



Nursing Education Newsletter

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Texas Board of Nursing

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Greetings from the Education Consultants

Editor: Gayle P. Varnell, PhD, APRN, CPNP-PC (our FROG Expert)

Find, Reflect, Organize, & Generate news = FROG



The Texas Board of Nursing (BON) Education Consultants have prepared this newsletter for information purposes for programs. Please share it with the nursing faculty in your school. If you have comments about what you would like to learn about for the next newsletter, please send me an email.

Operation Nightingale

The media has reported that some nursing education programs across the country recruit students to questionable programs (many in Florida) where the education is not equivalent to the required nursing education in Texas for Texas-approved programs. Many students who complete programs that have lesser standards are applying for a Texas VN or RN license and many are denied a license. Each applicant's file (application, official transcripts, information in questionnaires, etc.) is carefully reviewed to determine if their curriculum and clinical requirements are equivalent to the program requirements in Texas before a recommendation is considered by the Licensing Department.



Operation Nightingale

Applicants who are denied are advised to seek an approved program (preferably in Texas) and to ask for a review of their transcripts to determine deficiencies in their education and whether they could be enrolled to fill in the gaps in their education and clinical experiences. It is recommended that a Texas-approved program approached by these students should carefully evaluate the student's clinical proficiency and knowledge needs if they are considering enrolling the students to complete their education. If the student has already passed the NCLEX exam, they would not be required to retake the exam as long as their license in the other state is current. The student may enroll as a "special student" in a new program to finish their nursing education. But no program is obligated to accept them into their programs. 🇺🇸

Upcoming Events

2023 Quarterly Board Meetings

January 19-20, 2023

April 20-21, 2023

July 20-21, 2023

October 19-20, 2023

Agendas and minutes are available on the Board of Nursing website under the **News** heading, then **Board Meetings**.

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[Education Guidelines](#)

[Education FAQs](#)

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STANDARDIZED EXAMINATIONS – Survey Results

Board Staff receive many questions as well as complaints about the proper use of standardized examinations in nursing programs. Education Guideline 3.7.4.a. The Use of Standardized Examinations in Nursing Education Programs outlines information gathered from vendors who produce the examinations and states:

The use of standardized examinations in a high stakes manner is not recommended. Performance on a standardized examination should not prevent students from progressing or graduating. If the score on a standardized examination prevents students from graduation, it is a “high stakes” test.

In January 2023, a Board survey was sent electronically to VN and RN nursing programs with questions that focused on the actual use of standardized examinations (exams) in Texas programs. Returns from the 132 respondents reported the following:

1. Standardized exams are widely used as 96% of respondents stated they use them in various ways.
2. Programs tend to move back and forth between brands of exams, seeking for the one that best suits their purpose.
3. Programs listed the following purposes for using the exams in order of frequency:
 - For planning remediation for the student
 - To provide a benchmark for comparing their students to other nursing programs
 - As an evaluation of the knowledge of students
 - To evaluate their own curriculum and teaching
 - For preparation to take the NCLEX
 - As a predictor for NCLEX readiness
 - To identify student weaknesses in knowledge
 - To include in admission criteria
 - Access to vendor resources and live review
 - To validate progression of student in the program
 - As a graduation requirement
 - To identify weaknesses in teaching
4. Most programs include scores on standardized exams in their admission process. The minimum exam score varies among programs.
5. Ninety-two percent (92%) of respondents use standardized exams as part of the course grade. Information related to specifics about the value placed on exam scores, progression, or graduation determinants was vague.
6. Fee for taking the exams or for using vendor resources may be a separate fee for students or included in tuition costs. Prices quoted range from \$85 upward to \$3300.
7. NCLEX prep courses are required by 82% of the survey respondents.
8. Programs expressed favorable opinions about standardized exams overall. 

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Standardized Exams vs NCLEX

The NCLEX is not a standardized exam. It is an exam to determine whether the graduate is knowledgeable and skilled enough to have a license to practice. NCLEX questions have been based on the practice analysis to make that determination. A standardized exam measures nursing knowledge that may or may not have been included in the nursing curriculum, but compares responses made by students in participating programs. Standardized exams cover a wide base of nursing knowledge covered in textbooks. It tells students “here is what you know compared to what other students know.”

NCSBN conducts practice surveys every three years that are submitted to new nurses and based on information from health care settings about what nurses do in their everyday practice. Nurses in their first year of practice are asked what they do most frequently and what they consider most important among their tasks. Through a sophisticated analysis, practice activities are identified from most frequent and most important to least frequent and least important. From this analysis, it can be determined which NCLEX question areas are used for a higher percentage of the test. So, the NCLEX exam determines what nurses can do with what they know. You may find more information on the NCSBN web site www.ncsbn.org under NCLEX. You can review the RN Test Plan and the VN(PN) Test Plan.

Many nursing programs use products from vendors. The purest way to evaluate if your curriculum and teaching strategies are effective is to use teacher-made exams where items are testing student knowledge and teaching methods from their courses. As faculty are planning their courses, they can make sure the content includes areas in the NCSBN Test Plan, thus preparing and evaluating student knowledge of practice areas that will be on the NCLEX. Most faculty, especially new faculty, can benefit from workshops on test design, item writing, and test analysis. As they are reviewing results from standardized exams, they can compare the areas of strengths and weaknesses in their students to their curriculum plan.

Before the availability of standardized exams, most nursing programs used similar exams from NLN or other sources to determine how their students fared in their knowledge about nursing. Those results were not included in the course grades. Today when standardized exam scores are used as a part of a course grade, they are not really evaluating the curriculum or learning activities, but general knowledge about nursing.



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BON Virtual Training Opportunities: Deans, Directors, and Coordinators Orientation.

Please save the dates.

If you were unable to attend this event on February 15, 2023, there will be two more virtual sessions offered this year.

- **Wednesday, June 7, 2023,**
from 9:00 am to 12:30 pm US/Central Time
- **Wednesday, September 6, 2023,**
from 9:00 am to 12:30 pm US/Central Time



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Call for Director/Faculty Articles



The Education Consultants called on Texas Directors and nursing faculty to submit articles showcasing their new and old strategies to engage students in the classroom and clinical learning experiences. We want to thank those who answered the call and submitted articles for this very Special Edition. We can always count on our programs to come through. **Collaboration Not Competition** makes all are programs stronger.

We are very pleased with all the articles we received. As you read through the articles, we hope it makes you think of other creative ideas that you can implement based on the articles you read in this newsletter.

We look forward to hearing from you about

Your Frogs! = **F**aculty **R**evisions and **O**utcomes **G**enerated from reading these wonderful submissions.

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Excellence in Teaching



By Andria Lee, MSN, MEd, RNC-MNN

University of Houston College of Nursing

Recently, education has taken a shift and new approach due to the unprecedented covid-19 pandemic. Teaching excellence remains a contested topic and concern in higher education (Gravett & Kinchin, 2020). The concept of connectedness is the foundation of thinking (Gravett & Kinchin, 2020). Educators had difficulty connecting with students due to the constraints of the pandemic in nursing education. Lack of connection due to social distancing and governmental covid-19 mandates created an immediate shift in the delivery of nursing education and caused strain through connecting with nursing students. Despite the negative outcomes from the covid-19 pandemic, nurse educators had the responsibility of preparing competent nursing graduates (Stuckey et al., 2020).

As the world shifted with a pandemic and continued growth in student diversity, a need for inclusive and dynamic teaching was on the forefront in nursing education (Bryson et al., 2020). A productive and dynamic option for nurse educators was the usage and utilization of virtual simulation and hands on laboratory simulation. Simulation has increased due to the impact of natural disasters and pandemics. Nursing programs had to create more hands-on experiences in simulation labs so students would meet all state board of nursing requirements for graduation. Having access to the clinical practice environment plays a key role in shaping academic and professional nursing success (Fawaz, 2021). The American Association of Colleges of Nursing (AACN) identified informatics and health care technology as essential components of baccalaureate, master's, and doctoral education (Bove, 2020).

