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MODULE 4: The Community as a Learning Environment

2nd Semester 2024-2025

STUDY GUIDE

INTRODUCTION

The previous modules emphasized the importance of clinical experiences in the acquisition of nursing competencies. Clinical experiences provide opportunities for the nursing students to develop critical thinking and decision-making skills that are necessary in independently performing patient care with confidence in any setting of nursing practice. Gaberson and Oermann (1999) stated that traditional practice settings for clinical teaching and learning include all places where nurses encounter patients and that include acute care hospitals and some community agencies. But as the focus of health care becomes more global, wellness-oriented and population-based, settings for delivery of care became more diverse. Thus, the goals of clinical teaching and learning can be achieved in any environment where nursing students can interact with patients like integrated health networks, homes, community centers, schools, workplaces, shelters, hospices, care facilities, day care centers and the like. (Gaberson and Oermann, 1999)). Providing exposure to settings other than the hospitals will sensitize our nursing students to the needs of diverse populations and hopefully, provide another dimension to their nursing education that will mold service values in them.

This module describes and provides an overview of the community as a learning environment.

LEARNING OUTCOMES

Upon successful completion of this module, you must be able to:

1. Describe different teaching-learning strategies that involve community engagement.
2. Discuss the characteristics of the community as a learning environment
3. Discuss selected frameworks that will guide the faculty in creating an effective learning environment in the community setting.
4. Examine the various issues and challenges affecting effective teaching and learning in the community setting.

Teaching-learning strategies involving community engagement

Although the Philippine nursing curriculum is expected to produce entry-level, practice-ready nurses who can work both in the hospital and community settings, much of the choice for professional nursing practice is still the hospital. The desire to work in the community practice setting can be influenced by the richness of experiences provided during training. The opportunity to be able to work independently and collaboratively with other people and discipline or have a sense of meaning in what she or he does will ultimately be a deciding factor in the choice of the community as future workplace setting.

There are different perspectives in looking at community engagement as a teaching-learning strategy:

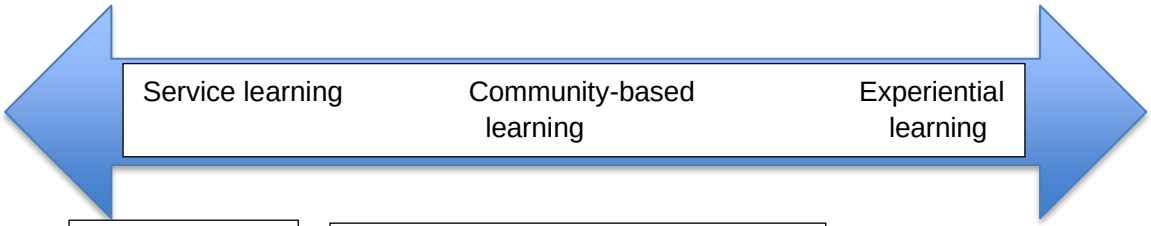
1. ***Community-based learning*** help students to learn holistic care of individuals and families in the context of their cultures and to identify community health needs and services and resources to meet them. It may be interpreted in two ways (Gaberson and Oermann, 1999).
    a. Community as client, where the focus is on the care of aggregate populations consistent with the population-based approach and population-based practice of public/community health nursing.
    b. Care of clients with varying health problems outside acute care settings in ambulatory, community and home health care settings aligned with the concept of primary care services.

2. ***Service learning*** is a teaching pedagogy that combines several aspects of experiential education, critical thinking, ways of knowing and civic and personal responsibility. (Carpenter, 1999). Service learning in higher education emerged in the 1960's to early 1970's as an offshoot of student activism when there was an increased level of consciousness about social problems that prompted the need to create community service organizations. Mueller and Norton (1998) emphasize the following about service learning:
    - Service learning evolves from a philosophy of education that emphasizes active learning directed toward a goal of social responsibility. It is not merely volunteerism, nor is it a substitute for a field experience or practicum that is a normal part of a course.
    - In nursing education, service learning is not the same as a clinical experience because the focus of learning is meeting the needs of the host community rather than those of the academic or career program.

