Building Community Nursing Competencies in Undergraduate Nursing Students: An Interprofessional Collaboration for Designing Reality-Based Field Simulations

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**PURPOSE**
- ↑ Interprofessional collaboration in designing student learning.
- Develop low fidelity simulations for a course in community health nursing.
- Engage students in interactive group learning.

**BACKGROUND**
- Teamwork is a core competency of Interprofessional collaborative health care practice.
- ↑ Demand for nurses with community nursing expertise expected.
- Undergraduate curriculum to include emphasis on nursing skills needed in the community.

**INTERVENTION**
- School of pharmacy faculty agreed to collaborate on two community-based medication reconciliation scenarios for nursing students.
- Low fidelity simulation conducted in two-hour class period.
- Students were divided into groups and were tasked with working together to answer questions and discuss issues related to home medication reconciliation scenario.
- Student from each group reported findings to class.
- Faculty conducted final debrief at the end of class.

**MATERIALS & METHODS**
- Used multicolored Skittles, Altoids & Tic Tac candy as “medications”.
- One pill box holder for each group filled with “medications”.
- Large medication identification chart in front of the class.
- Case sheet listing clinical objectives, background, patient assessment and questions.
- Students identified meds in box and worked together to answer case scenario questions.

**IMPLICATIONS FOR NURSING EDUCATION**
- ↑ knowledge, skills, and competencies in community health nursing curricula may attract greater numbers of students to careers in community based nursing.
- Collaborating with other health disciplines can make for more robust learning experiences.
- Next steps: ↑ opportunities for nurses and students from other disciplines to learn & practice together interactively using simulated field scenarios.

**OUTCOMES**
Compared to other types of learning methods, how would you rate today’s medication reconciliation exercise?

<table>
<thead>
<tr>
<th>Much Better</th>
<th>Better</th>
<th>Same</th>
<th>Worse</th>
<th>Much Worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>21</td>
<td>11</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

The medication reconciliation group exercise enhanced my learning.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>26</td>
<td>6</td>
<td>0</td>
<td>0</td>
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</table>

Overall student satisfaction with activity.

<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>29</td>
<td>9</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

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What did you like **best** about the med reconciliation group exercise?
- “Hands on learning.”
- “Working as group, we came up with better answers.”
- “No lecture.”
- “Made the time go by fast.”
- “Using knowledge critically as a team.”
- “Confirmation of correct thought processes by teacher at end.”

What did you like **least** about the med reconciliation group exercise?
- “Didn’t know right answers until the very end.”
- “I didn’t like having to report to the class.”
- “The room got noisy, it was hard to hear.”
- “Some of the questions seemed repetitive.”