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BSN Pathway to Success

By Anna Hanson, MSN, RN Clinical Instructor and Hillary Reagan, BSN, RN Simulation Coordinator

The University of Texas at Tyler BSN Program

Nursing students face unique challenges in their educational journey as they pursue their goals of becoming nurse clinicians, leaders, and scholars. UT Tyler nursing students face these same challenges as balancing clinical hours, exam preparation, and maintaining academic success intersect. UT Tyler has created a non-credit optional faculty-led course designed to better prepare our students with a goal of an improvement of test scores and retention of nursing students. The BSN Pathway to Success course provides instruction and expertise in notetaking, time management, and how to prepare for exams. This course assists students in focusing their time and energy effectively and efficiently as they learn how to organize study materials, make the most out of lectures, and arrange a study calendar. Students gain insight into their weaknesses and adapt their learning style to effective study methods. Since this course was implemented, we have seen an increase in exam scores, specifically in students with consistent attendance.

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Collaboration Sparks Excitement in Learning

By Lindsey Murrile-Hawkins, MSN, RN, RN-BC, Instructor of Vocational Nursing

Wharton County Junior College VN Program

Lagging NCLEX-PN test scores for the past 3 years showed that our students were failing to comprehend the course content. In addition, several faculty members retired mid-semester, leaving our students feeling uprooted and abandoned. Faculty from the Associate Degree Nursing (ADN) department stepped in to assist with instruction while new Vocational Nursing (VN) faculty came into the scene with fresh ideas, intent to ensure that students not only felt supported, but prepared for the NCLEX-PN.

Instructors from ADN, LVN, and EMS worked in partnership to create simulation scenarios that would spark excitement for students. By using current LVN's transitioning to RN as preceptors, VN students learned critical thinking and prioritization skills from a practicing LVN, while VN's learned delegation and leadership skills during this collaborative experience. These simulation exercises required teamwork, and practical use of an array of learned skills, and encouraged critical thinking amongst both the LVN to RN transition students and VN students. Simulations included scenarios from newborn to geriatrics allowing exposure to nursing care across the lifespan. Students were also exposed to complex scenarios regarding culture and diversity unique to rural Texas. One particular scenario included the involvement of the EMS instructors recreating an Emergency Room with a cardiac patient. During this fast-paced activity, students practiced their skills of delegation while assisting VN students in cardiac resuscitation. Reassuring vitals displayed on the monitor mirrored the successful interventions. Instructors were able to remotely monitor the student's progress from a separate control room. This separation permitted students to stay in the zone of caring for their patients autonomously without the hovering presence of instructors. Debriefing followed each scenario allowing students to talk through rationale and receive feedback from teammates and instructors.

While simulation labs are not a new concept to nursing school, the true lesson came in the form of collaboration among the departments. The feedback from both sets of students and the faculty was largely positive. VN students reported satisfaction working challenging simulations in a safe and controlled learning environment where they were able to practice skills, autonomy, and application of didactic knowledge in a clinical manner. The LVN to RN transition students reported enjoyment of practicing delegation skills in a practical setting and excitement to demonstrate and apply both their didactic knowledge and previous experience. Staff noted that the transition students stepped into their role of the RN within the scenario while the VN students found confidence in completing skills and consulting with the transition students on difficult tasks. The collaborative simulation proved to increase confidence among an unsure VN group and all students had a greater sense of teamwork and improved morale. Upon conclusion, each student held their head just a bit higher. This particular cohort had an NCLEX-PN pass rate of 96.15%. [Back to Article Index](#)

Improving Assessment Skills in Nursing Students Using Virtual Reality



By Carol Bruno, DNP, RN, Assistant Professor and Shinu Joy, DNP, RN, Assistant Professor

University of Texas Medical Branch School of Nursing

Assessment is a key skill needed to ensure patient safety and improve outcomes. First semester students lack the experience and knowledge to assess patients and their clinical environments. Virtual reality is a new concept that can enhance learning experiences. The health assessment course faculty developed a 360-degree virtual reality video for the first semester nursing students to help students visualize and identify potential safety problems in a patient's room. Prior to participating in the virtual reality experience, the students received an orientation on how to navigate the equipment and what to expect during the activity. During debriefing of the virtual reality scenario, faculty asked the students to verbalize the hazards they identified in the patient's room. Student responses to the virtual reality experience were overwhelmingly positive. The students felt the immersive experience helped identify hazards to the patient, including environmental safety concerns. Students verbalized feeling better prepared for their upcoming clinical rotation after the encounter. Virtual reality provided students a unique learning experience and increased their confidence in assessment skills. [Back to Article Index](#)

The Professional Value of the Texas BON Faculty Waiver – My Experience

**By Amy Mersiovsky, DNP, RN, PED-BC, ACUE,
Associate Professor, Chair**

*Texas A&M University – Central Texas
Department of Nursing*

The Texas Board of Nursing (BON) provides for the issue of Faculty Waivers in BON rule 214.7 and 215.7. The requirements for faculty waivers differ between Registered Nurse (RN) and Licensed Vocational Nursing (LVN) programs. Both rules address program and educational requirements for the educator to qualify for the waiver to teach in the nursing education program. The RN rule goes on to state that the candidate must have current practice in the anticipated contact area and have completed at least 50% of the required nursing graduate program coursework. There are also guidelines for those who hold a Bachelor of Science in Nursing (BSN) who have a graduate degree in another field (Texas Board of Nursing, 2020).

I started my teaching career under a faculty waiver with the McLennan Community College (MCC) RN program in the fall semester of 2009. I was preparing to graduate with my Masters of Science in Nursing (MSN) in December of 2009. I cannot thank MCC and the BON for allowing me to start my desired career in nursing education prior to graduation.

I was extremely fortunate to be paired with a very seasoned and positive faculty team. This team was innovative and organized. Our courses were team taught so they guided me through syllabus and learning activity development. In addition, they helped me to develop course materials and evaluation activities. Mentoring activities included how to deal with student emergencies and clinical teaching area concerns. Faculty meetings and training were essential for me to learn the culture of the institution.

Academically, the role of the faculty waiver helped me to identify a topic for my MSN capstone project. Being new to the program but invested in its culture, I wanted to develop educational activities to enhance the learning experience of the students. Utilizing the National League for Nursing's (NLN) simulation guidelines, I evaluated our course's simulation activities. The research and development opportunities in the simulation area would have been harder to access without complete immersion in the program.

The benefits of "growing your own" are always easily seen with the waiver process. The waived faculty

member contributing to the program and the mentoring opportunities for the experienced faculty members are definite advantages. Invested waived faculty members become loyal to the program and provide an excellent educational experience for the students. On the other hand, the faculty member and program can decide if they are a "fit" during the waiver period. Once the BON waiver is completed, the program and faculty member must decide if permanent employment is desirable (Texas Board of Nursing, 2020).

The faculty waiver process jump started my career. The experiences and friendships made during my waiver process have been so valuable. I highly recommend nursing programs that qualify to explore this option to grow your faculty!

References

Texas Board of Nursing (2020). Process for faculty waivers. Retrieved from:
https://www.bon.texas.gov/education_guidelines.asp.html

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Preparing Students for NCLEX

**By Janice Hawes, DNP, RNC, CNS, BSN Program
Director, Natalie Serrano, MSN, RN, and Gina
Dudley, MSN, CMSRN-BC, ACUE
Capstone Faculty**

University of Texas at Tyler BSN Program

Like many other nursing programs, UT Tyler has experienced decreased NCLEX pass rates for our nursing students since the pandemic. Our program redesigned our level four Capstone course into an NCLEX prep course to better prepare our students with the goal of an increased NCLEX pass rate. The Capstone course, originally designed to focus on evidence-based practice, changed by adding a three-day Live NCLEX review, ATI Capstone, and VATI module, and reviewing specific topics focusing on the lower scoring sections of our ATI Comprehensive predictor exam results. Since this change was implemented, we have seen an increase in our NCLEX pass rates. The latest change included moving the Live NCLEX review into the first two weeks of the course. This allowed us to highlight our reviews on the lower-scoring items and individualize them to the student's areas of weakness. An individualized NCLEX study plan was adopted by which the instructors meet one-on-one with the students to ensure they continue to focus on their needs in preparing for the NCLEX even after graduation. Our rates have improved from the lower 80% pass to 90% pass rate (unofficially).

