Using Multimedia to Teach Communication Skills in Undergraduate Nursing Education

Pershing North
Louise C. Miller, PhD, RN, Teaching Professor,
University of Missouri Sinclair School of Nursing, Columbia, MO
Using Multimedia to Teach Communication Skills in Undergraduate Nursing Education

Title of Abstract

Name of Primary Presenter and Credentials: Louise C. Miller PhD RN
Affiliation/Organization: University of Missouri Sinclair School of Nursing
City, State: Columbia, Mo

ABSTRACT

Purpose: Learning using multimedia technologies provides opportunities to connect with today's digital environment and experience the new literacies embedded in the practice environment. Replacing the traditional paper-print format for multimedia composition allows students to think and design in various mediums, cross communication boundaries, and develop relevant digital networks (Selfe, 2007). By employing a curriculum that incorporates sequenced writing assignments integrated with multimedia technologies, nursing students have the opportunity to learn higher order writing and verbal communication skills, which can be immediately transferred to clinical nursing practice.

Methods: The semester-long writing sequence used in the capstone Evidence-based Nursing Practice (EBP) course guided students in developing a best clinical practice to answer a nursing clinical issue of their choice. Using both writing and video as communication mediums, students were able to develop, practice, and refine both writing and oral presentation skills as they created research-driven investigations for clinical practice. Multiple iterations of the same content but developed in different formats encouraged students to critically think about and synthesize ideas important to nursing practice. The final research-based five-minute video spot served as the culmination of the EBP coursework, with students going beyond the course requirements and proudly sharing these best practice multimedia products with peers in their day-to-day nursing practice settings.

Results: Students participating in this writing-communication sequence demonstrated higher levels of writing competence and increased self-confidence in their ability to write and orally present information. Furthermore, student EBP work delivered in the video medium proved to be an effective strategy for disseminating best practices to professional nursing audiences in the clinical setting, stimulating changes in frontline nursing practice.
Interprofessional Education and TeamSTEPPS™: Delivering on Our Commitment to Quality, Safety and Efficiency Across the Continuum of Care

Pershing East
Heather Vachelle Nelson, BSN, RN, CCRN, Affiliate Faculty, University of Kansas School of Nursing, Kansas City, KS; Delois M. Laverentz, MN, RN, CCRN, Clinical Instructor, University of Kansas School of Nursing, Kansas City, KS
ABSTRACT

*Aim:* To investigate an interprofessional education program where students from six various health professions learn through collaborative teamwork to improve quality, safety and efficiency in providing patient-centered, transition-focused care.

*Background:* In 2001, the Institute of Medicine (IOM) released, *Crossing the Quality Chasm: A New Health System for the 21st Century*, calling for academic institutions to educate health professions students through collaborative processes. More than a decade later, most health professional education continues to occur in silos. With the recent implementation of the Patient Protection and Affordable Care Act, an aging population with multiple chronic health concerns, and a health care delivery focus shifting to transition care models, it is imperative to implement collaborative educational programs that prepare students to meet the challenges for efficient, safe, and high quality care.

*Methods:* A total of 123 students from a Midwestern academic medical center, including 98 baccalaureate nursing students and 25 students from medicine, pharmacy, physical therapy, occupational therapy, and respiratory therapy will participate in a two-phase education program designed by a collaborative interprofessional faculty team. In Phase 1, all students will engage in an interactive interview in which students learn with, from, and about their interprofessional peers’ diverse roles and responsibilities. Phase 2 will be a simulation learning experience centered around an interprofessional team meeting to establish a transition from hospital to home care plan for a patient with multiple home care needs. During the simulation, students will engage in shared accountability, shared problem solving and shared decision making using TeamSTEPPS™ strategies developed from over 25 years of research in military, aviation, nuclear power, business and industry. These strategies have been shown to dramatically decrease ICU length of stay, postoperative sepsis rates, medication errors, patient falls, and malpractice claims in hospitals throughout the nation.

*Results:* To be shared during the PNEG conference.

