progress:

Before starting the course, all necessary information related to the course as well as training methodology and methods of assessment needs to be delivered to the trainees. In each lesson, the lecturer follows the steps: delivering the lesson by presentation; giving questions/theme for group work; giving practice exercise in form of team work. Trainees make group discussion in class and present their assigned problems/exercises/ difficulties with the lecturer. Lecturers review and finalize the knowledge they have learned.

7. CRITERIA OF TRAINER AND FACILITATOR IN PRECEPTOR TRAINING

7.1 Trainer

- Being nurses with university education or upper. In case the lecturer is working for others fields in medical sector, he/she must have at least 5 years' experience in teaching for nurses at college level and upper.
- Having Certificate of clinical teaching method or certificate of basic pedagogy.
- Having 5 years' working experience.

7.2 Facilitator

- Being nurses with university education or upper;

8. TRAINING EQUIPMENT

It depends on actual condition of each health facility. However, the facility needs to prepare necessary equipment for teaching and learning.

9. GUIDANCE ON IMPLEMENTATION

- The health facility can actively conduct the training for preceptors in order to secure necessary number of preceptors and quality of the training course. Principles of training implementation is as follows:
- For the health facilities with CME: can actively and independently organize training for preceptors according to approved “Training for preceptor in clinical training for new nurses”. Trainers of this training course are nurses in charge of training or training management level staff who have received training in the hospitals. If the hospital finds itself to be not able to independently conducts training for preceptor, it is necessary to coordinate with other hospital/ agency where have sufficient capacity or requests the supports from Department of Health or Provincial Nursing Association or other capable agencies for technical and lecturer supports.
- For the health facilities without CME: Or appoints trainees to join a training course for preceptors which are organized by other qualified hospitals/facilities; or requests Department of Health for support, invites Provincial Nursing Association or other capable agency to conduct training for preceptor in that facility itself.

Appropriate number of trainees is not exceeded 30 trainees. Trainers and trainees must satisfy all criteria mentioned in the training program. Each course requires a coordinator to ensure the training schedule and logistics arrangement of the class. For each lesson, there should be 1-2 lecturers and 01 facilitator to replaced/assist when in need.

- Training schedule should be flexible designed in order to adjust depending on the circumstances and conditions (trainers, trainees, infrastructure...). The order of lessons may change but must ensure logicity and the training course objectives. For any reason, if trainee cannot finish the whole training program (not qualify to receive certificate), he/she can continue joining in next course for missing parts, but no later than 36 months after the first day of his/her initial training course.

10. ASSESSMENT AND CERTIFICATION

10.1 Assessment

Organize pretest, progressive and post-test.

10.2 Certification

- * Condition for certification: Trainee is certified training course completion if meeting following requirements:
 - Attend at least 80% lesson unit.
 - After finishing lesson 6, each trainee must complete making one lesson plan or present one content of lesson in the class and acquire the evaluation of achievement from trainer.
 - Meet the requirements of progressive tests and post-test (10 score scale)
- * Certificate title: “Certificate of preceptor in clinical training for new nurses”

PART II: TRAINING MATERIAL FOR PRECEPTORS IN CLINICAL TRAINING FOR NEW NURSES

LESSON 1

OVERVIEW OF CLINICAL TRAINING AND TRAINING CURRICULUM FOR PRECEPTOR AND NEW NURSES

OBJECTIVES

1. Analyze importance of clinical training and effective clinical training strategy for new nurses.
2. Analyze main content of clinical training curriculum for new nurses.
3. Discuss on training methodology for main parts in clinical training for new nurses.
4. Discuss on how to implement clinical training course plan for new nurses in line with actual condition of health facilities.
5. Analyze main content of training program for preceptor in clinical training for new nurses.

CONTENT

1. OVERVIEW OF CLINICAL LEARNING-TEACHING

Clinical learning-teaching is the main content of clinical training for new nurses. Effects of clinical learning-teaching will not only influence to quality of training but also quality of nursing care and medical treatment as well as professionals' culture of the new nurses. Many students on medical doctor and nurse fields, new nurses have applied gained experiences and impression during clinical training to be model for themselves when they start working as real professionals later on. Hence, the preceptor in clinical training plays very important role not only in nursing care and medical treatment to patients but also in orientation of the behavioral culture of new nurses in line with patients and society's expectations

Clinical learning-teaching is now facing with many challenges because the preceptor has to cover both burdens including caring patients and guiding new nurses, medical students. Therefore, in order to achieve effectiveness in clinical learning-teaching, it requires the preceptor to apply active strategy when implementing clinical learning-teaching effectively.

Learning-teaching on clinical reasoning: Clinical reasoning is the process of making care decision in line with each patient. The preceptor has to utilize his/her actual working experiences and evidence-based knowledge when teaching and guiding to new nurses or medical students. Nursing students need to be familiar with the process of examination, observation, monitoring, and comprehensive information collection from each patient based on the nursing process to make appropriate care plan decision which is consistent with the unique characteristics of each patient.

Learning-teaching on clinical practical skills: The preceptor should follow basic competency standards of nurses and refer expected outputs of clinical training for new nurses to divide set of competencies into appropriate groups and set up certain targets that new nurses have to achieve for each period during clinical training. Guidance on patient care practice needs to follow standard technical procedure issued by Ministry of Health as legal basis and update new guidance on advanced technologies in nursing care.

Learning-teaching on effective feedback skill in group: Effective feedback skill is one of important content in clinical learning-teaching methodologies which helps to improve skills of the new nurses through assessment and comments from preceptors and colleagues. Through effective feedback, new nurses can understand their strong and weak points. Improvement of clinical practice skills of the new nurse can be strengthened most effectively through feedback from preceptor, colleagues, especially through lesson-learned from success and failures of clinical practice.

Learning-teaching on profession culture and friendly communication with patients: New nurses have to learn not only how to provide best nursing care to the patients and practice nursing process but also how to communicate with the patients in line with Competency Standards of Vietnamese Nurses issued by Vietnam Nursing Association. Positive and negative feedbacks from patients and community on working style, attitude and behaviors of new nurses should be recorded by the preceptor-in-charge that can help to orient new nurses and encourage them to make appropriate decisions in line with professional ethics.

2. CURRICULUM OF CLINICAL TRAINING FOR NEW NURSES

2.1. Importance of clinical training for new nurses

Nursing is a profession, a multidisciplinary field, with many specialties at many levels of training, from the secondary school, college, university and post-university. In developed countries, the nurse who completes the pre-service training program will register for the national examination to be granted a nursing license. Nursing license include: Registered Nurses with a training duration of 3 years at least and a Licensed Practical Nurse with a training duration of less than 2 years.

In Vietnam, there are more than 30,000 new graduates each year graduated from intermediate, college and university levels. In order to promote professionalism in professional practice, assurance of professional competency is indispensable. Professional competency is the foundation capacity that is formed and strengthened in the schools and must be updated regularly later on. Therefore, beside the self-study of the new nurses, updated training is necessary to help nurses maintain and enhance their qualifications.

Clinical training for new nurses aims to establish and improve the foundation of care practice that plays an important role on creating the first step in learning during the life. When participating in clinical training, it is very important that the new nurse will not only enhance their clinical professional competencies, but also strengthen their senses of responsibility for the society and right attitude of professional nurse.

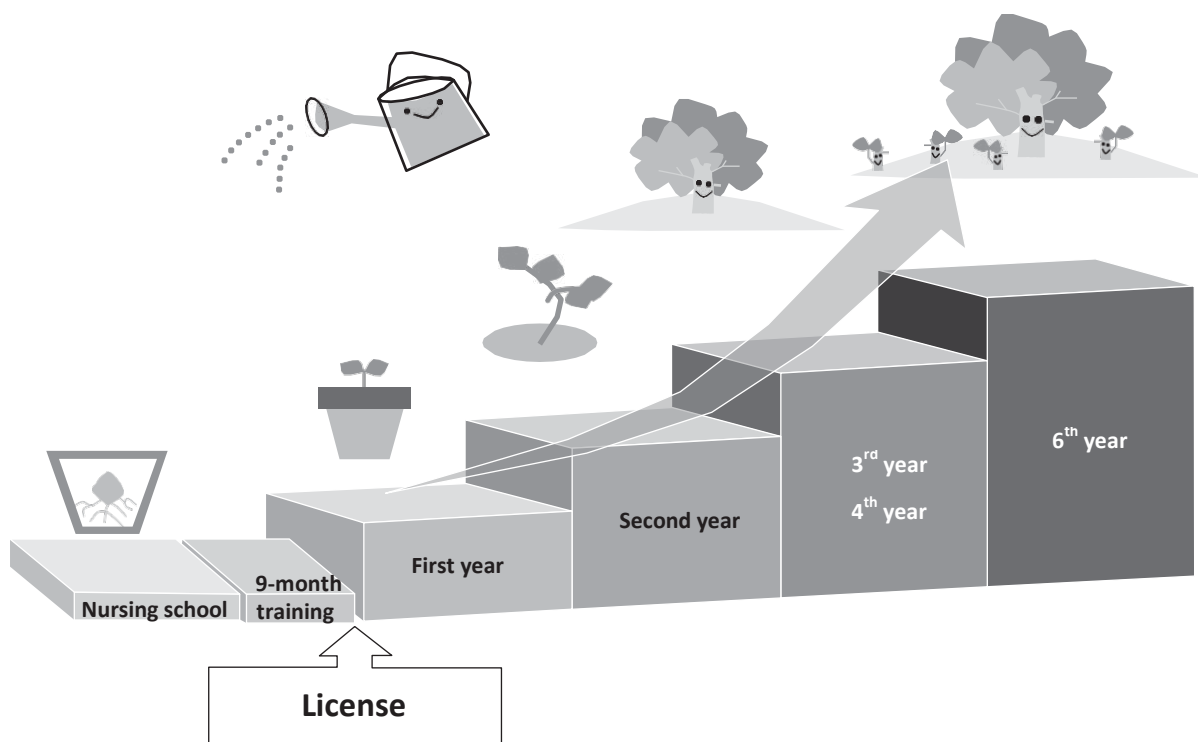


Image 1: Process of clinical training for new nurses

2.2. Training curriculum

Curriculum of clinical training for new nurses is applied for nurses who have been graduated from nursing school at intermediate level and upper and not yet obtained the professional license (according to Law of Medical Examination and Treatment 2009). Those nurses will be trained continuously in health facilities during 9 months.

It is different from previous training curriculum for nurses, the curriculum of clinical training for new nurses focuses on enhancing their performance of complicated nursing techniques to meet requirement of patients as well as supplying safe nursing care services to patients. In order to meet requirements of this curriculum, assigned preceptors must have qualified competencies in related fields such as nursing process, patient safety, standard precautions and health education to the patient. These contents of the curriculum are followed by legal documents mentioned below:

2.2.1. Legal documents relating to nursing profession

Law No. 40/2009/QH12 on Medical Examination and Treatment includes 9 chapters with 91 articles, in which rights of patients are clearly stipulated in article 1 of chapter 2 as following details:

- Rights to have medical examination and treatment with proper quality in line with actual conditions.
- Rights to respect for privacy.
- Rights to respect for honor and protection of health in medical examination and treatment.
- Rights to have choice in medical examination and treatment.

- Rights to have information on medical profile and medical examination and treatment expenses.
- Rights to refuse medical treatment and discharge from health facilities.
- Rights of patients losing civil act capacity, or without civil act capacity or with restricted civil act capacity, or being juvenile aged between full 6 years and under full 18 years.

Decree No. 109/2016/ND – CP dated 01st July 2016 by the Government on professional license issuance to practitioners and business license issuance to facilities for medical examination and treatment. The Decree includes 5 chapters with 51 articles, in which it is mentioned in article 1 of chapter 2 about documentary, procedure of issuance and re-issuance of professional license and management system of professional license.

Joint Circular No. 26/2015 / TTLTBYT-BNV dated 7th October 2015 regulating codes and standards of proficiency of nurses, midwives, medical technicians. The circular includes 4 chapters with 16 articles, in which articles No.4, 5, 6 of chapter 2 stipulates clearly duties, functions and standards of nursing competencies and nursing education level of II, III, IV (Nurses with education level of post-university, university, college, secondary and upper level). In this circular, main duties of nurses are classified by educational level as following:

- Take care of patient at health facilities
- First aid, emergency
- Provide health consultation and education
- Taking care of community health
- Protect and perform rights of patient
- Coordinate and support treatment process
- Training, research, and career development

Circular No 07/2011/TT-BYT dated 26 January 2011 by Ministry of Health on Guidance of Nursing care to patients in the hospital includes 5 chapters with 32 articles that stipulated clearly professional duties of nurses as following:

- Provide health consultation and education
- Mental support
- Take care of personal hygiene
- Take care of feeding and nutrition
- Take care of rehabilitation
- Take care of patient with surgery, operation
- Support and monitor drug usage of patient
- Take care of patient to be about to die
- Perform nursing techniques
- Monitor and assess patient

- Ensure safety and prevent medical errors in patient care
- Make medical record

Circular No 22 /2013/TT-BYT dated 9th August 2013 by Ministry of Health on guidance of continuous training in medical field includes 4 chapters with 21 articles. It is mentioned in chapter 2 of this circular about responsibilities, time, type, curriculum, materials and trainers in continuous training for medical staff. Implementation and management of continuous training is stipulated in chapter 3.

Decision No. 20/2012/QĐ-HĐĐ dated May 2012 by Vietnam Nurse Association on Competency standards of Vietnamese Nurses includes 8 main contents with 30 ethical standards. The ethical standards of Vietnamese nurses aim to educate ethics for nurses and nursing students about professional ethics, and at the same time to assess and publicize to patients.

During the training course, the preceptor has to update new regulations and legal documents if the documents mentioned above has been expired or replaced by current regulations issued by appropriate authorities.

2.2.2. Competency standards of Vietnamese Nurses

Competency standards of Vietnamese Nurses are structured based on common frame of nurses in Asia Pacific area and ASEAN in order to meet requirement in the region and easier to compare with competency standards of other countries. Content of competency standards of Vietnamese Nurses is divided into 03 domains with 25 standards and 110 indicators.

03 domains include: Patient care competencies with 15 standards; management and professional development competencies with 8 standards; and legal and ethical competencies with 2 standards.

Each standard expresses one part of domain and 01 responsibility of nurse. Each indicator is one component of standard. One indicator can be applied to various domains and standards.

Competency standards of Vietnamese Nurses is designed carefully and professionally with many valuable references. Competency standards of Vietnamese Nurse was approved by Minister of Health by Decision No. 1352/QĐ – BYT dated 24th April 2012.

Competency standards of Vietnamese Nurses is used as basis to develop outcome standards of training curriculum for nurses in Vietnam. The training for nurses that can help them obtain competencies and meet requirements of Competency standards of Vietnamese Nurses is very important. In this curriculum of clinical training for new nurses, Competency standards of Vietnamese Nurses is used as indicators to evaluate learning result of new nurses and identify their competencies after the training course.

2.3 Competency output requirement of new nurses

- (1) To provide evidence-based fundamental skills in nursing care.
- (2) To provide nursing care based on the principles of patient safety and infection control.
- (3) To provide effective and proper communication, team working, health education to patients and families.

- (4) To engage in quality improvement and effective resource management.
- (5) To provide nursing care complying with related regulations and professional ethics.

2.4. Overall objective of the training

The curriculum is developed with the aim of helping new nurse be able to practice caring for the patient actively, safely and effectively at the health care facilities.

2.5 Training curriculum

2.5.1. General curriculum

The curriculum of clinical training for new nurses includes 3 main aspects: (1) Orientation, relevant legal regulations and professional ethics; (2) Professional content; (3) Self-study, assessment and evaluation during 36 weeks, the remaining time is for self-study and evaluation.

No.	Content	Total units
1	Theory and pre-clinical practice (Off-JT)	76
2	Clinical practice (OJT)	1,324
3	Review, self-study, evaluation	120
TOTAL:		1,520

2.5.2 Detail curriculum (50 minutes per unit)

<i>1. Orientation and nursing regulations</i>	<i>unit</i>
Lesson 1: Introduction of organization, regulations of the hospital Implementing clinical training, training program, clinical learning method for new nurses	2
Lesson 2: Basic competency standards for Vietnamese nurses	2
Lesson 3: Applying professional ethics for Vietnamese nurses to the practice of patient care	2
Lesson 4: Regulations on nursing and patient care	4
<i>2. Patient safety</i>	
Lesson 5: Application of standard precautions in patient care practice	8
Lesson 6: Prevention of medical adverse events	8
<i>3. Basic nursing technique and patient care</i>	
Lesson 7: Pain relief care	2
Lesson 8: Application of nursing process in patient care	4
Lesson 9: Receiving, transferring and discharging patients	0
Lesson 10: Vital signs monitoring	0
Lesson 11: Specimen collection for testing (blood, sputum, stool, urine)	0

Lesson 12: Hygiene care of patient	0
Lesson 13: Patient movement support	0
Lesson 14: Feeding support to patients	0
Lesson 15: Medication practice to patients	0
Lesson 16: Fluid Infusion - blood transfusion techniques	0
Lesson 17: Monitoring volume of in and out fluid	0
Lesson 18: Wound and drainage tube care techniques	2
Lesson 19: Pressure ulcer prevention and care for patients	2
Lesson 20: Excretion care	2
4. Patient care management	
Lesson 21: Regulations on recording, managing medical records and care templates	2
Lesson 22: Medical equipment usage and management: monitor, infusion machine, injection pump, electrocardiograph	2
Lesson 23: Management of medicines and medical consumable supplies	2
5. First aid, emergency	
Lesson 24: Evaluation of Comatose patient based on Glasgow Coma scale	0
Lesson 25: Respiratory support and airway management techniques	4
Lesson 26: Basic Emergency care for Cardiac Arrest	4
Lesson 27: Prevention and management of Anaphylaxis	4
6. Communication, education and teamwork	
Lesson 28: Communication skills in patient care	8
Lesson 29: Health education	8
Lesson 30: Teamwork skills in healthcare	4

2.5.3. Implementation of clinical training for new nurses

The implementation of each training course is based on actual condition of training system in hospital, in which it must ensure sufficient number of preceptors, clinical department/ number of patient's beds, facilities and equipment,... and total number of trainees in one class is not exceeded 30 peoples. Process of clinical training for new nurses is divided into 3 main stages: First stage (from first month to third month), middle stage (from forth month to sixth month) and final stage (from seventh month to ninth month). Each new nurse has to fulfil all clinical practice contents mentioned in the training material at clinical departments. The rotational training among clinical departments must be in line with actual situation of the hospital. It is recommended to have rotation of department in clinical training that helps new nurses learn more skills and clinical cases. At each

clinical department, the person in charge of training needs to assign preceptor who will regularly support, guide and encourage them to be more self-confident and interested in learning. When practicing in clinical department, new nurse is requested to work in group together with other staff in that department and work at night shift with the preceptor.

2.6 Assessment and certification

- Condition of evaluation: new nurse needs to participate at 100% practice part and at least 80% theory part of total units. New nurse needs to complete exercise on case study.
- Evaluation methods: learning portfolio, achievement level based on competency standards, objective questionnaire.
- New nurses after completing the training courses and have confirmation from the hospital on evaluation result will receive Certificate of clinical practice period as current regulations.

3. CURRICULUM OF TRAINING FOR PRECEPTORS

3.1 Training curriculum for preceptors

The training aims to train nurses in health facilities who are in-charge of clinical guiding to new nurses. This program enhances capacity of learner in teaching methods, evaluation methods and supportive skills to the learners, especially necessary skills in clinical learning-teaching for nurses.

