



TOPIC OUTLINE:

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 - B. BASIC EDUCATIONAL PRINCIPLES
- II. THREE DOMAINS OF LEARNING CARE
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 - B. PSYCOMOTOR
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- III. IDEATIONAL LEARNING & MENTAL SCHEMA
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- V. EMOTIONAL LEARNING & EMPATHY
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- X. REFLECTIVE EVALUATION AND FEEDBACK

LEGEND: PPT-BLACK; BOOK-BLUE; AUDIO-RED

I. CORE DYNAMICS OF CLINICAL LEARNING

CHARACTERISTICS OF LEARNING:

A. ACTIVE & EXPERIENTIAL

- Nurses learn through intentional, proactive clinical engagements, not passive observation.
 - So, as you notice, in your related learning experience, the clinical instructor will demonstrate some procedures to you. You will not act as passive observers, you will also do your return demonstration afterwards. So this is experiential learning.
 - **Purposeful & Adaptive:** Driven by problem-solving and immediate application to patient outcomes.
 - Sometimes your CI will ask questions about a specific procedure. And also, explain the rationale of the procedure in your nursing subjects.
 - **Individual & Sociocultural:** Occurs within personal cognitive limits and the clinical social environment.

B. BASIC EDUCATIONAL PRINCIPLES

- **Constructive Integration:** Integrating new physiological science into previous schemas.
- This shows the knowledge that we already know is what we call our prior schema. So before your related learning experience, we're exposed to theoretical knowledge, di ba, your lecture.
- **Systematic feedback loops:** High-frequency, immediate constructive assessment.
- **Environment Contextualization:** Best achieved in simulated or clinical workspaces.

II. THREE DOMAINS OF LEARNING CARE

A. IDEATIONAL (COGNITIVE)

- Building clinical judgment, medical schemas, and diagnostic rationales. Students progress from baseline recall to critical analysis and real-time decision-making.
 - So it is how you analyze lab results. So, yung client mo, mababa yung hemoglobin according to laboratory results. So you analyze the data, what's the rationale? What are the factors contributing to the low hemoglobin of your client? That is thinking. You construct diagnostic rationales until you make clinical decisions.

B. PSYCHOMOTOR (SKILLS)

- Developing hands-on clinical dexterity. Focused on coordinating motor skills with sensory cues for accurate, efficient, and safe procedural execution.
 - It is how you insert an intravenous fluid. It is skill diba. How you do your care to your client. How to perform specific procedures. That's why you have your related learning experience.

C. EMOTIONAL (AFFECTIVE)

- Internalizing nursing values, patient empathy, ethical standards, and therapeutic communication while cultivating emotional resilience.
 - So this is how you show empathy. You make ethical choices and manage your own clinical distress under pressure. Dapat, ano pa rin tayo, maintained pa rin yung attitude natin kahit sinisigawan na tayo ng mga patient natin.

III. IDEATIONAL LEARNING & MENTAL SCHEMA

Structuring Diagnostic Reasoning

- Ideational learning centers on constructing structured networks of meaning (schemas) rather than superficial memorization of symptoms.
- Memorization is dangerous. So what is important is knowing what to do or knowing how you do it.

Clinical Implications: High-acuity decisions require rapid mental integration of pathophysiology, laboratory data, and current patient presentations.



Educational Strategy: Active concept mapping, collaborative peer disease-modeling, and adaptive clinical case studies.

Additional Information

- Ideational learning is about building a structured mental map or schema.

IV. PSYCHOMOTOR SKILLS DEVELOPMENT

Acquiring Clinical Dexterity

- Psychomotor learning is a continuous motor-cognitive integration. In high-stakes nursing environments, skill acquisition progresses systematically through the Cognitive, Associative, and Autonomous phases.
- Cognitive Phase:** Where the student memorizes the steps of a checklist in the procedure. So, after you memorize yung pagkakasunod sunod ng procedure, the next step or the next phase is
- Associative Phase:** It is where you as a student practice manually, but still has to think through every movement.
- Autonomous Phase:** So through repetitive practice, maunawa and ma-master mo na yong specific steps in the related learning experience. So in nursing education, we guide students through these phases.
- Clinical Strategy:** Scaffolding delicate manual procedures (e.g., vascular access) with strict checklists, deliberate repetitive simulation, and immediate expert intervention.
 - Pumupunta tayo sa laboratory, gumagawa tayo ng return demonstration and simulation practices. To ensure the patient's safety, which remains our top priority when we become nurses.

