

**MEASUREMENT** 

# The Big 10 Practice-Ready Nursing Initiative Logic Model

nding	from	the	RN

**INPUTS** 

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Initiative

- Students enrolled in 3 Big 10 schools (n = 600)
- 25 preceptors at local health care facilities
- Staff, Experience, Relationships of the research team and partner institutions
- Evidence-based models
- Panels of expert nurse advisors

### **STRATEGIES**

- Develop 5 competency-based immersive virtual reality simulation (IVRS) experiences focused on providing care to multiple complex, diverse patients
- · Train preceptors and faculty
- Implement IVRS experiences with senior students
- Implement a clinical preceptor plan in tandem with IVRS experiences, including sequencing, theory-based debriefing, and assessments
- Study impact and cost of intervention, utilizing intervention/control design
- Test replicability of model at additional nursing schools in Year 3 (n = 200)

## 1–3 years

- Students demonstrate clinical competencies related to prioritization, delegation, communicati on, clinical judgment, and patient safety
- Students increase knowledge of how to provide nursing care for multiple patients concurrently
- Students demonstrate increased ability to care for a caseload of multiple concurrent patients
- Students pass NCLEX at increased rate
- New graduates demonstrate increased readiness for practice, as assessed by employers
- Feasibility and cost of model assessed

### 3-6 years

 Project findings and models widely disseminated

**OUTCOMES** 

- Model is sustained and integrated into existing curricula and precepted clinical education models
- Two additional schools demonstrate the replicability of the model and outcomes
- IVRS developed through project is available as an affordable resource for other schools to replicate
- Training materials developed through project are available as an affordable resource
- New graduates provide care with increased confidence and competence

### 6-10 years

- Academic Changes:
  - Revolutionize the traditional clinical education model
  - Increase ability to prepare nurses through competencybased simulation
- Increase access to an IVRS/preceptor model to care for multiple diverse and complex patients simultaneously
- Practice Changes:
- Increased readiness for practice
- Increased efficiency
- Decreased attrition from profession
- Decreased staffing shortages
- Decreased burden on health care system
- Patient Changes:
- Decreased disparities
- Decreased cost of care
- Increased quality of care
- Increased access to care

- Students will be evaluated using metrics generated from the IVRS, including time-stamped interventions, communication, and time management. Realtime feedback will be provided at the end of each IVRS, followed by debriefing with Debriefing for Meaningful Learning (DML).
- Creighton Competency
  Evaluation Instrument for
  multiple patients (CCEI-M)
  will assess clinical
  competency after each IVRS,
  by the clinical preceptor
  during each of the five
  subsequent traditional
  clinical experiences, and
  again by the student
  participant/ post-graduation
  manager/preceptor after
  one month of employment.
- The Multiple Patient -Knowledge Assessment Scale (M-KAS) will measure knowledge before and after the IVRS.