



Featured Article

Teaching Family Nursing Through Simulation: Family-Care Rubric Development

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KEYWORDS

family nursing research;
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family-care rubric;
family health;
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family as client care;
rubric;
instrument development

Abstract

Background: Van Gelderen Family-Care Rubric (VGFCR) was constructed to enhance learning experiences and offer consistent feedback during simulations.

Method: Instrument development and psychometric testing followed a three-phase design: (a) literature review, (b) refinement of family constructs, and (c) psychometric testing of the VGFCR.

Results: All constructs exhibited significance at the $p = .05$ level. VGFCR was determined to be reliable with an overall intraclass correlation coefficient of 0.928 (0.902-0.948) with a significance of $p = .000$ at the 95% confidence interval and Cronbach's alpha = 0.956 among three family nurse researchers.

Conclusions: Future research recommendations include utilizing the rubric with practicing nurses to discern the transferability to clinical practice.

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The use of simulation to teach caring and family nursing is limited (Eggenberger & Regan, 2010). Nurse educators are beginning to embrace teaching–learning practices that emphasize the importance of communicating and supporting families. Simulation is being explored as a promising educational strategy to guide nursing students in the development of essential behaviors that promote family health

and family-focused nursing actions. During family-focused care, “nurses assume a mind-set that continually *thinks family* as they care for individuals and their families as a unit of care” (Hoehn Anderson & Denham, 2016, p. 195). Simulation is currently being used to teach practical skills, but the application to family care is not being utilized to the fullest extent (Eggenberger & Regan, 2010).

Nurses often strive to provide family-focused care, yet there is no evidence-based tool that provides consistent feedback and engages nursing students in the development of essential family nursing actions. There is also a

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gap in the literature concerning the effectiveness of simulation to teach family assessment and communication skills to undergraduate nursing students. To address this gap, the purpose of this research was to (a) develop a research-based family-focused simulation rubric to assist

nurse educators with the evaluation of nursing student performance during a family-focused nursing care simulation and (b) provide feedback to nursing students during the debriefing stage of simulation. Investigations are needed to maximize simulation as a teaching–learning strategy that informs family nursing practice. The need to develop a tool to offer feedback about family-care nursing actions to students during simulation is essential.

Key Points

- Feedback is imperative for nursing students in the development of family nursing skills, currently there are no known tools available to nurse educators that assist with consistent feedback to engage students to incorporate family care into their practice.
- To advance family-focused nursing practice, a student must be able to view the family as a client and place the family at the center of the nursing perspective.
- This family care rubric has potential to increase confidence in family nursing knowledge for those faculties who would not consider themselves experts in family practice.

skills (Eggenberger & Regan, 2010; Hayden, 2010) and behavioral skills such as interdisciplinary team training, communication, and clinical decision-making (Hayden, 2010). In nursing education, simulation is used more for clinical skills practice than that for evaluation and feedback about student performance (Jeffries, 2012). According to Hayden (2010), 54% of nursing schools reported using simulation in five or more nursing courses. Within the 2014 National Council of State Boards of Nursing study, it was reported that 87% of respondents are utilizing high-fidelity or mid-fidelity simulations in their nursing programs. Hayden, Smiley, Alexander, Kardong-Edgren, and Jeffries (2014) report that there is “evidence to support that substituting high-quality simulation experiences for up to half of traditional clinical hours produces comparable end-of-program educational outcomes and new graduates that are ready for clinical practice” (p. S3).

Background

The use of simulation is rapidly growing in nursing education (Eggenberger & Regan, 2010; Jeffries, 2012; Kaakinen & Arwood, 2009; Sinclair & Ferguson, 2009); however, the primary use of simulation has focused on teaching nursing psychomotor

Educational rubrics provide predetermined criteria and expectations to the student that educators will utilize to determine student competence (Davis & Kimble, 2011) and assist students to complete learning outcomes (Lasater, 2007). There have been several nursing educational simulation rubrics developed, but no known family nursing rubrics. Rubrics such as the Clark Clinical Simulation Grading Rubric (Clark, 2006; Gantt, 2010), Simulation Evaluation Rubric (Herm, Scott, & Copley, 2007), Lasater Clinical Judgment Rubric (Lasater, 2007), Clinical Simulation Evaluation Tool (Radhakrishnan, Roche, & Cunningham, 2007), Safe Human Patient Simulation and Clinical Evaluation Tool (Gore, Hunt, & Raines, 2008), and Simulation Evaluation Instrument (Todd, Manz, Hawkins, Parsons, & Hercinger, 2008) all measure cognitive, psychomotor, or affective learning domains. These rubrics are focused on individual care and do not address the needs of families.

For the purposes of this study, family-focused nursing is defined as nursing care actions that takes forethought and reflection by considering family unit needs (Denham, 2016, p. 38). Researchers report essential family nursing actions such as eye contact, acknowledgment of family, utilizing therapeutic statements, seeking family information, and inviting family presence with their loved one (Eggenberger & Regan, 2010). Researchers have also identified care actions such as respecting and listening to the family (Gerner et al., 2010), identifying self, delineating position of authority, gathering information, using proper terminology, and assessing the family’s level of understanding (Zavertnik, Huff, & Murno, 2011). The Van Gelderen Family-Care Rubric (VGFCR) addresses many of these important family nursing actions with an extension of teaching and evaluating family-focused care necessary to improve family health. Important elements within family assessments include: (a) family demographic data, (b) illness or health promotion concern of the individual and family, (c) family structure and development information, (d) health promotion and routines, (e) economic and cultural status, and (f) their connection to the larger community (Meiers, Krumwiede, Denham, & Bell, 2016, p. 116).

It is important to provide consistent feedback to ensure student development of family nursing practices, yet evidence to measure these family nursing actions is lacking (Eggenberger & Regan, 2010). This instrument was meant to extend family nursing education by measuring nursing student competence, provide opportunities for conversations that encourage reflection during debriefing, and explore benefits and barriers of providing family-focused care.

A growing number of leaders in health care institutions are beginning to believe that family-focused care will lead to improved health outcomes (Ahmann & Johnson, 2001; Chesla, 2010; Denham, 2003) and reduce costs (Ahmann & Johnson, 2001). Family-focused health care directly responds to family priorities and concerns (Perrin et al., 2007) that result in improved health outcomes, efficient

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