

Innovative Best Practices in Nursing Education (IPB Conference)

April 10, 2015

Round Table Facilitator Notes

<u>Round Table Topic</u>	<u>Page</u>
Simulation Technology	2
Simulation without High-Fidelity Simulators	3
Classroom Technology	5
Distance Learning	6
Active Learning	8
Flipped Classroom	10
Interdisciplinary Learning	11
Concept-based Learning	12
Remediation for Students	13
Mentoring for Nursing Faculty	15
Innovative Clinical Learning	16
Admission and Progression	18
Evaluation of Student Learning	20
Academic Progression/ Articulation	23
Sharing of Educational Resources	24

Simulation Technology

Molly Bryan MSN, RN –Simulation Director at Cox College
Lisa M. Beals RN, MSN –Assistant Professor at Cox College

The facilitators offered simulation resources including a link to the National Simulation Study found at https://www.ncsbn.org/JNR_Simulation_Supplement.pdf and the International Nursing Association for Clinical Simulation and Learning (INACSL) *Standards for Best Practice: Simulation* publication found at <http://www.inacsl.org/files/journal/Complete%202013%20Standards.pdf>. Other shared resources included the Quality and Safety Education for Nurses (QSEN) pre-licensure KSAS overview found at <http://qsen.org/competencies/pre-licensure-ksas/>, along with the Summary of Simulation Activities Targeting QSEN Competencies found at <http://qsen.org/wp-content/uploads/formidable/Summary-of-Simulation-Activities-and-QSEN-Competencies.doc>. They also shared information on DASH: Debriefing Assessment for Simulation in Healthcare found at <https://harvardmedsim.org/debriefing-assesment-simulation-healthcare.php>.

Discussion topics during the round table sessions included standardized patient versus simulation, objectives in simulation, best practice, debriefing, wide variety of use of simulation, performance gaps, clinical evaluation, and the definition of fidelity versus modality.

Simulation without High-Fidelity Simulators

Margie Hassler, MSN, RN-BC –Simulation Coordinator at Saint Louis University
Shelly Wehmeyer, RN, BSN –Associate Education Administrator at MSBN

The facilitators shared that simulation doesn't have to be expensive. Most Simulation Manikins will come with at least one clinical scenario. It may be easier to create your own clinical scenarios based on your curriculum and clinical needs. Be creative and focus on your program's objectives. Use moulage to make the scenarios "real". Find many recipes through a simple search of Moulage Recipes. Some easy ideas include:

- Safety in patient room (bed height, side rails, call light, kinked Foley catheter, pillow on floor, dangling dressing, etc.), or potentially a home environment
- HIPAA Compliance
- Dressing change
- Assessment to include abnormal findings like rhonchi, abnormal blood pressure, etc.
- IV medication incompatibilities (Dilantin)
- Teaching a family member how to change a dressing, give a tube feeding, etc.
- Pain Assessment with a potential PRN medication pass
- Calling a physician
- Can use the National Patient Safety Goals to create shorter scenarios:
 - Reducing Risk: Patient Safety Learning Activity
 - Clear Communication: Enhancing Communication Among Healthcare Providers

There are many free scenarios that you can find online. All free scenarios will need to be revised to fit your program's needs and you must meet your program's objectives. Remember to always debrief as learning is enhanced through this process.

You may also wish to pair up with another nursing program that has a High-Fidelity Simulation lab and potentially a full-time staff member who would be willing to assist your faculty and students in clinical scenarios.

Simulation scenario topics discussed during the round table sessions included:

- Scenario to include therapeutic communication that could be set up as a role play
- Calling a physician and/or giving report to another nurse using SBAR
- Performing the Denver Developmental Screening on a pediatric patient (Could use pediatric volunteers—Faculty used grandchildren)
- Fall scenario to include calling the physician and completing an incident report and documentation (Faculty used an unfolding technique to build upon the scenario—i.e. patient was a diabetic who took AM insulin, but didn't eat breakfast, etc.)

- Angina scenario focused on pain assessment and treatment
- Defibrillation and CPR scenario

Ideas to enhance the simulation scenario during the round table sessions included:

- Using a food scale as a diaper scale
- Using role play through faculty, students, alumni, retired nurses and/or nurse faculty, theater students, etc. (Be cautious when using volunteers so that they have a clear understanding of the goal, and know the volunteer's history—i.e. the volunteer is acting as the parent of a sick child, but the faculty didn't know that the volunteer had lost a child in the past)

