



EFFECTIVENESS OF BEDSIDE TEACHING ON NURSING STUDENTS' KNOWLEDGE AND SKILLS IN MENTAL HEALTH AND PSYCHIATRIC TRAINING

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1.1 Background

Nursing was described by Brunt (2005) as an academic and professional discipline. As a discipline, nursing develops knowledge concerning human beings, their care, health, and the environment. As a profession, nursing creatively uses knowledge in response to the health care needs of society. Both of these functions are enhanced by the scholarly environment of the University and its multicultural urban setting as a context for professional nursing practice. The demand for higher education has increased worldwide and the response has been an impressive expansion of educational offerings both within and across countries. In recent years, there has been a proliferation of educational courses that target international clientele. According to Baumann (2008) this has led to concerns about quality and consistency and also the need for international standards of education. Common standards are crucial in regulated professions, such as nursing in which lives depend on the possession of specific competencies.

Neeraja (2003) in her book of nursing education defined that, nursing education is a practical discipline; the students will learn the subject matter by doing things and practices the skills.

Also Basavanthappa (2009) identified that nursing education has the advantage of having reality available sources for actual life situations for providing students with rich clinical learning experiences in which to practice client-centered nursing care. World Health Organization in 2011 reported that, nursing and allied health personnel are a vital resource for attaining health and development targets. They form the backbone of health systems around the globe and provide a platform for efforts to tackle the diseases that cause poverty and ill-health. (WHO, 2011)

Supporting to that role, the Eastern Mediterranean Region as a department of World Health Organization directed the work on nursing and midwifery towards improving basic nursing and allied health education and establishing specialty nursing programs including preparation for the advanced practice role and providing a regulatory framework for nursing, midwifery and allied health education, and practice. (WHO, EMRO)

In Sudan, during the 1990s, health professional education expanded very much as part of what was called the Revolution of Higher Education, characterized by establishment of several new universities in different states of the country. Health professions institutions currently exceed 100 with over 22 nursing schools. (Badr, 2010)

Psychiatric and mental health nursing is a branch of nursing sciences that provides management and nursing interventions to mental ill and psychotic clients, so the students should be introduced to basic concepts of Psychiatric-Mental Health, and should be provided with nursing skills throughout the life span and in a variety of settings, regarding clinical setting and clinical experience through effective clinical teaching.

There are many clinical teaching methods to teach clinical skills for nursing students, among these methods, bedside teaching has been always an integral part of nursing education. It prepares nursing students to be able of "doing" as well as "knowing" the clinical principles in

practice. The clinical practice stimulates students to use their critical thinking skills for problem solving.

Nair et al (1998) defined Teaching at the bedside as teaching in the presence of the patient. Sometimes it is thought to be applicable only to the hospital setting; bedside teaching skills apply to any situation where the teaching occurs in the presence of the patient, including the long-term care facility and the office setting. Learners feel that the bedside is an excellent place to learn a wide variety of skills and often value this teaching more highly than their teachers (Nair et al., 1998).

In the literature, Nair et al (1998) revealed that time was considered to be the most significant factor interfering with bedside teaching. Pressures to manage more patients, shortened hospital stays and competing demands for increased documentation are contributing to the decline in the use of bedside teaching as a clinical teaching method.

Among this decline, bedside teaching still has its importance because teaching at the hospital presents additional challenges and opportunities for the clinical instructor. The hospital clinical instructor is often working with a team of learners and frequently has inadequate facilities for teaching. On the other hand, the hospital setting also provides opportunities to expose the learner to a body of knowledge and skills that cannot be taught in the other settings.

Limited information was available about the use of bedside teaching in mental health and psychiatric nursing, but in Sudan, as mental health and psychiatric nursing as specialty was new in nursing education there was no bedside teaching in clinical teaching for mental health and psychiatric nursing training.

1.2 . Justification

In Sudan, the majority of nursing educators who educated psychiatric and mental health nursing to nursing students are not specialized in mental health nursing. Also the clinical instructors are not receiving any training in mental health nursing. The discipline of mental health and psychiatric nursing as specialty was newly introduced in nursing education in Sudan after graduation of some of master degree holders in mental health and psychiatric nursing as specialty.

In mental health and psychiatric services area in Sudan, the nurses who provided the nursing interventions to mental ill and psychotic clients are nurses with certified diplomas in nursing in general and they didn't have at least 1 year training in mental health care (WHO, 2009).

Psychiatric issues in Sudan always associated with stigma, social and cultural problems in dealing with psychotic clients, as in many countries around the world, when the person suffered from psychotic symptoms, the family first takes him or her to traditional healers either Sheikh or Kojour according to their religions or cultures and this will lead to deteriorating and delaying in the management of the client when he or she admitted to hospital so the client needs high quality of care and this cannot be offered without qualified professional nurse. To have highly qualified professional nurse it needs to improve the quality of clinical teaching through the use of proper teaching method.

The concept and strategy of bed side teaching is very important for nursing education of mental health and psychiatric nursing to improve the skills and practice of nursing student, because 80% of learning occur when the students use and do in a real life, so that is why bedside teaching was chosen as strategy for clinical teaching. So it is clear that teaching at the bedside has been a vital component of nursing training in mental health and psychiatric training.

This research will address the importance of bedside teaching as effective method to teach clinical skills to nursing students in mental health and psychiatric nursing also to conduct this research a module in bedside teaching in mental health and psychiatric nursing will be created to be used in mental health and psychiatric nursing clinical teaching to help clinical instructors in teaching practical skills in mental health and psychiatric nursing specialty in nursing education at Sudanese Universities.

. General Objective

To assess the effectiveness of bedside teaching on the knowledge and skills of nursing students in mental health and psychiatric training.

Specific objectives

1. To compare knowledge of nursing students in mental health and psychiatric nursing skills in intervention and control groups before intervention.
2. To evaluate the effect of the bedside teaching on students' knowledge in mental health and psychiatric skills.
3. To identify the relation of some of demographic variables (age, gender and previous exposure to mental ill person) with students knowledge in mental health and psychiatric nursing.
4. To improve clinical skills in mental health and psychiatric nursing practice by implementation of bedside teaching.
5. To examine clinical instructors' perceptions toward bedside teaching in mental health and psychiatric nursing.

