

Teaching Pediatrics Using Tennant's Reconstructed Charter for Andragogy



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Due to the compressed nature of the accelerated basic nursing component of the MBeIN (UConn) and GEPN (Yale) programs there is a need for content to be integrated with professional development, leadership and communication skills that will allow the student to be successful not only on the NCLEX exam but also in the workplace, whether at the RN, or APRN level of practice. Versions of Knowles' Process Model (1992, 1995, 2005) initially interested me because they are similar in structure to nursing practice and nursing process. The iterative elements of the process are 1) preparing the learner; 2) establishing a climate conducive to learning; 3) creating a mechanism for mutual planning; 4) diagnosing the needs for learning; 5) formulating program objectives (content) that will satisfy these needs; 6) designing a pattern of learning experiences; 7) conducting these learning experiences with suitable techniques and materials; and 8) evaluating the learning outcomes and rediagnosing learning needs (Knowles, Holton & Swanson, 2005, p. 115). While I find Knowles' Process Model useful and comfortable, it seemed more difficult to apply to the nursing content in an accelerated program that has tight time-frames to deliver a pre-specified amount and type of content in preparation for the NCLEX exam. On the other hand, Mark Tennant's Reconstructed Charter for Andragogy (1997) develops Knowles' ideas from the lens of critical theory, while retaining the focus on self-directed learning of basic factual content. As explored in Table 1 and outlined below, Tennant's charter for critical education practice provides an orienting framework for teaching accelerated nursing students (1997, pp. 140-141):

1. *Valuing the experience of learners.* This does not simply refer to an attitude towards other learners; attitudes are no guarantee that learners will feel valued. It implies that learners will feel comfortable that their life world is included in the teaching and learning discourse, and that they are equal and legitimate participants. This means that the materials, the language, the registers, the examples and the processes should be inclusive rather than exclusive.
2. *Engaging in reflection on experiences.* The aim here is to develop generalizations or frameworks for understanding experiences. Normally it is necessary to introduce new material and not rely solely on the existing experiences of participants. This is because the point of learning is not simply to confirm existing experiences, but is to go beyond experiences and, ironically, create a theoretical distance which allows generalizations to emerge.
3. *Establishing collaborative learning relationships.* The analysis of experience should not be solely an individual exercise. A prerequisite of truly collaborative group learning is the creation of diverse communities of learners who respect different life worlds: a willingness among learners to 'construe knowledge and values from multiple perspectives without loss of commitment to one's own values' (Bruner 1990:30).
4. *Addressing issues of identity and power relationships between teachers and learners.* The appropriate distribution of power will depend very much on the context. What is important is that the issue at least be addressed with a view to distributing as much power to the learners as seems warranted by the context.
5. *Promoting judgments about learning which are developmental and which allow scope for success for all learners.* Success should not be defined in terms of another's failure, or even in relation to the other, and assessments and judgments should be made with a view to further development.
6. *Negotiating conflicts over claims to knowledge and pedagogical processes.* The aim here is not necessarily to reach a consensus, but to allow the different points of view which exist in the group to emerge rather than be silent. It is to encourage learners to have a voice and to negotiate and engage critically with the material and the processes.
7. *Identifying the historical and cultural locatedness of experiences.* By this is meant the questioning of the taken-for-granted world and the social and cultural assumptions underlying one's experiences and their interpretation.
8. *Transforming actions and practices.* This refers to the implementation of new practices as a consequence of identifying the nature of one's historical and cultural locatedness. Although it is unlikely that individuals can substantially transcend their historical and cultural locatedness, there is some room to maneuver, and certainly actions can be changed, especially in concert with others.

The following table represents content for the 2nd-5th class topics in a didactic pediatric nursing course with a cross-cultural focus on Haiti. The first class would introduce the principles and process of Peace and Power (Chinn, 2004), and cover perspectives in pediatric nursing (i.e. Wong & Hockenberry-Eaton, Ch. 1-7).

