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Using a simulation strategy: An educator's experience

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Summary As students are expected to apply their knowledge in clinical settings educators need to use learning strategies that provide students with experiences that facilitate knowledge application. The use of simulations has been identified to be such a strategy. However, their use in the classroom has been described as burdensome for educators. Consequently educators may avoid using them. This paper describes the experience of an educator preparing, implementing and evaluating the use of simulations with midwifery students. In conclusion, the educator found the experience to be worthwhile and well received by students.

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Introduction

One of the challenges facing midwifery educators is the preparation of student midwives to be safe, effective decision-makers. Most usually in midwifery education students are prepared for clinical decision-making by developing knowledge with lectures and tutorials on midwifery topics. Currently clinical reasoning and decision-making skills are taught primarily during didactic lectures by

the lecturer. The lecturer provides students with potential clinical scenarios and explains the clinical reasoning underlying the decisions relevant to the situation. Although the clinical reasoning and decisions the students are exposed to are technically correct they are the passive recipients of the decision-making process. Although information the student receives is correct this style of teaching does not foster their decision-making skills. Students are then expected to apply this knowledge in clinical practice when making clinical judgements often with little guidance. The use of experiential learning can provide an opportunity to actively guide the development of clinical

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decision-making. One experiential learning strategy that has the potential to develop decision-making skills prior to entry into practice is the use of simulations in the classroom. The use of simulations in the classroom has been described as burdensome for educators and adding time to teaching sessions (Rauen, 2001). Based on this educators may avoid classroom use of simulations. This paper describes the experience of preparing, using and evaluating simulations in a classroom situation in the hope that it may encourage others to use them.

Background

Simulations

Simulations have been used extensively in the education of medical students and in recent years have been used more frequently in the education of nurses (Gates et al., 2001; Roberts and While, 1996). As nurse educators are now considering learning-centred more than teaching-centred approaches, clinical simulations afford learning environments that are interactive with an emphasis on cognitive skills, critical thinking and clinical reasoning (Rauen, 2001; Vandrey and Whitman, 2001). From the student perspective simulations have been seen to surpass the more traditional methods of teaching offering clinical applications of concepts in lifelike situations (Vandrey and Whitman, 2001; Wildman and Reeves, 1997).

According to Rauen (2001) a simulation is a clinical practice situation that mimics as far as possible the real clinical situation. One of the benefits of this educational tool is students are able to recognise gaps in their knowledge and clinical experience that need to be addressed (Frost, 1996). The use of simulations also provides students with the ability to empower themselves and be self-directed in a safe classroom environment (Drew and Davidson, 1993). This sentiment is reflected by Roberts et al. (1992) who identify the need for nurses in the clinical setting to provide care based on decision-making that is not faulty or weak, therefore not compromising patient care.

Simulation use, therefore, can be argued to have advantages for students and educators. Providing students with the opportunity to use simulations requires educators to be confident in their preparation and implementation in the classroom. However, little has been written about this process of

preparing and implementing simulations in the classroom.

An educator's experience

Preparing to use simulations in the classroom

From the literature various aspects of simulation development are raised. Firstly, if real case study material is used a high degree of representativeness of actual clinical situations can be achieved (Jones, 1989). Approval to use such case material needs to be gained from the relevant ethics committee and information needs to be identified. Further, to enable active searching that imitates an actual assessment a process-based method can be designed within the simulation so the individual making the decision controls the information collected. This according to Barrows and Feltoich (1987) facilitates free progression through the available information so mimicking clinical reality. Consequently actual clinical situations were used for this exercise and the simulation material was designed so information could be gathered over time.

Initially clinical assessment situations were selected that commonly present in midwifery practice. Two highly prevalent practice situations were admission of a term woman to the birth unit in normal labour and the presentation of a neonate on the postnatal ward with jaundice. Case studies were developed from a composite of actual cases experienced by the educator for each of these two clinical situations. The clinical information relating to each case study was then grouped under key areas relating to specific areas of assessment. For the normal labour case simulation these areas were: woman's presentation on arrival, labour status (as stated by pregnant woman on admission); vital signs; urinalysis; dates, ultrasound and gestation; current antenatal history; pathology; physical assessment; palpation/abdominal examination; fetal status; vaginal loss; vaginal examination; and expectations and coping status with pain. For the jaundice case simulation key areas were: labour history; birth history; neonate's history since birth from mother; neonate's physical assessment; neonate's behaviour and past history of other babies. For each key area information was set out in a series of question/answer items for ease of access for the simulator student during the simulation activity as shown in Table 1.

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