V. EMOTIONAL LEARNING & EMPATHY

Values and Emotional Regulation

- The clinical environment demands high affective competency. Emotional learning structures how students internalize compassionate values, identify patient distress, and master empathetic communications.
 - You must learn to read patient anxiety. Dapat alam mo facial expression pa lang na natatakot yung patient mo so that you know your interventions to keep the patient relax para magtrust yung patient mo.

- And you also have this value, dapat communicate with compassion.
- Another very important, your emotional reactions during high stress situation. Important yan. Pag sinigawan ka ng patient, 'wag mo siyang sigawan back.
- Clinical Challenge:** Nursing educators must actively help students build resilience, navigate high-stress clinical outcomes, and avoid emotional burnout.
- Educational Strategy:** Clinical peer role-playing, active stress-inoculation simulations, and prompt reflective journaling.

VI. THORNDIKE'S LAW OF LEARNING

1. LAW OF READINESS

- This tells us that students learn best when they are mentally and physically prepared.
- So if a student is overwhelmed with stress, your brain cannot process complex clinical information.

2. LAW OF EXERCISES

- Confirms that targeted repetitive practice is the key to mastering the procedure.
- The CI will read the procedure, and then she performs first, you observe, and then after observing, you do your return demonstration, and afterwards, pupunta na kayo ng laboratory for your simulation. Kayo na ang magpeperform; that's the law of exercise.
- So this strengthens retention.

3. LAW OF EFFECT

- Shows that positive reinforcement during practice builds confidence and retention. Si sino yung motivating force mo dito? Yung CI mo.
- Sometimes kasi, pag repeated na na procedure at di pa nagagawa, sometimes si CI nagagalit. Pero that's normal because it will motivate you to perform perfectly your procedure kasi bawal magkamali sa clinical area.
- Positive outcomes strengthen association; negative associations weaken them.

4. LAW OF PRIMACY

- The law of primacy warns us that the way a student is taught a skill first makes the strongest impression.
- Sometimes kasi in the hospital, may mga procedures na hindi ideal. Ideally, it is being taught at the school at your related learning experience. So it is much harder to correct bad habits kasi pag nastart na doon pa lang sa RLE.

Thorndike's Law	Core Educational Premise	Clinical Learning Application
Law of Readiness	Learning occurs efficiently only when physical and emotional alignment is met.	Assessing clinical baseline knowledge and minimizing high stress before nursing labs.
Law of Exercise	Targeted, repeated stimulus-response associations strengthen retention.	Structuring scheduled, repetitive procedural practice on simulation models.
Law of Effect	Positive outcomes strengthen associations; negative associations weaken them.	Providing constructive, positive reinforcement to secure student confidence.
Law of Primacy	Initial, foundational lessons create permanent cognitive impressions.	Ensuring safety precautions and correct sterile techniques are taught correctly first.



- So mas may marka talaga yung day one natin. That's why your clinical instructor is trying hard to be ideal as much as possible. Iba yung expectations natin doon sa clinical area, especially if there is scarcity of sources. Initial foundational lessons create permanent cognitive impressions.