- Use Art teachers to help set up scenario
 - Use moulage to create realistic sights and smells including emesis (vinegar, parmesan, sour milk), blood clots (Milk Duds), lochia (cherry pie filling), meconium (green bean or peas baby food), pills (Good & Plenty candy)
 - During a role play scenario regarding feeding a client thickened liquids, the student acting as the client would sit on top of wet washcloths enclosed in a plastic bag and wear glasses smeared with Vaseline to decrease vision (Followed with a class discussion on how quickly the elderly can become dehydrated on thickened liquids)
 - Purchase of a sealant to reseal equipment (i.e. Foley catheter kit)
 - Faculty laid under bed to communicate with students during scenario
- Other topics discussed during the round table sessions included:
- The number of faculty utilized during simulation and faculty/student ratio
 - Discussion on if students should get to choose role in the simulation scenario or if faculty make assignments for the students
 - Students drawing a random scenario from a cup or pulled a topic from one cup, then pulled a patient with a barrier from a second cup (i.e. ESL, deaf, blind, pediatric, etc.)
 - Assigning a student to take notes on what went right/wrong during scenario
 - Using students to lead the scenario (changing settings on the Simulation Manikin, etc.)
 - Contact clinical sites to build relationships and discuss areas to expand on
 - Remember to keep it simple

Classroom Technology

Kari L. Reichert, MSN, RN –Nursing Instructor at Ozarks Technical College

Jackie Robertson, RN, BSN –Practical Nursing Coordinator at Warrensburg Area Career Center

Discussion topics during the round table sessions included:

- Checking out iPads to students, then students buy apps
- Using clickers in the classroom, but sometimes there are technology issues
- Online testing via Blackboard
- Public service announcements (posted on www.youtube.com)
- Using www.youtube.com videos for lecture
- Using standardized testing products and/or Computerized Adaptive Testing
- Using ISpringFree (<https://www.ispringsolutions.com/ispring-free>) for embedding videos into presentations
- Using Kahoot! for game-based classroom response system (<https://getkahoot.com/>)
- Using Kno app, similar to Kindle apps for textbooks (<https://www.kno.com/>)
- Using Google Classroom (<https://www.google.com/edu/products/productivity-tools/classroom/#>)
- Have students make flashcards or instructor can make flashcards through GRASP (<https://quizlet.com/>)
- Nursing Central app or pocket guide apps, etc. (<http://nursing.unboundmedicine.com/nursingcentral>)
- Online books
- Airplay app allowing to connect to smartboards/projectors (<http://www.airserver.com/>)
- Anatomy in Clay (<http://anatomyinclay.com/>)
- Show Me app to build tutorials (<http://www.showme.com/>)
- Prezi for Education to create a presentation (<http://prezi.com/prezi-for-education/>)
- Flippity.net has game show templates and flashcards (<http://flippity.net/>)

Distance Learning

Brandon Rachal, BSN, MSN, RN –Assistant Teaching Professor at Cox College
Michelle Frey, MSN RN –Associate Professor/Coordinator at Moberly Area Community College

Discussion topics during the round table sessions included:

- Discussed the different types of distance education synchronous, asynchronous, ITV, virtual, and hybrid.
- Challenges for these formats included:
 - Risk for disengagement
 - Lack of social interaction
 - Maintaining Faculty/Student Interaction
 - Technology issues
- Advantages to these formats:
 - Flexibility and accessibility for students
 - No commute
 - Able to learn while working
- Best Practices & Current Strategies:
 - Must have good orientation to the format
 - Have students complete a quiz related to navigating the course, items on the syllabus, drop boxes, etc.
 - Have students complete a scavenger hunt to find items within the course
 - Course should be easily navigated
 - Keep it simple and easy to navigate
 - Include a virtual office for student questions
 - Have a peer review the course for clarity
 - Include a calendar and/or list of assignments and points
 - Minimize need for students to navigate out of the course by embedding media and utilizing doc sharing
 - Use varied forms to engage learners
 - Utilize multimedia – record yourself as a lecture tool or video grading using screencast-o-matic, Camtasia, Jing
 - Embed YouTube videos into your course
 - Share professional articles on current issues – use library links or doc sharing
 - Engage students through discussion
 - Discussions are one way to build a community and social network within the distance learning course
 - Discussions need to have specific rubrics for maximum engagement – consider value rubrics which focus on content rather than word count or tasks – you can find these at aacu.org (Association of American Colleges and Universities)
 - Write good discussion questions such as exploration, challenge, priority or summary questions
 - Give prompt constructive feedback
 - Students need to hear from the instructor – so be active in the course
 - If a discussion is losing momentum, ask a probing question yourself
 - Post announcements or words of encouragement throughout the course

- Answer email and virtual office questions in a timely manner
- Active Learning Strategies
 - Use an unfolding case study as the discussion, allow students to each post their answers to the case study questions, then have students read and discuss the answers of their peers – this allows students to learn from and teach each other. When the discussion concludes – then post a video discussing the main points and correct answers you were looking for.
 - Assigning multiple discussion groups with a student facilitator to each discussion group is another way to elicit involvement – as the facilitator, it is the student’s responsibility to keep the conversation on track and professional. Once the discussion concludes, then the student facilitator will provide a written summary of the discussion to the entire class.
 - Use group activities to build community in your course – have students do a group teaching project and present it via video or paper format.
 - MACC uses a live virtual synchronous model to teach their accelerated ADN program – (via Blackboard/Elluminate) this format combines the flexibility of online with live lectures and activities. Using the live virtual model students can be seen and heard as they complete their presentations. They can even share PowerPoints they have created.
 - The live virtual model also allows for polling questions, games, and group activities

Cox College uses self-paced classes in some of their online BSN courses. This course uses a variety of articles, videos and readings that the students can navigate through at their own pace throughout the eight weeks. However, students are held responsible to continue every discussion, once they have started it, until the end of the course. This teaches accountability and time management.