Participants in this program are nurses with nursing education at college level at least, who have a proper professional license relating to the fields of clinical training for new nurses, have at least 3 years experiences in clinical training and proficient performance of nursing techniques, are appointed to join in the training course and are assigned to be preceptors in clinical training for new nurses.

3.2. Expected outputs after training

Trainees participated the training course are experienced professional medical and clinical skill staff. Therefore, the training course will focus on supplementing initial capacities of preceptor to acquire the following outcomes:

- (1) Developing clinical lesson plan and delivering the lesson for new nurses in accordance with the lesson plan and hospital's plan;
- (2) Guiding and technically supporting new nurses;
- (3) Applying active learning methods, evidence-based practice, proper assessment and evaluation in accordance with content of training and subject of trainees.

3.3. Training objectives

This training program aims to train amount of qualified clinical practice trainers who are in charge of practical clinical training for new nurses towards competency-based approach.

*** Knowledge**

- Analyze main content of clinical training program for new nurses.

- Analyze roles of preceptors in clinical training for new nurses.
- Present necessary skills of preceptors
- Analyze characteristics of adult learner and adult learning methodology.
- Identify characters of competency-based education and proper training methodology in clinical training for new nurses.
- Clarify methods of assessment and evaluation applying in clinical training for new nurses.

*** Skills:**

- Implement clinical training plan for new nurses effectively.
- Make clinical lesson plan and conduct that lesson by case study/ actual patient.
- Apply active learning method in clinical training for new nurses effectively.
- Apply clinical teaching method with and without patients
- Use proper assessment and evaluation methods to evaluate competency of new nurses.
- Use active supportive skill and feedback skill in training for new nurses in accordance with the objectives and needs of trainees and encourage them to be independent.

*** Attitude:**

- Demonstrating interest and willingness to transfer professional experience to new nurses.
- Being a model of nurse in caring and serving patients for new nurses to learn.

3.4. Detail curriculum

Training duration: 5 days (8 units/day).

No.	Content	No.of unit
0	Opening, pre and post-test, closing and certification	2
1	Overview of clinical training and training curriculum for preceptor and new nurses	6
2	Necessary skills of preceptor	2
3	Training methodologies in clinical training for new nurses	8
4	Clinical training methodologies with/without patients	2
5	Assessment and evaluation in clinical training for new nurses	8
6	Lesson plan - performing and evaluating the lesson	12
	Total:	40

3.5. Guideline on training implementation, assessment and certification

Number of trainees is not exceeding 30 persons per course. Trainers and trainees must satisfy criteria of the training.

Trainees have to attend pre-test, processive test and post test

*** Conditions for certification:**

Trainee is certified if meeting following requirements:

- Attend at least 80% lesson unit.
- After finishing lesson 6, each trainee must complete making one lesson plan or present one content of lesson in the class and acquire achievement level from trainer's evaluation.
- Meet the requirements of progressive tests and post-test (10 score scale)

For any reason, if trainee cannot finish the whole training program (not qualify to receive certificate), he/she can continue joining in next course for missing parts, but no later than 36 months after the first day of his/her initial training course.

*** Certificate title**

“Certificate of preceptor in clinical training for new nurses”

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PRACTICE

DISCUSSION ON CURRICULUM, DETAIL CONTENT AND IMPLEMENTATION OF CLINICAL TRAINING FOR NEW NURSES

OBJECTIVES

1. Discuss on main content of clinical training program for new nurses.
2. Discuss on training methodology for main parts in clinical training program for new nurses.
3. Discuss on how to implement clinical training course plan for new nurses in line with actual condition of health facilities.

CONTENT

1. INTRODUCE CONTENT AND IMPLEMENTATION PLAN OF CLINICAL TRAINING FOR NEW NURSES

- Trainer give summary of achievement goals, objectives, training curriculum, methods of evaluation/assessment and certificate issuance based on materials of clinical training for new nurses.
- Trainer give summary of content relating to legal documents and current regulations in nursing care, and some professional contents in materials of clinical training for new nurses.
- Trainer provides and explains format of clinical training plan by practicing period of new nurses and based on actual situation of the hospital (*using annex or existing clinical training plan of the hospital*).

2. DISCUSSION

- (1) Trainer divides trainees into groups (3-5 members of each group)
- (2) Make group discussion on following topics:
 - Topic 1: Main content and important points of clinical training program for new nurses.
 - Topic 2:
 - + How to guide new nurse to search necessary information from legal documents? How to apply regulations of legal documents into professional practice?
 - + Method to give lecture on “Nursing process” effectively? How to guide new nurses to apply nursing process in actual patient care? (*refer to detail content of nursing process in material of clinical training for new nurses*). Common issues when applying nursing process in patient care practice? How to solves those issues?
 - + Remarkable points when using case study in teaching on patient safety, infection control, communication skills and teamwork (*using cases mention in the material of clinical*

training for new nurses). Common errors/mistakes of new nurses during clinical practice period? How to solve those problems?

- Topic 3: Possible difficulties when implementing clinical training plan for new nurses? What are countermeasures?

- (3) Each group appoints group leader and secretary to write down result of discussion into A0 paper
- (4) Discussion duration for each topic should be 30-60 minutes
- (5) Presentation of discussion result by each group should be 10 minutes. Trainer and other trainees listen, observe, discuss, comment and summarize.

ANNEX 1: CLINICAL TRAINING COURSE PLAN

Period	Implementation period							
	Stage I (first 3 months)			Stage II (from 4 th month to 6 th month)			Stage III (from 7 th month to 9 th month)	
Orientation	Introduction of training program, training plan							
Theory	Relevant legal documents of practicing and patient care	Basic nursing competency, nursing ethic competency; communication skills	Nursing process, patient safety and infection control	Health consultation and education				
Patient care and basic nursing techniques at a department or rotation	Patient care and practicing basic nursing techniques under the guidance			- Patient care and practicing basic nursing techniques under the instruction of preceptor - Practicing health consultation and education to patient/patient family			- Patient care and practicing basic nursing techniques - Practicing health consultation and education to patient/patient family	
Compiling thematic report			Applying nursing process in plan development and implementation		Patient case study		Patient case study	Patient case study
	Achievement level of competency standard for Vietnamese nurses	Assessment prior to implementation of basic competency standard	Assessment after 3 months applying basic competency standard			Assessment after 6 months applying basic competency standard		Assessment after 9 months applying basic competency standard (final evaluation)
	Trainee's self-assessment, preceptor's assessment based on basic competency standard for Vietnamese nurses							
Patient case study	Complete at least 5 case studies applied nursing process in the care reality since hospitalized until discharged. Including health consultation and education contents							

LESSON 2

NECESSARY SKILLS OF THE PRECEPTOR

OBJECTIVES

1. Analyze 5 roles of the preceptor.
2. Present 5 necessary skills of the preceptor.
3. Discuss on ideal preceptor in clinical training for new nurses.

CONTENT

The preceptor in clinical training has to play both roles, guider/teacher in clinical practice and professional nurse. Therefore, roles and necessary skills of the preceptor include skills of trainers in both theory and clinical practice as well as skills of professional nurse who is in charge of taking care patients and clients.

1. ROLES OF THE PRECEPTOR IN CLINICAL TRAINING

In clinical training for new nurses, integrating the knowledge, skills and attitudes which they have learned previously (in school, actual experience, etc.) is very important to help new nurses to enhance their capacity and profession. Therefore, there is no limit to the capacity of the preceptors. The preceptor needs to have basic skills, competency standards as a model in patient care practice and support so that new nurses can learn proactively step by step. Moreover, in addition to the general competency, the preceptor needs to be aware of the roles and responsibilities required by each position accordingly.

The preceptor should be the closest person to the new nurse and be able to improve capacity of the new nurse day by day. The preceptor has the following general roles:

1.1. Guiding and supporting new nurse:

- The preceptor must be a model that new nurses should follow to learn.
- The preceptor needs to coordinate the connection among new nurses and between new nurses with other relevant people during learning process.
- The preceptor needs to ensure the friendliness, fairness and promote the activeness and initiative of the new nurse during clinical practice period. The preceptor should actively discuss on the objectives, expected outputs with the new nurse and make specific training plans for each individual new nurse to achieve expected objectives.
- The preceptor always needs to follow-up the new nurses to timely support them, raise questions and give them the right to take care of patients.
- The preceptor always needs to encourage and motivate the new nurses timely by using some encouraging words such as: “That’s right”, “keep going” and give them feedback when needed.

- The preceptor needs to allow and empower the new nurses to express their roles, attitudes and knowledge on their profession with other medical staffs.

1.2. Making assessment of new nurse's competency

- The preceptor uses assessment tools to evaluate competency of the new nurses during training process in order to help them form clinical practice competencies. During the training process, the preceptor needs to discuss with the new nurses on how to make self-assessment of theory and practice. Based on assessment result, the preceptor can determine the strong points and weak points of the new nurse. However, the assessment must ensure accuracy, transparency and the preceptor needs to provide appropriate feedback to learners timely.
- The preceptor needs to acknowledge the assessment of new nurse's competency as a learning activity in order to help them improve their capacity.

1.3. Being a model in decision making, problem solving and leadership

- The preceptor uses his/her knowledge, skills and professional experience to handle assigned work, at the same time, to support the new nurse in decision making, demonstrating responsibility as well as the basics of those decisions. The preceptor needs to perform his/her capacity in solving relevant problems and support new nurses how to handle them effectively.
- The preceptor needs to lead and guide the new nurses in patient care activities, at the same time, to perform their leadership when working in groups or providing guidance on taking care of patients in the workplace.
- The preceptor needs to demonstrate his/her professional capacity and rich knowledge in clinical practice and to be a model in updating and improving his/her competency that new nurses can follow to learn.

1.4. Adjusting the learning environment

The preceptor needs to disseminate the objectives of clinical training for new nurses to all staff in department/hospital so that everyone can understand the objectives of training and join in supporting new nurses to improve their skills together.

1.5. Building a cultural environment in clinical training for new nurses

- In clinical practice training, not only assigned preceptor is in charge of guiding and supporting new nurses at the department, but also all staff in the department/hospital are involved in training for new nurses.
- The preceptor should be a model that helps new nurses feel greatness of nursing works and proud of nursing career. The preceptor should create friendly and respect relationship with the patients, building supportive environment and create good relationship among relevant people in clinical training to promote learning motivation of the new nurse.

2. PROFESSIONAL SKILLS

2.1. Perform nursing process and patient care skills

- Nursing process is an integrated approach that aims to help nurses and patient to identify their caring needs, make care plan, implement care plan as well as evaluate care result.
- All steps in nursing process are linked to each other, and when taking nursing procedure, nurses must take patients into center of activities.
- Nursing process is a series of activities that follow a predetermined plan, directly towards a separate care outcome.
- Nursing process can facilitate nurses and patient's family take following actions:
 - + Collect sufficient information of patient (assessment)
 - + Identify strong points and problems of patient (nursing diagnosis)
 - + Making comprehensive care plan for a certain patient in order to achieve expected output and objectives. Nursing intervention is aimed to support patients to obtain those expected outputs and objectives (making implementation plan)
 - + Implement care plan (implement the plan)
 - + Evaluate effectiveness of the care plan to expected output achievement (evaluation)

In each step of nursing process, the nurse and the patient always need to cooperate to each other. Nursing care procedure in Vietnam is undertaken with 5 steps:

1. Assessment: Identify health problems of the patient
2. Nursing diagnose: Problems which need to care and reasons
3. Making care plan: Make plan to solve found problems
4. Plan implementation: Carry out supportive measures and support them to solve those problems
5. Evaluation: Identify effectiveness of caring intervention

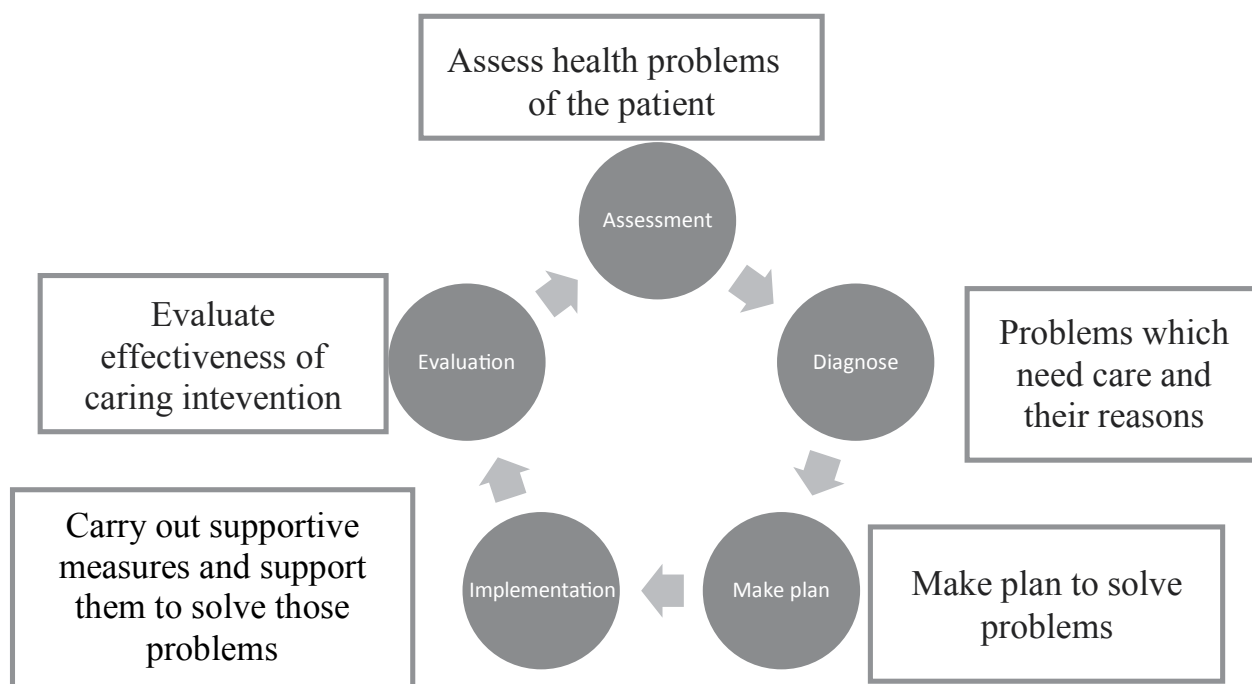


Image 2. Nursing process

The preceptor needs to use the procedure of comprehensive assessment, observation, monitoring, information collection from the patient in accordance with nursing process in order to make proper nursing care plan in line with unique character of each patient.

Regarding performance of nursing professional techniques, the preceptor needs to follow standard nursing process which is issued by Ministry of Health as legal basis and update new information on advanced techniques for nursing care. During progress of clinical learning-teaching, the preceptor should be a model on compliance of nursing process and practice within the permitted scope of professional activities.

2.2. Patient safety and infection control

2.2.1 Patient safety

- According WHO, target of patient safety is to minimize errors and adverse effects to patients associated with health care”.
- In Vietnam, it is mentioned article 7, chapter 2 of Circular No. 19/2013 specifying implementation guidelines for healthcare service quality management in hospitals:
 1. Develop programs and set out specific regulations on assurance of safety for patients and medical staff with the following main contents:
 - a) Accurate patient identification and avoidance of any error likely to be made during the process of rendering healthcare services;
 - b) Safe surgery or operation;
 - c) Safe medication use;

- d) Prevention and control of hospital-acquired infections and bacterial contaminations;
 - e) Control and prevention of risks or defects arising from exchange or transmission of false information between and among medical staff;
 - f) Patient fall prevention;
 - g) Safe medical equipment uses.
2. Provide safe working environment for patients, visitors and medical staff; prevent any accident, risk or exposure.
 3. Establish the system for collecting and making reports on medical errors or adverse events occurring at clinical departments and within the entire hospital, including compulsory and voluntary reports.
 4. Develop procedures for assessing medical errors and adverse events to identify root, systematic and medical staff's personal causes; assessing possible risks.
 5. Deal with medical errors or adverse events and take necessary actions to mitigate root, systematic and personal causes to minimize medical errors, incidents or adverse events as well as prevent risks.
 - Preceptor needs to understand knowledge level and capacity of new nurse, at the same time, create a friendly learning environment that facilitate new nurses when they need to get consultation or advise.
 - New nurses are persons who are lack of clinical experiences and easy to make mistakes including: (1) lack of knowledge (insufficient experiences), (2) do not comply regulated procedure, (3) do by their thoughts, (4) separate "objective and evidence" from "action (implementation)", (5) lack of awareness on danger, (6) be not able to report/consult.
 - Preceptor needs to develop evaluation tools and assess which level of achievement the new nurse can obtain before the training and at each stage of evaluation and identify final objectives and output requirements when finishing clinical training.

2.2.2. Infection control

According to World Health Organization (WHO), "hospital infection is the infection happening when patient stays in the hospital for treatment, this infection is not presented in incubation period at the time of hospitalization. Hospital infection normally happens after 48 hours since patient's hospitalization".

Infection happening in health facilities will affect not only to professional quality index, but also patient safety index, compliance index of medical staff with practice, index of effectiveness of management and some sensitive indexes of patients and society.

Circular No.16/2018/TT-BYT prescribing infection control in healthcare facilities as following:

*** Hand wash**

1. Organize implementation of regulations on hand wash and make hand washing accessories and chemicals available for use for medical staff, trainees, patients, patients' family relatives

and guests at outpatient, patient treatment and care locations and areas where people often come into contact with each other.

2. Carry out checking, oversight and surveillance in order to ensure compliance with hand wash regulations of medical staff, trainees, patients, patients' family relatives and guests.

**** Standard precaution or prevention based on transmission routes and use of personal protective equipment***

1. Organize implementation of regulations on standard precaution or prevention specific to transmission routes and use of personal protective equipment for medical staff, trainees, patients, patients' family relatives and guests.
2. Apply proper preventive isolation measures to patients known or suspected to contract infectious diseases and patients infected with multi-resistant organisms.
3. Instruct and warn medical staff, trainees, patients, patients' family relatives and guests to obey regulations on the standard precaution and prevention specific to transmission routes and use personal protective equipment during the medical examination, treatment and care process.
4. Check compliance of medical staff, trainees, patients, patients' family relatives and guest with regulations on the standard precaution or prevention specific to transmission routes and use of personal protective equipment.

**** Management and handling of medical equipment and accessories***

1. Carry out the centralized management and handling of medical equipment, control the disposal of medical equipment and accessories with the aim of ensuring conformance to safety and quality requirements.
2. Store and preserve medical equipment and accessories after handling thereof in order to ensure they are sterile before use.
3. Check, oversee and monitor compliance with regulations on management and handling of medical equipment and accessories at wards and departments.

**** Management and handling of medical textiles***

1. Provide medical textiles for patients and medical staff on a daily basis and where needed.
2. Carry out the centralized handling of medical textiles at laundry areas. Textiles, fabrics with microbial contamination, or soiled with blood and biological fluids must be treated separately to ensure safety.
3. Store and preserve medical textiles inside cabinets and racks to ensure they are clean, sterile and are carried by dedicated means of transport.
4. Control quality and regularly check, oversee and monitor medical textile handling procedures.
5. Staff in charge of managing and handling medical textiles must have professional knowledge about handling of medical textiles.
6. Arrange concentrated laundry and drying locations for patients' family relatives.

*** *Management of medical wastes***

1. Carry out the management of medical wastes as per laws.
2. Check, oversee and monitor compliance with waste management practices, ensure these wastes are sorted, stored, transported and disposed of in a safe manner as prescribed by laws.

