

nothing changes
if
nothing changes

BRIGHAM YOUNG UNIVERSITY

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**THE
team**

[insert disclaimer]



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WHY change

Move towards
Competency-Based
Education

Responsible learning

Assess performance | Reflect progression

Learning and behavior that endures

Stakeholder and employers expectations



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WHAT change



5 new skills courses



Resources



New technology
LMS
Video platform for pass-offs

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PREVIOUS skills lab



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RESEARCHING for change



CNA: What do they know?



AACN discussion board



Publications on teaching psychomotor skills

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We are working out the number of hours that need to be allotted for skills lab instruction. The skills are taught across two semesters and will be imbedded in several courses. **I need some feedback** on how much time programs allow for instruction of specific skills (like medication administration, IV insertion, foley insertion). Currently, 1.5 hours (*actual hours*) are allowed.

Your post highlights tension that [exists] ...between a traditional 15-week semester and what learners *need* to achieve competency-based outcomes[/skills]. Some learners will retain a skill the first time, but **everyone** has **skill decay**. When we preload ~20 skills early in a semester with no context, we decrease retention. Publish what you do as the **literature is basically silent on this seismic shift in thinking**.

We designed two specific skill instruction courses and evaluations. The **skills are broken into sets**, allowing for scaffolding of concepts. Instruction and practice are followed by a **high-stakes format competency**. After the first competency evaluation, unsuccessful students attend an open lab to practice the known educational gap for **remediation**. The first course (sophomore, 1 credit) includes vital signs,

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RESEARCH conclusions

1. Nurse researchers have indicated that **the way psychomotor skills have been taught** has been **unchanged for 50 years** (Leighton et al. 2021)

2. **Traditional Clinical Education does not prepare future nurses well** (Moore, et al., 2023)

3. **If students don't practice or use a skill after initial instruction, it is unlikely they will retain them** over time (Kardon-Edgren, S., 2023)

October 2023

In the current healthcare landscape, we appreciate our wonderful new nursing graduates who are joining our nursing team at [redacted]. Our new nurse graduates come from a variety of schools with different experiences and training. In order to help best prepare nursing students once they are hired, it's important to support them with as many opportunities as possible and provide every opportunity to practice skills under the supervision of a RN.

However, there are still certain skills student nurses are not able to perform because they need to acquire more training and should only observe. In order to provide a consistent experience for nursing students across Intermountain, we are standardizing our "cannot do" skills list. Students should always work within the requirements of their current course objectives, which can be found in their syllabus. These requirements may change year to year or even semester to semester.

Beyond the student's syllabus, [redacted] has developed the following guidelines for what nursing students cannot do and may only observe.

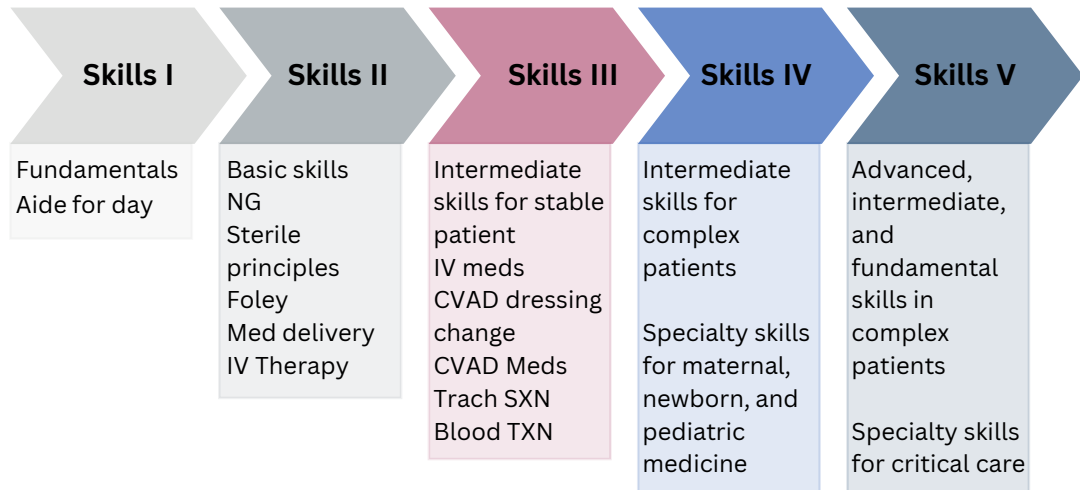
Here are examples of what student nurses **CAN ONLY OBSERVE**:

