Clinical Simulation in Nursing (2014) 10, 626-629

Clinical Simulation in Nursing

www.elsevier.com/locate/ecsn

Featured Article

Transforming Simulation Practices—A Quest for Return on Expectations

Terry A. Larsen, PhD, RN, CNS[a,*], **Mary Anne Schultz, PhD, MBA, MSN, RN**[b]

[a]*Consultant, Larsen & Associates, Temecula, CA 92592, USA*

[b]*Professor and Department Chair, Department of Nursing, California State University, San Bernardino, San Bernardino, CA 92407-2318, USA*

KEYWORDS
best practices;
transformation;
program evaluation;
return on expectations;
return on investment

Abstract: A "model case" of a large multisite simulation program is described wherein the adoption of the revised Standards of Best Practice: Simulation (2013) offers a compelling argument for new paradigm development. The authors offer the use of return on expectations in addition to return on investment in the complex matter of program evaluation to identify value to organizations. Stakeholders must be engaged early to begin program evaluation, as Kirkpatrick suggests, with the end in mind. In this way, true transformation of simulation practices makes systematic and sustainable program evaluation more likely.

Cite this article:
Larsen, T. A., & Schultz, M. A. (2014, December). Transforming simulation practices—A quest for return on expectations. *Clinical Simulation in Nursing, 10*(12), 626-629. http://dx.doi.org/10.1016/j.ecns.2014.09.004.

As schools of nursing strive to meet expectations of various stakeholders through the provision of high-fidelity simulation experiences, universities are spending multimillions of dollars on this venue to attract students (Seropian & Lavey, 2010). One of the challenges facing administrators and faculty in developing and implementing large multisite simulation programs is agreeing on a unified approach, which accommodates the diversity of their faculty, students, and locations. Moreover, schools of nursing with multiple campuses are challenged with varying staff resources, clinical opportunities, decision-making capabilities, and leadership styles, all of which present barriers to the provision of consistent learning experiences.

The application of international standards for program development carries the potential for creating a unified vision that is evidence based. Standards of Best Practice: Simulation, were updated in 2013 to define best practices and to provide a solid foundation for program development (Howard, 2013). The purpose of this article is to illustrate how international standards of best practices can transform existing structure and processes of such a simulation program and to elucidate its value.

Early identification of differences between centers can include variation in faculty background in simulation, clinical expertise, philosophy and attitudes about learning needs, competencies, and support resources. Additionally, increasing numbers of students, clinical availabilities, and leadership buy-in can vary significantly by location and thus present formidable challenges. If not identified early, these factors can lead to conflict, which becomes common and costly.

With this in mind, a strategic plan was developed starting with learner outcomes as a function of value and as

* Corresponding author: terlars@gmail.com (T. A. Larsen).

1876-1399/$ - see front matter
http://dx.doi.org/10.1016/j.ecns.2014.09.004

measured by return on expectations (ROE) of various stakeholders (Kirkpatrick & Kirkpatrick, 2010). The action plan included prioritized goals and a timeline for policy and procedure development, of which Society for Simulation in Healthcare accreditation was the end point. Eliciting support for such a plan started with multiple presentations and relationship building with university administration and local campus leadership and faculty. At every juncture in the strategic planning process, white papers, position statements, and guidelines were used from the California Simulation Alliance, International Association of Clinical Simulation and Learning, and the Society for Simulation in Healthcare.

Key Points

- Standards of Best Practice: Simulation provided a solid framework to transform instructional methods in a large multisite program.
- Excess variation between simulation center practices makes evaluation of effectiveness unreliable.
- The introduction of return on expectations challenges the prevailing view that return on investment is the seemingly desired tangible measure of value.

Standard I: Terminology

Converting ongoing simulation processes with great variances to a shared mental model needed the full support of faculty and administration to raise organizational awareness of the need for consistent practices. Therefore, simulation faculty formed an essential starting point when adopting the Quality and Safety Education for Nurses (QSEN) competencies and the Standards of Best Practice: Simulation, as this placed patient safety and simulation-based education best practices as the new foundation for the program (Meakim, et al., 2013).

Developing a shared drive to store files helped create an organized structure of all forms, documents, and resources. All versioned documents, scenarios, Standards of Best Practice, and the Simulation Program Manual were made available to all relevant stakeholders. This strategy was designed to streamline communication and sustain collaboration. Consequently, the language in the syllabi was changed to reflect formative assessment in place of summative assessment. Additionally, all marketing materials were changed, including the scripts, recruitment videos, and pamphlets, to reflect the language of best practices and to underscore the potential contribution made by simulation pedagogy to student success.

Standard II: Professional Integrity of the Participants

Concerns expressed by learners and faculty included the unnecessary stress of simulation testing processes that were of a high-stakes nature. There was a desire for learners to feel free to make errors without feeling humiliated or ridiculed. Without a safe learning environment, critical thinking and problem solving would not be possible (Kardong-Edgren, Adamson, & Fitzgerald, 2010; Kardong-Edgren, Hanberg, Keenan, Ackerman, & 2011; Karagiorgi & Symeou, 2005; Schultz, Shinnick, & Judson, 2012). Also, presimulation assignments were sent one week in advance include completion of a concept map to engage learners, improve confidence, and build trust (Gloe, et al., 2013).

Standard III: Participant Objectives

Best practices in simulation begin with clearly stated objectives, given to students before the scheduled simulations. Effective simulation should not be undertaken without them as a guiding tool (Lioce, et al., 2013; Jeffries, 2005). Therefore, a simulation curriculum map was developed aligning course learning concepts with the weekly clinical objectives along with the QSEN and the NCLEX (National Council Licensure Examination) blueprints to align both faculty and students to the course content. All scenarios were revised by adding objectives, consistent with course learning outcomes (Waxman, 2012).

Standard IV: Facilitation

Faculty shortages, budget constraints, and lack of administrative buy-in are daily struggles in providing consistent quality simulation experiences needed for large numbers of students in multiple sites. Despite large capital outlay in the construction of such centers, an accompanying budget for faculty training, leadership awareness, and the change process is not consistently witnessed. These problems can be compounded by high faculty turnover and steep experience curves of the faculty group, which sometimes prompted abbreviated or forgotten orientations. A conceptual model describing the processes of the best practices was chosen to facilitate a unified vision, as a reference to be used by faculty and administration alike (Franklin, et al., 2013; Sherril, 2014).

Standard V: Facilitator

To ensure a shared understanding of the direction and nature of the programmatic changes about to occur, a basic introductory simulation workshop was required for all existing and incoming simulation faculty. The course reviewed historical perspectives of simulation, the underpinning theories and philosophy of simulation-based education, the revised Standards of Best Practice: Simulation, scenario writing, and debriefing—all in a workshop format that was interactive and experiential. The course included access to simulation