The preceptor needs to understand fully the regulations of the Ministry of Health to guide new nurses to comply with current regulations. At the same time, the preceptor should be a model of compliance of practicing infection prevention and control so that the new nurse can follow to learn.

2.3. COMMUNICATION

- Communication is an exchange and contact activity between people and people through writings, voice, behavior and attitude. Communication is interaction among people in the society. Communities without communication are just a non-social population.
- In medical field, communication is carried out among medical staff, between medical staff with patient...while communication among medical staff and between medical staff with patient is concerned especially that plays a very important role in bring effectiveness in diagnose, treatment and patient care.
- Communication between medical staff with patient: When taking care of patient, nurse needs to communicate with patient not only to collect necessary information, but also to understand feelings and situation of patient and family, share pains and show understandings to them. It is important to nurses to sincerely talk with patient, collect information and message given by patient/ family and give them feedback or advise. It is not simple conversation because communication is aimed to build trustable relationship with patient/family to help reduce their worries.
- Communication among medical staff: Communication among medical staff mainly occurs in emergency cases. Hence, information transferring must be accurate, timely because it may lead to medical error even with only one small mistake in communication. Communication mistakes normally include: wrong transferring (wrong information, unclear message, misunderstand the information) and no information transfer. For example: Wrong information transfer: Transfer wrong name of drug; Unclear information: 1mg and 1ml; Misunderstanding: remove stomach sonde -> put stomach sonde
- In order to provide safe healthcare services, it is necessary to understand common mistakes which often happens during communication to avoid it.

2.4. TEAMWORK

- Teamwork in health care is very important to provide medical services which are suitable and appropriate with actual condition and situation of the patient. Medical staff with different titles, positions and professional fields when joining in patient care need to share their information, coordinate and support each other during performance. On the other hand, most of medical errors which are caused by communication mistakes also come from lack of teamwork. Effective teamwork is very important to avoid communication mistakes. Principles of teamwork:

- + Create consensus
- + Establish relationships in teamwork
- + Encourage creativity
- + Generate new ideas
- + How to delegate in groups
- + Encourage people to speak
- + Share responsibility
- + Need flexibility
- Some criteria to evaluate personal performance in teamwork:
 - + Trust: Do you trust in ability of work completion of your colleague?
 - + Calm: In emergency case, are you able to handle problem with calm?
 - + Respect: Do you pay attention to ideas of your colleague? Can you get your own ideas from those?
 - + Cooperation: How is your cooperation with colleagues with different educational levels, working fields, competencies, capacity and nationalities?
 - + Arrangement: Is your working table in good arrangement? Can you work as scheduled timetable?
 - + Work ability under pressure: Can you promote your best capacity when working under pressure?
 - + Communication skill: Do you like communicating with people? Can you attract attentions from people when speaking?

2.5. HEALTH EDUCATION

- Health education is the process of helping patients identify and cope with these psychological stresses, the impact of disease; or family and social problems related to the patient. Nurses focus to encourage patients to build a sense of self-control.
- Health education may be given to the individual or group of people. It is not necessary to follow a pattern or process, usually integrated into nursing process when the nurse takes care the patient. In order to have effective and useful health education, it requires the nurses to have assessment skills, analysis ability, information summary to select proper contents and methodologies to conduct health education as well as assess improvement of the patient after receiving health education. Health care now focuses more on improving and maintaining health than on treatment. Therefore, patients and families need to have a minimum of knowledge and skills to self-monitoring and self-care to shorten the day of hospitalization, help them self-control and self-care when discharged.

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PRACTICE

IDEAL PRECEPTOR

OBJECTIVE

Discussion on ideal preceptors in clinical training for new nurses

CONTENT

1. WRITE ABOUT THE PAST PRECEPTOR AND IDEAL PRECEPTOR

1.1 Content

- Ask each trainee to record good/bad memories about the preceptor as a new nurse and your aspirations as a preceptor.
- Free write what you think.
- Write a story in two lines about your memories or expected preceptor.

1.2 Methodology

Each participant will receive three cards with two different colors (blue, red and pink).

Each participant is requested to write a memory summary on his/her preceptor when he/she was a new nurse, specifically:

- + Red: write sad memories

Example: The preceptor always looks busy, sometimes difficult to have his/her consultation.

(Principle)

- ★ Short summary
- ★ Detail content and easy to understand

(Example in 1 line) Being criticised in front of the patient

(Example in 1 line) Being praised when well-done

- + Pink: write happy memories

Examples: Receiving support and guidance from the preceptor when performing hard technique. The preceptor facilitates and give chance to new nurse to take care of patient with supervision.

- + Blue: write expectations when becoming a preceptor

Example: Always be cheerful as a preceptor

2. DISCUSS ON THE IDEAL PRECEPTOR IN CLINICAL TRAINING FOR THE NEW NURSES

2.1 Content

Group discussion on what the preceptor should focus on and what should avoid

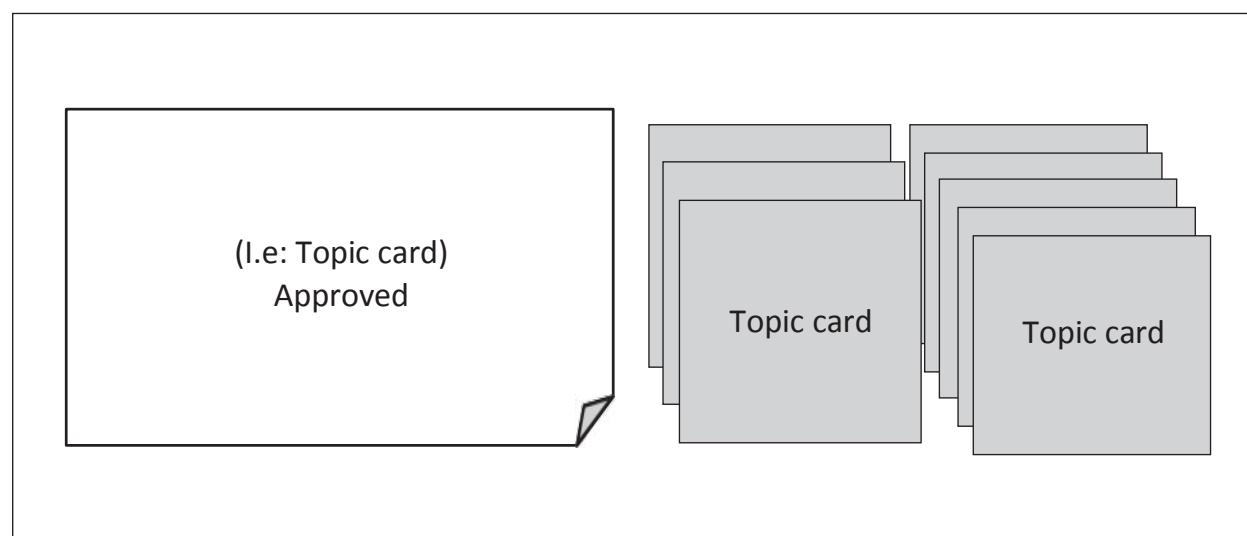
2.2 Methodology

Trainer divides classes into groups (3-5 people in one group)

The groups make discussion on what the preceptor should focus on and what should avoid.

Each group appoints one leader, one secretary and make record the results into A0 paper.

The groups present the discussion result, the other members and trainer observe and contribute comments.



LESSON 3

TRAINING METHODOLOGIES IN CLINICAL TRAINING FOR NEW NURSES

OBJECTIVES

1. Present 4 basic contents of objective-based learning and teaching.
2. Explain characters of competency-based education.
3. Analyze learning characteristics of adults.
4. Apply effectively active learning methods in clinical training for new nurses.
5. Perform supportive skill to new nurses.

CONTENT

1. OBJECTIVE-BASED LEARNING AND TEACHING

When setting up objectives of each lesson, the preceptor needs to have some basic information such as who are target trainees, which contents they may know before, which knowledge they should learn and what action they should do after the lesson as well as requirements of their professionals, needs of society and basic of the training courses that will help to develop good objectives of the lesson. Some remarks for setting up lesson's objectives:

- Select proper verb to start description of the objectives in line with outputs of the lesson. Normally, each objective should be expressed by only one verb.
- Objective must be measurable; therefore, each objective should be specified by a number if possible. For example: list up 5 steps of nursing process or describe 4 levels of pressed ulcer.
- Each unit should cover 1-2 objectives only because if it is expected to gain many objectives, it may lead to far away from core learning-teaching content.

1.1. Identification of core content

- Core contents are main themes which need to deliver through the lesson. It needs to pay attention to not skip any core content during the lesson.
- For each certain objective, it is necessary to identify core content and each objective can contain one or more core contents.

1.2. Selection of learning-teaching methodology to gain the objectives

- Learning-teaching methodologies must be based on objectives and outputs of training program; In case of theory teaching, method of presentation can be applied. Group discussion can be used to find countermeasure for problems. Role-play normally is used for learning-teaching on attitude and case study should be applied in case of learning-teaching on decision making.

- Selection of learning-teaching methodologies has to follow various factors: such as number of trainees, learning-teaching instruments, timing, strong points of the preceptor, educational level and experiences of trainees, learning environment and motivation of the trainees.

1.3 Objective-based assessment and evaluation

- Objective-based assessment tool is developed based on learning objective. Assessment must be objective, trustable and fair.
- Assessment tools must be objective, various and can cover all objectives in order to avoid deviating or learning by heart.
- Result of assessment must be fair and objective. Content of assessment needs to cover all knowledge, skills and attitude of the new nurses.

2. COMPETENCY-BASED EDUCATION

According to definition by Franks and his colleagues (2010) in medical education, competency-based education (CBE) is an approach to education that focuses on preparation before working as official medical staff, is a basic orientation that focuses on trainee's demonstration of desired learning outcomes and have chance to show his/her competency which is originated from analysis of social demand and patient's need. Competency-based education does not focus on time of education but enhance responsibility of the trainees when they officially work as professional staff, strengthen flexibility and promote trainees as central to the learning process.

Aim of competency-based education is that trainees can show their improvement of knowledge and skills through assessment of successful performance. This differs to previous training curriculum which mainly focused on lectures given to the trainees by trainers and evaluation by post test. Competency-based education concentrates on both training result and training process (Harden, Crosby & Davis, 1999).

2.1. What is competency?

Competency is originated from "competentia" in Latin language. At present, the definition of "competency" is understood by different meanings. Competency can be understood as proficiency and performance of one person in a certain work. The concept of competency used here is the object of psychology and education. There are various definitions on competency. ***Competence is a complex psychological attribute, a convergence of many factors such as knowledge, skills, experience, willingness to act and responsibility.***

In competency-based education, the definition of competency is used as following:

- Competencies related to the objective aspect of teaching: teaching objectives are described through the competencies to be formed.
- In the training curricula, basic training contents and training activities are connected together that aims to form competencies.
- Competency is a convergence of knowledge, understanding, capacity and expectation, etc.

- Targets of competency formation orients the selection, evaluation, importance and structure of training content and training activities in the aspect of methodology.
- The competency describes the resolution of content requirements in situations.
- Common competencies together with professional competencies form a common foundation for education and teaching.
- Level of competency improvement can be identified in accordance with professional standards. At a certain time, trainees have to achieve certain number of standards.

2.2. Classification between traditional education and competency-based education





	Traditional education	Competency-based education
Education objectives	Content-based education focuses on accumulation of knowledge, cognitive capacity and application of knowledge into practice rather than demonstrating the achieved competencies.	Training aims to develop necessary competencies that helps trainees gain success in both personal life and work (Chyung, Stepich & Cox, 2006) [8].
Training objectives	Content of knowledge that trainers want to transfer to trainees in a core matter in the traditional education.	Quality of training outputs plays the most important roles in competency-based education.
Learning methodology	Trainees have to attend all modules introduced by the trainers.	Trainee is allowed to skip some modules if their competencies in those fields have been satisfied based on training process evaluation or pre-test.
Teaching methodology	Trainer is central of training, trainees receive knowledge and information from trainer.	Trainee is central of training and trainer plays a role of preceptor/ instructor.
Evaluation methodology	Evaluate level of knowledge through writing and reading tests (Chang, 2006)	Evaluate knowledge in systematically application and acquiring competencies through many tools and forms including observation and practice in simulation situations (Kaslow, 2004)
Outputs	Do not respond properly and adequately to the needs of the labor and social markets	Focus on the outputs associated with the needs of the labor and social markets, or higher education level.

Source: summary by writer team

2.3. Competency-based education

Competency-based education (CBE) is a teaching method that orients to exactly measure knowledge, skills and attitude of the trainee after the training course (Guskey, 2005). In competency-based training program, objectives of the training are described through groups of competencies.

Content of competency-based training is not only limited within knowledge and professional skill, but also includes groups of contents to develop competency fields:

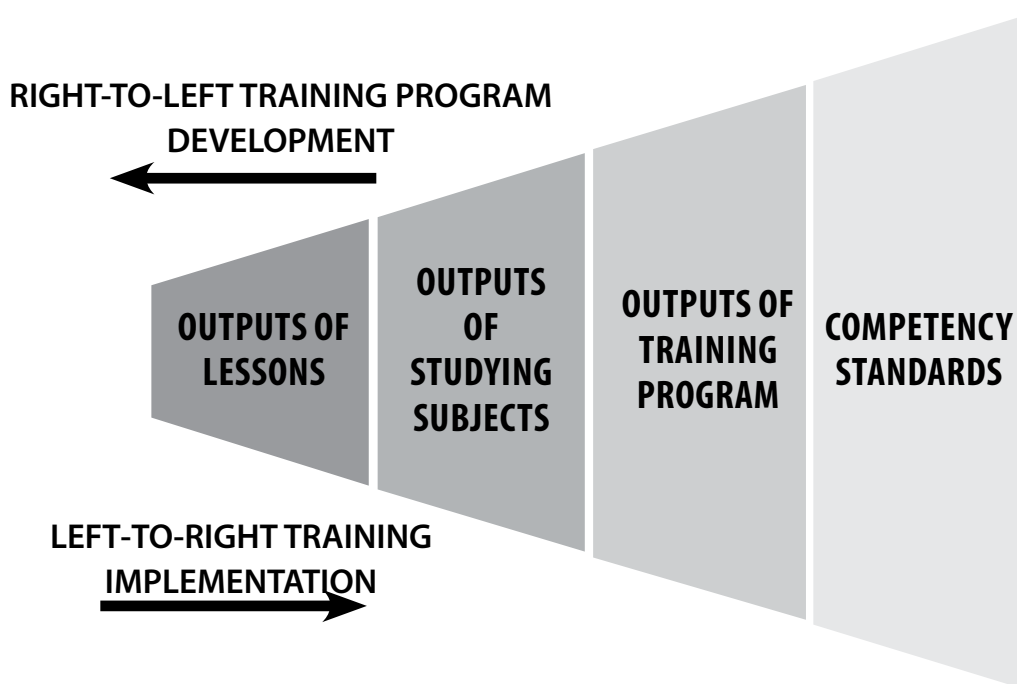
Training on professional content	Training on methodology	Training on communication, society	Training on self-evaluation and experience
<ul style="list-style-type: none"> - Professional knowledge (definitions, categories, regulations, relationship.) - Professional skills - Application and evaluation 	<ul style="list-style-type: none"> - Making learning plan and working plan. - Common cognitive methods: Information collecting, processing, evaluating and presenting 	<ul style="list-style-type: none"> - Work in group. - Facilitating social understanding. - Learning on communication skills, responsibilities and conflict handle skills. 	<ul style="list-style-type: none"> - Self-evaluating strong points, weak points. - Developing personal development plan. - Evaluating, forming valuable standards of moralities, culture and self-esteem...
			
Professional competencies	Methodology competencies	Social competencies	Personality competencies

Source: Medical – Medication teaching method, Trương Việt Dũng và Phí Văn Thâm, 2010, Ministry of Health.

Competency-based education not only focus on activating trainees on intellectual activities but also paying attention to training the ability to solve problems associated with situations in life and career, and at the same time, attaching intellectual activities with practical activities. Enhancing team work, renovation of relationship between trainers and trainees towards collaboration plays a very important role in development of social competencies. Besides learning professional knowledge and skills of specific subjects, it is necessary to study on complex topics in order to enhance capacity to solve complicated matters.

According to concept on competency development, the reproduction of learnt knowledge is not the center of assessment when making evaluation of learning outcomes. Evaluation of learning outcomes should focus on the ability to apply creative knowledge in different situations and various circumstances.

Basis of training curriculum, training implementation and evaluation



3. ADULTS LEARNING

3.1. Characteristics of adult learner

Firstly, adults are different from children that they have certain knowledge and experiences. Hence, trainer should not just provide simple knowledge what the trainer wants to transfer but needs to understand what the trainees have known in order to avoid teaching what they have known. Therefore, assessment of training needs is the first and very important step in training circle for the adults.

Creating opportunities for trainees to actively participating in training process, sharing experiences with others and with trainers is the best way to encourage adult trainees to apply what they learnt and their experiences into their life and work effectively, at the same time, help them have the opportunity to apply or think to find ways to apply what they have learned to their work.

The adult learners have needs to know the reasons why they have to learn something. Therefore, during teaching and learning process, the trainers need to explain clearly about the practical meanings of what the trainees need to learn, or about connection with their actual work that helps them understand the objectives of training, accept the training and have interest in learning.

The adults have high demand of self-direction. Assessment of training needs from the trainees before training course would help trainers understand what they have experienced and what they need to learn more. From the assessment result, it helps to identify which knowledge, skills and attitude should be focal points in training course. The trainers can define objectives of training more practically, and then training activities will be conducted more effectively.

The motivation of adults when participating in training is very clear. This motivation can be originated from personal enhancement demand, from requirement of work or from leaders of their organization. The trainers need to connect training activities with these motivations in order to encourage the active learning ability of the trainees.

The adults do not like imposition. They are adult and can take all responsibilities for their life and their work. Therefore, during the training, the trainers need to use active learning methodologies in order to enhance their active learning and their active participation in training activities. The trainers also need to respect experiences of the trainees and appropriately evaluate their contribution into the training process.

