



# 'eSimulation' Part 2: Evaluation of an interactive multimedia mental health education program for generalist nurses

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## KEYWORDS

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**Summary** This paper reports on an evaluation of an eSimulation mental health education program for generalist nurses; developed using the following five key attributes of simulation: (1) creating a hypothetical opportunity; (2) authentic representation; (3) active participation; (4) integration; (5) repetition, evaluation and reflection. Four themes emerged from a qualitative thematic analysis of semi-structured interview data involving fourteen generalist nurses. The following four themes: (1) authenticity; (2) participation; (3) clinical reasoning; (4) control of learning provide supporting evidence that these attributes are positioned within the learning resource. Participants found the scenarios within the resource realistic, engaging and relevant to their scope of practice. This type of learning resource may help in developing the knowledge, skills and confidence of generalist nurses in delivering safe and competent mental health care in the generalist setting, when access to specialist services and appropriate means of training are unavailable.

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## Introduction

The development of an 'eSimulation' mental health education program (MHEP) was described in Part 1. The 'eSimulation' MHEP was broadly influenced in the adult learning theory but more specifically in the work of Lave and Wenger (1991). Lave and Wenger (1991) in their situated learning theory argue that learning should not

be viewed as simply the transmission of information and knowledge from one individual to another, but a process of 'socialisation', 'visualisation', and 'imitation'. This process lends itself to the five key attributes of simulation as described by Bland, Topping, and Wood (2011) and articulated in Part 1 of the paper: (1) creating a hypothetical opportunity; (2) authentic representation; (3) active participation; (4) integration; (5) repetition, evaluation and reflection.

Whilst improvements in technology have seen an increase in the use of simulation as a means of integrating theory and knowledge within contemporary nursing education, evaluation of the effectiveness of these

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simulation techniques are still lacking (Guise, Chamber, & Valimaki, 2012; Kardong-Edgren, Adamson, & Fitzgerald, 2010). Areas where the use of eSimulation technology have been previously evaluated positively include: critical care nursing competencies (Brady, Molzen, Graham, & O'Neill, 2006), blood transfusion practices (Hogg, Pirie, & Ker, 2006), undergraduate surgery training (Corrigan, Reardon, Shields, & Redmond, 2008), pharmacology training (Collins, Graves, Gullette, & Edwards, 2010), difficult nurse–patient relationships (Brunero & Lamont, 2010), and student nurse decision-making skills (McCallum, Ness, & Price, 2011). Iskander and Curtis (2005), in a review of studies comparing interactivity versus text only instruction, suggest an increase in amount learnt and less study time required to learn new material. An eSimulation versus didactic lecture comparative study was conducted by Cason et al. (2010), measuring knowledge acquisition, transfer and retention relating to airway management in nursing students. Cason et al. (2010) concluded that the eSimulation method was as effective as a lecture in acquiring knowledge and concepts of airway management. Other authors have argued for eSimulations cost effectiveness, but suggest that more empirical data is required regarding its use and cost benefits (Hope, Garside, & Prescott, 2011; Murray, Grant, Horvath, & Leigh, 2007); particularly within the mental health specialty (Guise et al., 2012).

## Aim

The aim of this paper is to report on the evaluation of an interactive multimedia eSimulation mental health program, developed for learners within the generalist health setting.

## Method

A qualitative approach was undertaken to explore the learning experiences of nurses who had used the eSimulation resource. The qualitative approach was informed by the six phases of thematic analysis as described by Braun and Clarke (2006).

## Sample

An email invitation was sent to generalist nursing staff at a metropolitan tertiary referral hospital in Sydney to identify interest in evaluating the learning resource and a purposive sample of fourteen were subsequently recruited. Participants were sent a web link to the resource and were asked to select one of the three case scenarios. Participants were then interviewed to explore their experiences and perceptions of their learning experience. Twelve of the participants were female and two were male. The majority of the participants had 10 years or more of clinical experience. Various clinical specialties were represented in the group: aged care; neurology; surgical; critical care; oncology; education; respiratory; cardiology.

## Data collection

Field notes were taken during the follow-up interviews, which ranged from 15 to 30 min in length. Semi-structured interviews were based around the following questions: (1) Can you tell me about your experience of using the resource? (2) How realistic was the scenario? (3) Can you describe your experience of navigating through the resource? (4) How does the learning style compare to other learning methods? The semi-structured interviews were influenced by the five key attributes of simulation by Bland et al. (2011).

## Data analysis

A six phase theoretical thematic analysis was undertaken of the field notes, which allowed for the development of themes. This process involved: (1) familiarisation with the data; (2) generating initial codes; (3) searching for themes; (4) reviewing themes; (5) defining and naming themes; (6) producing the report (Braun & Clarke, 2006). The analysis within this six stage process is recursive as opposed to linear, where the researchers move back and forth within the data set and throughout these phases, generating codes and subsequent themes. The data set was independently read and re-read to immerse the researchers in the data, with initial notes and ideas being documented to identify information of interest and patterns of meaning. Initial codes were then developed from this data which was then categorised into potential themes, following consensus between both researchers. The themes were then reviewed by each researcher and defined by checking with the coded extracts and entire data set. The final analysis relates the selected themes back to the theoretical underpinnings of the eSimulation resource (Braun & Clarke, 2006).

## Ethical considerations

Ethical approval for the study was sought and granted by the local human research ethics committee. Participants were informed in an information sheet that their participation was voluntary and they could withdraw from the study at any time point. They were advised that they would not be individually identified in the data set and that any reports, publications or presentations from the study would be de identified.

## Results

Four key themes emerged from the thematic analysis of the interview data. Fig. 1 shows the thematic analysis highlighting the key themes: (1) authenticity; (2) participation; (3) clinical reasoning; (4) control of learning.

### Authenticity

Participants commented positively on the degree of simulation experienced and to what extent they perceived the relevant resource reflected an authentic clinical situation. Participants expressed the idea of developing a relationship with the clinical scenario, expressing the view that it

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