OREGON OFFICE of RURAL HEALTH

43rd Annual Oregon
Rural Health Conference
October 7- 9, 2026

OPPORTUNITY Just knock.

OHSU

# 2026 Oregon Rural Health Conference Presentation Slides

# NO TIME. NO SPACE. NO PROBLEM.

## BIG EDUCATION IN SMALL SPACES

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GRANDE RONDE
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# OUR TEAM



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Clinical Nurse Educator



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Nurse Residency Coordinator

BECKER'S HEALTHCARE

Health Systems with Top Simulation / Education Programs

CMS

CENTERS FOR MEDICARE & MEDICAID SERVICES

Five-Star Quality Rated

National Critical Access Hospital

Top 100

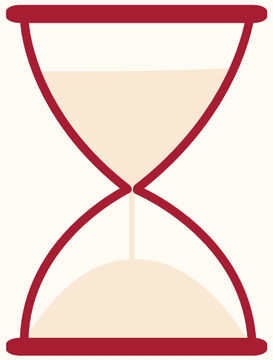
Awarded by The Chartis Group

# DISCLOSURES



# NO RELEVENT DISCLOSURES

# OBJECTIVES:



Solutions for education under time constraints: conflicting professional priorities, just in time education, and operating with a professional nursing contract.



How to bring meaningful education to nursing staff when you have no consistent space to conduct educational activities.



How two part-time nurses dove headfirst into the nursing education world to develop a program that fits in our Rural Critical Access Hospital walls.

# ENGAGEMENT



# PROJECT OVERVIEW



## Myth

Rural clinicians have less need for clinical education.

## Fact

Rural healthcare organizations have less time, fewer people, fewer resources, and fewer places to gather.

**Our solution is not SMALLER education, it is smarter education!**



# GAP ANALYSIS

- Mismatch between education needs and ability to deliver traditional education
- Barriers to traditional education modalities:
  - Time
  - Space
  - Staffing
  - Resources (budget)
  - Competing patient care demands
- Need to explore innovative and flexible education strategies

# THE RURAL EDUCATION REALITY

We can't wait for the learners to come to us

Respect for rural workflows

Meaningful education that connects directly to practice

Relevant to our people, protocols, and community needs

Connect learning directly to practice

# NO TIME

- COMPETING CLINICAL DEMANDS
- STAFF ATTENDANCE / OVERTIME
- LIMITED EDUCATORS / FTE
- MULTIPLE ROLES WITHIN ORGANIZATION



# NO SPACE











# MORE PROBLEMS?

- Staff Engagement
- Staff Attendance
- Accomodating Schedules
- Night Shift Considerations

# THE 24/25 NURSE RESIDENCY VR PROJECT



## Residency

- Evidence Based Project
- Gap Analysis
- Close The Gap



## Stakeholders

- Clinicians / Education
- Administration
- Information Technology (IT)
- Technical Services
- Professional Nursing Care Committee
- Patients




## Creative Funding

- Joined Committees
- Leftover funding



## Results

- 1-year subscription
- 4 headsets
- 4 battery expanders

# VIRTUAL REALITY SIMULATION



## Bridging Gaps

- Relatively inexpensive
- Fully immersive, realistic, and clinically relevant scenarios
- Individual learning or multiplayer
- Only need a 7x7 area to do the simulation




## Developing Skills

- Assessments
- Clinical decision-making
- Prioritization
- Communication
- Protocols
- Safe medication administration

(Coughlin et al., 2024)

# VIRTUAL REALITY IN PRACTICE

## Big Education in Small Spaces

- Developing clinically relevant scenarios
- Utlization of available space
- Meeting staff where they are at
- Requesting feedback and implementing improvements






# INSITU SIMULATIONS

- Department staff = Content experts
- Simulations in the department where work is done
- Use expired equipment and Dollar Store items to increase realism
- Community partner involvement

Getting creative with adding flair to our high-fidelity simulations has made a huge impact on the simulations. Not the budget.

