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Personal Teaching Philosophy:

My personal teaching philosophy has been influenced by the experiences throughout my life and career that have led me to where I am today. This philosophy is reflected by the work of those that motivated me in my learning and education, and how these people have positively impacted on me as an educator. My drive and passion to facilitate meaningful learning experiences for the next generation of nurses and midwives has been shaped by the work and dedication of those around me, holding themselves responsible for delivering high quality compassionate care to patients and their families. As a conscientious and passionate neonatal nurse, I found the desire to be the person that can influence and motivate the same level of passion for my students in their careers that I have in mine.

The education philosopher R. S. Peters refrained from trying to put any single definition on the term education due to the difficulty encapsulating all that this would encompass. However, Peters had criteria he felt needed to be satisfied for the true success of the education. That education involved the 'transmission of what is worthwhile to those who become committed to it;' and 'must involve knowledge and understanding and some kind of cognitive perspective, which are not inert' (Peters, 1966; pp25, 31). My understanding of Peters' criteria and how it influences my practice is to ensure that content or pieces of learning are not just being expressed by me as the educator but equally being received by the learner. This ensures that meaningful learning is taking place in my classroom and not just content delivery. This statement has shaped my philosophy on teaching throughout my teaching practice, I have evolved from the belief that a teaching session is delivering meaningful content, to the realisation that a teaching session is delivering meaningful content in a meaningful way, that ensures my students are learning. It is not just what we teach but how we teach it. Equally to determine the true success of the students on their educational experience it is imperative that they are assessed to ensure successful achievement of their learning goals.

According to Dewey (1897) to increase students learning the quantity and quality of "real teaching" must change. Thus, the plane of the teaching profession today focuses on active learning strategies in the classroom, which is heavily evolved from the passive pedagogies of previous classroom learning. My focus is therefore to engage the learners with active learning strategies that entice students to be involved and responsible for their own learning. This shifts the focus from surface learning to deep meaningful learning.

To conceptualise my belief in the role of the teacher involves a multi-faceted approach. This includes but is by no means limited to the teacher that is motivated, enthusiastic, approachable, can deliver and format

content that it is understandable to all learners, innovative, and open-minded. I strive to ensure my students are motivated by my desire for them to learn, my love for what it is I'm teaching, and my passion for them to succeed not just intellectually but as professionals in their careers. I aim to be open-minded in my ability to teach, where I can adapt my practices when I feel it is warranted. To be approachable is essential and is a top priority for me with my students as I feel it is essential to build a rapport within my classroom. This not only sets the tone of the class but will also enable students to feel confident enough to actively participate in my classes, ask questions and gain learning from not only me but one another.

By fostering this collaborative learning approach, learning is not only student-teacher focused but peer focused also. The educational psychologist Vygotsky (1926) formed his theory based on the premise that social interaction is pivotal to learning. Vygotsky emphasised that connections are built on social interactions. I wholeheartedly agree with the theory of building knowledge on that which is previously learned or experienced and thus actively encourage reflection on own experiences in the classroom setting. By lending the classroom format to student discussion and expression, learning can be supported through shared views and experiences. The work of Dewey (1897) and constructivist theory also support student interaction and the role of the teacher as facilitator where learning occurs through students engaging in problem-based work and developing critical thinking skills; The latter of which is especially relevant for the nursing and midwifery force today. Dewey's work has shaped my practice in that it is not solely focused on the students' acquiring the knowledge that is set out but requires the student wholeheartedly engaging with content to enable them to excel not just in the classroom but in the work force also.

To assess and evaluate my own practice is vital to my progression as an educator and my ability to adapt my practice according to those in my classroom. Feedback and evaluations allow me to reflect on my own learning and how I can improve upon my skills. Of equal importance is reflecting on student assessment as this will correlate directly with how the students in my classroom are learning. I find formative quizzes particularly beneficial to assess student ongoing learning. This ensures areas of confusion or difficulty are highlighted and further support can be delivered and equally highlights areas for me which may require a different approach to my delivery of the content.

What I consider a successful teaching experience is when my students achieve their desired goals. The expectation for any programme of learning is for students to achieve what it is they have set out to. This is more than just the acquisition of knowledge on a given topic and is better reflected in their ability to confidently understand and rationalise their care or utilising essential problem-solving and critical-

thinking skills. As I continue to grow and evolve in my role as an educator so too will my teaching philosophy. It is a document I will amend and restructure as my learning experiences dictate.

Best Practice Large Group Teaching

When teaching large groups of students, for practical reasons lectures are often most appropriate. Lectures are useful to help demonstrate basic concepts to a large audience which can be later developed and explored in smaller group sessions such as labs or tutorials. In this way they are time effective. Although lectures can be a useful and appropriate method of conveying information, they also have their disadvantages. The didactic approach to teaching has been historically criticised for the way students passively receive information.

Newble and Cannon (1995) found that attention levels drop after 20 minutes of a presentation. Thus, to maintain attention span, lectures need to be broken up with regular intervals or breaks with activities that encourage student participation to make the lecture as interactive as possible. The aim is to encourage students to actively participate in learning, which is essential to optimise attention and retention of information (Jenkins and Pepper 1988). The concept of 'active learning' has been positively associated with students engaging in meaningful activities to support meaningful learning. (Prince, 2004). The focus has been shifted from passive to active learning where students assume responsibility for their own learning through participation in collaborative work and discussions.

In a study conducted by Revel and Wainwright (2009), findings highlighted several aspects that indicated a lecture that was deemed 'unmissable'; a good lecture included regular breaks for discussion and participatory activities. These could be buzz groups, discussions, role playing, presentations, problem-solving activities, or any activity that encourages students to think for themselves and interact either with the teacher or other students. This also aided in maintaining attention levels when timed regularly throughout the lecture.

This study also highlighted the need for structure within a lecture. Students found it helpful to learn within a structured format, where information was delivered in simple terminology to ensure concepts were easier to understand. Held and Mc Kim (2009) supported the need for a coherent structure to enhance

retention of material. They highlighted the need to signpost important statements, emphasize key points, link explanations to each other and summarize appropriately. Having lecture handouts of PowerPoint presentations have also been found to be very beneficial. The use of handouts enabled students to follow the lecture clearly and kept their attention focused on the main points (Revel and Wainwright, 2009). According to Held and Mc Kim (2009) good handouts can compensate for students that are not fully prepared for the lesson, may have no previous knowledge on the topic or motivation to follow the lecture.

Finally, the key to a good lecture is the lecturer. Although some have natural flair for talking in front of large groups of people, others require some pointers to make a lecture memorable and engaging. According to Held and Mc Kim (2009) a good lecturer should present in a clear and logical manner, making the subject meaningful, showing expert knowledge and enthusiasm for the subject, be willing to demonstrate the theory in practical situations, and generate curiosity. Other attributes highlighted in Revel and Wainwright (2009) was the ability of the lecturer to build a rapport with the class, which directly influenced class engagement with the subject. It also made the lecturer less intimidating to students which directly influenced their confidence and likelihood to ask questions.

Best Practice Small Group Teaching

Small group teaching strategies are fast becoming the superior method for ensuring students are better engaged in their learning. Small group teaching is preferred for the ability to facilitate active learning strategies. Broadly defined active learning is any directive that engages students in the process of learning (Prince, 2004). Small group teaching, which encourages greater student participation, has been shown to help students with communication skills, critical thinking, abilities to work in teams, decision making skills and improved ability to retain knowledge (Dennick and Exley 1998). According to Brophy and Good (1986) when students are engaged in active learning, collaborate with their peers, and are challenged in activities, they show improved achievement and learning.

Robinson and Hullinger (2008) describe student engagement as a means of determining the quality of learning received by the student. A strong association has also been shown between student satisfaction

and student engagement in the classroom. The more satisfied students are with the learning they are receiving the more likely they are to engage in activities in the classroom setting. When designed appropriately small group learning activities ensure a safe learning environment where students are active participants in learning through interactions with their peers (Agnihotri and Ngorosha (2018).

A safe environment, peer interaction, and pedagogical strategies that encourage critical thinking and problem solving are the centre of effective small group teaching (Light, Cox and Calkins, 2009). Yen and Lee (2011) describe problem solving activities as student centred, where the focus is shifted towards student engagement and interaction. Utilising this strategy facilitates a student- centred approach to the classroom setting, where students become involved in more creative and interactive learning. Using problem solving activities ensures students can interact with their peers in a collaborative effort to achieve their learning needs (Memory, Yoder, and Williams, 2003). This social interaction between peers also enhances student motivation through participation and learning (So and Brush, 2008). Furthermore, encouraging active learning through problem solving of real cases, helps to engage students critical thinking skills. Numerous studies looking at the concept of student engagement found that when students are involved in activities which target higher level cognitive thinking they are better engaged with the curriculum (Samson, 2015). Examples of practical learning opportunities in nursing education include using problem- based scenarios or videos and 'real life' case presentations to help enhance student learning through deeper understanding of the curriculum.

The role of the facilitator is to motivate students to utilise what they already know and guide them to make connections while encouraging lateral thinking (Azer, 2005). The facilitator needs to make students feel safe, while instilling confidence in them to share their knowledge and thinking with others. In a study conducted by Steinert in 2004, students identified someone who motivated thinking and problem-solving, encouraged interaction, highlighted the relevance of content within the clinical setting, and wanted to support students as the characteristics of a good facilitator.

Best Practice Clinical skills Teaching:

Clinical skills laboratories and clinical skills teaching aids in exposing nursing and midwifery students to essential basic skills required for clinical practice. Skills sessions optimize effective skills teaching within the safety of the learning environment, where there is no risk to patients. Traditional methods to introduce students to practical sessions include student's role-play and simulations, use of anatomic models, and teacher demonstrations (Mc Donald et al, 2018).

To limit cognitive overload, skills are recommended to be taught in manageable learning chunks (Leppink and Heuvel, 2015). Prior to the skills session, theoretical knowledge related to the practical skill should be taught. This prevents the simultaneous learning of task performance and theoretical knowledge relating to the task which can divide the learner's attention. Demonstration of the skill should be performed, by an expert, to allow students to observe the correct sequence and timing of the skill (Cornford, 1999). Allowing students to observe in silence, enables the student's visual neural tract to focus on the movements of the skill without processing additional information (Leppink and Heuvel, 2015). When teaching psychomotor skills, directly observing the skill in real time on a dummy can give students confidence to carry out a task (Buscombe, 2013). George and Doto (2001) recommend next demonstrating the task and simultaneously describing the steps in detail. However, this is contradicted by Leppink and Heuvel (2015), who argue that this can overwhelm the learner and divide attention. Limiting the demonstration- verbalisation step to a few elements with brief description is thus recommended (Nicolls et al, 2016).

Students must then be given the opportunity to practice performing the skill themselves. Quinn (1995) believed that although students learn the theoretical notion through observation of a skill, they can only learn the psychomotor skills required to perform a task through practice. Ericsson et al., 1993 notes that acquired skills come from practice and repetition. This is required for skills to be retained, recalled and transferable to the clinical environment (Deborough, 2011). Archer et al, 2015 states that achievement of psychomotor skills is reliant upon practice and feedback. Providing timely feedback to students on performance of the task enhances learning of motor skills (Nicholls et al., 2016).

A further strategy commonly used to engage students in clinical skills learning is scenario-based sessions. This is an effective way to involve students in realistic clinical scenarios designed to support learning in a safe environment (Parker and Myrick, 2008). This method of teaching allows student exposure to stressful situations which is designed to support critical thinking, and improved decision making (Nehring et al, 2001) as well as increasing student perception of confidence and self-efficacy (Madorin and Iwasiw, 1999). This real- life scenario can enable students to learn from their mistakes in a safe environment, and better supports learning concepts around specific nursing practices which can be difficult to grasp in the classroom setting (Nehring et al., 2001). Bremner et al., (2006) found that students recognized the skills they acquired from simulations of the clinical setting as readily transferable to clinical practice.

Best practice Innovative Teaching Strategies:

Innovative teaching strategies emphasise the way in which we adapt our teaching practice to reflect the changing population present in the classroom. Changing our teaching strategies also shows the adaptation of teaching as a profession to better meet the needs of students based on evidence of how students engage and learn in the classroom, or indeed the clinical setting. In recent years the switch to online learning strategies has been escalated due to the Covid 19 pandemic and the need to adapt and utilise alternative strategies to ensure students learning needs are met. Many studies have proven that this blended learning approach has huge benefits for students and is desirable for both students and universities. E- learning has significant benefits for learning and offers flexibility and pacing for all learners (Cook et al., 2008). This step towards the virtual realm of learning seems to be inevitable due to the new younger generation, referred to as millennials, that are technologically competent and comfortable in the online world of mobile phones and other smart devices (Pardue and Morgan 2008). How we can change to involve the needs of these millennial learners is in the innovation of our teaching strategies.

The use of video- based learning has been increasingly utilised as more and more programmes are being facilitated in some means through an online platform. Videos can be implemented in several ways including live recordings of lectures, pre-recorded lectures, or pre-assigned learning prior to face-to-face sessions in the flipped classroom. Many universities are using online platforms that are versatile and allow

students to easily access content through mobile phones or any smart device. The benefits of delivering lessons in this way include; Added learning support for students that have to miss a lecture for a genuine reason (Zupancic and Horz, 2002), in the 'flipped' classroom approach where students participate in learning prior to class, thus, in- class activities are used to engage students in active learning (Holenko and Hoic- Bozic, 2008), to aid as a revision tool prior to exams (O'Donoghue, Hollis and Hoskin, 2007), and to offer students' flexibility to replay the lesson as frequently as they like to aid in understanding of concepts (Whatley and Ahmad, 2007). Learners have found video lectures to be enjoyable, motivating, and an effective way to improve their learning (Traphagan, Kucsera, and Kishi, 2010). Giannakos et al., (2016) found that students that were more familiar with using video recordings for learning were more likely to engage in this teaching strategy than those that had no previous exposure.