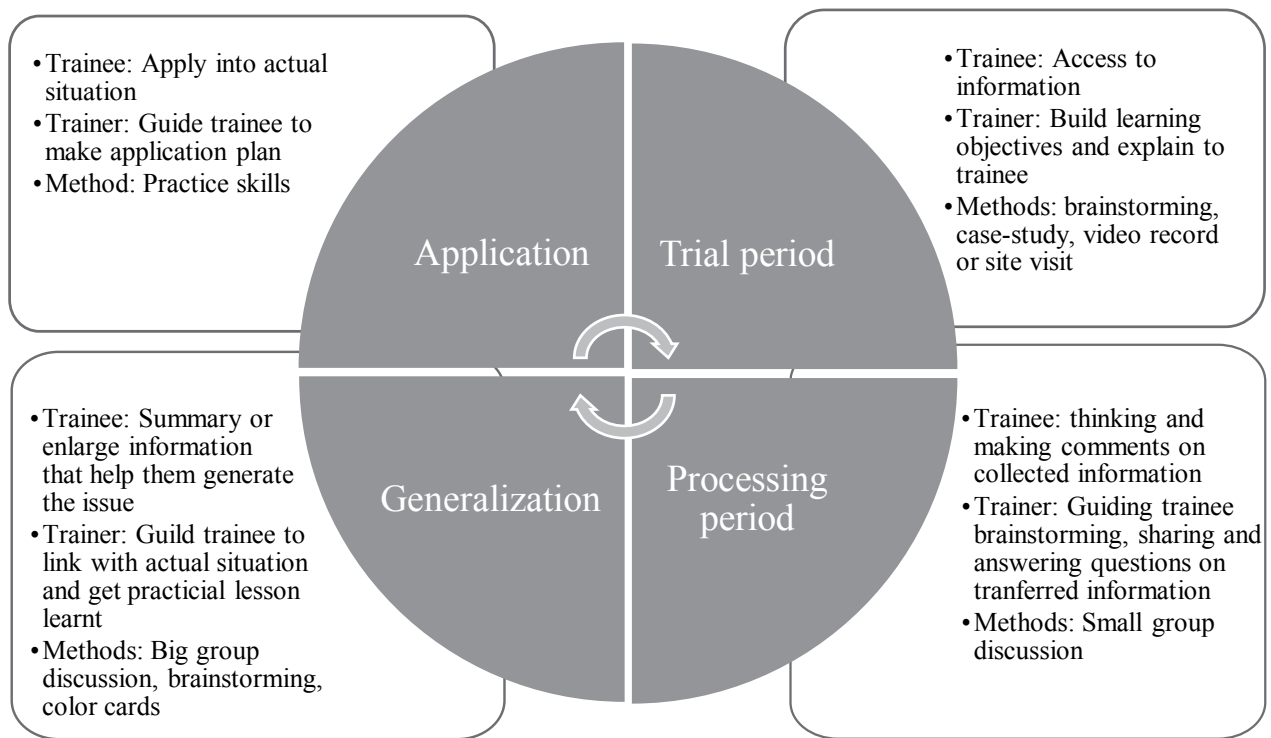
THEORY OF ADULT LEARNING

Children	Adult
Rely on others to decide what is important to learn	Decide for themselves what is important to be learned
Accept information being presented at face value	Need to validate the information based on their beliefs and values
Expect that what they are learning to be useful in in their long term future	Expect what they are learning to be immediately useful
Have little or no experience upon which to draw, so are ‘a clean slate’	Have considerable experience upon which to draw. May have fixed views
Little ability to serve as a knowledgeable resource to teacher or fellow classmate	Significant ability to serve as a knowledgeable resource to the trainer and fellow learners

Source: teaching resource of QUT project AAA

3.2. Learning process of adults

Adults learning methods are not only to provide updated information but also to change their attitude and behaviors that aims to improve quality and effectiveness of their works. Effective learning is the process to support trainees overcome studying period gradually. This process includes 4 periods: 1) Trial period. 2) Processing period. 3) Generalization period. 4) Application period.



Source: Summary of author team

3.3. Learning styles of adults

Based on characteristics of the trainees, it is divided into 3 different learning styles of adults as following:

Styles	Characteristics of trainees	Roles of trainers	Application
Passive	Trainees need to have orientation and encouragement from trainers	Teaching, illustrating, assigning tasks to trainees, checking, supervising, strengthening and providing sufficient training materials.	Training course is to provide new information, new situation which trainee has no idea or limited understandings about these topics before the training.
Collaborate	Trainee actively studies on focal points, exchange, practice, observe, participate in training activities, challenge each other, respect each other	Collaborating, modeling, feedback, coordinating, evaluating	Applied when trainee already has certain knowledge and information about these topics and expects to have chance to discuss with other trainees and with trainers for practical application

Styles	Characteristics of trainees	Roles of trainers	Application
Independent	Be aware of the issue, want to experiment and receive support	Allow trainees to experiment, provide necessary sources for trainee's experiment, give feedback and advice	Applied in case trainee already has knowledge and professional skills but want to self-study more.

Source: Medical - Medication teaching method, Trương Việt Dũng và Phí Văn Tâm, 2010, Ministry of Health

Based on approach of the matter, there are 4 learning styles of adults as following:

1. Learning through experiments: Common characters of trainees by this style are that they are easy to receive information, sympathy and make friends with others. They like to study with friends, give sensory-based comments, like feedback and group discussion, they dislike rational theory approach, they often raise questions with “why?”. Proper teaching-learning methods with this style are: games, role-play, discussion, brainstorming, interview, site-practice.
2. Learning through observation: Common characters of the trainees with this style are that they like to explore, carefully observe what is happening and apply what they think is good, like to go straight to the point and find the meaning of the problem, carefully observe before making comments, prefer to study problems from different sides, like practical applications and often use question “how to operate?”. Proper teaching-learning methods are: presentation, especially presentation with illustration by visual tools, videos... modeling, exhibition, site visit.
3. Learning through practice: Common character of the trainees who like to learn through practice is that they are active, flexible, like to explore by themselves, like adventure, they dislike passive style and often use question with “if... so...?”. Proper teaching-learning methods are: exercises, leadership assignment, making plan on projects or site visits.
4. Learning through meditation: Common character of the trainees with this style is that they have brainstorming ability, they like system and logicity, detail explanation, pay attention to details and often use questions with “what...?”.

When conducting training to each type of trainee, the trainer has to quickly identify characteristics and training needs of the trainees, and based on it, decides which is proper teaching methods in order to reach the best effectiveness of the training-learning activities.

3.4. Basic principles in teaching for adults

When making summary on approaches to adult learning, following five (5) basic characteristics of this approach:

1. Trainee is the center of training.
2. Meeting requirements of professional activities.

3. Orienting real life, real career activities.
4. Being flexible and active.
5. Competency of the trainee is formed clearly. Competencies are contents of professional standards.

These basic characteristics lead to following advantages of competency-based education:

1. Allow personalized learning,
2. Focus on learning outcomes,
3. Create flexibility to reach expected outcomes by specific manners which are proper with characters and circumstance of each individual.
4. Create ability to define clearly what are learning outcomes and the standards to evaluate the results/outcomes.

Therefore, when implementing training for adults, it is necessary to follow those principles as mentioned below:

1. Need to have active participation of trainees: Active participation of trainees will increase their ability to remember and knowledge application. In fact, the more active the trainee is in training, the more and longer the memorization is.



Photo 4: Memorization level

Source: Medical – Medication teaching method, Trương Việt Dũng và Phí Văn Thâm, 2010, Ministry of Health.

2. Create “supportive environment”: “Supportive” environment in the class is safe and friendly atmosphere including sympathy, sharing, praise, encouragement between trainers and trainees and among trainees. Supportive environment can be shown through seat arrangement in

the class that ensures the equality among trainees and no gap between trainers and trainees, through communication skills how to solve training-related issues as well as personal matters that do not obstruct learning activities of the trainees. This supportive environment can help to bring more effective learning result rather than administration management such as criticize and punishment. However, the learning is effective only if all trainees fulfill requests from the trainers together. In order to secure this target, trainer should guide trainees to develop the course's regulations since beginning of the training course and they need to have mutual agreement to strictly follow these rules.

3. Need to take advantages of independent learning ability and accumulated experiences of the trainees: The learning of adults will be more effective if the training course is developed based on accumulated knowledge, skills, attitude and training needs of the trainees. Hence, in order to have effective learning, the first step of training need assessment is very necessary, and especially important to re-training courses or short-term training courses because the trainers do not have chance to re-correct their mistakes if any. When the trainer has appropriate evaluation on existing experiences of the trainee, it will help trainee have comfortable feelings of being respected and have interest in learning new knowledge, skills and attitude, at the same time, help them link what they newly learn with accumulated experiences and their actual work. The learning of adult will be more effective if the trainers help them select proper learning methodologies and necessary training contents as well as create opportunities to enhance their independent learning ability.

4. ACTIVE LEARNING METHODS

4.1 Presentation

Presentation is a formal speaking process to introduce, provide or clarify a phenomenon and an event.

Presentation can be in form of simple presentation or additional supportive audio-visual tools or illustration. Presentation with illustration will make the lecture more interesting and effective than simple presentation thanks to mobilization of participants from various senses of the trainees such as: visual, tactile, not hearing only.

4.1.1. Application

This method can be applied when trainer needs to transfer a huge amount of information to the trainees, when trainer wants to exchange his/her experiences which have not mentioned in any existing documents and helps trainees have exciting and good feelings.

4.1.2. Implementation

The presentation can be implemented as following:

- Evaluate understanding of the trainees about their existing knowledge and new ideas about going-to-teach contents.
- Explain clearly technical terms, definitions and contents given into the main body.

- Use verbal and non-verbal languages to attract trainees and help them focus on training contents. It is necessary to add examples and actual experiences during training process.
- Create comfortable environment for teaching and learning. It should not be so stressful and should not cover too much contents that is easy to loss concentration of the trainees.
- Presentation duration should not be so long. Questions should be added during presentation period that trainees can have discussion, find out solutions and have chance to make short presentation in order to enhance active learning ability of the trainees.
- Trainer needs to summary core content of training when finishing each section.

4.2 Group discussion

Group can be formed by small size (from 3 to 10 trainees) or big size that they can work together for common objective/requirement. Group discussion can help to enhance interaction and collaboration among trainees, thereby encourage learning. This method is effective when it is expected that the whole team can accomplish complicated missions with high requirements rather than someone does it alone, such as in case of projects, complex clinical cases or problem solving.

4.2.1. Application

Small group discussion can be used as one part of theory lecture, practice part in pre-clinical department, clinical case when taking care of patients if trainees can work in group with 3 members in order to reach short-term target.

In order to work effectively, members of the group need to have comfortable feelings and be well-prepared for group discussion. Members in one group must have common targets. These targets can be built naturally, but normally include the following components: objectives, work sharing, deadline, etc. Leader of the group is very important, and sometimes it is necessary to train numbers of preceptors. Group leader, normally is instructor, will takes responsible for guiding all members of the group participate in assignment, ensuring work direction to the targets, following designed timetable and expected plans. Instructors need to help members of the group respect to each other and can evaluate the performance of the group in general. All assessment and evaluation relating to the performance of the group needs to be done by the instructor.

4.2.2. Implementation

A group discussion can be implemented as following:

- Trainer gives questions and points for discussion;
- Divide into group, prepare venue/place for each group;
- Decide time duration for group discussion;
- Appoint group leader, secretary; Deliver paper and pens
- Trainer observes and supports
- Trainees write down result of discussion onto large paper or white board
- Trainer makes comments, summary and conclusion

4.3 Case-study education

Trainer can use clinical cases for teaching to ensure comprehensiveness and logicity.

4.3.1. Application

These cases can be used when teaching about theory only or simulation practice, especially in pre-clinical training, so that trainees can feel more self-confident when taking clinical practice. It is encouraged to trainees to make records of actual clinical cases which they have observed/ participated during clinical practice period to take it into group discussion/ class discussion (clinical case discussion)

4.3.2. Implementation

Case-study can be implemented as following:

- Trainer gives content of case and raises case-related questions.
- Trainer instructs trainees to search relevant documents, evaluate information and storage necessary information.
- Conduct group discussion or personal presentation on how to solve raised cases and to answers those questions.
- Trainer makes comments, summary and conclusion.

4.4 Role-play

Role play is one of training methods through the act of imitating the character and behavior of someone. When a situation is developed, the trainee will play an appropriate role in that situation and think about the problems as well as to find the ways to solve those problems.

4.4.1. Application

This method is used in training mainly with the aim of enhancing communication skills and other basic learning skills such as technical training or communication training.

4.4.2. Implementation

Role play method can be implemented as following:

- Trainer sets up a situation and point out some necessary roles in the scenario.
- Provide detail content of scenario to the trainees, then they can study the content and requirement of each role in advance.
- Before making role play, the trainer lists up necessary requirements of the scenario, makes comments on each role, answer scenario-related questions and his/her experiences after finishing the scenario.
- Arrange the context to play the scenario.
- Assign trainee for each role and start role play.
- Discuss on questions mentioned before
- Summary and conclude key points.

5. SUPPORTIVE SKILLS

In order to become professional nurse from a new nurse, the preceptor needs to support him/her much during clinical training period. To facilitate the preceptors when supporting new nurses, they can use the following skills:

5.1. Listening skill

- Not so busy;
- Pay attention to what he/she is talking about;
- Give a nod;
- Response;
- Repeat key words of the story;
- Summary and confirm;
- Show sympathy;
- Listen the story until the ends;
- Do not use negative words such as: “but”, however”;
- Keep silence in a certain level

5.2. Questioning skill

- Purpose of questioning is to help the respondents understand what they are not clear;
- Make questions for the respondents;
- Continue questioning until the respondents can find out answer by themselves;
- Spend time to think about the answers after making questions;
- Do not make additional question during speech of the respondents;
- Making many questions in the short time will make the respondents confuse and hard to answer;
- Replace the question with “why” by “How do you feel?”

Why are you fail? → What is reason for failure as you think? Why cannot you do it? → What is difficulty you have?

Why did not you report soon? → How should you do to report it soon?

5.3. Praising and encouraging skills

- Praise new nurse in order to encourage them to do it better next time, before make assignment of work to him/her;
- Show the good result by using some phases such as “You did it very well, especially this/ that part, etc.” and take assessment after he/she finished assigned works;
- Not only praise, but also show unsatisfied parts;

- Show attention and care to new nurse always;
- Recognize the existence of new nurses like greeting or positively starting the conversation;
- Accept the changes such as: *“you just made a few mistake”* or *“you are not feeling well lately”*, etc.
- Acknowledge the achievement of new nurses such as: *“you have done it well”*.

5.4. Effective information transferring skill

- Transfer information shortly and easy to understand;
- Using proper intonation will make information transfer more effective;
- When transferring information, it is necessary to be honest with both yourself and others. Preceptor needs to give explanation frankly in detail that help new nurses understand easily. Preceptor also needs to ensure equality in communication with new nurses, do not show intimidation or fear, should be responsible for what you did, and do not blame others.

5.5. Refection skill

This is a process that trainee understands deeply about one experience through internal thinking and gets lesson learnt for the next step.

The reflection skill requires trainees to consider what did happen, how they think about it, what are good point and bad points of that experience, why did it happen, how should you do to change this situation, how should you react if it would happen again.

Only experience itself will not help for learning. It is important to identify your own problems and find out solutions to improve yourself.

5.6. Skill on creating safe, friendly and effective learning environment

Learning activities can be conduct on the patient’s bed side, in administrative department, etc. In clinical training for new nurses, creation of friendly learning environment in which all people are willing to support them is very important that help them be more self-confident, love career and want to work as nurse for a long time.

It is essential to protect new nurses from the threats in the learning environment. The new nurses should be protected from patients, family and other medical staff.

6. FEEDBACK SKILL

6.1. Definition and objective of feedback

Feedback is one of communication skill to receive or give information about behavior from or about others.

Objective of feedback is to help trainees to have new thoughts, new actions that they think it is necessary by themselves. Active feedback will help to enhance self-knowledge of the trainees and contribute to the maturity of trainees.

6.2. Basic principles of feedback

It is important to give feedback at right time (timely, not late), in direct way (not by third person), with proper amount (not too much) and appropriately with receiving capacity of the receivers.

Feedback focuses on questions with “*what?*” and “*how?*”, not tries to answer “*why?*”

Feedback is not aimed to make evaluation and advice. It should be in form of “*I think...*”, “*As I see...*”, “*I feel...*”

Feedback needs to reflect the needs of both receiver and giver. Feedback will be not effective/ or less effective if it aims to satisfy the needs of feedback giver only.

Information of feedback needs to be described clearly.

Feedback receivers can collect information by: just listening, not justifying, just asking for clarification, giving thanks after receiving feedback.

6.3. Application

It is necessary to consider proper time and venue to give feedback. For example, it is not good if the preceptor gives feedback to new nurses in front of patients, family or other medical staffs. However, it is important to give feedback as soon as possible in order to give them chances to understand and have timely adjustment.

The preceptor should encourage new nurses to self-evaluate their performance before giving feedback.

The preceptor should select most important information to give feedback to new nurses because it is hard for them to receive too much information at the same time.

Feedback can be transferred in form of direct communication (face to face) or indirect way (via phone, letter or email)

It is recommended to give feedback under the form of description, discussion and sharing.

Some notification when giving feedback to new nurses

- Base on direct observation;
- Give feedback in the position of colleague;
- Focus on key points;
- Give recommendation/advice to improve situation;
- Do not criticize much, but should not skip mistake of new nurses;
- Concentrate on behavior, not personality;
- Do not evaluate the value (do not use sentence “If I was you,...”);
- Find out about the thoughts and feelings behind the actions that new nurses take;
- Give new nurses opportunities to show their feelings, thoughts and evaluation on their behavior by themselves.

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PRACTICE

APPLICATION OF CASE STUDY IN TRAINING ON PATIENT SAFETY

OBJECTIVE

Be able to effectively apply case study in training on patient safety.

CONTENT

1. Preparation

Trainer introduces about procedure on case-based teaching method.

Trainer emphasizes on key points when applying case-based education.

Trainer provides model case to trainees.

Example on case and case-related questions:

At 7:30am of 20th July 2013 in district health center, nurse A followed doctor's order to inject Hepatitis B vaccine for 3 infants. Nurse A came to the refrigerator to store the vaccine to get it. At that time, electricity power was cutting off, nurse A turned on her mobile flashlight, opened the refrigerator and took out 3 bottles of Esmeron which are muscle relaxant. Nurse A injected drugs into 3 syringes and took injection for 3 infants. Before that, head nurse of medical examination department allowed one medical staff in charge of anesthesia from surgery department to put uncompleted used Esmeron which is used in operation into the refrigerator to store the Hepatitis B vaccine.

Question 1: List up at least 5 medical errors in management and usage of medicine in that situation.

1.
2.
3.
4.
5.

After injection with Esmeron instead of Hepatitis B vaccine, all 3 infants became livid and hiccoughed, their parents took them to emergency department. All of them died after 30 minutes in emergency case.

Question 2: Explain why wrong medication happened that led to severe result of 3 deaths. What is lesson learnt from your side?

2.1 Why did all 3 infants die at the same time?

.....

2.2 Lesson learnt from that mistake?

.....

Answers:

Question 1:

1. Lack of regulation on management of refrigerator to store vaccine.
2. Put Hepatitis B vaccine and medicine for anesthesia at the same place.
3. Lack of official hand-over between manager and nurse A.
4. Nurse A did not check name of medicine before taking injection into 3 infants.
5. Injected drugs into 3 syringes at the same time.

Question 2.1:

Three infants died at the same time because Nurse A took off, combined some steps, injected drugs into 3 syringes and took injection for 3 infants at the same time.

Question 2.2:

Do not take off, combine, simplify professional procedure.

Strictly follow 5 regulations when taking medication to patients.

Implement double check when hand-over and receive medicine.

2. IMPLEMENTATION

Trainer divides all trainees into groups, 3-5 members of each group.

Trainer requests trainees to implement the following procedure:

- Trainees arrange appointment of each member in their group including: trainee in role of trainer and trainee in role of trainee.
- Trainee in role of trainer introduces content of the case and case-related questions to the trainees in role of trainees.
- Trainee in role of trainer guides other trainees how to find relevant training document for reference (*refer to Material of clinical training for new nurses*)
- Make group discussion to answer those mentioned questions.
- Trainee in role of trainee appoints leader and secretary of the group to manage and record content of discussion. The time for group discussion is 5 minutes.

- Representative of each group will make short presentation on discussion result. Trainee in role of trainer will observe and make comments.
- Trainee in role of trainer emphasizes key points of nursing care in patient safety.

3. FINISHING

1. Trainer makes comments on lecturing performance of the trainees.
2. Trainer gives possible pedagogical situations when giving lecture to new nurses such as: new nurse cannot give answer or use sentence *"I don't know..."*
3. Trainer and trainees discuss with each other to find out solutions for those situations.
4. Trainer summarizes clinical training methods used in the lecture and make conclusion on notification when applying those methods.

