

\$50K gift shot in the arm for BC3's highly competitive nursing program

“There is nothing like feeling well-prepared,” donor says of funds to create realistic hospital room

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(Butler, PA) A \$50,000 donation to Butler County Community College's highly competitive Nursing, R.N. program will create a realistic hospital room within a simulation lab, and empower its students to ameliorate life-threatening scenarios presented by a computerized patient.

The gift, from the Victor K. Phillips and Janice Phillips Larrick Family Charitable Foundation, will benefit a nursing program that accepts only 70 of its 200 applicants a year, according to Patricia Annear, BC3's dean of nursing and allied health. The Nursing, R.N. program is the fourth most-popular among BC3's programs, and possibly its most rigorous.



Janice Phillips Larrick is shown March 1, when a simulation lab used by Butler County Community College's nursing program was dedicated in her name.

The completion rate for BC3's nursing program is 70 percent, Annear said.

Over the past three years, an average of 90 percent of BC3 nursing graduates have passed the post-commencement boards, which is 6 percentage points above the state average, Annear said.

Registered nursing remains among the top-paying careers requiring only a two-year degree, report forbes.com, businessinsider.com, collegequest.com and businessadvice.com. Average median salaries ranged from \$55,000 to \$65,000 between 2012 and 2016, according to the U.S. Bureau of Labor Statistics.

Up to 120 students each semester utilize the simulation lab on the ground floor of the Business and Health Professions building, which with the Larrick Family Charitable Foundation's gift will continue its metamorphosis from a former storage area to a simulated hospital room – right down to the wall at the head of the computerized patient's bed, to be outfitted with simulated oxygen-tank hookups.

The Larrick Family Charitable Foundation's gift follows the 2016 completion of a Pioneer Proud Campaign in which more than 900 donors gave more than \$6.85 million in the most successful fundraising effort in school history.

"It really is another example of how this community has so bought into this college," Dr. Nick Neupauer, BC3's president, said of the Larrick donation. "Actually the momentum of the campaign, even though it wrapped up, frankly keeps going."

Faculty such as nursing instructor Kris Kenny can currently program the computerized patient to exhibit symptoms that would indicate chronic obstructive pulmonary disease, congestive heart failure or other maladies, Annear said.

"The student will have to recognize what is going on with him and adjust their care as they would on a patient," Annear said. "They can simulate giving him medicine to settle down the heart rate and, if the medication is given correctly, our faculty will respond by returning his heart rate to normal."

"I now feel as if I have the confidence"

Hannah Kingston is among nursing students who have benefited from the simulation lab and its computerized patient.

The 20-year-old Laurel High graduate and her classmates have participated in a start-to-finish scenario on the computerized patient, which was simulating a heart attack.

"We performed CPR on the patient and were able to revive him using teamwork, adequate CPR, proper medications and the knowledge that we have obtained from the program," Kingston said. "It is neat because the instructor can even see as much as how efficient your compressions are during CPR. It was really beneficial for me, and also relieved a lot of anxiety about being in a code situation in a hospital. I now feel as if I have the confidence and knowledge background to participate in a situation like this."

Which, Kenny said, is exactly the point.

The purpose of what became known March 1 as the Janice Phillips Larrick Nursing Lab is for students to practice skills "through visualization," Kenny said. "I like to call it an illusion. And then it makes it more realistic. So the more you can put into the setting only adds to the setting. The more visual you can make it, the more realistic it becomes. It's a proven factor in simulation."

Updates to that setting – which includes the computerized patient in its hospital bed, a sink, medicine cart, bandages, tongue depressors, IV bags, emesis basins, bed pans, gauze wrap, dressings, a spirometer, hemostat, gloves, reflex hammers, thermometers – may include a defibrillator, used to address cardiac arrest; and pulse oximeter, which measures oxygen levels in the blood.

“We need a defibrillator, emergency equipment,” Kenny said. “It would be beneficial for our students to have that so that it will match what they are seeing in the clinical setting. In all settings, actually.”

“Practice, practice, practice”

Additional software programs for the computerized patient would elicit less-severe ailments for first-level students who have never been in a clinical setting and are “very, very nervous,” Kenny said. Earlier exposure to the computerized patient is intended to create confidence, competence and comfort levels, Kenny said.

The simulation lab gives students the ability to practice in a non-threatening environment, Annear said, “so that when they do get into clinical, caring for their patient, it won’t be as nerve-racking because they had the chance to practice on this guy.”

Ruth Purcell, executive director of the BC3 Education Foundation Inc., agrees.

“How do you get to Carnegie Hall? Practice, practice, practice,” Purcell said. “That has to be just ingrained. And that’s what those pieces of technology allow those students to do.”

Nursing students benefit, Purcell said, with “hands-on practicing, with teachers and faculty members there observing them, and even with peer-to-peer observation.”

“The best prepared”

A hospital room-like setting surrounding the computerized patient will ultimately make BC3 nursing students “the best prepared,” said Michelle Jamieson, associate director of the BC3 Education Foundation.

“The simulated person talks and gives complaints and says what hurts,” Jamieson said. “It’s hot, it’s cold, it is going to throw up. It gives the illusion of a patient. ... When the nursing student walks into clinical, it will be a more familiar environment, and so they have dealt with the simulated illness, and the protocol to go with that, so that they are comfortable with the situation, the environment. I think it just really will provide a good holistic view of what it will be like for the student when they walk into a hospital room.”

Familiar surroundings will give students a comfort zone and confidence in what nurses encounter, said Eleanore Dickey, a daughter of Larrick.

“When you are working with people’s health, you have to know what you are doing,” said Dickey, who earned a nursing degree at Duquesne University. “The person on the receiving ends wants someone confident and competent in their skill sets. Familiarity breeds confidence.”

Larrick attended nursing school at Butler Memorial Hospital and since 2002 has sponsored a scholarship for students in BC3's nursing program.

"There is a difference between book learning and actual practice," Larrick said. "Doctors have labs. They have bodies to work on. The whole business. That is what we need, the reality. Not just the theory."

"You can obtain only so much from a book"

Nursing students, Kingston said, tend to be "hands-on learners."

She and her classmates learn from the computerized patient "every time we are in there. When we are in that situation, we learn how to handle pressure. You can obtain only so much from a book. A real-life situation will teach you more."

Time spent in the simulation lab is important, Kingston said, because as a student in clinical settings, "We don't see a lot of critical situations with patients."

Kingston said she has never seen a patient "code," nor have any of her patients ever "gone completely downhill."

But the computerized patient can be programmed to do so.

"Today it had severe hypoglycemia," Kingston said. "You would see tremors, shakiness, sweating. Your patient can have seizures and actually slip into a coma."

A more realistic hospital room will "will assist us in making it more of a real-life situation," Kingston said. "That is the goal behind the simulation, to know how to act in a hospital setting. If it feels and looks like a hospital, with all the equipment around you, you will know how to react even better in a real-life situation."

Larrick called BC3's plan to create the hospital-room like setting "wonderful."

"I would imagine that certainly it would make you more relaxed," Larrick said. "There is nothing like feeling well-prepared. If you are not well-prepared, you are not good at what you do."

On March 1, the day the lab was dedicated in her name, the simulated patient was "sick to the stomach," Larrick said with a laugh. "And that is something you have to learn to cope with. Reality is the name of the game after education, and you have to cope with reality. It is a wonderful learning tool."