- Log in to the ADM or remove medications
- Handle controlled substances
- Set-up or change patient-controlled analgesia (PCA) settings
- Administer chemotherapy (hazardous PO meds okay)
- Act as a second verifier on high risk medications
- Administer high risk medications (i.e. insulin, heparin) IV push
- Vaginal exams – unless approved by the unit Educator
- Central lines – dressing change, clave change, flush & medication pushes, draw blood
- Foley insertion

Thank you for supporting our student nurses as they transition into professional nursing roles

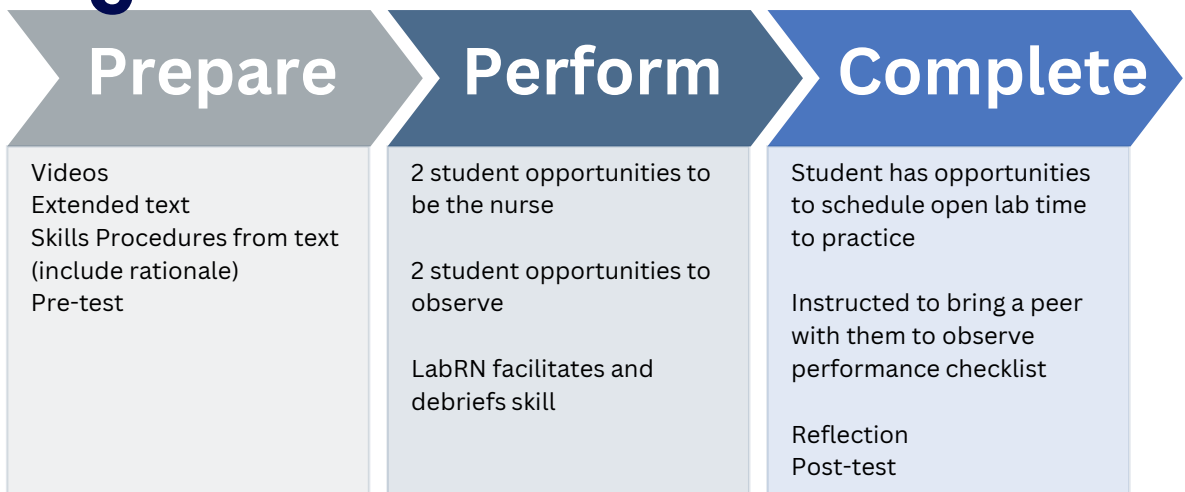
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SKILLS courses



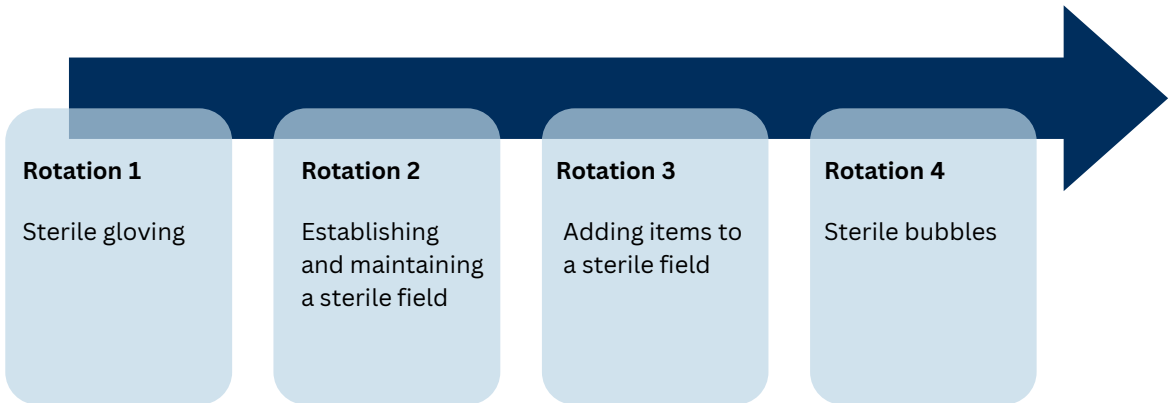
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LMS organization