PRACTICE

SUPPORTIVE SKILL TO NEW NURSES

OBJECTIVE

Be able to demonstrate supportive skill in clinical training for new nurses.

CONTENT

1. Introduction of the lecture

- Trainer introduces on lecture and objective of the lecture.
- Trainer introduces on training method (case study) and requirements of this method.

2. Implementation

(1) Trainer provides scenario on how preceptor supports a new nurse when she is failed to get blood sample from vein of a child. There are 2 scripts: with and without support from the preceptor.

Example 1:

New nurse:

In the morning, the new nurse is assigned to take blood sample of a child (name). The nurse comes to patient's room and takes blood sample but she fails after trying 3 times. Patient's family is angry and shout at the nurse: *"I don't allow you to continue. I just accept more than 10-year-experience staff. Go out and call rich experienced staff to come here"* (crying)

Preceptor

Attitude: Continue working, do not look at new nurse's eyes, sign with anger.

- Why could not you do it?

New Nurse

- I could do it before, and I think I could. But today I failed. I am so sorry.

Preceptor

- Think about how the patient and family feel about you?

New Nurse

- I am so sorry.

Preceptor

- Have you ever practiced?

New Nurse

- Yes, I have practiced already in both school and hospital. I was successful when practicing, but today...

Preceptor

- If you could not do it, it is better to say frankly.

New Nurse

- Sorry, I think I can. Sorry again.

Preceptor

- I will come to apologize them and do it by myself. You don't need to do it more.

Example 2

New Nurse

In the morning, the new nurse is assigned to take blood sample of a child (*name*). The nurse comes to patient's room and takes blood sample but she fails after trying 3 times. Patient's family is angry and shout at the nurse: *"I don't allow you to continue. I just accept more than 10-year-experience staff. Go out and call rich experienced staff to come here"* (crying)

Preceptor

Attitude: Stop working, take a chair and invite the new nurse to take a seat for conversation, look into her eyes and sometimes touch on her back for encouragement.

- They shouted out to you because of blood sampling failure? How do you feel so sad?

New Nurse

- I could do it before many times, but I am failed this time. I also don't know why, therefore the patient family got angry and shouted out to me.

Preceptor

- How is patient and family feeling?

New Nurse

- It must be painful, I think.

Preceptor

- The child feels pain, and her family also feel hurt to see it. That is why we have to understand the feelings of the patients caused by our works.

New Nurse

- Yes

Preceptor

- Why was you failed?

New Nurse

- I could do it successfully before. I don't know why I was failed this time. After failure of the first time, I am so trembling to continue this work.

Preceptor

- You could do it last time, right? So, let think together why you was failed this time. Different children have different body state, so condition and position of their vein is also different. It is very important to observe carefully and assess our ability to decide whether we can do it or not. If you think it is hard to do, you can consult with me first to avoid pain to patient.

- For the next time, before taking blood sample, you should remember all necessary procedure and key points again. And now, keep calm and come with me to the patient together.

New Nurse

- Yes, I understand. Thank you very much. I will practice one more time, observe you and try to do it well.

(2) Trainer makes questions relating to following issues:

- The meaning of support from preceptor to new nurse.

For example: If you receive warm support from the preceptor, how do you feel?

In case of preceptor, which characters are not suitable and how those points affect to learning result of new nurses.

- Expectation from preceptor as a new nurse

For example: As a new nurse, how do you expect the preceptor to treat you in this situation?

- What needs to do as a preceptor when supporting a new nurse.

Example: Which are necessary skills that preceptor needs to have to support and enhance competency of a new nurse?

In case of preceptor, which supportive skills she used and how it affects to learning result of the new nurse.

(3) Trainer selects some trainees to play roles in the scenario.

(4) Trainer divides trainees into groups with 3-5 members of each, assign leader and secretary to manage and record discussion points for questions related to scenario mentioned above.

(5) Trainer asks participation from some trainees to play scenario. Others observe the scenario.

(6) All groups discuss on scenario within 5 minutes after finishing role play. Presentation of each group on discussion result is within 5 minutes.

(7) Other members and trainer make comments on those presentation.

(8) Trainer summarizes and concludes on supportive skills that preceptor needs to obtain in clinical training for new nurses.

LESSON 4

CLINICAL TRAINING METHODOLOGIES WITH/WITHOUT PATIENT

OBJECTIVES

1. Describe 2 types of clinical training for new nurses.
2. Apply clinical learning-teaching procedure with patient in training on nursing process.
3. Apply clinical learning-teaching method on feedback skill without patient.
4. Apply learning-teaching methods on nursing techniques.

CONTENT

1. TRAINING METHODOLOGY IN CLINICAL TRAINING FOR NEW NURSES

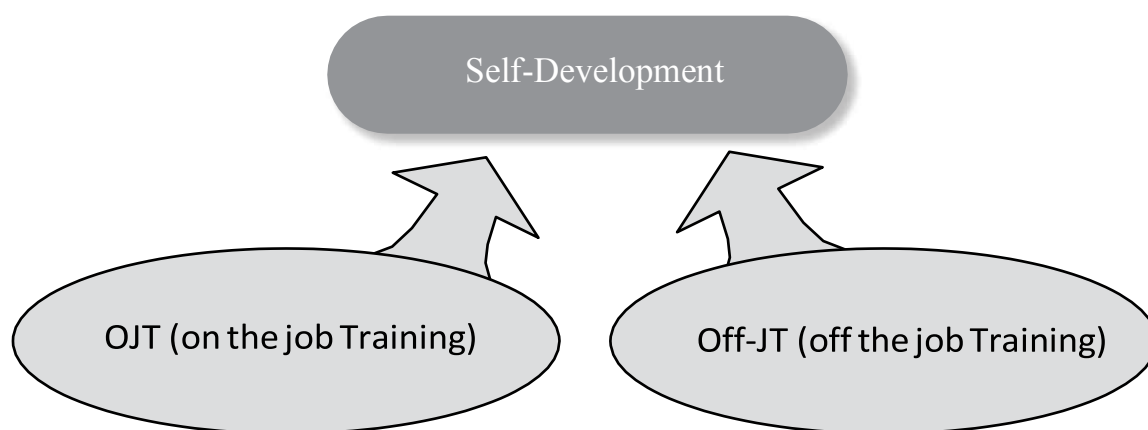
In clinical training for new nurses, there are two main training types which are OJT (*On the Job Training*) and Off-JT (*Off the Job Training*)

OJT (*On the Job Training*) is a hands-on method of learning new knowledge and skills through direct guiding and supporting from experienced person during practice period in clinical departments. The hands-on training will be effective only when it is conducted between one trainer and five (5) trainees maximum.

Off-JT (*Off the Job Training*) is a type of learning new knowledge and technique with big number of trainees in a short time. This type is applied when transferring a new technique to a big number of trainees.

OJT is the method which helps strengthen possibility of applying what they learnt into real practice. However, due to limitation in development of competency to meet requirements of latest knowledge and techniques with OJT only, it is necessary to add Off-JT to increase quality of trainings. The combination between OJT and Off-JT will bring efficiency and effectiveness of the training course.

Combination between OJT and Off-JT is very important and essential, especially in clinical training program for new nurses because each action of the trainee will be enhanced and improved by selecting proper training methods. For example, in training on patient's safety, it is possible to combine the following training methods by appropriate procedure: trainees self-study on internet, trainees participate in illustration for practice, then take care of patients under supervision of the preceptor at clinical departments. Thus, the trainee can have Off-JT first to get basic knowledge and skills, then join in OJT to strengthen their capacity.



When providing both OJT and Off-JT, the preceptor not only transfer new knowledge and technique to the new nurses, but also guide them how to enhance their brainstorming capacity and foresee what they need to do as nurses to take care the patients.

2. CLINICAL TRAINING METHOD WITH PATIENT

- Before clinical practice on patient, the preceptor selects patient or new nurses can select patient by themselves.
- Preceptor makes assignment to each new nurse, introduce training material for reference and make plan of clinical training schedule.
- New nurse can practice on the real patient by the following guidance:

Basic procedure	In clinical training
1. Identify problem Analyze problem Make priority order	Main symptoms and complaints of the patient Level of symptoms and complaints Accompanied manifestation of symptoms and complaints The effects of symptoms/complaints on the patient's daily activities
2. Analyze reasons	Reasons and factors of identified problems
3. Find out solutions Select optimal solution	Emergency treatments need to be carried out on the patient Treatments need to be implemented for patient care Treatments need to be conducted to prevent possible risks for patient
4. Make plan	Make plan on implementation of listed treatments
5. Monitor	Implement and monitor
6. Evaluate	Evaluate changes and effectiveness of treatments on patient's condition

*Source: Medical – Medication teaching method,
Trương Việt Dũng và Phí Văn Tâm, 2010, Ministry of Health.*

- Trainees present summary of patient's information or write it on the board. Trainer guides them to discuss on it and support them following 6 steps mentioned above.
- Summary key points of the lecture.
- The training can be conducted at the training/meeting room or on patient's bed side.

3. CLINICAL TRAINING METHOD WITHOUT PATIENT

This is a type of training without real patient, but with illustration by a writing (together with other tools such as video or x-ray film, etc.) or human body model and simulator if they are available in your health facility, in which the trainee can practice how to take brainstorming, make decision, solve problems and not depend on patient or hospital.

In this case, the trainer can develop the situation by 2 following forms:

- Form 1: Case study: This form includes both description of case and solutions by medical staff (in fields of profession, attitude and communication). Then, some case-related questions will be raised for discussion among trainees in order to find out which points are good and which points need to be improved.
- Form 2: Problem solving exercise: The feature of this form is not describing solutions, but asking for solutions. The structure of this form can be one stage or several stages of illness.

4. TEACHING METHODS FOR CLINICAL SKILLS

The main teaching content is teaching skills to the trainees. The most effective way is coaching method including 4 steps: instruction – modeling – rehearsal- feedback.

Instruction: When trainer wants to give a lecture on a certain skill, he/she needs to explain clearly on which necessary tools need to be prepared, which steps need to be taken and emphasizes on what are the key points. It is ideal if one checklist can be developed for each skill (can be in form of handout to each trainee or large paper on the board that all trainees can observe).

Modeling: Trainer makes model with explanation and all trainees can observe. If possible, it can be divided into 2 steps: quick modeling without explanation and slow modeling with detail explanation of each step. In some case studies which are so similar with actual situation and requires the trainees to work in group, during giving modeling, the trainer can ask some trainees to join in case study to solve problems. This method is useful in case of storage of trainer, at the same time, helps trainees learn how to work in group.

Rehearsal: After finishing modeling from the trainer, trainees are requested to rehearse steps of that skill and focus on output requirements when taking that skill. All trainees must have opportunity to practice that skill, therefore, the number of trainees should be 5 members maximum.

Feedback: This is important step in training a skill that helps trainees identify which parts they can do well and which parts need to be improved. It is possible that one trainee can evaluate himself, other trainees (or groups of trainees) make comments on each other, and then the trainer give comments or summarizes it.

5. APPLICATION OF TRAINING METHODOLOGIES IN CLINICAL TRAINING FOR NEW NURSES

Training material in clinical training for new nurses consist of 6 chapters with 30 lessons. The structure of each lesson includes (i) Objectives, (ii) Basic knowledge, (iii) Technique and skills, (iv) Practice (examples, cases), (v) Competency assessment (competency standard), (vi) References.

In order to develop lesson plan, it is recommended to use this textbook and select appropriate teaching method depends on the ability to be enhanced for new nurses.

For example, to enhance the practical technique of new nurses, practice part of textbook is useful and you may apply role play or practice with human body model. To enhance problem solving skill, you can apply group discussion or case-based training by using case study of the text book. In addition to active learning methods mentioned above, lecture is important methods as well for clinical training for new nurses. Particularly, in case your hospital has new nurse studied in different educational institutions, they could study different contents. Hence, knowledge to be ensured for all new nurses would be better to provide through lectures in addition to encouraging self- study.

It is very important for selection of teaching methodologies to assess which ability new nurses have to be improved and readiness of them. It is recommended to be combined different teaching method to acquire necessary competencies as integral capacity

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PRACTICE

APPLICATION OF CLINICAL TRAINING METHODS IN TRAINING ON NURSING PROCESS

OBJECTIVE

Be able to apply effectively the clinical training methods in training on nursing process.

CONTENT

1. PREPARATION

Trainer introduces about procedure on clinical training methods with 3 types of: with real patient, without real patient and clinical practice skill.

Trainer emphasizes on key points when applying those methods.

2. IMPLEMENTATION

Trainer divides all trainees into groups, 3-5 members of each group.

Trainer requests trainees to implement the following procedure:

1. Preparation for lecture

- Trainees arrange appointment of each member in their group including: trainee in role of trainer and trainee in role of trainee.
- Make group discussion to develop patient-related case study and necessary information for patient care.
- Prepare list of questions which trainees need to answer relating to patient assessment and patient care.
- Develop format of patient's information summary which can be put on the board or used as record on patient's bed.
- Provide format of nursing care (*refer to Material of clinical training for new nurses*)

2. Implementation

- Trainee in role of trainer requests trainee in role of trainee to present the summary of patient's information within 5 minutes.
- Trainee in role of trainer gives questions relating to assessment, diagnoses priority, plan development, prioritized treatment as well as effective evaluation on each problem of patient. Trainees need to answer those questions with detail explanation.
- Trainer and trainees make discussion and opinion exchange.
- Trainee in role of trainer emphasizes key points in patient care, notification of assessment, priorities in patient care, treatment and patient assessment.

3. FINISHING

Trainer makes comments on lecturing performance of the trainees.

Trainer gives possible pedagogical situations when giving lecture to new nurses such as: provide insufficient patient information, cannot make list of priorities or offer a nursing intervention that is not appropriate for the problem of care.

Trainer and trainees discuss with each other to find out solutions for those situations.

Trainer summarizes clinical training methods used in the lecture and make conclusion on notification when applying those methods.

PRACTICE

FEEDBACK SKILL

OBJECTIVE

Be able to demonstrate feedback skill in clinical training for new nurses.

CONTENT

1. INTRODUCTION ON LECTURE

- Trainer introduces on lecture and objective of the lecture.
- Trainer explains meaning and importance of feedback skill in clinical training.
- Trainer introduces format of health education (*Material of clinical training for new nurses*)

2. IMPLEMENTATION

(1) Trainer provides Record of health education for patient with diabetes type II by a new nurse.

HEALTH EDUCATION FOR DISCHARGE PATIENT

1. Basic information

Information when hospitalization

Height (150cm), weight (55kg), temperature (36.6°C), pulse (68 times/minute when rest), blood pressure (152/94mmHg)

Blood sugar before meal (136mg/dl)

Treatment condition

Diabetes type 2, Glucofast (500mg) one tablet, twice a day (*after breakfast and dinner*)

2. Assessment

Feeding: It hard to have meal on time due to taking care of children, mother, busy work; use same food with children and base on their taste, do not follow special diet for diabetes patient. In addition to the main food, patient has a habit of snacking, mainly with salt and sugar.

Exercise: No exercise

Medicine: Know to take medicine but do not know why needs to take it on that time, poor understanding of the effects and side effects of drugs.

Hypoglycemia: Have certain basic knowledge on diabetes but do not understand the symptoms of hypoglycemia such as: feeling cold, sweat. Hypoglycemia happens frequently.

3. Content of health education

Issue: Lack of knowledge about hypoglycemia.

Education plan:

Patient: Nguyen Thi Mai

Time: 25th May 2016

Venue: Patient's room

Object: Patient and family

Duration: 30 minutes (including Q&A)

Method: how to use leaflet

(Reasons)

Patient often repeats same questions after explanation of the doctor, it can be evaluated that it takes time to help them understand. In addition, it is foreseen that many questions can be made during education period. When taking treatment, it is necessary to have cooperation from patient's family. It is better to develop a leaflet and deliver it to the patient, so that they can study it, understand and share with family.

Content of health education: Mentioned in the leaflet

1. About hypoglycemia.

(Objective) Patient has basic knowledge on diabetes.

1. Definition of hypoglycemia.
2. Reasons for hypoglycemia.
3. Symptoms of hypoglycemia and solutions

2. Some remarks on daily activities

(Objective) Patient understands some notification that helps to limit development of diabetes, accepts diet and exercise, takes medicine on schedule.

Feeding rules, exercise and attention points about drugs

3. Question and answer

(Objective) Decrease worries about...

Expected output: From plan, set up expected output: Understand the reasons for hypoglycemia and solutions

Implementation: From care plan and expected output, describe detail content of guidance and health education that patient and family can follow.

(Remark)

Ask to check whether patient can understand or not, explain and confirm their understanding. Content of leaflet should cover not only writings, but also pictures to illustrate habits through daily activities.

Evaluation: Understanding level of patient/family on guided content in implementation column.

Ask question to patient after finish each part of leaflet. At the end of health education section, the patient says: *“Hypoglycemia is so dangerous. I should be careful to avoid hypoglycemia”, “How should I do in daily life...”*. These questions are also shared with patient’s family and other people around there. Husband of the patient also says: *“I didn’t pay much attention to feedings. From now on, I will care it more with my wife”*.

(2) Trainer divides trainees into groups with 3-5 members and asks them to discuss about 1 of 2 following issues:

- Give direct feedback (verbal) on this record.
- Give written feedback on this record.

(3) Each group assigns leader and secretary to manage and record discussion points for questions related to requirements mentioned above.

(4) All groups discuss within 5 minutes and give presentation within 5 minutes.

(5) Other members and trainer make comments on those presentation.

(6) Trainer summarizes and concludes on advantages and disadvantages of feedback skill and main remarks.

LESSON 5

ASSESSMENT AND EVALUATION IN CLINICAL TRAINING FOR NEW NURSES

OBJECTIVES

- Identify assessment and evaluation in clinical training for new nurses.
- Apply checklist in assessment of trainees.
- Apply competency-based assessment of new nurses.

CONTENT

1. DEFINITION OF ASSESSMENT - EVALUATION

1.1 Definition of evaluation

Evaluation is a general terminology including all methods known to collect information on knowledge, capability, understanding, attitude and motivation of an individual (Ioannou-Georgiou, 2004).

Evaluation has different meanings in different contexts but it is tied with attitude, trust and other preconceptions (Hall and Sheehy, 2003)

Evaluation is often used for trainees and clinical training thus evaluation is a source of information used for assessment.

In general, evaluation measures not only theory and practice but also attitude and motivation of trainees. However, it is difficult to have appropriate measure tools for attitude and motivation evaluation.

1.2 Definition of assessment

Assessment is a process of collecting information to enable the achievement of objectives of training programs (Ioannou-Georgiou, 2004)

Information collected from assessment can be used for trainers, trainees and examination results, etc. Assessment tools will be multi-choice questions, question set, analysis and observation article.

