



## Nursing students' conception of clinical skills training before and after their first clinical placement: A quantitative, evaluative study



Solveig Struksnes\*, Ragna Ingeborg Engelién

Faculty of Health, Care and Nursing, Gjøvik University College, Teknologiveien 22, N-2815 Gjøvik, Norway

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### ABSTRACT

Education institution and practice field have a joint responsibility with regard to facilitating a learning environment for the nursing students that provides learning outcomes in accordance with the National Curriculum. Using simulated patient situations is about ensuring a safe learning environment where mistakes are not putting real patients' lives in danger.

*The aim of the study:* To compare nursing students' experiences with a skills training situation immediately after the training and after their ten weeks clinical placement in nursing homes.

*Study design:* Quantitative, cross-sectional and evaluative.

*Sample:* Full- and part-time students in their first year of a Bachelor of Nursing degree.

The students answered a questionnaire on two different occasions, immediately after skills training and after internship in a nursing home.

*Findings:* Being a "patient" and a "nurse" in simulation was experienced as useful to clinical practice. Students with previous experience had a significantly higher perception of mastering the procedure after the internship, while unexperienced fellow students did not report any significant increase with regard to a sense of coping during their clinical practice.

The findings raise questions if there are aspects with the education institution or the practice field that should be improved to help facilitate a better learning process for students without any previous experience.

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### Introduction

Nursing education in Norway is regulated by the National Curriculum for Nursing Education (Ministry of Education and Research, 2008) and the bachelor's program includes 50 weeks of clinical practice. Nursing students perform 10 weeks of practice in nursing homes in their first year. The education institution and the practice field both have a formal and professional joint responsibility with regard to facilitating a learning environment for the students that provides learning outcomes in accordance with the National Curriculum. This cooperation is regulated through agreements with the regional health services.

According to Lerdal and Fagermoen (2011) the goal of professional education is the development of personal and integrated knowledge that enables the student to make independent,

evidence-based decisions of a professional and ethical character (Lerdal and Fagermoen, 2011). The National Patient Safety Program gives attention to both quality in treating the sick in hospitals, as well as care and preventive health care in community health (Patient Safety Programme, 2014). Educational institutions have a responsibility to ensure that nursing students possess a certain expertise in relation to basic nursing skills when they start their first clinical practice. At the university college in question, these basic skills are rehearsed through mandatory exercises in the simulation laboratory. The Internal Clinical Practice (ICP) constitutes 15 credits in the first year, and most of these exercises can be defined as simulated patient situations.

### Background

The basis of this study is that the concept and phenomenon of "simulation" is interpreted in the broadest sense. Bland et al. (2011) define simulation as "a dynamic process involving the creation of a hypothetical opportunity that incorporates an

\* Corresponding author.

E-mail address: [solveig.struksnes@hig.no](mailto:solveig.struksnes@hig.no) (S. Struksnes).

authentic representation of reality, facilitates active student engagement and integrates the complexities of practical and theoretical learning with an opportunity for repetition, feedback, evaluation and reflection” (p. 668). Leigh and Spindler (2004) relate simulation activity to a learning outcome in which the participants will acquire insight into complex relationships and connections in a specific context. “It is a way of preparing for (or reviewing) action in the real world” (Leigh and Spindler, 2004). Morton (1996) describes simulation as constructed experiences that mimic processes or conditions that can or should not be experienced for the first time by a student because of student inexperience and risk to the patient. In health education, simulation is often described as a phenomenon or activity that mimics a clinical setting, in which one can practice procedures, decision-making and critical thinking by using role play, video or simulators (Jeffries, 2005). Simulation within health care can consequently be anything from using high fidelity patient simulators, partial task trainers, role play or to solving a case.

This study deals with simulation that Decker et al. (2008) describe as a “standardized patient.” Jeffries (2005) points out that the biggest difference between traditional procedural training and simulation is simply there to put the training in context. There is a common opinion that there is a need for more research on the development of simulation within the education of health professionals (Harder, 2009, 2010).