3. ***Experiential learning*** includes hands-on work and has learning work-related skills as its major goal. Field-based "experiential learning" with community partners is an instructional strategy—and often a required part of the course. The idea is to give students direct experience with issues they are studying in the curriculum and with ongoing efforts to analyze and solve problems in the community. A key element in these programs is the opportunity that students must both apply what they are learning in real-world settings and reflect in a classroom setting on their service experiences. These programs model the idea that giving

something back to the community is an important college outcome, and that working with community partners is good preparation for citizenship, work, and life.

We can perhaps understand the relationship of the three as learning continuum.



Volunteerism Philanthropy Community service	Citizenship Professionalism	Internship Training Practicum

Community-centered	Empowers all participants: community, students and faculty	Student-centered
	Provides students with opportunities to use newly acquired skills and knowledge in real life situations	
The needs of the community as articulated by the community, dictate the service being provided		
	The project will bring about measurable change in the systems that contribute to the health of the community	
	Faculty member identifies in advance and tracks specific learning objectives and goals (as well as the intangible ones)	
Students perform a necessary service which has a real consequence to the community		
	Uses the meeting of community needs as foundation to examine ourselves, our society and the institutions that will shape our future	

https://www.marshall.edu/ctl/community-engagement/what-is-service-learning

Educational institutions employ a variety of service activities both to 1) address needs of students to have a venue to demonstrate competencies and practice skills, and 2) provide opportunities to render direct or indirect service to population where student and faculty activities happen. Furco (1996) differentiated service programs employed by educational institutions as follows:

Volunteerism	Engagement of students in activities where the primary emphasis is on the service being provided and the primary intended beneficiary is clearly the service recipient
Community service	Engagement of students in activities that primarily focus on the service being provided as well as the benefits the service activities have on the recipients
Internships	Engage students in service activities primarily for the purpose of providing students with hands-on experiences that enhance their learning or understanding of issues relevant to a particular area of study. Students are the

	primary intended beneficiary and the focus of the service activity is on student learning
Field education	Provide students with co-curricular service opportunities that are related, but not fully integrated, with their formal academic studies. Students perform the service as a part of the program that Is designed primarily to enhance students' understanding of a field of study, while also providing substantial emphasis on the service being provided.
Service-learning	Distinguished from other approaches to experiential education by their intention to equally benefit the provider and the recipient of the service as well as to ensure equal focus on both the service being provided and the learning that is occurring.

Reflection:

1. Analyze your institution's framework in planning community engagement for learning experiences of students.
2. What specific learning outcomes and competencies are expected to be developed in the students' engagement in the community? What are the intended benefits that is being targeted for the population or community?
3. What educational or social philosophy guides the institution's community engagement?

The community as a learning environment

Reilly and Oermann (1985) defines a practice setting as any place where students interact with clients and families for the purpose of acquiring cognitive skills such as problem solving, clinical decision-making and psychomotor and affective skills. It is where the students learn to apply theory into practice and where the students "learn how to learn, develop skill in handling ambiguity and become socialized into the profession".

The BSN program outcomes anchor its competency standards on the 2012 National Nursing Competency Standards. The NNCCS defines the roles of the entry-level professional nurse as beginning provider of care, beginning manager and supervisor and beginning researcher in any work setting. The BSN program develops the role of the beginning provider of care across levels of clientele including individuals across age groups, families, population groups and communities within the public health care system. The program also develops the role of a beginning manager of a health facility and health programs and as a supervisor of midwives and auxiliary health workers. Finally, the BSN program develops the role of a beginning researcher to strengthen her performance of public health core functions. Given this context, the community as a practice setting is a good learning environment as it:

- Provides opportunity for nursing students to work in actual work setting within the public health care system