(Hamilton et al.,

# LOW-BUDGET SOLUTIONS





# AI IN CLINICAL EDUCATION

01 Accessible anywhere, low resource requirements

02 Practice communication, clinical reasoning, and difficult situations in a safe environment

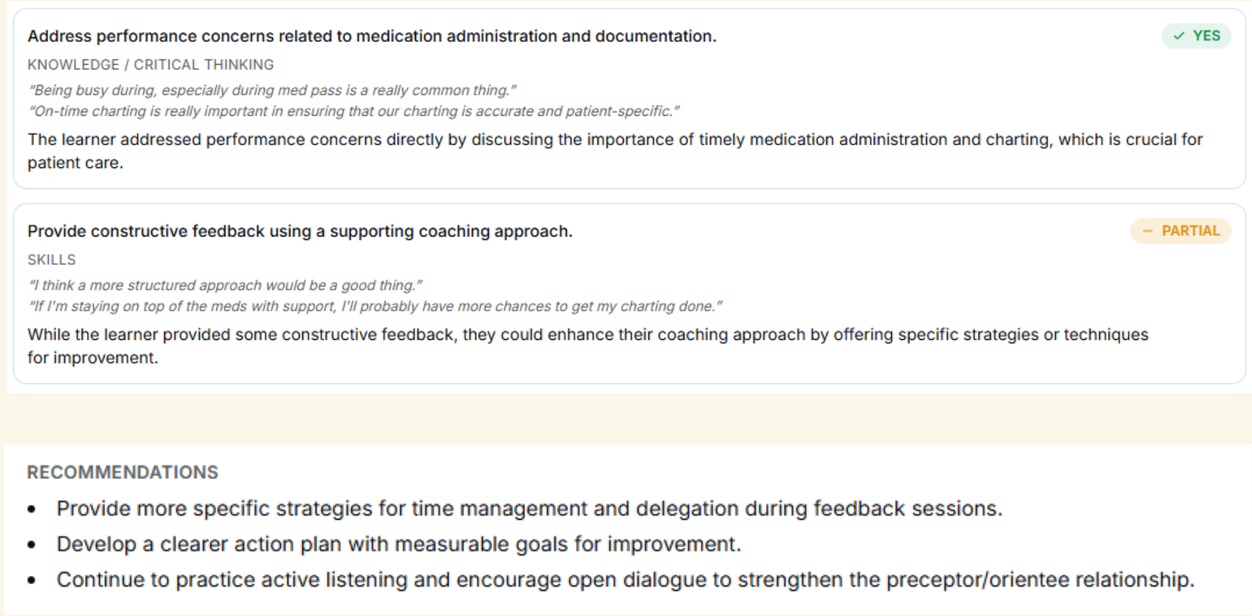
03 Repeatable, personalized learning, scalable

04 Time friendly, 5–10-minute scenarios without the need of a facilitator or standardized player

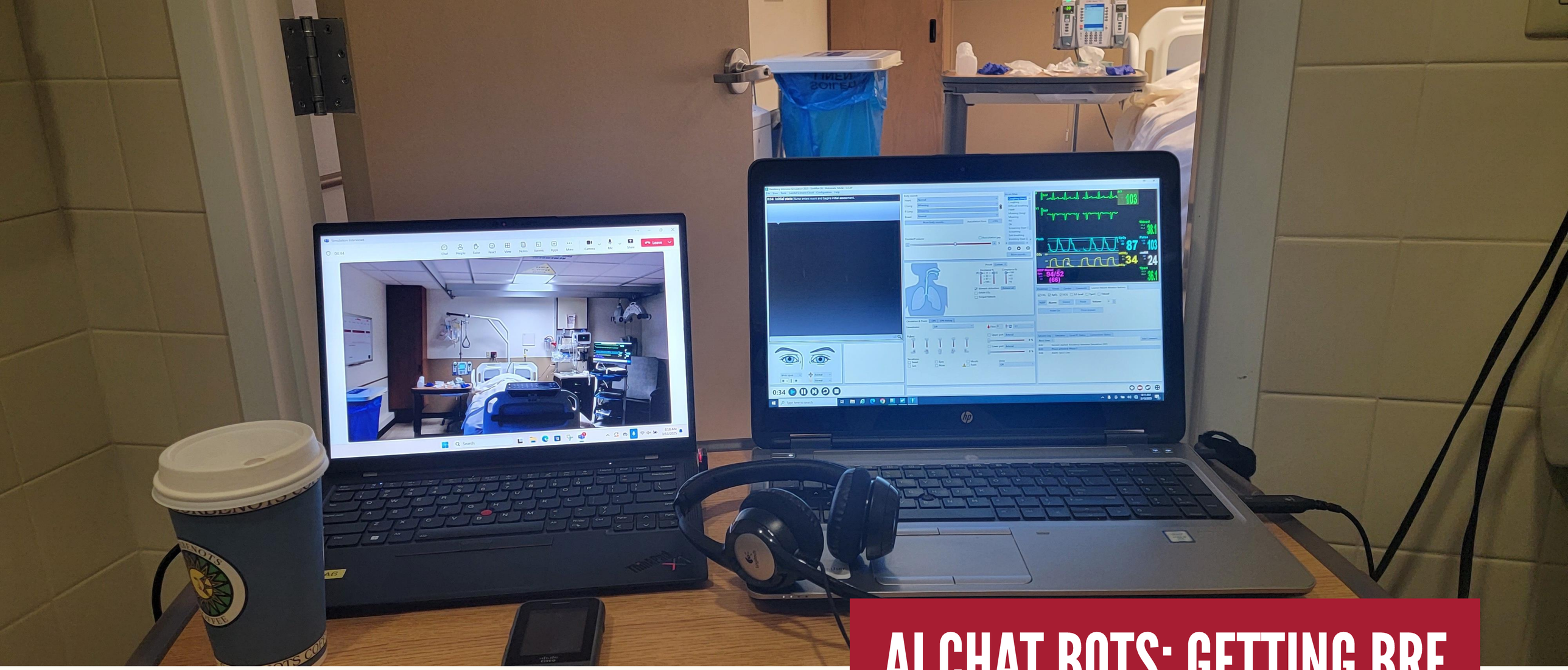
(Patel & Street, 2026; Webb et al., 2026)