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NOVICE to expert



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organization

Template

Skills organized according to concepts

2 skill stations
or
4 skill stations

Week 5 CVAD					
10 minutes					10 min
Prayer	Sterile technique				Wrap-up
Questions on any prep work	CVAD Case work Drawing change*				Reminder of documentation 12s & open lab practice
Plan for the day	CVAD 4				
W-Section 1					Reflection Grading
W-Section 2					
Th-Section 3					
Th-Section 4					
Grading					
Comments:					
Week 6 CVAD Access and Med Admin					
10 minutes	25 min	25 min	25 min	25 min	10 min
Prayer	Th Therapy	W Therapy	T Therapy	LT Therapy	Wrap-up
Questions on any prep work	Central Venous Access	IV Medication	Medications through Central	Drawing Blood through Central	Reminder of documentation 12s & open lab practice
Plan for the day	Central Venous Access	Multiple infusions, change ports	Medications through Central	Central Venous Access Devices	
	WPR to Central line		Access Systems	Access Devices	
W-Section					Reflection Grading
W-Section					
Th-Section					
Th-Section					
Grading					

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CLINICAL performance pass-off

Students sign up in pairs, one performs, one videos-vice versa

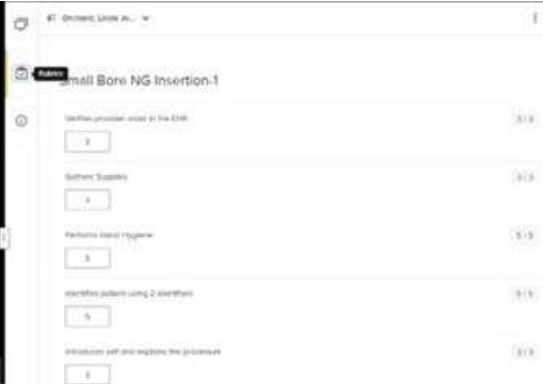
Skills I: H2T and Blood Glucose

Skills II: 3 skills: NG, Foley, Medication

Skills III: 3 skills: CVAD, Trach, Blood

Skills IV:

Skills V:



revisions

Slow
down

Skills
log

Open
lab

LabRNs

Tech

Effect of
1 credit

Video
Capture

Student
Performance

STUDENT perspective

It was perfect that I got to do some hands-on practice before doing it in a clinical setting!

Learning some of these concepts by having to figure it out actually helped in learning.

I feel confident in my abilities! It helps to learn it, do it in lab, and then to reinforce in during clinical.



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This was an amazing lab for learning! Watching the videos helps me learn, but when I'm able to perform the skills myself, I better understand it.