- Provides opportunity not only to immerse, but to actively work with the people to identify, plan and carry out solutions to address community health problems
- Provides opportunity to operationalize concepts of inter-professional education (IPE) and collaborative practice utilizing the partnership approach
- Develop critical, innovative and creative thinking

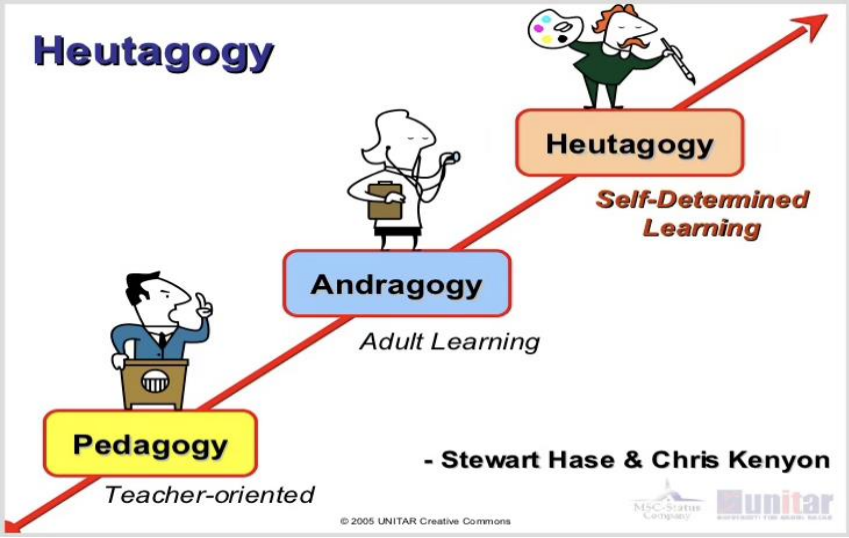
Reflection:

1. Do your community engagement provide adequate opportunities for students to develop their roles as a beginning care provider in a population-based practice? As beginning manager of health facility and a supervisor of midwives and auxiliary health workers? As a beginning researcher?

2. Do the learning experiences in the community contribute in developing the students' sensitivity to health disparities, critical and innovative thinking?

Selected frameworks that guide the faculty in creating an effective learning environment in the community

