Looking Back, Forging Ahead in Nursing Education

Sheri Noviello

When I began my journey as a registered nurse a little over 25 years ago, I had no idea that it would be one of such perpetual learning. It had only taken me six quarters—two years—to learn everything I needed to know to be a nurse . . . or so I thought.

My undergraduate program prepared me to enter the nursing profession, but it would be the day-to-day experiences in the Emergency Department that kept me there. I was ill-prepared, no pun intended, for the steep learning curve that would take place during the first six months of my career.

Although the gradient of acquiring knowledge and skills over the following years was less sharp, the necessity to learn was, and continues to be, an upward challenge for me and for every nurse. This challenge may seem pretty benign without understanding that a nurse would have to read 14 journal articles every night in order to keep up with the dissemination of information that drives the changes in nursing practice. These changes seem to occur so rapidly that sometimes an expert nurse may find herself feeling much like a novice when returning from a vacation or a short leave of absence.

From new technologies to new medications and from new procedures to new environments, nurses must be flexible, adaptable, and knowledgeable to meet the demands of a transforming healthcare system.

What will nursing look like in the year 2022? My vision for nursing’s future has been constructed, at least in part, through the sci-fi movies or television shows that many of us have enjoyed. Perhaps in 2022, nurses will carry a small device that makes a moderately-high pitched humming sound while being passed over the clothed body of a patient. A digital evaluation of the internal anatomy and physiology of this patient is available within seconds making diagnosing a quick task. This gadget might look much like the one that Dr. Bones McCoy used on the Starship Enterprise. Or perhaps, future computer systems will recognize patients as they walk or are wheeled through a hospital door and will automatically access the patient’s medical records for use during their visit.

Scenes from the movie Minority Report may lend credence to the use of retinal scanners for patient identification making armbands obsolete. I sincerely believe that nurses will be even more autonomous in the future than they currently are and will continue to be the primary advocate for their patients.

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About the Stack

This issue’s Stack (photos on left), depicts exercise science majors, directed by assistant professor Brian Tyo, making use of new high-tech equipment in the Human Performance Laboratory. At top, students—among them Melissa Kohring, Tess Moore, and Jordan Thrasher—assemble paraphernalia used in cardiopulmonary stress testing and indirect calorimetry. Their “specimen” is cross-country runner Stephen Bowers (below, black shirt) as he works out on the treadmill. The device used to measure these factors (and many more) is a Parvo Medics TrueOne 2400 Metabolic System.
because they want to learn. By offering them rewards, “We’re bribing students into compliance instead of challenging them into engagement.” (p.185).

**Brains Differ**

Earl Barnett

Growing up in poverty significantly alters the neurological, cognitive, social, and physical development of children. In short, the brains of students from impoverished homes differ from those of their affluent counterparts. Eric Jensen’s *Teaching with Poverty in Mind: What Being Poor Does to Kids’ Brains and What Schools Can Do About It* (ASCD, 2009) explores and elaborates on this phenomena. It investigates the neurological influences of poverty on students to “give you the theory, the research, and the strategies to ensure success at your school” (p. 46).

Jensen explores the nature of poverty and how it influences cognitive development and academic performance. He paints a bleak picture, frankly. However, he then offers a solution: if students’ brains are shaped by impoverished conditions, then they can be re-shaped by enriching, challenging environments. Jensen proposes that educators structure classrooms and teach to the unique needs of impoverished students. This includes assuring that all students’ needs are met (including food, clothing, and healthcare), proactively tracking intervention success, and providing curriculum enrichment—in particular a strong emphasis on the arts. Teaching with Poverty in Mind both identifies the problem and offers solutions.

*Teaching with Poverty in Mind* is excellent for individual enrichment and inspiration. It is even more effective read by a group of fellow educators. Every individual is crucial in restructuring schools and classrooms to better serve impoverished students. But no one educator can do it alone. It must be a team effort. Regardless of how one reads *Teaching with Poverty in Mind*, it is an absolute must-read for all educators.

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Although I am not quite sure what the rest of nursing will look like in 2022, I do know that nursing will not continue to grow without the presence of qualified and dedicated nursing faculty to facilitate the understanding of a rigorous nursing curriculum and the presence of highly motivated nursing students to be facilitated. The School of Nursing (SON) at Columbus State University has the faculty and students needed to position us for the future.

The $1 million gift from Columbus Regional Healthcare System and St. Francis Hospital has made it possible to expand the campus lab in the SON to maximize the opportunities for nursing students to learn skills and principles vital to safe, patient care. High- and moderate-fidelity manikins, challenging scenarios, software packages and innovative faculty make simulated experiences part of every student’s clinical experience preparing them for future nursing challenges.

Although the high tech side of nursing education is stimulating, the reality is that the baccalaureate-prepared nurse is able to assess, evaluate, and intervene for their patients when slight changes are noticed only by interaction between patient and nurse. The way a nurse assesses, evaluates, and intervenes may be transformed over time by new innovations, but the ability to notice...now that’s a no-tech, timeless strategy! Not just to notice but knowing what is critical to notice.