3.1. Study design

A mixed of qualitative and quantitative design was used. Quasi experimental study, non-equivalent control group pre-post test design (design with experimental and control groups that was designated before the intervention which evaluated the effectiveness of the use of bedside teaching method on the knowledge and skills of students in mental health and psychiatric nursing training. Focus group discussion was used to examine clinical instructor's perceptions toward bedside teaching in mental health and psychiatric nursing. Focus group was widely used as a data collection technique. The purpose of using focus group was to obtain information of a qualitative nature from six clinical instructors.

Sample:

Nursing students in semester seven from the two selected universities.

Master degree students in mental health and psychiatric nursing were participated as clinical instructors.

Sampling Technique and Sample size:

According to Ministry of Higher Education, 28 Universities graduated nurses

Among these universities there were 10 universities that graduated nurses with diploma in nursing sciences, so these universities were excluded from the study because the curriculum is deferent

7 universities were newly entered the nursing program and not reach semester seven where the mental health and psychiatric nursing course taught, so it were excluded from this study, the total number of the universities for the study were 11 universities.

According to road map to research method, the sample size for $\pm 5\%$ precision (Homeida et.al, 2008). was 2 universities, one for control and the other for intervention, total coverage

for the students in semester seven in the two selected universities, for clinical instructors, according to the number of students in the intervention group, the ratio was 1:8.

The two universities was selected using simple random sampling technique For students, all nursing students in semester seven from the two selected universities were invited to participate in the study. The total number of the students in the intervention group was 48 students and all of them were agreed and filled the pre and post questionnaire, and the total number of the students in the control group was 107 students; the students who agreed and filled the pre and post questionnaire were 81 students.

The number of clinical instructors who were agreed to participate in the study was 6, so the ratio was one clinical instructor for eight students (1:8).

3.6.1.1. Procedure for data collection

Participants from the two groups were asked to fill the pre-test questionnaire before going to the practical area and the questionnaires were collected and reviewed. The participants from the two groups finished their practical period, intervention group with the intervention program and the control group with their routine program. After that, the two groups filled the post-test questionnaire.

Observational check lists for the implementation of bedside teaching skills were filled during training period of the intervention group.

For clinical instructors, after finishing the implementation period, a focus group discussion was conducted for them to gather data about their perception toward bedside teaching in mental health and psychiatric nursing.

The data which obtained from the questionnaire were coded and entered into the software database and analysed to conduct statistical procedures such as descriptive statistics and

independent-samples t-test. The level of significance was set at $\alpha=0.05$ using the SPSS Statistical Package of Social Sciences version 17.

Descriptive statistics were used to explain demographic data. An independent- sample t-test was used to of knowledge between the intervention and control groups and paired sample t-test was used to test the skills improvement.

The group interview is essentially a qualitative data gathering technique, conducted after finishing the intervention program, and used to obtain general background information about bedside teaching from the view of clinical instructors.

The study was conducted in Khartoum State in two universities, University of Khartoum for control group, Nile College for intervention group and Khartoum North teaching hospital for psychiatric and mental disorders for implementation of the clinical education training program.

The study process was started in October 2011 and continued till July 2012.

Ethical issues pertaining to the individuals participating in this study, the institutions sampled and academic honesty in the field were carefully studied and adhered to. During the planning phase, approval of the research ethics has been obtained from the Research Ethics Committee IRB00008867, University of Medical Sciences and Technology

. Results

A total of 129 students in semester seven from the two selected universities were participated in the study 48 students in intervention group and 81 students in control group.

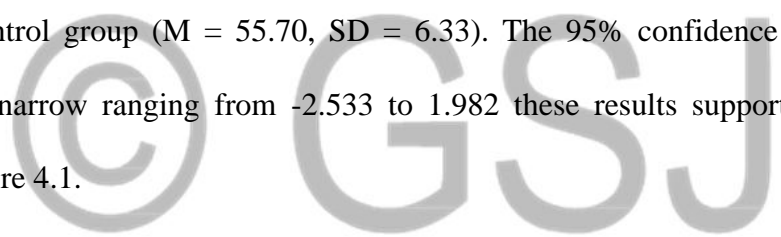
A cross tabulation was used to test the demographic characteristics of the study samples, the result revealed that, the age of the majority of students range between 20-30 years mean age of the students was 22.94, standard deviation was 4.24, minimum age was 18 years and the maximum was 52 years. Regarding the gender, 94% of the students in the intervention group were female and 95% in the control group also were female and there was no significance difference in gender of the intervention and control groups χ^2 (2- No. 129) = 0.196 and $p = 0.159$. The result showed that there was homogeneity educational levels for the two parents among the two groups chi square .332 and p-value .568 for father's educational levels and chi square .386 and p-value .06 for mother's educational level. When asking the two groups about previous exposure to mental ill person, 67% of the intervention group said no and 58% of the control had no previous exposure to mental ill person. No statistically significance difference between the two groups in their previous exposure to mental ill person chi square = 0.330 and $p = 0.216$. 81% of that who had exposure to mental ill person from the intervention group used medical treatment for their clients while 19% used traditional ways for their clients', for the control group, 79% of those who had previous exposure to mental ill person used medical treatment while 21% used traditional treatment for their clients this result showed the homogeneity of the two group among the treatment used for their clients chi square .834 and p-value .125. The results for the demographic characteristics revealed the homogeneity of the two groups of the study. Table 4.1.

Table 4.1. Demographic characteristics of the students

variable		Intervention group		Control group		x ²	P-value
		frequency	%	frequency	%		
		48	37.2	81	62.8		
Gender	female	45	94%	70	95%	.196	.159
	male	3	4%	11	5%		
Father educational level	<secondary	16	33%	20	25%	.332	.568
	secondary	13	27%	24	30%		
	>secondary	19	40%	37	45%		
Mother educational level	<secondary	20	41%	21	26%	.386	.06
	secondary	9	19%	30	37%		
	>secondary	19	40%	30	37%		
Previous exposure to mental ill	yes	16	33%	34	42%	.330	.216
	no	32	67%	47	58%		

person							
Treatment used	medical	13	81	27	79		
according to	traditional	3	19	7	21		
Previous exposure						.880	.600

An independent sample t-test was conducted to test the hypothesis that there was no difference in knowledge between intervention and control group at pre- test, the test was not significant, $t(127) = -0.241, p = 0.81$. The mean and standard deviation in intervention group ($M = 55.98, SD = 6.13$) was not significantly different to the mean and standard deviation in control group ($M = 55.70, SD = 6.33$). The 95% confidence interval for the difference was narrow ranging from -2.533 to 1.982 these results supported the research hypothesis. Figure 4.1.