Another innovative strategy showing huge benefits is in the flipped classroom pedagogy, where students are assigned self- directed learning to complete prior to attending a class. This ensures the student is prepared for and ready to participate in relevant classroom activities (Yu 2019). This technique encourages self- directed learning away from the classroom using pre-recorded videos or recommended reading material and ensures classroom time is utilised to promote active learning strategies (Zappe, Leicht et al. 2009). Active learning encourages students' involvement in their own learning. Active learning enhances problem- solving skills and promotes student active participation. Even in large- size classrooms, learning, and participation can be enhanced using active strategies such as group work and clickers or polls using students' response systems. Here students can anonymously participate in classroom activities (Yu, 2019). Utilising this strategy improves efficiency of learning through peer interaction and problem- based learning (Draper et al., 2002).

Reflections Using Johns Reflective Cycle (1994) (Word Count: 2,691)

Large Group Reflection:

Situation:

One of my first large group face to face sessions was to 100+ first year students from all four disciplines of nursing and midwifery, introducing them to the basics of temperature. I had my Powerpoint presentation uploaded to their online platform prior to the session and brought notes for myself to the class. The session was one hour in length, and I had been confident that I had prepared my presentation and was ready to engage the students in learning. However, towards the end of the session attention began to drop off for some of the students. As a result, I lost my own confidence and struggled towards the end of the class to keep students engaged.

Reflection:

I started off strong and utilised strategies I had prepared and read about, but I was disappointed in how the attention of the class and thus my own confidence dwindled as the lecture progressed. In response to the students wavering attention, I found my nerves increase, and my ability to motivate learning reduce. I lost control of the situation, rather than using techniques to gain attention that I had learned. In the moment I felt anxious, I felt like I should not have been there, that I was doing a very poor job. Some of the students maintained good attention and interaction with me, other students began chatting quietly amongst themselves.

Influencing Factors:

I think my own self confidence influenced my reaction in this scenario. Although when I reflect now, I take the positives that I was able to stand up with confidence in-front of this large group; I was able to gain their attention and maintain it for most of the class; I was able to utilise the strategies I had planned to aid retention of learning, such as using real life scenarios to get them to think of the physiology of temperature regulation; I paused to encourage them to answer questions; I ensured different people and different areas of the room answered questions; and I drew on real life scenarios to gain their interest. However, in the moment I only felt the attention when it wavered. I know from my own learning that we

lose attention after 20 minutes and it is important to use different activities to break up the didactic style class to encourage student participation and peer learning. Although I had used several techniques early in the class, continuing this throughout the session is vital to maintain student engagement and thus student learning. This would have ensured I had given the students the opportunity to maximise their learning from this lecture.

Learning:

To reflect on this session allows me to recognise what I did right in this situation as well as what I did wrong. By appreciating what I did right initially in the session and seeing the results of student participation and attention in the classroom, I can recognise what I did wrong. By reverting to a more didactic pedagogy to get through the lecture content, I could see how the attention dropped and the students disengaged. What I have learned from this session is to prepare different strategies to be utilised throughout a lecture. Be prepared to lose student interest and have an activity ready to encourage active class participation. I have noticed my confidence grow with asking questions and applying content to real life scenarios. However, I need to develop confidence with utilising student activities to ensure even in large groups, active learning is achieved and sustained.

Small Group Reflection:

Situation:

I found the sudden adaptation to online teaching particularly challenging when it came to small group teaching. One of the sessions I was undertaking was a small group session on bereavement care with third year undergraduate midwifery students. I was conscious that it was essential for students to participate in this class to achieve maximum benefit from it.

Reflection:

The biggest challenge with this topic was that it wasn't about the content of the Powerpoint, it was how the students participated and drew from their own experiences that would enhance learning. As they were third year students, I knew they would have experiences from placement to draw from. I was also

conscious of the sensitivity of the lesson and the potential of it impacting them personally. Firstly, I decided not to record the session to reduce the pressure of speaking up in the class. I used the powerpoint slides to structure the session but encouraged the students to share their own experiences, some preferring to use the chat box as a means of communication rather than speaking out. I also found a poem which depicted the turmoil of miscarriage from the perspective of mother, father, and friends. I used breakout rooms to get the students to discuss this poem and its meanings amongst themselves and got them to feed back to the larger group for discussion. I found it very daunting to undertake this type of class online but was surprised by the level of participation and noted how using appropriate strategies can lead to active engagement in the classroom.

Influencing factors:

I know as students we can be very vulnerable; we are exposed to sensitive situations and feel unsure how to react or respond. As a result, we can doubt ourselves. Thus, this was an important topic to allow students to share their experiences and be guided with how to appropriately support families. The biggest barrier for me with this session was that it was online, something that was out of everyone's control.

Could I have dealt with it better?

I found the chat box was very useful for those too shy to speak up, however it can be very hard to convey emotions appropriately in this format and I wish I had encouraged students to use their microphones more. Normalising being able to speak out in these classes would potentially ensure the students got the most from this class.

Learning:

What I learned most from this session was the effectiveness of using appropriate active learning strategies. What worked well with this topic was using the breakout rooms to get students to interact with each other, discussing a poem and picking out themes. Allowing them to feedback to the group encouraged discussion and shared learning. As third year students they had a good level of exposure to the clinical setting and thus would have had scenarios to reflect on and share. In future I would adapt further strategies to encourage more open discussions. I could have used the breakout rooms to stimulate

further peer feedback, I could also have gotten them to engage in role play to support their learning and put it into practice. The breakout rooms worked well for this session so I could have utilised this strategy more than once.

Clinical Skills Teaching Reflection:

Description:

As part of the introduction for a new process of care for the collapsed infant on the postnatal ward, we ran real-life simulations for staff members to carry out the new procedure. On the first run, as the clinical skills facilitator for neonates, I observed the midwife that found the infant, transferred the infant to the nearest available resuscitaire, called for assistance, and initiated infant resuscitation. A second midwife was dedicated the task of making the emergency phone calls and communicating to the neonatal team. Finally, two staff members from the neonatal team were on standby to receive the call and respond to the 'emergency'.

Reflection:

The aim of this simulation was to engage staff in learning from a real-life response to an emergency. In the run up to this simulation I ran brief walk-through sessions with staff on the postnatal ward to ensure they were familiar with the upcoming changes. The aim of the exercise was to encourage deep learning from simulating this potential emergency in real-time. As this was my first time running a drill, I felt nervous about my role as facilitator but ensured I knew what I had to do and was confident with the scenario as I had hoped it would run. I had devised a checklist of tasks I needed to see performed to ensure the training of staff had been effective and equally as important the words that needed to be communicated. As this was the first simulation for this clinical practice change, we ran a basic scenario and ended it when the appropriate steps had been observed.

Influencing Factors:

The biggest influencing factor on this day was the multi departmental involvement. As such, the aim was to follow the appropriate steps, escalate care appropriately and stop the simulation once all parties had

participated in their role. Staff were prepped prior to commencing the simulation, they were timed for future practice, and offered immediate feedback.

Could I have dealt with it better?

I feel that despite my nerves about running this simulation, good preparation ensured I felt in control throughout the simulation in my role as facilitator and lead for this simulation. Staff were well prepared prior to starting the simulation so they knew what to expect and felt reassured and safe about their learning. I ensured to run the simulation as if it was real time, no interruptions, only to report the status of the infant as the simulation played out. I also ensured to give immediate feedback to staff to enforce their learning from the simulation.

Learning:

This was great learning for staff, to promote confidence and self-efficacy. I also found it was great learning for me, which I had not anticipated. Staff performed exceptionally during the scenario and the feedback was all positive. The preparation in the lead up to running this simulation meant that all participants including myself knew what was required of them. I had previously run smaller scenarios but with less preparation and felt that the simulation never ran as smoothly when I was unsure of what I expected as an outcome. As with any lesson, I noted that preparation was paramount, I knew what I expected from each participant, I had a checklist of what was needed, and thus could give immediate feedback as a result.

Integrated Teaching Reflection:

Description:

To compare my first session and most recent session teaching the same topic is a prime opportunity to reflect on my journey throughout this programme. The first session I gave was on physiological jaundice to 17 third year undergraduate midwifery students. Most recently I delivered an adapted version on this topic to nine staff nurses working on the paediatric ward within my hospital.

Reflection:

When I think back to that first session, I had spent a huge amount of time preparing my powerpoint presentation and practising my slides. I had also pre-recorded my session (again numerous times, as I felt I kept making errors). I had felt I almost needed to be word perfect, not making any small errors or slip of the tongue. I was extremely nervous that I would blank on the topic, even though it is a concept I am familiar with and encounter daily in my workplace. As a result of nerves, I wanted to ensure I knew what I wanted to say with each slide and used them as strict prompts for the flow of the session. In my most recent delivery of this topic, I adapted the previous slides I had used and spent the rest of my preparation time devising questions and activities to engage staff. I split up the group and got them involved in some group activity work, giving each of them a scenario to plot bilirubin levels appropriately on a phototherapy chart and decide the course for treatment. As I knew I had a huge amount of knowledge and experience of this topic my fear of blanking or stumbling over my words had resolved and my interest was drawn to engaging the learner. My mindset for class preparation had already been shifted from knowing everything I wanted to say inside out, to ensuring staff were engaged and interested in what I was saying.

Influencing factors:

The content on this programme and my experiences through my two years have been my biggest influencing factors. I also find myself being influenced by other educators in my daily life in work or even on social media. It is not necessarily about what you are saying but how you are saying it. As I have progressed through the course work, I have been influenced by the research that supports engaging students to inform deep learning, rather than overwhelming students with huge amounts of content that results in surface learning. I can see through reflecting on my own practice what works and what does not. When large volumes of content are crammed into sessions and leave little or no time for any form of activity that involves student participation, not only are students flattened by the session but subsequently so is the educator. I reflected in my large group teaching sessions to be prepared to have students lose interest, therefore, you will have a strategy ready to break up learning and re gain attention.

Could I have dealt with it better?

The purpose of this programme was for my own learning, I have taken the appropriate steps and reflected on the journey I have taken. We all must start somewhere; the key is ensuring that we utilise our experiences to learn what works and what does not. This shapes us and will continue to shape me

throughout my teaching career. My teaching philosophy states that I will continue to evolve and grow on this path and so how I teach will continue to be adapted by my experiences.

Learning:

Reflecting on my teaching practice from day one to now I note the biggest shift is in my confidence in my ability to deliver content in an engaging and meaningful way. I previously spent most of my time on the content and slides for each session I would be teaching. I have since learned that equal emphasis and thus time should be spent on devising how I will be delivering the content and not just what content will be delivered. A large portion of time and effort needs to be utilised on lesson planning. By doing this- thought is given to the format of delivery, the layout of the room (if face-to-face), is there an option to deliver the session online, what the group size is, what type of learning is it- small or large group teaching, if teaching a skills will background content also need to be delivered on the day or can it be delivered separately, and so much more.

Furthermore, it is the educator that makes a session as much as the content being delivered. Huge amounts of literature support the lecturer themselves as the draw for students' attendance. Students have highlighted the lecturer's enthusiasm, passion, and personable nature as well as the degree to which a lecturer can bring a topic to life, as indicators of a good lecture (Revell and Wainwright, 2009). In contrast in small group sessions, the lecturer can often be required to take the back seat, taking on a more facilitating role rather than active teaching role. Here the students are required to take to the forefront through active discussion among their peers and indeed with the lecturer. Again, this is a skill I have learned, to be able to mediate a class where the students learn from each other through problem- solving from scenarios or reflecting on own experiences if applicable.

To conclude how I perceive teaching now versus how I had anticipated teaching to be are completely different. So much of teaching lies in the format in which we teach and the strategies we utilise, and not just the content we deliver. I have learned through my experiences over the past two years to lesson plan for the group as well as the content. Using my learning outcomes to shape my lesson design. Equally I have learnt through observation of other educators the invaluable lesson in how we as the educator engage the learning through our passion, enthusiasm, and ability to make the teaching session 'unmissable'.

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Module: NM4146

Lesson Plan: Management of Hypoglycaemia on the Postnatal Ward

Date: 29/ 03/ 21	Title of session: Management of neonatal hypoglycaemia on the Postnatal Ward	Duration of session: 10 minutes
Venue: Online	Number of learners: 21	Title of course: Bachelor of Science in Midwifery
Stage of training: 3 rd year midwifery students, semester 2: module: Responding to Complex Needs of the at risk and Ill Neonate (NM4146).	Previous related experience/knowledge of subject/lectures had by students: Experience on postnatal wards as student midwives, previous lectures on identification of at-risk infants for developing hypoglycaemia and prevention of hypoglycaemia.	
Context of current session: Follow up to session on identifying the neonate at-risk of developing hypoglycaemia on the postnatal ward and preventing hypoglycaemia.		
Room arrangement: Online – Synchronous learning –recorded for asynchronous learning if required.		
Learning resources/equipment required: Computer, Access to internet, Access to blackboard collaborate, Sound and camera, Power point slides, Printed guideline on hypoglycaemia management (UMHL)-not essential		
Aims/learning outcomes for session: By the end of this session students will be able to: <ul style="list-style-type: none">• Describe what glucogel is and why we use it,• Identify the criteria required for administering glucogel,• Recognise the infant requiring further care and treatment.		
Strategies for the assessment of student learning (during the session/ end of the session): Students will have previous relevant learning on this topic and will be assessed at the end of the session by a mini quiz.		

