

Preparing Students for Successful Transition to Practice

Angela M. McNelis, PhD, RN, Patricia R. Ebright, PhD, RN,
Tracey L. Fonacier, MSN, RN, and Pamela M. Ironside, PhD, RN
Indiana University School of Nursing

National Clinical Education Survey (McNelis & Ironside, 2010)

- 3 greatest challenges to optimizing clinical learning: 50% percent of faculty reported
 - providing appropriate guidance and supervision to each student
 - teaching students to think on their feet and make clinical judgments
 - providing meaningful feedback to each student

Understanding Nursing Students Clinical Experiences

Ebright, McNelis, Ironside (2010)

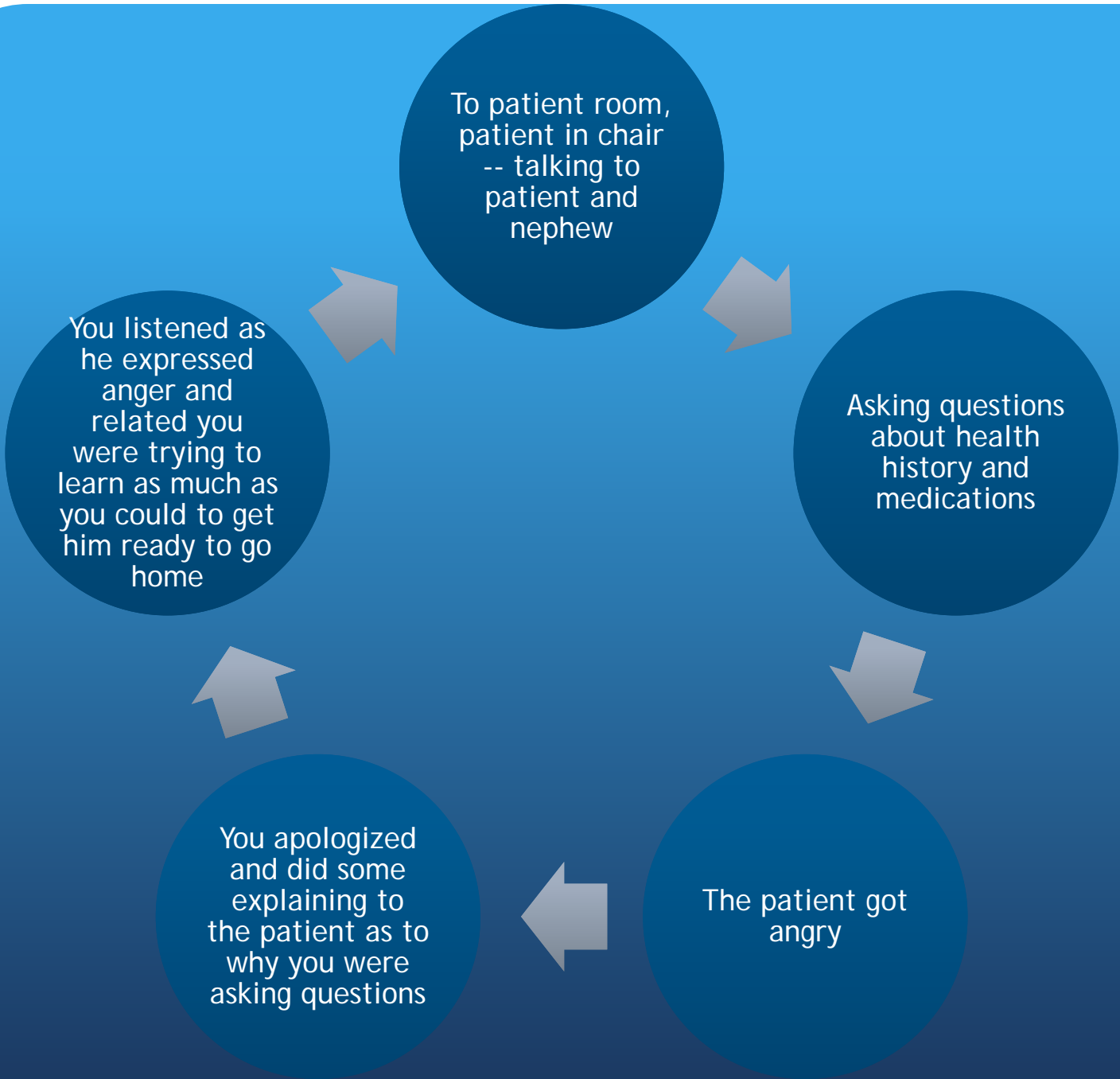
- 3 hour observation
- Focused interview (cognitive task analysis)
- Qualitative analysis
 - Cues
 - Expectations
 - Goals
 - Rationale
 - Learning

