

TouchPoint: Undergraduate Senior Immersion Activity

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Learning Objectives

The learner will

- Describe own strengths, limitations, and values in functioning as a member of a team (Knowledge).
- Demonstrate awareness of own strengths and limitations as a team member (Skill).
- Act with integrity, consistency and respect for differing views (Skill).
- Acknowledge own potential to contribute to effective team functioning (Attitude).
- Appreciate importance of intra- and inter-professional collaboration (Attitude).

Strategy Overview

In an informal quest to bring baccalaureate senior nursing students and nursing faculty together to share clinical experiences and knowledge, a back to the basics approach of hosting a “TouchPoint” in-person “safe” session was designed, implemented, and evaluated for student satisfaction. Unlike a traditional faculty-student clinical conference, which is the typical standard for faculty and students to meet and engage at the end of a clinical day or experience, TouchPoint was envisioned to be an elevation of the typical clinical conference. The principles of TouchPoint are building relationships between faculty and students, a sense of safety in reflective sharing and transparency with the outcome of building resilience and strengthening resiliency practices for senior level nursing students who would soon graduate and be in their first professional nursing role.

Faculty did not want another standard post-conference which was scripted and led by faculty in hopes that students would grasp onto bits of information as takeaways for the day and call it learning. Faculty wanted a new method for connecting with students; TouchPoint was specifically aimed at exploring the deep levels of students' experiences in relation to clinical reasoning and critical thinking thought processes. Looped learning and reflective practice were identified as the methodologies faculty felt would be the most appropriate and effective strategies to achieve the goals of TouchPoint.

Koole, Christiaens, Cosyn, and Bruyn (2016) discussed reflection in terms of single-loop, double-loop, and triple-loop learning. TouchPoint digs deeper into reflection through the use of a triple loop learning. This learning is foundational into the understanding of how the structure relates to the problem. Using a guided approach to understanding a students' thought processes, TouchPoint goes beyond an instantaneous repair of a situation into a guided and enriching reflection that is shared by peers. Through the guided direction of faculty, participants create an environment that encourages deep reflection and perspectives that may not be seen by an individual reflection (Koole, Christiaens, Cosyn, & Bruyn, 2016). The ultimate goal of TouchPoint is to create a safe and enriching environment where the sharing of student experiences builds on a community reflection technique to support students during their intense complex care immersion experience. Macera-DiClemente and Smith's (2018) work on

mentoring noted a supportive environment is crucial to deep reflections that produce deep thought. It is imperative to contend that with an intense degree of deep thought and disclosure, there is vulnerability. For students, this transparency and vulnerability must be protected; it can only be protected with trust. Ursuy (2015) demonstrated the dimensions of trust, support, and respect were most important factors in understanding progress toward independent nursing practice. This is further supported by Hudson (2016), which established the importance of trust and respect as being the center of any supportive and close relationship.

The logistics of TouchPoint are crucial to create a culture of safety and sense of community. After the first TouchPoint, the importance and value of the setting, environment, and culture were realized and elevated in the planning process. A lesson learned from the first TouchPoint was the disclosure from students about uncomfortable, disturbing situations and rare events that elicited emotions that stirred in the time of crisis, trauma, despair, death, and fear. Faculty immediately realized the vulnerability expressed by students through their verbal and non-verbal communication. Thus, when students are asked to share deeply and be transparent, it is imperative that a safe, confidential, relaxing, nurturing environment is established to foster trust and to protect them in that moment and afterwards.

Strategy Method

TouchPoint was a 2-part experience. The first TouchPoint was addressing the immediate clinical and professional issues the students experienced in their 260 hours of a capstone clinical immersion course in a complex care environment. The two undergraduate nursing faculty members hosted a small group, 10-12 senior (BSN) level nursing students from at least two different clinical areas, in a 2-hour face-to-face session (if meeting room and social distancing allows; via Zoom if working remotely). Nursing faculty prepared reflective question cards (see attachment - Clinical Game) that students randomly selected and then shared their response aloud in the group related to their clinical experience for that particular semester. The astounding and inspiring stories told by the students prompted the faculty to continue their collaboration and adopt the TouchPoint session as an ongoing part of their clinical teaching practices. At the end of the TouchPoint session, students were sent a link to a Qualtrics survey evaluating their satisfaction with the session.

