

Structure of Mutual Learning Between a Teacher and a Student in a Nursing Practicum

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Abstract

This paper aims to identify how mutual learning is structured by approaching the realities of the experiences of students and teachers in a nursing practicum. This was done by requiring students and teachers to rethink how they experience the world being humans. Nursing depends on the relationship between the patient and the nurse; various views and perceptions stemming from that relationship are not caused by only one of them, but manifest themselves in both nurses as well as patients. Similarly, education is created not in the dualism of teacher and student, but somewhere in between. Accordingly, an attempt was made to rethink the mutual relationship between the student and the teacher without separating the two, as a means of examining the state of learning for students and teachers in a nursing practicum. In doing so, the following points were clarified. 1) Although students meeting patients understood the necessity of interacting with the patients in the “here and now,” they were aware that this does not lead to tangible nursing. 2) When teachers understood that students cannot practice nursing in response to patients, the teachers themselves practiced nursing on patients using the practical sense and nursing skillsets they had developed. 3) Even as they are engaged in nursing, teachers urge students toward the world of nursing by demonstrating what nursing is and guiding students with verbal instructions. 4) Students are attracted to nursing by the presence of their teachers. Nursing tailored to patients and education tailored to students are created as teachers open up to others (patients and students) and guide them.

Based on the above, it was shown that a passivity wherein an acceptance of circumstances that did not lead to the tangible nursing of students is necessary to develop an educational approach by teachers in a nursing practicum. In addition, patients themselves, as recipients of nursing, strongly attracted students and teachers—the providers of nursing—to nursing and enticed them to the practice of nursing. Education

that appears to be an active act becomes an act whereby teachers teach through the passive activity of sensing students. Accordingly, it was shown that having students and teachers learn in a nursing practicum presupposes a mutual relationship without a clear separation between the two sides; the relationship is rather renewed when both work together as a single system.

Key Words

mutual learning, experience, nursing practicum, learning structure

1. A Display of Practical Learning

A nursing practicum is an endeavor comprising an assumed relationship between a patient and a nurse in which the nurse physically feels the pain and suffering of the patient and adapts accordingly. The way in which this occurs is defined by the circumstances of the patient. Thus, nurses cannot work with patients in a unidirectional or manipulative fashion because the relationship between the two is entwined within nursing practice even as it occurs. Students learn about this type of practice through training. Nursing training in which nursing students learn through practice is often referred to as the core of nursing education owing to its role and the number of practicum credits in a nursing curriculum. A review of related prior research reveals topics such as aspects that are taught to students, aspects related to the patient, student relationships, teaching activities for teachers training nurses, and capabilities required in teachers. The characteristics of learning and education in a nursing practicum are identified by means of an analytical view of students and teachers. However, learning and education are not treated as different aspects, but rather as efforts that are simultaneously created on the spot.

Students begin to explore the meaning of living, falling sick, and growing old as they are placed in actual nursing scenarios and encounter patients; in other words, they explore about sick patients and their lives. In addition, by involving with these people, they can feel the joys and difficulties of nursing, become aware of their own preconceptions by understanding others, and discover opportunities for introspection. In such times, how do we as teachers view these students?

Nursing occurs between a patient and a nurse. Approaching the facts of nursing requires a new awareness regarding a living world that is experienced by nurses as individuals or, put differently, in interactions directly in front of us and hidden to science. When closely examining this phenomenon, we cannot separate actions and responses of nurses and patients; nursing practice relies on the patient–nurse relationship, and the awareness and views created in that relationship are not caused by one of them but by both of them¹. Similarly, educational practicum does not exist within a dualism of teachers and students, but rather arises somewhere between the two. Based on this, one way of approaching a nursing practicum is to attempt to rethink mutual relationships without separating teachers and students.

¹ “Descriptions, patient stories, and outward-facing expressions are all distorted in phenomenological posturing, upon which a phenomenological view, observations, and awareness are created. This awareness does not come from patients, nor does it come from us. Rather, it is positioned somewhere in between.” Bin Kimura (1985). “Seishin Igaku ni okeru Genshougaku no Imi” [The Meaning of Phenomenology in Psychiatric Medicine]. ed. Nihon Genshougakkai, *Genshougaku Nenpou* 2.

