Changing the Postclinical Conference:
New Time, New Place, New Methods Equal Success

KAREN S. YEHLE AND POLLY A. ROYAL

POSTCONFERENCES ARE DESIGNED TO BE A TIME FOR REFLECTION AND REPORTING ABOUT A STUDENT'S CLINICAL EXPERIENCE. Traditionally, they take place immediately after time is spent on the clinical unit. However, with increasing patient acuity, it is difficult for students to complete patient care in time to proceed to postconference, and both students and faculty are likely to be physically and mentally fatigued, increasing the likelihood of passive learning (Donner, Levonian, & Slutsky, 2005).

Based on Chickering and Gamson's classic work, *Seven Principles for Good Practice in Undergraduate Education* (1987), the authors made changes to the postconference format for an adult nursing course. In order for students to be actively engaged learners who connect and apply didactic content in the acute care setting and in simulated patient scenarios, the postconference was renamed *clinical conference* and now takes place at a different time in a different setting. There is also a new format to help undergraduate nursing students master problem solving, critical thinking, and evaluation. Consideration has been given to the fact that many of today's students, born between 1982 and 1991 and known as the Millennial Generation, have different expectations of faculty and learn differently than previous generations of students (Johnson & Romanello, 2005; Skiba & Barton, 2006). They are accustomed to multitasking, feel the need to be constantly connected, and have little patience for delays (Christmas, 2008; Duchscher & Cowin, 2004; Frand, 2000).

Timing and Milieu The clinical conference has been moved to a new day and an on-campus setting, giving students time to refuel and reflect (Donner et al., 2005). The 90 minutes set aside for the conference is divided into segments of 12 to 15 minutes to accommodate students who grew up watching television with frequent commercial breaks (Christakis, Zimmerman, DiGiuseppe, & McCarty, 2004). The change in the physical environment, supported by technology, is designed to enhance active learning and increased interaction among students.

Learning Methods Using Chickering and Gamson's seven principles for good practice (1987), the clinical conference encourages contact between students and faculty; reciprocity and cooperation among students; active learning techniques; prompt feedback; an emphasis on time on task; the communication of high expectations; and respect for diverse talents and ways of learning. Students are assessed as visual, aural, reading/writing, or kinesthetic learners (Gardner & Hatch, 1990), and faculty design activities that meet individual learning styles. The goal is to teach students to recognize how they learn best so that they may capitalize on their strengths.

The clinical conference incorporates multiple learning modalities outlined in the Table. Small-group exercises provide the Millennial Generation students with the experiential learning and immediate feedback they desire (Skiba & Barton, 2006). This format builds on the positive characteristics of today's learners, which include collaboration, an affinity for technology, and the ability to learn immediately from mistakes (Pardue & Morgan, 2008; Skiba & Barton). Limiting the clinical conference to 16 students ensures that every student participates in all group activities.

Table. Sample Active Learning Strategies for Clinical Conference

DRILL AND PRACTICE Divide students into groups and have them perform calculations, then practice programming intravenous pumps.

CASE STUDIES Divide students into groups and provide them with a brief case study where each student can help develop a plan of care.

GAMES Divide students into groups for a memory game where students match generic drug names with classifications of the drugs and the mechanisms of action. Students correlate effectiveness of the drugs, adverse reactions, and nursing implications.

STUDENT-LED PRESENTATIONS Groups of two to three students disseminate results and conclusions of nursing research articles to increase awareness of evidence-based practice.

EMPATHY-BUILDING EXERCISES Students test their own blood glucose to experience what diabetic patients feel multiple times on a daily basis. Students practice with incentive spirometers lying, sitting, and standing, in order to gain an understanding of what surgical patients encounter postoperatively.

PRACTICE NCLEX QUESTIONS Multiple test-taking strategies are discussed for the NCLEX and didactic courses. Discussions frequently center around why one answer is "best," even if all options are "correct" answers.

Rather than traditional information reporting, the new format allows for interactive synthesis and the evaluation of concepts introduced in the theory course. It also incorporates preparation for caring for various patient populations, such as patients with cardiovascular or neurological diseases. Every student may not provide care for a patient experiencing a myocardial infarction in the hospital, but each student has the opportunity in clinical conference to develop a plan of care and participate in a case study related to the care of such patients.

Expecting students to take ownership for their learning by active participation is an influential teaching tool (Cherney, 2008; Johnson & Romanello, 2005). Team building occurs as students are randomly divided into small groups each week for several activities. Games are used to help students learn drug classifications, actions, and adverse effects. This knowledge is applied and reinforced when it relates to patient monitoring, pathophysiology, and nursing interventions. Students also practice documentation and patient education using actual scenarios from their clinical experiences.

Students are asked to identify three areas of interest and preferred learning modalities. By identifying specialized topics of interest and selecting activities to participate in during the semester, students assume ownership of their education. Faculty members look for trends in student responses.

