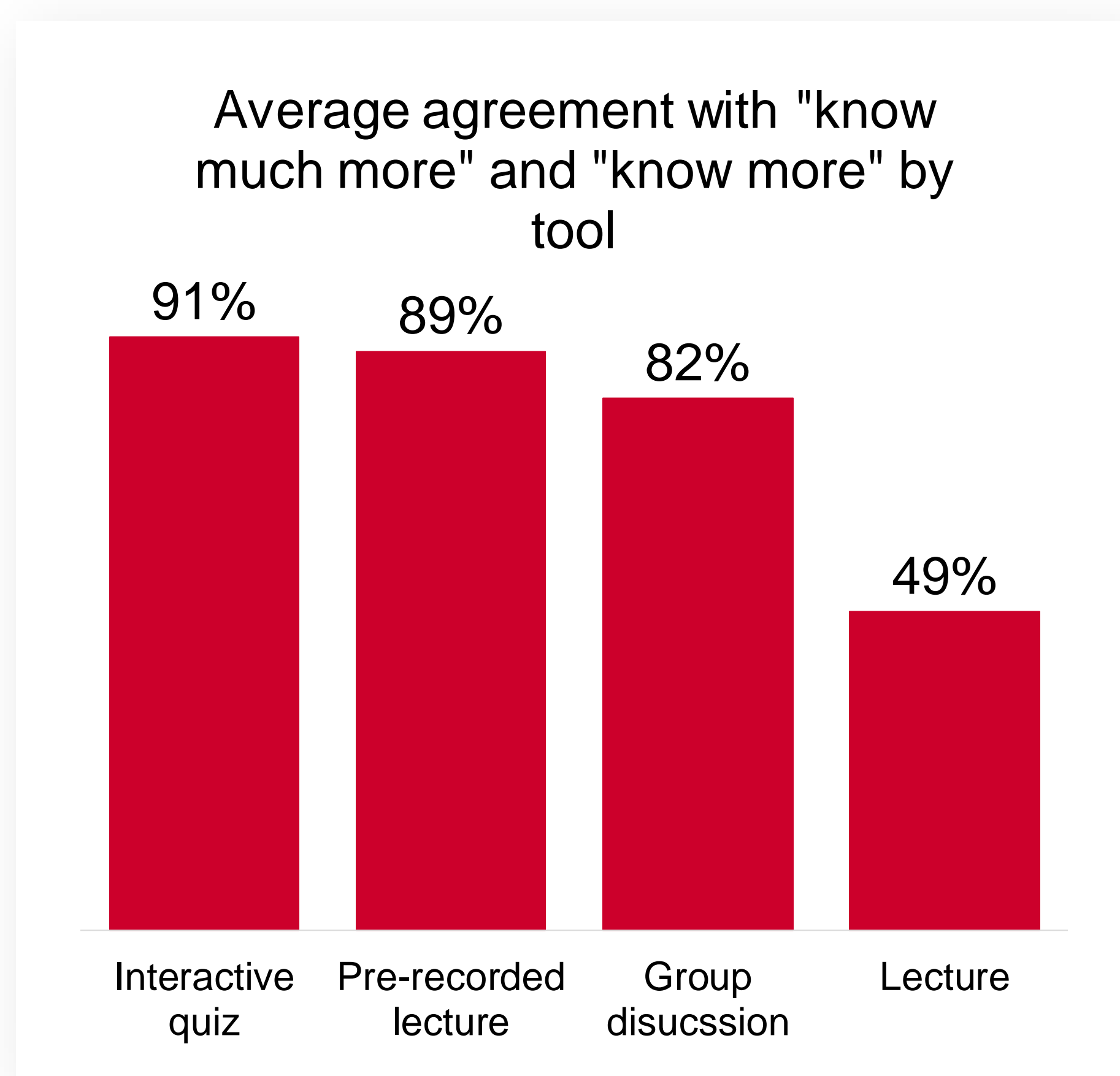


Multiple learning modalities were essential to a successful virtual global nursing curriculum.