2. Encounters with Sick Patients

Jun (names have been changed) is a second-year nursing student who has accepted responsibility for S, a 70-year-old male patient who is forced to rest in bed due to an illness. On the second day of training, Jun, who was assisted by Professor Minami, decided to give S a sponge bath while he was in bed. When Jun unbuttoned the patient's pajamas, she was paralyzed by the sight of his body, which had several tubes inserted because of his ongoing medical treatment. Noticing this, Professor Minami quickly responded to S by talking to him as Jun wiped his chest with a warm towel. Professor Minami lightly held his rib cage down with an open fist so the towel could make contact with his chest; then, S breathed deeply.

After wiping S a couple of times, Professor Minami asked Jun if she would wring out the towel. Jun then came to her senses, looked at Professor Minami, and then faced S. Jun said to Professor Minami, "I will clean the arms next," and appeared to follow nursing explanations as her cue. As the assistance with washing the patient's body progressed, he gradually began to relax his body and the soft sound of him sleeping could be heard through the oxygen mask, despite his complaints that he was unable to sleep at night.

Reflecting on the event, Jun said that she knew that S "had tubes inserted into his body for treatment." However, she could not hide her shock of seeing the raw scars from surgery and the "unexpected wasting away of S." Jun felt the reality of S's body but could not simply provide the hygienic assistance of cleaning his body the way it had been planned. At that moment, she did not know what to do, and could not move. For

Jun, this was the beginning of her search for a nursing practicum; it was in response to helping an individual that was new and different from S.

In this setting, Professor Minami used discretion to determine the direction of future nursing by understanding Jun's situation as she interacted with S; this was based on Jun's "tendency to diligently interact with patients" and how she had handled herself in school up to that point. For Jun, who was unable to predict nursing methods, a setting for a nursing practicum where teachers themselves explain and demonstrate nursing by explaining future nursing steps was developed.

3. Engendering Interest in Nursing

When one gets an illness, one experiences various symptoms including pain. This experience is inseparably linked to various characteristics that make up our lives². Thus, while nursing, a nurse cannot forget about his/her values or emotions at a moment. The actions of a person in everyday life, which in our example is about good hygiene, are hindered by illness and therefore, one may not be able to perform his or her duties. Nurses, therefore, must engage with patients using greater cleanliness compared with the cleanliness already present around the patient in a way that allows the patient to experience comfort and relief. This "process of interaction" leads to easing and calming a person in their pain and suffering and, further, to a heightened ability for natural healing. As it is specific and individual patients and nurses mutually

² Kleinman, Arthur (1988). *The Illness Narratives: Suffering, Healing, and the Human Condition*, Basic Books. Translated into Japanese by S. Eguchi, S. Gokita, G. Ueno (1996) *Yamai no Katari: Mansei no Yamai o Meguru Rinshō Shinrigaku*. Seishin Shobo.

interact with each other, this cannot be explained by the causality theory of natural sciences. Therefore, nursing requires natural actions reasonable to the patient. Along with resulting actions and procedures, a nursing practicum has a flow and rhythm that matches the individual. Students who are beginners in nursing may remember what must be done next, but may not have the means of creating a flow and rhythm in their nursing practicum that meets the circumstances of their patients is an unknown world. Jun was bewildered during the first step.

Professor Minami continued with the nursing workflow for S, which appeared to come to a halt. Moreover, as per the practical nursing sense developed as a nurse and an extensive educational skillset, Professor Minami was able to bring Jun into the real world of nursing by demonstrating her own nursing skills and providing direction verbally. Moreover, Professor Minami engendered an interest in nursing within the student by noting the difference in the patient's condition compared with his condition on the previous day and asking if that bothered Jun instead of asking a more relevant question.

At that time, Professor Minami did not require adherence to matters within her framework; rather, the student and the patient attempted to understand their current experiences. The feelings that informed Professor Minami's foundation were personal, even though those feelings were open to patients (and students), and guided them. Regardless of one's role as a nurse, those feelings did not allow one to overlook circumstances and be disinterested, but rather brought about a desire to take action when confronting someone in pain. One actively engages in the practice of nursing by offering one's will to others and passively accepting their existence.

How are nurses from the perspective of patients? Arthur W. Frank³, in a writing of his experience with illness, stated that due to a desire to share their new phase of life (of illness) with nurses, patients manifest their illness and entrust it to them. Thus, this mutual state does not become polarized with the sick and their pain at one end and healing nurses at the other. The experience pain and suffering does not arise only within the patient; nurses, through their nursing, can also share that experience. The experience of accepting suffering is brought about by encounters with patients, and is both spontaneous and unpredictable. Accordingly, the answer to the question of whether one's nursing was appropriate can only be given after introspection.

