Service Learning in Nursing Education

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Definition

Service learning is an educational activity involving students, faculty, and community partners to promote high-quality care and provide mutual benefits.

Service learning can be used in nursing education at all levels to promote advocacy, cultural competence, active learning, communication, and civic responsibility to assist students in meeting program outcomes, course outcomes, and competencies.

Background

- **Foundation:** a need for high-quality nursing care, recommendations from nursing and healthcare organizations, and local community needs
- **Settings:** community-based organizations, schools, clinics, public health departments, and additional community areas
- **Activities:** service, health screenings, health promotion, medication administration, creation of teaching materials, and other learning assignments
- **Resources:** Kolb's (1984) theory of experiential learning; Delve, Mintz, and Stewart's (1990) service learning model; Boyer's (1990) model of scholarship; and Anstee, Harris, Pruitt, and Sugar's (2008) service learning process model

Implementation Process

Developing and implementing a service-learning activity requires careful planning. This process is a guide to help a faculty member plan a service-learning activity from the idea to the evaluation.

1. Start with an idea
   - What population is your passion?
   - What does the community need?
   - What do your need students to learn?
2. Engage the community partner
3. Determine alignment with the mission, vision, and philosophy of nursing program, institution, and community partner
4. Locate placement in the curriculum (outcomes, competencies, content)
5. Offer involvement with peers, administrators, students
6. Consider funding opportunities
7. Design engaging learning activities
8. Create performance evaluation rubrics
9. Facilitate learning (student preparation, engagement, reflection)
10. Evaluate the students and the activity

References

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Benefits

For the community

- Awareness
- Health
- Value

For students

- Advocacy
- Civic and global responsibility
- Collaborative practice and interprofessional education
- Communication
- Connect theory to practice
- Diversity, equity, and inclusion
- Problem-solving
- Professionalism
- Reciprocal learning
- Self-actualization

For nursing programs

- Achieve program outcomes and competencies
- Engage community partners
- Increase visibility
- Meet community needs
- Promote faculty scholarship
- Provide experiential learning

Challenges

- Cost
- Faculty knowledge and experience gap
- Resistance by faculty and administration
- Time and effort to develop and implement

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Teams Model of Clinical Education

Creating the Practice Ready Graduate

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Abstract

Through a curriculum centered upon EBP, clinical reasoning, & innovation, a university shifted the model of clinical education. They transitioned away from rotating students through facilities, cycling in and out each semester, where they do not spend any significant time. In contrast, they moved toward a cohort based model where students are assigned to a clinical facility for their program; the location of actual experiences are driven by the agency needs and future workforce expectations.

Introduction

The Teams Model includes diverse clinical placement within a clinical agency for the duration of their clinical program experience. Students attend a majority of their clinical placement on a specific unit, stepping out to specialty experiences throughout the program. Students remain with the same group of students, at the same facility meeting all program requirements and course outcomes. A critical component of this innovation was support for practice partners to navigate the new clinical model. The university provided a faculty member who was assigned as a Team Ambassador. This role was designed to be an extension of the nursing program in a supporting role for the agency and the clinical Team. Training materials were developed for bedside staff. Students were asked to complete a survey selecting a pathway of learning centered on their interest and understanding of specialty nursing pathways.

Methods and Materials

Students complete a survey outlining personal characteristics, areas of interest in client care, and behavioral responses to work environments. Students are matched with an agency that aligns best with their characteristics and goals. They are placed on a team, given a team name, and begin to develop identity as they become a part of a unit. Students are surveyed each term throughout the program on their experience. The survey is aimed at understanding the student perspective and overall understanding of the model. Clinical partners are surveyed each term to gain the bedside nurse perspective on the project.

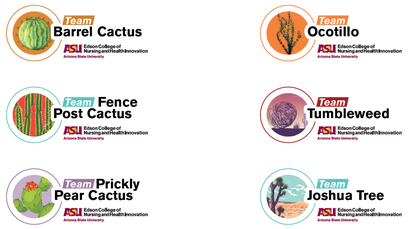

Figure 1. Team Names

Results

Program students were surveyed at week 8 and week 16 of the term. At week 8, students reported uneasiness about clinical experiences surrounding being new at something, being fearful of making a mistake, and not knowing what to expect in the clinical environment. Student concerns related to the Teams Model were minimal and remained positive about the model and expectations.. At week 16, students reported positive feelings of their Team, their clinical faculty, and comradery. A survey was sent to practice partners.