Table 1. Tennant's Reconstructed Charter for Andragogy (1997) applied to teaching Pediatrics content, organized by NCLEX categories

Class Topic <i>Required reading</i>	Growth & Development <i>Wong's Ch. 8-17</i>	Special Needs Children <i>Wong's Ch. 18, 19</i>	Neurological Disorders <i>Wong's Ch. 28</i>	Cardiovascular Disorders Pt. I <i>Wong's Ch.25</i>
NCLEX Category (subtheme)	Health promotion and maintenance	Psychosocial integrity	Safe and effective care environment	Physiological integrity
Addressing issues of identity and power relationships between teachers and learners	<p>The four basic components of Peace and Power (Chinn, 2004) will be utilized throughout the course.</p> <p><u>Check-in:</u> brief (15 sec. or less) statement by each individual to center attention and intentions for the class</p> <p><u>Rotating chair:</u> the role of convener will rotate each week, developing leadership skills while facilitating the agenda for the class.</p> <p><u>Value-based decision building:</u> will be the recommended process for group work, including a discussion of principles and values central to the question or task, brainstorming different perspectives, gathering information needed to inform decision, weighing options and reaching consensus on an answer or solution to the question or learning-problem.</p> <p><u>Closing:</u> (last 5 min.) individual statements of appreciation, critical reflection, and individual affirmation</p>			
Valuing the experiences of learners	<p>The convener for each will be responsible for preparing a 5-minute verbal essay that comes from their own wisdom, for the purpose of focusing attention on the topic for the class. The technique is named after the Greek word for female wisdom: SOPHIA, and stands for: Speak Out, Play Havoc, and Imagine Alternatives. The SOPHIA should draw on the required readings, but also include the perspective of the speaker. The instructor will model the role of the convener for the first 1-2 classes and then students will self-select the class they would like to convene (based on interest or experience with main topic). Students will coordinate with the instructor at least one week in advance and preview the cultural notes and group work questions for the content. Suggestions for critical questions or case studies to be discussed in groups or by the whole class are welcome and encouraged. (SOPHIA technique may be found in Chinn, 2004, p. 41)</p>			
Engaging in reflection on experiences	 <p>The use of song and popular media to convey information or influence cultural norms is an effective strategy in both literate</p>	<p>Haitian children who survive severe malnutrition often have a lifelong disadvantage due to impaired cognitive and social development. Lovely, a child recovering from kwashiorkor, was lucky to have 1:1 nursing care for months while her own mother cared for her 6 brothers and sisters. Below is a picture of Lovely being fed ak'mil (a nutritious gruel) by her nurse Kyra during a community nutrition program in a remote village near Jeremie.</p>	 <p>Children in Haiti who have uncontrolled epilepsy are at high risk for burns due to falling into open cooking fires. The child in</p>	<p>In Haiti there are no cardiac surgery centers and children like Guerschon, born with Tetralogy of Fallot rarely survive or thrive. The Gift of Life Program in FL provides travel & treatment to children from developing countries that have life-threatening congenital heart defects.</p> <p>Prior to surgery, 8-year-old Guerschon's O2 sat. levels were in the low 60's, he had to be carried everywhere, and he was very small for his age. After surgery he developed a</p>

