Casting a Vote: A Creative Opportunity for Service-Learning

The Essentials of Baccalaureate Education for Professional Nursing Practice (American Association of Colleges of Nursing, 2008) emphasizes a need for new ways of thinking and practicing health care, calling for an increased emphasis on nurse-patient partnerships and patient advocacy. Service-learning projects can serve as powerful vehicles to inspire concern for political action and civic responsibility, as well as tools for developing advocacy skills (Hunt, 2007). This service-learning project evolved through faculty awareness of the importance of an upcoming mental health care levy renewal in the community and a desire to create learning experiences that facilitated nursing students partnering with their clients, engaging in actions promoting advocacy, developing leadership skills, and accepting responsibility to promote social justice.

In the classroom, faculty introduced the project through discussion of the approaching levy for mental health care services. Faculty enhanced student awareness by sharing and displaying local articles and publications and discussing the levy’s impact on the local and statewide community and health agencies. A guest speaker from the local Mental Health Board was invited to class and shared current information with students, encouraging awareness, questions, and participation through voting. As a result, rich discussions evolved, focusing on the implications of passage or failure of the levy and its relationship to the health of the mental health community. The guest speaker generated excitement among students, who began to embrace participation in passage of the levy as a meaningful way to actualize their advocacy role.

Faculty then integrated the project in the traditional clinical experience at a residential setting. Students were provided with multiple opportunities in clinical conferences and through written reflection prompts to further explore the election issues, community resources involved, and needs of the individuals they were caring for who were diagnosed as being mentally ill. Simultaneously, students discussed the upcoming election with their clients in the residential setting. Students eagerly engaged as they became aware of the significance of partnering with clients and the potential impact of this collaboration on the levy passage.

Clinical conferences revealed that clients voiced many concerns, most notably a strong desire to participate in the upcoming election but feeling powerless to participate. Faculty then facilitated organization and leadership of ongoing student-led groups focused on empowering clients by providing information and experiences to build self-efficacy. Through student leadership, a sample punch ballot was obtained. Students developed and created voting simulation activities for the clients in a safe, nonthreatening environment. Students also taught clients anxiety-reduction strategies and assisted them in practicing these strategies during the simulated voting experiences.

Faculty advocated for students to accompany clients to their polling site and obtained permission from local authorities to do so. Permission was even granted for students to enter the voting booth with their clients for assistance with reading or hand coordination. The partnership energized students and clients, both recognizing the power of their partnership, while bringing to the surface each other’s strengths. As a result, 8 students were able to effectively advocate for 13 clients to exercise their right to vote.

A key component of service-learning involves student reflection on their experiences (Linton & Campbell, 2000). Students, clients, faculty, and staff met after Election Day to critically reflect on the experience, the project, and its outcomes. Staff reported that 10 more of the residential clients had participated in voting than in the previous four elections, directly attributing this to student partnering. Residents voiced satisfaction and appeared empowered as they displayed voting completion stickers and shared their positive experience with other residents in a follow-up group session.

Numerous student questions arose regarding the rights of clients who were diagnosed as being mentally ill and multiple nursing advocacy issues. Students readily identified biases experienced at the polls related to client behaviors and their presence. Powerful emotive responses from students were processed, and they were able to raise questions regarding future roles and responsibilities for client advocacy and partnering opportunities in future practice. Assisting students to raise these questions is an important outcome of service-learning.

Through a written critical reflection paper, all of the students concluded that this experience provided them with an expanded vision of nursing and impact as a nurse. They particularly noted how beneficial it was to have an opportunity to evaluate how clients interacted outside their usual environment and the strength of their interventions.

Partnering and advocacy appeared to have a positive effect on students’ self-esteem, providing them with an overwhelming sense of accomplishment and confidence at a level not usually experienced in previous clinical experiences. In addition, students voiced that this experience ignited a passion in them for community issues, client’s rights, and exercising their own right to vote. For some, it was the impetus for them to participate in voting themselves for the first time while partnering with their client to do the same.

As a teaching approach, service-learning can provide unique ways to empower students in developing new ways
of thinking and practicing nursing and actualizing their commitment to serve others. This project developed leadership skills, awakened a sense of advocacy within students, and provided a way to expand beyond traditional ways of learning and knowing in nursing while benefiting the local community.

References

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Medical-Surgical Clinical Make-Up Using a Simulated Laboratory Experience

Situations arise during a nursing course that may cause students to miss a clinical day. Clinical placements for nursing students are competitive, and it is challenging for faculty to find an “extra day” at a clinical agency and a clinical instructor who has time to accommodate a student’s clinical make-up day. State Boards of Nursing mandate the number of clinical hours for baccalaureate nursing students and are currently considering the percentage of simulation laboratory hours that can be substituted for clinical hours (Nehring, 2008).

This simulation activity used principles of experiential learning pedagogy, the interplay of experience, and reflection in designing a medical-surgical simulation for a student clinical make-up day (Anderson, Aylor, & Leonard, 2008; Kolb, 1984). The goal was to create an interactive learning environment for students that mimicked the fast pace of a typical medical-surgical unit.

Description of Simulated Make-Up Experience

Two days prior to the scheduled simulation experience, students were provided with two case studies that included the client’s history and chief complaint, health care provider orders, learning objectives, and specific questions and expected skills that served as an advance organizer. The simulated experience was treated as a clinical day in which the students dressed in scrubs and brought their PDA, stethoscope, and preparation guides to the simulation laboratory.

During a 4-hour period, three high-fidelity simulation rooms were used with a student:faculty ratio of 2:1. Two hours were dedicated to each scenario to provide the students more opportunities to perform a variety of skills and show the students how a client’s care evolved over time.

The students first received report on their client and were given an opportunity to discuss their findings from the report and their proposed plan of care with other students (5 minutes). Enactment of each scenario (90 minutes) immediately followed report, and a group debriefing session with faculty (25 minutes) ended the simulation activity. One scenario involved a client status postpercutaneous transluminal coronary angioplasty and the other centered on a client with gastrointestinal bleeding.

Students conducted assessments, performed multiple procedures, and communicated with other professionals and family members (portrayed by actors). Students had opportunities to set priorities and apply critical thinking skills while safely caring for these two clients.

Student and Faculty Responses

Students and faculty agreed the medical-surgical simulation make-up was beneficial for learning the challenges that nurses face when acting in “real-life” medical-surgical situations. Students enjoyed the chance to apply critical thinking skills when setting priorities for both clients. In addition, students noted they had a greater understanding of how a client’s condition can change quickly and the importance of immediate action by the nurse. The students voiced appreciation for the one-on-one coaching by faculty, the opportunities to perform a variety of skills, the realism of the clients and interactions with interprofessionals, and the debriefing sessions that helped them “put it all together.”

Conclusion

Implementation of a simulated medical-surgical experience can be an effective method of addressing missed clinical hours for students. The success of this type of simulation depends on how well faculty can reproduce a short intense and well-directed experience simulating a medical-surgical unit that addresses specific strengths and weaknesses of the student. The event can be controlled to allow students to safely experience a particular type of patient or scenario that they may or may not see in the clinical setting.

References

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