

Physical Assessment Tool in an Associate Degree Nursing Program

Virginia Curran, Bridget Maley, Sharon Shockness

Issue

Many Associate Degree Nursing (ADN) programs lack formal instruction in physical assessment skills due to time and curriculum constraints. Necessary physical assessment skills are typically interweaved throughout the program, largely in the clinical setting. This leads to lack of uniform instruction and varying levels of assessment skills of the students.

Description

To help prepare 1st semester students for the clinical setting, a standardized approach using video-based instruction was identified as a means to provide necessary skills demonstrations to students. Additionally, it was anticipated that supplemental instruction would decrease student anxiety and improve their confidence as they prepare for the clinical component of the program.

Methodology

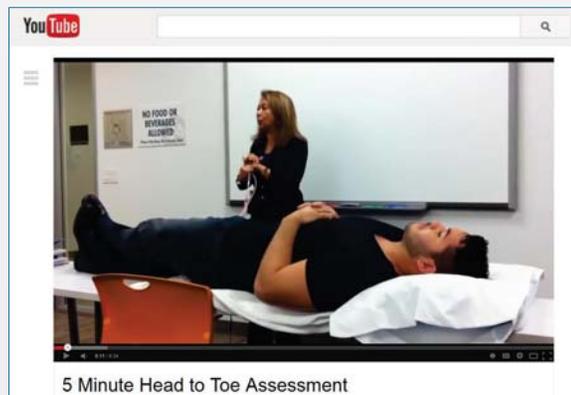
A convenience sample of 25 students enrolled in a 1st semester hybrid nursing foundations course were given a pre- and post-test using a Likert scale to determine their level of confidence and anxiety in performing a head to toe physical assessment before and after viewing an instructional video via YouTube (<http://goo.gl/xCG9ae>).

Outcomes

Results reflected student's anxiety levels in anticipation of performing a physical assessment compared to confidence of performing an assessment after viewing of an instructional video. Anxiety levels decreased by 33% and confidence increased significantly.

Lessons Learned

Utilizing technological resources in delivering key concepts and information to the learner is essential in 21st century education. Educators must embrace new approaches in teaching today's students.



Next Steps

The positive response from the students is encouraging and prompted further investigation into the use of video instruction. It may be beneficial to consider developing more video lessons utilizing a platform such as TedEd[®] that enables educators to create customized lessons to meet the needs of today's learners.



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Acknowledgements

Much thanks to:

Professor M. Geller – 1st semester, Foundations of Caring Course
Coordinator, NYCCT

NYCNECT Administrators:

Joyce Griffin-Sobel
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Introduction

Students entering undergraduate and graduate nursing programs need to be transitioned into their new learning environment and professional roles. Orientation programs can ease student anxiety and confusion as well as socialize the entering student. It has been shown that orientation leads to improved retention rates. The College of Staten Island has 3 levels of nursing programs: AAS, BS, and MS. Orientation to each of these programs is difficult because of time restraints on students.

Aims & Objectives

1. To design and develop online orientations for three nursing degree programs at CSI.
2. After completing an online orientation, students will be able to identify program philosophy, expected learning outcomes, and requirements for successful completion of their program.
3. Students will find the online orientation helpful in becoming acclimated to their program.

Methods

Using Blackboard, faculty developed online orientation courses for the AAS, BS, and MS nursing programs respectively. The orientations are student friendly, providing accessibility and ease of navigation, regardless of time or place constraints. The three orientations use PowerPoint presentations with voice over narration and contain mechanisms to evaluate student use and satisfaction.

AAS Orientation

- Introduce students to the discipline of nursing.
- Orient the students to clinical requirements.
- Describe resources available for program success.



MS Orientation

- Explanation of program options for adult health nursing.
- Describe varied role of APRNs in care of adult/gerontological patients.
- Assist the students to plan an individual course of study.



BS Orientation

- Facilitate transition from AAS to BS program.
- Explain requirements for successful completion of BS degree.
- Assist the students to plan an individual course of study.

Results

The AAS orientation was pilot tested with 79 students, 98.7 % of the students found it helpful. The students commented that the orientation was easily accessible, clear, concise, and informative. The evaluation reports for all three programs will be assessed after 2 semesters.

Discussion

The development of the orientations led to a growing awareness of the needs of each program and the necessity to address the various orientation needs of students. For example, students who continue in the BS program after completing the AAS program at CSI have different orientation needs from students transferring from another institution. Each orientation must meet orientation needs of all the incoming students.



Marcus Hall, College of Staten Island

Faculty Orientation Mobile Web App

Roxanne Reid, MSN, RN; Valerie Taylor-Haslip, PhD, RN, FNP; and Marina Yuabova, DNP, RN

Background & Purpose

Newly hired nursing adjunct faculty often do not receive adequate and timely orientation information about nursing program policies and procedures, affiliate facilities, teaching support and answers to teaching related questions in real time.

This project will take faculty orientation to the next step through the creation of a mobile device application to make the orientation accessible at the fingertips of faculty at any time. To take the project a step further a link to Twitter and Facebook social networking support mechanisms will be incorporated to allow for real-time responses to specific questions from new faculty at the time of need from experienced faculty mentors.

The context for this project is a web based application environment for mobile devices such as iPhone, iPad and other smart mobile devices.

Try It!