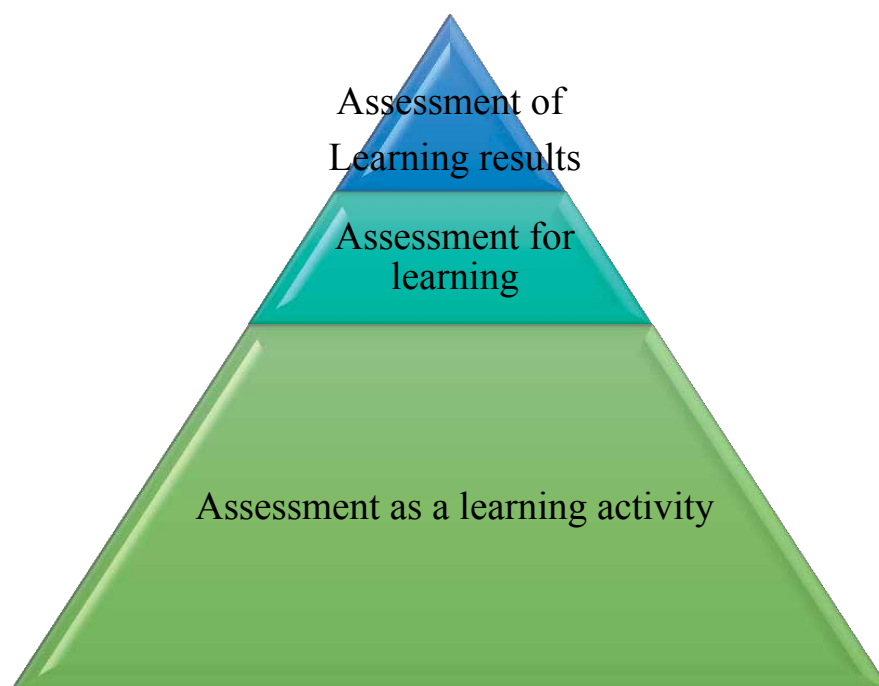
The assessment of any educational program is a continuous evaluation process to improve the quality of curriculum (Gard, Flannigan & Cluskey, 2004).

In conclusion, assessment is a long-term process of collecting information and can be carried out at the same time with evaluation to provide feedbacks for both trainer and trainee. Assessment is a broader definition than evaluation.

2. PURPOSE AND TIMING OF ASSESSMENT - EVALUATION

2.1 Purpose of assessment - evaluation

Purpose of trainee assessment is to improve the learning work of trainees and the teaching work of trainers. Assessment is conducted to evaluate all stages of a training process including: training objectives, training programs, training curricula, training materials, teaching conditions, teaching methods, methods of assessing and evaluating trainees and trainers; training organization and management, compatibility toward social demands of training products and schools. Assessment purpose is for learning, learning results or as a learning outcome.



Purpose of training program evaluation is to consider the achievement of objectives. Evaluation aims to measure the knowledge, practice and attitude of trainees being evaluated to help them aware of their capability level as well as help trainers aware of trainees' competency. Then, both trainers and trainees will work together to find out solutions for trainees to obtain targeted objectives.

2.2 Timing of assessment - evaluation

Assessment in the clinical training program for new nurses will be conducted at the following times: at the start of the training course, after 3 months, after 6 months and before the end of training (9 months).

Assessment at the start of the training course is to test the knowledge; experience of trainees to see what scopes of content they can do.

Assessment after 3 months and 6 months is to test trainees' level of study at that time and arrange training content to reach the target when completing the training course.

Early assessment at the start of the training course should be conducted carefully to grasp the adaptability of new nurses to working environment as well as provide mental support for them.

It is required to evaluate trainees at the end of training to confirm the completion of training course.

Characteristics of Assessment process:

Assessment classification	Diagnostic Assessment	Fomative Assessment	Summative Assessment
Timing	Before starting training course Before lesson	During the training course	End of training
Purpose	To evaluate competency	To improve learning	Objective achievement situation
Remarks	What can trainees do?	What are difficulties?	What have they studied?

3. METHOD OF ASSESSMENT - EVALUATION

There are many methods of assessing and evaluating trainees. However, depending on the purpose, conditions and competencies of trainers and trainees, the proper method of assessment – evaluation will be selected.

3.1 True-False question

- How to make a true-false question: the question is a clause or a complete and brief sentence. The answer is only a brief “true” or “false and can not be both “true” and “false”. It is also not allowed to select either “true” or “false” for this kind of question.

For example: Select the right answer to the question below:

Assessment and Evaluation are the same (T/F)

- Advantages:
 - + Quick questioning
 - + Write many questions in the same content
 - + Evaluate all contents of the curriculum/the program.
 - + Easy for self-evaluation
 - + Encourage self-evaluation
 - + Appropriate for low-level evaluation
 - + Facilitate the structure of the evaluation with other types of question.
 - + Appropriate for quick evaluation in a short time.
- Disadvantages.
 - + Difficult to reach expected level of complexity and to classify trainees based on competency
 - + Require various questions so it is not easy to write difficult questions and very difficult questions.

- Remarks:
 - + Answers must be very clear confirming true or false.
 - + Require to have a scientific scoring structure and process to avoid trainees getting poibly randomly selecting answer.
 - + Require to write and arrange questions to avoid questions answering each other.

3.2 Multi-choice questions

- How to write a multi-choice question:
 - + The question is possibly a complete sentence, a clause, a case study or a exercise, etc.
Answer: each question has at least 4 answers. It is ideal to have 5 answers per question and should not have only 3 answers.
 - + Answer: There is the most correct answer but other answers should be reasonable enough to require trainees thinking before answering. Answers are coded with A, B, C, E at the beginning of each answer.

Example: Circle the most correct answer:

1. Teaching – learning is:
 - A. A basic educational tool
 - B. Trainers impart knowledge to trainees
 - C. An objective of education
 - D. Vocational training
 - E. Human Education

- + Multi-choice question can be used in the examination but this type of question is too easy for trainees to answer so it should be used for assessment at the end of curriculum or at low-level training and should not be used for examination because it may cause scoring mistakes.

Example: Circle the correct answer

1. Which of the following types of helminths can parasitize in blood and organs?
 - A. Ascaris
 - B. Pinworm
 - C. Taenia solium
 - D. Trichinella spiralis
 - E. Schistosomiasis

- + It is possible to make a multi-choice question with negative elements. This type of multi-choice question requires to highlight negative elements to avoid making trainees confused. When using negative words like “**Not**” or “**Except**”, it is necessary to highlight these words hence trainees will not be confused. This type of question is suitable for assessment at the end of curriculum not for the examination of regular assessment to prevent confusing trainees.

Example: Circle the most suitable answer:

1. It is possible to inject Morphin in the following cases **except for**:
 - A. Thighbone fracture due to injury
 - B. Shortness of breath due to bronchial asthma
 - C. Coughing up blood due to tuberculosis
 - D. Shortness of breath due to paroxysmal cardiac asthma
 - E. Chest pain due to pneumothorax
- + Among the answers, it is possible to write one answer which is a combination of all other answers.

Example: Circle the most correct answer

1. Nursing process includes following steps:
 - A. Assessment
 - B. Nursing diagnosis
 - C. Nursing planning
 - D. Nursing plan execution and evaluation
 - E. All above answers
- Advantages
 - + It is suitable for assessment of knowledge because trainees are required to consider carefully and have knowledge to be able to select right answer.
 - + This type of question allows to assess different training contents because it can have various questions in the same scope of knowledge.
 - + It takes less time to score examination.
 - Disadvantages
 - + It is difficult to prepare questionnaires because it requires to have answers of similar meaning for trainees to consider before answering.
 - + It takes a lot of time.
 - Remarks:
 - + Use unnecessary adjectives and adverbs or repeat these words in the answers.
 - + It is too easy to recognize the right answer.
 - + Nouns/technical terms in questions and answers are not consistent.
 - + Questions and answers have negative elements
 - + Should have both short and long questions
 - + Should not use phrase “All above answers” or “None of the above answers” or uncommon words or do not have measurable units... in questions or answers.
 - + Should not prepare questions with conflict meanings that makes trainees focus only on the answers.

3.3 Gap-filling questions

- How to form gap-filling questions:

- + Based on an available complete sentence, make a gap-filling question by selecting 1-2 words/phrases if the sentence is short or 2-3 words/phrases if the sentence is long then remove selected words/phrases and sign the gap with letters A, B, C, D,...ask trainees to fill in the gaps using provided answers which were signed A, B, C, D respectively.

Example: Fill in the gap below using appropriate words/phrases to make a complete sentence:

1.1. Due toA..... in the pleural cavity that the lung parenchyma can be elastic to.....B.....

Example: Use appropriate words/phrases provided below to fill in the gap and complete the sentence:

1.1. Due to in the pleural cavity that the lung parenchyma can be elastic to thorax

- A. Pleural fluid
- B. Negative pleural pressure
- C. Pleural pressure difference
- D. The rubbing of two pleura

- + Based on an available content, remove certain words/phrases and ask trainees to fill in gaps, each question should have from 3-5 gaps and 1 out of these gaps can be pre-filled to encourage trainees answering the question.

Example: Write down right words/phrases for following sentence:

1. Describe steps of nursing process

- A.
- B.
- C.
- D.
- E. Evaluation

- Advantages

- + Easy to write questions especially gap-filling questions or those questions based on provided words/phrases
- + Interesting for trainees with various questions.
- + Useful for knowledge assessment.

- Disadvantages

- + The answers with many synonym words/phrases likely cause difficulties in scoring or wrong scoring, etc.
- + The answers are short and quick so mainly for assessing memorization ability.
- + It takes more time to score than other types of multi-choice question.

3.4 Case study analysis

Structure: question is a case study but it is important to carefully provide correct, suitable and understandable information for trainees to answer the questions. Questions related to case study can be true/false questions, multi-choice questions, fill-in questions, etc. Case study analysis improves the ability of thinking, decision-making, problem solving, etc and is suitable for intensive training and high-level competency.

Example: At 7h30 in the morning of 20 July 2013, Nurse A at local district health center performed doctor's order to inject hepatitis B vaccine for 3 newborns. Due to a power outage, Nurse A turned on his cell phone flashlight and opened the fridge and wrongly took 3 bottles of Esmeron – a drug for muscle relaxant and injected for 3 babies. Previously, the chief nurse of clinical department had agreed for an anesthesiologist from operating department to store remaining bottles of Esmeron from an operation in the fridge of hepatitis B vaccine.

Write down appropriate words/phrases for following sentences:

1. List down 5 errors in drug management and usage in this case study.
A.
B.
C. There was no drug handover between drug managing staff and Nurse A
D.
E.

Select (True) or (False) for the following sentence:

2. Nurse A in this case study insufficiently followed regulations on using vaccine fridge (True/False).

3.5 Matching questions

Structure: Provide several elements which are signed with letters A, B, C, D,... these words can be used once, several times or are not used. Match situation/question with one proper element which is signed with letter.

Example: Answer the questions by selecting one suitable element signed with letter.

Element	Situation
A. Pulmonary collapse	1. Which rib cage is narrowed?
B. Excessive pleurisy	2. Which rib cage is widen?
	3. Mediastinum pulled on painful side
	4. Mediastinum pulled on healthy side
	5. The sounds in alveoli reduce

3.6 Checklist

Checklist is widely applied in training evaluation especially in clinical training evaluation. Process of preparing a checklist as follows:

1. Select an appropriate technique to be evaluated by checklist
 2. List down steps in the technical process. The work of listing down technical steps should not be either too general or too detailed. If there are many sub-steps in each step, it is suggested preparing a separate checklist for each step in the technical process.
 3. Arrange steps in a proper sequence
 4. Insert 3 columns for a checklist including: Numbering, Technical step, scoring scale
 5. Scoring scale: (1) can be divided into: right & complete; incomplete, wrong or undo (2): pass, fail, (3) excellent, good, and bad. It is possible to use numbering for the evaluation result, for example: (0) do not do /wrong; (1) Incomplete; (2) Complete and correct...
- Remarks: It is important to fix scoring scale/level of evaluation beforehand and highlight it by putting number or prerequisites in front of important steps.
 - Advantages:
 - + Easy to reach consensus among trainers.
 - + Fairly assess skills of trainees
 - + Convenient for observation
 - + Trainee can self-evaluate
 - Disadvantages:
 - + Impossible to assess details
 - + Low trainee classification rate
 - + Unsuitable for evaluating complicated skills or combination of skills in a specific situation.

3.7 Clinical/patient case study

- Assessment via case study is applied to evaluate thinking skill, decision-making skill and problem-solving skill. Cases used to evaluate trainees are real clinical situations or simulated as real.
- Steps of a case study preparation:
 1. Case preparation: The situation is written specifically and clearly without unnecessary information to confuse trainees. The content of a case study should be consistent with curriculum and suitable with trainee competency.
 2. Develop questions for a case study: questions of a case study should be specific or in the form of gap-filling, true/false, multi-choice questions or requiring trainees to perform a certain skill. If the case study has many stages, it requires to have assessment questions at the end of each stage. However, the content of each stage should not be conflict or suggest answers for the following stages. Assessment questions need to be in a reasonable order as required steps in solving a real problem.

- Advantages:
 - + Assess both knowledge and practice
 - + Possibly used for self-assessment
 - + Develop skills
- Disadvantages:
 - + Take a lot of time to prepare
 - + High demanding for trainers.

3.8 Method of OSPE/OSCE

Evaluation can be done by rotating trainees through all stations to test their knowledge and clinical competency. At all such stations, there are questions or requirements on clinical competency, trainees have 3-5 minutes to finish each station. Each examination consists of 5-10 stations depending on time. These stations are practice stations or alternate between practice and theory stations.

When using OSPE/OSCE, it is required to prepare checklist for each station, answers and scoring form. For theory stations, trainers will provide examination form for trainees. For practice stations, depending on requirements, there is a need of equipment/instruments preparation as well as enough space/room for nurses to perform tasks.

Before commencing OSPE/OSCE, trainers at stations should reach consensus on scoring method in the scoring form as well as criteria of failure or pass. Trainees should be specifically instructed on station rotation as well as have time to observe stations before starting. Trainees require to rotate in a certain direction.

Station rotation should be logic and reasonable to avoid changes during the process. In order to ensure the objectiveness of evaluation, the completion of previous station should not be arranged as precondition for the completion of following station. Station rotation should be a round rotation (all stations have enough trainees) or unround rotation (not enough trainees at 1 or several stations).

Advantages: A large number of contents can be assessed variously, fairly and trustworthily suitable for comprehensive evaluation on clinical competency.

Disadvantages: This method requires careful organization, large place and different equipment.

This method is suitable for assessment at the end of curriculum, training program or training stage.

3.9. Recording practical diary and result report

When the trainee undergoes clinical practice, the trainer instructs trainee to record what they observe, what they can perform according to a given form and at each stage of the course, the trainer will refer to notes of the trainee to guide and support the trainee with points that the trainee has not been able to perform or still need improvements.

The practice diary helps to evaluate skills in writing, observing, implementing techniques, communication, problem detection, proposing solutions, solving problem, creativity and thorough thinking. This assessment method is mainly applied in competency-based teaching.

However, this is a difficult method that needs close coordination between the trainer and the trainee so that the necessary content could be recorded by the trainee and the right and timely remarks could be given to the trainee.

4. ASSESSMENT AND EVALUATION IN PROCESS OF CLINICAL PRACTICE TRAINING FOR NEW NURSE

4.1. Knowledge assessment questions

In the clinical practice training program for new nurse, the trainer will have to develop questions to form a test that evaluates the trainee's knowledge before the end of the course.

When setting up evaluation test, trainer can use true and false questions; multiple choice questions; gap-filling questions; case studies or matching questions to develop set of questions.

4.2. Checklist

The checklist is used to evaluate the new nurse's performance of skills in caring for patients. The skills that new nurses need to perform and need to be evaluated are given in the list of new clinical practice skills of new nurses (clinical practice training program for new nurses).

Checklists will be used throughout the clinical practice training for new nurses from the beginning of the course until the end of the course.

The checklist can be used for self-evaluation by trainee and used for trainer to evaluate trainee. The evaluation result will help nurse and trainer identify areas that the nurse needs further training on.

The grading scale in the test is determined as follows: (0) Can not do; (1) Can do with support (2) Can do independently.

New nurses are evaluated as having passed when all basic skills can be performed independently, specialized skills or difficult ones can be performed with guidance.

4.3. Case study / clinical case

Case studies are used in the process of new nurses' practice in clinical departments in hospitals. The trainer will assign the trainee to take care of specific patient, the new nurse will refer to the exploitation of the patient's information to make a care plan for the patient.

The trainer marks the care plan and gives comments to the trainees.

Trainers provide trainees with specific situations, new nurses based on the information provided to give health education advice for patients (*according to the form in clinical training materials for new nurse*). The number of health education consultations is identified in the clinical practice training program for new nurses

4.4 Recording practice diary and result report

The practice diary and result report are used for evaluation at times after 3 months, after 6 months and before the end of 9-month clinical practice.

Trainees and trainers jointly write down reviews and evaluation of the completion of trainees in the clinical practice handbook for new nurses (*clinical training materials for new nurses*).

PRACTICE

USING TECHNICAL CHECK-LIST IN ASSESSMENT

OBJECTIVE

To be able to use the checklist in assessing the new nurse's several practical skills

CONTENT

1. USING CHECKLIST IN ASSESSMENT

1.1 Preparation

1. Choose intravenous injection techniques for developing assessment checklist on new nurse
2. List operations in the intravenous procedure
3. Arrange steps in a proper order
4. Formulate a checklist with a number of 3 columns: ordinal number, operation, grading scale
5. Grading scale: "achieved" or "not achieved".

INTRAVENOUS INJECTION CHECKLIST

No.	Operations	Grading Scale		
		achieved	not achieved	remarks
1	Nurse makes routine handwash / makes quick hand sanitizer.			
2	Implement the 5-right			
3	Identify patient. Explain procedure to the patient.			
4	Check the antiseptic medicine, use sterile gauze to break the inhaler. Tear off the syringe cover and replace the needle to take the medicine.			
5	Draw the medicine into the syringe. Replace the needle to expel the air into the sterile syringe bag.			
6	Reveal the injection site to identify the injection site. Place the hand pillow under the injection area (if necessary), place the tourniquet / rubber band above the injection site about 10 cm-15 cm.			

7	Wear clean gloves (when there is a risk of blood exposure and when hand skin of the person doing the procedure is damaged). Tie the tourniquet / rubber band above the injection site 10 cm-15 cm.			
8	Clean antiseptic area with a diameter of over 10 cm at least 2 times. Hold the syringe to check the gas			
9*	Stretch the skin, insert the needle at an angle of 30° against the skin and push the needle into the vein. Test if there is blood in the syringe.			
10	Remove the rubber band, slowly inject drugs intravenously and monitor patient as well as observe if whether the injection site have inflated			
11	When all the fluid has been released, quickly withdraw the needle, pull the skin at the injection site. Insert the syringe into the safety box.			
12	Press cotton wool onto the injection site in order to prevent bleeding			
13	Remove gloves and dispose of it into contaminated waste container.			
14	Evaluate status of the patient. Help the patient to return to a comfortable posture, remind the patient the important points.			
15	Clean up tools, make routine handwash. Make a written record.			

** is a prerequisite step, if this step is not correctly conducted then the injection is considered unsuccessful.*

Total score of check-list: 30 points

(1) Develop indicators for evaluating trainees:

Level	Condition
Passed	Step 9 achieves 2 points and total score ≥ 15 points
Not passed	Step 9 achieves ≤ 1 point or total score < 15 points

(2) Print checklist and indicators for assessing trainees with appropriate quantities.

(3) Prepare sufficiently tools and models for the technical assessment.

1.2. Implementation

- Trainer agrees with trainees on assessment options and evaluation indicators.
- Trainer asks a trainee to carry out intravenous injection technique.
- Before conducting the technique, trainee will self-assess on the checklist of her technical performance.
- Trainee conducts the intravenous technique, trainer observes and assess on the checklist.
- Trainer provides his evaluation result and compares with result of trainee's initial self-assessment result then give comments on the performance of trainee.
- Trainee and trainer discuss with each other about trainee's strong points and weak points. The trainer stimulates trainee by praising the students' strong points together with encouraging trainee to raise solutions for improving those weaknesses of trainee.