Content and Process of lesson (introduction, body, conclusion)

Time:	Content	Teacher Activity	Student Activity
2 mins	Engage:	Introduction, check audio and video, Welcome everyone Identify relevance of topic and previous relevant learning on hypoglycaemia Introduce learning outcomes	Gain student's attention, encourage engagement with the topic, relate topic to previous learning
1 min	Exploration:	Presentation sequenced in order of relevance: what is hypoglycaemia, glucogel: what it is and what it is used for is outlined.	Stimulate recall of previous learning and medication, and a time they may have seen it used. Application to practice enhances learning
3 mins	Explanation:	Introduce when and how to administer glucogel. Outline rationale for safety of the baby, considerations as the care giver- this will help students to understand why we give glucogel and how.	Students may recall from experiences observing glucogel being administered, improved learning with rationale for administering gel or admission to the neonatal unit.
2 mins	Extension:	Introduce strict policy guidelines surrounding glucogel, focusing on the impact on the patient will facilitate better understanding of the topic.	Learning of the current policy in use will facilitate own practice in caring for infants with hypoglycaemia.
2 mins	Evaluation:	Quiz: didactic questioning used: will effectively induce recall and comprehension skills. This will aid in retention of information.	Active interaction through chat box. Stimulating recall of information.

Evaluation format for session:

Learning will be evaluated by mini- quiz to enhance student retention of information and transfer of information.

Student evaluation forms to be completed after session.

Resources/handouts/direction to students:

Policy uploaded for further learning.

Further linked sessions:

Previous sessions linked to this topic already delivered.

Reflections on key learning experiences for self:

Session went well, aim to utilise more engaging strategies earlier in the session, particularly when students have previous knowledge on the topic. Fill in the blanks quiz was very well received, will definitely use again in future.

Development goals and plans:

To continue to utilise strategies to engage the students. Evaluation by the students will continue to assess what is working well with the sessions and what requires improvement.

Signed:  _____

Date: 22/03/21 _____

Module: NM4146

Lesson Plan: Bereavement Care

Date: 23/02/2021	Title of session: Bereavement	Duration of session: 2 hours
Venue: online	Number of learners: 12	Title of course: Higher Diploma in Midwifery
Stage of training: 1 st semester Higher Diploma midwifery students	Previous related experience/knowledge of subject/lectures had by students: Students are all qualified nurses with exposure as staff nurses, no clinical exposure in the maternity setting to date.	
Context of current session: Online session pertaining to perinatal bereavement care.		
Room arrangement: Online session, synchronous class, no live recording taken as all students present for session, sensitive nature of topic with hope to encourage better class discussion and engagement		
Learning resources/equipment required: <ul style="list-style-type: none">• Access to internet• Computer/ laptop• Sound and camera• Access to power point		
Aims/learning outcomes for session: By the end of this session students will be able to: <ul style="list-style-type: none">• Define the meaning of bereavement and grief• Discuss the role of the midwife in perinatal bereavement care• Outline the importance of effective communication in bereavement care		
Strategies for the assessment of student learning (during the session/ end of the session): <ul style="list-style-type: none">• Students will be given the opportunity to ask questions and provide feedback from own clinical experience• Use of Seamus Heaney poem to encourage discussion and encourage deeper thinking in relation to the topic.• Poll utilised to gauge students previous experience in relation to bereavement care as general nurses.		
Content and Process of lesson (introduction, body, conclusion)		

Time:	Content	Teacher Activity	Student Activity
10mins	Introduction to session, icebreaker to gage previous experience, discussion re: recording of session	Introductions made, Poll survey	Engagement in poll, showing previous experience in bereavement care as nurses
25mins	Power-point presentation, questions	Power-point slides, draw on experience to encourage experiential learning	Active listening, experiential learning
Break x 10 minutes			
10mins	Poem introduced: students asked to read through poem: explanation of group discussion of poem, duration of discussion, advised nominate someone to feedback to group afterwards- encourage engagement with topic	Explain strategy of engagement and encourage discussion	Students actively engaged in discussion among their peers in relation to topic and reference of poem
20mins	Breakout rooms x 3: 4 students per room		
10mins	Students were brought back to main conference room, discussion of topic: feedback from each group on their interpretation and discussion of each groups feedback.	Positive reinforcement after engagement in activity and identification of themes used in poem	Active listening, relating to own experiences in the general setting, opportunity to ask questions
10mins	Communication as our biggest tool to aid in bereavement care- power-point Experiences from practice used to highlight the positive and negative impact of communication	Experiences from practice used to highlight negative and positives aspects of communication	Change in topic to most relevant tool used, active listening. Using experiences to encourage experiential learning
10mins	Conclusion and time for questions	Questions encouraged	Opportunity to ask questions following session
5mins	Evaluation of session and relevance: mentimeter.	Mentimeter tool used for feedback	Engage in mentimeter tool to provide feedback

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Evaluation format for session:

Students asked to provide feedback to question “how did you find today’s session?” on mentimeter

Resources/handouts/direction to students:

Power point uploaded to moodle , poem uploaded to moodle

Further linked sessions:

This session will be followed by further bereavement care sessions next semester as well as meeting an going through the role of the bereavement clinical midwife specialist when on placement.

Reflections on key learning experiences for self:

I feel this session went well, students engaged well with the breakout room discussion and feedback from the poem.

I feel I could have encouraged further engagement with the topic of communication in relation to their previous experience as nurses, but this was not fully achieved in this session.

I would encourage more feedback from students if they had previous experience of caring for women requiring perinatal bereavement care.

I was however conscious of the sensitive nature of the topic and the age cohort of young women I was engaging with, and the potential for their own personal experience of perinatal loss.

Development goals and plans:

Continue to utilise the breakout rooms (this was my first session to do this) as it is an extremely useful way to facilitate group discussion.

In a less sensitive topic encourage feedback from students of own practice.

Signed: _____

Date: 21/02/21

Module: NM4146

Lesson Plan: Chest compressions and Resuscitation Drugs

Date: 06/03/2021	Title of session: Chest Compressions and resuscitation drugs	Duration of session: 1 hour 30 mins
Venue: online	Number of learners: 12	Title of course: Bachelor of Science Midwifery
Stage of training: 3 rd year undergraduate midwifery students: semester 2: Responding to Complex Needs of the at risk and Ill Neonate (NM4146).		Previous related experience/knowledge of subject/lectures had by students: Previous online and face to face session on initial steps of resuscitation and positive pressure ventilation
Context of current session: Follow on session to the initial steps of resuscitation and PPV, will be followed by a face-to-face tutorial where steps of resuscitation will be combined.		
Room arrangement: Online – Synchronous learning –recorded for asynchronous learning if required.		
Learning resources/equipment required: Computer, Access to internet, Access to moodle and big blue button, Sound and camera, Power point slides, Phone to access quiz		
Aims/learning outcomes for session: By the end of this session students will be able to: <ul style="list-style-type: none">• Discuss when we begin chest compressions in a resuscitation• Outline how to perform chest compressions• Identify when to stop chest compressions.• Recognise what drugs are used in a newborn resuscitation and why.		

Strategies for the assessment of student learning (during the session/ end of the session):

A quiz at the beginning of the session will recall previous learning on this topic. A summary 'fill in the blanks' quiz will revise learning achieved during session. Feedback will be evaluated by mentimeter at the end of the session.

Content and Process of lesson (introduction, body, conclusion)

Time:	Content	Teacher Activity	Student Activity
15mins	Engage:	Introduction, Statement of consent check audio and video, Welcome everyone Introduce learning outcomes	Gain student's attention, encourage engagement with the topic, relate topic to previous learning.
15mins	Exploration:	Breakout room: 3 groups- A,B,C. complete quiz in teams. Watch live response- once finished bring group back together- announce winner!	Recap on previous learning related to the topic. engage students. Get them to interact with one another.
15mins	Explanation:	Introduce criteria for starting chest compressions. Video to demonstrate technique.	When do we commence chest compression explained. Engage in video for demonstration in real life.
10mins	Break	Coffee Break	Coffee Break
15mins	Extension:	Work through steps of how to deliver chest compressions, reassess effectiveness and when to use resuscitation drugs. Rationalise each step, actively question students to encourage critical thinking. And active participation.	Continued questioning to encourage students to engage in topic and utilise critical thinking and analysis.
15mins	Evaluation:	'Fill in the blanks' quiz used to summarise learning. Mentimeter used to get feedback of session. Time allotted for any questions.	Quiz to summarise topic used to evaluate learning during session. Students answer in chat box, recall and apply learning. Asked to evaluate session on mentimeter. Opportunity to ask any questions.

Evaluation format for session:

A quiz at the start of the session will evaluate and recall previous learning related to this topic. A summary 'fill in the blanks' quiz engages the learning related to the session. Mentimeter will evaluate the session at the end.

Further linked sessions:

A face-to-face lab will follow to teach the practical skills in this session.

Reflections on key learning experiences for self:

I felt this session went very well. All the active strategies I had hoped to utilise worked well with minimal interference with technology. Unfortunately, my camera did not work, although I had checked it prior to beginning the session. I feel I rushed through the introduction and welcoming to the topic as I was concerned re getting the statements of consent. I wish I had taken more time here as it would have settled students and relaxed them better for the session.

Development goals and plans:

Listening back to the recording I felt at times I stumbled over my words and could probable pace myself a bit better. I could pause more frequently to allow for any questions to be asked and could maybe have asked more questions. Although I feel have improved on my own questioning techniques from previous reflections, there is always room to improve on this to assess learning and engagement. After this session I will aim to relax my pace a bit and encourage better engagement through questions.

Signed: _____

Date: 06/04/2021

Module: Staff training

Lesson Plan: Hyperglycaemia

Date: 27/11/20	Title of session: Hyperglycaemia in VLBW infants	Duration of session: 30minutes
Venue: clinical setting- neonatal unit UMHL	Number of learners: 20	Title of course: Staff training as part of 'neonatal nuggets'
Stage of training: junior to senior staff nurses and midwives	Previous related experience/knowledge of subject/lectures had by students: From novice to experienced staff working in a neonatal unit. Some formal training will have taken place for most students- recap based on current case on unit.	
Context of current session: Introduction to topic for new or junior staff Recap on topic for more senior experienced staff		
Room arrangement: small room design, chairs aligned to allow all staff to see powerpoint on computer and see lecturer.		
Learning resources/equipment required: Powerpoint, handouts, case file		
Aims/learning outcomes for session: By the end of the session learners will be able to: <ol style="list-style-type: none">1. Recognise, understand, and monitor for signs of hyperglycaemia in the at-risk infants2. Demonstrate understanding of the physiology of hyperglycaemia in VLBW infants3. Outline criteria required to begin treatment for hyperglycaemia4. Rationalise risks versus benefits for treatment options of hyperglycaemia		
Strategies for the assessment of student learning (during the session/ end of the session): Opportunity to ask questions and relate to own experience in practice. Discuss specific elements of session related to case study. Feedback opportunity at end of session.		
Content and Process of lesson (introduction, body, conclusion)		

Time:	Content	Teacher Activity	Student Activity
2 minutes	Brief welcome to students, introduce topic and rationale for discussion- relate to case study Introduce learning outcomes/ aim of session	Introduce topic and learning objectives. Introduce case presentation as rationale for choosing topic.	Gaining interest in topic. Motivated to participate and engage in learning
10 minutes	Lecture- hyperglycaemia in the VLBW infants Discuss relevance to practice/ own experiences	Presentation- questions to students relating to own experiences	Reflecting on past experiences. Sharing own experiences.
10 minutes	Lecture-Treatment options: Time given to discuss and reflect on own experiences of treatments used.	Presentation- treatment and current evidence based best practice.	Discussing treatment options
8 minutes	Discussion relating to recent case study	Present case study- hyperglycaemia presentation, contributing factors, monitoring and treatment	Discussion relating to previous and current experiences of management of hyperglycaemia. Potential to initiate change in care.

Evaluation format for session:

Students to identify best part of session/ least relevant part of session.

Resources/handouts/direction to students:

Handouts distributed, powerpoint saved to computer desktop on unit under 'neonatal nuggets' session, useful articles linked in references

Further linked sessions:

this session was presented as a stand-alone recap session on a specific topic relating to a case on the unit. It was delivered several times to ensure a good volume of staff received the session.

Reflections on key learning experiences for self:

I found this session very enjoyable as staff were very interested and keen to learn. Relating the topic to a present case study motivated staff to engage and learn from this session. It was easy to highlight the theory behind the practical application. Giving staff the theory behind the practice allows for deeper learning and thus better understanding of the topic.

Development goals and plans:

Further group sessions such as this which relate specifically to cases on the unit are valuable learning opportunities as staff engage well with the topic and are motivated to learn more. Keeping the session short ensures staff remain engaged and are eager to participate in learning from the outset. It is also realistic to use short bite size sessions as this took place during the busy working day.