View a demo of the app at www.tinyurl.com/CFOguide

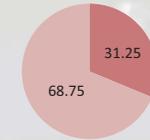
Goal

To offer a new faculty orientation guide as a “just in time” resource accessible via a mobile-friendly web application.

Method

1. Conduct a needs assessment of current faculty regarding the use of mobile application to meet orientation needs
2. Research the required procedural steps for designing a web application (app)
3. Consult with IT department for the appropriate steps in coding a *responsive* web application for a variety of mobile devices and platforms.
4. Delegate specific segments of the app design process to team members.
5. Implement each step of the app design and development process.

Mobile Orientation Needs Assessment



■ No Interest ■ Some Interest
■ Interested ■ Very Interested

Results

Orientation content was developed using a responsive website with mobile-friendly design elements. Content was organized into 5 major sections:

1. Teaching
2. Advisement
3. Evaluation
4. Professional Development
5. Mentoring

Each section consists of subheadings with specific content to assist new faculty in these targeted areas.

Next Steps

1. Expand content and collect feedback on user experience.
2. Convert web app to mobile platforms allowing for offline use.

DEVELOPMENT OF AN ONLINE PROGRAM TO TEACH FACULTY HOW TO RUN A CLINICAL SIMULATION

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Background

Simulation is a technological teaching tool that enables nursing students to have consistent, innovative, learning experiences which can offer a greater understanding of learned didactic. Simulation provides the student learner with clinical practice opportunities that may not be experienced in clinical settings. Practicing skills in an educational environment have been shown to improve critical thinking, patient safety issues, and enable students to gain confidence in clinical decision-making.

Purpose

1. Engage faculty with the basic understanding of simulation as a pedagogy for student learning, and obtain the basic skills to facilitate a simulation experience for students.
2. Create a learning experience for faculty that is readily accessible at the convenience of the learner.

Methods

1. Collaboratively develop 5 multimedia web based modules that faculty can access to gain knowledge and skills in running a simulation.
2. Develop a Vital Sim[®] Human Patient Simulator (HPS) competency evaluation that will be completed in the Nursing Arts Laboratory.
3. Develop a pre and post assessment to evaluate learning.
4. Following the commencement of this project, we will conduct research to determine effectiveness of this comprehensive program.

Modules

At the completion of this asynchronous web based program, the faculty learner will possess domain knowledge and psychomotor skills in the following areas:

- **Podcast 1:** Cognitive and Theoretical Information
- **Podcast 2:** How to Run a Simulation (packet)
- **PowerPoint:** Equipment: Operation of the Vital Sim[®]
- **Video 1:** Sample Simulation
- **Video 2:** Debriefing
- **Skill Competency:** Operation of the Vital Sim[®]

Faculty Pre/Post Assessment

FACULTY SIMULATION PRE/POST ASSESSMENT	
<p>1. When planning for a simulation experience, the faculty member should choose all that apply:</p> <ol style="list-style-type: none"> a. not prepare students as this is experiential learning b. instruct the students to be prepared for the topic of the simulation c. instruct the students to come professionally dressed d. provide the scenario 1-2 days in advance <p>2. During a simulation the faculty member observes the student making an error. The faculty member should:</p> <ol style="list-style-type: none"> a. immediately interrupt the student and correct the error b. wait until the conclusion of the scenario to correct the student c. wait until the conclusion of the scenario and facilitate discussion of practice during debriefing d. remove that student from the simulation <p>3. When preparing for a simulation experience the faculty member needs to identify which of the following three essential components prior to preparing students and facilitating the experience?</p> <ol style="list-style-type: none"> a. Objectives, desired interventions, and desired outcomes b. Objectives, cues, and desired evaluations c. Objectives, nursing diagnosis, desired interventions d. Objectives, patient data, evidence based interventions <p>4. The main objective of student use of the DNT (Developing Nurse Thinking) Worksheets:</p> <ol style="list-style-type: none"> a. To organize content for the simulation b. To document the results of the simulation c. To identify the students' weaknesses in the simulation d. To help prepare the student thinking and identify cues in the simulation that either supported (purple) content or did not support these identified problems <p>5. Simulation is best used as a tool for:</p> <ol style="list-style-type: none"> a. Education and Evaluation b. For final grading c. Introduction of new topics d. Role playing 	<p>6. Simulation can be best defined as:</p> <ol style="list-style-type: none"> a. An innovative method of incorporating clinical and theoretical knowledge and experiences for nursing students b. Team work integration c. Problem environment for students to practice d. A non-threatening learning experience <p>7. Debriefing in simulation should:</p> <ol style="list-style-type: none"> a. Never be structured as it is a free flow of ideas b. Provide the students only with the areas in which they made errors c. Be for the emphasis of the simulation d. Leave the learner well-versed in both the emotional as well as the clinical experience <p>8. The best application of theory to simulation would be:</p> <ol style="list-style-type: none"> a. Ray's model of Adaptation b. Deming's model from America's Export c. Kolcaba's model of Comfort Care d. Fitzpatrick's 3-Phase Model <p>9. Which is not a consideration when faculty are developing a simulation program?</p> <ol style="list-style-type: none"> a. Cost b. Space c. Students' psychomotor skills d. Faculty <p>10. When integrating simulation into a nursing course the faculty member needs to:</p> <ol style="list-style-type: none"> a. Incorporate high quality patients into the scenario b. Use the standard manikins without the extra features c. Adapt to the program scenarios d. Be aware that students who actively engage in learning have more satisfaction than those who have participated in passive learning