Pedagogy versus Andragogy versus Heutagogy

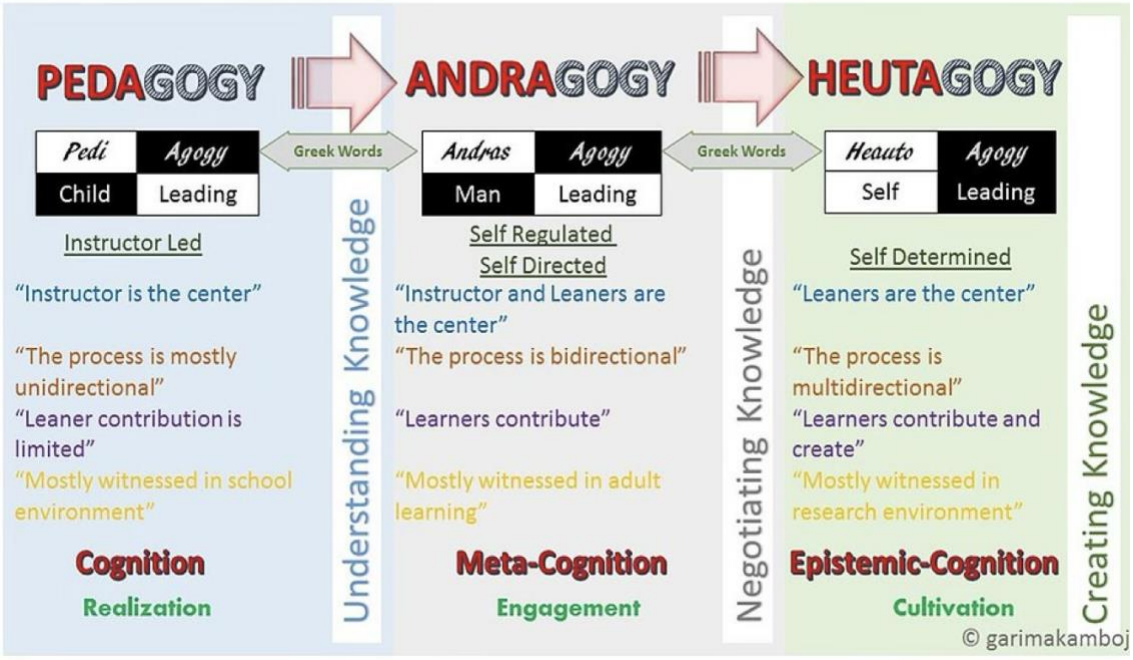


https://www.tes.com/lessons/y_XKwnTbtE-2ew/heutagogical-tools-for-engaging-the-digital-natives

In a clinical teaching context, these approaches can be applied depending on the learner characteristics. In **pedagogy**, a structured approach is necessary when teaching basic skills or concepts to novice learners or dependent learners. For instance, in teaching family health nursing to second year nursing students, the teacher describes in detail the specific activities that the learner will carry out such as criteria in choosing the family, level of assessment, interventions and evaluation to be performed all in consideration of their beginning skills and knowledge and

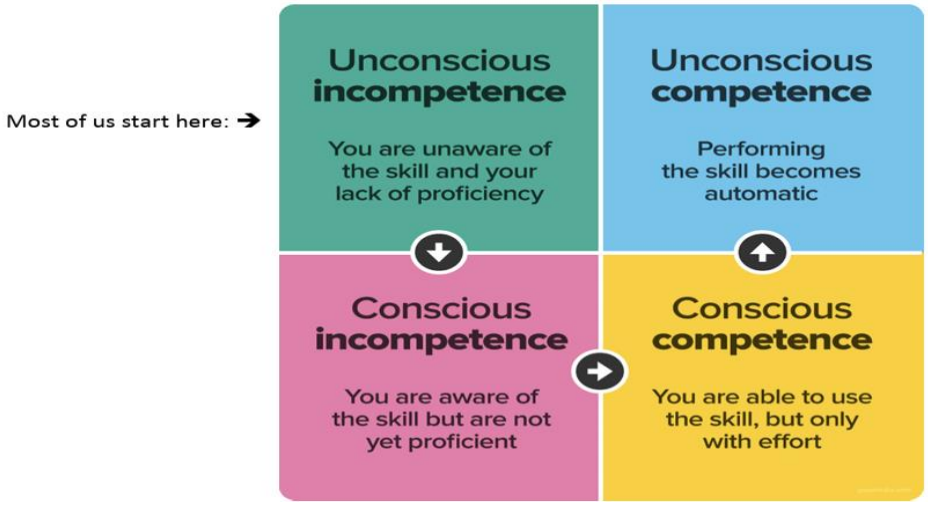
where the focus of learning is centered on the process rather than on the outcome of care. The teacher facilitates and structures learning, constantly and closely providing guidance and instruction. For this reason, pedagogy makes the learner conscious about the knowledge and skill required and becomes dependent on the teacher, hence, it is a teacher-centered learning. On the other hand, **andragogy** becomes a student-centered or student-directed learning when the learner has gained maturity enough to form their own views and developed necessary competencies to decide on how they can better learn a particular concept. Since experience and self-direction are more important for the learners, the teacher assumes a facilitator role, guiding and supporting learning. Following our example in teaching family health nursing using andragogy, the teacher will only provide guidelines and criteria on student performance, requirements and expected learning outcomes. Students are allowed to choose the type of family to care for, and to decide the direction of achieving outcomes of care for its family client drawing on previous learned competencies or even from real life experiences. The **heutagogical approach** encourages learners to find problems and questions that they will answer themselves. Rather than simply completing the tasks that teachers assign to them, the learners take ownership or control of their learning processes, setting their own goals and choosing their learning resources and strategies. Do you think the heutagogical approach can be used in community-based learning experiences of nursing students?