Signed: _____

Date: 28/11/2020

Module: NM4146

Parenting Journey through the NNU.

<u>Date:</u> 04/02/21	<u>Title of session:</u> Parenting journey through the NNU	<u>Duration:</u> 1 hour
<u>Venue:</u> Online	<u>Number of learners:</u> 15	<u>Title of course:</u> Bachelor of Science in Midwifery
<u>Stage of training:</u> 3 rd year semester 2	<u>Previous related experience/knowledge of subject/lectures had by students:</u> Students would have experience in the clinical setting in caring for mothers with an infant on the NNU, and some would have experience of a specialised placement in neonates	
<u>Context of current session:</u> First online session dedicated to the specialised, holistic care for the parents of infants in the NICU		
<u>Room arrangement:</u> Online – Synchronous learning –recorded for asynchronous learning if required.		
<u>Online Learning resources/equipment required:</u> Computer, access to internet, access to moodle, sound and camera, you tube, power point slides, printed handouts (not required)		
<u>Aims/learning outcomes for session:</u> By the end of this session students will be able to: <ul style="list-style-type: none"> • Identify stress factors affecting parents of a sick baby, • Understand the impact of having a baby in the NNU, • Recognise our role in caring for parents of a sick baby, • Understand the importance of family centred care (FCC) and provide appropriate FCC to parents. 		
<u>Strategies for the assessment of student learning (during the session/ end of the session):</u> The session will give students the opportunity to discuss relevant experiences with this topic, questions will be asked to promote discussions. An assignment will be given to the students in relation to this topic and will account for 80% of overall grade.		

Online teaching Plan:

Lesson Elements	What does it look like	What tools can I use
Gain attention: 3 mins	Introduction, check audio and video, Welcome everyone- assess previous experience of caring for mothers of a sick infant.	Poll used to assess how many students have had experience in the neonatal unit or caring for mothers with infants in the neonatal unit
Inform learner of objectives: 2 mins	Introduce learning objectives.	Power- point presentation.
Stimulating recall of prior learning: 5 mins	Question slide: identify 3 negative factors affecting parents of a baby in NNU.	White board Text box to engage students and get them connecting with the topic

Presenting the stimulus 20 mins Providing learning guidance: 5 mins	Live synchronous – power-point slides You tube video	Powerpoint presentation slides, relate to real life stories and cases, Use you tube video to engage students to the real life NNU setting
5 mins Eliciting the performance: 10 mins Providing feedback about correctness of the performance	Coffee Break Connect to real life experiences, Connecting our role in caring for these parents.	Relating to experiences will help to engage students in the topic
Assessing the performance: 5 mins	Students to evaluate session on mentimeter	mentimeter
Enhancing retention and transfer: 5 mins	Student assignment set relating to the topics spoken about in session	An 80% assignment will be set on this topic, Further reading provided to enhance and support further learning in this area.

Evaluation format for session:

Mentimeter to establish presentation of topic discussed.

Resources/ handouts/ Direction to students:

Further learning on topic given to students in a reading list.
 Assignment set for inclusion in overall grade,
 Power-point slides and recording uploaded to moodle.

Further Linked Session:

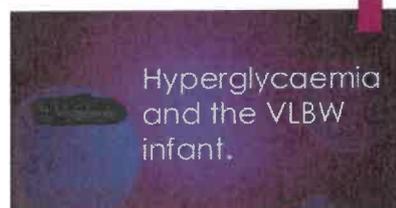
Further linked session on guidance and support of session will be given if required by students.

Signed: _____

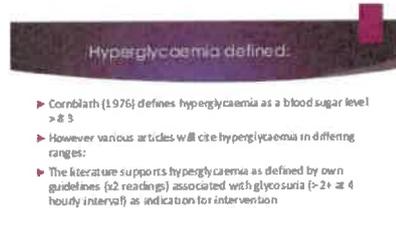
Date: _____ 04/02/21 _____

Hyperglycaemia Powerpoint Presentation:

Slide 1



Slide 2



Slide 3

Paediatric guidelines - NHS (GG&C)

- ▶ Any Blood Glucose measurement of ≥ 2.20 mmol/L
- ▶ Persistent Blood Glucose values of ≥ 15 mmol/L
- ▶ Persistent Blood Glucose values of > 12 mmol/L with glycosuria $\geq 3+$ on urinary dipstick testing

Slide 4

Hyperglycaemia and glycosuria:

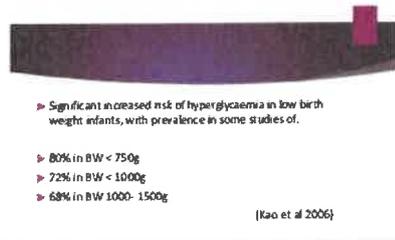
- ▶ Significant hyperglycaemia is associated with osmotic diuresis and glycosuria.
- ▶ Important to check blood glucose and glycosuria together instead of blood glucose independently.
- ▶ Osmotic diuresis: is increased urination due to the presence of certain substances (such as glucose) in the fluid filtered by the kidneys.

Slide 5

Pre-disposing Factors

- ▶ Low Birth Weight
- ▶ Low Gestational age
- ▶ Severity of underlying disease
- ▶ Sepsis
- ▶ Hypoxia
- ▶ Low APGAR scores
- ▶ Stress

Slide 6

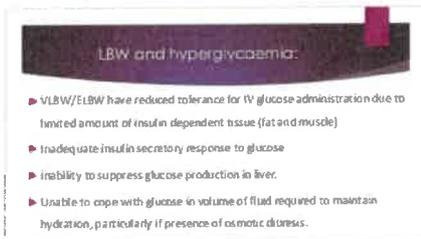
A slide with a dark purple header and a light purple background. The text is in white and red. A red tab is visible on the right side of the header.

► Significant increased risk of hyperglycaemia in low birth weight infants, with prevalence in some studies of:

- 80% in BW < 750g
- 72% in BW < 1000g
- 68% in BW 1000- 1500g

(Kao et al 2006)

Slide 7

A slide with a dark purple header and a light purple background. The text is in white and red. A red tab is visible on the right side of the header.

LBW and hyperglycaemia:

- VLBW/ELBW have reduced tolerance for IV glucose administration due to limited amount of insulin dependent tissue (fat and muscle)
- Inadequate insulin secretory response to glucose
- inability to suppress glucose production in liver.
- Unable to cope with glucose in volume of fluid required to maintain hydration, particularly if presence of osmotic distress.

Slide 8

A slide with a dark purple header and a light purple background. The text is in white and red. A red tab is visible on the right side of the header.

Sabzehei (2014) found significant associations of hyperglycaemia with:

- Gestational age < 28 weeks
- birth weight < 1250g
- APGAR score < 6 at 5 mins
- RDS and surfactant replacement

All cause the release of stress hormones which can result in manifestation of hyperglycaemia.

Slide 9

Drugs affecting hyperglycaemia

- ▶ Rapid infusion of IV Dextrose
- ▶ Lipids
- ▶ Inotropes
- ▶ Theophylline (bronchodilator)
- ▶ Steroids

Slide 10

Drugs affecting Hyperglycaemia

- ▶ Dopamine: reduces insulin secretion and increase in insulin unresponsiveness
- ▶ Lipid infusion: impair insulin sensitivity and increase plasma free fatty acid for gluconeogenesis in the liver (Sabzehei et al. 2014)

(gluconeogenesis: metabolic pathway resulting in generation of glucose from certain non-carbohydrate carbon substrates)

Slide 11

Problems associated with hyperglycaemia

- ▶ Osmotic diuresis resulting in dehydration
- ▶ Late onset sepsis
- ▶ Intraventricular haemorrhage > grade 2
- ▶ Retinopathy of prematurity
- ▶ NEC ≥ Stage 2

Slide 12

Problems associated with hyperglycaemia

- ▶ Growth restriction
- ▶ Increased hospital stay
- ▶ Hyperglycaemia in the early days in the VLBW infant is an independent risk factor for increased mortality. (Simsek et al 2018)

Slide 13

Treatment options

- ▶ Reduce the rate of parenteral glucose infusion:
Reduce volume by fluid restriction or
reduce concentration of fluid.
- ▶ Administer IV insulin therapy

Slide 14

Reduced rate of glucose infusion

- ▶ Findings of a study carried out by Cowett (1976), suggested that simply reducing the glucose infusion rate may be effective in treating hyperglycaemia.
- ▶ However there is a potential risk of insufficient nutritional intake if reducing dextrose concentration
- ▶ Variable results in the literature to support reducing the rate of IV dextrose infusion as management of hyperglycaemia

Slide 15



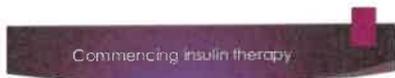
- ▶ Suggest maintaining GIR @ 4-6mg/kg/min and early insulin therapy
- ▶ Infants with hyperglycaemia are at higher risk of dehydration due to diuresis/insensible water loss may require reducing glucose concentration of fluids rather than volume of fluids.
- ▶ Consider impact of reducing parenteral nutrition rates and subsequent reduction of added proteins and electrolytes.
- ▶ Ensure volume is at < 180ml/kg/day

Slide 16



- ▶ Order TPN in lower dextrose concentration instead
- ▶ If medications reconstituted in dextrose solutions consider changing to saline solutions

Slide 17



Commencing insulin therapy

- ▶ If after above steps hyperglycaemia persists, consider starting IV insulin
- ▶ No consensus when to commence insulin therapy but should be closely supported by hyperglycaemia associated with significant glycosuria and diuresis.
- ▶ Some studies discuss prophylactic insulin use but this is not widely supported, may increase risks versus any benefits

Slide 18

Risks associated with insulin use

- ▶ Increased risk of hypoglycaemia
- ▶ Increased risk of mortality as a result.
- ▶ Some recent studies supporting bolus infusions of insulin to reduce glucose levels (Sabeshei, 2014).

Slide 19

▶ Starting rate:

0.01 units/kg/min – to a max rate of 0.1 units/kg/min

Increase at intervals of 0.01 units/kg/min

Monitor blood glucose regularly, risk of hypoglycaemia

Slide 20

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Slide 21

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Parenting Journey through NNU Powerpoint Presentation:

Slide 1



Slide 2

Learning Outcomes:

By the end of this session you will be able to:

- Identify stress factors affecting parents of a sick baby
- Understand the impact of having a baby in the NNU
- Recognise our role in caring for parents of a sick baby
- Understand the importance of family centred care and provide appropriate FCC to parents

Slide 3

Time out

* Identify 3 fears or emotions that might affect a parent of a baby in the NNU?



Slide 4



Slide 5

Loss and Grief

Grieving for:

- * Loss of pregnancy- due to early labour
- * Loss of 'normal' expectations
- * Grieving for their sick baby

Slide 6

Negative impacts for parents:

- Biggest emotional response by parents is stress!
- Number of influencing factors
- Affects every parent differently
- Everyone has different coping mechanisms

Slide 7

Shin and White- Traut (2007)

"The conceptual structure of transition to motherhood in the neonatal intensive care unit"

- Mothers will experience uncertainty, frustration, confusion, feeling of disappointment, sense of guilt and helplessness (Shin 2003).
- Negative feelings can impact their perception of the NICU
- Overwhelming sight of infant surrounded by lines and devices
- Fear of silent dying- afraid to visit baby in unit (Shin 2003).
- Afraid to ring for updates, get fathers to phone instead
- Alternatively might be afraid to leave baby alone

Slide 8

Maternal Stress in the NICU

- Parental Role alteration:
"being separated from baby"
- Infant appearance and behaviour:
"Helpless unable to protect baby from painful procedures"
- Sights and sounds
- Staff behaviour and communication



Slide 9

Stress

- * Separation anxiety
- * Stress of the NICU environment- noisy/overwhelming
- * Helplessness
- * Guilt
- * Isolated and alone
- * Fear of bonding
- * Fear of baby dying
- * Inconsistent communication from staff

Slide 10

Factors influencing Stress:

- * Previous sick neonate
- * Traumatic experience in the previous 12 months
- * Financial concerns- reality of a baby in hospital
- * Other children at home- splitting their time

Slide 11

Parent of ex 27 week twins

- * "Neo is the scariest and safest place I have ever been"
- * "Petriified of every beep, every fluctuating number on a screen"
- * "It is overwhelming. Some days are full of excitement, joy and celebration. Others are just torturous, plain and simple."

Slide 12

Barriers to bonding:

- * Separation of mother and baby- baby in NICU
- * Sick baby needing significant interventions
- * Noise and alarms in NICU causing fear and anxiety (Fernandez Medina 2018)
- * Delay seeing and bonding with infant in case they don't survive
- * Self-protecting measure- prevent hurt and grief if baby dies (Shin 2005)
- * Allocation of parental role: cannot feel like mothers when they can't care for or attend to baby-need consent from HCW (Fernandez Medina 2018)

Slide 13

Barriers to bonding:

- * Delayed visit to baby in NICU; hesitate in case they get bad news
- * Fear of the fragile sight of baby surrounded by wires and machines
- * Fear of introducing infection to small vulnerable baby; hesitate to touch baby
- * Unstable baby, no skin to skin for days/ weeks
- * Infants with diseases, developmental disorders, or premature birth are risk factors for bonding disorder (Dubbler 2015).