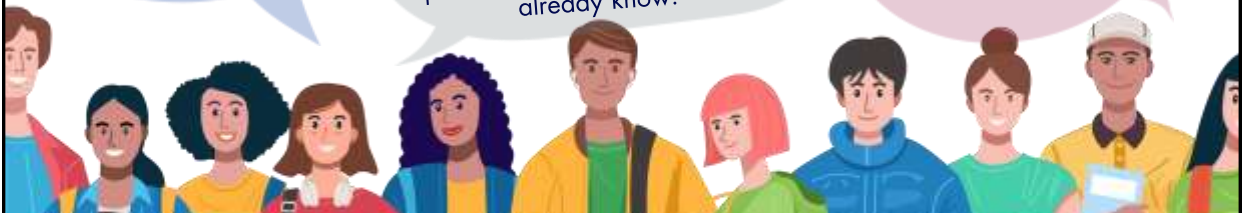
I did a lot of piggybacking, starting IVs, changing lines/bags. It was perfect that I got to do some hands-on practice before doing it in a clinical setting.

I improved my sterile technique and learned tips for next time. Going over a skill from last semester feels like my knowledge is building on itself. I feel confident about these skills.

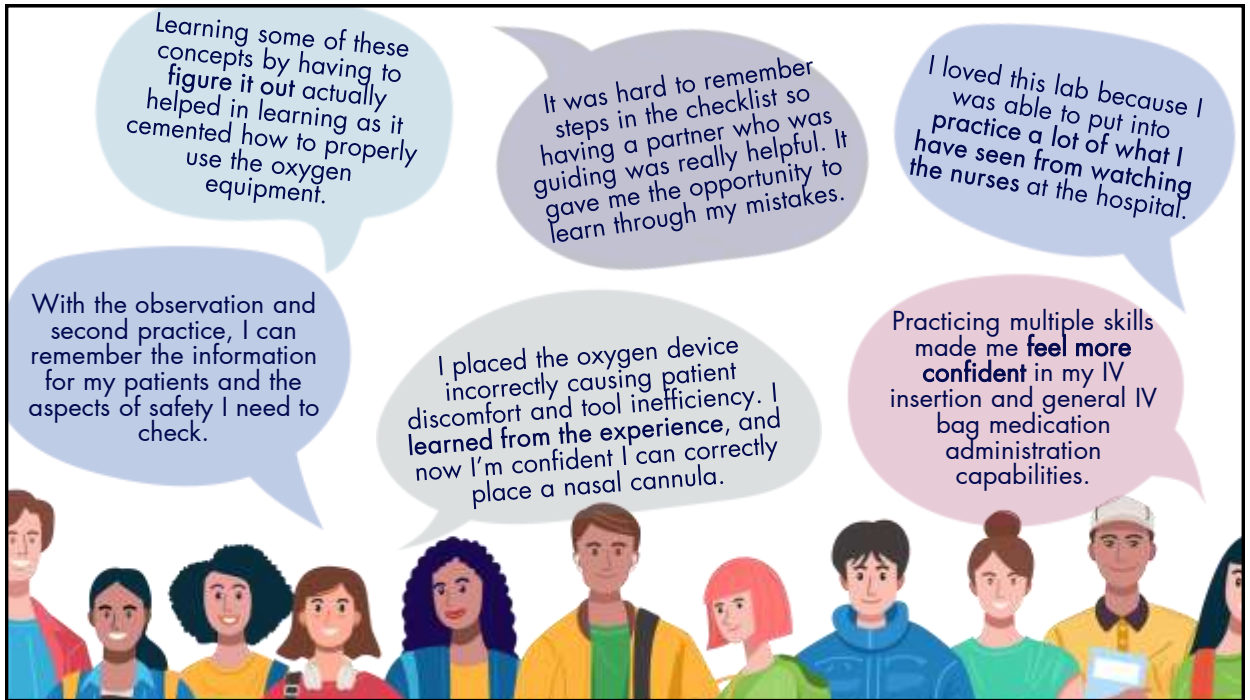
...by reading the extended text of the procedures **and** watching the demonstration videos multiple times helps me to feel comfortable and enjoy putting new knowledge to the test.

I'm thankful that my first time figuring out equipment is in lab; I can ask questions to learn as opposed to interacting with a patient who is relying on me to already know.

The videos were a helpful introduction, but I definitely **learned most** by being able to do it on the mannequin



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