

# Solidifying Basic Care & Comfort Knowledge, Skills, & Attitudes in First–Semester

## Associate Degree Nursing Students

### I. VALUES INFORMING THE INSTRUCTION



People have inherent value and are deserving of respect, dignity, kindness, safety, comfort, compassion, and encouragement

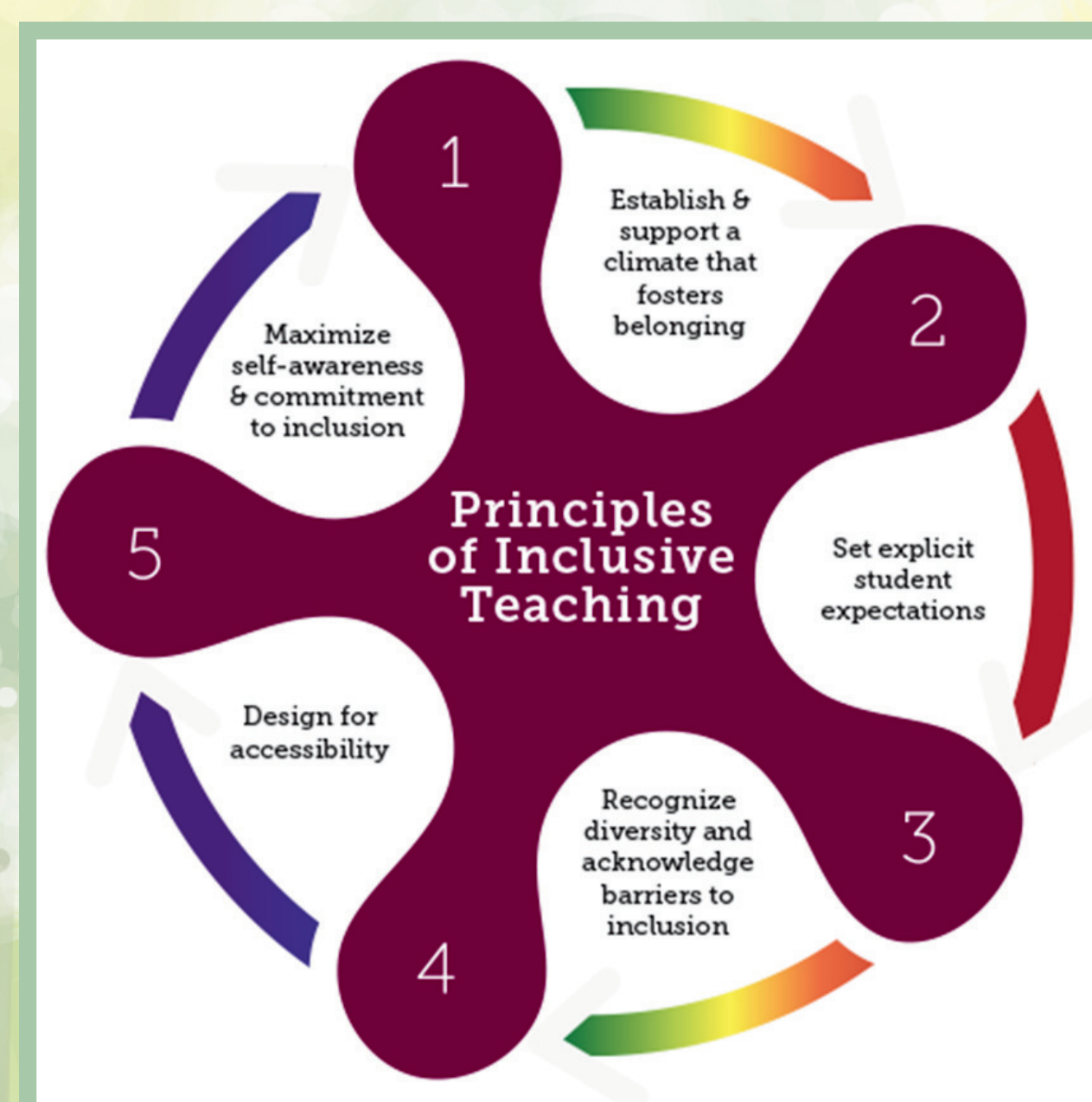
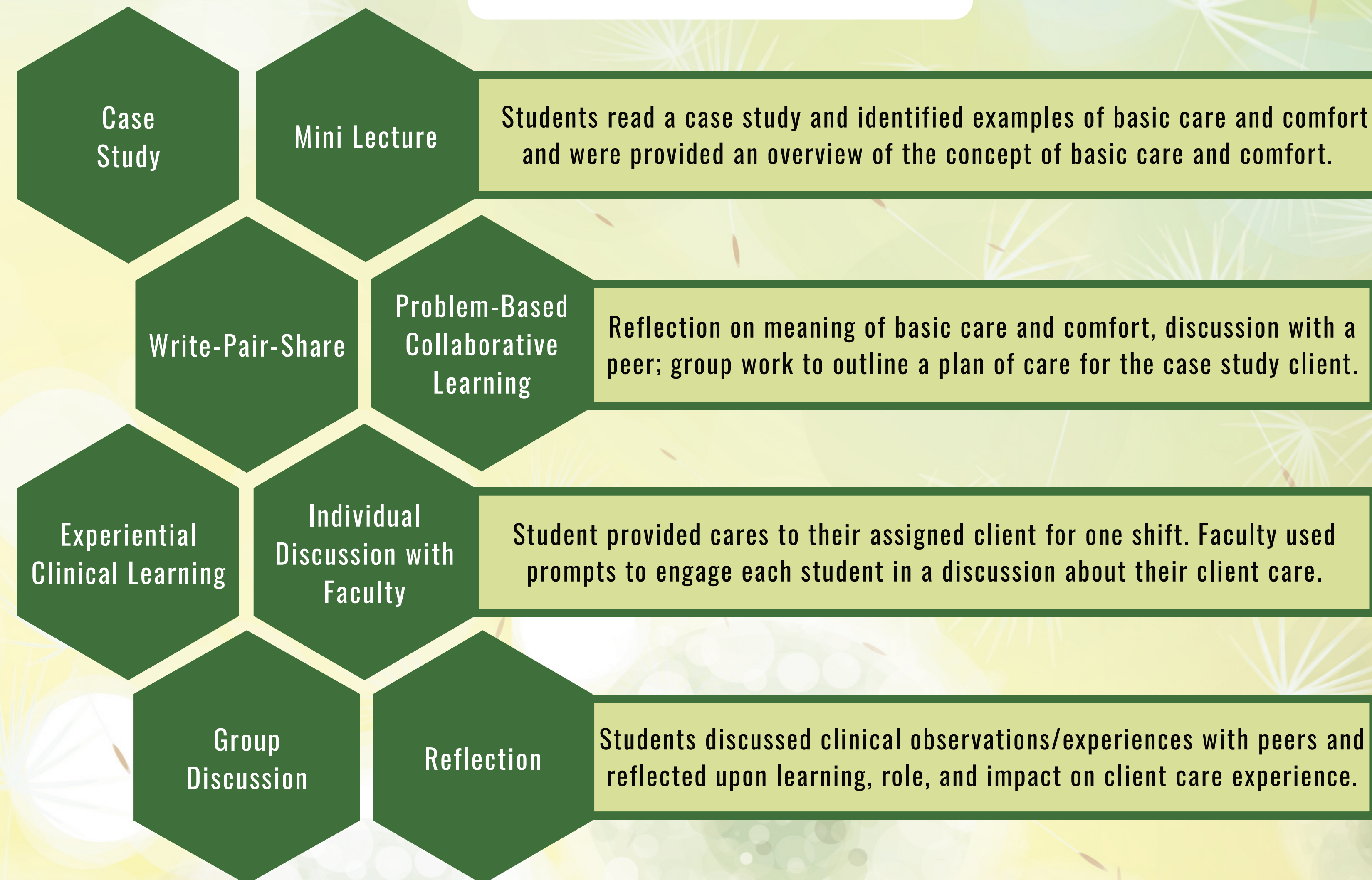
Nursing students have a plethora of knowledge, skills, and attitudes which they integrate into learning experiences and their nursing practice as they prepare for licensure

