



Featured Article

## Time Well Spent: Integrating Simulation into an Accelerated 1-Year BSN Program

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### KEYWORDS

accelerated BSN;  
clinical learning;  
clinical simulation;  
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high-fidelity;  
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scenarios;  
second-degree;  
simulation;  
teaching strategies

**Abstract:** This article describes the incorporation of clinical simulation into an accelerated BSN program. The use of high-fidelity simulation as an adjunct to clinical experiences has gained favor with nursing faculty in most types of programs; however, no studies were found that described the use of simulation in accelerated BSN programs. At a major university, faculty members have effectively merged simulation strategies as a complement to clinical learning activities in a one-year second-degree BSN program. This article outlines the strategies for utilization and progression of simulation activities as well as the challenges overcome. Initial outcomes from evaluations are also shared.

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A pair of nursing students enters a patient's room and rub their hands with hand sanitizer as they approach the patient's bed. Hands clutching the chart and clipboard, stethoscopes and pens in hand, the students tentatively make their way to the bedside. (Fictitious names are used). "Hello, Mrs. Duke. My name is Katie Smith, and I'll be your nurse this evening. This is Sarah, another nurse, who will be helping me as I check to see that all is in order for your surgery tomorrow by doing an assessment, if that is all right, at this time." Nervous smiles are exchanged between the students as they raise the head of the bed and position the manikin appropriately, beginning their first simulated learning activity.

Scenes such as this are played out frequently in nursing skills or simulation labs across the globe. What sets this case apart from most others are the nursing students. They are

enrolled in an accelerated, 1-year bachelor of science in nursing (BSN) program, often referred to as a "second-degree" nursing program. The students hold a baccalaureate degree in arts or sciences and have completed prerequisite classes prior to entering the 12-month BSN program. The time-intensive nature of the nursing program allows for little flexibility because course content is condensed and class time and clinical experiences consume much of the students' week. Despite the challenges that this schedule presented, we were interested in developing a simulation plan for the accelerated program. Our first step was a review of the literature for information that could assist us in this endeavor. Review of the literature has documented successful use of simulation with students in a variety of nursing programs, with practicing nurses, and with other types of health care students and providers. The use of simulation has been reported in associate degree programs (Boyce & Winne, 2000; King, Moseley, Kindenlang,

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& Kuritz, 2008), with junior and senior BSN students (Corbett, Miles, Gantt, Stephenson, & Larson, 2008; Feingold, Calaluce, & Kallen, 2004; Gore, Hunt, & Raines, 2008; Lambton, O'Neill, & Dudum, 2008; Lasater, 2007; Starkweather & Kardong-Edgren, 2008; Todd, Manz, Hawkins, Parsons, & Hercinger, 2008), and in a diploma program (Johannsson & Wertemberger, 1996). We found no articles that described the use of simulation in a accelerated, second-degree BSN program. Nevertheless, we resolved to develop a simulation program for these students. The purpose of this article is to describe the incorporation of high-fidelity simulation into an accelerated BSN program and to share the outcomes that support the conclusion that simulation in a fast-paced program is a worthwhile use of time.

### Key Points

- Faculty can overcome the time challenges to successfully incorporate high-fidelity into an accelerated nursing program.
- Second-degree nursing students value the time spent on simulation activities.
- Simulation in an accelerated nursing program results in positive outcomes for the students.

## Background

The accelerated, second-degree BSN program at this university school of nursing is a 1-year, stand-alone program. It underwent a major curriculum revision in 2008 to mirror the changes in the community-based curriculum of the school of nursing's generic BSN program. The conceptual framework for both programs is the American Association of Critical-Care Nurses (AACN) Synergy Model (Hardin & Kaplow, 2005), which is reflected in course objectives and clinical evaluation tools. Students in the generic program begin clinical experiences in assigned neighborhoods during their sophomore year. In addition to working in inpatient settings, students continue their affiliation with the neighborhoods throughout their education. In the new, community-based curriculum of the accelerated BSN program, students have activities similar to those of their counterparts in the generic program. As part of a community-based curriculum, the fall-semester clinical activities place an emphasis on health assessment and health promotion in the community and provide experiences for students to interact with healthy people across the lifespan. The clinical agencies include organizations such as senior centers, day care centers, schools, and obstetric clinics. At the end of the semester, students are provided with several days in acute facilities to assist the transition to chronic and acute care courses in the spring semester and to support additional curriculum objectives. Spring and summer semesters include both hospital-based clinical experiences and community-based clinical experiences in home care, hospice, and clinic centers.

## Integrating Simulation into the Accelerated Curriculum

In 2007, the undergraduate faculty made a commitment to increase the use of high-fidelity simulation in the traditional program. Administration supported the initiative by providing a simulation consultant who made on-site visits and by offering financial support for faculty to travel to the consultant's simulation facility. The director of the nursing skills lab developed a Blackboard<sup>®</sup> Web site for faculty members to house their newly created scenarios and other resource materials on simulation. A group of faculty members formed an informal committee, named the SimSquad, with the goal of enhancing the use of simulation, in particular high-fidelity simulation using SimMan<sup>®</sup>. In 2008, two faculty members were hired who had strong backgrounds in high-fidelity simulation. These faculty members offered to assist in the development of the simulation plan for the undergraduate curriculum. As the number of simulation activities increased, a part-time lab assistant was hired on a temporary basis to assist with simulations. The initial goal of the undergraduate faculty was to incorporate one simulation activity into each semester for all the BSN students. Although there was no immediate aim of including simulation in the accelerated program, we undertook to provide one simulation per semester for the accelerated program, too. Some initial concerns were timing and scheduling; however, we firmly believed that high-fidelity simulation was an effective active teaching strategy and began the work.

The initial preparation for simulation activities for the second-degree students included elements that are well known to faculty using simulation. Identifying pertinent course objectives that would be well supported by simulation was essential. We used the school of nursing's conceptual framework, the AACN Synergy Model, as a guide in the development of activities. The simulations incorporated the nurse competencies of the model, although different simulations emphasized different competencies. Rarely would a simulation involve all eight nurse competencies of the AACN Synergy Model, but the majority of simulations emphasized caring practices, clinical judgment, and communication (Hardin & Kaplow, 2005).

We wrote scenarios and developed materials that students used to prepare for the learning activities. Each scenario reflected current classroom assignments and met course objectives. In the fall semester, the nursing students study health assessment, health promotion, nursing technologies, nursing process, and fundamental concepts that include immobility, fluid and electrolyte balance, and care of the surgical patient. To tie in the concepts learned throughout the first semester, the initial simulation activity focused on the preoperative and postoperative care of an older client. This simulation was run in two parts: a preoperative scenario and a postoperative scenario 1 week later. The first half of the spring semester included

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