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Clinical Teaching That Makes a Difference: Role-Playing De-Escalation Techniques

By Cynthia Linkes, DNP, RN, CPHQ, CCM

University of Texas Health San Antonio School of Nursing/BSN program



Pre-licensure nursing students are anxious when they enter their psychiatric mental health clinical rotation. In response to students asking for skills they could use if a patient becomes agitated, a de-escalation role-play module was developed.

The module included educating the student about de-escalation techniques and role-playing to practice the application of the techniques. The module was used during the pre-clinical briefing. Students formed groups of 3 for the role-play exercise. One student played the role of patient, one the registered nurse, and one observed the patient-nurse interaction. Role descriptions were provided to the students, as well as the scenario.

- **Patient Role:** You were admitted to the inpatient setting last night due to aggression toward family members and not eating or sleeping for two days. You stopped taking your prescribed medication (lithium carbonate) 5 days ago.
- **Nurse Role:** You are on the day shift and just received the change of shift report. The patient was brought to the hospital by their mother. The admitting diagnosis is Bipolar 1 Disorder. The patient stopped taking their lithium 5 days ago. The patient refused PO intake since admission. The patient laid down in her bed for 30 minutes last night.
- **Observer Role:** You will watch, listen, and not interact with patient or nurse.
- **Scenario:** The patient receives a phone call from a family member. After hanging up, the patient starts pacing with clenched fist and stating, “they just don’t understand me”.

After the students finished the 15-minute role-play, they came back together as one group and used guided discussion questions to assess their understanding and application of de-escalation techniques. Each student shared their thoughts and feelings about the techniques used and explored what worked well and how they could improve.

The students’ confidence in using de-escalation techniques was assessed using a pre and post role-playing survey. Each student was asked to rate their confidence level using the scale of 0 (no confidence) to 10 (100% confident). The average pre-role-playing survey confidence level was 4/10. The post-role-playing survey confidence level was 8/10 and students expressed feelings of being less anxious about interacting with patients suffering from a mental illness. Since the students are not licensed, they were reminded that if a patient becomes agitated, they are to notify staff members on the unit and observe how the staff uses de-escalation techniques.

CPI’s Top 10 De-Escalation Tips:

1. Be Empathic and Nonjudgmental

Do not judge or be dismissive of the feelings of the person in distress. Remember that the person’s feelings are real, whether or not you think those feelings are justified. Respect those feelings, keeping in mind that whatever the person is going through could be the most important event in their life at the moment.

2. Respect Personal Space

Be aware of your position, posture, and proximity when interacting with a person in distress. Allowing personal space shows respect, keeps you safer, and tends to decrease a person’s anxiety. If you must enter someone’s personal space to provide care, explain what you’re doing so the person feels less confused and frightened.

3. Use Nonthreatening Nonverbals

The more a person is in distress, the less they hear your words—and the more they react to your nonverbal communication. Be mindful of your gestures, facial expressions, movements, and tone of voice. Keeping your tone and body language neutral will go a long way toward defusing a situation.

4. Keep Your Emotional Brain in Check

Remain calm, rational, and professional. While you can't control the person's behavior, how you respond to their behavior will have a direct effect on whether the situation escalates or defuses. Positive thoughts like "I can handle this" and "I know what to do" will help you maintain your own rationality and calm the person down.

5. Focus on Feelings

Facts are important, but how a person feels is the heart of the matter. Yet some people have trouble identifying how they feel about what's happening to them. Watch and listen carefully for the person's real message. Try saying something like "That must be scary." Supportive words like these will let the person know that you understand what's happening—and you may get a positive response.

6. Ignore Challenging Questions

Engaging with people who ask challenging questions is rarely productive. When a person challenges your authority, redirect their attention to the issue at hand. Ignore the challenge, but not the person. Bring their focus back to how you can work together to solve the problem.

7. Set Limits

As a person progresses through a crisis, give them respectful, simple, and reasonable limits. Offer concise and respectful choices and consequences. A person who's upset may not be able to focus on everything you say. Be clear, speak simply, and offer a positive choice first.

8. Choose Wisely What You Insist Upon

It's important to be thoughtful in deciding which rules are negotiable and which are not. For example, if a person doesn't want to shower in the morning, can you allow them to choose the time of day that feels best for them? If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations.

9. Allow Silence for Reflection

We've all experienced awkward silences. While it may seem counterintuitive to let moments of silence occur, sometimes it's the best choice. It can give a person a chance to reflect on what's happening, and how they need to proceed. Silence can be a powerful communication tool.

10. Allow Time for Decisions

When a person is upset, they may not be able to think clearly. Give them a few moments to think through what you've said. A person's stress rises when they feel rushed. Allowing time brings calm.

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Concept Mapping Using iPads for Planning Nursing Care and Developing Clinical Judgment in Nursing Students

By Kimberly Rumsey, DNP, RN, CNE

University of Texas Medical Branch School of Nursing



Clinical partners have reported that clinical judgment is underdeveloped among graduate nurses, and new nurses must be prepared to use critical reasoning to address complex patient situations. Concept mapping has been identified as a strategy to help move students from memorization and short-term knowledge acquisition to using clinical judgment to address patient situations. As part of the School of Nursing iLead initiative (Innovative Learning Environment Accelerating Discovery), the project focused on utilizing iPads to develop a concept map to plan individualized patient care, assist the student in meeting the course's clinical objectives, and develop clinical judgment skills.

During orientation to the medical surgical course, nursing students were introduced to concept mapping to document the nursing plan of care. The components of a plan of care concept map, examples, and the grading rubric were reviewed with the students. Clinical faculty were also oriented, and inter-rater reliability was established using previous student concept maps. At the end of the semester, students were surveyed to determine if the concept map assisted them in meeting the clinical objectives.

Overall, students were satisfied with concept mapping as a means for planning patient care and agreed concept mapping helped them view the patient holistically to create an individualized care plan. Students met the course's clinical objectives and expressed that concept mapping assisted them in meeting this goal. Seventy-one students (N = 71) in the cohort completed the survey. Furthermore, students suggested faculty provide a resource for nursing problems, more examples of well-written concept maps, and working through a clinical scenario and developing a concept map in class.

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Assessment, Learn and Link

By Patricia A. Lea, DNP, RN, MEd, CCRN, Associate Professor & Undergraduate Program Director

University of Texas Medical Branch School of Nursing



Preparing students for NCLEX requires the utilization of many different educational strategies including outside resources. One strategy I incorporate involves utilization of ATI (Assessment Technologies Institute) resources (<https://www.atitesting.com/>). My role as coordinator of Core Concepts, a class students complete in the final semester, is to ensure students have up to date information to assist them in successfully passing NCLEX as a first-time test taker. Course requirements include completion of two mandatory ATI practice exams. Following exam completion, students receive a detailed "focus review" which is a personalized study plan specifically designed to address gaps in knowledge. Another useful strategy is challenging students to complete 25-50 questions daily utilizing ATI Board Vitals (<https://www.atitesting.com/nclex-prep/board-vitals>) and develop a customized adaptive quiz to assist in the reinforcement of knowledge retention in designated areas of weakness.

