Connecting Nursing Education Across Clinical Environments

On-site and Off-site Considerations

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Background

- Clinical Education is a critical element for Nursing Education
- Clinical evaluation tool revised
- Needed to gather feedback from 7 faculty
- Time consuming for on-site faculty
- Recognize the boundaries of therapeutic relationships
- Facilitate informed patient consent for care
- Provide feedback to faculty related to expectations of clinical learning
- Increased communication between on-site and off-site faculty

Word document created to upload into LMS for off-site faculty

Less time than in Trial one

Gaps observed in application of knowledge:

- Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan, and evaluation of patient outcomes
- Advanced practice nurses, pharmacists, and other health professionals who work with patients
- Alleviates unnecessary expenditures and transfers resources to other areas
- Patient's pain will need to be assessed
- Patient's pain will need to be assessed and transferred to care plan

Student learning activities were modified

Incorporation of knowledge from off-site faculty

Engagement in formal manner with development of person-centered care (Skills & Attributes)

Person-Centered Care (Skills & Attributes)

- Communicate care provided at each transition in care
- Determine information, preferences, and expressed goals of care
- Implement patient-focused care
- Implement patient-focused care
- Determine information, preferences, and expressed goals of care

References

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Conclusions

- Engagement of faculty across traditional areas of boundaries is key for student learning
- Incorporation of knowledge from on-site and off-site faculty provide increased sense of value and ownership in student learning outcomes
- Allows for integration of on-site and off-site learning activities into the didactic setting
- Allows for integration of didactic and learning activities in on-site and off-site clinical environments
- Students use faculty in multiple sites and not just one site as another

On-site

- Didactic activities
- On-site

Student learning activities were modified

Use of check-bed format was decreased

Students were less likely to enter a patient room off-site and run through inappropriate observations

Students would note patient first, context next and room last which was a 180 degree change from before changes integrated

Off-site and on-site faculty demonstrated increased engagement in student learning across all settings

Modifications to didactic and off-site learning activities were undertaken due to input from on-site faculty

Environment

- Clinical learning and application in on-site experiences
- Clinical Education Learning Labs
- Simulation Learning Environments

Clinical learning and application in off-site environments

- Variety of settings
- Acute Care
- Ambulatory Care
- Primary care
- Outpatient setting
- Home based

Gaps observed in application of knowledge:

- Students demonstrated safe practice in on-site clinical settings
- Students were not able to translate practices from on-site to off-site context without increased prompting
- Students following 'check sheet/check list' approach to off-site clinical context
- Students not recognizing that context of off-site environment was dynamic and not static.