Slide 14

Consequences of poor bonding:

- * Increase likelihood of developing PND
- * Mothers of premature infants are twice as likely to develop postnatal depression in early postpartum period (Vigod et al. 2019).
- * Delayed bonding- lead to guilt and shame later on (Shin 2005)
- * Increased fear and anxiety of parents who don't form bond with baby
- * Can cause long-term consequences in child emotional and cognitive development (Chaka et al 2014)

Slide 15

Time out:

- * Can you identify 2 ways in which we can encourage parents to bond with baby?



Slide 16

How we can support Bonding:

- * Frequent Skin to skin (when able to do so)
- * Containment holding
- * Encourage involvement in cares
- * Encourage breastfeeding/ Expressing milk
- * Keeping a diary/ keepsake box
- * Talking/ reading to baby



Slide 17

Kangaroo care

- * <https://www.youtube.com/watch?v=2uq96a0C7IE>
- * <https://www.youtube.com/watch?v=2uq96a0C7IE>

Slide 18

How can we help?

"Nurses can assist parents of NICU infants by informing them of the infant's treatment plan and procedures, answering parents' questions honestly, actively listening to their fears and expectations, assuring parents that their infant is receiving the best care possible, demonstrating a genuine concern for the whole family, assisting parents in understanding infant responses to hospitalization, handling the infant gently, and providing comfort measures to the infant"

(Wise 2003)

Slide 19

Our role in caring for the parents:

- * Provide education and answer questions
- * Listening to their worries and concerns
- * Providing reassurances
- * Include family in care and decision making
- * Encourage active involvement in care
- * Encourage them to talk to other mothers/ bereavement CMS

Show empathy and compassion.

Slide 20



"The personal touch of considerate and sensitive staff made all the difference" (Howell and Gahan 2011 pp 161)

"The staff were always ready to offer much needed reassurance, positivity and around the shoulder. Issues in dry the tears, laughter, personal experiences and stories, explanations numerous times to help make sense of everything and the utmost care and love for the babies" (Bernardassel L. parent of an ex 24 week old baby girl)

Slide 21

Family-centred care:

Broadly defined as promoting a partnership between the parents and healthcare professionals in the care of the child (Smith et al 2002)

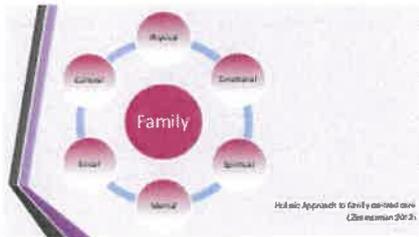


Slide 22

Core principles of family centred care:

- showing respect and understanding;
- providing information and education to families;
- achieving coordinating care through effective communication;
- providing physical support;
- providing emotional support and;
- involving parents in decision-making and care (Laloux et al. 2008).

Slide 23



Slide 24

Mental/ emotional Care:

- * What can we do antenatally?
- * Awareness and education can ease anxiety
- * Antenatal visits to neo
- * Antenatal meetings with bereavement CMS, ANNP, consultant
- * Education on potential need for neonatal care

* "... I wish that at the entry there would be a very kind person that gives them that sense of security and says, 'Hello! How are you? this is the unit, look, that is the place where the babies are going to be...'" (Hernandez 2016 p108)

Slide 25

Admission to NNU

- * Informing parents of what to expect
- * Does parent understand why baby needs neonatal care?
- * What are we monitoring... why?
- * What are we doing?
- * Why are we doing it?
- * Arrange to speak with consultant



Slide 26

Spiritual

- * Would the parents like the baby blessed?
- * Awareness of different religious and cultural beliefs/ traditions
- * Respect and dignity of same
- * Can have different beliefs around death and procedures once a baby dies

Cultural

- * Awareness of cultural differences for some families
- * Assessing individual families needs
- * Example: some cultures all communication is through the father

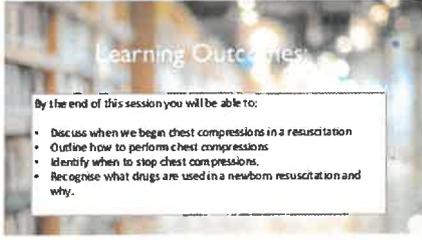
Social

- * Assessing the social needs of the family
- * Financial concerns for families-
- * distance from hospital?
- * Does either parent drive?
- * Have they other children at home?
- * Involve medical social worker when required
- * Family to be kept informed

Social Factors:

- * Drug dependent mothers: babies with neonatal abstinence syndrome
- * Babies awaiting fostering or adoption
- * Housing:
 - Mothers with unsuitable homes for a baby
 - Mothers living in refuge homes
 - Mothers in violent relationships

Slide 3



Learning Outcomes

By the end of this session you will be able to:

- Discuss when we begin chest compressions in a resuscitation
- Outline how to perform chest compressions
- Identify when to stop chest compressions.
- Recognise what drugs are used in a newborn resuscitation and why.

Slide 4



Socrative Quiz

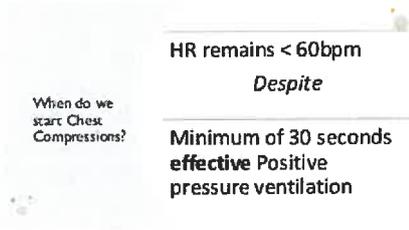
www.Socrative.com

Login as student

KEYES9450

Initial steps quiz

Slide 5



When do we start Chest Compressions?

HR remains < 60bpm
Despite

Minimum of 30 seconds
effective Positive pressure ventilation

Slide 6

Remember

- Most babies will respond to effective ventilation!!
- More important to ensure adequate ventilation being given
- Utilise MR SOPA corrective steps
- Observe for a heart rate

Slide 7

No response to HR with effective ventilation:

- An alternate airway (final step in MR SOPA) should be inserted- usually an ETT
- Oxygen ALWAYS increased to 100%
- Baseline HR rate auscultated with stethoscope
- Chest compressions commenced using the two thumb technique

Slide 8

Two Thumb Technique

- Point located above the xiphoid, below the line of the nipple
- Two thumbs side by side, hands circle around infant's chest for support
- Thumbs pointing down onto chest wall



Slide 9

Two Thumb Technique

- Always compressed to 1/3 the anterior-posterior diameter of the chest (approx. 4-5 cm) and 1/3 the width of the chest.
- Always cycle pressure about 1/2 in. between decompression and 8 cm.
- Rebreathing allowed between each cycle to allow for full chest recoil.
- Do not lift fingers off chest until you release pressure.

Slide 10

Counting (one-and-two-and-three-and-breath-and)

-  Aiming for 120 cycles per minute
-  This is 90 compressions: 30 ventilation breaths (2 second cycle).

Slide 11

Rechecking the Heart Rate

Heart Rate should be reassessed every 60 seconds



Slide 12

When do we stop Chest Compressions?

- ECG leads are advised when commencing chest compressions
- Easier and quicker assessment of HR
- Chest compressions are stopped once the HR is > 60bpm

Slide 13

Summary:

- Start of HR < 60bpm after 30 seconds effective PPV
- Two thumb technique: above the xiphoid, below the line of the nipple
- Depth is 1/3 diameter of the chest wall
- Ratio 90 compressions: 30 breaths per minute
- Counted as: one-and-two-and-three-and-breath-and
- Assess HR every 60 seconds
- Stop when HR > 60bpm

Slide 14

Resus Drugs:

- Adrenaline: epinephrine 1:10,000
- NaCl 0.9%
- PRBC (Paediatric Red Blood Cells)

Slide 15

Adrenaline

- Epinephrine 1:10,000
- Used to stimulate the failing heart in resuscitation
- Causes vasoconstriction: increasing coronary perfusion pressure and myocardial blood flow (Burchfield 1993)
- Can be administered via central access route OR via the ETT
- The ETT route should only be used while awaiting vascular access (Barber and Wyclicki, 2006).

Slide 16

Adrenaline Dose

- 0.1- 0.3 ml/kg IV (Preferred route)
- 0.5- 1 ml/kg ETT
- Repeated every 3- 5 minutes if HR < 60 bpm

Slide 17

Note

- First dose given if HR < 60 bpm after 60 seconds of chest compressions
- Follow IV adrenaline with flush of 0.9% NaCl of 0.5- 1 ml- given as a rapid push
- IV adrenaline given as soon as access established even if dose just given via ETT.

Volume Expanders

- 1. Indicated in a prolonged resuscitation where there are signs of shock or a history of acute blood loss
- 2. Given IV over 5-10 minutes as a push
- 3. NaCl 0.9% or Paediatric emergency red blood cells
- 4. Dose: 10mls/kg

Summary: Fill in The Blanks

1. Chest compressions are started if HR < ____ bpm after 30 seconds effective PPV
2. ____ technique: placed above the sternal, below the line of the nipple
3. Compress to a depth of 1/3 anterior-posterior diameter of the chest wall
4. 120 cycles per minute: Ratio ____ compressions: 30 breaths per minute
5. Assess HR every ____ seconds
6. Stop when HR > 60bpm

Prevention and Management of Hypoglycaemia in the New-born Powerpoint Presentation:

Slide 1



Prevention and Management of Hypoglycaemia in the New-born



Slide 2

Learning Outcomes

By the end of this session you will be able to:

- Identify the infants at risk of developing hypoglycaemia
- Recognise early signs and symptoms of hypoglycaemia
- Discuss the care for a baby at risk of hypoglycaemia
- Outline the management of new-born hypoglycaemia



Slide 3

Hypoglycaemia

- Global health problem and a preventable cause of neurological injury during the neonatal period
- Prolonged episodes of hypoglycaemia are associated with increased risk of neurological impairment
- WHO defines hypoglycaemia as a blood glucose < 2.6 mmol/L
- Hypoglycaemia is recognised a significant predictor of admission to the neonatal ICU



Slide 4

Risk Factors: Maternal

- Infants of diabetic mothers: increased foetal insulin production due to exposure to increased glucose levels
- Pre-eclampsia and maternal hypertension: increased risk of babies born IUGR or SGA
- Treatment with beta-blockers in the 3rd trimester
- Treatment with anti-depressants
- Drug abuse

Wheeler et al. et al. 2020



Slide 5

Risk Factors: Infant

- ▶ Preterm babies (< 37 weeks)
- ▶ Small for gestational age or intrauterine growth restriction
- ▶ Large for gestational age: these babies rapidly utilize stores & require regular feeding to prevent hypoglycaemia
- ▶ Inborn errors of metabolism: eg galactosaemia, congenital hyperinsulinemia
- ▶ Other: hypothermia, infection, perinatal asphyxia, feeding difficulties, vomiting

Wickham et al. 2010



Slide 6

UMHL Policy on Hypoglycaemia Management

- Babies at Increased Risk for Hypoglycaemia:
- ▶ Babies of Mothers with Diabetes (Gestational, Type 1 and Type 2 DM)
 - ▶ Premature babies (< 37 weeks)
 - ▶ Small for Gestational Age babies (< or = 2nd centile)
 - ▶ Large for Gestational Age babies (> or = 98th centile)
 - ▶ Babies of Mothers on beta blocker medication such as labetalol in 3rd trimester



Slide 7

Symptoms of Hypoglycaemia

- | | | |
|------------------------|----------------------|-------------------------------------|
| ▶ <u>Neurological:</u> | <u>General:</u> | <u>Circulatory and Respiratory:</u> |
| hypotonia | Poor feeding | Cyanosis, Pallor |
| lethargy | Hypothermia | Apnoea |
| irritability | Sweating | Tachypnoea |
| seizures | Jitteriness, tremors | Bradycardia |
| | | Collapse |



Slide 8

Prevention

- ▶ At risk infants need to be identified to ensure strict monitoring and prevention of hypoglycaemia
- ▶ Early identification and prompt treatment are vital
- ▶ Infants should be kept warm (wasting skin to skin with mother after delivery)
- ▶ Feeding either by breast or bottle should be initiated within 1 hour after birth and 3 hourly thereafter
- ▶ Appear feed sugar should be assessed pre the 2nd feed
- ▶ Regular pre feed blood glucose monitoring until 2 consecutive readings $> 3.0\text{mmol/L}$

Slide 9

Monitoring for Hypoglycaemia

- ▶ Parents need to be involved in the discussion regarding blood glucose monitoring and the importance of feeding baby regularly
- ▶ Measurements are taken from a heel prick sample using blood glucose monitoring machine
- ▶ Universal hand hygiene precautions are followed
- ▶ If the blood glucose level falls $< 2.6\text{mmol/L}$, intervention is required as per policy guidance
- ▶ Blood monitoring can discontinue once 2 consecutive levels $> 3.0\text{mmol/L}$

Slide 10



Slide 11

Treatment on Postnatal Ward

- ▶ 40% Dextrose Buccal Gel (glucogel) has been introduced as a method for treating hypoglycaemia in recent years
- ▶ Aim is to prevent need for IV fluids
- ▶ Has been shown to be effective at reversing neonatal hypoglycaemia (Harris et al, 2013)
- ▶ Benefits include: can stay with mother, improved attachment, continue to establish breast feeding, reduced length of hospital stay

Slide 12

Criteria for administration of Glucogel 40%

- ▶ Babies must be 35 weeks or greater
- ▶ Age > 48 hours
- ▶ Be alert and able to swallow
- ▶ Blood glucose > 1.8mmol/L and < 2.6mmol/L, where infants show no clinical signs of hypoglycaemia
- ▶ It is essential to involve and educate mother in devising infant's feeding plan to ensure compliance

(NHX: hypoglycaemia management policy 2018)

Slide 13

- ▶ During monitoring period maximum of x2 glucogel to be given
- ▶ Blood sugar to be repeated 30 minutes following administration of oral gel
- ▶ If third blood glucose < 2.6 mmol/L for third glucogel and admitted straight to neonatal unit
- ▶ If blood glucose < 1.8 mmol/L for glucogel and immediate admission to neonatal unit
- ▶ SHO/Registrar to be updated of low blood glucose to review infant

Slide 14

Administration of glucoGel 40%

- ▶ perform hand hygiene and apply sterile gloves
- ▶ Baby's mouth is dried orally with gauze
- ▶ Required dose (0.5ml/kg) 40% dextrose buccal gel applied into the buccal membrane
- ▶ May be necessary to give in two divided doses - into either cheek
- ▶ Encourage baby to feed post administration of gel - may syringe feed if baby uninterested in breast or bottle
- ▶ Inform SHO/Registrar following administration of gel

(M&H, paediatrics in emergency, p.103012)



Slide 15

- ▶ If infant not feeding effectively on breast - then it is reasonable to supplement with EBM or formula at each feed.
- ▶ If blood sugars persistently <2.6 mmol/L after x 2 glucoGel and effective feeding - for admission to NICU for NG feeds +/- IV fluids.
- ▶ Commenced on 10% Dextrose IV - blood sugar checked after 30 mins - 1 hour.