	<p>and non-literate populations. In the photo above (taken during a community health day in a remote village served by the Haitian Health Foundation) the merits of breast-feeding are being sung. In areas and times of food insecurity, the importance of breastfeeding and child spacing are reinforced in this video from the Haitian Health Foundation (4:19). Class reaction to video clip and discussion of recommended guidelines for breastfeeding and progression to solid foods in the US.</p>	 <p>UNICEF report on mothers in Cité Soleil (2:45) Class reaction and discussion of the questions: What does malnutrition look like in the United States? What psychosocial issues are associated with childhood obesity?</p>	<p>the photo was treated at one of Mother Theresa's Missionaries of Charity slum clinics near Jeremie.</p> <p>Video of infant with multiple neurological impairments: Lily Mathis (1:55). Class reaction and discussion: What are some modifiable risks associated with children who have neurological disorders in the United States? What adaptive equipment and medical devices did you see in the video?</p>	<p>pneumothorax and spent an extra month with Kyra, his surrogate mom, before being cleared to fly home. Why in this case, is pneumothorax a common post-op complication & how would it be managed?</p> 
<p>Identifying the historical and cultural locatedness of experiences</p> <p>(placement of this content within each class would vary)</p>	<p>My friend Kyra wrote from Haiti: <i>I am working in Mother Theresa's Missionaries of Charity slum clinics for the sick and dying in Pele, Sans Fils, & Wharf Jeremie. I would estimate that 60% of the 130 inpatients are dying of AIDS, and are also co-infected with Tuberculosis (TB). The other patients have AIDS or TB or cancer (no treatment available in Haiti) or are recovering from motor vehicle accidents or gunshot wounds.</i></p> <p><i>The biggest obstacle with these programs is ensuring that people do not dropout from their treatment regimes. In Haiti, many people still believe strongly in spirits and spells (even if they also believe in God), and because many people lack even a basic education, it is very difficult to convince them that they must</i></p>	<p>A brief Excerpt from one of Kyra's letters: <i>One of the saddest cases I have come across this trip has been that of a young 13-year-old boy. A stray bullet hit him in November – it entered through his back and exited through his stomach and left him a paraplegic. He went for emergency surgery at the General Hospital of Port-au-Prince, which is notorious for its poor quality of care. He remained there for almost 3 months, lying flat on his back. He developed one of the worst pressure ulcers on his coccyx that I have ever seen, right through to the bone. His mother brought him to the Brothers of Charity one morning to see us, and he was wailing in pain. Slowly the ulcer is healing, but his future is</i></p>	<p><i>Then there is little 3 year old, who is in for TB treatment for the 3rd time in his short life. He had sores all over his body and did not speak – or smile - for days after his admission. So we will treat this little boy for TB again, but will not treat his mom, or the other people living in his home who likely have TB, and you can be sure he will return again infected with TB. So many of the TB programs, including ours, don't work efficiently because the infected contacts of the patient are not treated.</i></p> <p><i>The suffering here in Haiti continues to be mind-boggling. So many sad and pathetic cases of illness and infection, made even more sad and pathetic because had these people been born in a different setting, they</i></p>	<p>Kyra writes: <i>It has been very special watching Guerschon recover from his surgery and begin to use his body as a normal child would. And also to watch himself discover that he is no longer a very sick and feeble little boy. One evening, as he was getting ready for bed, I caught him staring in the mirror. I could see he was looking at his face. I asked him what he saw, and he said he noticed his lips were pink. I asked what colour they used to be and he said 'yo te nwa, nwa, nwa' (they were black, black, black). Another time, while he was talking to his mom on the phone (which always makes him cry...), I could hear her asking him if he is still short of breath, and he said no. Also</i></p>

