LEARNING METHODS RELATED TO THE DESIGN OF LEARNING ENVIRONMENTS FOR CLINICAL MENTORS, AS VIEWED FROM THE PERSPECTIVE OF EDUCATIONAL SUPERVISORS IN JAPAN

Yoshiko Doi, MS, RN, Assistant Professor1, Yasuko Hosoda, PhD, RN, Professor2, Mitsuyo Nakahashi, MS, RN, Assistant Professor3, Akiko Nakaoka, PhD, RN, Associate Professor4, Kaori Ikeuchi, MS, RN, Doctoral Student4
1 Kyoto Koka Women’s University, Japan, 2Osaka Prefecture University, Japan, 3Kyoto Tachibana University, Japan, 4Kyoto University, Japan

Aim
To identify learning methods related to the design of learning environments for clinical mentors, as viewed from the perspective of educational supervisors in Japan.

Background
In the healthcare environment, it has recently become important to train clinical mentors to support nursing students and newly graduated nurses. Learning environment design is a process of designing a learning community and is classified into organization, activities, and tools.

Methods
Seventy-four educational supervisors (staff responsible for planning and managing nursing education programs provided by hospitals) from 89 hospitals in Japan participated in the survey. The participants chose their preferred learning methods for clinical mentors from “learn from experts,” “learn with peers,” and “learn on my own” for 36 items related to the learning environment design (according to organization, activities, and tools), and the respective learning method ratios of respondents were calculated using descriptive statistics.

Results
In organizational design, at least 70% of the educational supervisors chose the “learn from experts” method for mental health countermeasures, structure of the nursing education system, management of the organization, preparation of the education system, and guidelines for nursing ethics, and the “learn with peers” method for cooperation between instructors (Fig.1). In activity design, at least 70% of the educational supervisors chose the “learn from experts” method for coaching techniques, logical thinking, use of learning theory, and education evaluation techniques (Fig.2). In tool design, at least 70% of the educational supervisors chose the “learn from experts” method for data analysis and the “learn with peers” method for preparation of a checklist (Fig.3). The proportion of educational supervisors who chose the “learn on my own” method did not reach 70% for any of the items.

Conclusions
As a preferred learning method for clinical mentors, the “learn from experts” method was chosen most frequently, which was particularly noticeable in organizational and activity design. In the future, clinical mentor education programs should take these learning methods into consideration in learning environment design.

References