VII. KNOWLE'S THEORY OF ANDRAGOGY

- So nursing students are adult learners, which means we must apply this theory by **Malcolm Knowles, Adult Learning Theory or Andragogy.**
- Adults learn differently than children in 3 key ways.
 1. **Self-Directed Learning Profile**
 - Adult learners require autonomy. Nursing curricula must offer opportunities for independent analysis, discovery learning, and personal mastery.
 - First is they are **self-directed and appreciate autonomy.** In their studies. It is now embedded in the nursing curricula, your independent learning skills. Okay, discovery learning, through mastery of learning.
 2. **Integrating Life & Clinical Experience**
 - Their existing experiences serve as rich cognitive resources. Use group-based debates and shared case studies to connect new content to their history.
 - The second one, they **bring a wealth of prior life experiences.** Young adults, experiences ng adults, marami ng experiences ung mga adult diba through these experiences we learn a lot.
 3. **Problem-Oriented Learning Focus**
 - Adults align their readiness to learn with real-world usefulness. Frame complex medical concepts around critical patient problems to maximize engagement.
 - Third, you are **highly problem-oriented.** Okay, you want to learn things that solve real clinical problems that you will have to face at the bedside. Adults align their readiness to learn with real-world usefulness. Kaya ngayon yung mindset nyo, even watching movies, mga real life, real life situation ang pinapanood niyo.

VIII. BANDURA'S SOCIAL LEARNING THEORY

- **Albert Bandura's** social learning theory is incredibly relevant to clinical education.
- In hospitals, students learn a great deal simply by watching your senior nurse or your clinical instructor itself. Interact with the patients and also the colleagues, na kikita nila how they interact.
- **Observational Modeling**
 - Healthcare competence relies heavily on observational learning. Students model the behaviors and communicative styles of senior practitioners. like your CI and also you, the nurses, the senior nurses. Because modeling is so powerful, clinical instructors must always model professional ethical behavior.
- **Mechanisms:** Attention to detail, memory retention, physical Reproduction, and intrinsic Motivation to mirror the exemplary role model.
- **Clinical Self-Efficacy:** A nursing student's internal conviction in their ability to deliver safe care influences overall performance and resilience.
 - The students believe in their own ability to succeed, right? So when we say **self-efficacy**, you are confident with the procedure. Why can you be confident with the procedure? Because you have now prior learning experience.
- **Cultivation Strategy:** Built through master-level demonstrations (vicarious experiences) and scaffolded real-world successes (mastery experiences).

IX. GAGNE'S CONDITION OF LEARNING

- **Stimulate Attention & Recall**
 - Introduce high-stakes patient clinical vignettes to instantly direct cognitive focus and draw forward existing medical and anatomical schemas.
 - So in the classroom, how do we stimulate students? How do we review from previous lesson? Real-life patient emergency case study to focus the student's mind, para ma-stimulate lang yung attention nila.
 - After that, we activate prior knowledge before introducing new procedures.
- **Present Content & Guide Learning**
 - Demonstrate technical steps visually using scaffolded verbal descriptions, contrasting common errors with correct standard procedures.



- **Elicit Performance & Feedback**
 - Transition students to direct clinical implementation immediately, delivering precise, targeted corrections to secure client safety and precision.
 - So we immediately transition students to delivering the performance, giving a real-time feedback to correct the mistakes.
- **Assess Mastery & Secure Transfer**
 - Examine students via Objective Structured Clinical Examinations (OSCEs) and utilize diverse bedside cases to expand clinical adaptation.
 - So finally, afterwards is the assessment of the skill, the performance, like structured exams.

X. REFLECTIVE EVALUATION AND FEEDBACK

- We must evaluate our teaching strategy. So after every procedure, kahit sa theory, sa lecture, meron yang evaluation to make sure learning actually took place. Diba? After every concept, may quiz tayo. Then after the quiz, meron tayo final or summative test, final exam, midterm exam.
- So we must also teach the students to think critically during care. So reflect deeply. So meron tayo rationales, meron tayo essay in the quiz also
- So this is where reflection and feedback loops are essential para nakikita natin may learning ba yung student natin
- **Closing the Loop in Nursing**
 - True competence is solidified during structured self-reflection. Educators must transition clinical tasks from passive performance to reflective metacognition.
- **Reflective Debriefing:** Utilize the clinical advocacy-inquiry model to explore and refine underlying clinical reasoning and schemas
 - We use structured clinical debriefing to discuss the why behind students' choices.
- **Feedback Integrity:** Implement standardized peer checklists, clinical portfolios, and comprehensive performance markers.