Cognitive Task Analysis (CTA)

- provides an in-depth understanding of student thinking associated with actions and decisions
- identifies cognitive skills or mental demands that are needed to perform a task proficiently
- focuses on describing and representing the cognitive elements that underlie goal generation, decision making, and judgments in the clinical setting
- facilitates students' ability to see the "big picture" and the complexity of care and situations, while moving them away from more linear thinking

- Talking with nephew-asking questions about home environment, pt ability to care for self and take meds
- Listening to pt express anger that he is asking nephew questions
- Apologized to pt that he did not mean to be disrespectful
- Explained to pt that he is trying to make sure he has everything ready for him to be able to go home
- Listened as pt expressed anger about student asking too many questions
- Explained to pt that he is trying to learn as much as he can so that he can help him be ok at home
- talking with RN
- Observing RN charting
- Telling RN about conversation with pt and nephew

Cognitive Task Analysis



P: Initially I didn't even plan on going into the room until as I walked by I noticed he had a visitor, so I thought this would be a good opportunity to introduce myself and find out, because it was difficult getting information from him because of his complications with speech and everything. So I went specifically to the nephew, introduced myself, talked with him a little bit and then just tried to strike up a conversation [with the patient], you know, like how are you related or how are you doing and then he told me a little bit of information about himself.

And once there was a really, you know, a general rapport with him, then I started to ask questions about what he knows about what brought him here, and about his living conditions, and does he know anything about his medications because there was somebody else who said that they were surprised how many medications he was on...and once I started asking about if he's ever had any complications or, you know, how he takes his medication

then I noticed he started to get a little bit cold and distant and...was really quiet. And that's when I started to really kind of back away a little bit and notice that okay, well, "I'll let you guys spend some time together and I'll come back and let me know if you need anything" and as I started to walk away I heard him utter something under his breath which I wanted to address because it didn't sound very, it was something to the effect of stay out of my business or something. And I said, "excuse me. I didn't hear you," because it's been

difficult to understand him the whole time. And he said, "you heard me." And it just, I could tell he was angry. So I wanted to kind of smooth it over because this was still in the middle of the shift and I'm still going to be caring for him and I didn't want any more problems. And I just explained that "I'm sorry if I offended you or if you're angry. I'm just trying to get some more background because I don't have all the information I need immediately." I have to go to charts and I have to talk to other nurses and still, it seems like information is