	<i>continue their medications after they begin to feel improved. Often a person begins treatment, starts to feel better so decides they must have been vexed by an evil spirit (and that they weren't infected with TB or HIV like the 'blanc' doctor said), stops taking their medications, deteriorates, starts taking their meds again, and the cycle continues. National Geographic: Haitian Voodoo (5:02)</i>	<i>so grim now. To be paralyzed and poor is a horrible combination. BBC: Haitian Mud Cake (3:56)</i>	<i>would easily be cured or at least relieved of their agony through effective medications and with appropriate pain management and diagnostic tests. Again I am reminded of how blessed I was to be born where and when I was born. I hope you all cherish your own circumstances, too, because no matter what hardships you are experiencing, they could be so much worse.</i>	<i>she asked what colour his fingernails were, and he said pink. Last week we were out walking and Guerschon, out of the blue, asked 'eske yo te ba'm yon nouvo ke?' (did they give me a new heart?).</i>
Establishing collaborative learning relationships AND Negotiating conflicts over claims to knowledge and pedagogical process	In this nursing course, students are expected to practice and develop communication and interpersonal skills needed to work in a health care setting. Group work assignments will involve role-play of realistic patient care scenarios and collaborative problem solving. Divide class in teams to play Jeopardy (reviewing childhood growth and development through pictures or brief video clips (15 sec.) including physical assessment findings, milestones, and psychological development)	Divide class into small groups and show video clip: AP report on school collapse in Petionville (0:53). Small group reaction and discussion of therapeutic communication skills for use with families grieving due to a child's diagnosis, illness, or death.	Divide class into groups. Introduce video clip with excerpt from Kyra's letter regarding violence and kidnapping. The Lost Children of Cité Soleil (1:04). Small group reaction and discussion of prioritization according to ABCs and Maslow.	Divide class into teams and watch video UCHC: What is Tetralogy of Fallot (5:09). Using your notes and text come up with a mnemonic device, song, or graphic to remember this important material that you will see on the NCLEX.
Promoting judgments about learning which are developmental and which allow scope for success for all learners	Student learning will be facilitated through 2 weekly, repeatable, content specific, self-grading quizzes. One of the quizzes will focus exclusively on NCLEX style questions related to the subtheme for the week, and content where possible. Written case study assignments will be required to demonstrate synthesis of content, in lieu of exams. Non-specific NCLEX study resource http://caring4you.net/tests.html Play <i>Sel la Vie</i> audio recording (0:30). This simple song, known by even the youngest of children in Haiti, contains the directions for mixing <i>Sel la Vie</i> (salt of life), the life-saving oral rehydration solution packets, and a play of words on <i>C'est la vie</i> (that's life!). Show Wyclef's video Creole Vaccination Ad Campaign (0:33).	Collaborative learning technique (CoLT) focusing on examples of using Humor, music and art in the care of children with special needs. (Source for CoLT: Barkley, Cross & Major, 2005)	Collaborative learning technique focusing on exploration of Autism spectrum disorders or other priority neurological condition. (Source for CoLT: Barkley, Cross & Major, 2005)	Collaborative learning technique focused on developing an integrated case study of a child with a congenital cardiac condition. (Source for CoLT: Barkley, Cross & Major, 2005)

Transforming actions and practices	Memorization a la Miley Cyrus (2:30). In small groups, come up with a song, graphic, or pneumonic device to help you remember the pediatric growth and development content you find most challenging. This content is a key area on the NCLEX.	In small groups, role-play a situation where a parent refuses to have their child vaccinated and the responses of various health care providers. Watch and discuss: Canadian Royal Air Farce: Flu Vaccine (2:48). Redo role plays being sensitive to issues raised in the video and group discussion.	Clean Water for Haiti (5:47) This video raises yet another perspective on the topic of pediatric malnutrition. In small groups draw a concept map showing the major determinants of malnutrition, interactions, and possible interventions.	In small groups use the Send-A-Problem technique to answer 2 or 3 case-study based questions, which are passed around in folders. Each group then trades folders again and analyzes, evaluates and synthesizes the answers of other groups, reporting their findings to the whole class. (Source for CoLT: Barkley, Cross & Major, 2005, p. 177)
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In this exploration of Tennant's Reconstructed Charter for Andragogy, I chose to include content that traditionally has been challenging to students on the NCLEX exams and also situations that demand cultural sensitivity and caring. This content, including pediatric growth and development, and the congenital cardiac condition tetralogy-of-fallot, was integrated with the NCLEX client needs categories and the integrated processes of nursing process, caring, communication and teaching (NCSBN, 2007). Students are expected to come to class prepared (having read the assigned chapters) and class time is devoted to reviewing the most essential and least mastered content while developing skills needed to work in an interdisciplinary health care setting. The focus on Haiti serves as a way to transfer knowledge from one setting and context to another, and provides opportunities to reflect on issues such as poverty, violence and barriers to healthcare within inner-city and rural populations closer to home. While teaching using Tennant's Charter represents a major shift from traditional, pedagogical methods; implementation would likely be successful in an accelerated program committed to an andragogical curriculum.

References

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