UNDERGRADUATE NURSING STUDENT PERCEPTIONS OF A SUPERVISED SELF-DIRECTED LEARNING LABORATORY: A STRATEGY TO ENHANCE WORKPLACE READINESS
ACKNOWLEDGEMENTS

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- **Participants:**
  - Students

- **Supporters**
  - Peter Hartley (Deputy Dean)
  - Linda Blair (Business Manager)
BACKGROUND

- Traditionally, nursing students learn how to perform a skill or use equipment in:
  - Classrooms, designed as clinical laboratories and/or practical group sessions
  - Clinical placement
- Expectation to improve from beginner to independent practitioner
- Rising numbers of students enrolled in undergraduate nursing courses
  - → rationalisation of expenditure and clinical placements
- Majority of courses designed with minimum number of practical (clinical) hours to gain accreditation → 800 hours in Australia
BACKGROUND

- Gaps remain - reports of skills deficit for new graduates at an international level
- Lack of clinical placements have contributed to this practice deficit
- Strategies to enhance performance of clinical skills have been introduced:
  - Self-directed learning (SDL) laboratories
  - Simulation
- Concerns raised by industry clinical educators about students’ preparedness for practice
  - Skills & Professional behaviour
Directed self-guidance, is a skill that the teacher and learner develop through a process of collaborative directed self-guidance. Students may not be well-equipped for SDL based on a ‘Do It Yourself’ model. SDL should not be a fully independent student activity. Requires intensive teacher input and investment to foster student’s motivation to engage in SDL.
NEW SELF-DIRECTED LEARNING LAB
SDL LAB – OPENED FEBRUARY 2015

- **Self-select** – Attendance + Skill (Guided or Independent)

- **Purpose of the SDL Lab**
  - Build students clinical skills to improve performance in the clinical setting
  - Assist students to be work safe and work ready for clinical placements
  - Strong emphasis on students’ understanding of the rationale behind each skill practiced
  - Challenge students to identify their own knowledge deficits and the required information/resources required to overcome these deficits.
NEW SDL LAB

- **Staffing - Secondment of 2 clinical educators from local healthcare organisation**
  - Clinical currency + Clinical Education qualification/experience

- **Responsibilities**
  - Student bookings - development & maintenance of an online booking system
  - Liaison with unit coordinators for alignment of skills practice to theory units
  - Supervision of students whilst in the SDL Lab
  - Collection of data relating to attendance, skills practiced, discipline, year level.
NEW SDL LAB
AIMS

- To explore
  - the subjective experiences and viewpoints of undergraduate nursing students regarding the perceived benefits and limitations of the SDL Lab and guided practice;
  - impact on learning and preparedness for professional practice.

METHODOLOGICAL APPROACH

- Qualitative descriptive method
- Accounts of the phenomena are captured by structured interviews, and analysis aims to gain knowledge of professionals’ experience with a topic
METHODS

- **Sample**
  - Purposive sample – online promotion via learning platform
  - Target of 10-12

- **Eligibility**
  - Undergraduate students enrolled in their final 3rd year of the Bachelor of Nursing
  - Accessed the SDL Lab on at least 2 occasions

- **Procedure**
  - Taped semi-structured interviews + Interview schedule

- **Ethics approval**
  - $30 Voucher + Voluntary

- **Thematic Content Analysis**
1. What do you understand to be self-directed learning?
2. Before you used the SDL Lab, can you describe what you thought it would be like or how it would be structured?
3. What encouraged you to attend the SDL Lab?
4. What were your expectations from attending the SDL Lab?
5. From your perspective, what are some of the benefits of the SDL Lab?
6. RNs (Lisa and Jenny) were in the SDL Lab....Did you expect to have guided practice? Was this a hindrance or benefit for your learning? Expand. Why? Do you prefer guided or independent practice?
7. Can you describe to me what you understand to be a safe learning environment?
8. Did you feel that the SDL Lab was a safe learning environment?
9. For what reasons would you attend the SDL Lab in the future?
10. Do you think that the lab has strengthened your confidence in your nursing practice?
11. Before the new SDL Lab opened up, we had a SDL room available that did not include guided practice, in Building 3. Did you ever access that room? Why? How do the 2 different resources compare (Building 3 vs new SDL Lab)?
12. Do you think that there was adequate equipment in the SDL Lab? Are there any other items you would like to see in the SDL Lab?
13. Did you feel that the SDL Lab was organised in a way that mirrored the clinical environment?
FINDINGS