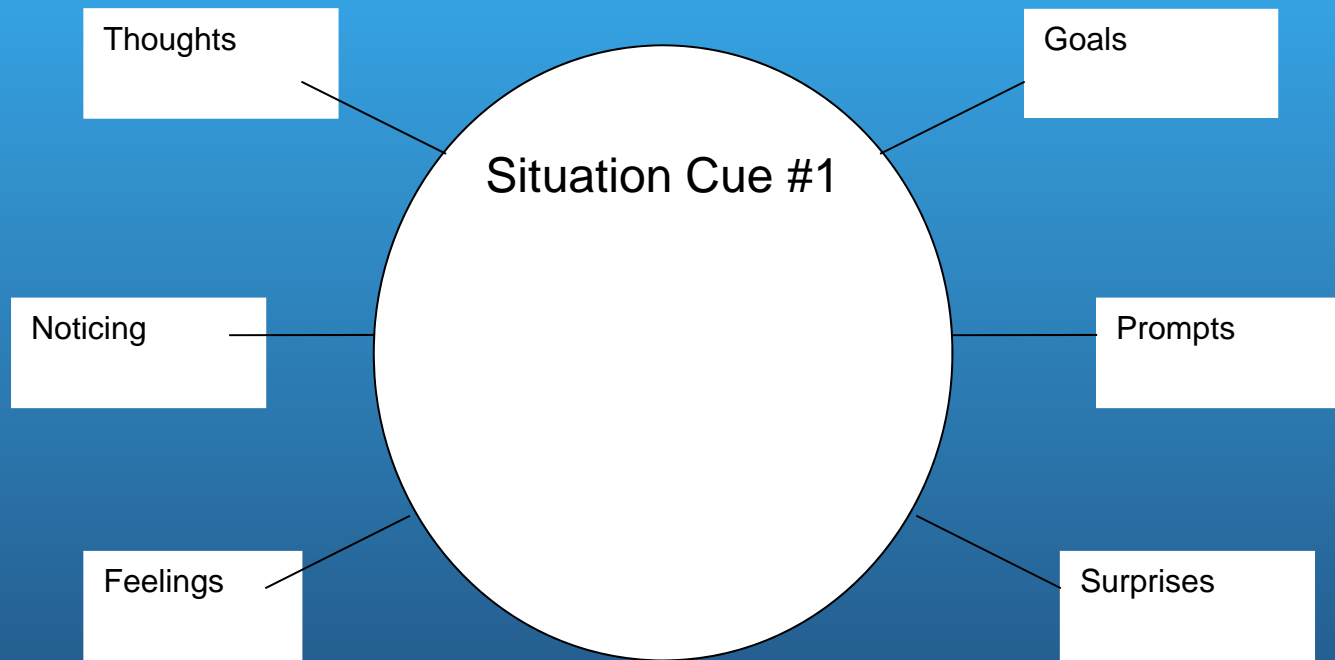
scattered so I'm trying to get as quickly and easy as possible and then he expressed his anger some more and then I apologized. Said "I won't do it again. I'm sorry, but let me know if you need anything and then left the room." And then after that I went over ... and I told my nurse what happened and explained everything and she kind of took it and understood and it was kind of left at that.

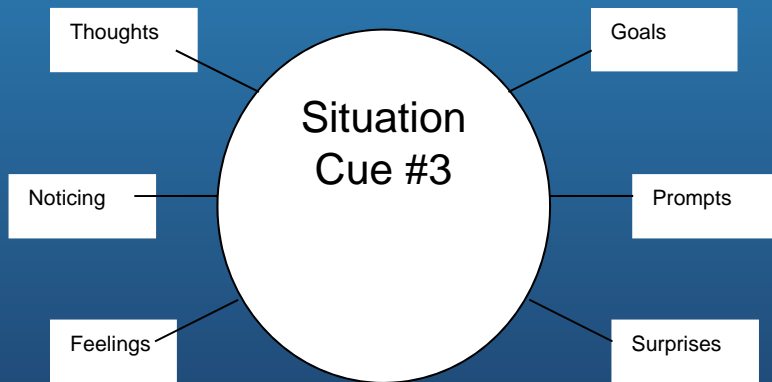
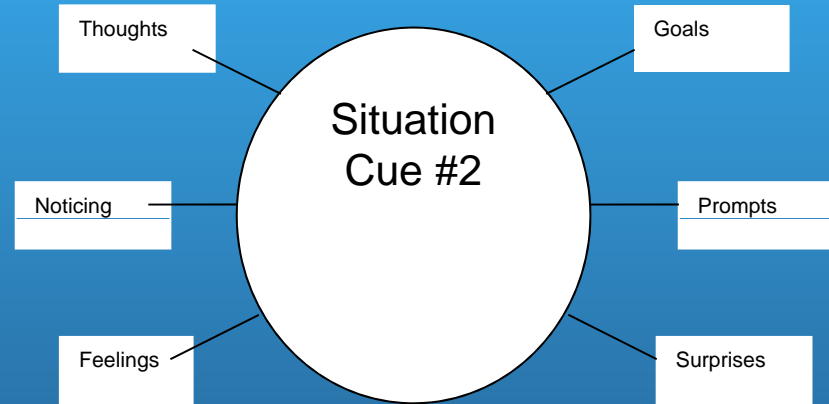
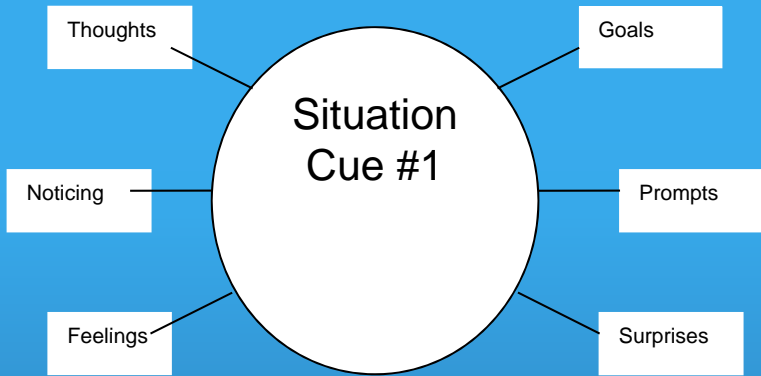
Transforming nursing education
cannot occur by merely
changing *what we do* - we
must transform how we think
about nursing education!

