Bridging the Theory-practice Gap: Maximizing Student Nurse Clinical Conference Sessions

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Objectives

Following this session, the learner will be able to:

- Identify gaps in bridging pediatric theory and clinical practice for student nurses
- Discuss post conference topics that facilitate application of critical thinking

Children’s Hospital Colorado

- Delivering pediatric health care since 1908
- Affiliated with University of Colorado School of Medicine and College of Nursing
- 16 Regional Sites
- 553 Inpatient Beds
- 2,023 Registered Nurses
- 89.9% Bachelors Degree or higher
- Magnet® Designation Since 2005
Background

Nursing care has significantly changed over the past 30 years, but the methods to clinically educate the student have not. (Tanner, 2006)

As a result of the recommendations in the 2008 Essentials of Baccalaureate education, many schools of nursing have had to reduce the number of theoretical hours of instruction in the classroom for basic clinical courses.

Responding to Change

In response to curriculum changes, the Clinical Scholar group at Children's Hospital Colorado (CHCO) has standardized clinical conference content to augment essential pediatric material presented in the classroom.
Clinical Scholar - Preceptor Model

Collaborative Model:
Clinical Scholars partner with preceptors

Qualifications:
Clinical Scholars have Masters or Doctoral degree
Employees of CHCO
Complete a structured orientation
Complete a forty hour Clinical Scholar workshop
Sponsored by the Colorado Center for Nursing Excellence (CCNE)

Preceptors have BSN or higher degree
Complete an 4 hour preceptor course

Clinical Conference

We have a 1 hour conference mid-afternoon on each clinical day. The clinical rotation consists of 6 twelve hour shifts.

These conferences focus on essential pediatric content, development of clinical reasoning skills, application of Quality, Safety, Education for Nurses (QSEN) concepts, and pediatric ethical issues.

A variety of teaching methods are used including case studies, gaming and debate.

Day 1  General Introduction

Expectations

Pediatric case studies presented by each student

Clinical Scholar facilitates discussion-
Pathophysiology
Social factors
Integration of plan of care
Day 2  Developmentally Appropriate Care

Clinical Scholar presents concepts of developmentally appropriate care

Students divided into pairs, given a clinical scenario

Students develop a plan of action

Students present to the group

Growth and Development of Preterm Infant

23-28 week preemie
Low energy and spends most of the day trying to sleep
Can stretch and bring hands to mouth to suck thumb or fingers, can make a fist or splay open hand
Lack muscle tone to curl into a fetal position; lies with arms and legs sprawled out sideways
Can’t lift head
Can’t coordinate their suck, swallow and breathing
May not be able to cry. Can detect simple black and white images if eyes not fused shut, they can hear and recognize voices especially the mother
Can communicate using facial expressions and body language
Can feel pain

Example of Guidelines

Infancy

Trust vs. Mistrust  Infant is learning to develop trust through needs met by primary caregiver

Sensory-motor  Learning occurs through sensory experiences and manipulation of objects

Fears include loud sudden movements and loss of physical and emotional supports

• Involve parents in procedures, explain procedure to parents and their role in facilitation of procedure
• Utilize primary nurses
• Minimize stimulation of environment, approach child slowly and in a non-threatening manner
• Stranger in the room
• Utilize pacifier with sucrose and soothing measures
• For young infant, swaddle in midline and flex knees
• Instruct parents to hold in a comforting position
• Incorporate blankets/toys child finds comfort
• Use treatment room whenever possible
Partial Sitting in Lap

Forward-sitting at table

Chest to Chest
Patient Scenarios

- 3 year old child needing an IM flu shot
- 2 year old needing an IV start for fluids
- 10 yr old female requiring straight caths 4x/day. She is uncooperative with each procedure
- 16 year old male needing a foley catheter placed
- 6 year old needing a NG placed for feedings
- 12 year old with ADHD needing an NG for drainage
- 16 year old with Cerebral Palsy, cognitively delayed to age 7 & weight of 45kg needing NG for CT contrast