It is essential to provide a safe, welcoming, and engaging learning environment to foster readiness to engage in the learning process for students and faculty

The learning environment must ignite curiosity, engage the student as a partner in learning, and model caring behaviors

Student and faculty needs (rest, nourishment, hydration, etc.) must be met to facilitate readiness to learn and teach

### III. PEDAGOGIES



### REFERENCES

Columbia Center for Teaching and Learning (2017). Guide for inclusive teaching. file:///C:/Users/n49w293/Downloads/Guide-for-Inclusive-Teaching-at-Columbia\_Accessibility-Revisions\_15-January-2020\_FINAL%20(1).pdf

MacPherson Institute at McMaster University (2024). Summary of principles of inclusive teaching and learning. <https://mi.mcmaster.ca/5-principles/>

National Council of State Boards of Nursing (2022). The 2023 NCLEX-RN test plan. <https://www.ncsbn.org/publications/2023-nclex-rn-test-plan>

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Basic care and comfort is defined by the National Council of State Boards of Nursing as “providing comfort and assistance in the performance of activities of daily living” (2022). However, nursing students must develop the knowledge, skills, and attitudes that enable them to competently provide basic care and comfort for their clients in a clinical setting. The nursing students who took part in this project had introductory basic care and comfort knowledge and skills associated with activities of daily living (mobility, hygiene, pain assessment and basic comfort interventions) from previous lab experiences and had just begun incorporating the cognitive and psychomotor domains of learning by applying this in the care of clinical clients, thus providing a foundation for this project. A more advanced aspect of teaching basic care and comfort to first-semester nursing students is the introduction of the affective domain of learning by helping them learn to value the importance of basic care and comfort in the healing process, as it relates to client well-being, and as the essence of skilled, compassionate, and competent nursing care. In addition, students must expand their knowledge and skills in basic care and comfort to incorporate the assessment of these needs in their clients. As students synthesize the knowledge, skills, and attitudes that embody basic care and comfort, the care they provide is elevated to a more holistic and humanistic experience for clients in the clinical setting.

