

Georgian Court–Meridian Health School of Nursing
and
Meridian Health

**The "SHARES" (Sharing Health System
and Academic Resources for
Educating Students and Staff) Project**

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Project Description

Partnership

- ▶ Established between Georgian Court University and Meridian Health in 2007
- ▶ GC–MH School of Nursing opened in 2008
- ▶ Commitment by both partners to:
 - produce and support nurses as full partners of the inter–professional team
 - continuously seek approaches that increase faculty and education capacity

Project Description

Partnership

Project Commitment included:

- ▶ use of the *clinical* expertise of MH advanced degree nurses and the *educational* expertise of GC–MH nursing faculty in the development and implementation of simulation–based experiential learning modules
 - ▶ participation by RWJ medical students in simulation–based experiential learning modules
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Goals of the Project

The goals of the SHARES project were to:

- ▶ Develop, incorporate and evaluate experiential, inter-professional learning modalities into the curriculum of a new BSN program
- ▶ Use the resources of an academic-practice partnership, including clinical faculty, staff nurses and educators to expand capacity and enhance clinical education for students, nursing staff and members of the inter-professional team to address complex patient care issues.
- ▶ Compare and contrast two experiential simulation experiences and their impact on student/staff nurse educational outcomes, including the acquisition of team communication skills and clinical judgment.

Challenges of the Project

Challenges identified in the pilot phase included:

- ▶ Differences in the curricular schedules between the medical students and nursing students
 - ▶ Identification of the optimum location for the training
 - ▶ Ratio of nursing to medical students during the pilot phase simulation experiences
 - ▶ Difference in the level of clinical training and education between nursing and medical students
 - ▶ Lack of previous interaction between the two interprofessional student groups during pilot phase
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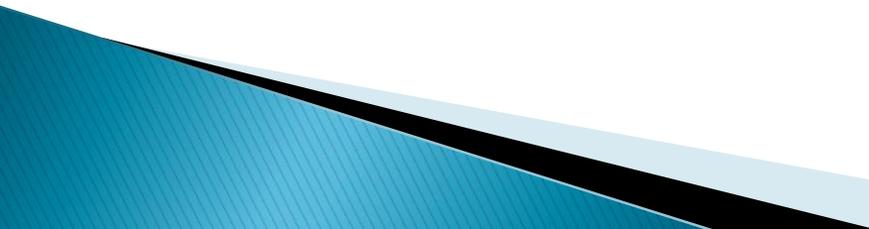
Challenges of the Project

Second Phase changes included:

- ▶ Scheduling learning experience at optimum times for both nursing and medical students
 - ▶ Decreasing the size of simulation groups and equalizing the nursing/medical student ratio
 - ▶ Using a MH clinical site for delivery of the simulation
 - ▶ Adding an “ice breaker” exercise to the didactic portion of the learning experience
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Recommendations / Outcomes of the Project

What were the two most important lessons learned from the project?

- ▶ Successful interprofessional simulation experiences means that interprofessional curriculum planning is needed.
 - ▶ Opportunities to engage students from different healthcare disciplines in same learning activities together need to be planned– they do not just “happen.”
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Recommendations / Outcomes of the Project

What did you learn from the student and nurse evaluations and how did this partnership benefit the student and clinical nurse learning?

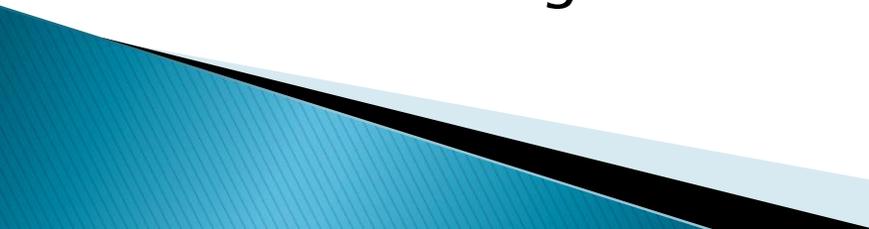
- ▶ Perception of the “other healthcare profession as “team players” increased significantly between pre- and post-experience in the nursing students.
- ▶ Mean total scores of *interprofessional perception* increased significantly for the total group ($p = .000$) as well as separately for the nursing student ($p = .002$) and medical student ($p = .019$) groups.
- ▶ Mean *total group* scores ($p = .000$) and mean *nursing student* scores ($p = .008$) for *readiness for interprofessional learning activities* were significantly higher, indicating an increased willingness to engage in future interprofessional learning activities.

Recommendations / Outcomes of the Project

Is the project scalable and replicable and what would you recommend to others?

- ▶ Reducing the time spent by clinical faculty in attempting to find low volume/high acuity experiences could potentially result in a reduction in faculty workload.
 - ▶ Using nurse educators from the practice setting as content experts and as simulation observers provides them with information about the potential learning needs of new graduate nurses during their orientation process.
 - ▶ Costs associated with human simulation versus standardized patients needs to be considered.
 - ▶ Need for interprofessional “buy-in,” planning, and delivery of simulation modules needs to be considered.
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Next steps

- ▶ GC–MH SON exploring working with the RWJ Medical Residency Program Manager to develop an interprofessional course containing several simulation experiences related to commonly encountered low volume/high acuity clinical issues.
 - ▶ Course would be developed by both nursing and medical faculty and would be approved by both the nursing and medical school curriculum committees as an elective course.
 - ▶ Course would be scheduled at a time suitable for both nursing and medical schools.
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Questions

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