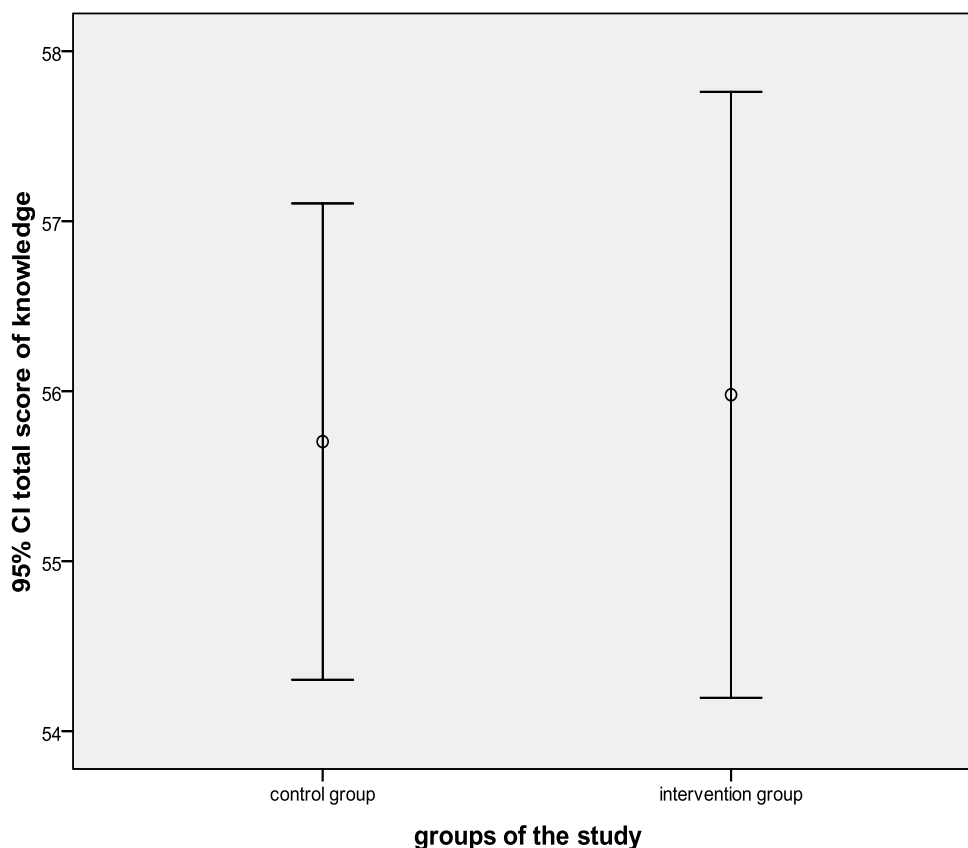


Figure 4.1. Error Bars two standard deviations above and below the mean for the knowledge score for the intervention and control groups of study at pre- test

An independent sample t-test was conducted to test hypothesis that Students who received bedside teaching clinical education in mental health and psychiatric nursing will have higher post-test scores in knowledge than students who do not participate. The test was significant $t(129) = -20.77$. $p = <0.01$. This result supported the research hypothesis. The mean and standard deviation of the total score of knowledge in intervention group ($M = 85.46$, $SD = 4.63$) was significantly different to the mean and standard deviation in control group ($M = 59.58$, $SD = 7.85$) also the result showed 52.6% increase in knowledge for intervention group after implementation of bedside teaching. The 95% confidence interval for the difference was wide ranging from -28.34 to -23.41, the eta squared (η^2) index indicated that 77.3% of the

variance of knowledge variable was accounted for by whether a student was assigned to intervention or control group. Figure 4.2.

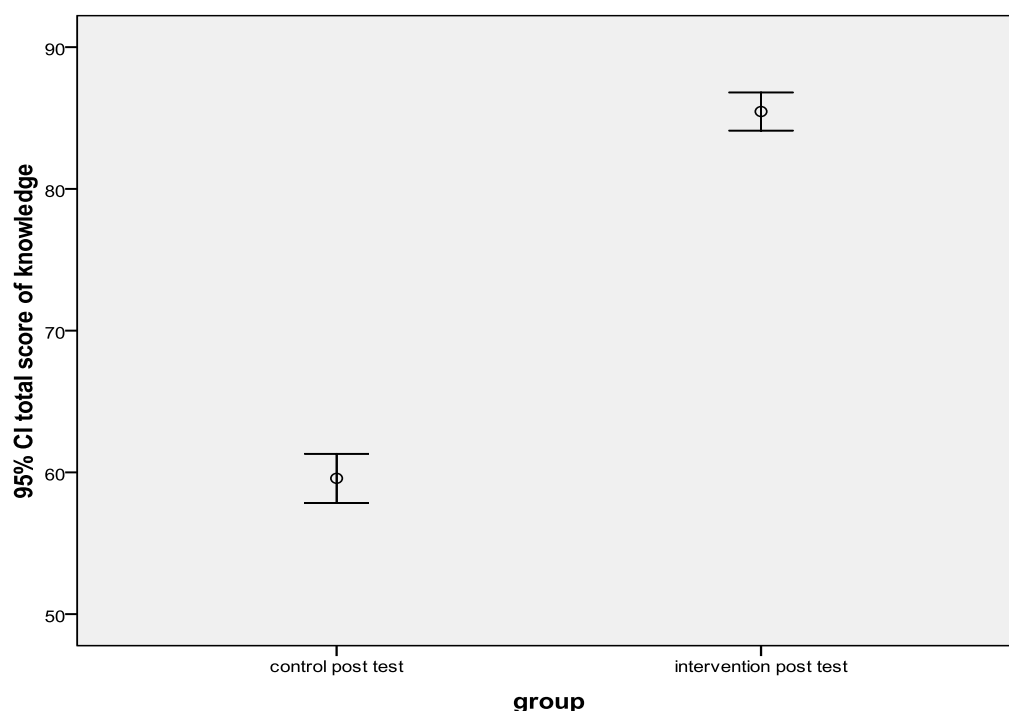


Figure 4.2. Error Bars two standard deviations above and below the mean for the knowledge score for the intervention and control groups of study at post- test

Correlation chi square test was undertaken to test the hypothesis that There is a relationship between selected demographic variables (age, gender and previous exposure to mental ill person) and students' knowledge in mental health and psychiatric nursing. . The result showed that, there was no relationship between age of the students and the total score of knowledge χ^2 (2- No. 129) = -0.67. $p = 0.44$ figure 4.3 shows total score of knowledge among age of students.