### IV. ASSESSMENT METHODS

Pre- & Post-Knowledge Surveys

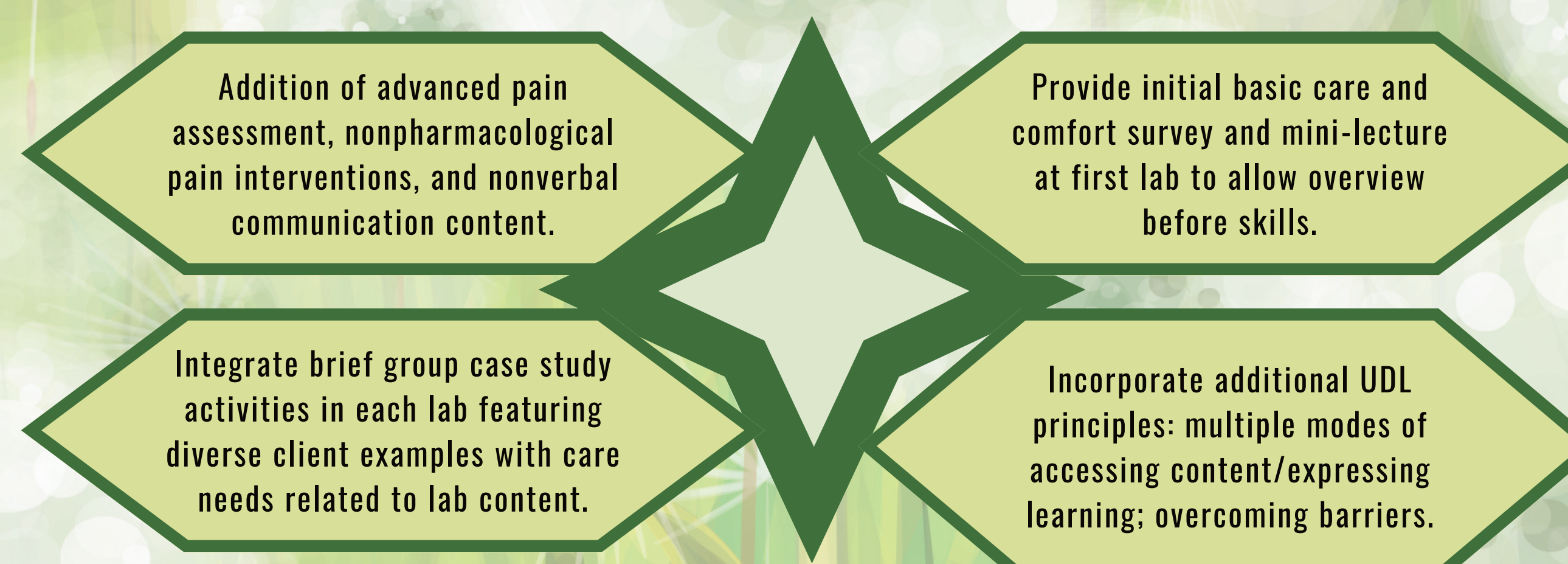
1-Minute Reflection Papers

**Knowledge Surveys**: baseline and summative evaluation of students’ learning; students responded anonymously to survey items using ‘0’ comfort/confidence/preparedness), ‘1’ (somewhat comfortable/confident/prepared), or ‘2’ (very comfortable/confident/prepared) to implement the knowledge, skill, or attitude into clinical practice.

**Write-Pair-Share**: formative/summative; assess beginning understanding and development of knowledge, skills and attitudes that align with implementation of the concept in competent clinical practice applications.

This project was initiated to improve students’ basic care and comfort exam scores. In the spirit of measuring what is important, I chose to utilize assessment