Accelerated Clinical Experience – The ACE Model

Carrie Bailey PhD, MSN, RN, APRN-BC, CHSE
Lynn Beeler, MSN, RN, FNP, PhD(c)
The University of Tennessee, Knoxville
College of Nursing
The Accelerated BSN Program at University of Tennessee, Knoxville

- Started in Fall 2011 with 15 students
- Enrollment one time a year
- Currently, our 8th cohort has begun with 48 students
- Plans to increase enrollment to 72 students over next 4 years
The Accelerated Baccalaureate Science of Nursing Program (ABSN)

* All students have AT LEAST a Bachelors degree
* Many have Masters degrees
* Student ages range from 22-58
* The program is 12 full calendar months
* Students earn 46 credit hours over 12 months
* Students complete approximately 500 clinical hours
* We have students from all over the country
We have a dedicated faculty group that works with the ABSN student

For the most part, the ABSN students are in class as a group (not mixed with traditional students)

The faculty have a clear understanding of the demands of the program and the need to prepare the students for practice at the end of 12 months
Clinical Site Placement Issues for the ABSN Program

- With increased enrollment within all nursing programs in the East Tennessee region, there are fewer sites available
- Need to utilize faculty more effectively
- Need to move the ABSN student more quickly from novice at least minimally competent bedside practitioner
To create an educational system that is responsive to a changing inter-professional healthcare environment, we need to transform the culture within nursing education from one that is traditional and rooted in the past, to one that is innovative, inclusive and guided by the future.
Goal

* Develop and implement effective, innovative instructional strategies that optimize the students’ didactic and clinical experiences in the condensed timeframe of the ABSN program.
Needed Change

* Identify those teaching practices rooted in the traditional apprenticeship model and change the culture to one more accepting of innovative teaching strategies

* Accelerated students have only 12 months to gain the needed clinical skills
Traditional Clinical

- 8:1 student to faculty ratio
- Very limited individual instruction
- Students focused on care of 1 patient versus groups of patients
- Limited time interacting with RNs on the unit
- Limited interdisciplinary communication
Dedicated Education Units (DEU)

- First DEU in 1997, Flinder’s University of South Australia
- First moved to the US by the University of Portland
- Originally designed to alleviate problems associated with faculty shortages and a need to bridge the gaps between academia and clinical practice
- Both Traditional and Accelerated students utilized
- Goal is to close the education – practice gaps
- Designed as a collaborative clinical learning model
Our experience:

- Not enough DEUs to handle the ABSN student load
- DEUs had high staff turnover rate which increased novice nurses working with students
- Student’s experiences were dependent on the self-directedness
- Limited faculty interaction/supervision with students and staff
The Accelerated Clinical Experience (ACE) Model

- Similar to the DEU model – goal is to strengthen the connection between didactic knowledge and applied clinical experiences
- The ACE model is a more comprehensive approach to translating classroom knowledge to the clinical setting
- Units and staff involved in the ACE model are familiar with the learning objectives and a clear, open line of communication is maintained
- Clear learning objectives
- Student-centered learning
- Increased collaboration & coordination of learning between student, clinical faculty, and the staff RNs they are working with
- Identifying practice deficits and utilizing high-fidelity simulation to bridge the gaps
The Accelerated Clinical Experience (ACE) Model

- Students work with different RN’s, with differing levels of experience
- Responsible for a group of patients
- Daily interaction with clinical faculty
- Exposes students to the critical thinking processes of RNs
- Provides socialization to the role of the professional nurse
Components of the ACE Model

1. Scaffolding of learning to enhance knowledge and skills acquisition and retention
2. Integrated simulation
3. Continuous feedback loop between students, staff RNs, and faculty
4. Clinical Reflection Journaling by students and reviewed by faculty
5. Clinical Conferences
6. Care Mapping – to develop critical thinking in planning & implementing patient care
7. Evaluation
Scaffolding the Learning

- Is a process by which a teacher provides students with a temporary framework for learning by which students attempt to understand new ideas and complete new tasks.
- Starts with less complex skills/knowledge and then builds on that foundation.
- “Scaffolding requires continuous sorting and sifting as part of a ‘puzzling’ process—the combining of new information with previous understandings to construct new ones. Students are adding on, extending, refining and elaborating.” (McKenzie, 2012)
- Provides an opportunity for theory and practice to become integrated.
Why Scaffold?

* Students were overwhelmed with technical skills
* Couldn’t remember previous weeks we were teaching them skills but they were never being translated to practice in the clinical setting
* Allows time for student to practice new skills in the clinical setting before learning building on them with more complex skills
* Actually accelerates skill acquisition
In clinical reflection journals and what clinical instructors saw, students confidence level was initially low primarily due to fear of “hurting” a real patient.