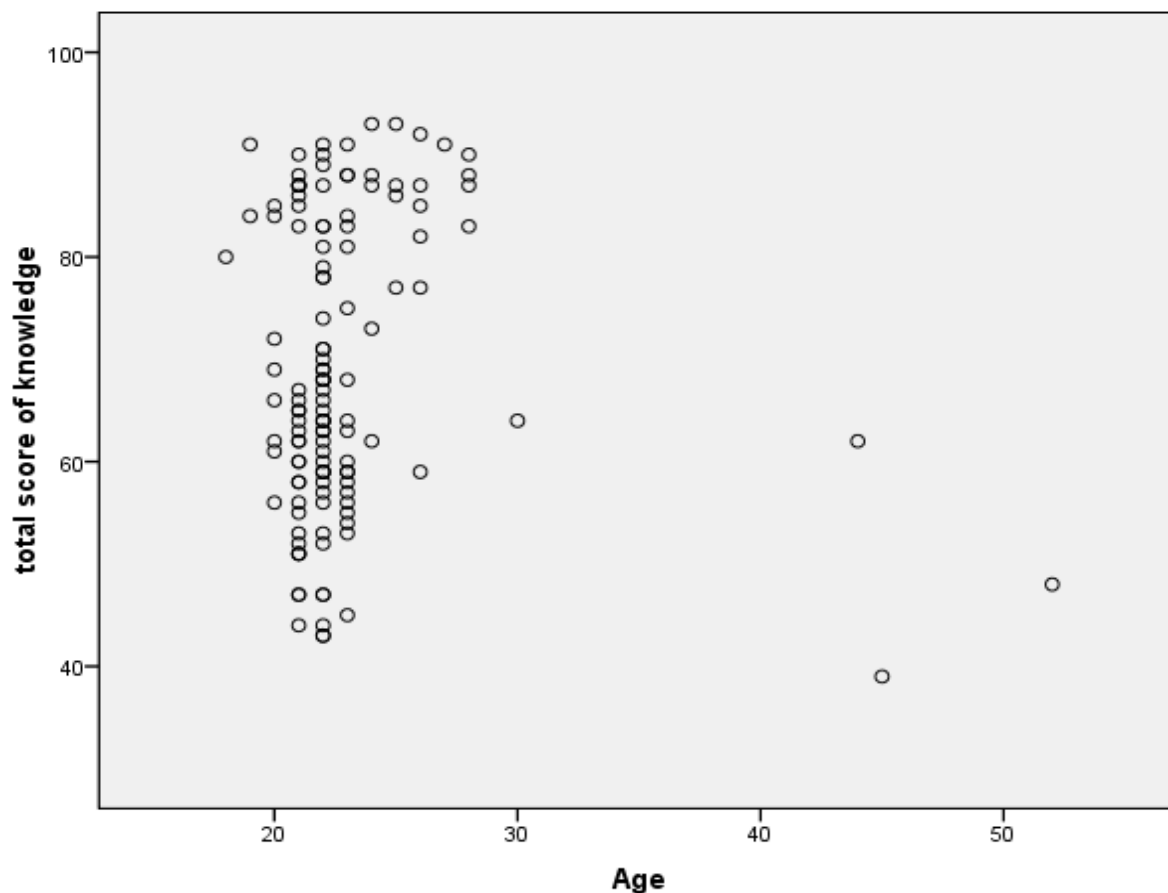


Figure 4.3. Total score of knowledge among age of students

Chi square test was conducted to assess whether there was a relationship between gender and the knowledge of students in mental health and psychiatric nursing, the result of the test was not significant χ^2 (2- No. 129) = 0.527 p= 0.76. The proportions of female 40% poor knowledge, 50.4% fair knowledge and 9.6 % good knowledge. The proportions of male 50% poor knowledge, 42.9% fair knowledge and 7.1% good knowledge. Figure 4.4 shows level of Knowledge among gender of students