strategies that would allow assessment of knowledge, skills, & attitudes as students learned about the concept in lab and then also during the application of their knowledge and skills in clinical practice. Student reflections offered a deeper learning experience, the inclusion of affective learning & assessment, and an opportunity to examine the impact of their care on the client’s care experience.

### VI. FUTURE DIRECTIONS



### II. STUDENT LEARNING OUTCOMES ACHIEVED THROUGH INSTRUCTION

Bloom’s Cognitive Domain: Application  
Bloom’s Affective Domain: Responding

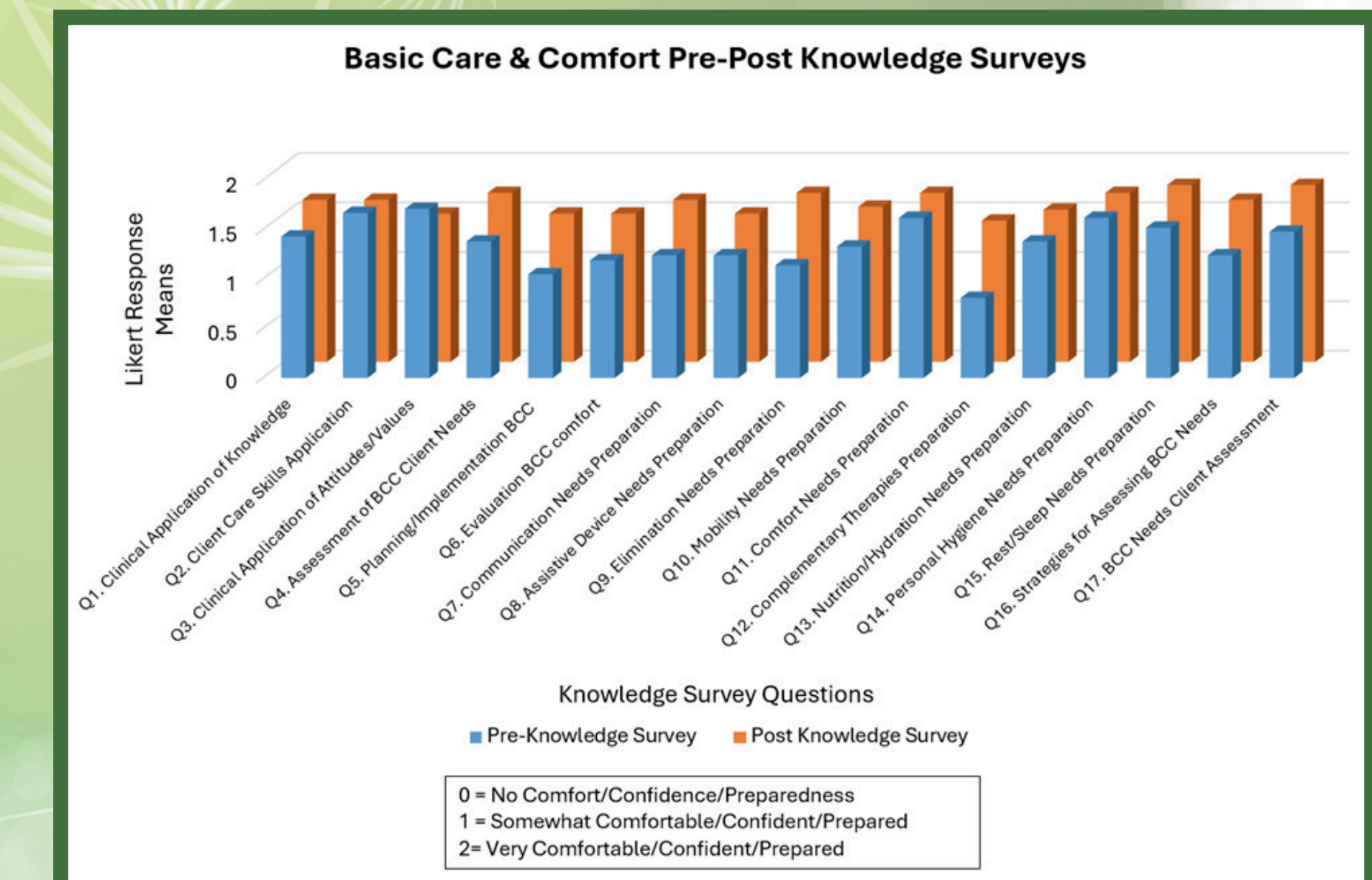
Given the lab preparation activities and a lesson about basic care & comfort, students will be able to collaborate with their peers to identify three strategies for assessing basic care and comfort needs in a clinical setting.

