

2006

Teaching and Learning in Urology Nursing

Karen A. Karlowicz
Old Dominion University, kkarlowi@odu.edu

Follow this and additional works at: https://digitalcommons.odu.edu/nursing_fac_pubs



Part of the [Nursing Commons](#), and the [Urology Commons](#)

Original Publication Citation

Karlowicz, K. A. (2006). Teaching and learning in urology nursing. *Urologic Nursing*, 26(5), 346, 401.

This Editorial is brought to you for free and open access by the Nursing at ODU Digital Commons. It has been accepted for inclusion in Nursing Faculty Publications by an authorized administrator of ODU Digital Commons. For more information, please contact digitalcommons@odu.edu.

Editorial

Teaching and Learning In Urology Nursing

Within the specialty of urology, as with all nursing specialties, nurses have the opportunity to assume many different professional roles. One can choose to be a direct care provider, clinical specialist, advanced nurse practitioner, manager, executive, advocate, consultant, researcher, entrepreneur, or industry representative. This issue of *Urologic Nursing*, however, is devoted to one of the most important roles a nurse assumes — the role of educator.

Teaching is an integral component of nursing practice. As noted in the *Scope and Standards of Urologic Nursing Practice* (Society of Urologic Nurses and Associates, 1997), the urologic nurse works in collaboration with other health care professionals to provide clients with education related to the treatment and management of their disease, use of medical equipment, medication administration, as well as strategies for health promotion and disease prevention. However, not all of the education endeavors of urologic nurses are directed to individual clients. Depending on your practice setting, you may also be involved in providing education to families, nurse colleagues, other health professionals, students, community groups, or the public. No matter who is the learner, it is important to keep in mind that the way you deliver the information is as important as the information you are delivering. Thus, the articles selected for this issue were chosen, not because of what is being taught but, rather, for how the information is presented.

Ask a Nurse

It is widely held that if you need health care information, your best resource is a nurse. And, indeed, nurses respond with great enthusiasm and valuable information when asked to provide health teaching. Still, it is important that we occasionally become reacquainted with the basic principles that drive the teaching-learning process. Russell's article (see page 349) is an overview of adult-learning principles. The emphasis is on recognizing learning



Karen A. Karlowicz, EdD, RN

styles and barriers that influence the manner in which information is conveyed and received.

The growing number of older adults in the United States requiring health care services demands that we implement strategies to provide effective teaching to this segment of our population. Zurakowski, Taylor, and Bradway (see page 355) offer a synthesis of research related to teaching older adults. Strategies that can enhance the effectiveness of health teaching to older adults are highlighted to help you better meet the needs of these patients.

Another view on patient teaching is presented in the article by Marchese (see page 363), who describes the teaching needs of patients with bladder cancer within the framework of Peplau's Theory of Interpersonal Relations. Instead of focusing on specific teaching methods, the author explores the complexities and evolution of the nurse-patient relationship within the context of the patient's educational needs from the time of diagnosis and treatment to long-term followup.

An article sure to get your attention is the use of experiential learning to teach nursing students about the management of urinary incontinence using disposable undergarments (see page 373). How effective is this teaching strategy? You be the judge after reading the students' comments about the experience.

For those of you tired of preparing lectures for staff inservices and chapter meetings, the article by LeCroy (see page 381) may provide the inspiration needed to liven up your teaching sessions. Gaming is introduced as a fun and innovative approach to peer education for BPH and urinary incontinence; although, the idea could be applied to almost any topic in urology.

The final feature of this issue deals with the challenges of community education. Gartley (see page 387) describes a new project being undertaken by the Simon Foundation for Continence to provide

continued on page 401



Situations create a conflict of interest when an individual has an opportunity to affect the content of continuing nursing education.

of continuing nursing education, particularly about products or services of a commercial interest with which he/she has a financial relationship. ANCC considers financial relationships to “create actual conflicts of interest in CNE...” (p. 75). There is nothing inherently wrong with activity planners or speakers/authors having a financial relationship, but it is the responsibility of the activity planners to assure that the participants in that activity are aware of that relationship. This can be accomplished by including disclosure information in the announcements at the beginning of a live activity, or including that information in the program book or with the article in a journal.

Thinking Critically

Disclosure information has always been important, and encouraged, but is now mandated by both the ANCC and by the Accreditation Council for Continuing Medical Education. To carry out this mandate, providers and approvers of continuing nursing or medical education must assure those agencies that participants are apprised of conflicts of interest. It is believed that professionals completing continuing nursing (and medical) education have the ability to determine for themselves whether undue bias is included in a presentation, but only if the relationships of those who planned and presented the information are transparent.

Those involved in providing contact hours for journal articles have the same responsibilities to the learner as do those involved in face-to-face activities. Obviously the author(s) of journal articles have the greatest impact on the content so they must disclose any conflict of interest. Others having the potential to impact the content of the article include the editor of the journal and the editorial board members, as these experts determined the need for that content and worked with the author(s) in developing the manuscript. Every journal that provides contact hours must determine how the learners will be informed of any conflict of interest (or lack thereof) of those involved in developing that CNE article.

The take-home message then, for conflict-of-interest purposes, is that learners must be allowed to think critically about the information they receive in any type of education format or venue. Providing the disclosures is the responsibility of the journal editors but looking for, and reading, the disclosures with the articles is the responsibility of the reader. ■

Reference

American Nurses Credentialing Center. (2006). *Manual for accreditation as an approver or a provider of continuing nursing education*. Silver Spring, MD: Author.

Editorial

continued from page 346

large-scale community education about bladder control problems. The challenges encountered in getting this particular project off the ground are a reminder that any effort aimed at community education requires intense planning and perseverance in order to be effective and successful.

A Different View

The goal of this special issue of *Urologic Nursing* is to offer readers a different view of education within the specialty. The articles presented in this special issue highlight just a few of the many unique attempts to teach clients, professionals, and the public about issues vital to urologic health. They also demonstrate how crucial education is to patient outcomes and professional practice. By highlighting some of the novel strategies being used to address the educational needs of different learner groups, it is our hope that the readings have refreshed your approach to teaching, stimulated your creativity, enhanced your teaching effectiveness, and reaffirmed your commitment to provide quality teaching about urologic health issues. ■

Karen A. Karlowicz, EdD, RN
Guest Editor

Reference

Society of Urologic Nurses and Associates. (1997) *Scope and standards of urologic nursing practice*. Pitman, NJ: Author.

Editor's Note:

A special thank you is extended to Karen Karlowicz, ED, RN, for her work on the October 2006 issue. Karen served as the Guest Editor for the special issue on Urology Education. She worked very closely with the authors and the editorial board members who edited these manuscripts to create a product that represents patient, nurse, and community education topics. Thank you, Karen!

Over the course of the past several years, *Urologic Nursing* has published issues that focus on a particular theme, the previous being the August 2006 issue on Men's Health for which Susanne Quallich, APRN, BC, NP-C, CUNP, served as Guest Editor. Watch for more special-themed issues from *Urologic Nursing* in the future!

Jane Hokanson Hawks, DNSc, RN, BC
Editor

Copyright of Urologic Nursing is the property of Society of Urologic Nurses and Associates, Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.