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Clinical construction: Nursing educators work to make sure students get the most out of clinicals

By MARCIA FRELLICK

Approaches differ at nursing schools, but the goal is the same for structuring clinical time for RNs pursuing baccalaureate degrees: Educators have to make hands-on practice relevant for a wide range of experience levels. Some nurses have been working for years in acute care and don't need the basics of bedside care. Some need exactly that. In most cases, clinical coordinators in the region are working a semester ahead.

At Adelphi University in Garden City, N.Y., Deborah Murphy, MS, RN, a clinical assistant professor, said starting this spring, groups of five or six RNs will begin faculty-supervised experiences in homeless shelters and child and senior centers. The clinical experience helps nurses immerse themselves in population health.

They also are asked to assess an entire community as if they were a person living there, asking questions such as, "How would I get to the supermarket if I were not able-bodied?" "Are there support groups for my condition?" and "How would I get there if I don't drive?"

Then they develop a classroom presentation on bridging any gaps. To make the experience more powerful, the students are considered part of the team at these centers. They teach hand-washing and teeth-brushing, run health fairs, and assess staff and family needs.

At Pace University in Pleasantville, N.Y., Martha Greenberg, PhD, RN, associate professor and chairwoman of undergraduate nursing, said students arrange their own community experiences for the clinical portion of their program to meet unit objectives, and their choices are approved by faculty.

In one of the courses, students must complete a cultural assessment of a patient outside their own culture. They study spiritual or religious factors or healing practices and traditional remedies that might impact nursing care.

In a course they take concurrently, nurses research evidence-based practices as they relate to clinical practices. Together, they decide which issue is the highest priority to tackle during their time together in clinicals. They could identify the top priority to be, for example, fall prevention, wrong-site surgeries or catheter-associated urinary tract infections.

They look at what their own units are doing to prevent them and together compose one professional poster for best practices, which they then share with their staffs.

Back to basics

Marie Ann Marino, EdD, RN, PNP, associate dean for academic affairs at Stony Brook (N.Y.) University School of Nursing, said she has seen a tremendous shift in the past two years in clinical baccalaureate preparation.

After more than a decade of focusing on leadership development and systems improvement and negotiations, the school has had to return to a more traditional clinical experience of med/surg, ED and pediatric rotations in the past two years.

Because acute-care hospitals in the area are hiring BSN students almost exclusively, the associate-degree students are going to nursing homes and extended care after graduation and aren't getting the acute-care clinical experience they once did, Marino said.

And now, as AD-prepared students find acute-care job prospects bleak, she said they are entering BSN programs, which meant clinical structure had to change.

Annemarie Dowling-Castronovo, PhD, RN, assistant professor of nursing at Wagner College in Staten Island, focuses on teaching health assessments for all body systems in her clinical time. Because there's such a range of clinical experience among her students, she wants to make sure even if they think they know the basics, they learn the finer points of clinical assessment.

For instance, nurses listening to lung fields are taught to start at the top and work their way down, but Dowling-Castronovo teaches students also to start from the bottom.

"When you have that frail, critically ill patient, the bottom of the lung fields are really important to hear," she said. But if nurses start at the top, the patient will tire by the time they get to the bottom and it will be harder to get true results.

The classes of six to eight students pair off for role playing on skills such as examining ears and throats. They also work together with simulation technology.

Outside the comfort zone

Nancy Cherofsky, DNP, RN, FNP-BC, NP-C, assistant professor and clinical coordinator at Wagner, structures her clinicals in the morning and classes in the afternoon. That gives students a full day of community health nursing.

The RN-to-BSN students use the time to teach wellness to young children or work in hospice programs in Staten Island.

Those working in hospice stay with the program 14 weeks to provide consistency that families value, Cherofsky said. Most students have little to no exposure to hospice when they enter the baccalaureate program.

Wagner also offers a program abroad in underserved regions of Haiti, Mexico and tribal reservations with difficult access to medical care or even passable roads. There, nurses must learn healthcare without the tools they and the support staff are familiar with.

Christa Ferreri, BSN, RN, completed her bachelor's degree in December at Wagner and is pursuing a master's degree there. As part of her BSN clinical time, she traveled in February 2014 to a remote village in the mountains of La Candelaria, Mexico. She described the trip as "life-changing."

There, children lived at the school during the week while their parents earned a living. Students on the trip taught children about hygiene, hand-washing and information the schools asked them to teach, such as the dangers of sexually transmitted diseases.

Ferreri encourages students who have a choice in clinical time to try something outside the norm.

"It's great to learn all skills [of nursing] before you settle on a specialty," she said.

Marcia Frellick is a freelance writer.