# Chatbots

AI-powered virtual patient or clinical participant that interacts with our learners in real time. The learner communicates with the Chatbot just as they would a patient, family member, or co-worker.




Open the scenario → Interact with the Chat Bot → Make clinical decisions →
Receive feedback → Try again



# AI CHAT BOTS: GETTING BRE OUT OF THE BATHROOM, ONE SIM AT A TIME

# CARPE NOCTEM

## Education on Night Shift:

SCHEDULES | HOURS | RELEVANT TOPICS



### BREAK DOWN BARRIERS

Avoid common busy times for the night shift and provide education during the night hours.



### SHORT SESSIONS

Education sessions for Carpe Noctem usually last around 20 minutes. We try to include hands on materials.



### NIGHT SHIFT BUY-IN

What education does night shift want to see? What do they need more of? What are we doing during the day that can be brought to nights?

(Clopton, 2024; Sanchez-Sedekum & Khairallah, 2020)




# OTHER MICROLEARNING OPPORTUNITIES

## Games to solidify knowledge:

- Jeopardy
- Family Feud
- Clinical Quest
- SICKO Game
- Residency Olympics
- Kahoot Competition

## Opportunities to keep learning:

- Escape Rooms
- Journal Club
- Case Studies
- Teach Backs

(Palis & Quiros, 2014)

# LESSONS LEARNED



## Unnecessary

- A classroom
- A full hour
- A PowerPoint
- A giant budget
- Perfect conditions

## Necessary

- A clinically relevant topic
- A few minutes
- A willing learner
- A simple strategy
- A connection to practice



# THANK YOU!

## CONTINUING OUR COMMITMENT TO RURAL HEALTH EDUCATION

Small learning moments can create big changes. Together, we can grow a stronger, rural healthcare workforce - one learner at a time.

### EXPAND LEARNING

Grow rural-focused curricula and hands-on training opportunities.

### BUILD PARTNERSHIPS

Strengthen collaborations with communities, partners, and institutions.

### SUPPORT LEARNERS

Provide mentorship, resources, and pathways to rural practice.

### IMPROVE IMPACT

Collect feedback, evaluate outcomes, and adapt to organizational needs.

*Let's keep the conversation going.*

We welcome your questions, ideas, and partnerships.

nurseresidency@grh.org

*Where Compassion Meets Competence - Close to Home*



# REFERENCES:


- Clopton, K. (2024, April 10). Carpe noctem (Seize the night) [Conference presentation]. ANPD Aspire Convention.
- Coughlin, V., Bolanos, G., Moran, L., Jacob, A., Stanislaus, M., & Maydick-Youngberg, D. (2024). Welcome to the Metaverse: Virtual Reality in Nursing Professional Development. *Journal for Nurses in Professional Development, 40*(5), 236–241. https://doi.org/10.1097/NND.0000000000001073
- Hamilton, C., Gates, J., Youngberg-Campos, M. Heidenreich, T., Karenke, M. (2024, April 11). Creative (and budget-friendly) simulations that go beyond knowledge gaps [Conference presentation]. ANPD Aspire Convention.
- Palis AG, Quiros PA. Adult learning principles and presentation pearls. *Middle East African Journal of Ophthalmology*. 2014 Apr-Jun;21(2):114-22. doi: 10.4103/0974-9233.129748.
- Patel, A. P., & Street, J. (2026, March 25). AI scenarios: Supercharge your nursing leadership skills [Conference presentation]. ANPD Aspire Conference.
- Sanchez-Sedekum, T., & Khairallah, T. (2020). Engaging the night shift nurse with activities and educational opportunities. *ICU Management & Practice*, *20*(2), 148-150.
- Webb, C. C., Antisdel, J., & Pajakowski, L. (2026). Standards-Aligned Integration of Artificial Intelligence and Simulation in Nursing Professional Development for Novice Nurse Readiness. *Journal for Nurses in Professional Development*. https://doi.org/10.1097/NND.0000000000001228