According to Lerner et al. (2009), the advantage of simulating challenging patient situations and nursing actions is that the training is conducted in a safe learning environment, and that mistakes are not putting real patients' lives in danger. Studdy et al. (1994) also argue that nursing students should have reached a certain level in confidence and precision before they practice nursing to real patients. However, the learning outcomes of simulation exercises, relevance and transferability to the clinical field is not explored on a large scale (Harder, 2009, 2010). The existing studies are primarily based on nurses' self-reporting of perceived learning outcomes and competence for simulation-based training (Ballangrud et al., 2014b; Dowson et al., 2013; Meurling et al., 2013; Taylor, 2011). Research shows that there are limitations with regard to an assessment of one's own competence, and in a study by Davis et al. (2006) it emerged that there was little, no or only moderate accordance between self-assessment and external assessment, a result that was common to several professions. They reported the experiences and perceptions are methodologically difficult to measure, which may be the reason why there is a limited amount of research related to simulation training and its transfer value to clinical practice (Alteren and Bjork, 2006; Bjork et al., 2014). Even so, there are examples of studies with simulation-based team training showing positive results. Critical care nurses considered that simulation-based team training clarified the roles and responsibilities within the team, and helped to improve patient safety in practice (Ballangrud et al., 2014a). After completion of a simulation exercise among the staff in the pediatric department, there was a significant increase in the survival rate of cardiac patients significant. Additionally, the more the staff trained the better the survival rate among children, and this trend remained over a three-year period (Andreatta et al., 2011). The majority of publications about human patient simulation are related to advanced nursing skills, while few studies deal with basic skills training in nursing and care. There are also a few examples of recent studies of relevance to community health services. The effect of communication skill training has been studied, but Curtis et al. (2013) found no effect of simulation training with regard to communication with seriously ill residents.

It is relatively well substantiated that simulation-based teaching in nursing education creates a positive learning environment and

contributes to improved self-confidence (Foronda et al., 2013), which corresponds with literature overviews of Harder (2010) and Cant and Cooper (2010). Nonetheless, Yuan et al. (2012) argue that there is a sufficient amount of evidence for a correlation between simulation-based training and students' self-confidence. Moreover, Bradshaw and Merriman (2008) question whether the educational ideology behind school's internal skills training and simulation activities are to be considered as appropriate.

Nursing students in the university college in question often use each other as patients when they practice moving skills, sponge baths, injections and assistance with meals. Some would argue that using a real human simulator provides a high degree of realism in the simulation. The simulated patient situation, which is subject to assessment in this study, is the Sponge bath of care of bedridden patients. This is a nursing skill that nursing students complete before their first clinical practice in nursing homes. Learning activity follows the steps in simulation methodology, with preparation through lectures and reading, briefings, simulations and debriefings (Jeffries, 2005). Students first look at a video in which the procedure sponge bath procedure is implemented before they conduct the exercise themselves. With groups of three students working together, everyone will experience the role of nurse, assistant and patient. Following the exercise, students reflect on their experiences in a systematic way (debriefing).

One reason for using video is to not only rationalize the teaching program, but to also standardize the demonstration the students received. To demonstrate a procedure can be considered as the expression of a traditional view for the learning of manual skills, in which the mimicry of expert workmanship becomes a pattern for the learner (Studdy et al., 1994). However, it is emphasized to tell the students that that the purpose of this introduction is implement their nursing action in one way, and that they can gradually develop their action competence for new situations from given principles, which become the basis for debriefing after the exercise.

Simulation exercises cause some anxiety and frustration among students, with some individuals requesting exemptions. It is therefore necessary to have a good reason for conducting the exercises in the traditional way, considering that there are realistic simulators (care dolls) that may be used. Are learning outcomes by experiencing the patient role so important that it legitimizes exposing students to this seemingly unpleasant experience? Are learning outcomes by implementing sponge baths a better way than doing the equivalent of using a human patient simulator? Even the relatively simple care dolls are expensive, and there is a need for many of them to offer all students the opportunity to practice. Therefore, with many students and an increasing use of simulation methodology in teaching, the application of this type of simulators should be carefully assessed.

Against this background, it was desirable to examine students' perceptions about this learning activity and the learning outcomes from it.

#### *Aims and purposes*

The aim of the study was to examine nursing students' conceptions of a skills training situation, (sponge bath), and compare their experiences both immediately after the training and after their clinical placement in nursing homes.

The aim was operationalized into five research questions:

- 1 Do nursing students conceive the experience of being “patient” and “nurse” in the simulated patient situation as useful as preparation for their clinical practice?
- 2 Do their conception of the utility of the exercise change after clinical practice?

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