Faculty Competency Assessment	Met	Not met	Comments
Introduce yourself to the Vital Sim [®] Look under the sheets			
Turn on bedside unit			
Turn on hand held unit			
Locate BP on the handheld device (BP can only be assessed on the right arm) Increase the BP Decreased the BP			
Find pulse (right arm only) Increase pulse rate Decrease pulse rate			
Find respirations Increase respiratory rate Decrease respiratory rate			
Find breath sounds Change breath sounds: Clear, Rhonchi, Wheezing, Course crackles, Fine crackles			
Find volume button for breath sounds Increase breath sounds (volume) Decrease breath sounds Decrease breath sounds in right lung field			
Find manikin vocal sounds Choose: Scream, Cough, Vomit Yes, No			
Find heart sounds Choose: Regular, A. fib			
Find bowel sounds: Choose: hyperactive and hypoactive			
*Program Vital Sims [®] : BP 140/100, HR 90, RR 25, Wheezing, hyperactive bowel sounds			
*How can you adapt the manikin to show that your patient had 3+ pitting edema or no pulses? Place a piece of tape on the legs with 3+/no pulse			
*Your patient is having a perfusion problem: clammy skin? Put water on the skin			

Summary and Conclusions

Faculty need to be provided with the appropriate education and skills to perform simulation experiences for nursing students and to constructively debrief students following a simulation exercise. In order to reach clinical faculty it is necessary to provide flexible learning opportunities so that learners can obtain the knowledge and skills at their own pace and convenience. This project will provide clinical faculty with web-based, learning materials to enable clinical faculty to facilitate a simple simulation using the Vital Sim[®] Human Patient Simulator (HPS).

Notes on Nursing: A Virtual Tutoring Project

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ABSTRACT

Student retention is a priority concern for educators. This is especially true for the pre-licensure nursing student. Many nursing students enrolled in Community College programs are non-traditional students. They often struggle to balance work, home and family responsibilities with academic commitments. Competing responsibilities can lead to underutilization of on campus support services such as tutoring, thereby increasing the risk for poor academic performance. The availability of an online resource with a social support presence can enhance student self-efficacy, which has been linked with persistence and motivation to learn. The availability of an online resource such as a Nursing Faculty Driven Virtual Tutoring service might bridge this gap by providing tutoring services to the student at their convenience.

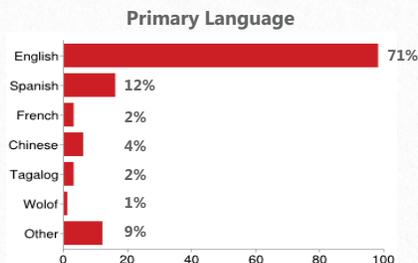
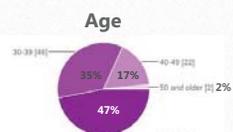
Nursing faculty from two community colleges participating in the NYCNECT Initiative collaborated to survey nursing students (n = 132) with the intent of establishing a virtual tutoring service modeled on the highly successful UFT Program *Dial-A-Teacher*. Data was collected on Demographics, Interest in virtual tutoring, Preferred time for service, Self-efficacy for learning, and Informatics competencies in computer and information literacy.

Project faculty coordinated with dual campus IT staff to set up SKYPE and FACETIME access to *DialRNProf4Help* using iPADS received through the NYCNECT Initiative. E-book accounts for course textbooks were established for faculty tutors. A tutoring schedule based on student survey responses, offered service for 30 hours per week, in the afternoons, evenings and weekends. Asynchronous E-learning and support service recommendations were also available to all nursing students at any time via access to a Blackboard Organization called Nursing Students Organization (NSO).

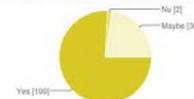
Outcomes demonstrated gross underutilization of the service. Potential barriers included: delays in implementation until mid-semester due to IT conflicts, limited student orientation and marketing of the service, student unfamiliarity with cross campus faculty and competing face-to-face tutoring offered by faculty.

DEMOGRAPHICS

n = 132
BCC = 74 (56%)
QCC = 58 (44%)



Would Use Virtual Tutoring



SELF-EFFICACY

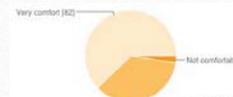
I Can Find Solutions to Problems



It is easy to adhere to my Goals & Accomplish them



Comfort Level using computers for learning

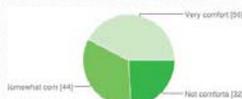


INFORMATICS COMPETENCIES

Experience Working with Computers for Learning



I am Comfortable using SKYPE or FACETIME

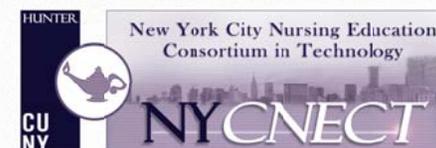
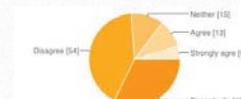


ATTITUDES TOWARDS COMPUTERS

I Feel Okay Trying Something New with Computers



I Feel Intimidated When Talk Turns to Computers



OBJECTIVES

1. Improve students' test scores in the nursing curriculum.
2. Improve students' retention rate
3. Improve students' self-efficacy for learning
4. Improve students' competencies in nursing informatics

INFORMATICS COMPETENCIES

1. Computer Literacy
2. Information Literacy
3. Information Management
4. Attitudes Towards Computers

LESSONS LEARNED & RECOMMENDATIONS

1. Host live student orientation
2. Implement service at start of semester
3. Enhance marketing to students & faculty
4. Enhance social presence of faculty
5. Identify & promote consistent service hours

ACKNOWLEDGEMENTS

NYCNECT is funded by HRSA faculty development grant, Integrated Technology into Nursing Education and Practice (ITNEP).

