TABLE 2
Sample Drug and Clues for the Name That Drug Game

Clues:

- Give oral dosage with meals.
- Is not used with fungal infections.
- Slows wound healing.
- Has side effects of weight gain, Cushingoid features, euphoria to psychosis.
- Should not be stopped abruptly.
- Is an anti-inflammatory and immunosuppressant agent.

Drug name: prednisone

shown in Table 2 was used, the first team could say, "We can name that drug in five clues," and the other team could counter with, "We can name that drug in four clues." This banter continues until one team says to the other, "OK. Name that drug!" The faculty member reveals the necessary number of clues, and the team challenged to name the drug collaborates on an answer.

If the team is correct, a point is awarded.; if the team is incorrect, the other team gets to see all of the clues prior to trying to identify the drug. If the other team names the drug correctly, they earn a point for their team. The team that wins a point goes first in the next round. At the end of the game, points are totaled, and the winning team receives a small prize.

In setting up the game, the faculty member will need to cover the unrevealed clues with a piece of paper on top of the transparency, taking care not to reveal the name of the drug written at the bottom of the page. After each drug is identified, faculty can extend the learning by discussing more characteristics related to the drug and asking students to comment on information about the drug not included in the clues. This game involves students actively and is a fun way to both cover the content effectively and enhance students' learning potential.

Summary

Both of these games are relatively easy to develop and are fun ways for faculty to challenge students and provide immediate feedback so students can assess their own comprehension and, consequently, their need for further study (Ulrich & Glendon, 2005). Teacher-delivered factual material is often tedious and boring, while games are highly motivating and accomplish the same objectives.

Reference

Ulrich, D., & Glendon, K. (2005). *Interactive group learning: Strategies for nurse educators* (2nd ed.). New York: Springer.

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Integrating an Exercise on Mass Casualty Response into the Curriculum

After the terrorist attacks that occurred on September 11, 2001, the educational paradigm has shifted to increase emphasis in generic nursing education on response to mass casualty events (Weiner, Irwin, Trangenstein, & Gordon, 2003). In rural West Texas, as in other areas, there is a recurring risk of natural disasters, such as tornados, chemical and biological hazards from the agricultural and oil and gas industries, and devastating fires.

Mass Casualty Drill

The undergraduate curriculum at Texas Tech University Health Science Center School of Nursing includes basic first aid, physical examination, and didactic content on the management of mass casualty events and terrorism. In the fall of 2003, a simulated mass casualty response exercise, designed to reflect the rural nature of West Texas, was created by faculty. The exercise was based on a scenario depicting a collision between a fertilizer truck and a church bus, resulting in 68 casualties, of all ages, many with chronic diseases, inhaled and topical contamination, and trauma.

Prior to the drill, the 115 nursing students were randomly divided into five groups: victims, scenario writers, emergency medical service (EMS) personnel, peer evaluators, and nursing staff. Each student group was given a pre-assignment to expand an area of the outlined script. The setting used for the drill was a 10-room clinical simulation center, with the surrounding hallways used as the accident site. The simulation center was divided into an emergency room, intensive care unit, two medical-surgical units, a moulage area, a laboratory area, and a morgue area to simulate a small, acute care facility. A wide variety of mannequins were used, including a high-fidelity mannequin programmed to experience cardiac arrest during the drill. To add realism to the experience, authentic equipment and supplies were used. Fatal injuries, such as decapitation, were simulated with mannequins. The time for setting up and running the drill was approximately 6 hours, followed by a 1-hour debriefing session. The debriefing session included a discussion of the psychological implications of mass casualty events and an evaluation of the drill.

Benefits and Areas for Improvement

Post-drill student discussion was predominately positive, and verbal results of the debriefing revealed extraordinary learning by both students and faculty. Faculty perceived that students had the opportunity to practice synthesis of nursing knowledge and technical skills related to prioritization, age-appropriate triage, communication, technical skills, decontamination processes, resource allocation (e.g., staff, supplies, computer database information), psychological effects, transportation, documentation, and interdisciplinary collaboration. Students were also able to practice critical thinking and clinical judgment skills while participating in an activity they considered exciting.

Students described enhanced understanding of mass casualty events, particularly in appreciating the emotional effects for victims, families,

and responders. Serendipitously, several of the students who played victims exhibited a considerable amount of acting talent, and one student was very experienced in moulage, which enriched the exercise.