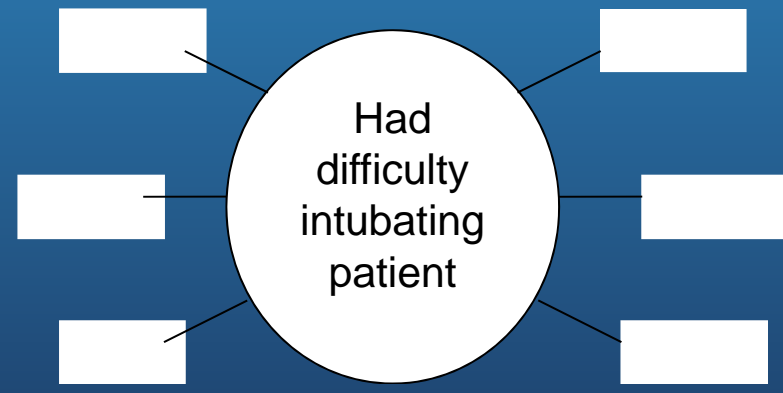
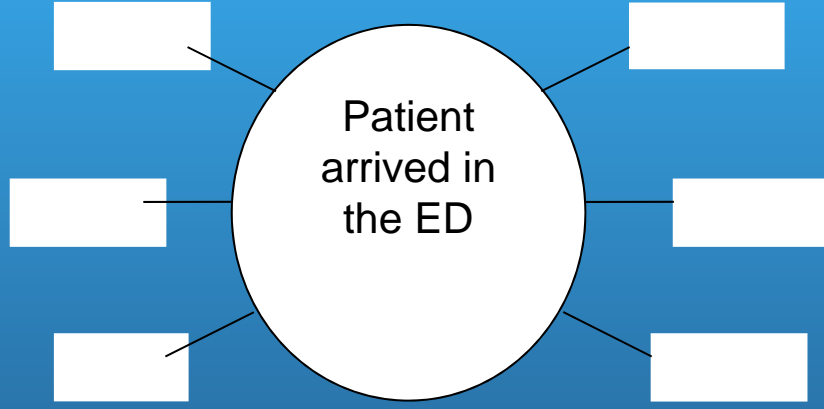
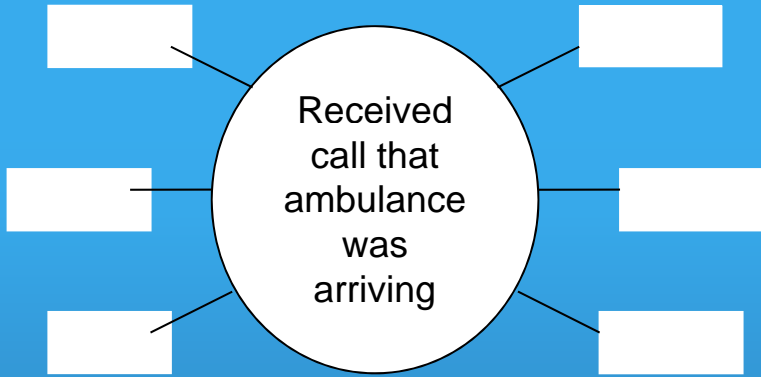
Post-Conference and CTA