The second TouchPoint was held approximately 4-6 weeks after the first TouchPoint, but the focus was on the transition of the senior students as they were nearing graduation and were in the process of applying and interviewing for their first nursing position. The focus of the second TouchPoint was on professional socialization and role identity. Again, the two instructors held a face-to-face meeting with less than 12 students and discussed the following topics: a) teamwork/collaboration, b) leadership, c) problem solving, d) communication/handling conflict, and e) initiative “self starter” (<https://www.indeed.com/career-advice/interviewing/most-common-behavioral-interview-questions-and-answers>). Each of these topics have 4-6 statements/questions that follow and intended to be randomly distributed to students (see attachment - TouchPoint Behavioral Questions). The faculty asked for a student volunteer to start, then moved in round robin fashion around the room giving each student a random question to simulate an interview panel. With the small group of 12 students and the 2-hour time frame, each student was able to field 2 randomly selected questions. The faculty emphasized the trend of behavior-based questions as interview talking points. This approach was infused into

TouchPoint #2 as a way to help ready senior students for upcoming job interviews. At the end of the TouchPoint session, students were asked to complete a Qualitrics evaluation on their satisfaction with the session.

The TouchPoint senior immersion activity is a synthesis of moving stories presented by nursing students following a reflective question prompt. The TouchPoint sessions are valuable for students as they share about witnessing death, experiencing new found independence and autonomy, practicing anticipation, and applying new knowledge acquisition with critical thinking at the bedside.

The TouchPoint sessions are a necessary component of nursing student clinical rotations for the promoting psychological safety, building resiliency, and enhancing student metacognitive knowledge and awareness. TouchPoint sessions could be held as often as necessary to support students in their clinical immersion experience. Nursing faculty colleagues may find this strategy useful for different levels of nursing students and in a variety of clinical courses.

Strategy Evaluation

Nursing faculty evaluated TouchPoint by asking student participants to complete an anonymous Qualitrics survey following four TouchPoint sessions, each with a different student cohort. The questions asked were:

1. As a participant in the innovative clinical knowledge assignment , (TouchPoint) share your thoughts/feelings on the Senior TouchPoint you recently attended.
2. How did TouchPoint help you reflect on your experiences on the clinical unit?
3. Any other comments or feedback you would like to share? What would you change?

The magic of TouchPoint was realized at the conclusion of the first TouchPoint. The nursing faculty created the TouchPoint as a safe space and structured the learning activity as an opportunity for nursing students to learn about their peers' clinical experiences in high-risk specialty areas of a large teaching hospital. This purposeful and structured immersion activity yielded themes from student responses. The students felt as if they were in a safe environment and were able to express their feelings and talk about emotions, fears, and opinions. The students were able to talk about challenges, seek support, and share advice. Student comments regarding TouchPoint include,

“Felt supported by peers and faculty,” “Talk openly and freely about emotions/feelings,” “To share the “good and bad” of the clinical experience,” “Is something we have rarely gotten to do in the past (especially with an instructor present),” “Can have a difficult conversation (death, specialties/kids) that are mostly otherwise avoided,” “Others hold the same fears/opinions I do; I thought I was alone feeling that way,” “Shared tough moments” “Comforting to know we all have fears, struggles, etc. but we can support each other and get through it.”

In summary, the keys to success for TouchPoint include keeping the groups small, no more than 12 students per session is recommended. Providing a safe and confidential environment is a must. Clearly stating the ground rules prior to starting TouchPoint, with emphasis on confidentiality is imperative for reflective practice. These essentials will help faculty ensure their

TouchPoint sessions adhere to the foundations of trust, respect, and support.

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