Active Learning

Jeffrey McManemy PhD RN –Professor of Nursing at St. Louis Community College

Discussion topics during the round table sessions included:

- “Anatomy in Play”—this is an interactive game in which the instructor utilizes a mannequin and the student identifies and places various body parts and organs in correct location as well as identifies the function(s).
- Pictionary for Critical Care—The instructor provides each student with a focus or content area (example—“TPA”) and the students play the game Pictionary as well as discuss core content associated with the item.
- Mega-Bingo—this is an interactive game in which students are presented with a cover all type bingo game addressing key constructs associated with the content. Example—Cardiac.
- EBP Poster—Students develop and present learning.
- “Stump the Instructor”—this activity requires the student to present several NCLEX questions and the instructor must answer the question correctly. Develops insight/perspective/validation in content.
- “Sequence Scramble”—this activity has the instructor distributing in random order the procedural steps associated with nursing skills. The students must place themselves in the correct order of the procedure. Excellent for sequential learning.
- Unfolding Case Studies
- “Educational TV Commercials”—students develop TV ads for specific content. Very useful for pharmacology.
- Role Playing—Defense Mechanisms—Students “act” out various defense mechanism utilizing a random draw approach. A lot of fun!
- Turning Point—clicker system where students during a lecture provide responses to content inquiries. Now available on smart phones where the instructor does not have to distribute the clickers but does require license purchase.
- Apple TV/Air Play
- Therapeutic Interviewing—Video Tape Project. Students conduct a therapeutic 1:1 with another student as client.
- Public Health “Transitions and Challenges to Care”—Students must navigate the health care system utilizing the same challenges that many clients encounter for medical care in the community based setting.
- “The Office” video clips for Conflict Management.
- “RN Brawl”—An interactive game similar to that of Family Feud.
- Ticket to Class—student completes pre-assignment for entry into the classroom. Follows the format similar to that of unfolding case studies.
- Jeopardy Game
- “Wizard of Oz”—students must “repair” the characters in the Wizard of Oz using pathophysiology, pharmacology, nursing, etc.
- “Why Ask Why!”—students engage in delegation and prioritization of care using various instructor developed scenarios. Excellent strategy for students to learn how to approach handling of challenging staff, client and family satisfaction (or lack of), etc.

Advantages to Active Learning

- Develops a “tool box” for nursing instructors to present content, concepts and constructs utilizing creative approaches to learning.
- Excellent to utilize as “fill in learning opportunities” especially during “wall time or down time” in clinical.
- Increases student accountability in learning.
- Can demonstrate that nursing instructors can be “fun” with learning.
- Allows for the integration of different styles of learning to be introduced and utilized for all students.
- Increases instructor satisfaction with evaluation and validation of learning by students.
- Excellent for addressing “large content areas” such as pharmacology!
- Strengthens opportunities for the role of RN as manager of care including prioritization and delegation which are limited in the clinical setting.
- Many of activities identified at a relative low cost for development and implementation.
- Enhances portability in learning—instructor can utilize activities in pre and post conferences, scheduled learning times during the clinical day, etc.

Disadvantages to Active Learning

- Does require the instructor to develop the activity including evaluation measurement (s) for learning such as rubrics. The initial time commitment does “pay off” in the end as the instructor updates the activity as needed.

Flipped Classroom

Dr. Tena Wheeler, PhD, MSN, RN, CNE –ASN Program Director at Ozarks Technical College
Leesa McBroom, PhD, APRN, FNP-C –Chair of the Department of Nursing at William Jewell College

Discussion topics during the round table sessions included:

- Reasons for Flipped Classroom:
 - Teach at application level—Improve critical thinking
 - Students are prepared for class
 - Reduces re-teaching across the curriculum
 - Improved test scores
 - Student-centered approach

- Challenges of Implementing a Flipped Classroom:
 - Early prep work increased for both the student and faculty
 - Student push back
 - Adding—Add ons—Increasing student workload without balancing other areas

