Obstetrical Boot Camp: Preclinical Preparation for Undergraduate Nursing Students

Clinical education in undergraduate programs has become increasingly challenging. Advanced patient acuity requires enhanced preparation, while budget cuts, larger class sizes, and faculty shortages have created barriers. In women’s health, the problem is compounded with multiple schools competing for the use of small units in limited locations. This requires that clinical activities begin before students have an opportunity to learn basic concepts through didactic exposure. Inadequate preparation, insufficient knowledge, and deficient practical skills have a negative effect on clinical experiences (Nahid, Zahra, Farkhondeh, Camellia, & Majid Najafi, 2016). Because the number of clinical hours in specialty courses is limited, maximizing experiences is essential.

To improve clinical experiences, a preclinical obstetrical (OB) nursing boot camp was implemented using Kolb’s experiential learning cycle (Kolb, 2015). The literature regarding the effect of this type of preparation in nursing is limited; however, boot camp activities have proven effective in improving clinical skills, knowledge, and confidence in the education of medical students (Blackmore, Austin, Lopushinsky, & Donnon, 2014).

Goal and Objectives

The goal is to provide students with basic information for management of laboring women, postpartum, and newborn units. Upon completion of OB boot camp, students will:

- Demonstrate basic assessment of laboring women, postpartum mothers, and infants.
- Demonstrate basic care management of women experiencing normal labor and postpartum.
- Demonstrate basic nursing management of infant care.
- Demonstrate knowledge of medications used in labor and delivery, postpartum, and the newborn nursery.

Method

First, students are provided with activities designed to prepare them for interactive learning (i.e., concrete experiences). These activities include textbook reading assignments, review of assessment videos, completion of drug cards, and documentation of normal assessment findings for laboring women, postpartum women, and newborns.

The second component is a 6-hour interactive learning experience where small groups of students (8 to 10) rotate through three stations to observe faculty performance of skills and techniques, while reflecting on what they know and what they have yet to learn (i.e., reflective observation). At the intrapartum station, faculty review basic maternal assessment, fetal monitoring, Leopold’s maneuver, and labor support by using a high-fidelity manikin. If time permits, students participate in a simulated delivery. At the postpartum station, faculty review postpartum assessment, normal postpartum progression, and basic nursing care with a low-fidelity manikin. At the newborn station, faculty review assessment, infant eye care, circumcision, medications, and intramuscular injections with the use of a high-fidelity simulation newborn.

The third component is an independent practice and peer review (i.e., abstract conceptualization). Students are scheduled for a 3-hour faculty-supervised laboratory where they practice what they have learned. At the end of the laboratory, peer evaluations are completed for each area (i.e., labor and delivery, postpartum, and newborn) using a clinical competency rubric. The final stage of Kolb’s (2015) learning cycle is demonstrated with verification of competency (i.e., active experimentation) when the same rubric is used by faculty to evaluate student performance in the clinical environment. Any student who fails to demonstrate competency during clinical is required to schedule remediation and a second competency evaluation in the nursing laboratory. Remediation continues until the student demonstrates proficiency. To encourage careful peer review, students who have verified competency during peer evaluation are also required to attend remediation with the student who has failed to demonstrate competency.

Results

After two semesters, one faculty reported that, “Student confidence is much higher when starting hospital clinical since we initiated OB Boot Camp.” Students indicate that the boot camp experience helped them feel “prepared for clinical” and “more comfortable with assessment” prior to attending clinical experiences. The author recommends additional research regarding the ability of boot camp activities to support clinical learning and improve the abilities of students to meet outcomes.

Conclusion

Inadequate preparation for clinical experiences and limited clinical opportunities will continue to be problematic as nursing class sizes increase and the nursing and faculty shortages progress. Although data support the use of boot camp activities to increase preparation for clinical students in other medically based programs, few data support its use in nursing-specific courses. Unofficial results from this small innovative learning activity indicate that boot camp activities could help to fill a gap in clinical experience and improve student preparation to care for high-acuity patients. It is the author’s recommendation that well-designed, theory-based research investigating the development, implementation, and evaluation of boot camp activities be initiated. Programs should focus on the ability of these activities to support clinical learning and meet clinical outcomes.

References


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The author has disclosed no potential conflicts of interest, financial or otherwise. doi:10.3928/01484834-20180720-13