Slide 16

- ▶ Newborns with persistently low blood sugars require IV fluids and further investigation.
- ▶ May require increased dextrose concentration
- ▶ Consult with endocrinologist - may require intensive treatment including glucose.
- ▶ Severe, prolonged or recurrent hypoglycaemia is most likely due to a metabolic disorder.



Slide 17

Prognosis

- ▶ Severe symptomatic hypoglycaemia - a very poor prognosis.
- ▶ Approximately half of these babies will die & half survive with neurodevelopmental abnormalities - including cognitive delay, convulsions, hypertension, macrocephaly.
- ▶ NB: Prevention of symptomatic hypoglycaemia is one of the most important factors of preventing brain damage.

Slide 18

Q&A

- ▶ How often does your baby respond to the sugar bolus?

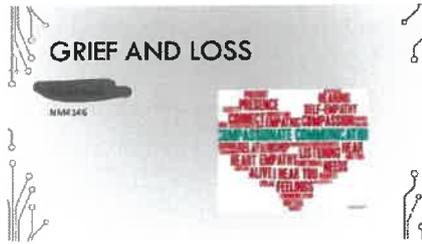
Slide 19

References

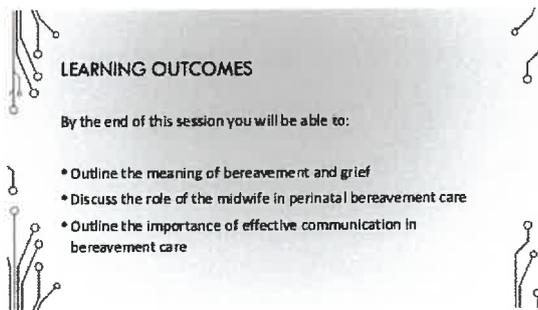
- ▶ Wackenberg, D. et al. (2020) Swedish national guideline for prevention and treatment of neonatal hypoglycaemia in newborn infants with gestational age ≥ 35 weeks. *Acta Paediatrica: [Online]* 109(1): 31-48
- ▶ Rowan, JA, Higgin, WM, Gao W, Bastin MR, Moore MP, MGD Trial Investigators. Metformin versus insulin for the treatment of gestational diabetes. *N Engl J Med* 2008; 358: 2003-2015
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Bereavement Care Powerpoint Presentation:

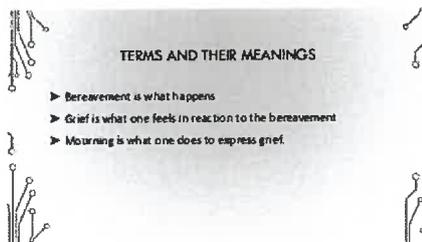
Slide 1



Slide 2



Slide 3



Slide 4



The growing need for compassionate bereavement education for all involved in caring for women and their families has been highlighted in recent studies (Heazel et al, 2016).

Staff have identified training and education as key priorities for them in caring for bereaved families (O'Connell et al, 2015).

Slide 5



BEREAVEMENT

Bereavement describes the entire experience of family members and friends in the anticipation of death and subsequent adjustment to living following the death of a loved one (Christ et al., 2003).

It takes account of the unique individual experience of the bereaved person (National Clinical Programme for Palliative Care Glossary of Terms, 2012).

Slide 6

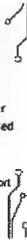
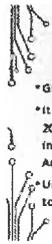


BEREAVEMENT CONTINUED.

It can be characterized as a complex emotional response, most commonly manifesting as grief in both the mother and father, often expressed differently between males and females, both in intensity and duration (Fenstermacher and Hupcey 2013 p2394).

It can help to think of bereavement as a wound that needs time to heal. This healing process cannot be hurried and affects each of us differently.

Slide 7



GRIEF

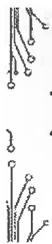
- * Grief is a symptom of bereavement (Renady and Wilson, 2008).
- * It is the emotional reaction that follows the loss of a valued other (Brier 2008), characterised by intense and deep sorrow that may be manifested in psychological, physical, behavioral, or social ways (Bartelas and Van Aerda 2003).
- * Understanding the complexities of this experience and providing support to the bereaved is a critical part of our care.

Slide 8



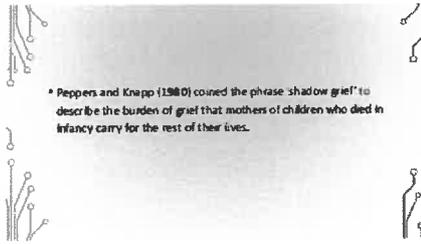
- * There is no right or wrong way of grieving. We need to acknowledge individuals feelings and expression of feelings. (Talking about bereavement- NHS)
- * The expression of grief is a universal response by which people adapt to a significant loss, the loss of something, which was theirs, a valued possession which had special meaning (Wright, 2007).

Slide 9



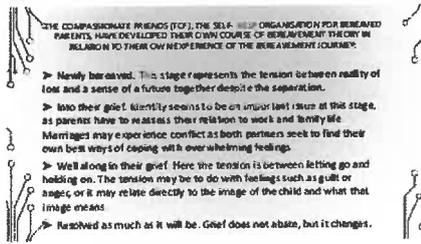
- * The loss of a child is perceived as different to other griefs. As one parent put it.
- * 'When you lose your parents, you lose your past; when you lose a child, you lose your future.'

Slide 10



Peppers and Knapp (1980) coined the phrase "shadow grief" to describe the burden of grief that mothers of children who died in infancy carry for the rest of their lives.

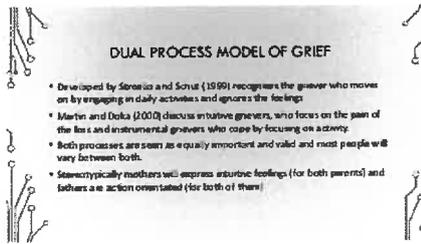
Slide 11



THE COMPASSIONATE FRIENDS (CF), THE SELF-HELP ORGANIZATION FOR BEGRIEVED PARENTS, HAVE DEVELOPED THEIR OWN COURSE OF BEGRIEVEMENT THEORY IN RELATION TO THEIR OWN EXPERIENCE OF THE BEGRIEVEMENT JOURNEY:

- Newly bereaved. This stage represents the tension between reality of loss and a sense of a future together despite the separation.
- Into their grief. Family seems to be an unworldly issue at this stage, as parents have to reassess their relation to work and family life. Marriages may experience conflict as both partners seek to find their own best ways of coping with overwhelming feelings.
- Well along in their grief. Here the tension is between letting go and holding on. The tension may be to do with feelings such as guilt or anger, or it may relate directly to the image of the child and what that image means.
- Resolved as much as it will be. Grief does not abate, but it changes.

Slide 12



DUAL PROCESS MODEL OF GRIEF

- Developed by Stroebe and Soren (1990) recognizes the griever who moves on by engaging in daily activities and ignores the feelings
- Martin and Doka (2000) discuss expressive grievers, who focus on the pain of the loss and instrumental grievers who cope by focusing on activity
- Both processes are seen as equally important and valid and most people will vary between both.
- Sexually mothers will express expressive feelings (for both parents) and fathers are action orientated (for both of them)

Slide 13



GRIEF AND RELATIONSHIPS

- Two people cannot grieve at the same pace nor tend to each other's needs without sacrificing their own.
- One father put it this way: "It's like both of you having flu at the same time. You feel so wretched that you can't help your partner."
- Different grieving methods and time frames can lead to resentment of the other person.



Slide 14



ROLE AS THE MIDWIFE

- Role of the midwife in bereavement care is to provide open and honest communication to parents, offering support and guidance following a perinatal loss (Hoeris et al, 2008).



Slide 15



PERINATAL LOSS

- Perinatal loss affects on average 30% of pregnancies. This can be through miscarriage, stillbirth, sudden infant death, foetal death, and termination.
- Regardless of circumstances of how pregnancy ended, there is still the loss of an antenatal emotional attachment.



Slide 16



PERINATAL LOSS AND GRIEF CAN BE EXPERIENCED THROUGH:

- Ectopic pregnancy
- Molar pregnancy
- First trimester miscarriage
- Second trimester miscarriage
- Still birth
- Neonatal death
- Termination of pregnancy



Slide 17



PERINATAL DEATHS: DEFINITIONS

- **Miscarriage:** is the loss of a baby before viability. A miscarriage may occur during the first trimester (early miscarriage) or during the second trimester (late miscarriage)
- **Stillbirth:** a child born weighing > 500g or at a gestational age of > 24 weeks who shows no signs of life (Stillbirth Registration Act, 1994)
- **Early Neonatal Death:** Death of live born baby occurring within 7 completed days of birth



Slide 18



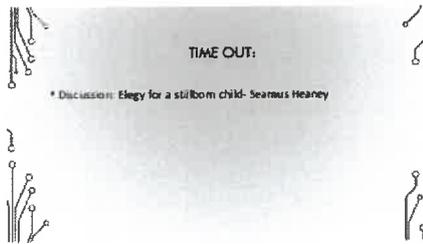
PERINATAL DEATHS

- **Late Neonatal Death:** Death of a live born baby occurring after the 7th and within 28 completed days of birth.
- **Live Birth:** Birth of an infant which, after complete separation from his/her mother, shows sign of life. Evidence of life includes breathing movements, presence of a heart beat, pulsation of the cord or definite movement of voluntary muscles.

(RCP & HSE Clinical Practice Guideline Number 4, 2011)



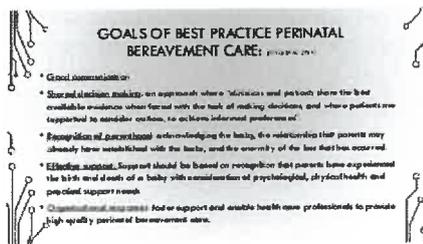
Slide 19



TIME OUT:

- * Discussion: Elegy for a stillborn child- Seamus Heaney

Slide 20



GOALS OF BEST PRACTICE PERINATAL BEREAVEMENT CARE:

- * Gradual information: an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to exercise choice, to achieve informed preference.
- * Recognition of...: acknowledgment for both the individuality that parents may already have established with the baby, and the severity of the loss that has occurred.
- * Effective support: Support should be based on recognition that parents have experienced the birth and death of a baby with consideration of psychological, physical health, and practical support needs.
- * Organizational...: Foster support and enable health care professionals to provide high quality perinatal bereavement care.

Slide 21



FOUR STANDARDS OF BEREAVEMENT CARE:

- * Bereavement Care
- * The hospital
- * The baby and parents
- * The staff



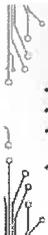
Slide 22



IMPORTANCE OF BEREAVEMENT CARE

- * Bereaved Parents and their interactions with health professionals often have a profound effect on their capacity to cope with their loss and can consequently have a negative impact if poorly managed (Downe et al, 2003).

Slide 23



GENERAL PRINCIPLES UNDERPINNING CARE

- * Honesty and Directness
- * Cultural Awareness
- * Timed Information- recognising verbal and non verbal cues of acceptance
- * Communication- with parents and other staff members

Slide 24



THE DO'S AND DON'TS WHEN COMMUNICATING WITH BEREAVED FAMILIES

DO'S	DON'TS
<ul style="list-style-type: none">* Acknowledge their grief* Take time to listen - empathically* Suggest a quiet place to sit together* Use the name of the person who has died* Share resources - notices and cards* Remember everyone is different	<ul style="list-style-type: none">* Say you know how they feel - you don't! Talk about your own experiences* Use phrases like 'time is a great healer'* Rush the conversation* Promise what you cannot deliver* Forget that you need support too

Slide 25



Slide 26



Slide 27

- PATIENT CENTRED COMMUNICATION SKILLS**
- Using open-ended questions allowing time for the patient to consider and answer
 - Avoid medical jargon and interrupting statements
 - Empathy and establishing rapport
 - Listening
 - Nonverbal behaviors such as: Open body language, positive affect
 - attentiveness.

Slide 28



REACTIONS TO PERINATAL LOSS WE MAY WITNESS

- Shock, disbelief, denial
- Anger, sadness, inability to relax
- Guilt, fear, helplessness, despair
- Some may appear detached or unaffected
- Some may need to talk it through to absorb the reality
- Each person will react in their own way to the loss of a baby or fetus
- Needs and reactions may vary depending on gestation

Slide 29



WHAT DO PARENTS NEED FROM US?