- Practices:
 - Need for Mentors—Even a mentor from another discipline (i.e. Communication, Theater, etc.)
 - Small groups working together on group topics
 - Start small (1-2 classes in a semester)
 - Podcasts (5-10 minute one-topic sessions)
 - Youtube videos, Public service announcements
 - Worksheets together in a group
 - Let students be creative
 - Case studies/Unfolding case studies
 - Have students develop NCLEX questions
 - Ticket to Class—Prep work done and turned in to get into class
 - Helpful websites include:
 - Khan Academy (<https://www.khanacademy.org/>)
 - American Association of Colleges of Nursing (<http://www.aacn.nche.edu/>)
 - National League for Nursing (<http://www.nln.org/>)
 - Quality and Safety Education for Nurses (<http://qsen.org/>)
 - NurseTim (<http://nursetim.com/>)

Interdisciplinary Learning

*Joanne C. Langan PhD, RN, CNE –Associate Dean, Undergraduate and Prelicensure & Associate Professor
at St. Louis University School of Nursing*

Discussion topics during the round table sessions included:

Medicine should be "at the table" at every Interdisciplinary learning experience.

Where do the Med students get the content on various disciplines, their roles, responsibilities?

Strategies:

Calling a real med student or resident on the phone

Practice using SBAR in the phone call; when to call and what to say, ask, recommend

Last year of Nursing Program:

Interdisciplinary seminars with all disciplines, i.e. 3 seminars in fall/3 seminars in spring 60-90 minutes in length--required, graded

Best Practices:

1 Case Study per seminar, prepared before the seminar meeting--Responsibilities of each discipline discussed

Younger M.D.s may be more understanding and willing to participate and break down barriers than older more seasoned MDs.

Emphasize: Respect, Listening, to decrease new nurses' intimidation/fear

Challenges:

Facilitators

Training Facilitators

Solution: Call in Retired Persons from varied disciplines to help with this effort

Concept-based Learning

Kimberly Davis RN MSN –Practical Nursing Coordinator at Saline County Career Center

Discussion topics during the round table sessions included:

- Refer to link for more information on Concept-based learning:
<http://www.elsevieradvantage.com/article.jsp?pageid=11956>
- Not many using Concept-based Learning
- 2-3 Round Table participants are planning to begin, but not complete
- N.C. statewide concept-based approach
- Experts: Jean Giddens, Nurse Tim (8 NCLEX categories and videos), Pearson (3 volume set)
 - Refer to video for more information on Jean Giddens:
<https://www.youtube.com/watch?v=QyKYlyXveVA>

Remediation for Students

Allison Brosch, RN, BSN –RN Programs Director at State Fair Community College

Danika Carl, RN, BSN –Informatics and Student Success Coordinator at State Fair Community College

Chelsey Taft –Nursing Student at State Fair Community College

Discussion topics during the round table sessions included:

Intro:

- Remediation: to give students the opportunity to overcome previous challenges, to identify and build on weaknesses, to then be successful throughout nursing school and their careers.
 - We are not trying to graduate all students.
- Supporting Students and program with increasing attrition rates.
- Data: there is not a lot of data on remediation. The remediation that is done, tells us that there is no one way to help make students successful. The data that is complete does have three things in common: standardized testing, students must take initiative in their remediation, and

SFCC process:

- We conducted a survey to collect data to formulate a consistent plan.
 - Document 1
 - This was the questionnaire passed out to faculty and staff for their opinion on remediation.
- Failed Course remediation plan:
 - Document 2
 - Remediate 1 time throughout both LPN and ADN courses.
 - Students must meet with the student success coordinator and the director of their program to inform them of the student's intentions to remediation or not.
 - Students must sign the remediation plan, meet every two week for their time out of nursing classes with the student success coordinator with their assignments complete, show time management and initiative to succeed, and then are considered for readmission.
 - If student is readmitted then they are required to come to weekly tutoring sessions and meet biweekly with the student success coordinator.
 - If a student fails to comply with any of their remediation plan it is opportunity for dismissal as stated in the student handbook. (Document 3)
 - Majority of students that come back are successful
- Faculty / Class Exam and Clinical Remediation plan:
 - Document 4 was handed out at session
 - This summarizes the policy we put in place based off of the survey (Document 1)
 - Consistency among the department
 - All forms look alike
 - Students must complete a test analysis (Document 5)
 - Students are required to go to weekly tutoring sessions once they fail an exam as a department policy.
 - Optional meeting with Student Success Coordinator for both class exam and/or clinical.
 - May have verbal or formal write up for clinical.
 - Formal write up example is attached in Document 6

- ATI / Standardized Test Remediation plan:
 - Document 7 was handed out at round table.
 - This is the form for our standardized testing remediation.
 - Level 2 is recommended from ATI.
 - Students retake exam about a month later.
 - If unsuccessful they do another remediation process.
- Navigator: Katie Bond
 - Resource that SFCC nursing uses to counsel students.
 - Students may be required to meet with her as well.
 - Personal Life issues
 - Test taking skills
- **ATTACHMENTS (1-7)**

Various topics discussed during the round table sessions also included:

- Answering objectives, then communication regarding objectives to make sure they understand the concept.
- No homework material or meetings required for re-entry into the program.
- Pass HESI exam with 850 for re-entry. If the student does not meet the cut-off score, he/she must repeat the course.
- The instructor tutors one (1) hour before and after class for students who have questions (test failure).
- Test Remediation—The student views the test and then writes a one-paragraph rationale found in the textbook for all questions that were missed.
- NCLEX Questions—Underline key words.
- Immediate remediation of exam in groups. On the day of the exam, the students get into groups and find the correct answers.
- The ATI Predictor exam is split up through the semester and points are given and split up (i.e. 20 points for one class).
- Technology to interpret test results.
- Google Drive—See test scores and progress.