What do you see as an opportunity for Teams Model?
- skills practice
- meaningful learning experiences
- limited facility/unit exposure
- future employment
- personal growth

What are you concerned about with the Teams Model?
- minimal exposure to diverse units
- under preparedness for the profession
- minimal exposure to diverse patient population
- night shift
- no concerns
- school-life balance

What is your current perspective of the new Teams Model as you have experienced this fall 2021 term?
- The concept is fantastic and like anything new there is opportunity for improvement in how the model is operationalized.
- The idea of the new Teams Model is great! Super innovative approach to traditional nursing school
- So far, great. I love the idea of having them for all of their rotations.
- The teams model as it has been laid out this fall seems to foster the clinical professional development of the nurse of the future in the culture of nursing as experienced in the clinical agency.

What do you see as a benefit to this new model of clinical education?
- Consistency in student groups to the organization which assists in recruitment into nurse extern and residency programs. Provides nurse leaders an opportunity to identify individual students that may be a good fit to the unit/organization.
- Consistency in clinical site for the students and faculty provides opportunities for deeper enculturation into the organization (policies, procedures, values) and professional socialization.
- A huge benefit of this new model is that it gives the students a better, more insightful and accurate picture of the different types of nursing paths they can take.
- For the students, a constant environment to better understand the inner workings of acute care. From the hospital standpoint, possible transition into floor nursing after graduation allows another stream building a workforce.
- seeing growth and development over a period of time

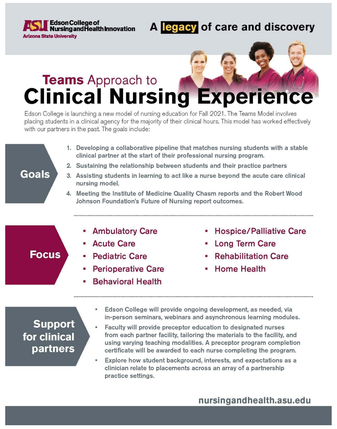

Figure 2. Teams Model.

Discussion

Practice partners reported positive feelings of the model. Partners described the model as fostering the clinical professional development of the nurse of the future. Partners described the model as giving students a better, more insightful, and accurate picture of the different types of nursing as well as leading to increased comfort and confidence in the clinical area. Partners also mentioned a steady increase in workforce preparedness with the model.

Conclusions

The constant cycling of nursing students leaves little opportunity for student nurse preceptors to see students' progress and celebrate student learning successes. Building reciprocal relationships between clinical agencies and the nursing academic unit propelled the creation of an intentional clinical model that is mutually beneficial. When a thoughtful program is created to build confidence in new graduate nurses through immersion experiences in a consistent, welcoming, and prepared clinical environment, opportunities for learning grow.

Future Directions

We are primed to continue research in student and faculty perspectives. We will also longitudinally follow students through the first years of practice. And we will aim to validate the of survey used for student placement.

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The Relationship Between Pre-Nursing Science Course Performance and the Development of Clinical Judgment, Nursing School Performance, and NCLEX-RN® First Attempt

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Introduction

- In the quest for nursing schools to set appropriate admissions standards, which qualities are determinant of future success?
- Critical thinking and reasoning, math skills, professional language skills, and proficiency in the biosciences including chemistry, biology, and anatomy and physiology. (Zamanzadeh et al., 2020)
- Critical thinking is essential to the development of clinical judgment. (Cannon & Boswell, 2016)
- The development of clinical judgment in nursing is contingent upon a solid basis of understanding human physical structures and biological processes. (Kaddoura & Van Dyke, 2017)
- A foundation of subjects such as anatomy and physiology, pathophysiology, chemistry, and microbiology (Krippaehne, 2021), is necessary to the development of understanding in undergraduate nursing school (Brown et al., 2016) and to develop the clinical judgment skills needed for nursing practice.
- Prerequisite courses completed prior to entering study for a specific discipline provide the basis for understanding which will be built upon in future courses. (Baard and Watts, 2009)
- A search of 25 colleges of nursing showed that anatomy and physiology I & II, biology, chemistry, and pathophysiology were the sciences most often required as pre-nursing science prerequisites.
    - Required prerequisite science course grades ranged from 2.0 to 3.2 on a 4.0 scale.
    - Only 8 colleges mentioned course repetitions: either no repetitions allowed, or limited repetitions allowed.
- Schools of nursing continue to have varying attrition and first attempt pass rates but desire a greater measures of success for their students and to support the bottom line of the university. (Doggrell & Schaffer, 2016; Tennessee Department of Health, 2020a; Tennessee Department of Health, 2020b)
- An NCLEX-RN® pass rate of at least 80% is required by both ACEN and CCNE for schools of nursing to maintain accreditation (Spector et al., 2018).
- NLN CNEA requires an 80% NCLEX-RN® pass rate over a period of three years.
- What other factors may contribute to a student's ability to grasp the content in nursing school and graduate successfully?

