Title:
Connecting Classroom to Clinical Through Focused Clinical Activities

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Session Title:
Poster Presentations

Slot (superslotted):
PST: Friday, April 8, 2016: 10:00 AM-10:45 AM
Slot (superslotted):
PST: Friday, April 8, 2016: 12:00 PM-1:15 PM
Slot (superslotted):
PST: Friday, April 8, 2016: 2:30 PM-3:15 PM
Slot (superslotted):
PST: Friday, April 8, 2016: 6:00 PM-7:00 PM
Slot (superslotted):
PST: Saturday, April 9, 2016: 7:30 AM-8:30 AM
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Keywords:
Clinical, Learning activities and Student retention

References:

Abstract Summary:
In an effort to assist students to connect their classroom to their clinical practice focused clinical learning activities were developed to boost retention and student satisfaction. The activities were intended for each student to perform in clinical during the week the content was taught in class or lab.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tr>
<td>1. The learner will be able to review examples of weekly learning activities that will help the student connect the classroom/lab content to the clinical situation.</td>
<td>Spirit of Inquiry- Recognizing the problem and researching for an answer</td>
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<td>2. The learner will be able to discuss methods for gaining faculty buy-in and training clinical adjuncts.</td>
<td>Barriers: Synching the calendars and creating the activities</td>
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<td>Faculty Buy-in and training</td>
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Implementing the approach with the students

Collecting the data to test retention hypothesis

Abstract Text:

For a nursing student to succeed many connections must be created throughout their program of study to allow for retention of information. Students must see nursing as a process and the client as a whole as opposed to the tasks involved in their care. One issue that has plagued educators over time is how to connect the content that is presented in the classroom or the lab to the clinical practice in a manner that encourages those connections.

Many programs front load skill acquisition such as Foley insertion, IV cannulation, and wound care so that if the skill is presented in the clinical setting a student is able to perform the procedure. These procedures are presented as tasks without the content of the body system that they involve and the concepts behind what they are doing. How can the student look at the procedure as anything but a task when the content is not presented together? There are similar problems with clinical placement. If a student is assigned to a telemetry floor but they have not had the cardiac content yet they are unprepared when asked to care for a client with a cardiac issue.

If we really want the student to connect the classroom to the clinical setting we have to think outside the box and not go with what we have always known. The course needs to be reviewed to roll out skills at the same time as the content that they involve. If we have not discussed the content of the myocardial infarction in the classroom then that would not be an appropriate client to assign to a student. If skin integrity and sterile procedures have not been introduced in the classroom or lab setting then we would not assign a student to pack a wound cavity. Yes, we would have to pass up some tasks that are offered to us by hospital personnel but it would be more impactful to accept those tasks when the student is fully ready to perform them. It is much better use of time when the content that is being taught in the classroom is also the content that is sought out in the clinical area (Flood & Robinia, 2014).

This poster will chronicle a change of clinical practice that was introduced in a small Southeastern US nursing program for undergraduate Fundamentals students to assist with making these connections. In this project a schedule that week by week connected the classroom and lab activities to match the activities to be performed in the clinical setting was devised and implemented. For example, in the week that the classroom content involved common respiratory diagnoses such as pneumonia or asthma the student was introduced to oxygen modalities in the simulation lab. They were then asked to seek out those oxygen modalities in the clinical area and perform focused respiratory assessments on multiple clients to compare the findings instead of caring for one cardiac client that they would not fully comprehend. The activity also involved interdisciplinary connections where the student was asked to seek out a respiratory therapist and/or a pulmonologist and discuss a treatment plan for a client. The activity involved discussions of oxygen saturation versus arterial blood gas and the difference in bronchodilators and nebulizer treatments.

Once the idea for the project was rolled out and the faculty could visualize the schedule of activities, it was time to educate the clinical faculty on the techniques to be used. Change is difficult for anyone but to change the entire format of a clinical experience would take the buy-in of the clinical adjunct faculty to work effectively with the students. The first step was to have a faculty planning meeting that involved the clinical adjuncts in the process of creating the activities. The thought was that if they had more control over what was being changed they would more likely be committed to the success of the implementation (Colley, 2012). They were also very knowledgeable about the opportunities that the facilities afforded our students because they were often employees of the facility themselves. The joint effort proved beneficial for both parties.
It was acknowledged that an ongoing dialogue with the students and faculty would need to remain open for this to be an effective tool. For this reason clinical debriefings were initiated after the clinical day to bring the students back together and verify that those connections were being made and that questions were being answered. Students were given time to leave the clinical setting and reflect about the happenings of the day but not so much time that they would have forgotten what they did in that time period. Students could discuss in a group setting what their findings were and how they linked to the concepts of the classroom. Any misdirection could be caught by the faculty members and a new plan for the client was recreated by the group.

Another step to consider was to ensure the students understood what was happening in the change. It was important that the students looked at this as beneficial to them as opposed to a change without focus. Many students today are at the level of “what will it do for me?” and will not accept change until that question can be answered. The students were given an abbreviated version of the benefits of linking concepts in layman’s terms with statistics to help them understand the need for change.

When assignments for the week were posted of student names, the clinical focus of the week was posted so other nurses could have knowledge of what the student was looking for this week. When discussing respiratory ailments in the classroom not every floor would have a pneumonia or asthma client for the student to care for, but every patient had an oxygenation status even if it was normal. The student might perform focused respiratory assessments on 3 clients this day. One client was fresh post op abdominal surgery, one asthmatic bronchitis, and one dementia. What were the differences, what were the similarities, what complications could be involved with this client’s oxygenation?

Data is still being collected to decide whether this is an effective tool for retention of students but anecdotally students report understanding the concepts at a deeper level and can answer exam questions more easily. They report a lower anxiety level going into the clinical day with only having to focus on one aspect of care as opposed to “knowing everything”. The debriefing sessions have become an extension of the classroom experience with cases to discuss from the clinical setting. Students have a real life experience in which to tie the concept. Clinical adjunct faculty report feeling more connected to the program when participating in the debriefings with full time faculty members. It is intended for data to be published at a later date.