1.3. Finishing

- Trainer and trainee discuss together about obstacles that may be encountered in the process of assessing trainee.
- Trainer summarizes and lists important, noteworthy when using checklist to assess trainee.

2. USING COMPETENCY-BASED EVALUATION CHECKLIST

2.1 Preparation

1. Select competency-based evaluation checklist in Material of clinical training for new nurses (Textbook)
2. List out competencies which need to be assessed in the checklist
3. Make appropriate orders
4. Design a checklist with; competency, number of indicators, indicators, explanation, level of achievement and column for periodical assessment
5. Divide column of achievement level into: (0) cannot do; (1) can do with support/ need to improve and (2) can do independently
6. Print out the checklist and indicator of assessment
7. Prepare necessary tools and models for assessment (if needed)

2.2 Implementation

- Trainer and trainee discuss and finalize the assessment method and criteria of assessment.
- Trainer asks one trainee to perform the content of checklist.
- Trainees have to make self-assessment of their performance into the checklist.
- Trainer provides his/her assessment result and make comparison with self-assessment by the trainees, make comments on the trainees' performance.
- Trainer and trainees discuss on strong points and weak points of the trainee. Trainer encourage trainees through praising their strong points and encourage them to propose solutions to overcome their weak points.

2.3 Finishing

- Trainer and trainee discuss together about obstacles that may be encountered in the process of assessing trainee.
- Trainer summarizes and lists important, noteworthy when using checklist to assess trainee.

PRACTICE

USING COMPETENCIES IN EVALUATING TRAINEE

OBJECTIVE

1. To identify which competency affects to nursing care provided by new nurse through observation
2. To assess achievement level of indicator of competency-based check list through observation of duty
3. To provide appropriate feed-back based on the assessment

CONTENT

1. PREPARATION

Paper at A0 size, pen in colors

Competency standards of Vietnamese nurses

competency-based checklist for the new nurse after 9-month clinical training (Appendix).

2. IMPLEMENTATION

2.1 Introduce competency-based checklist according to competency standards of Vietnamese nurses

1. The trainer instructs the trainee to read the content of competency standards of Vietnamese nurses. Discuss the basics of competency standards.
2. Trainer introduces competency-based checklist according to Competency standards of Vietnamese nurses:

(1) The checklist consists of 11 columns, in which:

- Column 1: Competency modules
- Column 2: Number and competency standards
- Column 3: Number and competency indicators
- Column 4: Remark on competency achievement level in detail:
 - 15 indicators with (*): are not introduced under the training curriculum for new nurses. (However, these indicators are stipulated by the MOH, it is used for general evaluation but not used for evaluating the trainee's studying results)
 - 35 indicators: need to achieve 1 score (can do with support/ need to improve)
 - 60 indicators: need to achieve 2 scores (can do independently)
 - No indicator at 0 level (cannot do)

(2) From column 5 to 11: assessment after 3 months, 6 months and 9 months of starting the training course.

2.2 Assessing the competencies and achievement level

1. The trainer provides scenario and guide the trainee to play role.

SCENARIO

Characters:

Patient: Mr. Nguyen Van Thanh (*on the seventh day after appendicitis surgery, one day before discharge, ulcer pressure stage 1*)

Family of patient (*Wife*): Ms. Tran Thi Lan

Nurse in charge of care (*new nurse*): Le Thi Mai (*5 months after starting study clinical practice*)

Trainer (*5-year experience*): Nguyen Hoai Thu

Background 1: At the patient's room

Nurse Mai Hello, sir.

Mr. Thanh Hello, did the night-shift nurse just handed over the shift to you?

Nurse Mai Yes, I work the day shift, sir. Do you still have pain?

Mr. Thanh I am much better, thanks to drugs.

Nurse Mai Well, sir, that's good.

Will you discharge tomorrow, sir?

Mr. Thanh Thank you, I feel comfortable, I am very happy.

Nurse Mai Today you need to have blood test and X-ray, sir. You have had blood test already hence x-ray is required now.

And today you can have a bath. Do you want?

Mr. Thanh What should I do. The nurse last night just replaced ulcer bandage at my buttock, if so can I take a bath?

Wife: What? Bath?

Nurse Mai That's normal, everyone is worried like you but the bandage can be removed. If you don't shower you'll get into even more trouble as the incision may get infected.

Mr. Thanh That's terrible.

Wife: If so taking a bath may be better.

Nurse Mai Well, please kindly call a nurse whenever you want to take a bath, sir. I would like to check your wound once again to see whether it is OK to have a bath or not.

(*Survival signs, examining the incision*) It's okay, sir.

Mr. Thanh Thank you. If so I just need to call a nurse when I want to have a bath, right?

Nurse Mai Yes sir, goodbye for now.

Wife: What an ill-mannered nurse! You see, nurses nowadays are just the same! Looks like she's a new nurse - couldn't even see her name badge. Did she even look carefully enough at the incision? I guess not! You no need to take a bath. Tomorrow you are going home hence you can leisurely have a bath then.

Mr. Thanh That's OK. Indeed it is not fine to have a bath under current situation. I could enjoy a leisure day today. Well, the nurse yesterday was very good. Just want to leave the hospital soon.

Background: Ms. Thu heard comments of Mr. Thanh's wife, Ms. Thu has a talk with Nurse Mai the next day.

Trainer Thu: Hey, you see that patient Thanh's wife is very concerned about how to treat the ulcer after being discharged due to your explanation. How did you explain his condition?

Nurse Mai: They asked me if he could take a bath, I answered that there's no problem, he could shower.

Trainer Thu: How did they react?

Nurse Mai: How is it? I didn't notice but I already checked Mr. Thanh's buttock. The red part has almost disappeared so he could leave it until it peels off naturally. I also checked the vital signs. No problem and I think he can take a bath.

2. Trainees conduct small group discussions (about 3-5 persons/group). Discussion time is about 15 to 20 minutes. Representatives of the groups present the results.

- (1) Identify the good point and weak point of New nurse.
- (2) Which competency is affecting her good points and weak points. Please list up the number of competency (from No.1-25 of check list). Affecting competency is not limited in one competency
- (3) Explain the reason why you identify these competencies are affecting their performance

3. Trainer discuss together with trainees and conclude which standards among the basic competency standards that can be assessed in this scenario.

- (1) Trainees discuss about level of achievement of indicators consisted of competency no.1, 4, 6, 11, 10, 14 affecting nursing care provided nurse Mai of role play
- (2) Trainees discuss with his/her partner how to give the feed-back to new nurse Mai. Trainer selects 2-3 pairs to develop role play and discuss with all participant about the role play.

Notes:

1. Do not assess competency level of a new nurse based only on one operation, it is required to base on the whole process.
2. It is recommended to use different methods including observation and interviews to evaluate trainees' competency.
3. A standard with different indicators, the trainee only meets the standard level when meeting all the indicators at that level.

2.3 Summary of assessment result at the end of the course

The form is used for the end of study sessions or training courses.

The content of the form is based on the competency standards of Vietnamese nurses and scores that the trainee achieves at the time of evaluation on standards. The next part in this evaluation form is the new nurse's feedback and plan for the future. Assessment confirmation by the trainer about the new nurse's study.

The last part of the form is confirmation signature on the evaluation of the trainee, the trainer and the nurse in charge of training management.

3. FINISHING

- Trainer and trainee discuss together about obstacles that may be encountered in the process of evaluating trainee.
- Trainer summarizes and lists important, noteworthy points when using Evaluation Form on trainee.

REFERENCES

1. Truong Viet Dung and Phi Van Tham, 2010. Medical training method, Ministry of Health.
2. Competency standards of Vietnamese nurses as per the Decision No. 1352 / QD-BYT dated April 21, 2012.

ANNEX 2

CHECKLIST OF COMPETENCY BASED EVALUATION FOR VIETNAMESE NURSES

(Using for trainee's evaluation during clinical training for new nurses)

Remark: NN: New nurse
Pre: Preceptor

EVALUATION INSTRUCTION		Achievement level after 9 months		Baseline assessment	First 3 months assessment (1 st time)	Middle 3 months evaluation (2 nd time)	Final evaluation			
<ul style="list-style-type: none">- Annex 2 used for trainee and preceptor- Column 4: Category into 3 expected competency level based on the competency standard (level *, level 1 and level 2).- 110 indicators are categorized achievement levels of trainees as follows:<ul style="list-style-type: none">o 15 indicators (*) are not covered by the clinical training for new nurse program.o 35 indicators require level 1o 60 indicators require level 2o There is no indicator of level 0 (cannot do)- Columns from (5) to (11), trainee shall self-assess and preceptor shall assess trainees by 3 levels (0; 1; 2) at the timings (baseline, end of 3th months, end of 6th months and end of 9th months) by each competency indicator.- 15 indicators marked (*) are the indicators which are not covered by the clinical training for new nurse program, they are still evaluated but not taken into account to assess trainee's learning results.- Each competency indicator is categorized into 3 performance levels:<ul style="list-style-type: none">+ 0: Cannot do+ 1: Can do with support/need to be improved+ 2: Can do independently		(4)	(3)	NN	NN	NN	Pre			
				NN	NN	NN	Pre			
				(6)	(7)	(8)	(9)			
				(5)	(6)	(7)	(8)			
Domain	Competency standard	Competency indicator		(5)	(6)	(7)	(8)	(9)	(10)	(11)
		No.	Competency indicator (order is in line with standard)							
1. PATIENT CARE COMPETENCIES	1 DEMONSTRATES KNOWLEDGE BASE ON THE HEALTH/ ILLNESS STATUS OF INDIVIDUAL / GROUPS / COMMUNITIES.	1	Indicator 1: Identify the health need of the individuals, families, population groups and/or communities (hereafter refers to patients/clients)	1						
		2	Indicator 2: Explain the health status of the clients/groups.	1						

2	PROVIDE SOUND DECISIONS OF CARE APPROPRIATELY TO PATIENTS'/CLIENTS NEEDS	3	<i>Indicator 1:</i> Collect and analyze information about health issues, disease to determine health problem and illness of individuals, families and communities	1							
		4	<i>Indicator 2:</i> Make decisions of care for patients, families and communities safely and effectively.	1							
		5	<i>Indicator 3:</i> Perform nursing interventions to support individuals, families and communities to respond to the problem health/disease in accordance with cultural beliefs of the patient, patient family.	2							
		6	<i>Indicator 4:</i> Monitor the evolution of nursing interventions performed	1							
3	SET UP PRIORITIES IN NURSING CARE BASED ON PATIENTS'/CLIENTS NEEDS OF HEALTH CARE	7	<i>Indicator 1:</i> Analyze and identify priority patients'/clients' needs of care	1							
		8	<i>Indicator 2:</i> Carry out appropriate nursing care to respond to priority needs/problems.	2							
4	UTILIZE THE NURSING PROCESS AS FRAMEWORK FOR MAKING NURSING PLAN AND INTERVENTIONS.	9	<i>Indicator 1:</i> Perform comprehensive and systematic nursing assessment	2							
		10	<i>Indicator 2:</i> Collect and record patients'/clients' information appropriately	2							
		11	<i>Indicator 3:</i> Analyze and explain the information exactly.	2							
		12	<i>Indicator 4:</i> Formulate a health needs based care plan on the basis of collaboration and agreement with patients'/clients, their family and team other members on the priority issues and clients' expectations	2							
		13	<i>Indicator 5:</i> Explain nursing interventions for patients, families and implement planned nursing care in a manner that ensures safety, comfort and efficiency for patients	2							

		14	Indicator 6: Instruct patient/family to perform appropriate self-care	2										
		15	Indicator 7: Evaluate and adjust care plan based on the patient's health condition and expected outcomes	1										
		16	Indicator 8: Perform necessary support for discharged patients	2										
5	PROMOTE SAFETY, COMFORT AND PRIVACY OF PATIENTS / CLIENTS	17	Indicator 9: Provide health education on disease prevention to patients	2										
		18	Indicator 1: Deploy safety measures in all aspects of patients/clients care	2										
		19	Indicator 2: Create a convenient environment for patients	2										
6	PERFORM PROPER CARE TECHNIQUES FOLLOWING NURSING CARE PROCESS	20	Indicator 3: Ensure privacy while providing care to patients	2										
		21	Indicator 1: Comply with steps of nursing process in the professional scopes	2										
		22	Indicator 2: Implement nursing techniques skillfully	1										
7	ADMINISTER MEDICATION SAFELY AND EFFECTIVELY	23	Indicator 3: Follow the rules of infection control	2										
		24	Indicator 1: Take a complete patient's drug history	2										
		25	Indicator 2: Comply with rules while administering medication to patients	2										
		26	Indicator 3: Explain and instruct patient about the drugs that is given to her/him	2										
		27	Indicator 4: Detect and perform necessary intervention if the patient had any drug reactions and report promptly to doctor and nurse in charge	1										

11	COMMUNICATE WITH THE PATIENTS/ CLIENTS AND FAMILIES EFFECTIVELY	41	<i>Indicator 1:</i> Identify patients/client’s feelings and psychological needs through his/her body language and facial expressions	1							
		42	<i>Indicator 2:</i> Communicate effectively with individuals, families and communities that have limitations in communication due to disease or psychological problems	2							
		43	<i>Indicator 3:</i> Express words, gestures that motivate, encourage and comfort patients/clients.	2							
		44	<i>Indicator 4:</i> Demonstrate understanding of culture, belief of patients/clients, families and community when communicate with them.	1							
12	UTILIZE COMMUNICATING CHANNELS AND AUDIO-VISUAL MEANS EFFECTIVELY TO FACILITATE CONTACT AND COMMUNICATE WITH PATIENTS/CLIENTS, FAMILIES AND COMMUNITIES	45	<i>Indicator 1:</i> Utilize audio-visual facilities available to support communication with patients/clients, families and communities	1							
		46	<i>Indicator 2:</i> Utilize effectively and appropriately communication methods with patients/clients, families and communities	1							
13	PROVIDE APPROPRIATE INFORMATION REGARDING HEALTH STATUS TO PATIENTS/CLIENTS	47	<i>Indicator 1:</i> Define appropriate information needed to inform to patient/family	2							
		48	<i>Indicator 2:</i> Make psychological preparation for patients/clients and families before inform them the “bad” news.	1							

	14	DETERMINE NEEDS AND PERFORM HEALTH EDUCATION FOR INDIVIDUALS, FAMILIES AND COMMUNITIES.	49	<i>Indicator 1:</i> Collect and analyze information on the needs of health education of individuals, families and communities.	2											
			50	<i>Indicator 2:</i> Identify needs and content of information needed to provide to patients, families and communities.	2											
			51	<i>Indicator 3:</i> Develop health education plan fitting with socio-cultural features, beliefs of patients, families and communities.	2											
			52	<i>Indicator 4:</i> Develop health education materials fitting with patients, families and communities.	*											
			53	<i>Indicator 5:</i> Perform health education for individuals, families and groups appropriately and effectively.	2											
			54	<i>Indicator 6:</i> Perform evaluation effects of health education and adjust it necessarily.	1											
	15	ESTABLISH COLLABORATIVE RELATIONSHIP WITH COLLEAGUES AND OTHER TEAM MEMBERS	55	<i>Indicator 1:</i> Maintain good relationship with other team members, consider patient as a team member	2											
			56	<i>Indicator 2:</i> Collaborate well with team member in order to make appropriate decisions for quality improvement												
			57	<i>Indicator 3:</i> Recommend appropriate intervention to improve client care.	2											
			58	<i>Indicator 4:</i> Respect the role and views/opinions of other team members	2											
			59	<i>Indicator 5:</i> Share information with other team members	2											
			60	<i>Indicator 6:</i> Act as representative and advocacy role to protect	1											

2. PROFESSIONAL MANGEMENT AND DEVELOPMENT COMPETENCIES	16	MANAGEMENT, RECORDING AND USE OF MEDICAL RECORDS ACCORDING TO REGULATIONS	61	Indicator 1: Apply principles of management and storage of medical records regulated by the law and by MOH	2															
			62	Indicator 2: Keep information written in medical records confidentially	2															
			63	Indicator 3: Record information in medical record accuracy and timely	2															
			64	Indicator 4: Use collected data about patient's health status as the basis to develop policy and to facilitate care activities provided to patients	*															
	17	MANAGEMENT OF PATIENTS/CLIENTS CARE	65	Indicator 1: Manage individual tasks and time scientifically and effectively	2															
			66	Indicator 2: Identify tasks or activities need be done based on degree of priority	2															
			67	Indicator 3: Organize, coordinate, delegate tasks for team member scientifically and effectively	*															
			68	Indicator 4: Demonstrate understanding of the relationship between management and utilization of resources effectively to ensure quality and safe care for patients/clients.	1															
	18	ESTABLISHES MECHANISM TO ENSURE PROPER FUNCTIONING OF EQUIPMENT	69	Indicator 5: Use informatics technology for management, for care of patients and for updated information.	1															
			70	Indicator 1: Establish mechanism to manage and operate equipment for patients/clients care and treatment	*															
			71	Indicator 2: Plan for preventive maintenance program	1															
			72	Indicator 3: Operate equipment, facilities used for nursing care to ensure safety, effectiveness and prevent health care associated infections	2															

19	UTILIZE FINANCIAL RESOURCES TO SUPPORT PATIENTS/CLIENTS CARE	73	<i>Indicator 1:</i> Identify the cost-effectiveness in the utilization of resources	*							
		74	<i>Indicator 2:</i> Develop budget proposal and deploy the plan to use resources for patient's care needs effectively.	*							
20	MAINTAINS THE SAFE ENVIRONMENT	75	<i>Indicator 1:</i> Comply with standards and safety codes prescribed by laws	2							
		76	<i>Indicator 2:</i> Adhere to policies, procedures and protocols on prevention and control of infection.	2							
		77	<i>Indicator 3:</i> Comply to rules and regulations regarding care environment (water, air and noise)	*							
		78	<i>Indicator 4:</i> Comply with regulations regarding management and treatment of wastes.	2							
		79	<i>Indicator 5:</i> Define steps to follow in case of fire, earthquake and other emergency situations.	*							
		80	<i>Indicator 6:</i> Demonstrate understanding on areas related to occupational health and legal documents on safe working environment	1							
21	IMPROVE THE QUALITY OF CARE AND RISK MANAGEMENT IN CARE ENVIRONMENT.	81	<i>Indicator 1:</i> Be aware of the necessity of quality assurance activities, quality improvement through feedback and evaluation of regular practice	1							
		82	<i>Indicator 2:</i> Detect and reports environmental risks in patient care and make appropriate corrective action	1							
		83	<i>Indicator 3:</i> Solicits feedback from patients/clients and significant others regarding care rendered	1							
		84	<i>Indicator 4:</i> Apply proper methods to improve quality of care	1							

ANNEX2 : PERIODICAL ASSESSMENT FORM

EVALUATION OF LEARNING RESULT AFTER 03 MONTHS

(following to competency-based checklist of Competency Standards for Vietnam Nurses)

Evaluation time: Date..... Month Year.....