Mentoring for Nursing Faculty

Angela Ford, MPA, BSN –Assistant Professor at Cox College
Linda Boevingloh, MSN, RN –Director of Nursing at Jefferson College

Discussion topics during the round table sessions included:

- Faculty mentors should count as workload. One school of nursing offers three (3) hours of overload or relief time for mentors.
- Most schools of nursing do not have a structured nurse faculty mentoring program. If mentors are assigned, it is an informal system. Mentoring largely done just to meet regulation.
- Need for formal mentoring system for nursing faculty.
- Need for training for nursing faculty on being a mentor.
- When necessary, it is acceptable for the mentor to be an educator, not necessarily a nursing educator. While teaching experience is important, so is being a nurse educator.
- Need structure.
- Connie Vance is an advocate for Nursing Education Mentoring (https://www.nursingeconomics.net/necfiles/news/MA_14_p65.pdf).
- Long-term educators may be reluctant to provide mentoring that utilizes innovative educational practices.
- Reserve right to “fire” each other.
- More turn-over without mentoring.
- Suggestion to team-teach for a set period of time (i.e. one semester, one year).
- Discussion of developing a “group mentoring” plan when faced with a large turnover of faculty in a short period of time that would include a weekly mentor meeting with new educators, as new educators are generally facing the same problems.
- **ATTACHED ARTICLE**

Innovative Clinical Learning

Kay Luft – Saint Luke’s College of Health Sciences

Emma Shotten, MSN, RN, CMSRN –Assistant Professor at Saint Luke’s College of Health Sciences

Discussion topics during the round table sessions included:

- The Academic Service Partnership (ASP) through Saint Luke’s College of Health Sciences and Saint Luke’s Health System is based on recommendations from AACN, NLN, and the Robert Wood Johnson Foundation as a means for addressing the nursing shortage due to insufficient numbers of faculty and clinical sites.
- Goals include:
 - To apply innovative partnerships to align resources of faculty and clinical sites for students.
 - To improve quality of clinical education.
 - To build cultures of safety.
 - To build relationships among students, nurses, faculty, and the institutions of practice.
 - Integrate students into patient care team.
 - To enhance students’ transition in socialization, professional role, and professional practice.
 - Improved student and nurse satisfaction.
- Student Nurse – Staff Nurse Relationships:
 - Restructured and strengthened student nurse-staff nurse relationship to reach goals of ASP.
 - Students integrated into the clinical setting encourages mutual accountability for safe and quality care.
 - Expert coaching and situated learning is a strength of clinical education.
 - Students are viewed as a strength to the unit rather than a burden.
- Staff Nurses as Clinical Instructors:
 - Role of staff nurse is formalized as clinical instructor.
 - Staff nurses working with students in one-to-one relationship function as clinical experts.
 - Clinical instructor is paired with students for entire semester.
 - Consistency in determining the students’ clinical and reasoning needs, capability of independent action, and areas of need for closer supervision.
 - Students can begin to appreciate the full scope of professional nursing roles and responsibilities.
 - Student’s transition to practice is enhanced.
- Faculty Facilitator Role:
 - Faculty numbers are limited and are required to supervise larger groups of students.
 - Faculty focus on relationships between students and staff nurses.
 - Faculty role is expanded when they are not running from student to student to supervise tasks.
 - Improved time management.
 - Students are not waiting for a faculty member to supervise their work.
 - Faculty help in preparing and developing staff nurses as clinical instructors.
 - Faculty continue to be responsible for summative evaluations of students with collaboration from clinical instructors.

- Best Practices in Clinical Teaching:
 - Quality academic nursing education requires both solid grounding in theory and clinical expertise (Tanner, 2005).
 - Research is not sufficient to support current clinical education practices. Educators rely on judgment, tradition, and innovation.
 - Outcomes for ASP Program are utilized in college's Systematic Evaluation Plan.
- How does ASP work?
 - Nurses working on their own unit teach and supervise students on preselected clinical days.
 - Clinical instructors are assigned 2 students at a time.
 - Receive specific course objectives, establish communication processes, etc. from the Lead Faculty Facilitator.
 - Provide rich clinical experiences for nursing students.
- The Process is a Partnership:
 - Health system recruits staff nurses to serve in the role of clinical instructor.
 - The college hires clinical instructors after assuring all qualifications have been met:
 - Bachelor's degree in Nursing (BSN)
 - One year of experience in current practice area
 - Manager approval
 - Consistent positive performance reviews
 - Clinical instructors attend Clinical Faculty Academy and orientation to specific course.
 - Faculty assigns students to specific clinical instructors.
 - Clinical instructors give formative feedback per a weekly evaluation tool.
 - Faculty are responsible for all summative evaluations.
 - Faculty make periodic visits to students and clinical instructors.
 - Ongoing collaboration between faculty and health system representatives.
- The Partnership – Roles and Responsibilities:
 - Faculty role and responsibility
 - Clinical instructor role and responsibility
 - Student role and responsibility