The figure below summarizes the differences of the learning approaches:



http://blogs.ubc.ca/etec533byodtutorial/files/2016/03/90f6ba_f8ecd972971f49f898e69e609797f599.jpg

Conscious-competence theory of learning



chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.mccc.edu/~lyncha/documents/stagesofcompetence.pdf

The conscious-competence theory is a learning model credited to Gordon Training International by its employee Noel Burch in the 1970s. It describes the journey individuals take when acquiring a new skill, progressing from unconscious incompetence to unconscious competence through conscious incompetence and conscious competence. According to Lewis (2024), this framework applies not only to tangible skills but also to interpersonal, cognitive and emotional skills. It offers a framework for understanding the journey from novice to expert much like how we describe the development of competencies in the nursing profession.

The four stages of competence are:

1. **Unconscious Incompetence**: At this initial stage, individuals are blissfully unaware of their lack of skill. They don't know what they don't know. This stage is characterized by a lack of self-awareness regarding one's deficiencies in a particular area.
2. **Conscious Incompetence**: Recognition of one's lack of skill and understanding the importance of acquiring it marks this phase. It's a humbling realization that sets the stage for genuine learning and growth.
3. **Conscious Competence**: With dedication and practice, individuals reach a level where they can perform the skill proficiently, albeit with conscious effort. This stage requires concentration, and any distraction can lead to errors.
4. **Unconscious Competence**: The pinnacle of skill acquisition, where the activity can be performed with ease and automaticity. The skill has been so deeply internalized that it can be executed while the individual's focus is elsewhere

Reflection:

1. Will the above teaching-learning approaches have any use in developing your plan for your students' learning experiences in the community?
2. Describe how you will use them for each of the CHN/PHN course in your institution

Best Practice Clinical Learning Environment Framework

https://www2.health.vic.gov.au/health-workforce/education-and-training/building-a-quality-health-workforce/bpcle-framework

This framework, though mainly describes hospital settings as learning environment has much relevance in the community as a learning environment. To be effective, clinical learning environments must provide learners with an opportunity to experience the reality of professional practice in their chosen profession in a safe and supportive environment. At a minimum this is achieved by providing learners with:

- Access to patients/clients;
- Interactions with clinical staff;
- A context in which the learner can critically evaluate practice and reflect;
- Opportunities for learners to observe skilled role models

The following are the key elements of the Best Practice Clinical Learning Environment Framework:

1. *An organizational culture that values learning:*

• Education is valued and there is organizational commitment to teaching and learning • Educators are valued • Students/learners are valued • Career structure for educators • Education is included in all aspects of planning • Use of facilities and resources are optimized for all educational purposes

2. *Best practice clinical practice*

• An organizational commitment to quality of care and continuous quality improvement • The skill, knowledge and competency of clinical staff to maintain high standards

- The adoption of best evidence into practice

3. *A positive learning environment*

- A welcoming environment
- A culture of learning
- A safe environment
- Appropriate learning opportunities
- Clarity of objectives
- High quality clinical education staff
- Well-prepared learners
- Appropriate ratios or learners and educators
- Appropriate ratios of learners to patients/clients
- Continuity of learning experiences

4. *An effective health service-education provider relationship*

- Mutual respect and understanding
- Practical mechanisms
- Open communication at all levels
- Existence of relationship agreements

5. *Effective communication process*

- Improve teaching and learning
- Inform actions, behaviors and decision-making
- Provide feedback

6. *Appropriate resources and facilities*

- Capital infrastructure educational facilities
- Personnel resources
- Teaching and learning resources
- IT and communication resources
- Amenities
- Accommodation, work and travel support

Issues and challenges affecting teaching-learning in the community learning environment