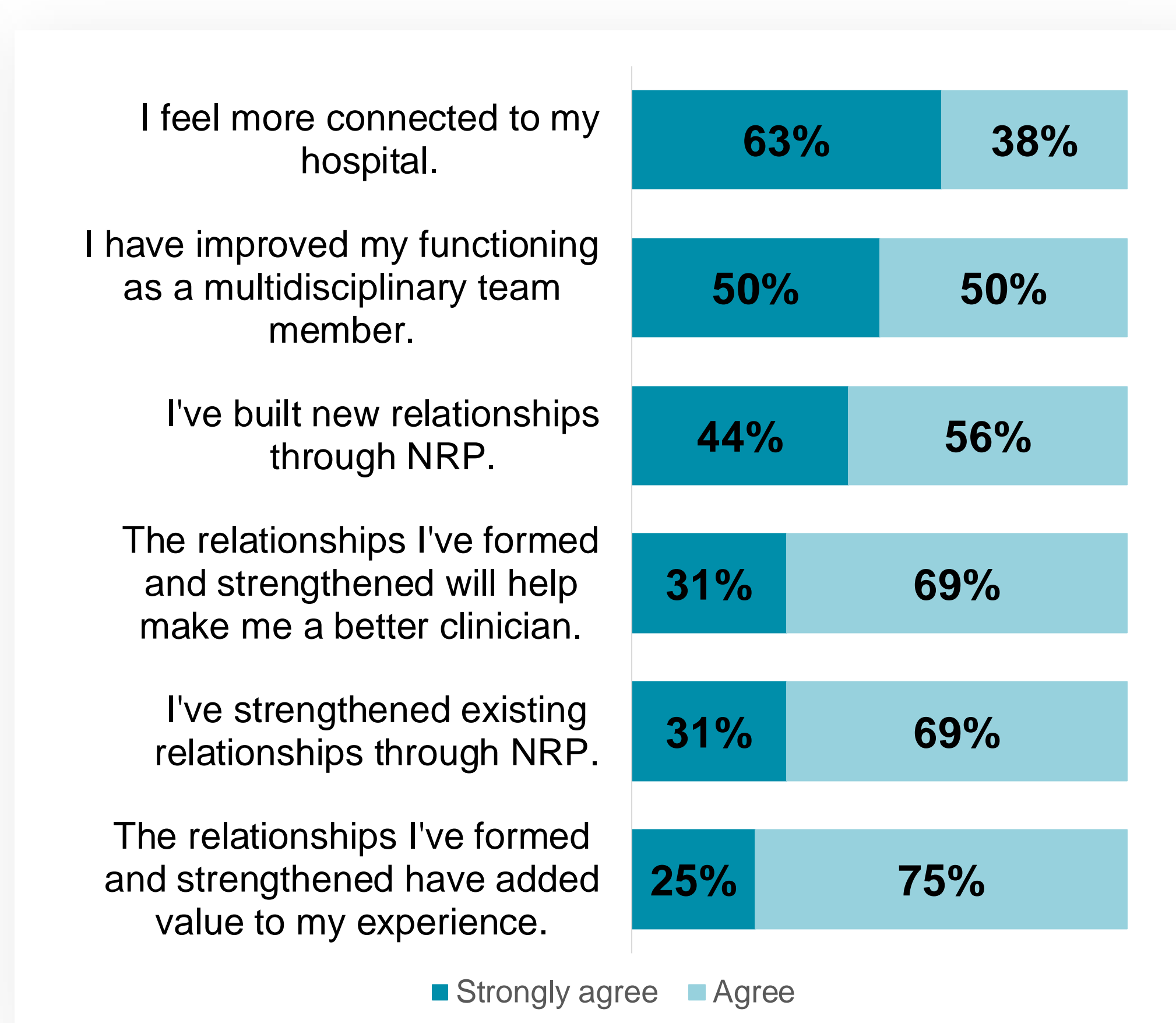
Creating A Successful Global Nursing Curriculum: Designing A Multi-Modal Virtual Nurse Education Program and Evaluating Its Components.

Background: To meet the learning needs of global pediatric cardiac critical care nursing partners during the COVID-19 pandemic, Children's HeartLink redesigned our Nurse Residency Program (NRP) to be a virtual offering. Guided by principles of adult learning, we collaborated with a group of nurse volunteers to optimize the curriculum for a global, virtual offering. The revised curriculum included 50 brief pre-recorded lectures and 10 interactive virtual instructor-led trainings (VILTs) held on Zoom, which promoted integration of knowledge through review activities and case-based learning.

Result 1: All learning modalities were successful in impacting participant knowledge.



Result 2: Participation fostered connections between nurses and their hospital.



Result 3: The use of multiple modalities fostered sharing to those not enrolled in NRP.

Participants shared their login and encouraged colleagues to watch the pre-recorded lectures and host discussions. Live lectures were shared through screenshots and WhatsApp. Pre-recorded materials were then revisited for informal just-in-time training.

Methods

Survey

Use data

Focus Group

We conducted a mixed-methods evaluation to respond to the following questions: To what extent and in what ways does Virtual NRP impact participating clinicians? To what extent is each learning modality, and levels of engagement with the learning modalities, vital to creating participant impact? We received 188 responses to our post-module surveys and engaged nine individuals in our focus group.

Scan for more



Conclusion

The use of multiple virtual learning modalities supported engagement and learning for a global cohort of pediatric cardiac critical care nurses with varied levels of nursing experience.

The combination of resources allowed participants to engage with material independently before VILTs, revisit complex topics, implement just-in-time training, and share with others. The VILTs encouraged best practice sharing, problem-solving, and integration of theory and practical application with the guidance of expert nurse facilitators. Interactive quizzes allowed participants to test their knowledge, engage in clinical decision-making, and identify where to invest additional time in learning.

K. Meyers¹, V. Rajasekhar², A. Dobrzycka², C. Fisher³;

¹Research & Evaluation, Children's HeartLink, Minneapolis, MN, ²Programs, Children's HeartLink, Minneapolis, MN, ³Instructional Design/Programs, Children's HeartLink, Minneapolis, MN.