Bloom’s Cognitive Domain: Application  
Bloom’s Affective Domain: Valuing

Given a lesson about basic care and comfort and an opportunity to engage in collaborative learning with peers, students will be able to apply what they learned during the lab in the identification of two basic care and comfort needs for an assigned clinical client during a following clinical experience.

Support was provided by two faculty during the lab to guide the problem-based learning and the identification of strategies for assessing basic care and comfort needs in clinical clients. Three faculty supported students during the clinical learning experience, in order to provide the insight of experienced nurses and support to students as they worked towards mastery of the content. Students were encouraged to ask questions, think critically, and use their resources to achieve the learning outcomes during these lab and clinical experiences. Faculty also supported the emotional needs of students as they explored the psychosocial experiences of their case study client and the client in their care during the clinical rotation.

### V. FINDINGS: MASTERY OF LEARNING OUTCOMES



#### One-Minute Reflection Paper Findings

##### Beginning of Lab: “What does the term Basic Care and Comfort mean to you?”

- “We meet the bare minimum they need to feel comfortable – food, shelter, water.”
- “The patient’s common needs such as hygiene, nutrition, and being comfortable with the care being provided.”
- “The minimum amount of care and comfort everyone deserves to have.”
- “Necessities for quality care: stabilizing condition; creating an environment that puts client at ease; assisting in [activities of daily living].”
- “Providing the simplest necessities to patients to keep them healthy and comfortable – things like basic hygiene and nutrition.”

##### Following Clinical: “What have you learned about basic care and comfort, the role that you as the student nurse played in this process, and how this impacted your client’s care experience today?”

- “Often times, we as clinical staff tend to focus on a person’s disease process. Taking a step back from that process has helped me to be a better caregiver. If the most basic needs of a client aren’t met, then all you do to help manage or cure their ailment may be for naught. Additionally, when a client’s basic care and comfort needs are met, they are generally more likely to adhere to their treatment plan and achieve wellness.”
- “The basic care and comfort I provided for this patient played a large role in their mental health during their hospital stay. Something as simple as a shower may be the biggest event of their day and greatly improves their emotional state, which is compromised just from being in the hospital. When basic care and comfort needs are met, it gives the nurse a more personal assessment of the patient and better idea of how they are doing subjectively. My patient was so thankful for the company provided during cares and verbalized how much better it made her day.”
- “Basic care and comfort are more important than people (including myself) realize. It encourages your patient through their treatment and the provision of comfort helps them make it through their day. It also helps me to create a relationship of trust and safety with my patient.”
- “I have learned that basic care and comfort are essential to providing the best patient care possible. We all want to feel loved and valued, seen, and heard, and that it is essential in providing the best care possible. I, as the student nurse, have the opportunity to start to shape and mold my own nursing practice to this model. I was able to have a wonderful interaction with my client, which helped him understand that I cared and was willing to do what I could to help him feel better.”