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Action Research Project Proposal

TEACHERSHIP ACADEMY

Topic:

Effective Application in the Clinical Setting of Extrapolated Knowledge Gained from Classroom Lectures.

Human life has meaning and that meaning is tied the optimum function of the individual, which inevitably, is also tied to the total health. The endeavor of all medical care, and obviously this includes nursing practice, is to aspire to provide care that will ensure the acquisition of such a commodity, total health that will lead to the ability for one to function maximally.

The overarching concern, thus, the governing philosophy of the clinical nursing practice can be summed up in one single word, "safety". Safety in the clinical area is and, most of necessity, also involve critical thinking. Critical thinking is not solely the domain of the lecture room only, where the student is avidly involved in the acts of "listening" (a cognitive and affective endeavors) and "notes' taking", "discussions", "watching of demonstrations and return of demonstrations", (an eclectic processes of cognition/affective/psychomotor and involvements) activities. Furthermore, in nursing the student nurse is required to practice some of the learned concepts, some of which had been learned from the lecture halls and laboratory settings (this includes simulated laboratory) either on each other or manikins.

It is fair to say or assume that the empirical experience of clinical exercise that students in the nursing program go through is, at least on some intellectual level, higher than the learning that takes place in classrooms. This is because there is a chain of processes that do, or at least should take place, when a student leaves the classroom for the clinical area in order to apply and or implement patient care based on the concepts that had been learned from lectures. However, some aspects of this hypothetical process do not, or may not, so easily lend themselves to visual observation (the empirical domain), since these are only available to the imaginations of both the student and instructor, alike.

Problem:

Many, if not all, students in my clinical groups come to the clinical site, either do not fully comprehend the concepts that they have heard, learned or garnered from lectures, or misunderstand such concepts or both; these students are unprepared in the readiness to apply such mental health concepts to real life clinical situation, as most of these students are scared, even petrified at the sight of a group of patients with mental health issues in a psychiatric hospital.

Postulate:

The knowledge of concepts that were learned in the classroom must change from the cognitive domain into a practical form for a safe application in the clinical setting; this then possibly requires the following steps:

1. **Visualizing (so to speak, in the "eye of the mind") the learned concept cognitively;**
2. **The assumption of a clinical problem that a client might also have (this, incidentally, is also done cognitively prior to arrival to the clinical setting);**
3. **Physically assessing a client in the clinical setting;**
4. **Arranging the gathered information in the order of priority;**
5. **Planning the action that will lead to safe implementation; and finally,**
6. **Assessing the effectiveness of such a plan with any necessary readjustments.**

Hypothesis:

Effective student learning, of necessity, requires a safe demonstration of change in a practical manner from the cognitive sphere (cognitive/affective) into psycho-activity.

For the conglomeration of these classroom activities to translate or, so to speak, effectively metamorphose into a safe practice in the clinical area, the student needs some of the following processes model to problem-solving in order to successfully reach some resolution.

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