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# Development of the Clinical Learning Environment Comparison Survey

Kim Leighton, PhD, RN, ANEF\*

Department of Educational Technology, Bryan College of Health Sciences, Lincoln, NE 68506, USA

## KEYWORDS

nursing education;  
patient simulation;  
learning environment;  
clinical;  
simulation;  
tool development;  
reliability;  
validity;  
CLECS;  
evaluation

## Abstract

**Background:** Nursing educators and regulatory bodies need to better understand how well learning needs are met in traditional and simulated clinical environments.

**Method:** The Clinical Learning Environment Comparison Survey was developed for this purpose. A 103-item tool was designed and analyzed for reliability and validity.

**Results:** Expert panel, two pilot studies, and analysis of 422 completed surveys further refined the tool and six subscales: Holism, Teaching–Learning Dyad, Communication, Nursing Process, Self-Efficacy, and Critical Thinking.

**Conclusion:** This valid and reliable tool can be used to determine how to improve the simulated clinical environment, as well as for individual, course, and program evaluation.

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Nurse educators who facilitate learning with patient simulation, and those who administrate nursing education programs, frequently ask simulation experts and their state boards of nursing how much clinical time can be replaced by simulation. This question is prompted by the desire to ensure that students receive adequate clinical education in the face of barriers that limit the amount of clinical time that is available. The reasons for limited clinical time are well documented and include shortage of nursing faculty, shortage of clinical sites that provide patient experiences at the students' level of ability, and limitations imposed by clinical sites, such as number of students that can be on a unit at one time or policies that prevent students from

administering certain medications or using electronic health records (Harder, 2010; Haskvitz & Koop, 2004; Howard, Englert, Kameg, & Perozzi, 2011; Meyer, Connors, Hou, & Gajewski, 2011).

The National Council of State Boards of Nursing conducted a nationwide multisite longitudinal study designed to gather data surrounding this important question so that nurse educators are better informed as to how best to integrate simulation into the curriculum (<https://www.ncsbn.org/2094.htm>, 2014). One of the research questions was “Are there perceived differences in how well learning needs are met in the clinical and simulation environments among the three study groups?” The study groups included a control group with up to 10% of clinical time replaced by simulation, a group with 25% replaced, and a group with 50% replaced. This article will discuss the development of the

\* Corresponding author: [kleighton@devrygroup.com](mailto:kleighton@devrygroup.com) (K. Leighton).

tool used to help answer this research question—the Clinical Learning Environment Comparison Survey (CLECS). The tool was developed to help determine what learning needs of undergraduate nursing students were perceived to have been met better in a traditional clinical environment than in a simulated clinical environment and vice versa.

### Key Points

- Clinical Learning Environment Comparison Survey (CLECS) designed to compare how well learning needs met in traditional and simulated clinical environments.
- Reliability and validity established for subscales and total survey.
- Use of CLECS will help educators identify ways to better meet student learning needs in simulation.

## Literature Review

Reports such as *To Err is Human* (IOM, 2000) startled the public as well as health care providers by exposing the many problems in the current health care system that lead to patient injury or death. Programs, such as Quality and Safety Education for Nurses, Team Strategies to Enhance Performance and Patient Safety, and others have been created since that time to help reduce patient risk; however, employers

continue to report that new graduates are unable to meet the required competencies of today's work environment (Burns & Poster, 2008; del Bueno, 2005; Dyess & Sherman, 2009; Morton & Rauen, 2004). This gap between faculty expectations of graduating students and the employer's expectations of the newly hired graduate is ongoing cause for concern. Patient simulation is one strategy used by educators to help increase student experiences with health care conditions.

It is critical to provide a variety of clinical experiences to students so that they will develop pattern recognition and thereby identify patient deterioration sooner (del Bueno, 1990; Larew, Lessans, Spunt, Foster, & Covington, 2006; Welk, 2002). However, undergraduate nursing schools have been unable to provide repetition of experiences in the historically used apprenticeship model. Students also tend to be excluded from critical patient care during crises because of increased risk to the patient (Dunn, 2004; Gordon, Wilkerson, Shaffer, & Armstrong, 2001). Nursing schools are responsible for preparing graduates qualified for entry-level practice, but graduates often are unprepared to handle many clinical situations. The use of simulation throughout their education provides learners with those opportunities for repetition, leading to pattern recognition and hopefully to faster decision making thereby improving patient safety (Doyle & Leighton, 2009).

Controversy exists over the use of simulation as a replacement for clinical hours in undergraduate nursing curriculums. First, it is important to establish the environment in which learning needs are met best. There was no available tool found in the literature, leading to the

development of the CLECS. This tool was developed to provide empirical data to guide regulations for the use of patient simulation as a clinical option.

## Theoretical Framework

The National League for Nursing/Jeffries Simulation Framework (Jeffries, 2012) is composed of five major constructs: Facilitator, Participant, Educational Practices, Simulation Design Characteristics, and Outcomes. The design characteristics specifically considered in this study relate to problem solving and student support, whereas educational practices focus on active learning feedback, and student–faculty interaction. Many of the learning needs identified for both traditional and simulated clinical environments, when this tool was developed, can be categorized into one of these constructs.

## Methods

### Research Question

The CLECS was developed to help answer the question: What learning needs of undergraduate nursing students were perceived to have been met better in the traditional clinical environment and which were met better in the simulated clinical environment?

### Initial Survey Development

The survey was developed based on pertinent topics in the simulation and nursing literature. The survey covered all aspects of clinical patient care, from the time of receiving a patient assignment through postconference. A 12-member panel of experts composed of 11 nursing faculty members, who taught in both the simulation and clinical environments, and one professor who was an expert in research and survey design reviewed the survey and provided feedback. Most importantly, the survey was thought to be too long to keep students engaged in its completion. The decision was made to focus the items on the patient care aspect of the experiences.

### Subscale Creation

Subscales were defined for the survey items before the first pilot study. A convenience group of five undergraduate nursing faculty who taught in both the clinical and simulation environments was invited to define the subscales, using an iterative process of grouping like items together and naming the resultant concept. Complete agreement was reached after three rounds of this process. Three survey items were added at this group's suggestion

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