Moving Beyond PowerPoint
Faculty innovators are taking off.

In this era of evidence-based practice, Beverly Malone, PhD, RN, FAAN, chief executive officer of the National League for Nursing (NLN), says that to engage today’s students, faculty and clinical instructors must learn together, work collaboratively, and be familiar with—and employ—the most current evidence-based education techniques and technology. In other words, forget PowerPoint. And Skype is out. Virtual reality role-playing, high-fidelity simulation, and various types of online forums (including social media) are in. Earlier this year, the NLN endorsed a longitudinal randomized controlled study by the National Council of State Boards of Nursing that found that simulation technology could effectively replace as much as half of prelicensure students’ traditional clinical training in many settings.

VIRTUAL NURSING EDUCATION
At Pittsburgh’s Chatham University, Debra Wolf, PhD, RN, and Kathleen Morouse, MSN, RN-BC, CCRN, couldn’t agree more. As they explain in their June 4, 2015, report in the *Online Journal of Nursing Informatics*, the “learning outcomes” in their graduate nursing informatics course range from using Web-based interactive consumer health technology to describing the pros and cons of telehealth. For example, students must create a blog addressing a specific group—such as patients preparing for bariatric surgery or parents of children with congenital heart disease—that offers not only relevant health information but also incorporates video gaming or tutorials to engage consumers. It’s not just about technology, though, said Wolf in an interview with AJN: “The future of health care is shifting dramatically into the virtual world,” a world, she says, in which nurses will make virtual home visits and use social media to reach ever-more-empowered consumers where they are—on the Web and not in the clinic.

The development of “telepresence” as a replacement for face-to-face student supervision and feedback—just as telehealth serves as a substitute for face-to-face meetings with patients—is a triumph over space and time, both of which are increasingly short in supply. At the Duke University School of Nursing, faculty and students rely on a robot called JaMMeR to connect “distance-learner” NP candidates with on-site accelerated bachelor of science in nursing (ABSN) students during clinical rotations. Second-semester ABSN student Michael Lister says that doing a patient assessment and verbal handoff to an NP candidate working remotely helps him refine both his assessment skills and his intraprofessional-communication skills—good preparation for a career in telehealth.

JaMMeR is relatively easy to operate, according to Margie Molloy, DNP, RN, CNE, CHSE, director of Duke’s Center for Nursing Discovery. All it takes is using arrow keys on a computer keyboard. At about $3,000 per JaMMeR unit, the robots allow faculty in their offices and NP students sitting in their living rooms to log on and be a participant—to see and be seen—in classrooms, clinical settings, and simulation labs miles away.

For those students still training at brick-and-mortar clinical sites, the challenge is ensuring a meaningful, accreditation-worthy experience. At Oregon Health and Science University in Portland, Virginia Tilden, PhD, RN, FAAN, interim senior associate dean for
research affairs, has made this a priority. She and her colleagues developed the ACE-15, a new measurement tool (already presented at numerous public conferences) specifically designed to assess the teamwork skills and level of collaboration at potential clinical training sites. “We never paid much attention to whether the students would have role models in teamwork at their site,” she said. “It’s no longer about finding the most interesting patient settings. It’s about strategically placing students in clinical practices that have been [determined] to demonstrate high-quality teamwork, which is a whole new competency we want them to acquire.”

The growing demand for prelicensure interprofessional education illustrates the need for more “cooperatively trained” educators working outside the constraints of old-fashioned, self-contained “silos” and hierarchies. Tilden describes the school’s three-year-old “Interprofessional Initiative,” which first trains faculty from multiple professional schools to work together, across curricula, before expecting them to teach interprofessional courses. Each year the program produces about 600 first-year physician assistant, medical, dental, public health, pharmacy, and ABSN and advanced practice nursing students who begin their advanced practice education with interprofessional collaboration under their belts.

What’s Next?

Look for these emerging innovations in a nursing program near you:

• proliferation of student and faculty boot camps, immersive workshops, and courses in scholarly, narrative, and grant-proposal writing
• mandatory coursework or experience (or both) in global health, such as semesters abroad and international exchange programs
• required competence in undergraduate education in electronic health record documentation
• increased placement of advanced practice RNs and graduate nurses on designated education units in inpatient and acute care settings
• renewed emphasis on the recruitment and retention of ethnically and culturally diverse faculty and students
• inclusion of antibullying training (including cyberbullying) at all levels of education

NEW COLLABORATORS

The main challenge of implementing new technologies for advanced distance learning is what Kathleen McCauley, PhD, RN, ACNS-BC, FAAN, FAHA, former associate dean and now professor of cardiovascular nursing at the University of Pennsylvania School of Nursing, calls avoiding the “expensive misadventure.” She explains that she could spend endless hours with salespeople hawking the latest instructional media and software—all with giant price tags. She warns that, without including information technology (IT) experts early on in a thoughtful process of review and revision, educators can waste huge amounts of time and money on projects that exceed the technical or pedagogic limitations of even the largest universities. So could IT professionals be the next members of interprofessional education teams? Don’t rule it out, says McCauley.

The same goes for other professional groups, who were never considered as collaborators until now, when more nurses are subspecializing and even earning dual degrees in areas such as economics, business, and engineering. Even without a formal degree in such areas, nursing students are working with their peers in these fields to research, design, and develop innovative programs and products in patient care and education—and in nursing education. The University of Pennsylvania School of Nursing’s Health Technology Innovation Incubator is one great example of this, teaching students the rewards of entrepreneurship and the real-world value of interprofessional collaboration.—*Sibyl Shalo Wilmont, BSN, RN* ▼

Resources

**Future of Nursing: Campaign for Action**
Campaign Progress: Dashboard Indicators
http://campaignforaction.org/dashboard
Academic Progression in Nursing
http://campaignforaction.org/apin

**National League for Nursing/Chamberlain College of Nursing**
Center for the Advancement of the Science of Nursing Education

**Oregon Health and Science University**
Interprofessional Initiative
www.ohsu.edu/xd/education/student-services/about-us/provost/interprofessional-educatio-ipe.cfm

**Robert Wood Johnson Foundation**
Lessons from the Field: Promising Interprofessional Collaboration Practices