Utilizing Twitter to Support Community and Promote Professionalism amongst Adjunct Nursing Faculty

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Introduction

Adjunct instructors frequently struggle with limited resources and support when beginning to work in higher education academic or clinical assignments. While institutions often provide these faculty members with content and policy expectations, it is the dynamic and engaging area of belonging to a community that is sometimes wanting by the part-time faculty. While increasingly unlikely that busy adjunct professionals can have their support needs met in a physical community within departments or teaching assignments, social media allows for a wider breadth for online community, much of which can develop in both synchronous and asynchronous ways across any web-enabled device.

Purpose

The objectives for this project include:

- Establish credible Twitter presence using the #RNadjunct tag with linkage nationally and globally to nursing community
- Develop processes for regular Twitter chats oriented toward adjunct nursing faculty
- Implement a support community for nursing adjuncts
- Provide a forum for nursing adjuncts to increase comfort with Twitter usage for possible inclusion in academic settings

Acknowledgements

NYCNECT is funded by HRSA faculty development grant, Integrated Technology into Nursing Education and Practice (INTEP) and is hosted at the Hunter-Bellevue School of Nursing.

Method

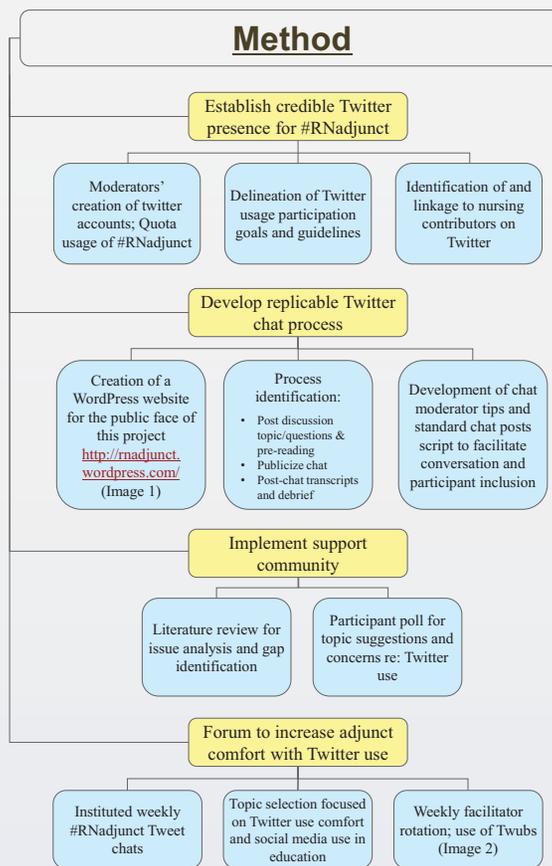


Image 1



Image 2



Results

A review of the literature provided insight into Twitter usage and social media integration in nursing education which guided chat topic focus. Nine public Twitter chats were facilitated. It was found that external attendee participation increased with personal invitation by the project team. Regular team meetings and debriefings led to the development and adaptation of project goals. Real-time face-to-face and telephonic debriefing improved follow through on moderator duties. Technology acceptance hastened with comfort development of educators and participants.

Recommendations and Next Steps

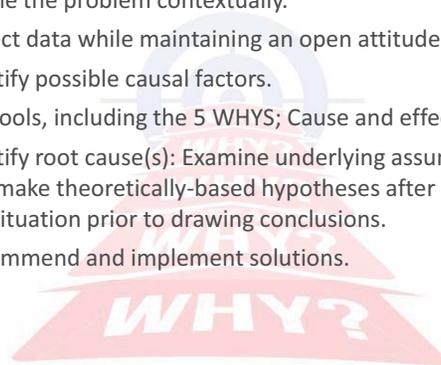
Feedback from participants, direction of topic selection, and expertise of moderators lead to expansion beyond support of adjunct faculty to support of nursing educators in general. #RNadjunct will be changed to #RNeducation for the duration of 2014 with a focus on advertisement to and engagement of faculty (full-time, part-time, and adjunct) across nursing colleges. For full references associated with this project please visit

www.rneducation.wordpress.com.

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OBJECTIVES

The student will be able to perform the following steps of RCA:

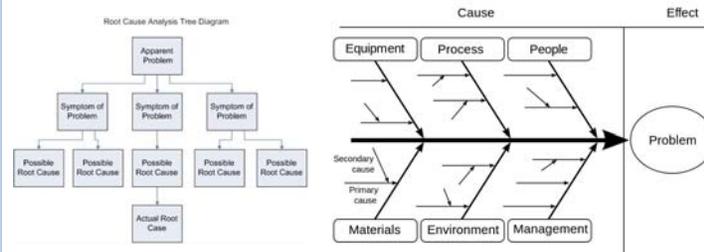
1. Define the problem contextually.
2. Collect data while maintaining an open attitude of inquiry.
3. Identify possible causal factors.
4. List tools, including the 5 WHYS; Cause and effect diagram.
5. Identify root cause(s): Examine underlying assumptions and make theoretically-based hypotheses after examining the situation prior to drawing conclusions.
6. Recommend and implement solutions.