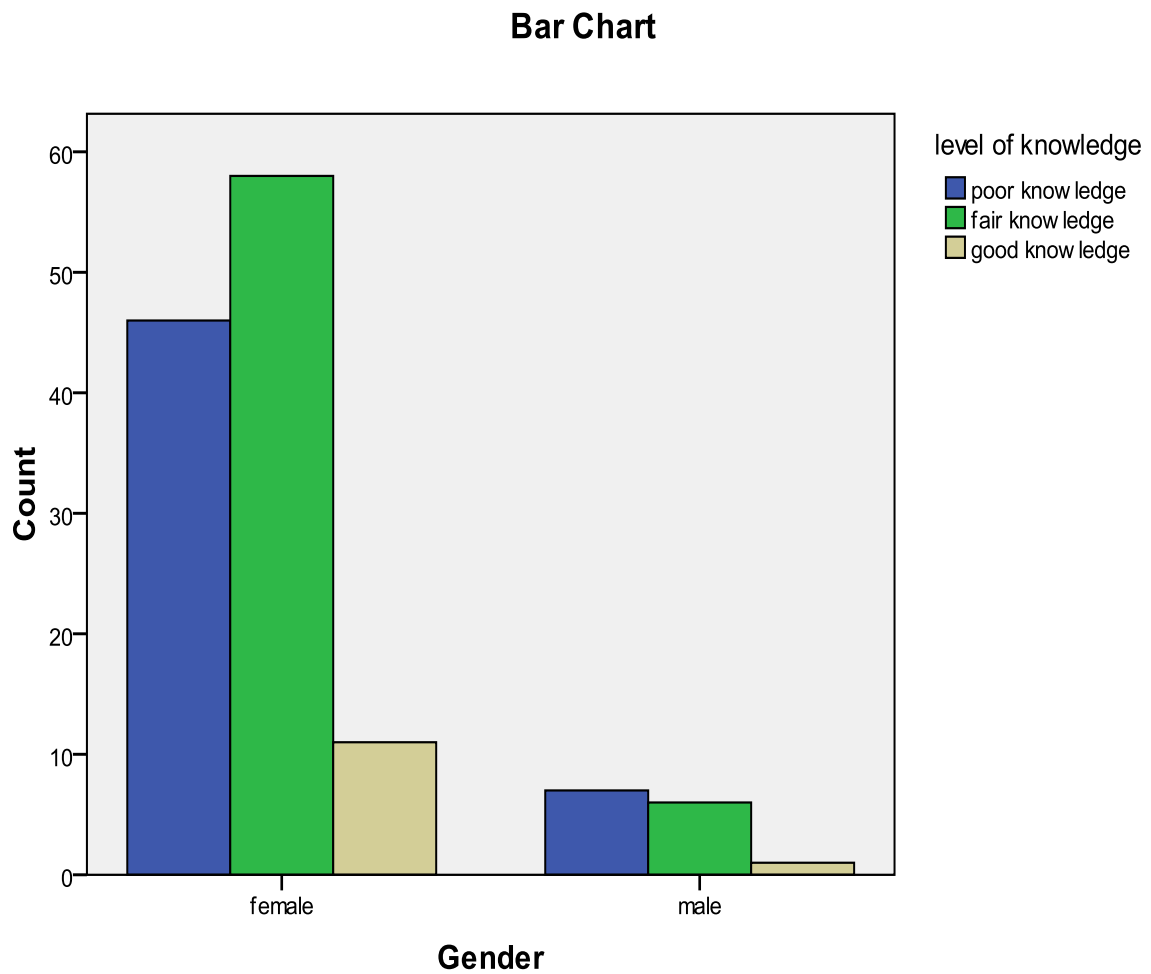


Figure 4.4. Level of Knowledge among gender of students

When studying the relation between the previous exposure to mental ill person and the knowledge of students in mental health and psychiatric nursing, the result showed that there was a significant relationship with $t(127) = 9.394$, $p = 0.009$ Figure 4.5 shows level of Knowledge among previous exposure to mental ill person.

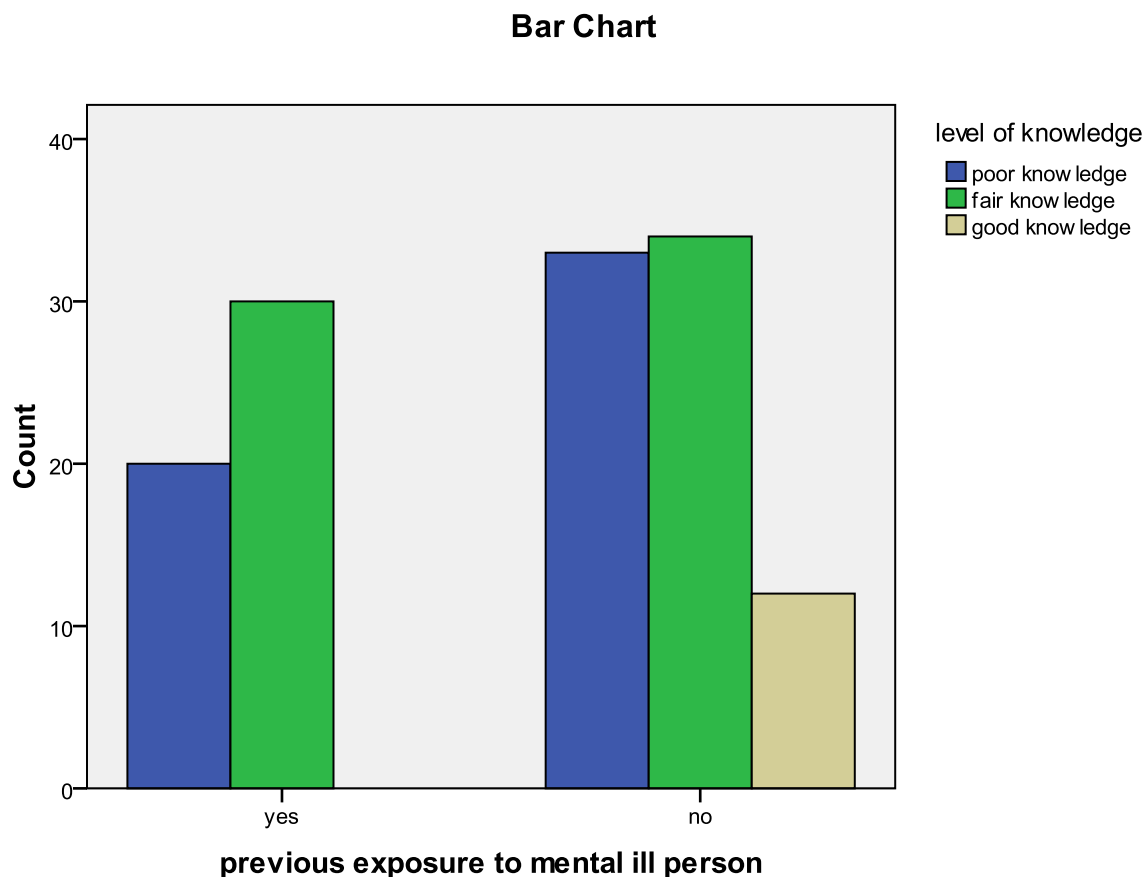


Figure 4.5. Level of Knowledge among previous exposure to mental ill person

Paired sample t-test was conducted to test the hypothesis that mental health and psychiatric nursing skills of students who received bedside teaching improved after implementation of bedside teaching.; the result was highly significance, $t(36) = -37.203$. $p < 0.01$ this result supported the research hypothesis also the result showed that, the bedside teaching skills implementation of students was improved from 39% in the beginning of the training to 91% at the end of training period. The 95% confidence interval for the deference was very wide ranging from -37.21 to -21.80. Figure 4.6 shows the implementation of bedside teaching skills.

