

Interview with Kate Morse

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Lisa Bonsall: Hi, this is Lisa Bonsall, senior clinical editor for Lippincott NursingCenter. I'm here at the Nursing Education Innovation Summit, and right now I have the privilege of speaking with Dr. Kate Morse. Dr. Morse is currently the Assistant Dean for Experiential Learning and Innovation in the College of Nursing and Health Professions, Drexel University and Adjunct Faculty for the Center for Medical Simulation.

Thank you so much for joining me today.

Kate Morse: You're welcome.

Lisa Bonsall: Can you please talk about learning as a social activity?

Kate Morse: Absolutely. I think it's a shift in our thinking from learning as a transactional activity where I, as the teacher am going to provide you with either a skill or a language or information and then be shocked that that doesn't come out successful. Whereas it's really about the social interaction and the relationship between the teacher and the learner. And in fact, the teacher may have something to learn as well.

So it goes in both directions because we get subtle or direct feedback from the learner as we go through the learning process. So if we approach it as a relationship, then we realize we both have interests and we both have some skin in the game and we're going to end up being different people at the end of the conversation.

Lisa Bonsall: What is psychological safety and how does it increase learner engagement?

Kate Morse: So psychological safety is such an interesting idea that came out of work that was done on the business side, then transferred into health care research and now comes across to the education land, which really it's just about thinking about creating an environment where everyone in that environment, in this case learning how it feels comfortable to take, what Amy Edmondson would call, interpersonal risks.

And what does that mean? It means I'm not afraid as a learner to put my hand up and say, I don't understand. I thought it was something else and I don't have fear of ridicule, being belittled, made to feel uncomfortable, but invited into the conversation with a different perspective. So you feel comfortable and invited to speak up, share different perspectives,

talk about mistakes when things go wrong or things didn't go as well as we had hoped in clinical or you're just really struggling in a class or a learning activity didn't go as well as we hoped it did. So it's creating that whole environment where people feel comfortable, sort of having difficult conversations, potentially. So it's not about being nice and having a nice soft little, you know, it's all Kumbaya and everything's lovely.

It's actually about arming ourselves and our colleagues with the skills to lean in and have difficult conversations. So I'm still valuing you as a person and we need to work on this. You know, whether it's a behavior as you're learning to do health assessment or an interaction with a family member or an interaction that we had, we're able to work through the process and have a difficult conversation and understand each other's perspectives.

So it's incredibly powerful. It's hard work because you just can't say it and leave it. You have to continually work to refresh it and to help people grow and develop and be open to feedback when it's not working and you're the learning leader. So you, you know, you have to be willing to be in there and take interpersonal risks and feedback and continue to grow and develop.

Lisa Bonsall: How can we create cultural change through simulation?

Kate Morse: So I sort of think about it in two buckets, cultural change for our learners. You know, helping people who come, for example, to accelerated programs with other lives now changing and thinking of the world as a nurse or nurses becoming advanced practice nurses, they have to change their mindset and then I think about it from the faculty standpoint.

So how can I use simulation to help faculty shift their perspectives and how they teach and how they interact with their learners and how we interact with each other as colleagues. So I think simulation is particularly powerful because it moves the conversation from, Oh yeah, I'd never do that. Or this is what I always do in these situations, because we do believe that.

I mean, it's, it's genuine. However, then we get in the situation and we do something totally different and simulation allows us to do that. And then we have this juxtaposition of what I thought, like I believed about myself. I would always speak up for patient safety, and I didn't in that situation. And that then allows us to get into debriefing and really dig in and understand the complexity of what happened and why it is we did the things that we did and how we can shift that thinking to help us be more successful in the future if we just stay at the conversational level.

You're going to leave going, yeah, I would always do that. If I put you in simulation, you have the opportunity to sort of come up against that difference between what you think and you believe than what you actually do. So I think that's the power, but it only works if it's in a psychologically safe learning environment because people are taking risks, particularly faculty.

Lisa Bonsall: Thank you so much for speaking with me today.

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