Admission and Progression

Dr. Rita Wunderlich, RN, PhD, CNE –Associate Professor at Goldfarb School of Nursing at Barnes Jewish College

Megan Hess, PhD, RN –Chair, Division of Health Professions at Central Methodist University

Discussion topics during the round table sessions included:

Admission

Best Practice Criteria: Nursing schools in the state of Missouri that have maintained a 90% or better NCLEX pass rate for the past 5 consecutive years (data retrieved from MSBN website).

- Most of the schools did not have rolling admission – selected best candidates from a pool of applicants.
- All of the nursing schools that met the Best Practice criteria had two or more of the following admission requirements retrieved from schools' websites:
 - ACT above 23
 - External entrance exams
 - Science GPA at or above a "B"
 - Applicant submitted paper and/or interviewed

Comments/discussion

- GPA can be a qualitative measure – dependent on institution where student completed pre-requisites
- Many schools have rolling admission – first come first served; thus, potentially higher-quality students turned away
- Discussed admission criteria with only one admission criteria such as GPA was not sufficient to determine eligibility of candidate

Literature of interest:

ACT. (2014). What is the ACT? Retrieved from <http://www.actstudent.org/faq/what.html>

Grossbach, A., & Kuncel, N. (2011) The predictive validity of nursing admission measures for performance on the National Council Licensure Examination: A meta-analysis. *Journal of Professional Nursing, 27*(2), 124-138.

Lavin, J., & Rosario-Sim, M. (2013). Understanding the NCLEX: How to increase success on the revised 2013 examination. *Nursing Education Perspectives, 34*(3), 196-198.

Romeo, E. (2013). The predictive ability of critical thinking, nursing GPA, and SAT scores on first-time NCLEX-RN performance. *Nursing Education Perspectives, 34*(4), 248-253.

Schooley, A., & Kuhn, J.R. (2013). Early indicators of NCLEX-RN performance. *Journal of Nursing Education, 52*, 539-542.

Trofino, R. (2013). Relationship of associate degree nursing program criteria with NCLEX-RN success: What are the best predictors in a nursing program of passing the NCLEX-RN the first time? *Teaching and Learning in Nursing, 8*, 4-12.

Progression

Themes from comments/discussion:

- Begin with high-qualified candidates
- Well-developed syllabi

- Director of program review each syllabus for accuracy making sure that policies meet Student handbook
- Well-developed tests – newer faculty have a mentor to review item analysis and test construction
- Cut points – student must achieve a 73-78% (depending on school) on objective testing prior to adding in other grades such as papers/presentations
- Identify high-risk students early and have a process for remediation
- Use high-stake testing with well-developed policy in place
- FOLLOW POLICIES

Literature of interest:

- Harding, M. (2010). Predictability associated with exit examination: A literature review. *Journal of Nursing Education, 49*(9), 493-497.
- Langford, R., & Young, A. (2013). Predicting NCLEX-RN success with the HESI exit exam: Eight validity study. *Journal of Professional Nursing, 29, (2)*, S5-S9.
- Reinhardt, A., Keller, T., Summers, L., & Schultz, P. (2012). Strategies for success: Crisis management model for remediation of at-risk students. *Journal of Nursing Education, 51*(3), 305-311.
- Sullivan, D. (2014). A concept analysis of “high stakes testing”. *Nurse Educator, 39*(2), 72-76.
- Yeom, Y. (2013). An investigation of predictors of NCLEX-RN outcomes among nursing content standardized tests. *Nurse Education Today, 33*(17), 1523-1528.
- Young, A., & Wilson, P. (2012). Predicting NCLEX-RN success: The seventh validity study HESI exit exam. *CIN: Computers, Informatics, Nursing, 30*, 55-60.
- Zweighaft, E. (2013). Impact of HESI specialty exams: The ninth HESI exit exam validity study. *Journal of Professional Nursing, 29*(2), S10-S16.

