Interview with Dr. Leila Casteel

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Lisa Bonsall: Hi. I'm Lisa Bonsall, Senior Clinical Editor for Lippincott NursingCenter. I'm at the 2022 Nursing Education Innovation Summit. And right now, I have the pleasure of speaking with Dr. Leila Casteel. Dr. Casteel is the Associate Vice President of Curriculum and Innovation for Herzing University and also continues to practice in an urgent care setting on a regular basis.

Dr. Casteel, why are virtual experiences important?

Leila Casteel: That's a long list, but I think initially it was very easy to get people to see the value when we didn't have another place to go. And I think, unfortunately, that's still the most obvious, and the most…the go-to if we can't get into the clinical site and we need a replacement. So it's a backup plan. And I'm not saying that's my opinion, I'm saying that's what I think I'm trying to help advocate against them, really trying to get us to say not only are they valuable, but they're necessary, and that we have to actually carve away some of our clinical hours specifically for this way of learning, which is the hardest thing to sell, because it means taking away from the on site clinicals, which are, of course, wonderful.

But I think it is they're particularly important because it is a safe environment. But unlike that high fidelity campus based simulation, I think of this as the first step because what you don't have in virtual simulation is some of the anxiety. So you start with virtual simulation to get that safe learning space to complete some objectives. And then you go to your campus based simulation where now you're adding a little anxiety in and you need that first step first especially, most importantly, when it comes to developing clinical judgment, because clinical judgment is about how you think, not what you do. And so we have to have space to focus on the thinking. Then we add in the layer with regular simulation of anxiety and people watching you and that observation that's very direct and it's a little higher stakes, and then we put them out into the environment.

So I think there are certain things we can no longer learn effectively in a live clinical environment because of the variability. In a simulation, especially virtual simulation, it's standardized. I can decide what happens. I know that all of my students are getting an experience that we've created. All of them. I don't have to leave it up to chance. I don't have to worry about the skill set or what's happening or the patient availability, because I've just created this experience.

And so I think more and more it's hopefully going to become something that seen that has value in and of itself because of what you can do with it and not just as a means of making up time if you can't get it somewhere else.

Lisa Bonsall: And what role will virtual experiences play in the development of clinical judgment and preparation for the next generation NCLEX?

Leila Casteel: I think one of the biggest benefits that I was just talking about is this development of clinical judgment, because the way that I think clinical judgment is developed is having certain experiences, having the ability to think a certain way repeatedly until you...your understanding of something, goes from being conceptual to being something that's a matter of fact.

And the more of those facts that you start to collect over time, the faster you're going to be able to to put those together and apply them to your patient scenarios. So as an example, the way I typically explain this is, you know, a long time ago we were given this opportunity - it was a requirement actually - that you go the night before to your clinical site and you collect data on your patient. You write down the medications, you look up the diagnoses, you make drug cards, you look at all the diagnostic tests, you look those up. You spend a lot of time preparing for care. And that's when you're going through the process of hypothesizing and wondering what this is going to mean and starting to sort of predict. This is what I think I'm going to be focused on.This is what's likely going to happen tomorrow in clinical.

Now, it could be nothing like what you expect, but the process of coming up with an idea of what it will look like is, I think, very important to how clinical judgment works, because then you're going to go into that environment and instead of mimicking behaviors and assimilating new information at the same time and being focused on that type of thinking, you are proving and disproving the hypothesis that you walked in the door with all day long. And if you do that repeatedly over time, over the life of a nursing program, for example, then I think that's how you start to get to the point where you can walk in and be presented with something new and start pulling in all of the pieces of those times before where you were able to pre think and preplan.

And I always joke, you know, care plans have been around forever, but they're no longer care plans. They're reports that we do after taking care of somebody for 8 to 12 hours. And really the whole purpose of that was to think ahead. And I don't think that clinical environments provide that ability. We don't get the chance anymore to prepare. So I believe that this almost more than anything else, is this opportunity to standardize. We know what students are going to expect or what students are going to experience. We know what they need to do to prepare for that. And we can measure and observe and assess their ability to think through and plan even before they start caring for that patient and help them tweak their ways of thinking and preparing.

So I believe very strongly that this is a very important part of teaching. We have nurses out at the bedside right now that spend, you know, we depend on those nurses in clinical to precept our students, even if we have a strong clinical educator at the bedside, too. She's not with all students at the same time. So we really rely on the staff. And the clinical staff that are out there, they may have great clinical judgment, but that doesn't mean they know how to teach it. They don't really, they didn't learn that way. They didn't learn to think about how they were thinking. So they're teaching by example and then maybe explaining things. But explaining things is different than teaching someone how to think about something.

So I think it's going to be a few years before the bedside nurses that are out there precepting our students are going to understand what it is that we're requiring of them. And we need other methods of doing that. We have to carve out time in the curriculum for that.

Lisa Bonsall: How do we instill the value of bedside nursing among students?

Leila Casteel: I think first, understanding why that's necessary and I personally believe it's necessary because a trend that I've seen over the last decade or so is in our drive to increase the general education, you know, we want to elevate our profession. We want more master's prepared, more bachelor prepared. We want higher, you know, we want everyone to have doctorates by, you know, whatever year it is. And that continues. We keep pushing that.

And while that's absolutely important, of course we want nurses to become more educated. But those folks who have master's degrees and doctorate degrees are typically not working at the bedside. So the trend that I'm seeing is students are going straight through. They're not taking that time to be a couple of years in med/surg or even ten years in med/surg. And there doesn't seem to be pride or to me, the bedside nurse, the person that's right there, whether it's a nursing home or a home health care agency or a hospital system, whatever, ambulatory care care center, it's the nurse that's right there at the bedside that is going to play the most significant role for our patients and those are the nurses we're losing.

And I know that we look at it and say, well, we had a pandemic. Nursing is stressful and that's why we're losing them. But I think some of that we've done to ourselves as well, because as we've seen an uptick in education level of our nurses, I think we've seen a downtick in nurses that are willing to just work med/surg because it's hard and we don't hail our med/surg bedside nurses or our nursing home nurses. We don't pay them as well as we should. You don't see them celebrated. We celebrate high education, which often translates to leadership and management positions, faculty positions and advanced practice positions.

And while those are necessary as well, if we don't also celebrate and support our bedside nurses and make that important, and that's us as a profession, just saying that's so valuable. But it's also it needs to be monetized. It needs to be celebrated. And if we don't, then I think our nursing students are hearing the message that if you're really a nurse, if you're somebody that's really great in your profession, then you've got a doctorate and you're in advanced practice and I am afraid that somehow that has become a message that if you don't choose that route, you have less value. And I think this is going to have to be a part of the plan to get more nurses back as we continue to see a decline.

Lisa Bonsall: Thank you very much.

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