Evaluation of the Clinical Conference The clinical conference was initially piloted with 16 junior year nursing students. The next semester 8 more students were added. Three semesters later, all 144 juniors in the adult nursing clinic courses participated in clinical conference. Throughout these initial semesters of the project, informal student feedback was solicited. Most comments were positive and included overt appreciation of attempts to increase participation, motivation, and synthesis.

To obtain student perspectives about the new clinical conference, written comments were also collected, with institutional review board approval, via an anonymous, open-ended, investigator-developed questionnaire collected at the 5th, 10th, and 15th weeks of the semester. Four open-ended questions were asked about the experience:

1. What are one or two specific things your *professor* is doing to help you learn in clinical conference?
2. What are one or two specific things your *professor* is doing that hinder your learning?
3. What are one or two specific things *you* are doing to help you learn in clinical conference?
4. What are one or two specific things *you* are doing that hinder your learning?

Examples of feedback regarding positive things done by the professor include:

"Case studies are the most helpful for me. You ask specific questions to make us use our critical thinking skills."

"Using many visual activities, group work, getting everyone involved; providing snacks also increases motivation."

"It is not straight lecture, so I don't zone out."

Examples of student feedback regarding positive specific things they are doing include:

"Asking questions to make sure I understand concepts."

"Coming prepared and willing to learn."

"Discussions with other nursing students."

Regarding things they do that hinder their accomplishments, students wrote about not being organized, not getting enough sleep, not asking questions, and not doing as much review outside of class as needed. Regarding negative faculty behaviors, students identified disorganization, rushing through activities, and too many activities.

These findings led to an examination of the pace of the experience. Students were asked to indicate their comfort level, on a continuum, ranging from "bored" to "challenged" to "overwhelmed." Over the four semesters that students completed the questionnaire, the percentage of students indicating "bored" remained constant at zero. The percentage of students describing themselves as "overwhelmed" declined from 21 percent to 5 percent between the first and fourth semesters. This decrease is attributed to providing a weekly agenda for students prior to class. The optimal number of activities seems to be six per 90-minute clinical conference. The percent of "challenged" responses rose from 79 percent to 95 percent over the four semesters that students completed the questionnaire. Students preferred working in small groups of no more than four students.

Conclusion The clinical conference, at a new time, in a new setting, and with new methods, provides students with an opportunity to analyze and evaluate complex patient situations without the pressures of being in an actual clinical setting. Using a variety of activities that change from week to week over the course of the semester, clinical conference is an excellent way to help students make connections between didactic content and clinical experiences in an interactive environment. NLN

About the Authors *Karen S. Yehle, PhD, RN, is an assistant professor, and Polly A. Royal, DNP, RN-BC, is a clinical assistant professor, Purdue University School of Nursing, West Lafayette, Indiana. For more information, contact Dr. Yehle at kyehle@purdue.edu.*

References

Cherney, I. (2008). The effects of active learning on students' memories for course content. *Active Learning in Higher Education 9*(2), 152-171.

Chickering, A., & Gamson, Z. (1987). Seven principles for good practice in undergraduate education. *American Association for Higher Education Bulletin, 39*(7), 3-7.

Christakis, D., Zimmerman, F., DiGiuseppe, D., & McCarty, C. (2004). Early television exposure and subsequent attentional problems in children. *Pediatrics: Official Journal of the American Academy of Pediatrics, 113*(4), 708-713.

Christmas, K. (2008). *Attracting and retaining millennial nurses.* New York: Bernard Hodes.

Donner, C., Levonian, C., & Slutsky, P. (2005). Move to the head of the class: Developing staff nurses as teachers. *Journal for Nurses in Staff Development 21*(6), 277-283.

Duchscher, J., & Cowin, L. (2004). Multigenerational nurses in the workplace. *Journal of Nursing Administration, 34*(11), 493-501.

Frand, J. (2000, *September-October*). The information-age mindset: Changes in students and implications for higher education. *Educause Review,* 35, 14-24.

Gardner, H., & Hatch, T. (1990). Multiple intelligences go to school: Educational implications of the theory of multiple intelligences. New York: Center for Technology in Education (Technical Report No. 4). Retrieved from http://cct2.edc.org/ccthome/reports/tr4.html

Johnson, S., & Romanello, M. (2005). Generational diversity: Teaching and learning approaches. *Nurse Educator, 30*(5), 212-216.

Pardue, K., & Morgan, P. (2008). Millennials considered: A new generation, new approaches, and implications for nursing education. *Nursing Education Perspectives, 29*(2), 74-79.

Skiba, D., & Barton, A. (2006). Adapting your teaching to accommodate the net generation of learners. *OJIN: Online Journal of Issues in Nursing, 11*(2), 15.