Evaluation of Student Learning

*Holly Diesel, PhD, RN –Academic Chair at Goldfarb School of Nursing at Barnes Jewish College
April Norton-Gunther RN, MSN –Assistant Professor PN Nursing Program at Jefferson College
Kathleen Harris MSN Ed., RN, LNHA –Assistant Professor of Nursing at Jefferson College*

Discussion topics during the round table sessions included:

- Facilitators brief presentation:

Importance of student evaluation—April Norton-Gunther MSN, RN

Effective assessment of students in higher education is a challenge for most educators. Educators struggle with providing meaningful and prompt feedback to assist with promoting learning (Walker, 2012). Classroom assessment is grouped into two types of categories: summative assessment and formative assessment. Summative assessment techniques are evaluations that occur at the end of learning, such as final exams. Formative assessment techniques are more reflective learning that provides immediate feedback for both the student and educator (Simpson-Beck, 2011). Examples of formative assessment techniques include: one-minute papers, memory matrix, the muddiest point, and application cards (Walker, 2012; Simpson-Beck, 2012). Nurses must have an experience of “high levels of critical thinking”, it is up to educators to facilitate active learning with careful planning strategy. “Nursing faculty are responsible for evaluation student learning, course, curriculum, and program outcomes as well as their own teaching practices” (Billings & Halstead, 2009, p. 391). Evaluation is a continuous process for the student and for faculty. Faculty must be very careful in selecting an evaluation plan that will reach a variety of students with different learning styles (Billings & Halstead, 2009). Professional education programs use many learning strategies to evaluate learning outcomes. Nursing schools must assist students in developing effective communication skills, critical thinking skills, and the ability to perform as an effective leader in their respected fields.

The mission and philosophy of the institution must be included when developing nursing program curriculum and evaluation. It is necessary for faculty, but can be difficult to enhance learning/teaching while providing professional education within multifaceted roles of educators and different modes of education (Bradshaw & Lowenstein 2011).

Utilizing an advising approach to student evaluation—Kathleen Harris MSN Ed,RN,LNHA

Evaluation of students utilizing an “intrusive advising” method.

Intrusive Advising 101: How to be Intrusive without Intruding

Article based on a presentation by Jennifer Cannon and Danna Magness at the 2012 NACADA Annual Conference in Nashville, TN.

Begin building relationships on Day 1

Be active on campus during new student week

Emailing students early in the semester to provide introduction

Do not wait for advisees to make the first contact, it might not happen

Be proactive

Be Prepared for Advising Appointments

Advisees will feel more welcome if we ensure we are prepared for the appointment.

Make the office and desk area warm and inviting

Ask questions and Make Appropriate Referrals

The more an advisor knows about his/her student, the more personal and specific the referrals will be

Use open ended questions

Using a standardized assessment/advisement tool to assist in identifying “at risk” students early thereby providing any needed remediation and other resources. Example of such tool used at Jefferson College, Hillsboro, Mo, provided to roundtable attendees.

Evaluation in the clinical setting—Dr. Holly Diesel PhD, RN

Student Evaluation in the clinical setting.

- Establishing criteria for clinical evaluation
 - Link the clinical experience to the NCLEX Standards
 - Must be outlined in the syllabus
- Use feedback effectively
 - Be specific (describe who, what, when, where, and how)
 - Be timely
 - Always give in private
 - Use I statements, “I saw”, “I heard”,
 - Regular feedback
 - Avoid negative body language
 - Take time to think and plan your response, no snap judgements
- Implement the process and use documentation
 - Should include trends, either positive or negative
 - Timely and motivational
- Major categories
 - Patient Safety Standards (define those such as medication administration rights, infection control standards, HIPPA laws, documentation, which nursing actions require supervision, attendance, preparation)
 - Steps of the nursing process
 - Clinical judgment
 - Communication
 - Civility and ethical comportment

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). Educating nurses: A call for radical transformation. San Francisco: Jossey-Bass

Clark, C. (2008). Student perspectives on faculty incivility in nursing education: An application of the concept of rankism. Nursing Outlook, 56, 4-8

Dolan, G. (2003). Assessing student nurse clinical competency. Will we ever get it right? Journal of Clinical Nursing, 12, 132-141.

Rayfield, S. & Manning, L. (2009). Pathways of teaching nursing: Keeping it real! Duluth, GA: I CAN Publishing®, Inc.

Roundtable discussion summary (session 1):

Current strategies:

Student evaluation aimed at a standard that students are aware of.

Communication between clinical and theory faculty

Utilizing remediation for at risk students

Evaluating students in the clinical setting on a pass/fail system

Suggestive best practice strategies:

Providing students with extensive, timely feedback

Evaluating clinical performance and clinical paperwork separately

Utilizing student success navigators to assist students with program resources

Ensuring students are aware of the program evaluation policy standards

Roundtable discussion summary (session 2):

Current strategies:

Main way of evaluating students in theory content exams

Suggestive best practice strategies:

Following Bloom's taxonomy to evaluate students in higher order thinking

Following student's progression through program in difficulty of such items as exams, clinical setting patients, to ensure students are reaching the higher order thinking needed in today's nursing environment

Having students perform self-evaluation that includes students strengths and weaknesses

Roundtable discussion summary (session 3)

Current strategies:

Providing speedy feedback to students

Ensuring students have rationales to exam questions

Ensuring students are aware of their expectations

Suggestive best practice strategies:

Providing students with praise of job well done in addition to student weaknesses

Utilizing various methods in the clinical setting, namely in those observable only settings to evaluate student understanding/knowledge of subject. Example: Pass the Problem, students as a group work on an unfolding care plan

Placing a grade value to the clinical area in place of pass/fail

All round table members provided with a handout containing various information regarding student evaluation.