Scenario: A 28 year old female Kim Lee Sun was admitted for Lupus Flare to the same Medical/Surgical unit as 60 year old Kim Lee Suk. Both Kim Lee Sun and Kim Lee Suk had the same primary nurse Ms. Shoelace.

Ms. Shoelace had a patient load of nine and most of them had high acuities. One of her patients was a post sepsis alert intervention awaiting transfer to the Medical Intensive Care Unit. Another patient was receiving several units of red blood cells for a hematocrit of 22g/dl.

Ms. Shoelace was inundated with interruptions from the unit clerk who was constantly calling her to the phone to give updates to both the doctors and concerned family members. She was also being taunted by the head nurse inquiring why her patients were waiting an extended amount of time for their pain medication.

While distributing the 10:00 AM medications Ms. Shoelace mistakenly gave patient Kim Lee Sun Depo Medrol IM instead of Solu-Medrol IV. The Depo Medrol IM was scheduled to be given to patient Kim Lee Suk.



Sample RCA diagram tools.

DESIRED OUTCOMES

1. The student awareness of patient safety will be heightened.
2. The student will accept patient safety as part of his/her responsibility.
3. The student will consider the creation of a patient safe environment as a professional duty.
4. The educational programs will prepare the students to provide safe, competent care.
5. Student safety in clinical practice will improve.

Factors that may lead to errors	Examples
Technical	Technical failures; Faults in design, construction, or materials used
Organizational	Organizational culture, inadequate training, poorly designed protocols/procedures, conflicting management or team priorities
Active Errors/Human	Errors resulting from human behavior (beyond control of organization)
Knowledge-based	Individual unable to apply knowledge to novel situation/context
Rule-based/Procedural	Poor individual qualification, poor team coordination, poor verification of procedure, faulty planning, inadequate monitoring
Skill-based	Slips (fine motor skills), Tripping (whole-body movements)
Other	Patient-related (beyond staff control), other unclassifiable errors

Adapted from The Eindhoven classification model (van Vuuren, Shea, & Schaaf, 1997)

ACKNOWLEDGEMENTS

NYCNET is funded by HRSA faculty development grant, Integrated Technology into Nursing Education and Practice (ITNEP) and is hosted at the Hunter-Bellevue School of Nursing.

A special thank you to Dr. Donna Nikitas (PI, NYCNET) and Mr. Shawn McGinniss (Project Manager, NYCNET) for their support.

INTRODUCTION

Root Cause Analysis is a systematic process used to discover and understand the initiating causes of a problem, with the goal of determining missing or inadequately applied controls that will prevent its recurrence (Source: <http://rootcause.com/what-is-rca>).

Safe patient-centered care has been shown to be directly influenced by the quality of education that a healthcare professional student receives (Kiersma et al., 2011). RCA principles can provide students with critical thinking skills and the ability to explore performance problems in health care, including near misses, medical errors and other breaches, and their impact on quality care.

RCA principles may be most easily integrated into the curriculum via simulation instruction. This project introduces RCA to undergraduate nursing students using simulation exercises and structured debriefing as the primary means of instruction. When students are exposed to the concept of RCA, they will learn how to identify improvement strategies to prevent future errors.

The addition of RCA to the curriculum can help promote a fair and just culture in health care environments and allow for the safe exploration and resolution of critical errors. It will help both the nursing students and faculty to identify problems and solutions in both their performance and the systems in which they work (Dolansky et al., 2013).

METHODS

An introductory learning exercise on RCA was designed as an action-learning oriented, one-day course and simulation lab experience that teaches both theory and practice. The instruction was designed to provide nursing students with a foundation on which to build essential problem-solving skills.

Students will learn that when errors occur, they should be treated as learning experiences and should not be handled in a punitive manner. During the simulation exercise, the RCA process will be demonstrated by students as they enact the scenarios which they have created/written.

Creating a Faculty DVD of a Clinical Skill to Enhance Student Learning

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ABSTRACT

Nursing educators are faced with the challenge to effectively teach clinical skills and allow students to practice these skills in a safe environment. The opportunities for students to practice in clinical settings is often limited. Innovative teaching methods must be explored for experienced clinicians to clearly demonstrate and convey their techniques to students and for students to demonstrate mastery of these skills in a performance context. Video-based instruction can improve recall and allow for multiple reviews of complex procedural skills. Our aim is to explore the use of employing video-based instruction as a method of teaching and learning a clinical skill.

A DVD of the clinical skill of suctioning, performed by two nursing professors was produced for nursing students. Senior nursing students were given the opportunity to participate in practice sessions in the Virtual Hospital where they could practice the skill of suctioning while viewing this DVD. Critical steps were illustrated in detail and the DVD could be played back multiple times. Experienced nursing professors demonstrated their techniques and knowledge to nursing students.

The learning outcomes we wanted to achieve was the performance of the clinical skill of suctioning and the enhancement of lecture content. A post survey was administered to students and the results concurred that viewing the DVD while practicing was a positive learning strategy for students. It provided the opportunity for repeated practice and flexibility in time management for both students as well as faculty. It encouraged student collaboration and participation in hands on learning.