- To have their loss acknowledged and being present
- Non-judgmental listening - encouraging them to talk
- Genuine empathy and compassion
- Continuity of care
- Offering reassurance about feelings
- Practical help - creating memories, guidance when decision making, information
- Time
- Privacy to grieve, dignified space
- Follow up care - support along with results of investigations if appropriate

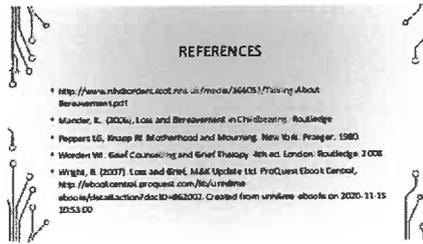
Slide 30



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- Wright, B. (2007). *Loss and Grief: A Guide to the Professional's Role*. Corbett, G. (ed.) <https://www.grief.com.au/>
- <https://www.nhs.uk/healthcare-professionals/loss-and-grief/>

Slide 31



(Poem used in Bereavement Presentation for Groupwork)

Elegy for a Stillborn Child

I

You mother walks light as an empty creel
Unlearning the intimate nudge and pull
Your trussed-up weight of seed-flesh and bone-curd
Had insisted on. That evicted world
Contracts round its history, its scar.
Doomsday struck when your collapsed sphere
Extinguished itself in our atmosphere,
Your mother heavy with the lightness in her.

II

For six months you stayed cartographer
Charting my friend from husband towards father
He guessed a globe behind your steady mound.
Then the pole fell, shooting star, into the ground.

III

On lonely journeys I think of it all,

Birth of death, exhumation for burial,
A wreath of small clothes, a memorial pram,
And parents reaching for a phantom limb.
I drive by remote control on this bare road
Under a drizzling sky, a circling rock.
Past mountain fields, full to the brim with cloud,
White waves riding home on a wintry lough.

Seamus Heaney

Log of Large Group Teaching – Lecturing (15 Hours)

Date	Duration of Session	No of Students	Title of the Course/Programme students attending	Students stage of education /training	Session / Topic Title	Teaching Strategies	Total no of hours	Included in Portfolio Y/N	Signature of Mentor/Tutor
16/02/21	2 Hours	13	HDip Midwifery	Higher diploma students, semester 1	Newborn Bloodspot Screening	Powerpoint, synchronous.	2	N	
26/11/20	2 Hours	21	BSc Midwifery	2 nd Year students, semester 1	Physiological Jaundice	Powerpoint presentation, synchronous, whiteboard, polls, Microsoft quiz	6	N	
02/02/21	2 Hours	13	Higher Diploma in Midwifery	HDip students, semester 1	Early warning system	Powerpoint presentation	8	N	
4/11/21	2 Hours	100+	BSc Midwifery, General Nursing, Mental Health Nursing, Intellectual Disability Nursing	1 st year, semester 1	Temperature and Respirations	Powerpoint presentation	10	N	
11/11/21	2 Hours	100+	BSc Midwifery, General Nursing, Mental Health Nursing, Intellectual Disability Nursing	1 st year, semester 1	Infection in the neonate	Powerpoint, synchronous, quiz, whiteboard.	11	N	
18/02/21	1 Hour	18	BSc Midwifery	3 rd Year students, semester 2	Hypoglycaemia	Powerpoint, synchronous, quiz, whiteboard, poll	13	Y	
04/02/21	2 Hours	16	Bsc Midwifery	3 rd Year students, semester 2	Parenteral Nutrition	Powerpoint, Real-life Scenarios, Case studies	15	N	
Sept 2021	2 Hour	35	Neonatal nurses and midwives	Staff Training					

Student Signature: _____

Log of Clinical Skills Teaching (15 Hours)

Date	Duration of Session	No of Students	Title of the Course / Programme students attending	Students stage of education /training	Session / Topic Title	Teaching Strategies	Total no of hours	Included in Portfolio Y/N	Signature of Mentor/Tutor
07/12/20	1 Hour	4	BSc Midwifery	3 rd Year students, semester 1	Nasogastric feeding and insertion	Handouts, Demo	1	N	[Redacted]
16/03/21	2 Hours	21	BSc Midwifery	3 rd Year students, semester 2	Initial steps of Resuscitation and PPV	Hands on demonstration/ scenarios	2	N	[Redacted]
20/04/21	2 Hours	21	BSc Midwifery	3 rd Year students, semester 2	Chest Compressions	Hands on demonstration/ scenarios	5	N	[Redacted]
11/03/21	2 Hours	15	BSc Midwifery	3 rd Year students, semester 2	First steps-Attending Deliveries.	Powerpoint, synchronous, simulations, hands on demonstrations	7	N	[Redacted]
October 2021	1 Hour	20	Neonatal Staff nurses	Recap for senior staff, introduction for new staff	Chest drain scup and care	Hands on demonstrations and practical	8	N	[Redacted]
11/12/20	4 Hours - x 2 sessions	19 (total)	BSc Midwifery	4 th Year Pre internship students	Newborn Resuscitation Programme	Powerpoint Presentation, hands on activities, Simulations with assessment	16	N	[Redacted]

Student Signature: [Redacted]

Log of Small Group Teaching (15 Hours)

Date	Duration of Session	No of Students	Title of the Course /Programme students attending	Students stage of education /training	Session / Topic Title	Teaching Strategies	Total no of hours	Included in Portfolio Y/N	Signature of Mentor/Tutor
23/02/21	2 Hours	10	Higher Diploma in Midwifery	1 st semester Midwifery	Bereavement Care	Online Synchronous, group discussion, Polls, Poem interpretation in group work.	4	Y	
15/04/21	2 Hours	9	BSc Midwifery	2 nd Semester 3 rd Years	Preterm and Low birth weight infant	Powerpoint, synchronous, chatbox, poll, whiteboard.	8	N	
02/02/21	2 Hours	16	BSc Midwifery	3 rd Year Students, semester 2		Powerpoint, synchronous, chatbox, poll, whiteboard.			
04/10/21	2 Hours	10	Higher Diploma in Midwifery	Semester 2 Midwifery HDip		Powerpoint, printed handouts, interactive-questions and answers			
25/02/21	2 Hours	16	BSc Midwifery	3 rd Year students, semester 2	Pathological Jaundice	Powerpoint, synchronous, Fill in the blanks recap quiz, whiteboard.	12	N	
27/10/21	2 Hours	10	Higher Diploma in Midwifery	HDip students semester 1		Powerpoint, handouts, fill in the blanks recap quiz, pause for questions.			
22/02/21	2 Hours	10	Higher Diploma in Midwifery	HDip students, semester 1	Postnatal check of the newborn	Powerpoint, synchronous, chat box.	14	N	
06/03/21	1½ Hours	12	BSc Midwifery	3 rd Year Midwifery students, semester 2	Chest compressions in the newborn	Powerpoint, synchronous and asynchronous, chat box, fill in the blanks quiz	15.5	Y	

Student Signature: _____

Log of Innovative Teaching (25 Hours)

Date	Duration of Session	No of Students	Title of the Course /Programme students attending	Students stage of education /training	Session / Topic Title	Teaching Strategies	Total no of hours	Included in Portfolio Y/N	Signature of Mentor/Tutor
29/03/21	10 Minutes	9	MSc in Nursing Education	MSc nursing students, semester 2	Prevention and Management of Hypoglycaemia on Postnatal Ward	Powerpoint, synchronous session, use of chat box, fill in the blanks quiz	1	N	
23/11/20	5 Minutes		MSc in Nursing Education	MSc nursing students, semester 1	Chest compressions	Asynchronous, Powerpoint, video.	2	Y	
10/09/21	1 hour	50	BSc in General Nursing	3 rd Year BSc Nursing students	Information video	Pre-recorded education video on the NICU	3	N	
16/02/21	2 Hours	26	BSc Midwifery	2 nd year students, semester 1	Newborn Bloodspot Screening	Powerpoint, synchronous.	5	N	
August 2021	30 Minutes each		Digital Badge		Digital Skills in Higher Education Understanding digital Images Digital badge for 'search'		7	Y	
21/07/21	4 Hours	8	Neonatal Medical Staff	Paediatric Registrars and SHO	Digital Research skills Care of the Deteriorating Infant	Skills demos, scenarios, debriefing session and discussion	11	N	
13/10/21	1 Hour	100+	Higher Options: Virtual Event	Potential Nursing Students	"Ask the Experts"	Flipped Classroom, students asking questions	12	N	

11/11/21	2 Hours	15	Curriculum Development Programme	Neonatal ANP, CSF, CMM and Course director for PG Dip in neonatal intensive care	PG Dip Neonatal Intensive Care	Revising curriculum, designing core module assessment questions	14	N	
2/11/21	1 hour	9	Interim procedural change for collapsed baby on postnatal ward	Midwifery staff, neonatal staff, paediatric doctors	"Collapsed baby to labour ward"	Real-life simulation, structured feedback, and report	15	N	
11/12/20	4 Hours	19 (total)	BSc Midwifery	4 th Year Pre internship students	Newborn Resuscitation Programme	Powerpoint Presentation, hands on activities, Simulations with assessment	19	N	
04/02/21	2 Hours	20	BSc Midwifery	2 nd Semester 3 rd Year students	Parenting Journey through the Neonatal Unit	Online Synchronous, Powerpoint, Youtube video, Polls, whiteboard, Mentimeter	23	Y	
08/09/21	2 Hours	10	Higher Diploma in Midwifery	Semester 2 HDip students		Powerpoint, Youtube video, question and answering			
25/11/21	2 Hours	10	Higher Diploma in Midwifery	Semester 2 HDip students	Hypoglycaemia	Powerpoint, synchronous, quiz, whiteboard, poll	25	Y	

Student Signature 

Log of Discretionary Hours (10 Hours)

Date	Duration of Session	No of Students	Title of the Course / Programme students attending	Students stage of education / training	Session / Topic Title	Teaching Strategies	Total no of hours	Included in Portfolio Y/N	Signature of Mentor/Tutor
01/02/21	1 Hour	21	BSc Midwifery	3 rd Year students, semester 2	Assignment question preparation	Creating assignment question	1	N	[Redacted]
12/10/21	2 Hours	8	Paediatric Nursing Staff	New staff members (orientation)	Identifying and managing the ill neonate	Powerpoint presentation, Video, interactive questions and answers	3	N	[Redacted]
19/11/21	2 Hours	12	PG Diploma in Neonatal Intensive Care	Neonatal CSF, ANNP, CMM, programme director	Programme Development	Programme development and overview of PG diploma in NICU	5	N	[Redacted]
04/12/20	30 Minutes	4	BSc Midwifery	3 rd year students, semester 1	Care of the infant receiving phototherapy	Handouts, hands on demonstration.	6	N	[Redacted]
12/10/21	30 minutes	4	Staff Nurses (orientation)	New to neonates		Powerpoint presentation, handouts, hands on demonstration			[Redacted]
14/10/20	1 Hours	2	PG Diploma in Neonatal Nursing	Post Graduate, semester 1	Basic Principles of Ventilation	Hands on Demo/ Handouts	7	N	[Redacted]
04/12/20	2 Hour	10	Bsc Midwifery	3 rd Year students, semester 1	Vital Sign Assessment	Handouts, hands on demonstrations	11	N	[Redacted]
12/10/21	2 Hour	4	Staff Nurses (orientation)	New staff to neonates		Powerpoint presentation, handouts, hands on demonstration			[Redacted]

Student Signature: [Redacted]

Log of student mentorship (10 hours)

Date	Duration of Session	No of Students	Title of the Course /Programme students attending	Students stage of education /training	Session / Topic Title	Teaching Strategies	Total no of hours	Included in Portfolio Y/N	Signature of Mentor/Tutor
28/1/20	30 Minutes	15	Hyperglycaemia: Case study reflection and Evidence based practice	Neonatal Staff (ANNP, CSF, PG Dip students)	Hyperglycaemia	Powerpoint presentation, Case study presentation	1	Y	[Redacted]
12/12/20	2 Hours	2	PG Diploma in neonatal nursing	Semester 1 Postgraduate	1 st Case Study Presentation	Case study presentation, Verbal Feedback, Future goal setting	3	N	[Redacted]
16/04/21	2 Hours	2	PG Diploma in neonatal nursing	Semester 2 Postgraduate	2 nd Case study presentation	Case study presentation, Verbal Feedback, future goal setting	5	N	[Redacted]
04/11/21	1 hour	4	PG Diploma in neonatal nursing	Semester 1 Postgraduate	Pleural effusion, chylothorax and infant care	Case presentation, handouts,	6	N	[Redacted]
20/05/21	2 Hours	4	Principles in Neonatal High Dependency Care	Module 1	Neonatal Respiratory Care	Handouts, Case presentation, Demonstration, Active participation in infant care.	10	N	[Redacted]
14/09/21			Principles of Neonatal Intensive Care	Module 2					[Redacted]

Student Signature: [Redacted]

Log of Supervised Student Assessment (10 hours)

Date	Duration of Session	No of Students	Title of the Course / Programme students attending	Students stage of education /training	Session / Topic Title	Teaching Strategies	Total no of hours	Included in Portfolio Y/N	Signature of Mentor/Tutor /
29/03/21	2 Hours	9	MSc Nursing Education	First Year MSc students, semester 2	Micro teaching	Feedback	2	N	[Redacted]
19/12/20	3 Hours	7	BSc Midwifery	2 nd year students: semester 1	Thermoregulation in the Newborn	Assignment Corrections and Feedback	5	N	[Redacted]
23/1/21	2 Hours	10	HDM Midwifery	2 nd semester HDM	Newborn resuscitation- OSCE assessment	Assessment of NRP strategies- evaluation of practice	7	N	[Redacted]
23/1/21	3 hours	9	BSc Midwifery	Semester 1	Newborn examination OSCE assessment	Assessment of newborn examination	10	N	[Redacted]

Student Signature: [Redacted]

Student Session Evaluations:

Feedback for Parenting Journey through NNU- student comments collated (22/01/21)

How did you find today's session?

