NSG-DIV Scholarly Project

**CODEBOOK – Learning Beyond**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CODE CATEGORIES** | **CODE** | **SUBCODE** | **DEFINITION** | **Comments** |
| **HOLISTIC PATIENT CARE** |  |  | Integrating the physical, emotional, psychological, and spiritual care  “Dance of Caregiving”**–** Awareness of the need to care for the whole person, engaging the patient in a relational way, taking time to know him or her by active listening and attending to human-to-human relationship integral to caregiving, including person-centered care that is consistent with evidence and best practices. |  |
|  | **Prioritization of care** |  | Student expresses tension between meeting physical, emotional, psychological, and spiritual care. Requires student to critically think and act. | Minor code not discussed in this article. |
|  | **Inner Awareness** |  | Identification of and reflection upon internal experience or inner dialogue during encounter. |  |
|  |  | **Embodied response** | Attention to sensory stimuli and response as essential components in an encounter. |  |
|  |  | **Anxiety/emotional discomfort** | *S*tudent expressions of emotional discomfort, fear, and/or heightened tension related to the simulationexperience. |  |
|  |  | * ***Performance Anxiety*** | Anxiety related to evaluations of student actions in simulation scenarios, including feelings of not being prepared |  |
|  |  | * ***Time Pressure*** | Anxiety related to responding to crisis scenarios effectively |  |
|  |  | * ***Fear*** | Student states fear of something specific. |  |
|  | **Outer**  **Awareness** |  | Cognizance of the atmosphere in the patient’s room, being able to read the room to know how to provide care for that patient in that situation at that time. |  |
|  |  | **Emotional climate** | Student awareness of the atmosphere within the room. How we present ourselves (the full gestalt of human presence) in a space affects the atmosphere of the space. |  |
|  |  | **Contextual awareness** | Attention to the impact of the entire situation including  physical, emotional, psychological, and spiritual milieu |  |
|  |  | **Physical  Awareness** | Student acknowledges the importance of thebody and physical surroundings in meeting patient and professional needs  - includes embodied awareness and relationship of their body to others in the physical space |  |
|  | **Relational Care** |  | Student acknowledges the relational aspect of the patient encounter |  |
|  |  | **Recognition of common humanity** | Student recognizes shared humanity as essential to the interaction |  |
|  |  | **Presence** | intentional attunement of body and mind during interactions (individual’s projection to the context) |  |
|  |  | **Active Listening** | demonstrates  deep attention to verbal and nonverbal communication  (taking in information from the context) |  |
|  |  | **Prayer** | Prayer as a form of care   * Nature of prayer-what constitutes a “good prayer”: listening, patient focused, contextual awareness, giving voice to concerns   INTERPROFESSIONAL discussion of when, what, and how to pray |  |
| **INTER-PROFESSIONAL AWARENESS – Learning Beyond** |  |  | Involves academic experiential learning between members of separate disciplines and professional growth. These codes include student expressions of learning about their role and other roles within the larger healthcare system to better meet patient needs. |  |
|  | **Role Awareness** |  | Expression of learning about discipline’s own role and other roles within the larger healthcare system to better meet patient needs |  |
|  |  | **Interprofessional uncertainty** | Expression of a lack of understanding of when to involve other professionals (esp pastoral care) in patient care. |  |
|  |  | **Intraprofessional**  **uncertainty** | Individuals within same discipline working toward common goal but unclear how to perform their role |  |
|  |  | **Simulation role uncertainty** | Student unsure what to do in the simulation due to unclear understaning of what is “real” vs “simulated. (i.e. can should I assess SP breasts or perineum, etc.) |  |
|  |  | **Peer role teaching** | Students teaching each other about their understanding of their role. |  |
|  |  | **Learning** | Student expression of learning knowledge of purpose, philosophy, and characteristics of other’s role [nursing and chaplaincy] |  |
|  |  | **Expanding** | Student expresses personal understanding of her/his professional role and possibilities for interdisciplinary collaboration in caregiving |  |
|  | **Teamwork awareness** |  | Student expression of value and difficulties of teamwork. |  |
|  |  | **Interprofessional** | Students from 2 disciplines working together to promote teamwork through communication and collaboration. |  |
|  |  | **Intraprofessional** | Students from same discipline working together to promote teamwork through communication and collaboration. |  |
|  | **Implications for inter-professional practice** |  | Translation of simulation learning to real life situation, linking theory and practice.  Student expresses awareness of potential translation from interprofessional simulation experience to patient care. |  |
|  |  | **Reflection and Integration** | Simulation triggers student memories of prior experiences allowing student to apply this new knowledge/understanding from this simulation to the prior experience. An “aha” moment. |  |
|  |  | **Further Interdisciplinary Engagement** | Student recommendations for other opportunities for learning more about the other discipline. [Student generated primarily from online student survey] |  |
| **IMPLICATIONS FOR SIMULATION** |  |  | Student expressions of the simulation experience. | Main Category not fully discussed in this article. |
|  | **Suggestions for future simulation** |  | Student feedback for improving simulation experience. |  |
|  |  | **Scenario changes** | Suggestions for changing or adding to scenario. |  |
|  |  | **Resources** | Functionality, availability, and limitations of equipment or available resources, request for additional resources. |  |
|  |  | **Orientation** | Wanted more information regarding room setup, their roles, and the limitations of the simulation environment. |  |
|  | **Value of simulation** |  | Students expressed positive feedback regarding simulation experience. |  |
|  | **Standardized Patient (SP) Impact** |  | Impact of using an SP vs manikin in the simulation experience |  |
|  |  | **Depth of experience** | Student expresses a sense of increased realism, empathy and engagement that they attribute to interacting with the SP and a perception that this opportunity for human connection offered a richer experience than solely manikin-based simulation**.** |  |
|  |  | **Effect of SP feedback on student** | Students articulated the value of receiving timely feedback from SP from the “patient” perspective. |  |
|  | **Video Impact** |  | Impact of video/livestream on student learning |  |
|  | **Interprofessional debriefing** |  | Enhanced learning experience related to interactive reflective dialogue with faculty and peers across disciplines. |  |
|  |  | **Self-assessment** | Student reflects on own experience and/or performance. |  |
|  |  | **Peers** | Feedback from fellow students from nursing or divinity. |  |
|  |  | **Peer encouragement** | Affirmative feedback provided by one student to another student |  |
|  |  | **Faculty- clinical present** | Feedback from faculty.  Information on role, task, or interprofessional implication provided by faculty. |  |