Flipping Clinical Practice In a Nursing Program

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The role of the nurse educator in the clinical setting is multifaceted; however the most critical role is to ensure that students can practice safely in the clinical setting (Benner, Sutphen, Leonard & Day, 2010). Traditionally, the first day in a new practice setting is not on the unit but instead in a classroom like setting for the purpose of orientation. Faculty must ensure that students understand the patient/client population, scope of practice, documentation requirements, goals/objectives of the learning experience. Too often orientation ends up not meeting the needs of the students, not attending to adult learning principles and not meeting the objectives of preparing the student for the clinical setting. Chickering and Gamson’s Seven Principles of Good Practice in Undergraduate Education provide the framework for flipping clinical practice orientation.

Flipping the classroom is a relatively new form of blending learning where technology is used to leverage the learning that takes place in the classroom. Typically the student work independently using a video prepared by the instructor and then once the class meets together the focus can be around hands on practice/instruction or case studies (Lage, Platt, & Treglia, 2000). Flipping clinical orientation has been a strategy that I have used with my clinical students for a number of years. Using the LMS Blackboard, I have uploaded voiceover PowerPoints for students to watch prior to coming to practice. 1) overview of course/expectations 2) postpartum assessments/documentation 3) newborn assessments/documentation. Students come to clinical with having completed this pre-work and then demonstrate their knowledge in a case study manner and then immediately following this feedback in hands on practice with patients. Students are able to enter into the clinical setting with some knowledge that they have acquired in a directed manner, they are able to apply this learning and able to identify their own learning gaps prior to interacting with families independently. Students have reported that they feel more confident, like the information is organized and that a whole clinical day is not wasted in the classroom. They feel prepared to step in and care for their patients.