Statement of the Problem

No set of success determining factors have been identified that adequately predict success in nursing school, including the first attempt at the NCLEX-RN®, pre-nursing science course repetitions, the development of clinical judgment skills, and successful completion of nursing school.

Hypotheses

H_{01} There is no statistically significant relationship between course repetition in pre-nursing science and success in nursing school in BSN students.

H_{02} There is no statistically significant relationship between course repetition in pre-nursing science and success in nursing school in BSNA students.

H_{03} There is no statistically significant relationship between course repetition in pre-nursing science and success on the first attempt at NCLEX-RN® in BSN students.

H_{04} There is no statistically significant relationship between course repetition in pre-nursing science and success on the first attempt at NCLEX-RN® in BSNA students.

H_{05} There is no statistically significant difference between course repetition in pre-nursing science and clinical judgment measured at the beginning of nursing school in BSN students.

H_{06} There is no statistically significant difference between course repetition in pre-nursing science and clinical judgment measured at the beginning of nursing school in BSNA students.

H_{07} There is no statistically significant difference between course repetition in pre-nursing science and clinical judgment measured at completion of nursing school in BSN students.

H_{08} There is no statistically significant difference between course repetition in pre-nursing science and clinical judgment measured at the completion of nursing school in BSNA students.

Methodology

- Quantitative, retrospective, comparative, and correlational
- Purposive sample including all eligible participants
- Population
    - BSN students – traditional undergraduate
    - BSNA students - students have a previous degree and attend nursing school for 15 months to complete RN requirements
    - Began nursing curriculum in the Fall semesters of 2016, 2017, 2018 and ended nursing school by graduation, failure, withdrawal or other before May 31, 2020.

Purpose

The purpose of this study was to examine the relationship between the repetition of pre-nursing science courses, clinical judgment, nursing school performance, and first attempt at NCLEX-RN® in BSN and BSNA students.

References

References available on request from lktaylor@uu.edu

Results

Statistically Significant Results

	Cohort	Dependent Variable	*p* value
H_{01}	BSN	Success in Nursing School	$p = .027$
H_{02}	BSNA	Success in Nursing School	$p = .032$
H_{03}	BSN	NCLEX-RN® first attempt	$p = <.001$
H_{07}	BSN	Ending Clinical Judgment Score	$p = .002$

Not Statistically Significant Results

	Cohort	Dependent Variable	*p* value
H_{04}	BSNA	NCLEX-RN® first attempt	$p = .817$
H_{05}	BSN	Beginning Clinical Judgment Score	$p = .121$
H_{06}	BSNA	Beginning Clinical Judgment Score	$p = .965$
H_{08}	BSNA	Ending Clinical Judgment Score	Could Not Test

Conclusions

- This research adds further clarity to the body of research surrounding consideration for nursing school admissions criteria.
- Pre-nursing science course performance has a statistically significant relationship when correlated with nursing school performance for both BSN and BSNA students, NCLEX-RN® first attempt in BSN students only and ending clinical judgment scores in BSN students only.
- In hypotheses one through four, six and seven, some of the cell population sizes were minimal. In the eighth hypothesis, the cell sizes were too small to accomplish statistical analysis. So, the reliability of the results should be closely examined for reliability.
- In hypotheses five, BSN students, and six, BSNA students, the null failed to be rejected. So, neither relationship was thought to be statistically significant.
- Kolb's (2015) theory demonstrates that learning tends to occur layer by layer, and that students at the beginning of the nursing program may not have obtained enough knowledge and understanding to have begun the development of clinical judgment. It then follows that students at the end of the program should have digested enough information to have formed basic clinical judgment. Hypothesis seven demonstrates this assertion.
- This work demonstrates that pre-nursing science course performance has a statistically significant relationship to three of the most widely accepted predictors of success for the novice nurse: success in nursing school, development of clinical judgment, and success at the first attempt at NCLEX-RN®.
- Nursing educators are encouraged to re-evaluate their admissions standards related to pre-nursing science course requirements and adjust accordingly.