Teaching For Success®

Quick Answers

Q: How Should I Approach a High Anxiety Class?
A: Organization, Respect, and Touch of Humor

by Jeanne Venhaus Stein, TFS Author

I teach Psychiatric/Mental Health Nursing in the classroom and on the clinical units. This subject area is scary to a beginning learner, especially clinically. Making things worse is the plethora of frightful images in movies and real-life news stories. Therefore, in trying to help new learners feel more relaxed, I give an information sheet that tells them exactly what to expect on a typical class day.

Turn up the warmth

I let the student know what type of unit is available for learning and the knowledge that can be gained. Besides important general information about professional dress, parking, persons in charge and phone numbers to know, confidentiality and safety measures, I let the learner know that learning is fun with a big happy-face smile.

I give each student a sincere welcome and a smile on the first day on the clinical units as well as recognition by calling each one by name. I ask the learners to describe their perceptions and what they want to learn. I answer questions and try to dispel any myths or misconceptions. Letting the students know that it takes time to learn theories and skills and become comfortable, I tell them, "You are in the process of becoming." Starting each day with a comic, a riddle or a funny picture helps me to make a point about a topic area and helps the students laugh and relax. Humor can be learned as a coping skill for the anxious student as well as a therapeutic teaching tool for clients. Keeping a positive attitude can enhance learning.

Respect, information, and choice

I give a list of twelve brief, yet specific, learning objectives for the clinical experience. This puts the student in control of learning. I clarify the objectives and make a plan of action with each student. We collaborate as a group on a plan to share experiences, such as client assessments, therapeutic communication skills used and the observed outcomes, during a one-hour post-conference time.

Each student states where he/she wants to learn in our planned four-week rotation on the clinical units. Weekly assignments are planned with the learner and the staff rather than for the learner. It is the responsibility of the student to learn as much as possible to contribute to the group in post-conference Planned post-conferences are done by the students with each one choosing and researching a theory topic. A typewritten outline with at least three current references is shared by the learner with the group. Each learner becomes a valuable and knowledgeable teacher for 10 to 20 minutes and builds upon what was presented in classroom learning. A calendar with an illustration of a genie and a positive message is the sign-up sheet that shows the plan. Problem solving and creativity (i.e. games, quiz shows) are promoted in student presentations in group learning. Group feedback with praise and applause are given to the presenter by the students and the instructor. Each learner serves as role model for the other students.

I encourage the students to become aware of learning. Each morning during a 20-to-30-minute pre-conference, I ask the students to share current articles (i.e. in newspapers, journals, books, pamphlets) that relate to theory and add to our knowledge base. Summarizing at the end of each clinical day helps the students to review what they learned and evaluate their progress. I plan for success on the first day of our clinical experience by stating that we will celebrate learning in our last post-conference (i.e. a pizza party).

Each learner evaluates clinical instruction and what he/she would improve. Also, the learners evaluate the clinical facility and what helped them to learn. These teaching techniques (humor, acceptance, respect, communication skills, creativity, problem solving, feedback with praise, wrap-up celebration) can be used in the classroom and the clinical setting.