"**Learn and link**", is an educational strategy I developed and implemented; students "**learn**" concepts (cardiovascular, GI, endocrine, neuro) attained in the advanced medical surgical course taught simultaneously with Core Concepts, and "**link**" the knowledge to complete ATI review modules for targeted study. In preparation for NCLEX, I plan classes introducing students to the NCSBN Clinical Judgment Model, moving systematically through the model with next generation (NGN) questions instructing students on critical thinking and clinical reasoning strategies. It is my hope that this, too, will prove to be a positive educational strategy. Many graduates have emailed me stating that these strategies contributed to their successful passing of NCLEX.

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Clinical Flexibility and Active Engagement

By Antonia Fleming MSN, RNC-MNN, CNE and Amber Murphy MSN, RNC-OB, CNE

Angelina College Lufkin, Texas

In early 2020, Covid-19 mandates and regulations changed how the clinical resources in our service area allocated access to our program's nursing students. In most cases, this meant significantly limiting the number of students attending facilities which made the hours spent in direct contact with patients a rare commodity. Likewise, seasoned nursing preceptor availability shifted as Covid-19 units overflowed and many of those nurses began answering the call of travel nursing. This meant that our "normal" school operations of having clinical groups of ten students in any given hospital unit would no longer be possible. We were then faced with a common problem in nursing education: How do we close the gap in clinical judgment and help our students achieve more with less? A unique approach our school of nursing took in response to limited numbers of clinical space was to adopt a hybrid clinical day.

Our clinical instructors organized into teams and we structured our clinical day so the students would spend one half-day of a clinical day (generally six hours) in an acute care setting completing bedside care under supervision of a faculty member. Then, they would move to spend the second half-day on campus in focused learning stations geared toward closing knowledge gaps and solidifying clinical skills with hands on time in the simulation lab via skill stations or short focused simulated scenarios. In this way, we were able to work around the clinical space restrictions of only being able to send five students to the hospital (instead of the traditional ten) while working with the other five on campus. Our students still had the same contact time with faculty, acute care nurses at the bedside, and patients over the course of the semester, but by shifting from acute care to campus or vice versa within a clinical day, we were able to do more with less and learned to be flexible with our clinical expectations. The students felt that the time spent at the bedside with seasoned nurses and faculty was valuable in seeing real world clinical decision making as it unfolds, as well as working on professional communication with nursing peers and patients. As the two half day groups switched places at the acute care facility, the students would give each other SBAR formatted report, which is a skill needed to provide safe patient outcomes at the bedside. Students also reported that their follow up time on campus was beneficial to help close knowledge gaps created during the initial pandemic shutdowns as we hosted mini-lectures and discussed focused strategies aimed at helping the students make sound clinical decisions. Finally, a significant benefit of this hybrid style day was the ability of faculty to identify specific student weaknesses and thus simulation scenarios and skills could be targeted to help students bring the clinical pieces together while maintaining active engagement.

In the "post Covid" world of healthcare and nursing education, many restrictions have been lifted and more "normal" operations have resumed. The faculty have found reinforced beliefs through these experiences that small group work in the clinical setting (five students or fewer) is invaluable time for students to ask questions, soak in the experiences being offered, and for faculty to help mold and guide students in the direction of their new professions.

Engaging Undergraduate Nursing Students Through Gaming Elements



By Shinu Joy, DNP, RN, Assistant Professor; Kimberly Rumsey, DNP, RN, Assistant Professor; Meredith Ford, MSN, RN, Assistant Professor; Virginia Dickenson, Ed.D., IT Instructional Designer, and Crystal Oliphant, B.A., IT Instructional Designer

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In meeting the learning needs of students today, undergraduate faculty are challenged to identify and implement strategies to maintain student engagement and improve clinical judgment. Gamification has been shown to enhance clinical judgment skills in nursing students. The medical-surgical II course faculty collaborated with instructional designers to develop a gamified renal module to reinforce content and promote clinical judgment for nursing students. The course faculty provided the content, which included medical terminology, basic concepts of renal disease processes, and nursing management. In addition, the faculty identified gaming elements for the module. The instructional designers developed the storyline and virtual world. The gamified module is currently being piloted in the course. It will be evaluated using the Gameful Experience Scale (GAMEX) tool and through a comparison of exam grades from two semesters. The faculty will utilize the feedback from the pilot study to revise the current module and possibly develop additional gamified modules. Gamification can engage students and improve knowledge retention and clinical judgment skills.

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Preparing Students for the NCLEX

By Cathy Carney, MSN RN, Shannon Krueger, MSN RN, Emily Lewis, MSN RN CNE, and Taryn Ogle, MSN RN

North Central Texas College (NCTC)

Nursing educators are all too familiar with the arduous task of preparing students to take the National Council Licensure Examination (NCLEX) and begin their careers as nurses caring for others in their most vulnerable times of need. When the National Council of State Boards of Nursing (NCSBN) discovered in 2018 that newly graduated nurses were unsuccessful in applying clinical judgment to solve problems, the NCSBN began redesigning the NCLEX testing format to better gauge and test for this vital aspect (Sherrill, 2019). The NCSBN will utilize the Next Generation NCLEX (NGN) in April 2023 and incorporate the clinical judgment measurement model (CJMM).

The NCSBN encouraged nursing educators to begin incorporating the CJMM and NGN style questions within their curriculum early to prepare nursing students to successfully pass this new examination and utilize the problem-solving skills they gained during their time as nursing students. This skill set would allow new nurses the ability to care for problems they would face when caring for individuals once they were in practice. By including the CJMM in the nursing curriculum, students can be successful nurses armed with a skill set to think through the complicated ailments they would face when caring for others.

Testing

The nursing educators at North Central Texas College (NCTC) quickly evaluated and began researching the CJMM and the newly formatted questions. The instructors began attending workshops and seeking online resources to understand better how to incorporate these items into their curriculum. Over time the curriculum was restructured to include the CJMM in lectures, clinical areas, and testing. Introduction to the CJMM begins within the first semester and intensifies throughout the program.

NCTC utilizes numerous learning platforms to educate nursing students, from textbooks, Assessment Technologies Institute (ATI™), simulation, and ExamSoft™. Numerous assessments are given throughout the semester within the classroom and clinical area, as well as focused reviews to gauge the student's strengths and opportunities, allowing instructors insight into areas where more education may be needed. Students who are unsuccessful on examinations must complete remediation in areas of low performance to assist in their understanding of these critical topics.

The nursing educators at NCTC have had a proactive role in creating change for the students who attend the nursing program. Advance changes have occurred in nursing, and nursing educators are pivotal in ensuring nursing students can adapt to change. How can we expect our students to change their thinking if we, as instructors, resist changing ourselves?

Simulation

The inclusion of simulation in nursing education has been proven to assist in critical thinking and decision-making skills, which are vital to the success and implementation of quality health care (Koukourikos, et al., 2021). To strengthen the clinical judgment and critical thinking skills of the NCTC Associate Degree Nursing (ADN) students, educators, and simulation coordinators collaborated to develop a two eight-hour simulation experience for level 3 and level 4 students. The Simulation Hospital and Simulation Emergency Department experiences place the students at the bedside of both medical-surgical and emergency department patients. Throughout the simulation, the students are expected to exercise their critical thinking and clinical judgment skills to meet specific patient-centered objectives in order to perform and effectively care for the simulated patient. These objectives above reflect the NCSBN CJMM, in which students work through the nursing process to manage patient care effectively.

These simulation experiences are guided by NCTC instructors and simulation coordinators in order to help students gain a complete understanding of the concepts of patient care. In order to allow students to meet the expected outcomes, the simulation experiences are broken into 30-minute to one-hour time frames in which the students are actively working to care for patients in the simulated environment. After which time, the students return to a classroom setting for debriefing to discuss patient conditions to reflect, research and develop an appropriate plan of care pertinent to their simulated patient. This pattern is repeated throughout the clinical day as the patient's case continues to unfold

with new and unexpected events that force students to utilize critical thinking and clinical judgment skills further as they would in the real-world clinical setting.

