Newsletter

Winter 2007

December 7, 2007

Executive Editor: Joan M. Kavanagh MSN, RN

Design and Circulation Coordinator: Maureen M. Talty

Combining 'What Works' with Intellectual Collaboration— The Foundation for Best Practices

Laura Dzurec, PhD, RN, CS
Kent State University
Dean and Professor
College of Nursing

As a nurse educator and clinician, I've held a long-term bias. Participating in nursing education for more than 30 years, I know well that nurses are central to the implementation of best practices in patient care—nurses intimately know patient information, procedural techniques, history, and the significance of interprofessional communication. They can predict outcomes based on probability, recognizing, at the same time, the uniqueness of every single patient. They understand how to teach and they comprehend—at a level appropriate to their academic preparation—the research process. For those reasons, nurses significantly enhance healthcare, contributing informed breadth to the work of healthcare teams. As a nurse educator and clinician, I've held a long-term bias that nurses have a handle on the fullness of patient care.

Recently, though, a colleague clinician exploded my bias. Addressing a complex patient problem, our discussion involved why more research was not available in the area of child psych. The clinician succinctly summed up the underlying problem, saying, "There's no research because clinicians like to take care of people—they didn't come into nursing to do research." What a prophetic statement! How many nurses recognize the importance of what they do day to day in the development and advancement of knowledge for patient care—for best practices? As nurses, we have not exploited our awareness of 'what works.' **As long as we separate what we do from a research-based definition of 'best practices' we don't really have a handle on 'what works.' And as a consequence, we are not truly engaged in best practices.**

We all are aware that 'best practices' are those that help not only a given patient, but that actually move all of patient care toward a probable, theory-based set of effective practices. In short, most nurses have been educated to believe that best practices are dependent upon the research process. Yet, it is a clear fact that the knowledge gained through research comes directly from the day-to-day practices of the nurses responsible for overall patient care. As it evolves, good patient care research is built upon the day to day work of nurses, operating as contributors to research, who develop and refine clear descriptions of what works. As a *concerned* clinician, I will have some sense that what I do is, in fact, 'best practice.' As a *good* clinician, I will seek evidence to support that. And as an *excellent* clinician I will recognize that the research process that defines 'best practice' is always in flux and that I make significant contributions to the implementation and modification of best practices .

'Best practices' require systematic observations, trial and error application of interventions, identification of problems, hypotheses and educated guesses, analysis, synthesis and change. This is the research process. Rules for 'best practice' are not imposed on nurses. Rather, through intellectual collaboration, nurses as members of the healthcare team bring the theoretical, scientific, and everyday knowledge to patient care. All of us in collaboration, in fact, determine the rules for best practice.

Inside this issue:

Participating Organizations:

- Aultman College of Nursing
- Bryant & Stratton College
- Frances Payne Bolton School of Nursing at Case
- Center for Health Affairs
- Cleveland State University
- Cuyahoga Community College
- Hiram College
- Huron School of Nursing
- Lakeland Community College
- Lorain County Community College
- Kent State University
- Marymount School of Nursing
- Notre Dame College
- Ohio League for Nursing
- University of Akron
- Ursuline College

Ask the Dean; Teaching Challenges

Guest Educator:
Marilyn Lotas, PhD, RN
Associate Professor of Nursing,
Associate Dean for Undergraduate Program
and BSN Program Director

Dear Nurse Educator,

I recently had the opportunity to serve as a clinical instructor for a group of accelerated nursing students. In general the students were bright, motivated and focused. However, I have to admit the students surprised me with some less than acceptable vocabulary and non-professional phrases, particularly when it came to bodily functions. I did address the students regarding the use of profanity and vulgar language and was told, "What's the big deal? The nurses talk like that all the time." Why is it that students don't realize that type of speech doesn't engender respect?

Lost in Translation...

