PERILS AND PITFALLS USING TECHNOLOGY AND COLLABORATION TO DEMYSTIFY THE DREADED NURSING CARE PLAN

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FACULTY DISCLOSURE

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Conflicts of Interest: None
Employer: UTHealth School of Nursing, Houston, Texas, USA
Sponsorship/commercial support: Gulf Coast Regional Grant: Technology Training for Nurse Educators

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Conflicts of Interest: None
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GOAL

To discuss the design, implementation, and evaluation of an innovative teaching strategy to facilitate student learning of the nursing process and critical thinking through the use of technology and collaboration, in the clinical setting.
OBJECTIVES

1. Identify 3 challenges in using web-based technology in clinical nursing education

2. Identify 3 advantages in using web-based technology in clinical nursing education
THEORY

Peer learning combined with traditional teaching methods
- critical thinking, clinical skills, course satisfaction, and retaining knowledge
(2013, Stone, Cooper and Cant)

Revised Bloom’s taxonomy
- cognitive process, structure and knowledge dimensions
- facilitates the acquisition of critical thinking, clinical reasoning, and knowledge in the context of patient care (2002, Krathwohl; 2011, Su & Osisek)
THE “DREADED” NURSING CARE PLAN

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**Nursing Care Plan**

1. **Subject Matter**
   - Nursing Diagnosis
   - Plan of Care
   - Evaluation

2. **Details**
   - Symptom Management
   - Interventions
   - Outcomes
CLINICAL PAPERWORK

- Patient History
- Review of Systems
- Laboratory Values
- Medications
- Physical Examination

- Nursing Documentation
- Nursing Care Plan
- Patient Teaching Plan
- References
INTERVENTION

• Initially implemented summer 2015 semester (June 2015)
• 18 first semester nursing students, 2 groups, 2 clinical days.
• Students required to complete 3 care plans, allowed to collaborate on the first
• Students selected their own groups of 2-4.
• Possible protected health information in the care plans
TECHNOLOGY AND TEACHING STRATEGIES:

• Team-Based learning
• Group Care Plan (Students collaborated either face to face or via web conference tool—i.e. Skype, iPhone Face Time, OoVoo)
• UT Secure Share (approved by UTHealth as a Google Docs alternative for use with protected health information)
• New this semester: Google Docs approved for use with protected health information!
Secure Share

By logging in you agree to only share stored copies of your documents/data containing HIPAA and FERPA materials with authorized individuals as defined by HIPAA and FERPA regulations.

If you are unsure, email IT Security at its@uth.tmc.edu.

User ID: [ ]
Password: [ ]

Forgot your password?
EVALUATION

Average grade for the 1st care plan (previous semester): 82
Average grade for the 2nd care plan (previous semester): 91

Average grade for the group care plan (current semester): 87
Average grade for the 2nd care plan (current semester): 92
“My group that I picked turned out great. But I don’t think I would have minded having an assigned group.”

“I wouldn’t have minded either way. I get along with everyone in the group.”

“The selection process would be better if the group were determined based on the floor/pod so that every group member is in the know.”

“Picking own group was nice because <another student> and I live close and could meet up.”

“I liked picking my group, but if assigned a group I still would have been fine.”

“Picking our group was a great opportunity; better than being assigned. I shouldn’t have missed the deadline.”
STUDENT EVALUATIONS: WOULD YOU RECOMMEND GROUP CARE PLANS?

“Definitely, it was a good learning experience and it taught cooperation as a team, which is an important skill in nursing.”

“Yes, so they wouldn’t feel completely lost on how to do certain parts of the care plan.”

“Yes it was more helpful to have group members collaborate. We were able to help each other out to figure out the best way to approach the first care plan.”

“Yes. It helped make it less overwhelming and gave you a taste of what to do before doing it alone.”

“Yes!! The first care plan most students are confused about the whole thing which contributes to why they are so horrible. With working in a group we were able to fill in the gap where another didn’t understand.”

“YES! It’s a great way to get familiar with care plans & classmates. It helps to lessen the intense workload and encourages communication.”
“I loved it! I wish everyone had the chance to do it.”

“I would’ve liked to have been with the patient for a few more hours to get a better idea of who they were, and what was going on with them that day. It might have been easier to be on the same floor as my group.”

“I enjoyed it a lot because my partner and I both put a lot of effort into the care plan but I could see how it would be frustrating if one party put in more effort and the other one slacked off.”

“Great idea but Google docs would be ideal 😊. Hope incoming classes get this opportunity. Many students misunderstood different areas of the care plan; having partners alleviates a lot of that confusion.”
STUDENT EVALUATIONS: DISADVANTAGES

“UT Secure Share”

“It wasn’t easy to do some parts of the care plan because it wasn’t my patient. I felt the person who had the patient did most of the work.”

“The only disadvantage was working with peers from another floor... I just think our group members should have been on the same floor.”

“Having to email the care plan back and forth because UT Share didn’t work.”

“It was hard to communicate w/team members. We were all in different locations & had to use school email to send documents to each other, get them checked, & if we saw something wrong, we would fix it, then have to send another copy to the group & repeat.”

“IT issues & lack of coordination of group members. Inability to see participation of members.”
STUDENT EVALUATIONS: ADVANTAGES

“BC care plans are a lot of work, working in a group was wonderful bc we learned from each other. We shared ideas and opinions.”

“I didn’t have to worry about the parts of the care plan that I didn’t know how to do, but I could see how one person did it and learned from it.”

“It helped me figure out what the expectations were. I would have been completely lost without my group.”

“Splitting up the work and having two thoughts on everything.”

“It helped divide up the workload and allowed us to bounce ideas off of each other. Had I done it alone I definitely would have had a worse grade. We were able to check each others work & see the correct way to do something if confused.”

“Less time spent on care plans.”
PROBLEMS FACED/LESSONS LEARNED

We experienced the following issues:

1. PDF fillable file didn’t work for all students
2. Students unfamiliar with UT Secure Share
3. Issues with Secure Share file sharing/email sharing
4. Group issues with all members participating
5. Different technology platforms (faculty/students)

We learned the following lessons:

1. Overall, the care plan process seemed less stressful for both students and faculty.
2. We currently have a love-hate relationship with technology. ;)
3. While we do understand the importance of protected health information and its necessity in the hospital setting, compliance with protected health information requirements can often cause difficulties in the academic setting.
4. Students do enjoy working in teams...when all group members take an active role!
OBJECTIVES

Identify 3 challenges in using web-based technology for clinical nursing education

• Permission required to implement new teaching strategies in course
• Instructor development of new course methodology
• HIPAA/Patient identifiable information
• University Information Technology approval required/Safe document sharing
• Different technology platforms (web browsers, Apple/Microsoft, etc.)
• Group dynamics
OBJECTIVES

Identify 3 advantages in using web-based technology for clinical nursing education

• Peer learning
• Decreased work load (student and instructor)
• Increased student satisfaction
• Improved grades
• Students learned to act as a team
• Decreased student anxiety related to coursework
REFERENCES