With the transition from skills lab, to simulation, to clinical practice the students had more confidence in their ability to perform skills.
“In the current professional and social climate it is no longer acceptable for novices to gain their basic skills on real patients, with the attendant risk of error and consequent harm, and there are clear ethical and political imperatives for risks to be minimized whenever possible”

(Kneebone, Scott, Darzi, & Horrocks, 2004, p.1095)
“Comprehensive simulated environments allow a move away from isolated tasks to more complex clinical situations, recreating many of the challenges of real life..... Simulation must be used alongside clinical practice and linked closely with it”

(Kneebone, Scott, Darzi, & Horrocks (2004) p.1095)
Clinical Experience

- Fall semester is a more traditional approach with students assigned to a specific unit with a clinical instructor on site for the entire clinical experience.
- From the beginning we encourage the students to work with the RN staff and the clinical instructor is there to facilitate engagement and learning.
- Faculty to Student ratio is the traditional 1:8.
Clinical Experience (cont)

* Spring semester students are assigned to specific units that includes both day and night shifts
* Students work a full 12-hour shift
  * getting report with their Staff RN partner in the morning
  * Planning and implementing care for a group of patients
  * Utilizing EHR to document care
  * Experiencing a more realistic work environment
  * More open communication with their RN partner that enables enhanced critical thinking skill development
  * Giving report at the end of the shift
Continuous feedback loop between students, staff RNs, and faculty

Faculty round on students at least once every shift

- Discussion with students:
  - About their patients, expected to give specifics as well as plan of care
  - About any patient care issues such as ethical issues with pt care, dealing with noncompliant pts, dealing with “difficult” pts and families
  - About any professional issues such as interacting with other disciplines, handling conflict, any questions they have about the professional behavior (or lack of)

Staff has immediate access to faculty if needed

Faculty interact with staff working with student every shift. Open feedback is encouraged

Faculty interact with team leaders & nurse managers frequently (every shift is ideal but not always practical)
Reflective Journaling

- Students are asked to reflect on their experience and then journal within 24 hours of their clinical experience.
- Reflexive journaling helps students to reflect on their experience, both from a practical standpoint but also from an emotional standpoint.
- Allows students to reflect personally on what they gained from each clinical/simulation experience and areas they can improve in.
- Gives the faculty a look inside the student’s experience. Frequently, upon reflection the student may share more about their experience than they did on the clinical unit the day of the experience.
- All journaling is considered confidential but the faculty can follow up with the individual student when appropriate.
“Overall, it (simulation) was a good experience and I am glad that we were able to practice new skills prior to going to the hospital.”

“Overall, I am very glad for the experience because my partner and I worked very well together and I was able to learn a lot from her as well as become more comfortable with the older population and the nursing skills we have been learning.”

“Altogether, our visit was a formative experience that helped ease us into handling common duties of care, while building our comfort level and confidence. I think everyone can look back upon the experience as an important foundational point for our clinical maturation moving forward.”
Student Reflections

• “I felt more prepared and less anxious to come in and help my patient and the other patients. I have noticed that I have become better each clinical with my nursing fundamental skills, due to the repeated exposure. Really helps bring what we are learning in class into practice.”

• “I was able to use virtually all of the skills I learned this semester! Under my preceptor’s supervision, I put a catheter in, changed IV tubing, gave IV meds, did head-to-toe assessments, and took report from the night shift nurse. And what I noticed was I wasn’t just doing skills I was thinking about the why behind what I was doing.”
“Today in my clinical I was able to really see firsthand how important/applicable all the skills and assessments we learned this semester are. This experience definitely helps me put all the stuff we are learning in class to use. It helped me put the pieces together.”

“I was able to do a lot of things that I’ve done in lab but never on a pt. I was pretty nervous to give IV meds, take a catheter out, and other things but I knew what I needed to do and with the support/guidance of the nurse I was with I was confident. I’m very thankful that we got to practice skills in lab and simulation so I was prepared to do them on a real patient.”
Clinical Conferences

- Each student chooses a patient of interest to present to a small group of students.
- Groups are intentionally created to provide diversity of clinical units & patient types.
- Goal is twofold:
  - Have student look in-depth at a pt of interest and then present the pt to the group.
  - Students learn from each other’s experiences.
- These clinical conferences are student driven and allow exchange of information but also generate great conversations regarding difficult pt care issues such as end of life, handling drug seeking behaviors, overcoming discharge obstacles, and many others.
Care Mapping

- Still an integral part of developing student’s critical thinking skills
- Fall semester, students develop a care map on 1 patient during each clinical experience
- Spring Semester, students choose, with direction from faculty and staff RNs, at least 2 different patient & develop a comprehensive care map.
- Throughout the program, faculty are looking for progression of students’ critical thinking skills
Evaluation:

- Staff RNs of student performance - this is done in an informal way because the student works with multiple RNs
- Student self-evaluation
  - Student identifies strengths and opportunities for improvement
  - Reviewed with faculty
- Faculty of student performance – both informal & formal
  - Informal – done daily
  - Formal – at the end of the semester
- Student of clinical unit

Purpose of evaluation is to document student progression and look for opportunities to improve clinical experiences for future students
Faculty

“Student are socialized to the nursing profession more effectively than with the traditional clinical model”

“They are better able to translate classroom knowledge to the clinical setting. Faculty are able to reinforce classroom knowledge and walk through critical thinking with the students”

Staff Nurses

“students progress so much faster. By the end of the 2nd semester students have the organizational & time management skills to care for a group of pts”

“I like working directly with the students in delivering care to a group of pts. I really like seeing them progress from struggling to care for 1 pt to confidently caring for a group of pts”

“I like knowing the clinical instructors are available to the student and to us whenever we need them. I like the daily interaction.”
Nurse Managers

“students from the ABSN program are ready to transition to professional practice. They have been exposed to the RN experience in a way that makes their transition from student to RN much easier, at least from my perspective”

“since they have been educated in a model that is learner-focused, they take control of their learning needs post graduation”

“I like to engagement that clinical faculty have with not only the student but with my staff and me. It feels like a true partnership”