According to post-simulation evaluations completed by students, the utilization of this type of clinical experience has been of great benefit. Students are able to identify their own strengths and opportunities in a safe learning environment. The platform increases student comprehension of the importance of critical thinking and clinical judgment to manage patient care effectively.

Surveys were collected during Fall 2022 level four students who participated in the ER simulations. The surveys consisted of 57 students who remained anonymous. The following chart shows the results of what these students felt were most beneficial.



Conclusion

Preparing nursing students to be effective in an ever-changing healthcare environment combined with being able to utilize clinical judgment is imperative, as Ignatavicius (2021) discusses. The nursing educators at NCTC have made it their mission to ensure the students who attend the program have the skills and knowledge needed to be successful in passing not only the NGN but to be successful nurses to care for the patient each will care for in their future careers. NCTC is secure in its curriculum changes to build successful members of the nursing profession.

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Strengthening the Clinic Environment



By Deanna Savo, MSN, APRN, CPNP-PC, DNP

University of Texas Health San Antonio School of Nursing

Abstract

Nurses are confronted by a demanding and complex health care environment. Staff shortages, complex patient populations, limited resources and support are just some of the challenges student nurses will be facing upon graduation. It is time to reassess our intrinsic sense of commitment to our future nurse and develop relevant strategies which certify student competency. As we move out of a pandemic, and return to traditional settings, we need to think of innovative ways to strengthen the clinical environment. Nurse faculty must be extremely strategic and continuously audit clinical setting to create an atmosphere which enables optimal learning. Research supports students perform best in a collaborative learning culture where they are supported and valued as new learners. Student's motivation and confidence hinges on effective clinical training and positive feedback (Ghasemi et al., 2020). As hospital placements have been scarce, educators have been reluctant to engage in disapproving conversations about inadequate learning environments and unsupported nursing staff. Post-hospital discussions, reassurance, relocating, reflection, and professional dialogue with leadership are essential strategies faculty must embrace. It is important faculty recognize limited placement opportunities and appreciate student professional interests. Allowing student to have choices about clinical placement may create a sense of internal motivation optimizing performance. As nursing education is redesigned to a competency-based curriculum, clinical educators must devote efforts to translate essentials into diverse clinical settings. Nursing will acclimate to health care complexities, nurse educators must seek out clinical scenarios to maximize clinical experiences. Availability, recurrent monitoring, and complete engagement in the student's clinical experience are some possibilities worth review.

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Two Brains are Better than One:

Using a Task Force to Enhance Internal Consistency and Reliability of Exams

By Tara L. Martin, RN, MSN, CPN

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Nursing programs all have the goal of preparing students to pass the NCLEX. Our curriculum and course objectives are designed to ensure students can meet this goal once they've completed the nursing program. At the University of Texas at Arlington, we primarily measure our student's ability to meet these objectives in the didactic setting through exams. However, an exam's ability to accurately measure objectives relies on the quality of the test items. The exam's accuracy is depleted if quality test items are not used. However, not all faculty have the skill set required to write quality test items resulting in exams that do not accurately assess our student's ability to meet the course objectives. At the University of Texas at Arlington, we recognized that two brains are always better than one and developed a Test Item Quality Improvement Task Force. All the faculty on the Task Force possesses the skill set needed to write quality test items (i.e., prior item writing experience and completion of the NCSBN's Item Writing and Test Development course). This task force reviews one course at a time and performs various tasks. These tasks include working with course faculty to review exam statistics, identify test items that are not statistically sound, and revise test items to improve the item's statistical performance. These meetings provide the course's faculty new insight into writing future exam questions and provide them with new and improved test items. Both actions allow the faculty to develop tests that can more accurately measure the objectives they were designed to. By doing so, we ensure those students who pass a course or finish a program have genuinely met all the objectives and are prepared to sit and pass the NCLEX.

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Engaging Nursing Students in the Classroom, an Interactive Lecture Experience

By Sommer Shackelford, DNP, APRN, FNP-C

Ms. Shackelford is a family nurse practitioner and instructor of nursing in Lamar University's Bachelor of Science nursing program in Beaumont, Texas.



The Next Generation NCLEX (NGN) exam, expected to launch in April of this year, plans to serve as an effective measurement of clinical judgment and safe entry level nursing practice readiness of licensure candidates (Firth, 2023). Nursing faculty employ innovative teaching strategies to promote critical thinking and prepare students for NGN. Interactive activities and educational games in the classroom foster student engagement and have been shown to improve critical thinking over traditional lecture formats (Afrasiabifar & Asadolah, 2019). The highest level of Bloom's Taxonomy of learning is to create and involves putting elements together to form a coherent whole (Overbaugh & Schultz, n.d.). One strategy being used at Lamar University to engage students in classroom learning is an interactive poster making activity for second semester Care of the Adult (medical-surgical) students. In the hematology content section, students are engaged in three hours of traditional lecture followed by a two-hour activity period where they are separated into random groups and asked to create a poster on a designated topic. Students are encouraged to utilize the lecture content, their textbook, and online resources to create a concept map or other visual representation of all aspects of the nursing process as it relates to their topic. This activity has been used for the last two semesters and exam scores after the activity were statistically higher than in previous semesters. Students report increased enjoyment and engagement in the classroom. Creative project design by students in the classroom is one strategy to promote high level learning and foster critical thinking to prepare students for the NGN exam.

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Basics about Curriculum Development for Success



By Denise Neill, PhD, RN, CNE

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Curriculum development can be a tedious process that is often frustrating, especially for new faculty. Curricula are living entities that are constantly evolving. The curriculum reflects the current state of nursing practice as it guides the professional education and development of nursing students. To remain relevant, curriculum must be reviewed and revised regularly.

As subject matter experts, faculty are responsible for ensuring the curriculum is relevant to current nursing practice. When designing a curriculum, it is important to understand the mission, vision and philosophy of the institution and the program. The first step in developing and revising curricula is a clear understanding of the desired outcomes/goals.

Curriculum is more than the acts of teaching and learning. It is the road map for what will be taught and how. The curriculum includes the plan of study to meet the parameters set by the accrediting bodies, institution, and program faculty. A well-designed curriculum identifies teaching and learning strategies, outcomes desired and assessment strategies to determine if outcomes were met.

A curriculum map provides a picture of where information is addressed within the program of study. Attention to detail in the mapping process provides a strong foundation for faculty to guide students in their nursing education journey. The fully developed curriculum map for an undergraduate nursing program will link the program objectives to the guiding documents such as the Texas Board of Nursing Differentiated Essential Competencies, AACN Essentials, QSEN Competencies and NCLEX Blueprint appropriate for the program. Each course should map to the program objectives and will either introduce, reinforce, or lead to mastery of the concepts or competencies presented. Each lesson or topic should be mapped to the specific course objective covered by the material. Assessments should be similarly mapped to ensure evaluation is consistent and addresses the stated outcomes.

Objectives at all levels must be measurable. There is so much information in nursing that it is easy to add non-essential content to a program or study. Mapping the content, concepts and competencies to the guiding documents and program outcomes minimizes the risk for including non-essential material while at the same time missing essential content. Clear assessment strategies for each objective allows faculty to evaluate the entire program and ensure the students have been given the resources needed to achieve success. When assessment strategies are mapped to course and program objectives, the faculty can easily demonstrate that they have addressed all the criteria identified in the selected guiding documents.

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Best Clinical Experience for Student's Success

By Folake Elizabeth Adelakun, DNP, MBA, HCA, MSN, BSN, RN, PHN, CNE

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In view of the drop in NCLEX pass rates, it is important that Nurse Educators come up with innovative ways to provide a good learning experience for students to ensure their success.

