

Integrated simulation: A teaching strategy to prepare prelicensure nursing students for professional practice—the students' perspective



Ingrid L. Simkins MSN, RN, CNE^{a,*}, Laura A. Jaroneski MSN, RN, OCN, CNE^{a,b}

^a Baker College of Clinton Township, Clinton Township, MI 48035, USA

^b Macomb Community College, Clinton Township, MI 48038, USA

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Abstract

To prepare associate degree nursing students for the increasing demands of professional practice, we designed an integrated simulation to allow the students to assess their perceived readiness to assume the role of the registered nurse in today's ever-changing health care system. The simulation integrated 2 levels of medical–surgical students caring for a complex patient. This collaboration facilitated the upper-level students' evaluation of their confidence in critical situational analysis, prioritization, delegation, and professionalism.

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1. Introduction

As nursing educators, we understand the importance of nursing course and program outcomes and the significance of having a tool to measure these outcomes. High-fidelity human patient simulation (SIM) is often employed in nursing education as one of those tools. In SIM, students are able to engage in a clinical situation under the supervision of their nursing instructors to safely render patient care. Through the use of the human patient SIM, students can practice complex clinical skills by using a lifelike mannequin that can respond in accordance with the student's actions or inactions. SIM can be an effective educational strategy in promoting the learner's assessment skills, attitudes toward teamwork, and collaboration, confidence, development of decision-making processes while improving clinical competency (Kaddoura,

2010). These SIMs prepare the students for their future professional practice in a dynamic health care arena.

These desired professional behaviors can be measured by educators using rubrics based upon Bloom's (1956) higher levels of taxonomy to determine if the course and program outcomes were met. According to Wolf and Stevens (2007) "...rubrics improve teaching, provide feedback to students, contribute to sound assessment, and are an important source of information for program improvement" (p. 3). However, we wanted the students to identify their own professional growth and development and measure their success or failure with their own "internal rubric." As noted by Bandura (1989), "People's self-efficacy beliefs determine their level of motivation, as reflected in how much effort they will exert in an endeavor and how long they will persevere in the face of obstacles" (p. 1176). We did not want the SIM exercise to be perceived by the students as just another course requirement but, instead, as a true investment in their professional development. We believed that if students could measure their own personal, professional growth over time

* Corresponding author. Tel.: +1 623 845 4630; fax: +1 623 845 3244.
E-mail address: ingrid.simkins@gccaz.edu (I.L. Simkins)

and internalize the importance of the SIM, they were more likely to transfer the entire learning experience to real-life nursing practice. We also believed our integrated simulation (IS)-teaching strategy facilitated the students' ability to perceive their readiness for professional practice.

This article's focus is twofold. We describe how the IS strategy was conducted. Then, we provide student feedback and evaluation following participation in the IS. These responses were a reflection of their growth over 30 academic weeks and their perceived readiness for professional practice.

2. Background

The nursing graduate entering the profession at this point in history has more responsibility and demands placed upon them than ever before. Nurse educators have been given the challenge to prepare graduates that can handle health care policy changes, advances in technology, increasing patient acuity, nursing shortages, and budget cuts all while maintaining a safe practice and focusing on positive patient outcomes. According to Needleman (2013), the increasing demands on the nurse in the current work environment stem from not only the increasing patient acuity but also the advancement of the electronic medical health record and the increasing use of technology. The National Council of State Boards of Nursing is responsible for evaluating if the nursing graduate is prepared to take on this responsibility. The National Council Licensure Examination-Registered Nurse, written at Bloom's taxonomy level of application or higher, is designed to test the graduate nurse on his or her ability to prioritize nursing interventions and delegate correctly. The National Council Licensure Examination-Registered Nurse Test Plan dedicates approximately 20% of the test questions to management of care. Included in that content are questions that deal with delegation, supervision, collaboration with interdisciplinary teams, and establishing priorities (National Council of State Boards of Nursing, 2013). IS is a teaching strategy that presented our students an opportunity to achieve readiness for professional practice in the areas of critical situational analysis, prioritization, delegation, and professionalism.

3. Integrated Simulation

Our IS scenarios were designed to provide upper-level Medical Surgical 3 (MS-3) students in their final term an opportunity to collaborate with lower-level Medical Surgical 1 (MS-1) students in their second term in the same patient care scenario. Two alternating IS scenarios were chosen specifically to align with content that both student groups (MS-3 and MS-1) were learning in their respective theory courses. The first scenario option in the rotation consisted of a patient experiencing gastrointestinal (GI) bleeding; the second scenario related to peritonitis. The MS-1 students were learning about acute care for patients with GI disorders,

while the MS-3 students were learning about hypovolemic/septic shock and critical care interventions.

This teaching strategy was utilized six times over the course of 2 1/2 years. During this time frame, as the students progressed through the curriculum, they were afforded an opportunity to participate in the IS as both an MS-1 student and again as an MS-3 student. The level of acuity of each IS was the same; however, the scenario was different each time the students participated. Note that at the time of this SIM, the MS-3 students had acquired approximately 540 clinical hours while the MS-1 students had participated only in 140 hours.

To accommodate both MS groups in the SIM laboratory, the IS needed to be scheduled in multiple 1.5-hour sessions over several weeks. In each session of five to six MS students, it was imperative to have at least two MS-3 students. The students all signed a confidentiality statement to ensure that the integrity of the SIM remained intact during the multiple sessions. In preparation, an identical pre-SIM assignment was provided to each group a week prior to participating in the IS. To achieve SIM preparedness, the students were asked to provide written answers to preassignment questions that guided them in achieving the learning outcomes relevant to GI pathophysiology, medications, and the nursing process.

After providing their proof of completed preassignments, all students were oriented to the laboratory and given the opportunity to ask questions. We instructed students that a real cell phone would be used to call a faculty member who was off-site playing the role of the physician/health care provider. This person would facilitate the plan of care based upon students' communication. Students were also introduced to a faculty member who would play the roles of pharmacy and laboratory as needed. Students were also informed that a family member might also be present at the bedside.

The students then were assigned their roles by selecting a role identification badge from a grab bag. The different roles that were assigned included charge nurse, staff nurse, medication nurse, graduate nurse (recent graduate in orientation), student nurse, and documenter. In order to familiarize the students with the role they selected, a defined scope of practice was provided on the back of each identification badge. Because of the variation in the number of student participants, not every role was required each time; therefore, we agreed which roles would be removed when necessary. The MS-3 students had the choice of charge nurse, medication nurse, and graduate nurse while the MS-1 students could only be graduate nurse, staff nurse, student nurse, or documenter. The roles of the charge nurse and medication nurse were only assigned to the MS-3 students because these were deemed leadership roles.

Next, the students received the patient's admitting orders and medication administration record. The students were allowed 15 minutes to devise a plan of care based on the preassigned preparation assignment and this new information. Following that, the students were provided a brief report from a nursing instructor acting as the hand-off nurse.

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