

Benefits of Collaborative Efforts Based on Nurse-Led Clinic Education

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ABSTRACT

Background: University Mobile Units can provide opportunities for focused nursing practicum time, building student confidence, increasing communication skills, and making it more likely they will implement collaborative team measures to promote patient care.

Method: The study presented is a cross-sectional descriptive study administering an adapted validated survey designed on Bachelors of Nursing (BSN) students to assess interpersonal communication skills and explore overall confidence levels in communication concepts.

Results: A maximum score of 80 would indicate total confidence in all skill areas assessed by the survey. As seen in Table 1, the mean score for first year students was 64.71 (80%), and the mean score for second year students was 59.30 (74%).

Conclusion: The clinical setting of the BSN program allows students to develop practical skills with members of other disciplines as well as with their patients. Early clinical practicum can be utilized as an opportunity for focused education on communication as a basis of care.

Keywords

Communication, Rural healthcare, Nurse-led clinic, Mobile unit, Self-efficacy, Interdisciplinary care, Perception of care.

Introduction

As new graduates progress with their education and transition into their new RN roles, perfecting personal and professional communication skills has benefits for both RN and patient [1]. Innovative care delivery systems, such as nurse-led clinics, have proven to be positive learning environments for the basics of collaboration and communication through multi-disciplinary areas. The University-based Mobile Unit has served many patients in the community and is a valued resource not only for BSN and FNP students, but for a variety of associated health and wellness programs, including preventative health screenings and chronic disease management [2]. By learning the importance of collaboration early in their education, new RNs are more confident in utilizing resources at their practices and communicating patient

needs to respective providers [3]. Nurses are at the forefront of the movement to redesign healthcare to utilize resources in more effective ways for patients, including timely access to crisis intervention and care [4].

Background

A review of past case studies identified the importance of promoting a positive experience during the first undergraduate nursing clinical placement, as it affects perception of clinical practice preparedness [5]. Yousef Alshahrani's study on undergraduate nursing students coping with clinical placement focused on their anxiety over novice nursing skills and knowledge, along with the fear they would not meet expectations [6]. When students are placed in an environment controlled by the University, they have an opportunity to gain confidence in clinical skills and communication. This allows them to feel more comfortable and be more competent with patients in future unfamiliar settings, especially when compared to confined simulation classes on communication methods [7]. It

has been shown that novice BSN students, along with members of other healthcare disciplines, have benefited in nurse-led clinics where the curriculum is based on team structure, communication, leadership, situation monitoring, and mutual support [8].

Purpose

A lack of familiarity with healthcare core competencies can lead to inadequate preparation and simply not knowing who or when to ask for help in interdisciplinary situations [5]. The goals of this project included: 1) assessment of how BSN students may have benefited from the education provided by participation with the Mobile Unit; 2) assessment of what changes could be made to further improve the education received; and 3) assessment of how well communication was utilized, as this will be a key factor in future communication skills for the BSN provider.

Method

Design

The study presented is a cross-sectional descriptive study administering an adapted validated survey designed to assess interpersonal communication skills in a population of undergraduate nursing students who have trained on the Mobile Unit. The Interpersonal Communication Assessment Scale (ICAS) was used to survey a convenience sample of BSN students in order to explore self-efficacy in communication concepts [9]. The survey was broken up into three different sections of competency as it related to communication: therapeutic use of self, advocacy, and validation. Each subset contained questions as they related to each topic.

The analysis of a 4-item Likert scale measured the survey respondents' confidence level from 1 (not confident) to 4 (most confident) based on their first interaction and clinical experience on the Mobile Unit. The study design was selected to separate and compare students who went to the Mobile Unit for the first time in their first year of nursing school versus the second year of nursing school. This design was selected because it allowed for comparison of each question between the two years, as well as to determine if there was a difference in confidence and which elements specifically were the weakest and strongest related to communication skills learned during the practicum.

Sampling

The population of interest was a variety of nursing students in all semesters from a selected BSN program. There was no exclusion of any individual based on age, race, gender, or practice background. The only inclusion criterion was that one must have been a nursing student at the University and have utilized the Mobile Unit in their time in nursing school. Permission to utilize the student database was granted by the Mobile Unit Director. The appropriate IRB process was completed through the University. A survey link was sent out via SurveyMonkey to the database and informed consent was presented and collected before surveys were authorized for use. This allowed the researchers to exclude those who did not consent prior to the survey, as it showed acknowledgement once results were received.

Ethics and Bias Consideration

The purpose of this study and survey was to measure competencies in communication for undergraduate nursing students, focusing on elements of patient advocacy, therapeutic use of communication for patients, and validation of skills through interdisciplinary collaboration. Possible individual benefits could include individualized recognition of strengths and weaknesses in collaborative and communication skills. Within the overall study, benefits include research that could support putting more nurse-led clinics in the community, and a possible benefit for underserved populations and provider education. Potential risks were thoroughly considered, including personal practice, the idea that not participating could negatively impact education or grades, and fear of personal information being exposed. Confidentiality concerns were addressed by excluding all demographics from the research materials.