- 12 students interviewed – October 2015
- 3 Main themes
  1) Valued the opportunity for guided practice which strengthened their confidence and competence during workplace experiences
  2) Safe environment encouraged enquiry and bridged the theory-practice gap
  3) Teaching space could be improved to enhance accessibility and realism.
SAFE ENVIRONMENT ENCOURAGED ENQUIRY & BRIDGED THE THEORY-PRACTICE GAP

- Clinical currency and best practice
  - Thorough guidance
  - Learn the correct ways of doing things
- Safe learning environment
  - Understanding of student needs
  - Intimate learning environment
  - Opportunities to ask lots of questions
  - Keen learners used SDL repeatedly

- Limitations with traditional laboratory classes
  - Classes too large
  - Lack opportunities for guidance and practice
  - Affected confidence in skills
  - Flexibility of guided and independent learning experiences
So my understanding is that the way I learn it in the SDL Lab is the evidenced-based, correct way of doing something.

I was really surprised to see that there are experienced nurses there who can actually guide me through ... who can assist me ... to improve my understanding of the procedure or to improve my skills that I need assistance with. I thought wow, that’s really good help that I can get. Because we are all attending the simulation labs, but sometimes there are too many students.

I always recommended someone guiding you. But then you still self-direct. You are still learning on your own as well, but they prompt you, ask you questions and stuff. I took heaps of notes. I took a couple of takeaway stuff, because they told me I could take some things home to even just practice putting on sterile gloves.

So we used to have that single room in building three, but there weren't staff dedicated there to assist you necessarily and it's a very small room and all that sort of thing. Whereas this facility ... was a room you have to book.
Valued the opportunity for guided practice which strengthened their confidence and competence during workplace experiences

- Building clinical skill confidence and competence, including Graduate Nurse Program interviews
- Opportunity to bridge, apply and consolidate theory to practice in a simulated environment
- Maintains confidence in performance of clinical skills between delayed placements
It was a year in between being on a hospital ward so you do lose a lot of skills. You forget things ... Yeah, that was a massive, massive gap ... a full year. Even more than that ... in between being in a hospital setting which is too long. You're studying to be a nurse and then you spend like 12 plus months not in that environment. It was a really, really long time for me. The educator told me I really need to brush up on this skill and that skill. If the lab is there you've got the option of practicing while you're on placement but classes have finished.

The graduate interview was really good insight into what we were going to be getting.

That encouraged me to go and attend. I didn't want to fail my placement.

I did a mock-up graduate interview in there. That was really good. They offered that and it was so serious.

After my second interview practice in the SDL Lab I really did feel that confidence to go into an interview and be prepared and know what I'm going to say. I had time to go home and to think about it. I personally don't think the ... class really taught me anything in preparation for graduate interviews.
SDS Lab could be improved to enhance accessibility and realism

- Space does not reflect the clinical environment
  - Size of the space
  - Out-dated equipment and medications
  - Doesn’t look like a clinical environment – carpet, no plumbing and curtains
- Accessibility issues - bookings filled quickly
- Making time to use SDL
- Attendance to the SDL Lab should be mandatory
I think I imagined when I walked in how it would be with the beds, the medication charts, everything like that. I think I imagined it would be bigger though, because it is just one - it seems smaller than even an average tutorial room. I actually imagined it to be that size of say a lab room in building three where we do our [sims].

More staff would be an advantage for the students, so that everyone ... gets the opportunity to go in there and get the bookings as required. Because I missed out on a couple and I wasn’t given the opportunity. So I emailed ... quite a few times and then she tried to fit me in somewhere, which worked out. But I believe it would be more convenient if there is more staff.

I think equipment wise there should be some improvement because the one which the hospital uses for nurses, it's quite an advanced one and the one which we got to use in the lab was like five years old or something. So that technology wasn’t matching up with the one at the hospital. So yeah, in that sense I think the equipment should be a bit improved.

It felt like just a classroom. That might have been the carpet and the desk stuff like that. It just didn’t have that clinical feel to it.
LIMITATIONS

- Small study
- Biased sample
  - Likely that only those who engaged in the SDL Lab participated
INFORMAL REVIEW

- Excessive Bookings
  - Semester 1 = 644 bookings in 12 weeks
  - Semester 2 = 1125 bookings in 9 weeks
  - Unmet requests - 1118 requests in Semester 2
  - 1st year students utilised the facility the most, many booked well in advance

- Layout
  - Lack of privacy & need for quiet area
  - Capacity for group sessions + midwifery specific area
2016 – NEW AREA
ST ALBANS PRIVATE HOSPITAL
QUESTIONS

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