Clinical experience is a means of connecting what is learnt in the classroom to actual patient care. Students observe signs and symptoms learnt in class and formulate nursing care plan with actual patient which enhance knowledge retention, subsequently NCLEX pass rate.

It is during clinical that students learn how to provide safe, competent, and culturally competent care.

Students benefit from wealth of knowledge of paramedical practitioners which is transferrable to passing exams.

If we want to increase NCLEX pass rates, students must be made to provide hands on care to patients. It is not just watching faculty or staff; they should be encouraged to become partners in providing patient care to the full extent of what they have

been taught and in accordance with practice ethics. It is a well-known education philosophy that people learn by doing. The more students practice in clinical settings, the more competent they are in understanding concepts they will be tested on.

When I was a student nurse outside the United States, we were allowed to take care of patients assigned to us under the supervision of the faculty from the school and clinical faculty. We were tested on making clinical decisions in relation to patient care and reporting on patient's condition. As a clinical faculty, I constantly fight to ensure students have the appropriate clinical experience. For example, refusing students to be in a mental health unit because some patients are aggressive. If students are denied the experience, how will they be able to manage such situations when they graduate or pass the NCLEX exam on management of aggressive patients? Students can read about it, but they will have more retention when it is practiced, and they are allowed to participate in patient's care. We do a disservice to students when we shield them from difficult patient care situation.

Many staff see students as a burden not partners in patient care. I hear statements such as "I can't have students", "there is no incentives for me to have students". This is in opposition to what I experienced as a student nurse. We had roasters made for us in the hospital and staffs are happy to see us because we will share the burden of their workload because we took care of patients. A clinical rotation where students don't have access to electronic medical records and cannot document under the supervision of staff leaves much to be desired. To respond to staff stating they don't have incentives, it is important that staff nurses are briefed on the objectives of the class and the curriculum before clinical starts.

Clinical site and staff should be encouraged to be welcoming to students and to provide a good learning environment for students. Clinical faculties need to meet with the Clinical leadership and staff to form a partnership before clinical starts.

The clinical site needs to orientate the staff that their facility is a teaching hospital, the expectations they have of staff and incentives for taking on student's education. The Hospital will reap the reward by having more graduates prepared for work.

Another area that needs to be looked in to is dedicated units for students where staffs are educated in taking on students for clinical. There is also need for dedicated staff who are willing to take on students during clinicals and who are prepared to do so working alongside the faculty.

Faculty need to challenge students intellectually during clinicals and help them to develop the spirit of inquiry. Students need to take charge of their learning. Faculty should help student in boosting their confidence in caring for patients and performing procedures. Students should be allowed choices, that is to focus on areas that they have challenges. All students should be encouraged to participate in pre and post clinical discussions, to analyze challenges and success in clinical experience and patient care for the day.

Faculty/ student relationship cannot be over emphasized. The more understanding faculties have about their students, background, strength, challenges, the better they will be able to tailor education that meet their needs. Building good relationships with students have implications for student success.

It has been well documented that grade inflation is common in American system of education, we all must fight it. When I was outside the Country, if a student gets 60 percent, it is pass because it takes a lot to get that grade. For example, how many students today can explain the physiology of sight to a patient and draw diagram illustrating it before planning care for a patient undergoing cataract surgery? How many students today can take care of real patients they don't know on the floor under the watch of examiner from the Board of Nursing to pass NCLEX? I am not in any position to propose that, but that is part of the challenge we have in clinical competency.

Some clinicals are not scheduled to capture handing and taking over the patients making students to miss a critical part of patients care. Students should be helped to connect theory to clinical practice.

Another area to look in to is simulation. Some schools do not have adequate simulation experience for students or simulation specialist. Simulation being strategic in understanding patient care, students who miss out on it can have challenge in passing NCLEX.

Faculty research is essential if we must tackle myriads of problems facing nursing education. Many faculties carry full workload work throughout the year and many institutions have no formal release plan for faculties to do research centered on teaching and student success.

As we all look for solution to NCLEX pass rate drop, let us connect with other States and learn from their best practice and even reach out internationally after all that is the essence of Nursing as an art and science.

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Advancing Communication Skills through Telehealth Interview Simulation:

A Covid-19 Response

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Amid the COVID-19 pandemic, nurse educators were challenged with facilitating the development of first-semester nursing students' communication skills to care for clients. Face-to-face interviews with standardized clients were not possible due to shelter-in-place requirements and social distancing guidelines. Our faculty team and simulation center personnel developed a virtual telehealth simulation to meet this need. In this simulation, 4-5 students interviewed a standardized older adult patient for approximately 20-30 minutes via Microsoft Teams. The other 4-5 students in the practicum group were divided into groups of 2-3 and interviewed each other. The groups then switched activities. Before the interview, students set up the camera and interview environment to promote therapeutic communication. Students demonstrated professional therapeutic communication techniques during the interview and collaborated in the room set-up and division of interview sections. The practicum group then viewed a recording of their interviews. The students completed a self-evaluation examining verbal and non-verbal techniques, areas of strength and areas needing improvement, missed opportunities, and any unexpected findings with the virtual environment. Practicum faculty then led students in a debriefing session with self-evaluation discussions and students sharing each other's strengths and areas for improvement with respect and kindness. Students, faculty, and standardized patients appreciated the opportunities, although they were aware of the shortcomings posed by videoconferencing.

In post-simulation surveys, students appreciated the professional, realistic simulation and the pre-lab review and debriefing process. They valued the opportunity to view themselves on video and the support and encouragement from their instructors, peers, and standardized patients. The students also felt the simulation was a great way to apply communication concepts they learned in the didactic setting. They also enjoyed practicing their interview skills with a classmate they got to know better.

This new method of telehealth interviewing, a necessary competency for nurses entering the workforce, has proven effective for students and faculty. This innovative method for first-semester nursing students to develop communication techniques when caring for clients will retain a central place in the curriculum.

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Making it Relevant-Clinical Teaching That Makes Sense

By Brittany Tower, MSN-Ed, RN, Assistant Director of Simulation and Skills

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Skills, skills, skills. At the beginning of many nursing programs, it is typical to have students in labs learning the skills and techniques needed to be a safe and competent nurse. That's the intended goal, however is it also true that additional content is included that often will not be used until several semesters later if at all as a Bachelor's prepared nurse? Kinyon et al. (2021) found that up to 126 assessment skills are taught in pre-licensure nursing and only 30 are used on a routine basis in practice. Students are usually left to figure out what's relevant and how to focus their vast array of new assessment and skills knowledge while in clinical.

What happens in the skills labs often involves an intense, decontextualized, oversaturation of skills with little critical thinking involved. Then to further the impact of this negative approach, high-stakes check-offs require memorization and not learning that certainly places emphasis on checklists and may often lead to a delay in progression if not performed perfectly while under the scrutinizing gaze of faculty. This is not education, that's an ultimatum. In what real-world context is a nurse's job placed at risk if she breaks sterile field? Why would performing a skill perfectly once, detached from the context that gives the skill meaning be beneficial? Every skill our students learn should take place in the context of an authentic clinical scenario that combines multiple aspects of the nursing role and allows

multiple attempts to be successful over time. This emphasis being placed on skills instead of clinical judgement, critical thinking and communication as supported in the research by Kavanagh & Szweda (2017), sends our students to clinical only concerned with checking of skills on a list rather than engraining themselves in the day to day of the nursing profession.

One way to approach this in labs, in health assessment lab, for example students are doing a neuro assessment on the same patient that required an IV in fundamentals lab due to dehydration. Our faculty can practice memory recall with the students: “remember when we had to start an IV on Mrs. Green? Why did she need that IV? How do you know she’s improving? Now she needs a neuro assessment, what things might you expect to find?” This would be the same Mrs. Green the students learned about in Fundamentals class when they talked about electrolytes. Then pushing into clinical, the objective for the day is to find a Mrs. Green on the floor to care for or find cues in the chart. This is how you provide context to what we are teaching. This is how you make it relevant to students. We must make what we teach relevant and not leave it up to the student to find context and relevance.