Family/Patient Centered Care Scenario

You are caring for a 4 yr old boy that is developmentally appropriate and is required to take several oral liquid meds; however he is fighting them more & more, to the point where he is spitting them out. You have noticed parents are not very involved, and not helpful with this problem. You know the patient will be discharged with these meds, and you have concerns regarding compliance once they are at home. What do you do?
Family/Patient Centered Care Scenario

You have been assigned a 15 year old male CF patient who has been noncompliant at home, i.e.; not taking his ordered medications and smoking several times a day. He has been admitted for exacerbation of his diagnosis. He initially did well with the plan of care because he felt so poorly, but now he is refusing RT treatments and medications. He tells you "I'm going to die anyway, so what difference does it make?"

What steps would you take to manage this situation?

Day 3 Clinical Reasoning

Student presents a deterioration (worst case scenario) case study, escalation of care

Student identifies rationale and nursing intervention

Clinical Scholar facilitates discussion

Identification of cues

Interventions

Outcomes

University of New Castle Model

- Reflect on process/new learning
- Collect data/information
- Consider the patient situation
- Establish/goal
- Take action
- Evaluate outcomes
- Monitor/progress

Clinical reasoning cycle
Day 4  Pediatric Jeopardy

Students compete in teams

Jeopardy categories
- Pediatric Assessment
- Growth and Development
- Pediatric Diseases
- Pediatric Potpourri
- QSEN Competencies

For fun, 6 questions are scattered throughout which relate to Disney movie content

LET'S PLAY!!

Day 5  QSEN Activity

Students describe barrier in providing care (2 of 3)
- Patient Family Centered Care
- Teamwork and Collaboration
- Safety

Analyze system and individual factors that contribute to barrier

Interventions identified to eliminate or reduce barriers
QSEN LEARNING ACTIVITY

Learning Objective: Identify strategies to function effectively within nursing and interdisciplinary teams, foster open communication, mutual respect, and shared decision-making to achieve quality patient care.

Case Presentation: Brief overview of patient, primary diagnosis, and medical and nursing therapeutics.

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<thead>
<tr>
<th>Competency</th>
<th>Patient Centered Care</th>
<th>Safety</th>
<th>Teamwork and Collaboration</th>
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<tbody>
<tr>
<td>Barrier</td>
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<td>Solution</td>
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Day 6  Pediatric Ethics

Students tour a critical care area (PICU, NICU or CICU)

Clinical Scholar in consultation with Charge Nurse, identifies patient with ethical issues

Clinical Scholar facilitates discussion employing ethical decision-making models

ETHICAL ISSUES LEARNING ACTIVITY

- What is the ethical issue?
- What is your initial reaction?
- What are the facts we know? What facts do we need to gather?
  - What are the values at stake for each party? For example:
    - Respect for persons
    - Respect for life
    - Family relationships
    - Health care relationships
    - Personal values
    - Professional values
    - Veracity
    - Confidentiality
    - Kindness, compassion
    - Fidelity
    - Trust
- What are the options in this case?
- What should we do?
- What justifies your choice? (ethical theories, ethical principles, values, law)
- How could this ethical issue be anticipated?
Overall rating of excellence of clinical experience is 4.9 on a five point scale.

"I was amazed at the patient centered care that the nurses provided."
"Staff was always genuine in the care they provided."
"High degree of professionalism. This was the MOST professional place I have been."
"Everyone practices under EBP model."
"I always felt like the nurse in this clinical and not just the student."
"Having preceptors that welcome students."
"Nothing, this was a great program and this clinical was amazing."
"Let me stay longer."
"Amazing model, I wish all hospitals would teach like you do."

Conclusion

Students have provided positive feedback about the structure.

Student evaluations on overall rotation are overwhelmingly positive.

Plan to focus on specific conference evaluation.

QUESTIONS??