



PREPAREDNESS FOR CLINICAL: EVALUATION OF THE CORE ELEMENTS OF THE CLINICAL IMMERSION CURRICULUM MODEL

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The Clinical Immersion Model is an innovative baccalaureate nursing curriculum that has demonstrated successful outcomes over the past 10 years. For those intending to adopt the model, individual components in isolation may prove ineffective. This article describes three core components of the curriculum that form the foundation of preparation for the senior-year clinical immersion. Detailed student-centered outcomes evaluation of these critical components is shared. Results of a mixed-methods evaluation, including surveys and focus groups, are presented. Implications of this curricular evaluation and future directions are explored. (Index words: Clinical immersion; Preparedness for clinical; Curriculum; Program evaluation; Baccalaureate nursing education) *J Prof Nurs* 31:124–132, 2015.
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THE CLINICAL IMMERSION Model is a paradigm shift for nursing education (Diefenbeck, Plowfield, & Herrman, 2006) whereby students become immersed in the clinical setting during their senior year instead of earlier as in most traditional baccalaureate nursing programs. Students are prepared for the final year of clinical through foundational and specialty nursing courses that, in addition to didactic content, include activities referred to as the “core components.” The model has been described in detail elsewhere (Diefenbeck, Hayes, Wade, & Herrman, 2011; Diefenbeck, Plowfield, & Herrman, 2006). Founded upon principles of enhanced socialization, improved transition to practice, and increased student accountability, the curriculum makes efficient use of resources (both faculty and clinical sites) and maintains an emphasis on patient safety.

The Clinical Immersion Model is not simply “delaying clinical to the senior year.” In this paradigm shift, the definition of “clinical” experience is expanded to include other nondidactic experiences beyond instructor-supervised acute care rotations. A combination of three core compo-

nents are woven through the curriculum before the senior year and are critical to the preparation for clinical practica and the success of the Clinical Immersion Model: field experiences (FEs), clinical work experience (CWE), and simulation experiences in the Simulation Resource Center (SRC). Beginning in the freshman year and scaffolded in such a way as to increase in rigor and complexity up through the end of junior year, the core components offer students a tiered approach to gradually increasing responsibility and accountability as they acquire increasingly complex knowledge and skills. Through the core components, students are gradually exposed (with increasing intensity and complexity) to patient care, health care systems, and nursing roles across the health care continuum.

In much the same way as the student teaching model grants “access” to the senior-year student teaching experience once mastery is demonstrated in prior years, the Clinical Immersion Model grants successful rising senior nursing students access to the privilege of providing care to our society’s increasingly complex patient populations within our increasingly technologically advanced health care settings. This shift in timing of delivery of traditional clinical practica creates a new opportunity to immerse students as never before, promoting mastery and patient safety while improving clinical and faculty resource utilization. During the senior year, students are immersed

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Table 1. Sample Field and Laboratory Experiences Freshman Through Junior years

Year in program and focus	FEs	Lab skills	Simulations (including SPEs)
Freshman—Introduction to the profession and clinical skills with essential science and liberal arts courses	<ul style="list-style-type: none"> •Attend a student nurse organization meeting •Interview with a nurse 	<ul style="list-style-type: none"> •Vital signs •Medical asepsis, nonsterile gloving •Body mechanics •Bed making •Personal care: baths, hygiene care •Toileting patients 	<ul style="list-style-type: none"> •Return demonstration of vital signs within a context-driven scenario •Return demonstration of bed bath/toileting
Sophomore—Development of clinical skills and decision making in nursing through simulation and laboratory experiences	<ul style="list-style-type: none"> •Comprehensive health assessment of a known older adult •Pharmacy or medication cabinet scavenger hunt •Walking/wheelchair surveys •Health promotion activities in the community •Disaster drill 	<ul style="list-style-type: none"> •Interviewing/health history/nursing process •SBAR and hand-off communication lab •Drug calculations •Medication administration •Assistive devices (crutches, canes &walkers) •Simulation of decreased vision, hearing, and mobility •Accucheck glucometer/insulin administration •Physical assessment skills lab—2 hours per week 	<ul style="list-style-type: none"> •Critical thinking standardized patient simulation •Cultural standardized patient simulations
Junior—Expansion of nursing knowledge into essential and specialty clinical nursing with associated FEs	<ul style="list-style-type: none"> •Operating room observation •Flu shot clinic •Psychiatric observation •Attend Alcoholics Anonymous meeting •Shadow a school nurse •Developmental assessment at Early Learning Center •Health promotion project •Labor and delivery experience •Home health experience (6–8 hours) •Community assessment •Health education/chronic illness project 	<ul style="list-style-type: none"> •Isolation precautions •Wound care and drains •Enemas and ostomies •Intravenous therapy •Gastric tubes: insertions, care, feedings, medications •Foley and condom catheterization •Newborn assessment •Breast feeding, postpartum assessment and care •Trach care and suctioning •12 lead ECG, telemetry and dysrhythmias •Mock code •Health screening •Equipment review for teaching 	<ul style="list-style-type: none"> •Trauma code •GI bleed •Post-op colon resection •Sepsis—UTI/pressure ulcer •Psychosocial evaluation and therapeutic communication •De-escalation and least restrictive measures lab •Interdisciplinary motivational interviewing lab •Ruptured appendix with pre/post-op care and sepsis •Cystic fibrosis •Normal L&D and newborn assessment •Prolapsed cord with fetal demise •Periparturial hemorrhage/placenta previa, PPH •Traumatic hemothorax

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