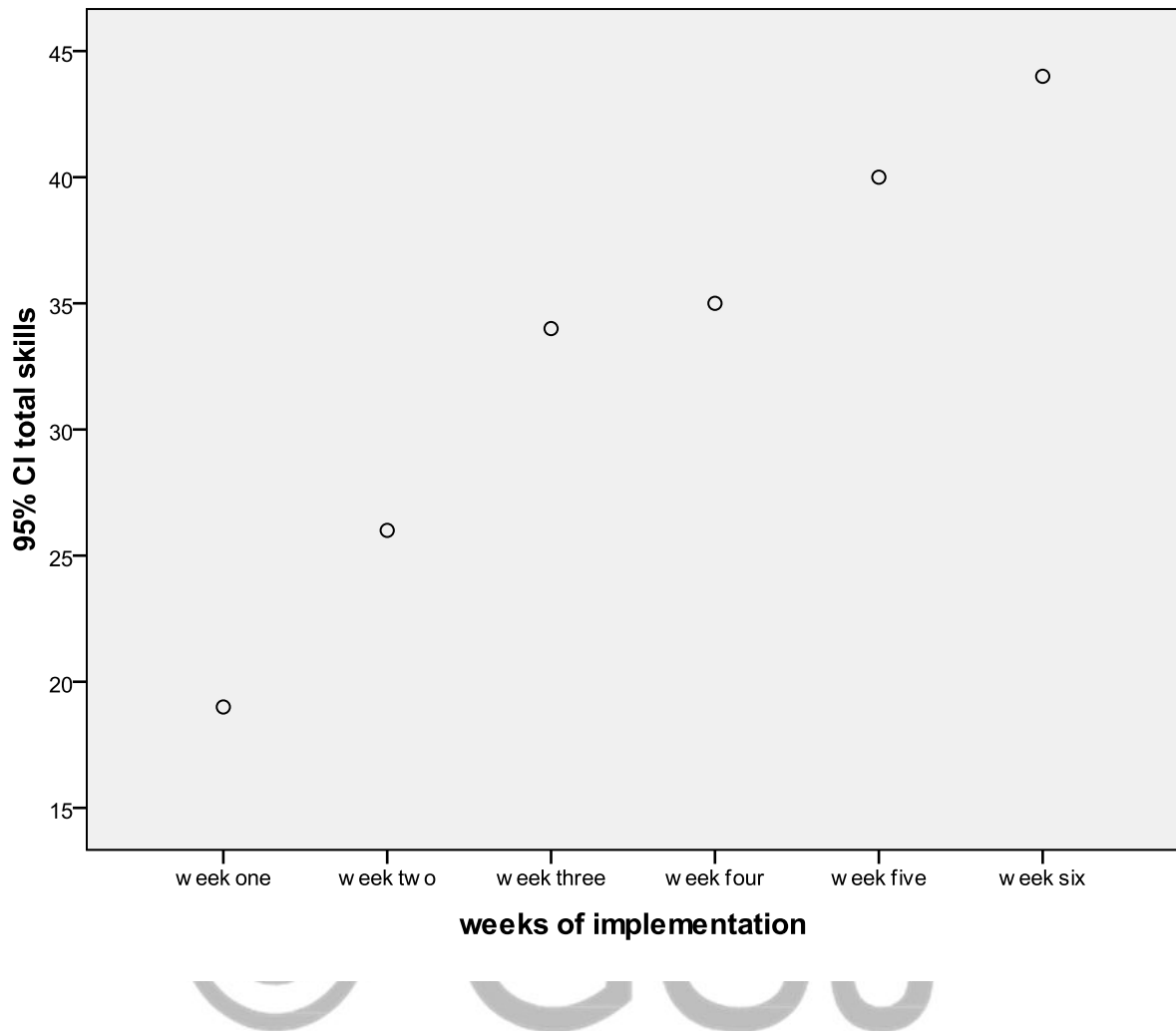


Figure 4.6. Implementation of bedside teaching skills

In order to answer the question that clinical instructors' have good perceptions toward bedside teaching in mental health and psychiatric nursing, a focus group design was used, the qualitative analysis led to the emergence of the three themes from the focus group data, Benefits of bedside teaching in mental health and psychiatric nursing, problems facing bedside teaching in mental health and psychiatric nursing and ways to improve bedside teaching in mental health and psychiatric nursing.

Discussion

The result was, $t(127) = -.241, p = .81$. The mean and standard deviation in intervention group ($M = 55.98, SD = 6.13$) was not significantly different to the mean and standard deviation in control group ($M = 55.70, SD = 6.33$).

In testing hypothesis one which was that, there was no difference in knowledge score between the intervention and control groups before intervention, the result showed the similarity in knowledge among the two groups of the study because there was no significant difference in knowledge between the two groups at the baseline of the study. this result was important for this study to ensure the homogeneity of the two groups and that they were at the same level of knowledge before implementation of bedside teaching, here no studies had found in literature according to bedside teaching topic in mental health and psychiatric training that compared the knowledge of students at baseline of study, not only in nursing but also in medical students no study to compare knowledge, so it is difficult to compare or contrast.

After implementation of bedside teaching, the result revealed that the total score of knowledge among the intervention group was found to be higher than the total score of knowledge among the control group $t(127) = -20.77, p = <0.01$. Also the mean score of knowledge among the intervention group was increased from 55, 98 before intervention to 85.45 after intervention, the knowledge of students was improved by 52%, that means, implementation of bedside teaching improved the knowledge of students of the intervention group compared to the control group. This result supported the research hypothesis that students who received bedside teaching clinical education in mental health and psychiatric training will have higher post-test scores in knowledge than students who do not participate. the variation of knowledge among the two groups was found as a result of the implementation of the module and the use of suitable ratio of students to clinical instructors

which was 8 students to one clinical instructor this gave the students opportunities to gain knowledge of skills by implementing it in a real life under supervision of clinical instructor. This was not found in the control group due to the shortage of clinical instructors, only two clinical instructors for the whole group. In this study the bedside teaching as clinical teaching method for teaching practical skills in mental health and psychiatric nursing training was found to be significantly effective in improving student's knowledge in mental health and psychiatric skills.