Community-based nursing

As previously mentioned, Gaberson and Oermann (1999) interpret community-based nursing in two ways: 1) the community or the population group or aggregate as the client; and 2) the community as a setting of care of patients with varying health problems. Because of these, Gaberson and Oermann (1999) stated that successful transition in community-based settings may not be easy and will require **faculty and student preparation**. For the faculty who are experienced in acute care of individual patients across age groups, they may not have difficulty demonstrating clinical and teaching skills in the community. However, they may need preparation

to shift from individual patient care to care of population groups or communities. Although the nursing process remain to be the organizing framework, population-based care entail additional skills such as the application of public health tools in the assessment, planning, implementation and evaluation of public health nursing interventions and strategies. On the part of the students, their preparation for community-based activities should begin with the end in mind that they will be functioning more independently. Thus, entry competencies must include interpersonal and problem-solving skills aside from beginning clinical skills. In addition to faculty and student preparation, the community as a learning environment should also be prepared with special attention to **safety precautions**. The faculty must provide explicit guidelines for student safety during community learning activities addressing the following:

- communication to client (individual, family or community) and faculty regarding home or community visit and activities as well as contact in case of emergency
- travel to the client's home or community whether using public or personal transportation
- dress or attire that will identify them or that will establish their legitimate reasons for being in the community
- dangerous or difficult situations that will prompt students to leave the community immediately if there are doubts to personal safety

Community-based teaching comes with challenges. Reed and Wuyscik in Gaberson and Oermann (1999) cited that teaching in the home and community setting may require different approaches from clinical setting. Conditions in communities that we bring the students to for learning are variable - differing in resources, cohesiveness and ability to partner with institutions. This requires careful and long-term planning as community engagement may not be linear but multi-level, multidisciplinary and multisectoral effort. In this environment, indirect guidance of students and a more collaborative teaching style is more appropriate.

Interprofessional education/collaboration

The present health care delivery system requires the nurses to work with a variety of health care professionals in assessing, planning, implementing and evaluating health programs and services to improve health outcomes of communities. Interprofessional education allows students of various health disciplines to learn through shared experiences in the same settings. Planning the community learning environment for interprofessional education should be done by the faculty representing the different disciplines. Gaberson and Oermann (1999) emphasize that the success of interprofessional education will require:

- commitment to the goals of IPE and overcoming resistance to change and curricular rigidity
- role clarity
- respect for other's knowledge and skills and appreciation for one another's strengths
- flexibility and patience in avoiding schedule conflicts in planning collaborative activities
- clear communication
- ability to identify philosophical similarities and differences in clinical practice

Selecting health care agencies for student experiences and relationships with health care agency staff

Billings and Halstead (1998) emphasized that irrespective of the setting or practice model of the community or clinical experiences, it is the faculty who assumes responsibility for selecting appropriate health care agencies or partner communities. A contract is negotiated specifying

rights and responsibilities of both school or health care agency or partner community as practice setting. The faculty should take into consideration the following when selecting practice settings:

- philosophy of the agency/community is consistent or aligned with that of the school
- adequate members of client to meet curricular and course objectives
- practice model is compatible with curriculum needs
- physical resources are appropriate and available to faculty and students
- health care agency is accredited or follow standards of the DOH
- health care staff is adequate to provide role modeling and demonstration of interprofessional collaboration

The effectiveness of the faculty to facilitate students' learning in the community setting is enhanced when the working relationship with partner agencies and communities is built on mutual trust and respect. This happens when both parties have an understanding of the roles they will assume in the practice setting as well as the mutual benefits they will gain from a reciprocal relationship. Communication within the setting promotes understanding and appreciation of so-called role-sets and role expectations. Role-sets are the persons involved in a relationship by virtue of their roles in a practice setting while role expectations are the "rights, privileges, duties and obligations" of individuals within the setting. The faculty, the people representing partner agencies and communities and students assume role-sets. The faculty will assume different role-sets depending on the organization or agency she or he will interact with and along with it are different role expectations. Roles are interactional and reciprocal, hence, there is a need to have a clear understanding of role sets and expectations of each other in the community practice settings.

Reflection:

1. Describe the issues and challenges that your institution faces in planning community engagement as a learning environment.
2. How will you address these issues and challenges?

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