

NUR 580 Educational Experience Objectives and Evaluation of Objectives

Objective one – Identify five ways the Quality and Safety Education for Nurses (QSEN) competencies are integrated within the nursing curriculum after observing eight hours of didactic sessions.

Goal met. The QSEN competencies were integrated into each of the lectures I observed. In the lecture/simulation on end of life, patient-centered care was clearly identified. A focus was made on not only working to save the patient but once the patient passed, to be a support system for the grieving wife. This showed how there are multiple dimensions of patient-centered care. Within this lecture, teamwork and collaboration were also identified. Some students participated in the SIM, while others watched by video, but the group worked in small groups first to discuss the decisions and how the scenario played out and then brought back together as a large group to further discuss. This is an excellent way to incorporate the importance of working together as a team and also how to communicate effectively and being aware of how others communicate too. It allowed the students to explore how the strategies used by team members contributed to the functioning of the team. Evidence-based practice was also clearly evident in the lectures. The information provided to students in these sessions was based on EBP, and the instructors identified it as such during lectures. In the lecture on head trauma, the instructor focused on how to manage those types of patients, which was based on EBP. The lecture on neurological disorders also presented information on strokes in which neuro checks and the NIHSS were discussed, which are both based on EBP. Safety was also a QSEN competency that was interwoven into much of the lecture content. In each disorder that was discussed, ways to keep patients with those disorders safe were discussed and why safe practice is so important for patients. For example, in the lecture that talked about stroke patients, the instructor referenced additional needs these patients have in order to be kept safe due to the deficits that result from stroke. In many of the lectures, therapies and interventions were discussed for disorders, which is important information to know for nursing students, as they will be able to keep patients safer by recognizing which interventions are appropriate and which may not be when they are practicing nursing.

Objective two – Distinguish the various teaching methods that are used to instruct and engage nursing students and how they are modified based on learners' needs and abilities by the end of the education experience.

Goal met. The three teaching methods I was able to observe during my educational experience included lecture, simulation, and skills labs. In the lectures, the instructors presented PowerPoint slides, which were provided to the students so that they could take notes. The PowerPoint slides highlighted key points, and the instructors engaged the students by sharing experiences or examples in their lectures to allow the students to make connections to the material being taught. Graphics, tables, images, and videos were also part of lecture. The instructors referred to the slides but made a point to talk to the students and not simply read or identify information on the slides. The instructors also highlighted how the material related to nursing and for specific disorders or diseases, also presented information on how the students as future nurses could educate their patients. Knowledge checks and discussions were also had during the class, in which the instructors either asked students questions to clarify understanding or presented topics the students could discuss, allowing them to participate in the lecture. Some of these topics allowed students to bring in experiences that had had in clinical and share those with the class. One lecture class on end of life/unexpected death also combined the use of a simulation, allowing a group of students to participate in the simulation while the others were able to watch by video. The class debriefed in small groups first about the scenario, and then came back together and further debriefed as a large group. This allowed the students to not only gain knowledge but to explore feelings and emotions on the topic

discussed, allowing them to make a stronger connection to the material. Time was also always allowed in all of the lectures for student questions. One particular example of how the needs of the learners' abilities that I noted was in the gerontology class. The students were at a sophomore level, so the instructor presented the basics. We discussed that particular lecture after class, and she explained to me that at this point, they are just coming into nursing, and the foundation of a broad overview needs to be made, making the content fit to the level of the learners.

A second teaching method observed was simulation. I was able to view multiple different simulations and levels of learners throughout the semester, from those students that would soon be graduating to those who were in SIM for the first time. More time is taken with those students who have not done a scenario before, going over the expectations and guidelines as well as the room and equipment. The scenarios for those students are less complex and shorter. Within simulation, the SIMs began with the instructor going over the guidelines of SIM, the objectives of the SIM, and also a pre-SIM assignment the students were to complete before arriving. Which each SIM group, the instructor also took the time to allow the students to explore the SIM environment they would be participating in and become familiar with the equipment in the room. Simulations ran from 10-20 minutes depending on the scenario, and then the students were allowed debrief time to discuss what went well and what did not. The students were then allowed time to discuss what they wanted to change and participated in the simulation again to correct their errors. Time was again spent debriefing afterwards, and the students were given the assignment to reflect on the simulation to help them further learn the material and identify how they felt which is important to the affective domain of learning.

The last method was a skills lab. This teaching method included both a portion of lecture, a demonstration of the skill, and then time for the students to practice the skill with guidance from instructors and student mentors. This allowed for the content to be given to students by addressing the three different learning styles of visual, auditory, and kinesthetic. Some skills days were also check-off days, in which there would be no lecture or demonstration as the students had had it prior. It was the time they came to be validated on a skill. The skills fit the level of the grade the students were at in the nursing program, with the skills becoming more advanced as the students advanced in the program.

Objective three – Propose three strategies to use as a future nurse educator to incorporate into the development of future lesson plans that will motivate and engage learners by the end of the educational experience.

Goal met. The three strategies I want to incorporate as a nurse educator include sharing experiences and stories that match the content with the students so that they can make those connections. With that strategy, I want to ensure the students are also able to share their own experiences from clinical. Another strategy I will use is a case study or simulation in the lecture/classroom, as the one lecture I was able to observe with the simulation on end of life was so impactful. It is an experience I will never forget, and I want to provide learning to my students in the future in that way. Lastly, while I knew these students would be huge users of technology, I was able to observe how much they use that technology and enjoy using it. It adds to how they are able to learn. Because of that, a strategy I will incorporate is technology and finding different ways to use technology in the classroom so that students can use what they enjoy, allowing more engagement with the content. While it is not necessarily a strategy, another piece I recognized that I need to incorporate is staying apart of clinical practice. To be an expert within a field, you need to stay active and practice within the field to stay up to date on best practices and how nursing is evolving. Nursing is about change, and it is important as nurse educators that we are a part of the changes like those we teach.