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**Bringing the "Real" to lab:
Utilization of a progressive lab case study in
Practical Nursing**

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Overview

- In Practical Nursing, labs are used to learn, practice and evaluate nursing skills
- In the first semester, students are overwhelmed and trying to integrate a lot of information
- We realized that a change was needed...
- In this presentation, we will talk about how we "evolvED" and took on a new perspective for teaching and learning in a skills lab.



Intro to PN labs

Traditionally, Semester 1 labs have been structured using:

- A 1-hour faculty-led lecture
- A 2-hour hands-on practice session which included a demonstration of the skill, step by step
- Labs were supported by Nursing Lab Specialists(NLS)
- Weekly skills based on concurrent theory content
- Lab stations set up with the required and relevant equipment
- Use of step-by-step skills checklists to guide student learning



Recognizing the missing piece

While students were often able to complete the skills using the checklists, faculty noticed some gaps in their ability to apply the skills to real life scenarios.

Many were unable to explain:

- Why the intervention (skill) was important
- What they were assessing while performing the skill
- How to critically think through a situation if a piece of equipment was missing
- How the skill related to patient outcomes
- What actions to take if patient conditions changed
- No idea how to pass along critical patient information during shift change or transition of care/accountability
- Overall weak communication skills



Where we started – we asked the questions

What were the issues we were seeing in Sem 1 skills lab?

- Skill focused
- Minimal knowledge and skill application
- Poor communication

How do students feel in lab?

- Nervous
- Overwhelmed
- Unsure of priorities

What are the results of the current model?

- Students were not confident with their skills in the clinical setting
- Students had weak communication, handover and reporting skills



Analyzing the Gaps

This is the hard part – this is where we had to accept the truth – there were gaps!

The gaps:

- Communication, professional, and therapeutic
- Documentation
- Assessment and analysis
- Critical thinking
- Application of skills to REAL life nursing



Need to look at the big picture

We looked at:

- Semester 2 clinical skills lab structure
- What worked before – existing mini sims for Sem 2
- Faculty and simulation strengths and how can we use them

“How can we better prepare Semester 1 students for the realities of nursing practice and clinical placement?”



Think outside the box – our focus changed



Case study development

- Did not start from scratch
 - Adapted the case study used in Sem 2 skills lab
 - Utilized the Care Plan (Kardex)
- Framework used
 - SBAR communication tool
 - Adaptation of facilitator tool used in mini-sims
- Timing
 - To start in Week 2 of Sem 1 labs
- Roles
 - Faculty/NLS/Student
- Supplies needed
 - Manikin in a bed
 - Plan of Care (Kardex)
 - Pencils

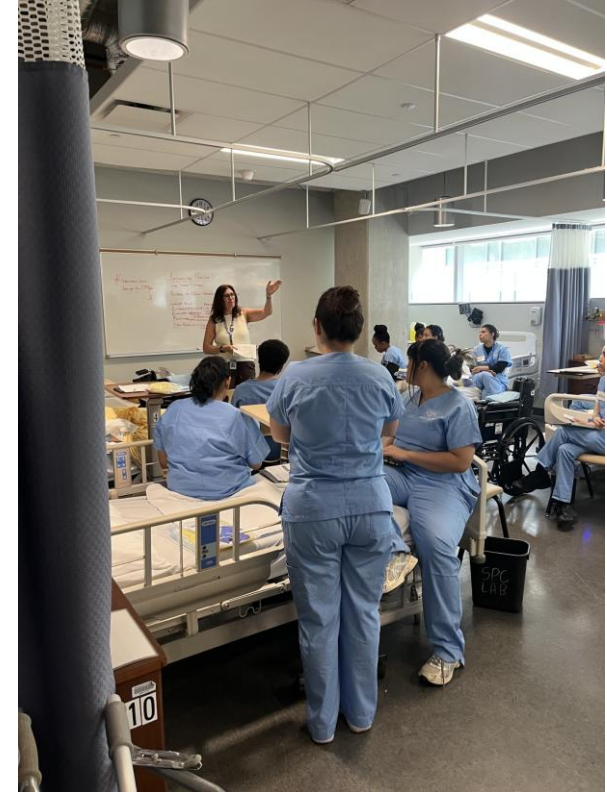


Implementation

Week 2

- All faculty and NLS were provided with a facilitator copy of the case study
- Students were provided asked to bring pencils to lab
- Students received case studies and a blank care plan
- SBAR was introduced on the board
- Students followed the same client weekly
- Case study report given to student group after skills demonstrated and practiced in lab

Let's try it out ourselves...