A nursing practicum cannot be performed entirely according to a plan and problems cannot be solved beside a patient through the strict application of scientific theory and technology. Nursing is not dominated by a pre-existing awareness, but is an ethical practice created out of an orientation toward what the individual perceives as good at a given time, and insight into the methods used in practice. This is the same for students who learn nursing at their workplace. As teachers sometimes make students anxious and shed tears in their encounters with patients, they support their students in pondering what nursing means to them personally, which makes the ethical practice a work of education. Ethical practice in this type of education then comes back to nursing as practical work by students for the benefit of thoughtful patients.

³ Frank, Arthur W. (1995). *The Wounded Storyteller: Body, Illness, and Ethics*, The University of Chicago Press. Translated into Japanese by T. Suzuki (2002) *Kizutsuita Monogatari no Katarite: Shintai Yamai Rinri*. Yumiru Shuppan.

4. Uniqueness of Experiences

Experiencing others' illnesses is something that goes beyond one's own experiences, and can be difficult to comprehend. Approaching the incomprehensible state of suffering with those that suffer and attempting to heal them can only be done if one puts one's nursing skills to work in response. The means of doing this is a process that creates the next action⁴, by reflecting on how we are viewed by others. In other words, quickly responding to the circumstances of patients is thought to be nursing practice that puts one's skills to work, but when that inclines to the mere application of techniques within one's skill-set, a nurse focuses on the patient by his or her side to maintain a practicum that does not become stagnant.

Practical knowledge employing various nursing methods appropriate to the patient is needed. Thus, nursing practice is not the routine mastery or application of technical principles according to any theory in a book, but rather the ability to perform those principles with an orientation toward mutual understanding in the present.

This can be seen in educational practice as well. Students and teachers are unique. An educational practicum that is brought about through interactions with others that are involved with the students and teachers can be made up of various patterns. The matter of whether my educational practicum is good should not be determined by my standards, but by those of the student. I believe that the meaning of my interactions

⁴ Ikegawa, K. (1991). *Kango: Ikirareru Sekai no Jissenchi* [*Nursing: Practical Knowledge of a Living World*]. Yumiru Shuppan, p.103.

in the context of a student's life can only be reflected upon through dialog.

Nursing practice and educational practice by nature have an element of uniqueness across the ebb and flow of experiences. However, these experiences permeate our mutual feelings. While I know that my feelings cannot be transferred to a student (or others) as-is, we have retrospectives based on reflective dialogs. By enriching our practice skillset, we can begin to interact with others (students) in a way that is best for them.

5. Education Premised on Co-Existence

It can be seen through the nursing practicum of Jun and Professor Minami on S that an educational practicum is created by mutually and simultaneously sharing the same event. When Jun cleaned the patient's body with Professor Minami, her mind went blank and she was unable to move because of her confusion over the treatment S was receiving and the tubes in his body. Realizing this, Professor Minami continued with her nursing work by explaining to Jun how to nurse and encouraging her to practice. At a first glance, this scene may appear to be unidirectional: a teacher giving instruction and a student following. However, is that really the case?

Certainly, teachers teach students; however, that interaction alone is a one-dimensional view because the actions of students that bring about an educational approach used by teachers cannot be seen, and a passivity that received such action is the premise of the approach. Moreover, further thought shows that patients, who receive nursing, are themselves strongly attracted to students and teachers or to those that provide

nursing, and entice them toward nursing practice. Learning through practice cannot be viewed only as the category of science known as reductionism, upon which modern science is built. It means living, acting, and discovering knowledge, at times through chance and circumstance.

Education that appears to be active becomes the act of teaching by teachers, whether or not the education is intentional, because the teachers feel what their students are thinking. Accordingly, learning by both students and teachers in a nursing setting requires a mutual relationship; it does not occur individually and cannot be made individual-specific. While dualistic, it is continually renewed, with “me” and “you” working together as a single system⁵.

⁵ Maurice Merleau-Ponty (1961). *L'Œil et l'esprit*. Translated into Japanese by S. Takiura and G. Kida (1966) *Me to Seishin*. Misuzu Shobo. pp. 135-136