- Really interesting
- extremely informative,
- engaging,
- easy to follow,
- compassionate,
- well explained,
- very structured,
- very interactive,
- really good speaker.

How could this session be improved? (Student feedback answers collated)

- More videos
- It would help if I had this class before my placement in neo
- Nothing it was fantastic.

Feedback for Bereavement Care- student comments collated: (23/02/21)

How did you find today's session?

- Relative to practice
- A big part of midwifery
- Necessary
- Very informative
- Very interesting
- Engaging
- Interactive
- Hearing other people's experiences
- Helpful
- Descriptive

How could this session be improved? (Students feedback answers collated)

- More group work
- Better if face to face
- More shared experiences

Feedback for Chest compressions in the Newborn- student comments collated: (06/04/21)

How did you find today's session?

- Engaging
- Good demonstration
- 10 out of 10
- Beneficial, engaging

- Well presented
- Easy to understand
- Very informative

Micro teaching Evaluations:

Marking criteria (20%): 5 = Excellent; 4 = very good; 3 = satisfactory; 2 = Weak; 1 = fail

Student: [redacted]

Student Number: [redacted]

Facilitator: [redacted]

Date: 29-03-2021

<p>1. Organisation/Structure of the session</p> <p>The session aligns with the learning outcomes in lesson plan. Use of planned teaching strategies. The learning outcomes are achievable and realistic.</p>	5	<p>Score</p> <p>Comments</p> <p>very good, appropriate + achieved</p>
<p>2. Creates an online learning environment</p> <p>Appropriate use of VLE technology to efficiently engage learners. Incorporation of subject-specific and digital learning resources into online learning resources. Facilitation of learner feedback, i.e., use of polls or surveys.</p>	5	<p>Score</p> <p>Comments</p> <p>good use of BBC and chat room further very good presentation delivered in very good and nice delivery</p>
<p>3. Delivery of session</p> <p>Introduces the session appropriately. Content delivered in logical sequence. Explains content clearly. Delivers session at appropriate pace. Applies content to real life contexts/clinical practice. Summarises and ends session appropriately.</p>	5	<p>Score</p> <p>Comments</p> <p>attractive presentation with excellent flow from slide to slide it is clear you are very knowledgeable with very good reference to clinical setting + independent work</p>
<p>4. Communication and Facilitation of Learning</p> <p>Communicates content clearly. Provides opportunity for student engagement in discussion/Q & A/online activities. Encourage students to participate.</p>	5	<p>Score</p> <p>Comments</p> <p>clear and articulate speaker very good use of quiz slide to engage your audience</p>
<p>Instruction to facilitator:</p> <p>A total of 5 Marks allocated to sections 1-4. Total Score out of 20 Marks.</p>	Total	<p>Score</p> <p>Comments</p> <p>excellent, well done</p>

Teaching Assessment Evaluation Form:

<u>Organisation/Structure of Session</u>	<u>Cle ar Pas s</u>	<u>Pas s</u>	<u>Fail</u>	<u>NO</u>	<u>NA</u>
Lesson aligns with curriculum/module goals/clinical learning outcomes and is related to previous and planned topics/learning.		<u>x</u>			
Learning outcomes are realistic, achievable and at an appropriate level		<u>x</u>			
Planned use of appropriate and varied teaching strategies		<u>x</u>			
Provides opportunities for student-directed activities as appropriate		<u>x</u>			
<u>Comment:</u> Learning outcomes clear and appropriate to the level of students.					
<u>Creating a Learning Environment</u>	<u>Cle ar Pas s</u>	<u>Pas s</u>	<u>Fail</u>	<u>NO</u>	<u>NA</u>
<u>Arranges room/setting to maximise learning opportunities.</u>					<u>x</u>
<u>Introduces the session appropriately.</u>		<u>x</u>			
<u>Defines learning outcomes/goals clearly</u>		<u>x</u>			
Informs students of expectations/guidelines regarding planned activities **					
Assesses learners' prior knowledge of topic/skill. **		<u>x</u>			

Demonstrates sensitivity to student needs and adjusts content/activity/pace appropriately **		<u>X</u>			
Demonstrates flexibility in responding to changing circumstances.					<u>X</u>
<u>Comment:</u> ** Inform students of how many planned activities there will be in the session. Good way to keep them engaged. ** Check what experience of CPR students have from clinical placement. ** Check in with students regularly. After a few slides good to stop and ask if everyone is ok.					
<u>Delivery</u>	<u>Cle</u>	<u>Pas</u>	<u>Fail</u>	<u>NO</u>	<u>NA</u>
	<u>ar</u>	<u>s</u>			
	<u>Pas</u>				
	<u>s</u>				
Content delivered in a logical sequence.		<u>X</u>			
Demonstrates mastery of content		<u>X</u>			
Explains content clearly.		<u>X</u>			
Effectively uses planned teaching strategies.		<u>X</u>			
Involves learners appropriately.		<u>X</u>			
Content is interesting and delivered in a way that challenges the group.		<u>X</u>			
Appropriate use of technology		<u>X</u>			
Delivers session at an appropriate pace.		<u>X</u>			
Applies content to real-life situations/contexts.		<u>X</u>			
Cites current literature/evidence to support content.		<u>X</u>			
Develops a rapport with the learner/group, for example, the group feel free to comment/ask questions. **		<u>X</u>			
Evaluates students learning. **		<u>X</u>			

Summarises and ends sessions appropriately, for example, asks for questions, summarises main points.		<u>X</u>			
Directs learners to further reading/sources.		<u>X</u>			
Manages time effectively		<u>X</u>			
Achieves planned learning outcomes		<u>X</u>			
<u>Comment:</u> <p>** Check in with students on a regular basis, after a few slides and throughout the session. Keeping the interaction going is important.</p> <p>** Good use of Socratic however give a little overview of what areas you are testing so students can categorise these in their thinking, as it will help with retention of information and will help focus them on what are the most important areas to know.</p>					
<u>Communication and Facilitation of Learning</u>	<u>Cle</u>	<u>Pas</u>	<u>Fail</u>	<u>NO</u>	<u>NA</u>
	<u>ar</u>	<u>s</u>			
	<u>Pas</u>				
	<u>s</u>				
Communicates content clearly		<u>X</u>			
Provides clear instructions		<u>X</u>			
Asks questions at varying levels.		<u>X</u>			
Demonstrates enthusiasm		<u>X</u>			
Encourages students through appropriate use of praise and positive reinforcement.		<u>X</u>			
Provides constructive feedback		<u>X</u>			
Responds positively to questions		<u>X</u>			

Assesses student learning and adjusts pace/level appropriately		<u>x</u>			
Audible		<u>x</u>			
Maintains eye contact					<u>x</u>
Modulates pitch and tone		<u>x</u>			
Avoids overuse of fillers, for example, er, um, you know etc.		<u>x</u>			
Uses non-verbal gestures to emphasise points.		<u>x</u>			
Manages challenging/shy learners sensitively					<u>x</u>
Actively manages inattention/talking/social loafing.					<u>x</u>
<p>Comment:</p> <p>Overall well done Rachel. A good teaching session on a difficult topic to convey in an online platform. Good use of technology to engage the students at the outset and the use of fill in the blank quiz at the end was also effective.</p> <p>Aim to check in with the students a little more throughout the online session. You identified that this is an area you have reflected on, and in the future development of your goals and plans (in your lesson/teaching plan) you can work on this as you develop more experience. It is a pity the camera did not work, but these are the challenges of teaching online.</p> <p>You have a lovely calm method of delivery and I encourage you to work on the pace, by slowing down (as you identified in your reflection) a little and interacting with the students a little more. Keep up the good work.</p>					

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Overall Result for this teaching assessment: Pass

FINAL GRADE

/100

GENERAL COMMENTS

Instructor



This is a well written assignment



You are clear in communicating and you demonstrate a full and thorough understanding of the concept. You use the literature effectively to support all assertions. There is a good level of analysis of the concept. It is clear that you fully understand the assignment requirements.

Keep up the good work and well done.

Best of luck in the future.



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CRITERION 1

70-100% =
A+/A/A-

ACADEMIC STYLE Overall Presentation and academic language

30 - 39% = E; ≤29% = F	Does not adhere to required format
40-49% = D PASS	Very little adherence to required format
50-59% = C	Some adherence to required format
60-69% = B	Mainly adheres to required format
70-100% = A+/A/A-	Fully adheres to required format

SCALE 6

CRITERION 2

70-100% =
A+/A/A-

ACADEMIC STYLE Spelling/Grammar

30 - 39% = E; ≤29% = F	Significant errors/inaccuracies and/or defects
40-49% = D PASS	Some errors/inaccuracies and/or defects
50-59% = C	Mainly accurate
60-69% = B	Minimal errors/inaccracies and/or defects
70-100% = A+/A/A-	No errors/inaccuracies and/or defects

SCALE 6

CRITERION 3

70-100% =
A+/A/A-

ACADEMIC STYLE Organisation and Adherence to assignment requirements

30 - 39% = E; ≤29% = F	Disorganised, major lapses in structure & organisation
40-49% = D PASS	Inadequate attention to structure & organisation
50-59% = C	Organisation & progression evident
60-69% = B	Well structured. Logical organisation
70-100% = A+/A/A-	Excellent organisation & structure

SCALE 6

CRITERION 4

70-100% =
A+/A/A-

ACADEMIC STYLE Coherence & Clarity of Expression

30 - 39% = E; ≤29% = F	Incoherent
40-49% = D PASS	Vague, over-simplistic expression
50-59% = C	Generally coherent. Some lapses in expression
60-69% = B	Coherent. Clearly expressed.
70-100% = A+/A/A-	Expression concise, accurate & well-articulated

SCALE 6

CRITERION 5

70-100% =
A+/A/A-

ACADEMIC STYLE CONTENT & APPLICATION Application to practice (including use of reflection as appropriate)

30 - 39% = E; ≤29% = F	Significant errors/inaccuracies and/or defects
40-49% = D PASS	Some errors/inaccuracies and/or defects
50-59% = C	Mainly accurate
60-69% = B	Minimal errors/inaccuracies and/or defects
70-100% = A+/A/A-	No errors/inaccuracies and/or defects

SCALE 6

CRITERION 6

70-100% =
A+/A/A-

ACADEMIC STYLE CONTENT & APPLICATION Comprehensiveness

30 - 39% = E; ≤29% = F	Significant omissions of relevant details
40-49% = D PASS	Some relevant details identified
50-59% = C	Good number of relevant details identified
60-69% = B	Most relevant details identified
70-100% = A+/A/A-	All relevant details identified

SCALE 6

CRITERION 7

70-100% =
A+/A/A-

UNDERSTANDING, ANALYSIS & ARGUMENT: Understanding, Analysis & Discussion

30 - 39% = E; ≤29% = F	Limited understanding. Insufficient analysis or description
------------------------	-------------------------------------------------------------

40-49% = D PASS	Superficial understanding. Some analysis-mainly descriptive. Superficial discussion
50-59% = C	Adequate understanding. Good analysis-information explored appropriately/consistently. Draws conclusions.
60-69% = B	Clear evidence of understanding. Very good evidence of critical analysis, consistently applied. Draws conclusions with some examination of implications
70-100% = A+/A/A-	Excellent evidence of deep understanding. Very good critical analysis with depth & originality. Highly informed.

SCALE 6

CRITERION 8

70-100% =
A+/A/A-

UNDERSTANDING, ANALYSIS & ARGUMENT: Synthesis

30 - 39% = E; ≤29% = F	Limited
40-49% = D PASS	Partially collates & categorises information
50-59% = C	Collates & categorises information, ideas & concepts
60-69% = B	Collates & categorises a range of information, ideas & concepts. Some originality in the conclusions drawn
70-100% = A+/A/A-	Collates & transforms abstract ideas and concepts. Original insights are well supported and argued coherently

SCALE 6

CRITERION 9

70-100% =
A+/A/A-

LITERATURE, SOURCING, USE & REFERENCING Breadth and depth of reading. Use of academic literature/research

30 - 39% = E; ≤29% = F	None evident
40-49% = D PASS	Minimal evidence
50-59% = C	Good evidence
60-69% = B	Good
70-100% = A+/A/A-	Excellent depth & complexity of materials

SCALE 6

CRITERION 10

70-100% =
A+/A/A-

LITERATURE, SOURCING, USE & REFERENCING Use of Harvard referencing system & acknowledgement of sources

30 - 39% = E; $\leq 29\%$ = F None evident

40-49% = D PASS Minimal use

50-59% = C Good use

60-69% = B Very good use

70-100% = A+/A/A- Extensive use

SCALE 6