

# Redesign on a dime: Resuscitating a stalled nursing simulation program on a zero budget



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## Abstract

An associate degree nursing program developed a simulation education program with existing equipment, space, and supplies. Faculty collaborated to establish an academically safe environment, set expectations, and incorporate simulation into the curriculum without incurring any additional expenses for the program. After implementing the new program for 2 semesters, manikin usage logs documented more than 435 student simulation hours, and students returned overwhelmingly positive feedback from evaluation of simulation instruction surveys.

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Major objectives of current nursing education are teaching core concepts and offering hands-on practice to prepare nursing students for entrance into the workforce. Challenges arise from a shortage of clinical sites, lack of teaching strategies that address every type of learner, and patient safety issues because of inexperienced learners performing skills on real-life patients. Opportunities for improvement include the implementation of innovative teaching strategies and creative ways to secure clinical experience without jeopardizing patient safety. Although the advantages of these opportunities are clearly outlined in the literature, lack of funding for these endeavors often halts much of the advancement in these areas.

The purpose of this article is to show one low-cost approach for revitalizing a nursing simulation program at a community college, including some barriers and successes in the process. We will also discuss the use of simulation as an innovative learning strategy to help reinforce core nursing concepts for students.

## 1. Situation

Our Southeastern U.S. Community College Associate Degree Nursing (ADN) Program has possessed a Laerdal SimMan high-fidelity manikin since 2002 when it was purchased by the college administration. Although the strategic plan for the equipment was consistent with literature in providing innovative learning opportunities and an environment for safe practice of skills and assessments, no formal education in simulation was provided to nursing faculty. Instructors used the manikin for practicing physical assessments in the nursing fundamentals course and for scenarios during the nursing students' final semester. Although the manikin had been used, there had been no nursing faculty position dedicated to coordinating simulation, overseeing its integration into the curriculum, and evaluating its use. The result of the lack of a structured simulation program was that the simulation equipment had been underutilized in the nursing program.

In 2012, the administration of our community college ADN program recognized the underutilization of the simulation equipment in comparison with simulation programs at

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surrounding colleges. This realization prompted administration to create a new part-time simulation faculty position with the goal of implementing a formal nursing education simulation program. The timing of this decision coincided with state budget cuts, which limited the ability to earmark any funds for the revitalization and implementation of simulation into the nursing curriculum. The challenge then became to build an effective simulation education program with existing equipment, supplies, and laboratory space.

## 2. Review of Literature

In preparation for building a simulation program, we reviewed the literature to explore program development, the use of simulation in nursing school curricula, components of scenario writing, and methods for debriefing and evaluation. It is evident in the literature that simulation is useful in creating an opportunity for participants to practice and/or demonstrate actually working through the steps of a physical task or situation instead of merely visualizing, verbalizing, or writing about what they would do.

As the use of simulation education has gained acceptance and become one of the newest innovative methods for instruction in nursing education programs, many facilities have purchased moderate- and high-fidelity manikins, and there are a number of authors discussing the budgeting, planning, and purchasing of equipment and creating space for a nursing simulation laboratory (Curtin & Dupuis, 2008; Hyland, Weeks, Ficorelli, & Vanderbeek-Warren, 2012; Irwin, 2011; Kuiper & Zabriskie, 2012; Rothgeb, 2008; Seropian, Brown, Gavilanes, & Driggers, 2004; Tuoriniemi & Schott-Baer, 2008).

However, facilities that acquired manikins before establishing a simulation program have found that simulation involves more than making equipment available for faculty to use. Simulation requires time and dedication for learning and using the methodology, especially because there is no standard approach (Anderson, Bond, Holmes, & Cason, 2012). Jeffries (2008) stated that nurse educators have often been expected to teach themselves about the use of simulation equipment and scenarios without formal training. She advised that faculty should read the literature, attend instructional meetings, vendor conferences and training sessions, and network with other simulation educators.

Murphy (2012) discussed a process of transforming one nursing school's simulation center by focusing on several issues such as faculty development, student professionalism, patient safety, and environmental fidelity; it did include structural renovations of the simulation laboratory and hiring additional staff. Although there is at least one article on building a program on a budget (Curtin & Dupuis, 2008), there is little to no literature on how to establish a nursing simulation education program with existing equipment and space. In contrast, there is an abundance of data on the various components of simulation including scenario writing, debriefing, and evaluation.

Nursing scenarios should be developed around specific learning objectives to facilitate learning (Founds, Zewe, & Scheuer, 2011; Waxman, 2010) and enhance and strengthen curriculum outcomes (Jeffries, 2007). Guimond, Sole, and Salas (2011) emphasized the importance of including team training in scenarios to prepare nurses to interact with other health professionals.

Lusk (2013) found that a structured debriefing process is essential for clarifying and directing learning to develop clinical judgment. Wickers (2010) stressed the necessity of establishing a safe environment and trust during debriefing in order to address negative and positive performance. She also emphasized the importance of facilitators encouraging students to do the majority of the talking, including discussing the thought processes behind their actions, in order to maximize learning. Cant and Cooper (2011) shared that debriefing is an essential part of the simulation process. The postscenario learning session should include a description, analysis, and application of the learning event information and conclude with a summary and take-home points for students.

Several authors discuss tools to evaluate learning in simulation (Gantt, 2010; Kardong-Edgren, Adamson, & Fitzgerald, 2010; Mikasa, Cicero, & Adamson, 2013). Evaluation methods in formative assessment of simulation include observation and checklists of expected behavior based on the learning objectives, which can be used as a basis for discussion in postsimulation debriefing (Jeffries, 2007; Wickers, 2010). Student evaluation of instruction is also a component of simulation [Jeffries, 2007 and Simulation Innovation Research Center—National League for Nursing (SIRC-NLN) Web site].

## 3. Background

The nursing program was fortunate to already have a SimMan high-fidelity manikin set up in a room with hospital room equipment including a hospital bed, medication cart, supply cabinet, iv pump, and overbed table. There was also a desk and chair in the room several feet from the foot of the bed for the simulation operator. An unexpected discovery was a brand new moderate fidelity Vital Sim manikin that had been in storage for several years.

Additional resources included several area simulation programs at neighboring community colleges and hospitals. Observation visits to these were invaluable for learning how other coordinators were using simulation. However, the key to success in developing our nursing simulation education program was another adjunct nursing faculty member who taught in the practical nurse education (PNE) program on a different campus of our community college. With a postgraduate certificate in simulation education, she had been taking the PNE students to the hospital where she was employed full time and used their simulation laboratory after hours. When approached by the faculty member in the new simulation position, she was very enthusiastic about the plan

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