Data Collection

Surveys were sent out and participants asked to complete the survey within two weeks. The primary researcher posted an announcement regarding the research project with a link to the survey. All survey results were compiled in the Survey Monkey database and were only accessible by the primary researcher and committee chair. All participants received and agreed to consent to the survey prior to answering questions. This was verified through the SurveyMonkey breakdown, as surveys in which participants had not given consent were dropped from the results analysis.

Analysis

An independent t-test through SPSS data was utilized to analyze survey data. A comparison of confidence levels in this independent group of students at different stages of their education who had started clinicals and utilized the Mobile Unit were evaluated for survey outcomes related to their first experience at the Unit in the first year of nursing school, versus the second year of nursing school. Demographics were not pulled for this study due to the nature of it being a pilot study and there was no projected relevance to the information being collected.

Results

A total of 20 responses were collected from students. Three additional surveys were collected but disqualified due to the student not participating in the Mobile Unit at all (2) or not expressly consenting to the survey (1). First Year is defined as a student currently in the first or second semester of the X BSN program, while Second Year is defined as a student currently in the third, fourth, or fifth semester of the program. Of the sample, 35% (7/20) of the students went to the X Mobile Unit in their first semester, with 65% (13/20) of students going for the first time in their second year of nursing school. A maximum score of 80 would indicate total confidence in all skill areas assessed by the survey. As seen in Table 1, the mean score for First Year students was 64.71 (80%), and the mean score for Second Year students was 59.30 (74%), with a mean difference of 5.40. Comparing the mean score for each against the maximum score possible, first year students scored at about 80% compared to second year students

scoring at 74%, with a difference of about 6%. Overall responses indicate no statistical significance between responses in first year versus second year students ($p=0.106$). Statistical significance was not achieved due to the small sample size of the pilot study.

The first year (1Y) students overall scored higher than the second year (2Y) students in all categories. Second year students scored slightly higher in advocacy, specifically related to giving clear instructions to a client and providing a referral when indicated. Second year students also scored higher when it came to validation, such as giving descriptive feedback using written communication for the preceptor to review. All three of these questions could possibly have been correlated with a higher level of thinking related to practicum hours already completed with other preceptors and professional settings.

The highest scored questions for both groups in regard to self-efficacy were: 1) Making eye contact (73/80 – 91%), 2) Maintaining neutral facial expressions (69/80 – 86%), and, 3) Asking for clarification from provider/preceptor (68/80 – 85%). The lowest scored questions were: 1) Communicating with silent patient/family members (53/80 – 66%), 2) Requesting a consultation when needed (53/80 – 66%), and, 3) Explaining different treatment options (52/80 – 65%). Two out of three of the highest scored items were in the therapeutic use of self-competency, while two out of three of the lowest competencies were in advocacy. Overall as well, therapeutic use of self (64.22) had the highest overall mean score compared to validation (59.50) and advocacy (58.28).

Discussion

Provider and patient relationships require individualized planning and teamwork to help create a plan of care that is realistic and effective to meet patient goals. The idea that different disciplines can come together to formulate an interdisciplinary approach allows for a more prioritized and focused plan of care [10]. Disconnects can be found in communication breakdown, but as seen in the study done by Yousef Alsharani, Lynette Cusack, and Dr. Philippa Rasmussen [6], reshaping curriculum in initial practicum placement can provide a more positive experience for the nursing student as well as future care provided because of learned experiences. Targeting students early on, especially in a controlled environment like the Mobile Unit, can potentially help focus on identifiable weak areas from the survey. This data is important for future curriculum creation for the Mobile Unit. Utilizing the Mobile Unit as an initial clinical site can help address any barriers with transition to practice.

Implications for Nursing Education and Research

In future studies, researchers could consider using a pre- and post-test, comparing confidence from the start of practice to the end of the semester on the Mobile Unit. There would also be an opportunity to compare students who utilize the Unit versus students who have never used it. Recommendations made from this study include upfront utilization of the Mobile Unit as an initial clinical site for first or second semester students. Reviewing the data, students

scored higher in confidence levels regarding communication competencies when the Mobile Unit was their first site. Controlled environments and controlled preceptors can allow for focus on the weak elements illustrated in the survey. Additional research can be conducted on how students feel at other clinical sites: how they feel with outside preceptors and how invested they feel in their learning. This research can function as a platform for future larger studies, with a comparison between a group of students using the newly developed curriculum and a group of students following the standard curriculum, with both groups going to the Mobile Unit for their entire first semester of nursing school.

Limitations

With only 20 survey responses received, this pilot study could have more statistical weight with increased survey numbers. Additional respondents could have been gathered if the researcher reached out directly to classes to promote research, if there was a stronger recruitment effort from professors, including sending email reminders or offering extra credit, and a longer period of time to gather responses, such as two months instead of two weeks. The COVID-19 pandemic that limited the Mobile Unit from going out during the semester the survey was given could have impacted traffic on the Mobile Unit Canvas page due to the possibility of limited opportunities to operate.

Conclusion

This project focused on how students have benefited from the education provided by participation with the Mobile Unit by assessing their confidence in different competencies focusing on therapeutic use of self, advocacy, and validation. Future changes can be made to preceptor-student relationships and focuses based in light of initial results on low-scoring competency questions. Ultimately, reflection on self-efficacy in certain areas should direct students toward what areas to focus on so that the transition to their nursing career is one that they are prepared for, as well as their future patients.

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