STUDENT FEEDBACK

- In addition to the skill of suctioning, students commented that foley catheterization and head to toe assessment were skills they would like to have recorded.
- Students stated that it would be beneficial to have viewed the DVD before the practice session.
- The need for better technical filming was suggested, especially in regards to having more close up views.

OBJECTIVES

- Increase student learning by utilizing multimedia strategies.
- Identify teaching/learning strategies that enhance student learning in the clinical setting.
- Reduce student anxiety and increase confidence in the clinical setting.

METHODOLOGY

- A script was created to enact the proper clinical skill of suctioning.
- The skill was performed by two Nursing Professors and recorded in the Virtual Hospital.
- The patient was a Laerdal mannequin.
- The video was loaded onto a WOW (Workstation on Wheels) Cart and played back in in the Clinical Nursing Lab while the student practiced the skill.
- Specific dates and times were set up for students to view the video as they practiced that skill in the Lab.
- Students signed in each day and completed a post survey after their clinical practice.



Skills practice in the Virtual Hospital while viewing the DVD



RESULTS

Student Response Survey

The DVD was beneficial	100% agreed
Students would have preferred to view a student performing the clinical skill	22% agreed
The benefits of the DVD stemmed from viewing it while practicing the skill	56% agreed
Students would have changed various aspects of the DVD	50% agreed
Students felt that additional clinical skills should be filmed	94% agreed
Students felt that practicing the clinical skill while viewing the DVD decreased their anxiety level	100% agreed

CONCLUSIONS

The use of video-based instruction not only enhances learning and observational skills, but reduces anxiety and increases student's confidence. This all contributes to positive patient care. 100% of the students found this use of technology beneficial. It encouraged collaborative discussion and cooperative learning. Students expressed the preference to have additional skills filmed. The viewing of the DVD gave the students the opportunity to continually practice and master a clinical skill before performing it in the hospital.

ACKNOWLEDGEMENTS

Margaret Stroehlein RN MS NP
Dolores Weber RN MS FNP
Janet Kovler, Nursing Resource Center, CLT

A Collaborative Telehealth Nursing Initiative : York College & Queensborough Community College

Margarett Alexandre, MSN, CNA RN; Lilly Mathew, MSN, RN; Lynette Hope, MSN, FNP, RN; Mary Ann Rosa MSN, CS, GNP, RN

INTRODUCTION

With the growing elderly population, economic challenges, and technology, it is anticipated that Telehealth Nursing will become a key component of the delivery of health care in the United States. It was felt necessary to develop initiative in educating our future nurses in the area of Telehealth nursing.

AIMS & OBJECTIVES

Aim 1: Introduce York & QCC students enrolled in upper level nursing courses to Telehealth for the management of chronic hypertension.

Learning Objective: Students will demonstrate knowledge of Telehealth technology in the management of chronic hypertension.

Aim 2: To assess each student's ability to interface with Telehealth technology.

Learning Objective: Using telehealth technology, students will assess a patient diagnosed with chronic hypertension using a provided core competency checklist.

Evaluation

A post-exercise evaluation will assess student experiences and feelings; identify strengths and weaknesses; and recommendations for improvement.



PROJECT IMPLEMENTATION

- A site visit to the Telehealth lab at QCC was conducted for project leaders to become familiar with the technology and to plan a feasible collaborative project.
- Seven students who previously completed one upper level medical-surgical nursing course were selected from each participating school.
- Students met in November 2013 at QCC simulation lab, where they were introduced in a pre-conference setting, the project was explained and consent forms were obtained.
- Students completed a demographic survey and a pre-test to assess their knowledge of caring for a patient with chronic hypertension and their familiarity with Telehealth technology.

Table 1: Demographic Data:

Age	20-29 years (12) 30-39 Years (1) 40-49 Years (1)
Gender	Male:3 Female: 11
Primary Language	English: 12 Spanish: 1 Mongolian: 1
Race/Ethnicity	White/Caucasian: 2 Black/African American: 6 Asian: 2 Hispanic/Latino: 2 Mixed (South Asian/ Hispanic): 1 Other: 1
Level in Nursing Program	Juniors 3rd year of 4 year program (7) Seniors 2 year program (7)
Knowledge of Telehealth	Yes (3) No (11)
Experience with Telehealth	Yes (1) No (13)

- Students then completed an orientation to Telehealth using a Softchalk e-learning activity.
- Prof. Mary Ann Rosa introduced Telehealth by demonstrating patient and provider stations. Students were divided into two groups of 7 to participate in a Telehealth scenario involving caring for a patient with chronic hypertension.
- Students had the opportunity to use both patient and provider stations during the simulation experience, interacting with each other using the equipment.
- Post-Simulation exercises included a debriefing session, post-test, and evaluation survey for their feedback about the exercise.