*Implications for education:* By cultivating teamwork and collaborative approaches to health care delivery, interprofessional education programs equip future health professionals to deliver high-quality, safe and efficient care and lay the foundation for creating a seamless transition care model that can meet the public’s increasingly complex health care needs.
Beyond the Emerald City: The Impact of Nursing Students’ Evidence-Based Projects on Regional Practice

Pershing West
Marjorie C. Dobratz, DNSc, RN, Professor and Graduate Coordinator, University of Washington Tacoma, Tacoma, WA
Beyond the Emerald City: The Impact of Nursing Students’ Evidence-Based Projects on Regional Practice

Name of Primary Presenter and Credentials: Marjorie C. Dobratz  
Affiliation/Organization: University of Washington Tacoma  
City, State: Tacoma, WA

ABSTRACT

Purpose/Aims: One of the main goals of the adopted standards set by the American Association of Colleges of Nursing [AACN], 2009, 2011) is that students acquire the knowledge to translate evidence into practice (Baccalaureate Essentials), and apply research outcomes within practice settings (Master’s Essentials). With research translation now a prime aim of nursing education, the purpose of this presentation is to describe how undergraduate students work in groups to develop group evidence-based practice (EBP) projects, and how graduate students develop and implement EBP protocols that are now being utilized in regional healthcare settings.

Brief Description: As part of an undergraduate research course, Bachelor of Science in Nursing (BSN) students work in groups to identify a clinical problem or examine the evidence for an existing EBP protocol, research the literature, do a beginning appraisal of the strength and quality of the evidence, summarize results, and make practice recommendations. At the graduate level, Master of Nursing (MN) students work on individual projects, refine this process, and develop an EBP protocol on a topic of their choice that has practice application. Their individual work builds upon two research courses and students utilize the Johns Hopkins Nursing Evidence-Based Practice: Model and Guidelines (Dearholt & Dang, 2012) to critically appraise research evidence.

Outcomes: Exemplars of MN students’ EBP recommendations that are translated to practice settings and that are now being utilized in regional healthcare institutions include protocols aimed at reducing decreasing Catheter Assisted Urinary Track Infections (CAUTI) in acute care settings, a policy of non-interruption during medication administration, the use bundle to decrease trachitis pneumonia in the ventilator neonate, best patient/family education strategies to reduce readmission rates in heart failure patients within 30 days of discharge, discharge of same day surgery patients who are unable to void, clinical practice guidelines for therapeutic hypothermia (TH) in emergency departments, and a bundle to prevent central line associate blood stream (CLABSI) infections in the neonatal ICU.

Conclusion: The acquisition of knowledge at the BSN level and further synthesis for MN students’ projects supports that graduate student translate evidence to practice settings that impact patient care outcomes. With the new AACN standards in place, educators need to assure that BSN graduates understand translational research and that MN graduates are armed with competencies to change practice outcomes.
Nurse Perceptions of Clinical Readiness in a Tiered Pediatric Critical Care Orientation Program

Roanoke

Kari L. Davidson, BSN, RN, CCRN, PICU Education Coordinator, Children’s Mercy Hospital and Clinics, Kansas City, MO; Marilyn J. Maddox, MSN, CCRN, RN-BC, PICU Education Coordinator, Children’s Mercy Hospital and Clinics, Kansas City, MO; Kristen J. Mroczka, BSN, RN, CCRN, PICU Education Coordinator, Children’s Mercy Hospital and Clinics, Kansas City, MO; Trisha L. Williams, BSN, RN, CPN, Clinical Research Coordinator, Children’s Mercy Hospitals and Clinics, Kansas City, MO; Sally A. Fagan, BSN, RN, CCRN, PICU Education Coordinator, Children’s Mercy Hospitals and Clinics, Kansas City, MO
Nurse Perceptions of Clinical Readiness in a Tiered Pediatric Critical Care Orientation Program

Name of Primary Presenter and Credentials: Kari Davidson, RN, BSN, CCRN
Affiliation/Organization: Children’s Mercy Hospitals and Clinics City, State: Kansas City, MO