The case study - JB

- JB, 83 years old, had a CVA (stroke) on the left-side of their brain, which resulted in a hemiplegia (weakness) on the right side of their body.
- JB has limited use of the right arm and is reluctant to use it. JB also has difficulty with acceptance of their current situation and is frustrated at times. Communication needs to be clear and concise.
- JB will need to sit in a geri-chair daily for 90 minutes at a time, which is usually for breakfast and dinner.
- JB is a 1-2-person transfer, and you may have a personal support worker help you with the transfers. They require a significant amount of help with his ADL's.
- JB is now being admitted to the GBC Lab Centre, in RoomWFL405



- **Past medical history:**
- **Hypertension (high blood pressure)**
- **osteoarthritis arthritis (degenerative joint disease)**
- **memory problems**
- **They are 180 cm tall and weigh 70.2 kg**



Shift report/transfer of care

S

- Situation
- What is happening? What is the issue/problem?

B

- Background
- Brief/relevant history and context

A

- Assessment
- Most recent findings, including nursing assessment and/or lab results

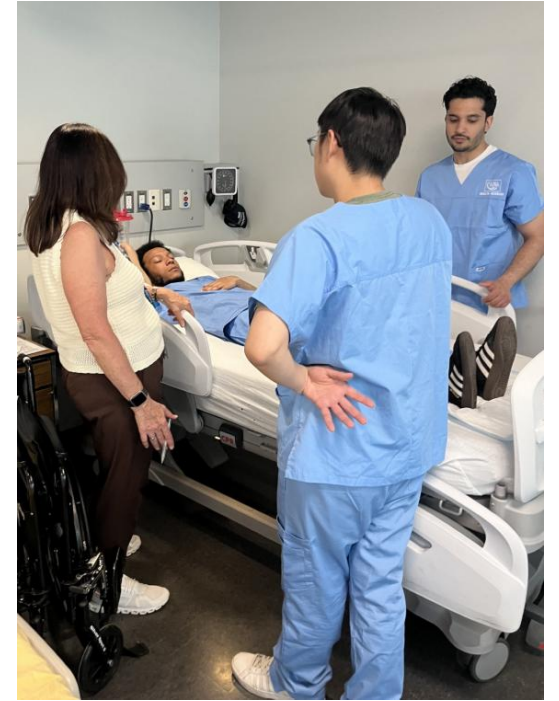
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- Recommendation
- What you want the on-coming shift to do

Faculty Observations

Improvements in:

- The start of confidence during handover and report with their peers
- Communication with peers
- Connecting theory to practice connection
- Understanding patient-centered care
- Recognizing changes in condition
- Organization and prioritization of care
- Participation and engagement in lab activities



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Realities of Nursing Introduced

Throughout the semester, students practiced:

- Receiving and giving shift report
- Introducing and using SBAR for communication in a concise and succinct manner
- Reviewing and updating a Kardex – a simple method of documentation which is reviewable and updated weekly
- Reporting changes in condition
- Working through incomplete information
- Understanding how nurses prioritize care
- Responding to evolving patient needs



Documentation in a Practical Way

Utilization of Plan of Care (Kardex)

- Organize patient information
- Identify care priorities
- Track changes over time
- Prepare for handover
- Support communication and continuity of care



Benefits Observed

- Reduced overwhelm for novice learners
- Reinforced concise documentation practices
- Promoted organization and critical thinking
- Encouraged students to move beyond checklist-based learning
- Created continuity between weekly lab experiences

Student Feedback

- Concurrent feedback from students
- MS Forms Survey to students and clinical instructors in Winter 2026
 - 82 Respondents
 - 65% felt **somewhat prepare - very prepared** to receive SBAR report
 - Many students commented that they "*need more practice when receiving SBAR report.*"
 - More that 55% felt **kind of prepared to very prepared** to provide SBAR report
 - 56% felt prepare for their role as student practical nurses



Challenges

- Initial student uncertainty with open-ended scenarios
- Faculty preparation time
- Differing perspectives between faculty on how this should be presented
- Maintaining consistency across lab sections
- Balancing realism with beginner-level learning needs
- Having students understand and carry out preparation for practice labs



Lessons learned

- Students benefit from repetition and continuity
- Early exposure to communication improves confidence
- Progressive complexity supports clinical reasoning
- Students engage more when learning feels authentic and clinically relevant
- Facilitation and guided discussion are essential in supporting novice learners



Where are we going to go from here

- With academic changes to lab, need to redevelop and update lab case study to strengthen links between theory, lab, simulation, and clinical placement
- Expand documentation and SBAR activities to further link with High Fidelity Simulation
- Continue the progressive lab case study into Semester 2
 - Integrate medication administration concepts
 - Add more advanced assessment findings and interventions
 - Increase opportunities for clinical judgment and prioritization



Why this matters