RESULTS

Table 2: Pre Test & Post Test Scores

Pre-Test	Post-Test
Knowledge: Scores 28.57% of the total participants (14) scored a 100 % on the pre-test. 42.85% of the total participants (14) scored a 90% on the pre-test 28.57% of the total participants (14) scored a 70% on the pre-test.	Knowledge: 28.57% of the total participants (14) scored a 100 % on the post-test. 57.14% of the total participants (14) scored a 90% on the post-test 14.28% of the total participants (14) scored a 70% on the post-test.
Technology: A: No Experience, Novice (0) B: Some Experience, advanced beginner (3) C: Comfortable User, Competent (6) D: Skilled User, Proficient (3)	Technology: A: No Experience, Novice (0) B: Some Experience, advanced beginner (2) C: Comfortable User, Competent (6) D: Skilled User, Proficient (4)

Table 3: Post Project Student Evaluation Data (Qualitative)

STRENGTHS	WEAKNESSES	RECOMMENDATIONS
<ul style="list-style-type: none"> Free to ask questions anytime Pre and post conference dealt with problems. Including medication error in simulation The prompts were good ideas for teaching Well prepared presentation Learned a lot Excited for Telehealth nursing Will decrease morbidities in the populations Information clear and concise Clear images, audible sounds Direct and straight to the point Knowledgeable staff Good preparation prior to using technology Precise Informative Excellent interaction Simple to understand Easy to use Good orientation experience Helpful Video 	<ul style="list-style-type: none"> Needed specific scenarios Technical difficulties in computer lab Large Screen to view patient More time for practice Too many people made it confusing Insufficient equipment for Practice Include user guide Normal Lab Value Prompts Two screen on the monitor on both ends Ask appropriate question Camera to be split - screen Small groups for practice More urgency prompts to call the doctor Human Dexterity 	<ul style="list-style-type: none"> Need split screen between patient and provider Have more stations set-ups. Smaller group More Equipment More Videos Have a dedicated script

Table 4: Post Project Student Evaluation Data (Quantitative)

Participant Satisfaction with group size Yes (12) No, too small (0) No, too large, (2) Number didn't make a difference (0)	Freedom of Expression Strongly agree (10) Agree (4) Disagree (0) Strongly disagree(0)	Balance between information, group activity and discussion Appropriately balanced (13) Too many activities/skills exercises (1) Too little information (1)
Appropriateness of project duration Just right (12) Somewhat too long (2)	Telehealth interest 1, no interest to 4 very interested 2 (4) 3 (7) 4 (3)	Post Training 1, Increased a lot to 5 (Increased a lot) Remained Same (3) Increased a little (3) Increased a lot (6)

In comparing the pre and the post-test scores of students we found that post-test scores on "knowledge" increased by 14.29% and "proficiency with Telehealth technology" increased by 7.14%. Several themes emerged from the students experience with Telehealth, which included, orientation to Telehealth, equipment use, usefulness of Telehealth, Telehealth Simulation scenario, pre and post-conferencing, scenario improvement, practice and human dexterity, split-screen technology, more Telehealth stations, smaller groups, more videos and dedicated Telehealth script.

ACKNOWLEDGEMENTS

JOANNE LAVIN, Nursing Director, York College Nursing Program
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Hybrid Nursing Course: Implementation of a Flipped Classroom Pedagogical Model

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Issue: Introduction of case/care management principles and processes into nursing education and training curriculum

Project Description & Purpose

The purpose of this project was to create a Online Hybrid module on Case/ Care Management in the home care setting. The course would be implemented using a flipped classroom pedagogical model. A flipped classroom approach may optimize classroom time. The course could be applied in the following educational settings:

- RN to BSN Pathway
- Home health care organization education departments
- Online Case Management course for novice case/care managers

Flipped Classroom Model

The flipped classroom model allow students to capture and take a more active role in their learning. The opportunity to review pre-recorded lessons may allow students more time to reflect on course content and identify areas that need clarification. The flipped method also promotes capture of course content especially for students with English as a second language.

Flipped Classroom Model



View & Review Outside the Classroom

In the Classroom

**Discuss
Clarify
Collaborate
Practice**



Lessons Learned

- Value of the flipped classroom model
- Use of Adobe Presenter 9 to enable on-demand learning
- Video recording with Adobe Presenter 9 must be done in small sections to avoid computer shutdown.

Next Steps

- Implement module in CUNY School of Professional Studies (SPS) RN-BSN program community health course
- Re-tape presentation
- Conduct Pre-Test prior to course
- Formative evaluation during course module
- Summative evaluation (post-test) after course completion
- Student questionnaire to evaluate module

Acknowledgments

NYCNECT is funded by a HRSA/ITNEP grant and is hosted at the Hunter-Bellevue School of Nursing

Introduction/Background

In a rapidly changing health care system, the number of patients being discharged into the community with multiple co-morbidities requiring complex disease management and skilled home care services is increasing.

Nursing educators at the Visiting Nurse Service of New York are always searching for creative and innovative ways to enhance staff's knowledge, skill and confidence in disease management and clinical skills. We encourage and support ongoing development of our staff by creating evidence based educational offerings.

Prior strategies to address staffs' learning needs included yearly Skills Labs, which involved the traditional lecture, followed by the participants performing a return demonstration. The topics for the Skills Lab Stations were determined by a needs assessment.

We chose the Flipped Classroom Model to pilot one of the stations at our yearly Skills Labs. In a flipped classroom, the traditional instructor - led lecture is replaced by a video lecture, while assimilation of knowledge is achieved in person. This strategy allows our mobile workforce to view the lecture prior to attending the Skills Lab. Clinicians viewing the video are able to learn at their own pace and gain confidence in critical skills. The video is available to staff on an internal YouTube site, which can be accessed from their work tablets at any time. Skills Lab time is dedicated to questions related to the video lecture and a hands on demonstration of the skill.

Clinicians can also access the video library for Just-in-Time learning, which offers clinicians the opportunity to access the video when and where they need it. Such learning is beneficial for clinicians for whom the video would be used as a review.

