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Personal Digital Assistant (PDA) Use Pilot Study: How Senior Second-Entry Nursing Students Use PDAs in their Clinical Placements (Paper)

Maureen Barry, Mary Ann Fegan, and Shawna Rooke, University of Toronto

Background: With the increasing acuity of patients and the explosion of new knowledge in the healthcare sector, it is important that nurses and nursing students have access to up-to-date research and information in their daily work. Personal Digital Assistants (PDAs) are one way of making it easier for nurses to record pertinent patient information and to have current information at their fingertips. There is little research about the use of PDAs in nursing, however, and even less about the integration of PDAs into nursing education. The purpose of this research-in-progress is to describe how senior second-entry baccalaureate nursing students interact with PDAs during their clinical placements and when completing a case study. This study is a pilot to examine the feasibility and acceptability of PDA integration into a second-entry undergraduate nursing program. Method: The study is a one-group, pre-post study design using both qualitative and quantitative data. Sixteen students (two clinical groups) and two clinical instructors were recruited for the study. Data are in the process of being collected using some pre- and/or post-measurement tools, such as the Comfort with Technology Scale, General Self-Efficacy Scale, online biweekly clinical logs, and the Questionnaire for User Interaction Satisfaction (QUIS) as well as semi-structured individual interviews with both student and clinical faculty participants. Results and discussion of the results will be presented.
Emergency Preparedness Simulation: Faculty Perspectives (Paper)

Geraldine (Jody) Macdonald and Betty Burcher, University of Toronto

Background: The increasing number of emergencies in the community related to violence/terrorism and natural disasters led to new standards in nursing education. To meet the challenge of embedding emergency preparedness skills into the curriculum, faculty designed a pilot, emergency preparedness simulation-model for senior year students. Simulation research identifies key learner outcomes but no studies were found that specifically described faculty perspectives related to the design and/or implementation of simulated learning. The central purpose of this funded educational research study was to explore the related experiences of learners and faculty who participated in or facilitated an Emergency Preparedness Simulation (EPS) module in the 2007/08 academic year and their perspectives on the effectiveness of the simulation in preparing learners to respond to emergencies in the future. This presentation focuses on the faculty perspectives identified in the preliminary data analysis. The three components of the EPS module included the “Teddy Bear” triage, the “Mass Casualty” triage, and a class debriefing. Method: Faculty (n=6) who had actively participated in the designing and/or implementation of the EPS module were invited to participate in a two hour focus group in July, 2008. Focus group tapes and notes were transcribed into a word document available for qualitative analysis. A constructivist analysis was used to identify patterns in the qualitative data. Results: Three participants attended the focus group. Preliminary data analysis reveals three main patterns in the faculty perspectives: strengths, objections, and suggestions. Discussion: The faculty experience identified strengths that supported the design and implementation of the EPS module, objections which related to concerns about confidence, competence, and preparation for the EPS, and suggestions for future EPS modules that were invaluable.
Developing Evaluation Tools for Critical Perspectives in Global Health: An Elective Practicum (Paper)

Freida Chavez, Amy Bender, Kate Hardie, and Denise Gastaldo, University of Toronto

Background: A tangible expression of global citizenship as an explicit guiding concept of nursing practice in the undergraduate nursing program at the University of Toronto is the course. This course offers an opportunity for an enriched, independent clinical experience for novice nurses, in under-resourced locations. Placements have focused on primary health care principles in urban and rural settings, with the purpose of facilitating a deepened understanding of global health issues, social determinants of health, and the challenges of service provision for marginalized communities both in Canada and abroad. Since its inception, feedback from all involved in the course has been positive and course faculty has reflectively evaluated the theoretical and practice components of the course each year. Based on this, revisions have been made to improve student experience and enhance partnership building with host agencies. However, the evaluation methods, consisting of comprehensive course evaluation and student practice evaluation forms were informally developed year to year. Method: Given the growing recognition of the importance of a global health consciousness in nursing curricula, and the limited literature on such initiatives, a thorough and systematic review of the evaluation methods of this course has been supported through the Nursing Education Research Fund. The overall aim of the project was to develop an evaluation tool that will support the systematic review and revision of the course to ensure it meets the theoretical and practical aims it has set. In this paper, initial findings will be discussed.
Efficacy, Quality, and Student Satisfaction Across Three Simulation Learning Conditions for Pre-Licensure Nursing Students’ Education about Complex Cardiac Pain (Paper)

Michael McGillion, University of Toronto

**Background:** Health care professionals have misbeliefs that block effective pain assessment and management. While standardized patients (SP) have been used effectively to improve nursing students’ interview skills and pain-related knowledge, they can be expensive. This randomized controlled trial pilot-tested two alternate simulation methods versus SPs for improving nursing students’ knowledge of pain-related misbeliefs, including classroom-based simulation training (CBS) and deteriorating patient-based simulation (DPS).

**Method:** Students (N=149) were randomized to an SP, CBS or DPS simulation, each lasting 3 hours. Pre- and post-test pain-related misbeliefs were measured using the Pain Beliefs Scale (PBS); students’ perceived satisfaction and quality of simulation were secondary outcomes measured by the Student Satisfaction with Learning Scale (SSLS) and the Simulation Design Scale (SDS) respectively. Analyses. ANCOVA tested for overall differences in pain-related misbeliefs among treatment arms. One-way ANOVA tested for overall group differences in post-test SSLS and SDS scores.

**Results:** At post-test, students who underwent DPS had significantly higher scores for knowledge of pain-related misbeliefs than those who worked with SPs [F=10.26(2,134), p<0.001]; they also had significantly higher SSLS scores than both the SP and CBS groups [F=27.08(2,135), p<0.001]. With respect to perceived quality of simulation, DPS and SP group scores were similar and significantly higher than the CBS group scores [F=6.52(2,128), p=0.02].

**Conclusions:** DPS training offered a viable alternative to standardized patients and students preferred small groups over a classroom setting for simulation learning about pain. Based on these pilot results, further examination into the effectiveness of DPS training for pain education is warranted.