Dear "Lost",

Incivility in the workplace, on the highway, in our neighborhoods, in the places we work, play and shop, has become a common theme in today's public and private conversations. In general we seem to agree disruptive, rude or otherwise unacceptable behavior is on the rise in our society. In parallel with the rest of society, faculty often express concern that our students are increasingly uncivil in their interactions with us, with each other and with unit personnel in the clinical area. Behaviors commonly identified as demonstrating "incivility" are arriving late, carrying on private conversations during class or pre/post conferences, cutting class or clinical, text messaging, getting calls during class, verbal rudeness, and being unprepared. While all faculty describe instances of incivility in their interactions with students, young and/or inexperienced faculty seem particularly vulnerable.

Many causes have been proposed for this growing incivility, including generational differences in values and goals and overly indulgent and protective parenting practices that create the impression that negative outcomes are never the child's fault and problem solving is never his/her responsibility. Regardless of the source of the problem, faculty are concerned about reducing and managing these behaviors to create a better learning environment. These are a few of the strategies new instructors may find helpful.

1. Spell out your expectations of dress, behavior and clinical and/or academic performance in the syllabus or other document at the beginning of the class. Be specific and as comprehensive as possible. Put your expectations in the context of "these are the behaviors expected of a professional nurse". Make sure your expectations are congruent with the expectations of the school of nursing particularly in terms of tardiness, absences, and dress code. Do include clear directions about how you want to be addressed.
2. Review your expectations with your class in the first meeting if possible. They need to know immediately what the "rules" are in your group.
3. Be clear and consistent in your approach and expectations. When students know what to expect, "bad" behavior tends to decrease. When students perceive that the rules and expectations change arbitrarily, anxiety and "bad" behavior increase exponentially.
4. Establish appropriate student/faculty boundaries from the outset. Warmth, concern and humor are good. Trying to be their best friend is not so good.
5. The most obvious and most important strategy is to role model civility in your interactions with students, staff and others in the environment. Faculty behaviors such as criticizing students in front of patients, clinical staff or their student peers makes it more difficult to establish mutually respectful relationships with your students. Students who sense that faculty are genuinely trying to understand and respect their perspectives are more likely to respond with respect in return.

There aren't any magic solutions for the issue of student incivility in a society where each of us experiences incivilities, large or small, on a regular basis. Hopefully, some of these ideas may help in creating better learning environments for ourselves and our students.

Nurse Educator

Faculty Corner; Educator Tip
Engaging Learners through Simulation

Martha Conrad, MSN, RN
Coordinator Learning Resource Center
University of Akron

Kathy Ross-Alaolmolki, PhD, RN
Assistant Dean Academic Nursing Programs
University of Akron, College of Nursing

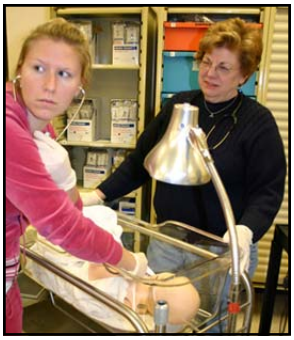
Simulation is not new to nursing. For years nursing has found ways to demonstrate the acquisition of nursing skills through simulation. Today, the face of simulation has changed to include highly sophisticated and interactive simulators that can be programmed to mimic real life situations encountered in practice. Consequently, the role of the instructor has changed dramatically as simulation-based learning requires intensive training, development of problem-based scenarios, and careful preparation of the encounter to facilitate student learning and success. Regardless of the simulator, whether simple or complex, it essential that the simulation experience is guided by faculty who are able to create an environment where students are engaged. Engagement in the learning process can be facilitated through the use of the problem-based learning method. The goal is to lead students in the use of critical thinking skills that will guide them in the development of critical reasoning and good clinical judgment in preparation for safe practice in diverse clinical environments of care.