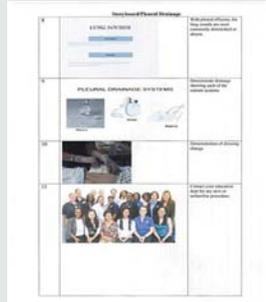
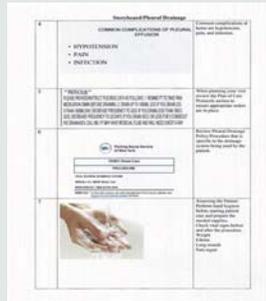
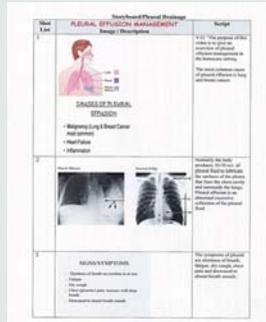
Methods

Eleven nurses were asked to participate in a pilot focusing on pleural effusion management in the homecare setting. The participants were asked to complete the following:

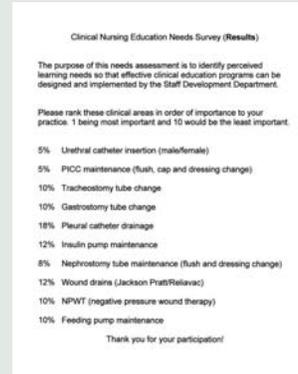
1. A pre test prior to viewing the video.
2. View the Pleural Effusion Management video.
3. Perform a return demonstration of the pleural drainage system.
4. A post test following the video and return demonstration.

Participants were also asked to complete an evaluation of the video.

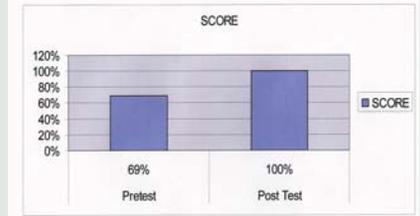
Storyboard



Evaluation



Results



Question	Score
1. To what extent was the educational video easy to access?	3.55
2. Did you find the instruction understandable and easy to follow?	4.00
3. After viewing this video, what is your confidence level related to performing the procedure?	3.67
4. To what extent were the teaching strategies appropriate?	3.89
5. Overall, how well did the educational video meet your needs?	3.78

Conclusions

Even with pleural effusion description, etiology, s/s (including lung sounds) and management, time to review the video was less than 10 minutes. Participants' grades for the knowledge checks improved from an average of 69% to 100%. Nurse Managers were included in the testing, video review and the skills lab. Evaluation results were above average for video access, content and improving confidence. All suggestions for future skills have already been included in our regional skills lab and development of other educational skill videos have begun. We have tested the educational video library access on our own smart phones and plan to educate staff on their other mobile devices in the first quarter of 2014.

Acknowledgements

NYC Nursing Education Consortium in Technology

- Donna Nickitas, PhD, RN, NEA-BC, CNE, FNAP, FAAN
- Shawn McGinniss, MS Ed

The Visiting Nurse Service of New York

- Sheila Boylan, RN, BSN
- Amery Moultry, MA
- Bronx Nursing Staff

Game Based Strategies in Nursing Education

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BACKGROUND

Gaming is an innovative teaching strategy that research has shown to be effective for improving nursing student learning outcomes. Specifically, gaming enhances retention of knowledge, promotes problem-based learning, and motivates nursing students to become more engaged in their learning. The literature also indicates that the use of gaming during nursing education promotes active learning, encourages critical thinking, makes learning more exciting, and can replicate real-life scenarios.

PURPOSE

The project tested games as a teaching tool and evaluated learning outcomes, learners' attitudes towards games, and satisfaction with teaching method used.

METHODOLOGY

N = 13

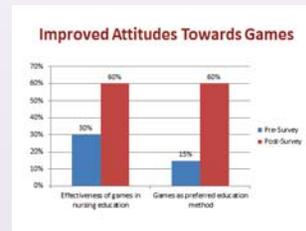
- Data collection process
 - Pre- and post-survey
 - Focus group discussion



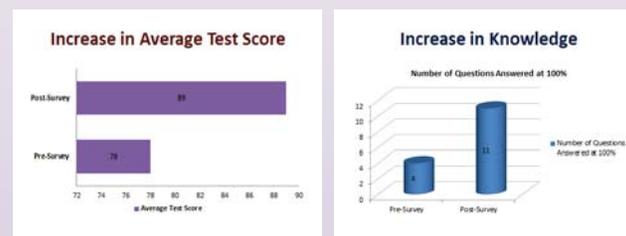
Game from www.learningnurse.com was tested: *Patient Assessment I*.

Analysis compared pre- and post-survey results; reviewed focus group summary.

RESULTS



60% of participants found games to be very effective in nursing education during post-survey compared to 30% on pre-survey. Similarly, 60% chose games as preferred education method during post-survey compared to 15% on pre-survey.



Average test score increased from 78 to 89 after playing games. 11 out of 17 knowledge questions were answered at 100% during post-survey compared to only 4 out of 17 on pre-survey.

Focus Group Summary

Participants liked: found games enjoyable, didn't feel as they were studying while learning, random question selection.

Participants found challenging: using website, desired more rational/explanation, would like to see variety (like crossword, fill-in blank, puzzles).



NEXT STEPS

Develop care management specific games to further education for nurse case managers in managed long term care program.

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www.learningnurse.com