Some call this hand-holding, I call it our job.

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Filling the Need – A Collaborative Approach to Clinical Placements



By Rebeka Watson Campbell, PhD, RN, Associate Professor and Deven Barriault, MSN, RN, Nurse Residency Program Coordinator

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The COVID pandemic accelerated the demand for experienced nurses across the country as hospitals experienced an overwhelming number of patient admissions. To complicate the situation, nurses were offered positions at lucrative rates that led to an unprecedented turnover rate creating staff shortages at many facilities (Al Thobaity, & Alshammari, 2020; Ochieng et al., 2022). Simultaneously, schools of nursing were struggling to place students in viable precepted clinical experiences. We collaborated with our associated health system with the intent to directly match student nurses with units that had actual or anticipated staffing needs hoping this integrative environment would result in a mutually beneficial job offer. To facilitate this endeavor, entry level Nurse Clinician I (NCI) positions were created by reorganizing vacant positions originally held by nurses with two years or more of experience. These NCI positions provided the flexibility for the facility to hire new graduate RNs while respecting the Residency Program requirements (CCNE, 2021).

Senior students were assigned to units where the students expressed a desire to be hired that also met the learning and course objectives of their final clinical experience. During this final Capstone rotation, the students were paired with dedicated preceptors for a minimum of 135 hours. The preceptors, nurse managers, and unit educators worked closely to monitor the student’s enculturation to the unit environment. This intensive clinical rotation allowed both the student and unit leadership an opportunity to fully evaluate the rightness of fit of the student to the unit.

This collaboration resulted in seven of ten students being offered an NCI position with the health care system on the unit assigned for Capstone. Three students were subsequently offered a position within the system, but on a different unit than their Capstone assignment. All ten students accepted the offers extended.

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Innovative Educational Approach to Medication Administration in Clinical Nursing Foundations

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Research shows that both nursing students, and initial licensure nurses, have difficulty with the complex processes of medication administration (MA), leading to higher incidence of “medication errors” (Sulosaari, et. al, 2012). The complex nature of the MA process, and the impact of Human Factors, warrants establishing consistent safety measures, including the “rights of medication administration,” as an integral part of nursing education (Sears et al., 2010). Some estimates have found that 7,000 to 9,000 deaths may occur each year from medication errors (Tariq et al., 2022; IOM, 2000).

In our prelicensure undergraduate nursing program (at a large public University in Texas), over 10,000 direct contact hours of simulation-based experiences (SBE) are provided each semester to prepare these future nurses for entering a direct care clinical experience. The MA summative assessment simulation at CONHI Smart Hospital is designed with a human in the role of simulated patient (SP) to evaluate learner skill as if administering medications in a direct care environment.

In Fall 2021, faculty working with the first semester “Foundations” nursing students observed a dramatic increase in the number of students requiring remediation for the MA evaluation. More than twice as many learners were unsuccessful on the first attempt, when compared to previous semesters. In response to student and clinical faculty feedback, a quality improvement team involving academic, clinical, and simulation nursing faculty developed a comprehensive plan to increase the effectiveness of MA teaching.

The new plan prioritized SP simulations and introduced MA skills into the early weeks of clinical learning. Additional formative practice opportunities were created, and an active learning game called Med Safety Sweep was added. This game engages learners through storytelling and active communication techniques (including communication with auditory barriers) to increase learner awareness of the risks associated with medication errors. The new approach demonstrated a significant improvement in learner performance. Remediation was provided with a Simulation Based Mastery Learning (SBML) and Deliberate Practice approach.

- Spring ‘22 – 1 student required remediations (n=169) in traditional BSN course
- Summer ‘22 – 1 student required remediations (n=38) in Summer accelerated course
- Fall ‘22 – 9 students required remediation (n=187) in traditional BSN course

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The Art and Science Paper

By Cynthia Stinson, PhD, APRN, CNS, RN-BC

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Reminiscence is an intervention implemented with older adults. Past research has shown that it can elicit well-being, happiness, improve cognition, and decrease depression. This activity has been implemented in a Care of Older Adult Course and a Medical Surgical Course with undergraduate students. There is a rubric attached with the instructions for students.

In this activity students choose an older adult over the age of seventy. They interview the Individual based on a set of assigned questions. The questions guide the writing of the older person's life story. Students draft the story using illustrations of the person's life in first person. These illustrations can include photographs, pictures off the internet, drawn pictures, or any other creative object that might illustrate the person's life. The story is divided into three chapters and is based on topics used in an evidenced-based protocol (Stinson's Protocol for Reminiscence). The topics include date of birth, place of birth, memories of parents, activities of childhood, courting practices, military service, careers, volunteer work, favorite pets, favorite holidays, accomplishments, advice to future nurses, and what he/she hopes to accomplish this year. The third chapter of the person's story has questions concerning any illnesses or trauma he/she has had in his/her life and how the disorder was dealt with.

A "Story Day" has helped students share what they learned from this activity. Students have shared how much this activity has enlightened them about communicating with older adults. Students have expressed that for some of them this is the first time they have sat down and talked to an older person about his/her life. Students have shared that these stories have been given as gifts and sometimes shared with family members at funerals or memorial services. Students have shared with us years later that they still remember completing this activity. In some instances, this activity changed the way they viewed older adults and their professional nursing practice. It helped them remember that all older persons had a past and that they were not always an older person.

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Heart Failure Lecture

**By Ms. Deborah Hughes, MS, RN, CCRN-K,
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An understanding of this illness state is very important; according to the American Heart Association, heart failure is one of the "most common admissions for individuals 65 and older". Almost every registered nurse will care for a person with heart failure. Every student will be tested on this material in the four upper division nursing semesters. The newly graduated nurse will likely be tested on this illness when taking the licensure exam. To understand heart failure, a pathophysiology, the student must first understand (and remember) normal anatomy and physiology and the normal flow of blood through the heart and vascular spaces. I begin with a review of normal. I tape a white shower curtain to the carpet of the classroom. The "green pants" represent the cell, the blue tubes are the upper and lower veins that lead to the right side of the heart. The blue color represents deoxygenated blood. The lungs are in the middle and the red represents the left side of the heart and arterial blood vessels – oxygenated blood. Two students come up to the front of the class. The students seated in the classroom tell the two students where to place the labels of the anatomical structures of the heart. Velcro labels are placed on the curtain to identify each anatomical structure. The anatomical power point is up on the screen to coincide with what is going on in the classroom (printed power point slides). I repeat the answers that the classroom students have called out to ensure accurate labeling of the anatomical structures. Once "normal" is identified, I can now discuss the pathophysiology of heart failure. I can show the students the abnormal "backward" blood flow on the shower curtain drawing with the use of congested traffic. Every student can relate to a traffic jam/ traffic congestion. Traffic congestion is then related to the circulatory congestion that is seen with heart failure. Associated signs and symptoms (printed power point slides) are then identified. In addition, a concept map of this illness is provided to the students. Once the lesson has been completed, every student is encouraged to walk on the shower curtain; to walk the flow of blood.