Faculty and students did identify areas for improvement, including better communication between areas. Although walkie-talkies were provided, the noise level interfered with their use. Although the original intent was to involve other disciplines, only one medical student was able to participate and did verbalize a greater appreciation of the nursing role. This exercise was a valuable learning experience for undergraduate students in preparing them to function in response to a mass casualty event.

Reference

Weiner, B., Irwin, M., Trangenstein, T, & Gordon, J. (2003). Emergency preparedness curriculum in U.S. nursing schools. Retrieved April 14, 2004, from the International Nursing Coalition for Mass Casualty Education Web site: http://www.incmce.org/surveypage.html

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Using Humor to Teach Postpartum Topics

While teaching classroom and clinical components in family-focused (parent-child) nursing, it was apparent that the nursing students needed some hands-on learning before they entered the hospital setting. In this article, I describe two approaches used to teach associate degree nursing students.

Demonstration with Return Demonstration

Demonstration with return demonstration was used to teach how to assess a fundus in the postpartum period. Before coming to the clinical laboratory, students were given the article, "Planning Letter-Perfect Postpartum Care" by Ferguson (1987). Although the article is dated, Ferguson's acronym BUBBLE HE (breast, uterus, bowel, bladder, lochia, episiotomy/incision, Homan's and emotional state) provides students with the knowledge to conduct an appropriate postpartum assessment.

Most students are familiar with breast, incision, and elimination assessments, but many of them do not know how to assess a fundus. Using a grapefruit, a 1000 mL intravenous (IV) bag, and an abdominal model, students practice assessing a firm (grapefruit) and boggy (IV bag) fundus. To simulate a firm fundus, the cover of the abdominal model is lifted and the grapefruit is placed inside, supported by receiving blankets. Repeating these actions with the IV bag simulates a boggy fundus. Following this experience, students feel confident to perform a postpartum assessment in the clinical area with their instructor.

Roleplaying of a Postpartum Woman

Both postpartum assessment and postpartum teaching are emphasized as the main goals of this clinical experience. All students in the clinical setting are required to demonstrate, in a group or individually, bathing a newborn infant and performing discharge instruction that includes maternal, newborn, and family information. While in the academic setting, students receive didactic information about postpartum teaching and life after discharge from the hospital. During the lecture, students who are parents readily share this information, but many students cannot relate to the chaos of the first few postpartum weeks.

Ms. Baciacalupo, a character based on an article by Lamp (1992), enters the setting with a newborn infant in her arms; she is walking gingerly because she has a self-described "sore bottom." She is wearing a bathrobe, and a toddler is hanging on her leg. With her hair in curlers and carrying a ringing telephone, a sitz bath, and a laundry basket, Ms. Baciacalupo is a sight that many mothers and students can chuckle about. Over the years, the depiction of this character has grown to include a breast pump, breast pads, a condom and diaphragm, perineal pads, fancy underwear, and a peribottle.

Ms. Baciacalupo talks about delivering her second child 11 months after her first. Her previous method of conception, a diaphragm, had cracked due to petroleum use, and she never had it refitted after the birth of her first child since she was breastfeeding. Wearing her bathrobe and curlers at 5:00 p.m., she has only managed to brush her teeth so far today. Breast pads, perineal pads, and the peribottle fly across the classroom as Ms. Baciacalupo confides that she is leaking from "every orifice." She talks about her hemorrhoids and episiotomy, and how the nurse told her to "squeeze her cheeks" before sitting down to relieve pressure on her perineum, but she does not understand how squeezing her cheeks (she pinches the side of her face) is helping to decrease her discomfort.

Ms. Baciacalupo then receives a call on her cell phone from her partner, who is bringing the boss home for dinner in an hour. He figured it was all right because she was "home all day." The students end up roaring with laughter, and an informative discussion follows Ms. Baciacalupo's narrative. Most students agree that this is a lesson well learned.

Summary

I have found that these two hands-on activities—demonstration and return demonstration, and roleplaying of a postpartum woman—help promote learning in a relaxed environment.

References

Ferguson, H. (1987). Planning letter-perfect postpartum care. *Nursing87, 17*(5), 50-51.

Lamp, J. (1992). Humor in postpartum education: Depicting a new mother's worst nightmare. *MCN: American Journal of Maternal-Child Nursing, 17,* 82-85.

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