LETTERS TO THE EDITOR

Commentary on Prelicensure Clinical Nursing Education
To the Editor:


Having gone through two clinical rotations as a nursing student, I see the merit in the idea of having clinical time reflect the full scope of nursing decision making. Many would agree and say that shadowing nurses and trying to understand their every move, rather than concentrating on individual patients, might be better preparation for “the real world of nursing.” By focusing on one patient and assessing the immediate impact of our actions, we gain experience; however, I feel that we, as students, are indeed missing how patient outcomes are interconnected with the nursing unit and larger systems issues.

Reexamining the focus of students’ clinical experiences and making changes to reflect this would help us to appreciate the full scope of professional nursing practice and, hopefully, even make the transition from nursing student to professional nurse less traumatic.

However, I think that when a nursing student is just starting out, it is vital to practice focusing on one patient. To be able to know your patient, and not just their SBAR (Situation, Background, Assessment, Recommendation) report, is a real luxury from what I’ve seen in the units. There’s so little time to really try and understand each patient holistically when handling an entire district and all of the paperwork that comes along with it.

It is satisfying to be able to identify stressors in a patient’s life and have the time to try to untangle that tension in whatever ways a nurse can—if he or she only had the time. By focusing on one patient, at least in the beginning, it brings us back to what nursing is really about—holistic human care, healing, and critical thinking about how to achieve those goals. After we have that as our solid foundation, I feel we can then move on to shadowing a nurse and learning the time management skills and other valuable daily lessons essential to developing a successful nursing practice.

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Commentary on Using Simulation
To the Editor:

In the article “Using Simulation to Teach Patient Safety Behaviors in Undergraduate Nursing Education” written by Laura T. Gantt and Robin Webb-Corbett in the January 2010 issue (Vol. 49, No. 1, pp. 48-51), I read with not a little surprise that despite the deliberate attempt to integrate patient safety that explicitly listed hand washing as one of the major components into simulation experiences, improper hand hygiene was observed nearly half the time. It is alarming to read that undergraduate nursing students are complying only half the time with recommended hand hygiene guidelines.

The evidence is clear that the incidence of nosocomial infections can be reduced through proper hand hygiene techniques, and for that reason has been identified as an area in which health care workers can truly make a difference in limiting the spread of infection. However, the realization that ineffective hand washing is prevalent among students even before they enter the clinical environment is truly dispiriting.

And yet, recognizing that among professionals compliance with hand hygiene is often low, it is perhaps not too dispiriting that we can ignore the opportunity to promote an aggressive hand hygiene campaign for undergraduate students. Successful programs to improve compliance do exist, and they have met with considerable success. One multimodal, evidence-
Based intervention worthy of mention saw an improvement to 90% compliance among nurses alone at the hospital where it was implemented (Day, 2009).

If future nurses are to be competent professionals and take patient safety seriously, they need to be exposed to comprehensive and evidence-based programs to improve compliance as soon as possible. These changes should be foundational and can begin in earnest by targeting the cultures of both the nursing school or college and the simulation laboratories in which nursing students are first able to practice.

It goes without saying that what these students witness in the hospital setting will color their perceptions of appropriate clinical practices. Nevertheless, until all health care settings adopt strong and effective methods to improve compliance, success in teaching students proper hand hygiene should rightly begin during their undergraduate studies.

Reference

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Response:
Mr. Gwizdala’s letter reinforces my position that schools of nursing must continue to address the issue of hand hygiene compliance throughout all of their programs. Although my students tell me that they would never forget to practice proper hand hygiene in the “real” patient care setting, my observations in the clinical arena tell a different story.

As nurse educators, we must believe that what students practice in the laboratory setting carries over in the clinical environment; otherwise, laboratory training has no purpose.

Unfortunately, laboratory teaching is undervalued by many, and opportunities to address problems at the grassroots level may be missed.

Although many interventions have been proposed and found to be effective, current nursing and medical literature demonstrates, on an ongoing basis, the difficulties in maintaining effective hand hygiene practices among health care professionals over the long term.

It is likely the case that we will have to take the long view of teaching students and practicing professionals about the necessity of positive patient safety behaviors of all kinds. The need to periodically collect data on both student and health care worker practices will continue to exist as we evaluate different approaches.

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