Academic Progression/ Articulation

*Jennifer L. Broeder, PhD, RN –Associate Dean for Webster University’s College of Arts & Sciences/Division of Professional Programs & Chair of the Nursing Department
Dr. Rita Gulstad –Provost at Central Methodist University*

Discussion topics during the round table sessions included:

- Current Strategies:
 - Dual admissions
 - Dual enrollment
 - Integrated BSN
 - Bridge programs
 - RN to MSN
 - Tuition discounts with corporate partners
 - Be attentive to HLC/Nursing Accreditation Requirements with dual admission/enrollment
- Wishes:
 - LPN Programs – Shrink program requirements
 - Eliminate prerequisites for prerequisites
- Concerns:
 - LPN programs need support and partners need attention to articulation across LPN -> ADN -> BSN knowing many LPNs are interested in LPN -> BSN track
 - Lack of knowing about articulation program/agreement through Missouri Action Coalition
 - Competency Based Education

Sharing of Educational Resources

Evelyn Claiborne, RN, MSN –Program Director of the Practical Nursing Program at MCC-Penn Valley
Liz Santander, RN, MSN –Simulation Nursing Coordinator at MCC-Penn Valley

Discussion topics during the round table sessions included:

Roundtable discussion summary (session 1)

- Created windows into learning
- Utilized standard actors for three simulations in Mental Health
- KU CRNA—Live Feed
- UMKC Pharmacy
- Rent OR space to vendors (record into classroom)
- Faculty provide simulation facilitation based on the curriculum
- Skype with simulator operators to make adjustments to simulations
- Have simulator but getting faculty to buy in is a problem due to skill set. Does not have just one person to run simulation.
- Company support for running high-fidelity manikins is poor. Sent IT to CAE training to trouble shoot.
- Each campus has a simulator (MCC has 10,000 square feet), but space is limited.
- Doing one simulation and bringing video to class for review is very valuable when related to time.
- Simulation only allows four students—each receives a role. Is considered a clinical day.
- Two-hour simulation (a shorter time was more impactful)
- Beginner facilitator/Intermediate facilitator/Expert facilitator (Facilitators to take free courses)
- Simulator time is 1:1 at MCC, however, other colleges consider 1:2 or 1:3

Roundtable discussion summary (session 2)

- Time stamp a teaching moment when considering learning space to pull into the classroom
- Possible consideration/combination:
 - SUGAR—Linked-in site related to simulation
 - Simulation Interest Group—Erick
- Creating Board (E.Frost@Chamberlain.edu)
- MCC does 10% in simulation—other college does 25%. Any higher makes it expensive.
- Can be repeated (muscle memory) to get it right
- Was changed up: 20 Minutes ->PRE, 20 Minutes -> SIM, 30 Minutes ->POST
- Range is 30 minutes PreBrief, 30 minutes to 1 hour Intra,
- Sim is counted as 1:1 = 1 Hour Simulation: 1 Hour Clinical
- Hire part-time as operators, giving two eight-hour days of training <-> One full-time faculty—EMS
- Difficulty with Noelle manikin vs. Victoria
- Overall:
 - Simulation Percentage Range is 10-25%
 - Simulation Count Range is 1:1 – 3:1
 - Consider one person running Simulation
 - Use of facility—Do not have set up or staff to run—To have one coordinator running the simulation—Faculty are performing various roles in V.H.—Use both full-time faculty to clinical faculty

Roundtable discussion summary (session 3)

- Used CAE to record head-to-toe check-off/debriefing
- Simulation users groups across regions
- Simulation time varies from 1:1 – 3:1
- Silvia Barber (Simulation Coordinators of Southwest Missouri)
- Do not utilize faculty from prog.
- Use NLN Simulation Scenarios
- Limited clinical sites—Will spend more time in simulation
- Switch roles—Using SBAR -> Student to play role of Doctor
 - Student nurse calls and says “patient took second Nitro and B/P dropped” –Doctor says, “Give a bolus.” The nurse responds by saying, “Bolus of what?”
- Underusing simulation
- Have new manikins but not using secondary to lack of training
- Using Electronic Health Records
 - Lippincott—Doctor Care
 - ELSA
 - Near Perfect—Not a good experience
- Use of simulation at facilities
 - 10-25% --Any higher makes the experience expensive
- Simulation teaching time ranges:
 - 30 minutes PreBriefing
 - 30-45 minutes Simulation
 - 30 minutes – 2 Hours Debriefing