ABSTRACT

Critical care orientation programs vary throughout the nation in regards to structure and format in which they are comprised. Due to the growing needs of America’s healthcare population and therefore, an increased need for nurses, the use of new graduates in the critical care setting is on the rise. Therefore, orientation programs in the intensive care unit (ICU) setting should be based upon a structured, evidence-based format that facilitates ongoing learning and safety in clinical practice. Patricia Benner’s Novice to Expert theoretical framework highlights the pathway of clinical growth and competence from a newly hired health professional to a competent or expert professional in the field of nursing. By implementing an evidence-based critical care orientation program developed from a tiered approach to learning and professional responsibility, it is proposed and evident in the literature that nurse retention and patient outcomes will improve positively. The Tiered Orientation Program consists of didactic coursework including online learning, clinical orientation in the ICU, and extracurricular certifications to meet the educational expectations in the critical care setting. This program evolves over a two to three year period, allowing Benner’s progression from novice to expert in a meaningful and supportive learning environment. In order to evaluate the effectiveness of a newly implemented Tiered Orientation Program in the Pediatric ICU, the Casey-Fink Graduate Nurse Experience Survey © will be administered to participants in a phased manner to evaluate clinical readiness progression. The Tiered Orientation Program will support the new nurse in the critical care setting over a continuum of three tiers, assessing their perceived readiness via the specified research tool at the end of each tier. It is hypothesized that nurses should be equipped to care for the designated patient assignments upon completion of each tier of critical care orientation, and the survey results should provide validation. By providing a clear roadmap of expectations to our newly hired nurses as they progress through orientation, the Pediatric ICU will support them as they embark down the yellow brick road to being competent critical care nurses.
A Servant Leadership Approach to Fostering Civility in Nursing Education

Century Ballroom
Teresa J. Krassa, PhD, RN, CNE, Clinical Assistant Professor, University of Illinois at Chicago College of Nursing, Urbana, IL
Issues related to problems with civility in the academic environment are a growing challenge in American colleges today, in both the traditional and online learning environment (Suplee et al., 2008). These problems range from minor classroom disruptions to major hostile actions and occur in the teaching in a variety of disciplines (Whitney & Luparell, 2012). Promoting civility is a professional responsibility for nurse educators, both in terms of creating a helpful classroom/clinical learning environments and as part of socialization of students (ANA, 2008; NLN, 2005). Some faculty new to the nurse educator role may have difficulty dealing with civility issues in the classroom and clinical settings. These novice faculty, and also graduate students interested pursuing a future nurse educator role, need a cadre of positive strategies and skills to deal with civility issues.

The purpose of this presentation is to describe using Servant Leadership as an approach for faculty to foster civility in nursing education. Sipe and Frick’s (2009) Seven Pillars of Servant Leadership can serve as an organizing framework to address student and faculty incivility issues. Factors influencing both student and faculty uncivil behaviors and their consequences will be examined. Skills for engendering civil behavior and effective conflict management in traditional classrooms and online settings will be discussed within the context of Servant Leadership. Strategies to promote civility will be presented, such as through role modeling, classroom management techniques, individualized mentoring of students and faculty, faculty development seminars, and incorporating content into online graduate nurse educator preparation courses. These strategies were well-received by faculty and graduate students, as evidenced by positive feedback and discussion comments. The goal was to provide them with some useful tools to create a learning environment that engenders civility, inclusiveness, and collegiality for their students.
Near Misses with Students in the Clinical Setting: Preparing Safe Workforce Participants

Pershing South
Rebecca L. Shabo, PhD, RN, PNP-BC, Associate Professor, WellStar School of Nursing, Kennesaw State University, White, GA; Christie Emerson, MSN, RN, FNP-BC, Senior Lecturer and Clinical Agency Liaison, WellStar School of Nursing, Kennesaw State University, Kennesaw, GA
ABSTRACT

Patient care errors are occurring at alarming rates. Nursing Education is at the forefront of groups that are interested in decreasing these numbers. The Institute of Medicine (IOM) and the Quality in Safety Education in Nursing (QSEN) initiatives challenge schools to prepare students to become safety-focused workforce participants. Many schools of nursing utilize large numbers of part-time faculty for clinical teaching. Often, these faculty work as clinicians several days a week and teach nursing only one day a week. Errors are typically reported with student evaluations but near misses or other safety concerns may not be communicated. Not being on campus can impede their ability to discuss system trends and issues related to safety with other faculty and administrators. After a faculty development conference on teaching QSEN competencies, 28 part-time nursing faculty from one baccalaureate school of nursing were interviewed in volunteer focus groups to explore issues related to near misses in the clinical teaching setting. The analysis was used to provide an overview of major safety concerns experienced by faculty and students at clinical and to identify and correct gaps in student and faculty clinical preparation. The major themes revealed from these groups were: Medication Administration, Role Modeling, Teaching Practices and Being an Outsider. In addition, findings from this analysis were used to create categories for an anonymous reporting form for students and faculty to encourage continuous tracking of safety concerns and to raise student awareness of their role in identification of patient safety issues.