- Pilot with 7th semester accelerated students
- Groups of 5-10 students
- 8 female and 2 male students
- Faculty chosen topic

CTA in Use







Received call
that ambulance
was arriving

Kept thinking
'shouldn't they
be here by now'

Get ready for the
patient

Energy level
increased

Respiratory was
called

Nervous
Excited



As a reflective pedagogy

CTA is:

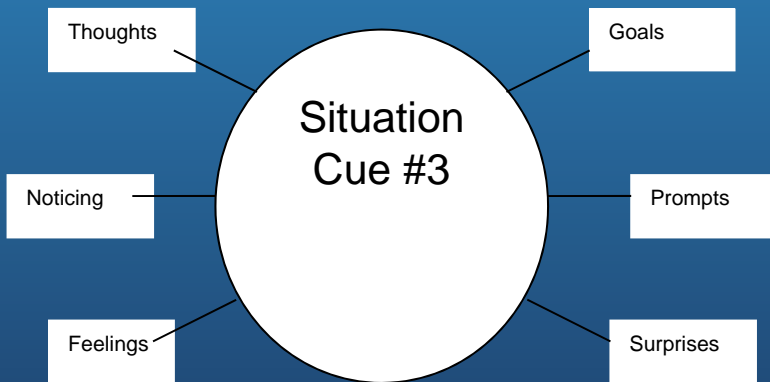
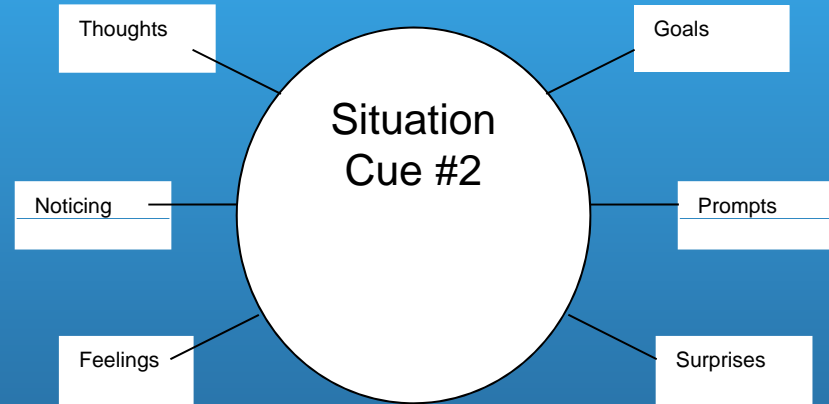
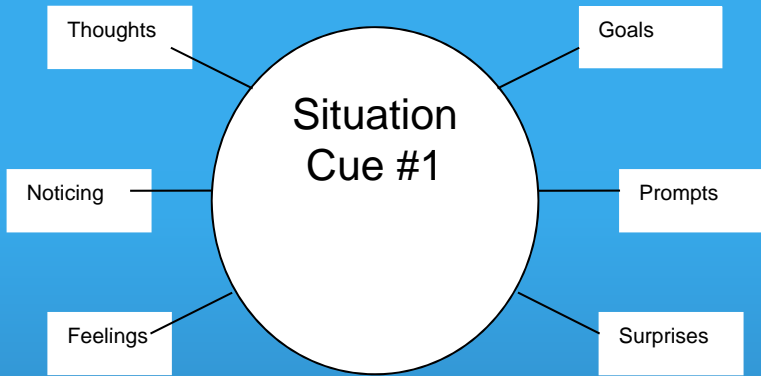
- Context and student driven: importance of when and where method will work
- Useful in both actual and simulated clinical experiences

Preliminary Outcomes

- Facilitates higher level thinking
- Engages all students in post-conference dialogue
- Facilitates reflective thinking
- Enables instructor to uncover student thinking, student perceptions, and the significance students placed on given situations
- Allows instructor to pull together various perceptions to help formulate big picture

Application

- Pair with a colleague to discuss and practice CTA
- We are going to give you a scenario
- If time permits, we will ask for volunteer participants to demonstrate application of CTA



- Funding from the Center for Research in Nursing Education
- Thanks to our students for helping us learn and grow



INDIANA UNIVERSITY

SCHOOL OF NURSING

Center for Research in Nursing Education