When reviewing the literature for previous studies, no study was found to assess the knowledge on bedside teaching but there was a quasi-experimental study conducted at West Chester University in the mid-Atlantic region of the United States, aimed to determine the effect of an experimental clinical teaching method on nursing students' knowledge and critical thinking skills during clinical rotations in psychiatric nursing, the results revealed that, the comparison group scored significantly higher than the control group on assessing, analysing, and evaluating ($t = 2.15$; $p < .03$), as well as planning and implementation ($t = 2.33$; $p < .02$), measures for critical thinking skills. However, there was no significant difference between the study groups with respect to knowledge, (Perciful EG, Nester PA. 1996) the result for knowledge was different to the finding of this study and this may be because they used deferent method of clinical teaching.

The results of the tests that address the relationship between selected demographic variables of the students as age, gender and previous exposure to mental ill person and the knowledge in mental health and psychiatric nursing skills revealed that, there was no relationship between age of the students and the total score of knowledge even though the total score of knowledge among the two groups was found to be higher among the younger students and lower in the oldest students. This may be due to that, the oldest students have many

responsibilities that interfering with their ability to gain knowledge and practice skills because they were graduated with diploma many years ago and they were studying to upgrade their diplomas so they worked, they have children and social responsibilities the younger students have more chances to gain knowledge that they were young without responsibilities, also the test was not significant among the relation between gender and the level of knowledge so the gender has no effect on students knowledge in mental health and psychiatric nursing training. The results for those two variables were rejected the research hypothesis which stated that there is a relationship between demographic variables (age, gender and previous exposure to mental ill person) and the student's knowledge in mental health and psychiatric nursing training.

When studying the relation between the variable previous exposure to mental ill person and the knowledge of students in mental health and psychiatric nursing, the result showed that there was a significant relationship .but the students who had pervious exposure to mental ill person had poor knowledge in mental health and psychiatric nursing in compare to those who had no previous exposure to mental ill person which found to had good knowledge, this is may be due to that some of the old age students had a Diploma in nursing and they studying to upgrade their Diplomas to Bachelor degree so they were not exposed to proper clinical training in mental health and psychiatric nursing because this specialty was newly introduced in nursing education in Sudan so although they had previous exposure, their knowledge in mental health and psychiatric practical skills was poor. The result for this variable was supported the research hypothesis but in opposed direction, because previous exposure to mental ill person had to improve knowledge in skills of dealing with psychotic client but for this variable it was been in opposed situation.

Implementation of bedside teaching skills in mental health and psychiatric nursing practice by students was improved because students implemented 39% of the total skills of bedside

teaching in the first week of their clinical period and this percentage increased gradually till it became 91% in the last week of the training period. This improvement of implementation was due to the availability of enough number of clinical instructors and good preparations for the training period also students gain good knowledge about bedside teaching skills in the pre session discussions. This findings were contrast to the findings of a qualitative study of nursing student experiences of clinical practice at Psychiatric Nursing Department, Fatimah (P.B.U.H) College of Nursing and Midwifery Shiraz University of Medical Sciences, Shiraz, Iran, which was concluded that nursing students were not satisfied with the clinical component of their education. They experienced anxiety as a result of feeling incompetent and lack of professional nursing skills and knowledge to take care of various patients in the clinical setting, this was different because may be they were not use bedside teaching method which known to decrease student's anxiety. (Zand BlvD, 2002).

The results that were generated by the focus group discussion of clinical instructors to generate their perceptions toward bedside teaching as a method of clinical teaching in psychiatric nursing showed that they were satisfied with the useful of it as an effective method in mental health and psychiatric nursing clinical skills education. Three themes of concern for clinical instructors were emerged from focus group discussion, benefits of the method, problems that facing the application of the method, and ways to improve the use of the method.

The clinical instructors clearly described the benefits of the bedside teaching for them, for their students and for the clients.

The benefits which mentioned by the clinical instructors were as follows:

Benefits for students:

- Gives students opportunities to demonstrate skills in a real life under supervision of the clinical instructor.
- Gives chances to exchange knowledge between students.
- Teaches students to observe the practice of each others.
- Gives opportunities to teach students how to give constructive peer feedback.
- Relieves anxiety of students about dealing with psychotic clients.
- Helps in strengthen therapeutic relationships.
- Increases knowledge.
- Increases the awareness about mental health and psychiatric nursing issues.
- Corrects unwanted behavior.
- Benefits from post session discussion and feedback.
- Enhances communication skills.
- Teaches student to record accurate information during the process and interpret this information quickly to give final result and use this result during discussion.
- Teaches student to work according to time allowed.
- Explain misunderstanding immediately.
- Teaching rounds are unforgettable and motivating
- Gains skills in history taking and in mental state examination (MSE)
- Helps students to learn the perfect way, that there is no difference between text book learning and actual practice.
- Integration of theoretical knowledge with practical skills.
- Teaches them proper behavior.

A video-observational study of bedside teaching encounters in primary care in general practice in

Australia concluded that, bedside teaching encounters in general practice are rich environments for clinical skills learning it offered numerous opportunities for clinical skills learning, including eliciting a history, physical examinations and information finding. Students' involvement in the bedside teaching encounters varied according to being given or creating their own opportunities for patient interaction, asking questions and/or practicing their clinical skills. (Rees CE Monrouxe LV, 2008). Although the study was not in nursing but it demonstrates the importance of bedside teaching as an effective clinical teaching method for clinical skills learning.

Another qualitative study was conducted in a psychiatric unit in an Iranian hospital aimed to investigate and explain clinical experiences of nursing students. The following four correlated themes were obtained: anxiety, maturation, dissatisfaction and enthusiasm (Karimollahi. 2012). In relation to the findings of focus group discussion of the study, bedside teaching acts positively to relieve anxiety and dissatisfaction and improve maturation and enthusiasm.

