



Featured Article

Usefulness of Video-Assisted Peer Mentor Feedback in Undergraduate Nursing Education

Kateri M. Gabriele, MS, RN, CHSE^{a,b,*},¹, Roxanne M. Holthaus, MS, RN, FNP, CHSE^c, John R. Boulet, PhD^d

^aTechnical Specialist, Nursing Department, Genesee Community College, Batavia, NY 14020, USA

^bMedical and Healthcare Simulation Program, New York Institute of Technology College of Osteopathic Medicine, Old Westbury, NY 11568-8000, USA

^cAssistant Professor, Nursing Department, Genesee Community College, Batavia, NY 14020, USA

^dAdjunct Professor, Medical and Healthcare Simulation Program, New York Institute of Technology College of Osteopathic Medicine, Old Westbury, NY 11568-8000, USA

KEYWORDS

peer mentors;
simulation;
video-assisted
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faculty;
skills check;
nursing students

Abstract

Background: Peer-assisted learning may augment health care provider training. We studied four questions surrounding the extension of faculty resources by using trained peer mentors in the low-stakes formative assessment of IV skills in sixty-two second semester associate degree nursing students.

Method: Peer mentors rated performances and provided immediate feedback. Faculty rated recorded performances. Faculty rated performances at follow-up.

Results: Peer mentor checklist scores were moderately associated with faculty ratings. Both identified low performers. No change in scores occurred over time.

Conclusions: This study found that peer mentors can extend faculty resources and provide feedback. This may not impact student long-term skills retention.

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Background

Peer-assisted learning is frequently discussed in health care education literature but with conflicting evidence regarding peers providing reliable assessment ratings as compared with faculty ratings (Beard, O'sullivan, Palmer, Qiu, &

Kim, 2012; Marty, Henning, & Willse, 2010; Mehrdad, Bigdeli, & Ebrahimi, 2012). Peer mentors providing feedback and students receiving feedback find the process helpful in gaining confidence and achieving skill competence (McKenna & French, 2011; Rush, Firth, Burke, & Marks-Maran, 2012; Stone, Cooper, & Cant, 2013). Nevertheless, further investigations are needed to establish best practice.

Nursing schools typically use return demonstration (checkoff) of procedures before clinical experience. Skill

¹Present address: 1585 Dale Court, Beavercreek, OH 45432.

* Corresponding author: kateri.gabriele@gmail.com (K. M. Gabriele).

degradation has been frequently noted, leading to questions concerning the utility of the checkoff (Jenison, Gil, Lendvay, & Guy, 2012; Pande, Pande, Parate, Pande, & Sukhsohale, 2014; Sutton et al., 2011). Checkoffs are often impeded by high levels of anxiety. Harvey, Nathens,

Bandiera, and LeBlanc (2010) describe performance impairments associated with perceived stress. Psychomotor skills practice should be geared toward enhancing the learning and transferability of clinical skills, rather than replicating performance for a single point in time return demonstration (Wulf, Shea, & Lewthwaite, 2010).

Key Points

- Trained Peer mentors provided immediate performance feedback.
- Performance ratings were done using a checklist and global rating scale.
- Peer mentors identified low technical skills performances.

A new process in which peer mentors facilitate low-stakes assessments was proposed, allowing students to practice with immediate performance feedback. Peer mentors assistance in screening and identifying at-risk students would maximize faculty time for targeted remediation.

The present study was undertaken to answer the following four questions: (a) Is there a difference between peer mentor and faculty scores when rating IV skills performances of nursing students? (b) Can peer mentors reliably identify low performances? (c) What is the impact of peer mentor feedback over time on nursing students' IV skills performance scores? and (d) What is the level of satisfaction with the video assisted peer mentor feedback process?

Sample

Student participants who received feedback from the peer mentors were comprised of second semester Associates Degree Nursing students. Peer mentors and faculty raters scored the skill performances. Peer mentors were third and fourth semester nursing students enrolled in a required Leadership course. Five faculty "expert" raters scored the performances in the "Feedback" Phase (Time 1) of this study. Four of those faculty raters took part in rating student performances 3 months later at the "Recheck" Phase (Time 2).

Method

The primary objective of this study was to determine the utility of a program where peer mentors provide immediate performance feedback to students on the quality of their technical skills. Institutional review board approval was obtained from both the community college where the study

was conducted and the university where the first author was completing an advanced degree. After review of the study proposal, the two institutional review boards granted exemptions.

Instrument Development

The two main instruments used in this study are an intravenous skills checklist and a Global Rating Scale (GRS). A systematic literature review concluded that the optimal way to assess technical skills is by using both a GRS and specific skills checklist (Ahmed, Miskovic, Darzi, Athanasiou, & Hanna, 2011).

IV Skill Checklist Assessment Tool

IV therapy skills are taught at the intermediate level of our nursing program and include the administration of an intravenous bolus medication, hanging a primary intravenous solution via an existing saline lock and, finally, administering a secondary intravenous medication using the piggyback method.

The analytic tool used was a procedural checklist (Appendix 1). The nursing standards of practice for infusion therapy were used to establish the critical scoring elements (Infusion Nurses Society et al., 2011).

Performance Categories

There are 36 items on the IV Therapy Checklist Tool which were divided into five categories, as indicated in Appendix 1. Three of the nursing faculty raters collaborated in determining the categorization of individual checklist items. The categories are (a) follows principles of medication administration, (b) follows principles of asepsis, (c) uses equipment properly, (d) promotes patient safety, and (e) conducts patient assessment. Each checklist item was rated as (a) "Completes Accurately," which would receive full credit (2 points), (b) "Needs Improvement" (1 point), and (c) "Not Done" (0 points). Given that this was a formative experience, faculty raters determined, by consensus, that performances with a mean total checklist score, across all categories, below 1.5 would require remediation.

Global Rating Scale

Various instruments, including the Global Rating Index for Technical Skills (GRITS), have been used to measure procedural skills and have been shown to yield valid and reliable scores. Doyle, Webber, and Sidhu (2007), authors of the GRITS tool, granted permission for an adaptation of their tool to be used as the GRS in this study. The GRITS tool has been tested for construct validity and reliability. The authors report that the reliability of the GRITS exceeds the acceptable reliability of 0.8 for high-stakes assessment. Five of seven of the tool's original categories were used in the present study. The principle investigator selected these five categories based on their relevance to the assessment

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