Three teaching and learning strategies are essential in the design of simulation scenarios. First is the concept of learner-centered teaching which involves the knowledge of when to incorporate action and inaction into the teaching moment as an instructor. Action is required of the instructor to rise to the challenge of the decision about whether or not to learn about the use of simulation as a teaching strategy. We have found that it only takes a few committed instructors to develop a critical mass that serves as a tipping point and the environment for adoption of simulation expands. Other faculty join their colleagues to learn the new way of teaching and sign up for workshops hosted by the college. Students exposed to simulation find they are better prepared for clinical practice and ask instructors in other courses why SimMan or SimBaby or other simulators are not used. Learner-centered teaching requires a transformation on the part of the instructor and responsibility for learning on the part of the student.

The second strategy is problem-based learning which supports the use of critical thinking and the development of clinical judgment. Simulation engages students in problem-based learning about emergent events that are not always available or ethically appropriate for a novice in clinical practice. Through simulation of life threatening events, students can interact with high fidelity simulators in a safe environment to develop emergent skills of assessment and intervention without harm to patients. In addition, problem-based learning case scenarios can be developed and used successfully in a web-enhanced environment.

The third and very important strategy in the simulation process is the strategy of reflective learning. Reflective learning can occur at different levels of intensity during the debriefing session under the guidance of faculty. To facilitate reflective learning, simulation encounters can be videotaped and used to stimulate reflection and discussion on actions taken during the scenario. Reflective learning helps students make sense of the experience and validate learning outcomes.

Finally, the issue of support for faculty development is crucial as expertise in the use of simulation is a developmental process over time requiring nurturing with training and thoughtful technical support. Faculty engaged in simulation advance their own development in teaching and learning and assessment. They have an opportunity to develop scholarship through research and evaluation and to present their work at regional and national conferences.



Students are enthusiastic about the use of simulation and report they feel much better prepared for clinical.

Reference:

Jeffries, P. R. (Ed.). (2007). *Simulation in nursing education: From conceptualization to evaluation*. New York: National League for Nursing.

Upcoming Faculty Development Programs

Faculty Orientation
January 11, 2008

Our next Faculty development orientation day will be held on Friday, January 11, 2008 in the Castelle Auditorium of Lutheran Hospital. Continental breakfast will be offered from 8:00 to 8:30. The program will take place from 8:30 to 4:00 and lunch will be provided.

If you have not already attended a faculty development session please plan to join us for an exciting day filled with information on the role and responsibility of the clinical instructor, how to organize a clinical day, strategies for creating learning experiences, evaluating student performance and teaching critical thinking in the clinical setting. The program also includes a student panel discussion that provides a perspective of the clinical experience through the eyes of today's students. Past participants have found the presentations to be very helpful, particularly in learning how to organize and prepare for instruction at the clinical sites.

Register online to join us at the Faculty Orientation program.

Print a flyer to share with your colleagues.

Maps and directions to Lutheran Hospital.

"Speakers were honest, realistic and engaging. It was a great experience. Thank you!"

Ohio Board of Nursing Update: Revised Nursing Education Rules
January 15, 2008

The Deans' Roundtable Faculty Initiative is proud to present a continuing education program entitled *Ohio Board of Nursing Update: Revised Nursing Education Rules*. We are thrilled to have as our speaker Joyce Zurmehly, PhD, RN, who is the Nursing Education Consultant for the Ohio Board of Nursing.

This program will provide us all with valuable insight regarding the Ohio Board of Nursing rules regarding nursing education and student supervision in the clinical areas. Not only will this be beneficial to nurse educators from both the classroom and in the clinical areas, but it will also impart useful information for Nurse Managers, Assistant Nurse Managers, and staff nurses who come in contact with students on a daily basis.
We hope you will join us for this exciting presentation. There is no registration fee, however, seating is limited so register early.

The program will be offered from 9:15 am to 12:30 pm in the auditorium of the HealthSpace building on the main campus of Cleveland Clinic.

Register online to save your space for this popular program.

Print a flyer to share with your colleagues.

Maps and directions to Cleveland Clinic's main campus. The HealthSpace building is located on the corner of 89th Street and Euclid Avenue.