Benefits for clinical instructors:

- Gives opportunity to focus teaching.
- Gives opportunity to role modeling in a real situation.
- Gives opportunity to deal with various types of students
- Links theory to practice
- Makes clinical instructor more up-to-date to be ready for students and clients questions.
- Gives a chance for clinical instructor to clarify difficult question.
- Gives immediate constructive feedback and progress of students.
- Learns from students' feedback.
- Focuses on improving student's poor performance.
- Observes students behavior

- Gives an assessment of clinical practice.
- Performs effective discussion.
- Develops clinical teaching skills like:
- How to initiate relation with student, teacher and patient.
- How to prepare the case for discussion.
- How to assess the student pre and post discussion.
- How to deal with psychiatric symptoms according to existing facilities.

Benefits for clients:

- Gives the client chance to acquire awareness about his problem.
- Enhances therapeutic communication.
- Gives client opportunity to be familiar with the staff.
- Gives clients to contribute in his management.
- Bedside teaching demonstrates the interest of clinical instructors in and concern for the patient.
- Gives the patient a chance to ask questions and receiving answers.
- Bedside teaching is a therapeutic environment.
- Patients can appreciate that teaching is important function of the hospital

All these findings were supported by (Basavanthappa, 2009) and (Ramsden, 2003) in outlined the advantages and benefits of bedside teaching for nursing students. Also (Fitzgerald FT, 1993) focuses on the benefits of bedside teaching.

Problems facing bedside teaching:

Clinical instructors from their experiences outlined many problems which they were faced by in implementing the bedside teaching in mental health and psychiatric nursing practical skills, from the discussion during focus group discussion the following problems were exist:

- Lack of service facilities as mean of privacy for the client, place for discussion and tools for implementing various types of nursing interventions.
- Depends on teacher's skill of discussion.
- Need high level of skills and knowledge's from teacher.
- Dominate discussion by some student.
- Not suitable with large numbers of students.
- Need co-operation between patient, student, and teacher.
- Time which offered for clinical practice was limited.
- Need large numbers of clinical instructors.
- Large number of students compared to clinical instructors.
- Lack of training program for clinical instructors in clinical teaching.
- Lack of coordination between Universities and service areas.
- Lack of qualified professional psychiatric nurses to fill the gap of clinical instructors' shortage.
- Short stay of patients.

The findings of focus group discussion regarding the problems facing bedside teaching and ways to improve it were supported by the study on the Demand for Hospital Bedside Teaching in Kaohsiung which was concluded the following results: it proposed six dilemmas for the aspect of " It is urgent to improve the system planning aspect ": (a) lack of teacher preparation; (b) lack of teaching resources; (c) way of teacher professional education is lack; (d) hospital bedside teaching should be widely publicized; (e) the places in the hospitals to

support for bedside teaching are not enough; (f) the controversy for student's GPA. Two problems of the rights of bedside teaching teachers: the traffic allowance for the teachers is not corresponding for the actual needs, and the personal safety and protection of the rights and interests for bedside teaching teachers are ignored. For the services of bedside teaching teachers can further enhance, it proposed three items about "offering a variety of services", "strengthening transition and tracking system. An investigation of theory-practice gap in undergraduate paramedic education concluded that the majority of students were satisfied with their clinical placement experience; even though they were exposed to < 50% of cases that allowed skills practice. Identifying these educational barriers will assist in improving the quality and theory practice gap of paramedic clinical education. (Michau et al, 2009), although this study was not in nursing but it discussed the same barriers.

A report on the decline of the use of bedside teaching in medical education described that staff's heavy administrative or research duties, and reduced funding for establishing university hospitals) and health care systems (reduced hospital stay and admission on the day of procedures due to rapid advance in technologies of diagnosis and treatment) had made this teaching method less effective, resulting in a profound decline in standards of acquisition of clinical skills among medical students.(Ahmed, 2008).

Many studies outlined the obstacles and problems in implementing bedside teaching method in clinical education, and many of it discussed the time (Nair et al, 1997)., patient's comfort (Nair, 1998), and the short stay of patients (Omori et al, 1997) as an obstacles for implementing bedside teaching.

Ways and suggestions to improve bedside teaching session:

Participants in the focus group discussion described many ways to be used to improve bedside teaching session in mental health and psychiatric nursing, these ways and suggestions were:

- Continuous training of hospital staff in bedside teaching to help in teaching process
- Allow enough time for clinical training in mental health and psychiatric nursing.
- Proper ratio of clinical instructors to students 1:8
- Preparations of service area and creation of a favorable environment for bedside teaching to be an educational environment.
- Continues training program for clinical instructors in bedside teaching to improve their practical and management skills
- Ensure that clinical instructors are proper role models for their students
- Improve the status of teachers and reward them appropriately, thereby attract good quality people into nursing education.

. Conclusions

The findings generated from this study were that, nursing students in both of intervention and control groups had same level of knowledge in mental health and psychiatric nursing training before intervention.

Knowledge of students in the intervention group was improved with higher score than the control group after intervention.

No relationship between age and nursing student's knowledge in mental health and psychiatric nursing skills, also same finding for the gender.

There was a negative relationship between previous exposure to mental ill person and student's knowledge in mental health and psychiatric nursing skills because students who had exposure had poor knowledge and students who had no exposure had good knowledge.

Bedside teaching clinical skills in mental health and psychiatric nursing of students were improved from 39% in the beginning of the training period to 91% at the end of the.

Clinical instructors outlined many benefits of bedside teaching for them as clinical educators in increasing their knowledge and awareness about mental health and psychiatric skills, improving their skills in giving feedback and evaluation and constructing training sessions.

Also they described the benefits for students in relieving their anxiety about dealing with psychotic clients, building their capacity in communication and critical thinking and receiving immediate constructive feedback and evaluation.

The findings of this study provide insight into the effectiveness of bedside teaching as clinical method to teach mental health and psychiatric nursing skills and the hope that the developed module will assist nurse educators in clinical teaching in general and particularly in mental health and psychiatric.

Recommendations:

Recommendations to support and enhance the use of bedside teaching as a clinical teaching method in mental health and psychiatric nursing training:

1. Implementation of the developed module in clinical teaching in nursing education of mental health and psychiatric nursing training.
2. Further researches to address the gap between theory and practice of mental health and psychiatric nursing.

3. Further researches to investigate the perceptions of students toward bedside teaching in mental health and psychiatric nursing training.
4. Offering of clinical certification Short refresh training courses for clinical instructors in bedside teaching in mental health and psychiatric nursing.

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