

Online Community Health Clinical Postconference—An Innovation to Address Challenges

Clinical postconference is a tradition in nursing education despite the scant evidence available to support best practices for integrating clinical experience with course concepts. Postconference in community health clinical presents unique challenges when students are in disparate practice across widespread geographical locations. With diverse clinical experiences, a need to alter the pedagogy of clinical postconference also exists. Caputi (2017) stressed the need for nurse educators to experiment with new pedagogy that contributes to the students' learning, growth, and critical thinking. Asynchronous postconference is a creative option that overcomes the need for students to make long commutes for clinical postconference, as well as challenge students to apply critical thinking to connect course concepts to clinical experiences. The topic of Adverse Childhood Experiences (ACEs) is one that synthesizes community health course concepts related to health outcomes with clinical experiences in home and school health settings.

ACEs as a Topic for Asynchronous Online Postconference

School and home health clinical experiences were tied together in a senior-level community health nursing course by creating an asynchronous online postconference using ACEs as the topic. The student learning outcomes for this activity were for students to synthesize clinical experience with course concepts. The activity demonstrated that online postconferences developed around a topic that spanned disparate clinical settings and, when performed in a creative way, facilitated students' ability to integrate course concepts with clinical experience.

The landmark ACEs study correlated adverse experiences in childhood with lifelong consequences to health across the life span (Felitti et al., 1998). Despite differences in clinical experience in school and home health settings, students are likely to see patients who have ACEs as factors that contributed to their health problems.

Prior to their clinical day, students viewed an ACEs video, read the original ACE study (Felitti et al., 1998), and examined the ACE Pyramid on the Centers for Disease Control and Prevention website (<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.html>), which described major findings related to ACEs. Students were asked to think about the evidence of ACEs in their own clinical experiences in schools and home health. After the clinical day, students wrote and posted a summary in an online discussion forum correlating ACEs to patients' clinical conditions as observed during the clinical day. Students had 48 hours to make their initial post and another 48 hours to respond to other student posts. The faculty facilitated the online discussion.

The asynchronous online postconference required students to think critically about what they would contribute to the discussion. It gave students time to synthesize their learning by reflecting on their clinical day differently than when students sit passively in a face-to-face postconference at the end of clinical that often includes a long commute. Student feedback regarding the online postconference was positive, with comments such as:

- I enjoyed being able to think about the topic more thoroughly.
- Having to write out my own response helped me to think about this in a more in-depth way.
- Sometimes in face-to-face postcon-

ference, I am tired and the online postconference gave me time to really think about my day.

Despite that the original ACEs findings were revealed decades ago, evidence of best practice interventions in nursing practice to reduce the impact of ACEs is only recently emerging (Li et al., 2019). Exposing students to this application of ACEs in clinical practice is timely and allows students to link concepts to practice.

With the call to reform nursing education to meet the demands of nursing practice, an asynchronous online clinical postconference is an innovative strategy for nurse educators to consider (Caputi, 2017). Nursing education and practice are changing, as well as the needs of delivering curriculum and content that support student learning. By altering how the postclinical conference is delivered, the call for nursing education innovation has begun.

References

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