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Embedding Self-Care Goals in the Nursing Elective

By Ceil Flores, PhD, RN, CNE

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Cooperative Nursing Work Experience (Co-Op) is an upper-division elective course, designed to integrate classroom theory into practice. This experiential learning course “is designed to help the student learn and practice new skills in an actual work setting” (University of Texas at Arlington [UTA] 2022a). Students create their own goals, based on their individual needs, and take ownership of their professional development. Students enrolled in our pre-licensure program and RN-BSN program work on and achieve their goals in their place of employment as Patient Care Technicians or RNs. Goals include improving assessment skills, learning how to delegate, prioritizing care, and increasing cultural awareness. Within the past two years, as nurses have worked in increasingly stressful situations and have experienced a worldwide nursing shortage, addressing the need for self-care became evident. Beginning in 2022 and in alignment with AACN and the Texas BON, students enrolled in Co-Op were required to create and implement one self-care goal, which may include getting adequate sleep, practicing mindfulness, journaling, and exercising. One student decided she would walk down the steps at end of her shift. Another student reported journaling encouraged self-reflection, which improved her overall well-being. When students decide how they want to improve their self-care and set a specific or SMART goal, they are more likely to achieve their goals. At the conclusion of the Co-Op course, students write an essay on how their goals were developed, steps they took to achieve the goal, challenges they experienced, and if they goals were met. Students support their nursing actions and goals by reviewing evidence-based practices and professional standards. Students consistently report satisfaction with the course. They feel more confident in their skills and confirm the learning has expanded their nursing knowledge. With the incorporation of self-care goals, professional nurses and nursing students develop skills and behaviors that can improve their physical, emotional, and spiritual health.

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Student Engagement



By LaDawna Goering, DNP, APRN, ANP-BC, BC-ADM

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The University of Texas Health Science Center at Houston, Cizik School of Nursing

The University of Texas Health Science Center at Houston, Cizik School of Nursing strives for innovative and excellence through nursing education. In response to the growing need for specialized care providers, Cizik School of Nursing offers the Adult Gerontology Primary Care Nurse Practitioner Doctor of Nursing Practice (AGPCNP). Cizik is making the shift from traditional education to competency-

based education that is outcome based, graduating practitioners that have developed clinical judgment through engaging teaching strategies, interactive simulations, and interprofessional education and clinical opportunities.

Engaging Teaching Strategies

Students bring different levels of knowledge into the program. To meet the needs of the learner, the faculty has to adjust learning to the competency and knowledge level of each learner. Understanding a students' experience and skill level through a detailed assessment allows the faculty to cultivate knowledge and build student confidence while engaging individuals and the class. Creating a unique balance of traditional and creative assignments provides students an effective learning environment. This may involve flipping the classroom, gamification, concept drawings, or student led presentations. To facilitate this faculty becomes a cooperative partner in the learning experience, allowing for more student creativity and engagement with instructor support. These methods create meaning for the students that apply to their clinical experiences today and in the future. Balance is needed between traditional evaluation and supported assessment with feedback until the student has demonstrated skill competency with understanding and application.

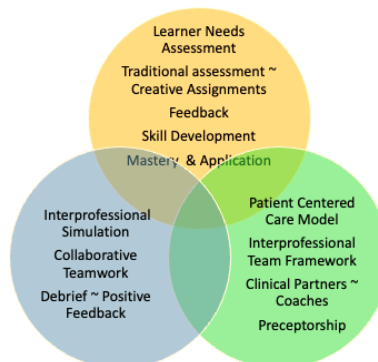
Interactive Simulations

Interactive Team Simulations are designed to be a critical part of our teaching program. Simulation allows students to practice critical thinking, decision-making, and clinical skills in a safe environment. The AGPCNP program requires two geriatric simulations and one registered nurse (RN)-advanced practice registered nurse (APRN) simulation. The Geriatric Interprofessional Simulation and Dementia Simulation involves multiple disciplines and invites surrounding universities to participate in complex geriatric patient care. Students diagnose, apply healthy aging strategies, conduct interprofessional team meetings, and collaborate with other health professional students. These simulations translate collaborative education into practice-based care and quality improvement initiatives for vulnerable populations and caregiver support. The RN and APRN interactive simulation with standardized patients build team skills and develop confidence and experience prior to the clinical care experience. Simulation allows for faculty to further assess student skills, provide immediate feedback, and tailor education to individuals and groups, while allowing for students to demonstrate competency. Additional simulations are offered in community, specialty care, policy, emergency, and other areas of interest.

Interprofessional Education & Clinical Opportunities

Being part of the Texas Medical Center allows us to partner with many different areas and populations across the state, allowing students extensive clinical opportunities. Education modules and simulations are built to cultivate equitable and inclusive care for diverse adult and aging population groups, in preparation of these clinical experiences. Learning from different types of providers and in varied environments helps to shape the student education and experience. Interprofessional education is weaved throughout the program and emphasized in coursework, simulations, collaborations, clinicals, research, and volunteer opportunities so that it becomes inherent. Clinical partners in primary care and specialty areas from rural to large healthcare systems assist in precepting and coaching students, enabling students to transition to advance practice nursing successfully.

STUDENT ENGAGEMENT



Lessons Learned During the Pandemic that have Changed our Practice

By Paula Wyman MSN, RN, CNL, CMSRN

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When Covid shut down the world, as nursing instructors, we had to plan quickly on ways to substitute virtual clinical learning experiences that had been traditionally done in labs or in health care settings. We felt the need for new nurses was reinforced as we watched current nurses keep healthcare afloat under stressful conditions and we wanted to ensure our students did not fall behind. As the world slowly opened back up, we continued to improve our virtual educational experiences through many approaches. One of those ways was the use of Laerdal's Multi Skills Trainers (MSTs) combined with SimCapture. MSTs (or as we affectionately call them "a manikin in a box") are boxes with a face, female genitalia, wounds, etc. that may be used to simulate insertion of foley catheters, nasogastric tubes, IVs, etc. SimCapture is a program the student may use on their phone to follow the school's checkoff forms in a way that breaks each skill into one-piece actions. The observing student can "check off" each item that was correctly performed and then the other student can review it for improvement opportunities.

We start with lab instructor demonstrating the skill by using the MST while videoconferencing with the class. The students can then be placed into "breakout rooms" within TEAMS to practice with a peer using SimCapture to guide and evaluate their performance during practice. The instructor can go in and out of the breakout rooms to assist and guide students as needed and they can also review the SimCapture attempts and results. This encourages the students to be participative during lab sessions even when the instructor is not directly watching them. These can also be used to assign home practice after the lab session is over to either reinforce the skill or to keep previous skills fresh in the students' repertoire. Student improvement can also be tracked easily to find those that require remediation early. Skills check offs can be performed in this manner with the student and instructor by video appointment or by having the student submit a video recording of themselves performing the skill. This has made it possible to continue to assist the students learn these important skills, so they are ready to apply them in the clinical setting.

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Creating new pathways to learn:

What requires a change?

By Liji Mathew PhD, APRN, FNP-BC and Lilia Fuentes DNP, APRN, FNP-BC

The University of Texas Rio Grande Valley (UTRGV)

The introduction of new essentials provides the framework and guides the nursing programs to develop competencies and sub competencies among nursing students, as outlined and measured by the NCLEX-RN. This requires development and reinforcement of knowledge, skills and attitudes utilizing different strategies and methodology in the classroom and clinical setting. As students' progress in the program, the learning needs vary based on the attainment of new knowledge. Most of the strategies have already been incorporated in the past, however modifications in the approach and assessment techniques will be a definite measure in improving student's outcome and decision-making skills.

The students should be held responsible for their own learning. Students should be provided with clear understanding of the expectations in developing the required competencies. This requires collaborative effort of the faculty as well as active participation of the students at different levels in the nursing program. Close monitoring of the students' performance in the classroom as well as clinical setting can enhance students' outcome.

Teaching strategies in the classroom and clinical setting should incorporate different instructional methodology and assessment techniques that encourage student engagement and provide opportunities to learn on their own. Classroom interactive sessions, case studies, simulations, interprofessional activities can enhance students clinical reasoning and clinical judgement skills. Clinical placement should also include diverse settings and environment to enhance a student's understanding of the nursing process involved in these settings. The student's clinical judgement skills can be improved with classroom and clinical application of knowledge focusing on assessment, intervention, management, and evaluation of clinical cases. Interprofessional sessions and simulation activities provides students with the opportunities to think critically and make decisions and self-reflect on their activities in a controlled environment.

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