Learning result, comment and confirm signature	
Preceptor discusses and agrees with new nurse	<p>List of indicators which achieve level 2 over total 60 acquired indicators in level 2: = ?/60</p> <p>List of indicators which achieve level 1 over total 35 acquired indicators in level 1: = ?/35</p> <p>List of indicators reach level 0:= ?</p>
Trainee's self-assessment	<p>Comment of trainee: <i>(trainee writes down clearly about reach or unreachable result, and action for next step)</i></p> <p>Signature:</p>
Preceptor assessment and gives comment	<p>Comment of preceptor: <i>(preceptor writes down clearly about reach or unreachable result. and recommendation for next step)</i></p> <p>Signature:</p>

Note:

Indicators with (*) will not count on this evaluation result.

EVALUATION OF LEARNING RESULT AFTER 06 MONTHS

(following to competency-based checklist of Competency Standards for Vietnam Nurses)

Evaluation time: Date..... Month Year.....

Learning result, comment and confirm signature	
Preceptor discusses and agrees with new nurse	<p>List of indicators which achieve level 2 over total 60 acquired indicators in level 2: = ?/60</p> <p>List of indicators which achieve level 1 over total 35 acquired indicators in level 1: = ?/35</p> <p>List of indicators reach level 0:= ?</p>
Trainee's self-assessment	<p>Comment of trainee: <i>(trainee writes down clearly about reach or unreachable result, action for next step)</i></p> <p>Signature:</p>
Preceptor assessment and gives comment	<p>Comment of preceptor: <i>(preceptor writes down clearly about reach or unreachable result, and recommendation)</i></p> <p>Signature:</p>

Note:

Indicators with (*) will not count on this evaluation result.

EVALUATION OF LEARNING RESULT AFTER 09 MONTHS

(following to competency-based checklist of Competency Standards for Vietnam Nurses)

Evaluation time: Date..... Month Year.....

Learning result, comment and confirm signature	
Preceptor discusses and agrees with new nurse	<p>List of indicators which achieve level 2 over total 60 acquired indicators in level 2: = ?/60</p> <p>List of indicators which achieve level 1 over total 35 acquired indicators in level 1: = ?/35</p> <p>List of indicators reach level 0:= ?</p>
Trainee's self-evaluation	<p>Comment of trainee: <i>(trainee writes down clearly about reach or unreachable result)</i></p> <p><i>Signature:</i></p>
Preceptor's evaluation	<p>Comment of preceptor: <i>(preceptor writes down clearly about reach or unreachable result)</i></p> <p><i>Signature:</i></p>

Note:

Evaluation sheet after 9 months of preceptor will be used as basis for person/department in charge of general training to submit results to the Hospital director in order to issue "Practice Certificate" for new nurse after completed training.

LESSON 6

LESSON PLAN - PLAN DEVELOPMENT, IMPLEMENTATION AND EVALUATION

OBJECTIVES

- Identify procedure of teaching-learning plan for both theory and practice parts.
- Develop lesson plan and perform the lesson in both theory and practice according to clinical training materials for new nurses.
- Evaluate learning-teaching activities

CONTENT

1. TEACHING-LEARNING PLAN

1.1. Definition and importance of teaching-learning plan development

Teaching – learning plan is a writing with detail of logical procedure of teaching and learning activities in order to transfer a content of lesson to certain objects to reach the objectives of the lesson. However, teaching-learning plan is not a conceptual outline for the trainer to impose on trainees. It is a design of training activities and cases which plans to be conducted in the class to reach targets of learning.

The concept of teaching-learning plan is typical of active learning methods, it replaces the concept of syllabus, lesson preparation and lesson plan which were used previously when using traditional teaching methods.

Teaching-learning plan is used to ensure that content of the lesson is clarified clearly and is transferred appropriately with general training program and modules. Teaching and learning activities are in line with existing sources and with competency of the trainee.

Teaching-learning plan helps trainer demonstrate his/her duties actively, avoid possible mistakes which may happen during training period.

It is another important feature that teaching-learning plan allows trainer to design content of evaluation in line with expected outcomes of learning as well as allow to evaluation performance and capacity of the trainer during training period.

1.2 Procedure of lesson plan development

1. Assess the learning needs of trainee including level of competency (knowledge, attitude and skill etc.)
2. Develop objectives of the lesson

3. Develop and decide content of the lesson
4. Identify actual condition and existing resources, select resources
5. Select and decide training methods
6. Develop and decide evaluation method to assess trainees
7. Make plan of training implementation

1.2.1 Developing objectives of the lesson

Objective of the lesson is based on requirement of output standards and general objectives of the training program.

Objectives need mention clearly requirement level of knowledge, skills and attitude which trainees must obtain after each lesson, thus, lesson objectives are not for trainer, but for trainees.

Objectives are often developed by structure of SMART:

- S (*Specific*) Clear, easy to understand
- M (*Measurable*)
- A (*Attainable/Achievable*)
- R (*Relevant*) Reality, relevant, suitable with trainees (*type of trainees, level of education*)
- T (*Time - Bound*) Time limits (*Condition of action: time, condition of performance...*)

Objective of the lesson is to describe in form of completed sentence with the following components:

1. Starting by a verb: Need to use a verb with clear meaning, should not use general verbs such as: understand, know...
2. Content: are duties that need to be fulfilled. Other words are supportive phases to answer the question of “what”.
3. Condition: Theory objective might be not necessary to be attached with condition, but practice objective is required to implement with conditions including: method, mean and object. The more detailed and clear the condition is, the easier the trainee practices and the trainer evaluates. Thus, it is recommended to select representative, typical and feasible conditions.
4. Achievement standard: is the level that must be achieved in term of quantity, quality and schedule. All people involved in training must have same understanding on achievement standard.

When developing objectives, it is necessary to pay attention to levels and fields in order to build appropriate objectives as following details:

Scope	Level	Relating verbs
Knowledge: is understandings that trainees can obtain after each lesson	Remember	Tell, write, list, present, state, draw, illustrate, etc.
	Can explain	Explain, deduce, make sense, present, illustrate, describe, classify...
	Can solve problems theoretical	Apply, summarize, prove, use, implement, analyze, compare, distinguish, identify, propose, build, discuss, evaluate, assess...
Attitude: is behaviour to express the psychological, emotional, and responsibility of trainees	Feel	Show, express...
	Response	Encourage, sympathize...
	Introspect	Build, support, form, confirm...
Skills: are practical operations that trainees can do after learning	Imitate	Follow, perform, measure, examine, interview
	Control	Comply, implement, apply, edit, coordinate application, editing, coordination
	Automate	Professional, skillful, evaluate

Source: Medical – Medication Teaching Method, Trương Việt Dũng và Phí Văn Tâm, 2010, Ministry of Health

Example:

Verb: Implement

Content: Theoretical teaching-learning plan

Condition: in training material of clinical training for new nurses

Achievement standard: correct

Objective: Implement the theoretical teaching-learning plan based on training material of clinical training for new nurses as scheduled.

1.2.2 Developing and deciding lesson content

Identify existing knowledge, skills and attitude of the trainees, make comparison with expected objectives; Define missing knowledge, skills and attitude that trainees need to improve or enhanced through the lesson.

Search lesson-related documents for reference such as: book, newspapers, monographs, studies, articles, essays, thesis... The trainer needs to prepare the lesson in advance, send content of lesson, relating documents, guidance on how to use and find documents to the trainees before each lesson.

Summarize, select necessary and appropriate information to the trainees; arrange the lesson content with logical and scientific order with the criteria from basic to complex, from simple to difficult, from theory to practice.

1.2.3 Identifying actual condition and existing resources, selecting resources

Identifying actual condition and existing resources is to confirm number of available trainer/trainees, training time, existing tools and equipment which can be used for training course. It is very important to confirm human resource (number of trainers and trainees) and timetable of the training in order to make feasible and proper training plan with smooth cooperation among trainers.

Trainer needs to check condition of infrastructure that can be used for training such as: training equipment, training tools, projector, simulators, models, materials... It is recommended to use existing available equipment in the hospital for training and learning.

1.2.4 Selecting and deciding training methods

Based on objectives and content of the lesson, the trainer can select different training methods. In order to promote activeness and creativeness of trainees, the trainer should give clear appointment to the trainees before the lesson and create various activities during the lesson time. It should avoid the situation that only trainer makes presentation and implements training activities without participation of trainees.

For each content of the lesson, the trainer can select different types of training methods to activate trainees. However, the trainer should make plan first and take trial performance in order to avoid unnecessary activities.

In curricula of clinical training for new nurses, preceptor can be requested to make a lecture on theory and practice to the new nurses. There are various types of training methods (refer to Lesson 3). Based on content of clinical training curricula for new nurses, the training methods used for theory part are mainly: presentation, group discussion, case study and role play. While for practice part, the following training methods should be applied: case study, teaching on clinical professional skills and role play. Preceptor needs to consider to develop and decide proper training methods with the training content.

1.2.5 Developing and deciding evaluation method to assess trainees

Based on objectives and content of the lesson, trainer needs to develop evaluation tools to evaluate achievement level and completion level of trainees. There are various types of evaluation (refer to Lesson 4). The evaluation can be done by trainees themselves or by trainer.

In curricula of clinical training for new nurses, objective questionnaire/tests can be used for evaluation of theory part, and checklist/ clinical cases can be used for practice part.

1.2.6 Make plan of training implementation

Develop the procedure of training implementation; make plan on timetable for each step; make assignment to both trainer and trainee; prepare necessary equipment/tools for training content; make plan of time and methods for evaluation/assessment; have mutual agreement between management unit and trainers; confirm lecturing schedule of trainers and inform to the management unit.

Training implementation plan needs to be developed before the training course and delivered to the trainees in advance. When making training implementation plan, all trainees have to discuss to each other and get consensus in order to conduct the training course smoothly and effectively.

Example: Training implementation plan for one clinical skill.

No.	Content	Time	Trainer	Training equipment	Trainee
1	Introduction	1 min			
2	Modeling	10 mins	Perform, explain	Tools, machine	Observe
3	Rehearsal	5 mins	Observe	Tools, machine	Perform
4	Practice	30 mins	Observe, comment, discuss, advice	Tools, machine	Practice, discuss, exchange
5	Summary	5 mins	Present	Board	Listen

2. LECTURE IMPLEMENTATION

2.1 Preparation

Trainer collects information on trainees: number of trainees, objectives of the class; educational level, years of experiences, work place; Trainer collect information on class: venue, equipment that can be used in training.

Trainer prepares training documents: curricula, books or handout.

Prepare necessary equipment/tools: projector, computer, paper, pens, board, loudspeaker system.

Prepare presentation about lesson content.

2.2 Structure of a lecture

Structure of a lecture includes 3 main parts: opening, main body and closing/summary.

In opening part, it is time for trainer and trainees getting to know each other for further training in coming time. Duration for opening part is 3-5 minutes normally. During this part, trainer needs to basically evaluate existing knowledge and missing one of the trainees that is related to content of the lesson. Main target of this part is to introduce the objective of the lesson, teaching and learning activities to obtain those objectives. For this part, trainer can use several methods such as: introduce, make acquaintance, launch game, ask probing questions...

Content of lesson is the main body of the lecture. Content of theoretical lesson will be different from practical one. Trainer needs to distinguish between them in order to develop appropriate main body of the lesson and select proper training method. In this part, trainer needs to point out which knowledge and skills will be evaluated during training period. Evaluation method also needs to be introduced to the trainees.

For theoretical lecture, the content can be arranged with following attention:

1. Divide presentation into several main parts in accordance with learning objectives.
2. Arrange 5-10-15 minutes for each part.
3. Arrange the content of the part by following level: must know, should know, may know.

4. Identify the necessity of those teaching-learning activities in line with lesson content.
5. Identify equipment, tools which will be used in training.
6. Clarify corresponding activities by trainees: content, requirement, outcomes...
7. Identify feedback methods to trainees.

For practical lecture, the content can be arranged with following attention:

1. Introduce all steps of procedure
2. Modeling
3. Modeling with explanation
4. Answers questions from trainees
5. Rehearsal by trainees
6. Comment and evaluate

For clinical practice lecture, the content can be arranged with following attention:

1. Appoint staff in charge of patient care
2. Present summary of main content relating to patient care
3. Discuss, exchange and guide how to operate
4. Comment, evaluate

Closing/summary: Trainer makes summary of lecture result based on expected objectives; collect feedback from trainees; evaluate whether lesson objectives have been obtained or not, ask quick post-test (if any); introduce content of next lesson and reference. Duration for this part should be 5-10 minutes.

2.3 Some samples of teaching-learning plan

2.3.1 Sample of theoretical teaching-learning plan

- Title of lesson:
- Duration:
- Trainees:
- Name of trainer:

1. Opening (2 minutes)
2. Lesson objectives: (3 minutes)

After completing the lesson, trainees must be able to:

- 1.
- 2.
- 3.

3. Lecturing procedure/ Main content

No.	Content	Time	Trainer	Training equipment	Trainee
1	Introduction of the lesson	1 min			
2	Content 1	10 mins	Present Observe group discussion	Laptop, projector, pens, paper	Listen Discuss in group
3	Content 2				
4				
5	Summary	5 mins	Present	Laptop, projector/board	Listen

4. Post-test (5 minutes)

5. Reference

6. Signed by trainer and leader of organization unit

2.3.2 Sample of technical practice teaching-learning plan

- Title of lesson:
- Duration:
- Trainees:
- Name of trainer:

1. Opening (2 minutes)

2. Lesson objectives: (3 minutes)

After completing the lesson, trainees must be able to:

- 1.
- 2.
- 3.

3. Lecturing procedure/ Main content

No.	Content	Time	Trainer	Training equipment	Trainee
1	Introduction	1 min			
2	Modeling	10 mins	Perform the technique with explanation	Tools, machine	Observe
3	Practice	5 mins	Observe	Tools, machine	Implement
4	Practice	30 mins	Observe, comment, exchange, advise	Tools, machine	Practice, discuss, exchange
5	Summary	5 mins	Present	Board	Listen

4. Post-test (5 minutes)
5. Reference
6. Signed by trainer and leader of organization unit

2.3.3 Sample of clinical practice teaching-learning plan

- Title of lesson:
- Duration:
- Trainees:
- Name of trainer:

1. Opening (.... minutes)
2. Lesson objectives: (.... minutes)

After completing the lesson, trainees must be able to:

- 1.
- 2.
- 3.

3. Lecturing procedure/ Main content

No.	Content	Time (min)	Trainer	Training equipment	Trainee
1	Check patient again		Check patient’s profile and confirm information with patient	Tools, machines	
2	Collect information on patient		Monitor and observe	Tools, machines	Interview, start health examination, check patient’s profile
3	Summarize information of patient and care activities need to be undertaken		Make questions, discuss	Tools, machines	Present
4	Perform patient care		Observe, support, implement, advise	Tools, machines	Practice
5	Summarize		Present		Listen

4. Assessment and assignment (.... minutes)
5. Reference
6. Signed by trainer and leader of organization unit

3. LECTURING EVALUATION

Evaluation is an important step when performing a lecture. Before giving a lecture, it is necessary to define satisfaction and suitability of lesson content, and to evaluate completion level of lesson objectives. Objects of evaluation are all people relating to the lesson. Based on evaluation result, content of lesson and training methods can be taken into consideration for improvement in the next times.

Detail of evaluation:

- Evaluate teaching-learning plan: suitability of lesson objectives, content of lesson, time arrangement, training means, activities of trainer and trainee.
- Evaluate suitability of training materials and reference
- Evaluate compliance of lecturing procedure, pedagogical skills, usage of proper training tools/equipment, management skills in class, transferring skill, encouragement to trainees and flexibility in training activities.
- Evaluate assessment method on achievement level of expected objectives.
- Evaluate completion level and satisfaction of trainees.

PRACTICE

DEVELOPING TEACHING-LEARNING PLAN AND PERFORMING A LESSON

OBJECTIVE

- (1) Be able to make a theoretical teaching-learning plan and perform a lecture according to curricula of clinical training for new nurse
- (2) Be able to make a clinical practice teaching-learning plan and perform the lecture on unreal/real patient.

CONTENT

1. PREPARATION

Samples of theoretical, technical practice and clinical practice teaching-learning plan.

Laptop, projector, printer (if needed), A0 paper, white board makers.

Post-test/Evaluation sheet

2. IMPLEMENTATION

2.1 Developing teaching-learning plan

Each trainee selects one content of curricula of clinical training for new nurses to develop a teaching-learning plan.

Trainees use available samples to fill up.

Trainer guides them how to use materials of clinical training for new nurses

Trainer creates discussion and guides trainees how to develop objectives, follow lecturing procedure and reflect it into teaching-learning plan.

2.2. Performing a lecture

Each trainee is requested to perform one content of developed teaching-learning plan.

Trainer and other trainees listen and observe.

3. COMMENTS AND EVALUATION

Trainer uses below sheet to make evaluation:

EVALUATION SHEET OF TEACHING-LEARNING PLAN AND PERFORMANCE

Full name of trainee:

Evaluation date:

Full name of trainer:

No.	Criteria	Score		
		(2)	(1)	(0)
Teaching Learning Plan				
1	The suitability of objectives			
2	The suitability of lesson content			
3	The suitability of time arrangement for each part			
4	The suitability of activities by trainer			
5	The suitability of training means			
6	The suitability of activities by trainees			
7	The suitability of evaluation methods			
8	The suitability of training materials			
9	The suitability of reference			
Lecturing performance				
10	Compliance of procedure as requirement			
11	Usage of appropriate training tools/equipment			
12	Management skill in class			
13	Transferring skills and encouraging skills			
14	Flexibility in teaching activities			
15	Handle pedagogical situations (if any)			
16	Achievement of expected objectives			
17	Satisfaction of trainees			
	Total (/34)			

Trainee meets achievement with total gained score ≥ 17 .

Scoring is as follows:

(2): excellent (1): good (0): need to be improved

Trainer makes summary and conclusion.

REFERENCE

1. Trương Việt Dũng và Phí Văn Thâm, 2010. Medical – Medication Teaching Method, Ministry of Health

ANNEX 4

SAMPLE OF CLINICAL TEACHING-LEARNING PLAN

- Lesson title: **CARING PATIENT WITH HEART FAILURE**
- Duration: 50 minutes (10 units)
- Trainee: New nurses
- Name of trainer: Nguyễn Thị Hà Huyền

1. Opening (03 minutes)

2. Lesson objective: (03 minutes)

After completing the lesson, trainees are able to:

1. Identify patient condition with heart failure
2. Make prioritized caring activities to the patient with heart failure.
3. Make and implement care plan for the patient with heart failure

3. Lecturing procedure/ Main content (40 minutes)

No.	Content	Time (minutes)	Trainer	Training equipment	Trainee
1	Check patient again	2'	Check patient's profile and confirm information with patient	Tools, machines	
2	Collect information on patient	10'	Monitor and observe	Tools, machines	Interview, start health examination, check patient's profile
3	Summarize information of patient and care activities need to be undertaken	5'	Make questions, discuss	Tools, machines	Present
4	Point out the issues to take care of patient	5'	Discuss, make questions		Present
5	Make plan for given care issues	5'	Discuss, make questions		Present
6	Perform electrocardiography for patients	10'	Observe, support, implement, advise	Tools, machines	Practice
7	Summarize	3'	Present		Listen

4. Post-test and assignment (04 minutes)

Trainees are requested to answer the following questions:

1. When identifying patient with heart failure, which physical signs and symptom should be identified?
2. Which points do you need to pay attention to when performing electrocardiography for patients?

Trainer requests trainees to read the lesson on “Caring patient with hypertension”, page 85 of General Nursing (by Ngo Huy Hoang, 2012)

5. Reference

Ngô Huy Hoàng, 2012. General Nursing, Medical Publishing House.

Approved by hospital leader

Date..... month..... year

Trainer

(Sign with full name)

