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# Preregistration Students' Reactions to Simulation as an Education Approach Within an Operating Department Practitioner Curriculum—A Qualitative Review

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## KEYWORDS

simulation;  
emotion;  
ODP;  
assessment;  
operating room nurse;  
operating room  
practitioner

## Abstract

**Background:** The Operating Department Practitioner (ODP) is a key member of the perioperative multi-disciplinary health care team in the United Kingdom. To effectively prepare students for this challenging role, simulated learning and assessment is increasingly being built into the ODP curriculum. Owing to a paucity of evidence, a pilot study was undertaken to explore ODP students' experiences and emotional responses to simulation teaching and assessment strategies.

**Methods:** A phenomenological qualitative approach using a semistructured focus-group interview, using a purposive sample ( $n = 5$ ) of ODP students, was conducted and followed up by a questionnaire. Analysis was informed by Braun and Clarke's thematic approach.

**Results:** Key findings identified included: emotional responses, learning styles, authenticity, and assessment preparation.

**Conclusion:** ODP students responded positively to simulated learning strategies with emphasis to increase the frequency and their exposure to normalize simulated assessment. It is essential, however, to ensure simulation has clinical relevance and authenticity.

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## Background

Operating Department Practitioners (ODPs) provide an essential contribution to the multidisciplinary teamwork undertaken in the perioperative environment throughout the

anaesthetic, surgical, and postanaesthetic recovery phases of the patients' hospital treatment. The aim of this study was to explore ODP students' experiences and emotional responses to simulation teaching and learning strategies during their preregistration curriculum.

Simulated teaching is well documented as a learning and assessment strategy throughout industry and health by offering safe, low-risk, and interactive learning for students

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to develop a range of skills and competence to develop clinical performance (Ulrich & Mancini, 2013). Although minimal evidence is available for ODP curricula, parallels can be drawn between trends that have been observed in nurse education, regarding the increase in student numbers

and the limited placement capacity. In nursing, the United Kingdom's Nursing and Midwifery Council took an innovative response by allowing health care educators the opportunity to replace up to 300 curriculum "practice" hours with simulated learning (NMC, 2007).

The Health and Care Professions Council, United Kingdom's registering body for all Allied Health Professionals, including ODPs, outlines specific knowledge and skills in their standards of proficiency, which must be demonstrated in order for a qualified ODP to practice safely and register with them (HcPC, 2014). It is plausible to assume that not every ODP student will receive equal exposure to, and be able to perform safely when presented with critical clinical situations in the practice environment, because of the unpredictable nature of such events.

And, even when the events do occur, the novice student may not be allowed involvement in the care due to inexperience (Halstead, 2006). In this situation, simulation is often used as a learning and assessment strategy to enable all ODP students' equal exposure and opportunities to gain knowledge and experience of unpredictable and high-risk situations. An example of local context includes a requirement for the ODP students to undertake an assessment based on a real-time cardiac arrest scenario whereby they must act as the team leader and make decisions based on the physiological reaction of the patient to their actions. This assessment is placed in the last term of a 2-year diploma programme and progression to qualification is dependent on success. Preregistration ODPs on this educational pathway learn core and psychomotor skills using simulation in preparation for their first clinical placements, for example, aseptic techniques, surgical gowning, and gloving. Simulation approaches involving more complex problem-solving skills such as a patient scenario, using high-fidelity technology, is not introduced until

later in the curriculum. The assessment is run in real time and graded against a predetermined applied academic criteria linked to standardized patient scenarios. Anecdotal evidence suggests that ODP students find this simulation-based assessment particularly stressful and often become overcome with nervousness, which subsequently impacts their performance.

Ulrich and Mancini (2013) suggest that one of the main benefits of simulation is that learners can take risks and discover consequences while implementing care in a safe environment. Moule (2011) concurs with our experience, arguing that simulation can also leave some students feeling exposed and anxious, which can have a negative effect on self-esteem, and can be further compounded by ultra realistic environments, which in turn can affect the overall learning process (Hellaby, 2013). Emotional response can be subjective to each individual and is dependant on their learning style and previous experiences (Bland, Topping, & Tobbell, 2014).

## Sample

Before any data collection, ethical approval was gained through University Ethics Procedures. Five participants ( $n = 5$ ) were purposively recruited from a cohort of 21; all of whom had experience with being involved in the curriculum simulation sessions. To avoid bias in the selection process, the first students to reply were selected to take part in the focus-group interview. All participants gave informed consent to their inclusion in the study. Participant confidentiality was assured.

## Method

The aim of this study was to gain a range of in depth views to further understand ODP student perspectives and experiences of simulation as a learning and assessment strategy within the ODP curriculum. To effectively address this, a qualitative approach was utilized informed by principles of the phenomenology approach (Green & Thorogood, 2014).

Data was collected using a 40-minute focus-group interview 1 week before the simulated assessment and a follow-up questionnaire 3 weeks after its completion. Both methods used open-ended questioning formats to produce data that best represented the detailed feelings and thoughts of the participants (Galletta, 2013). Owing to group interaction, focus groups often allow generation of rich descriptive data (Liamputtong, 2011). Table 1 provides the questions asked in the focus-group interview which were informed by a background literature review.

As the researcher was known to the group, the Tufford and Newman (2012) bracketing technique was used, therefore holding in abeyance the researchers experiences, theories, biases, and assumptions to allow the data to be

### Key Points

- Key findings identified included: emotion responses, learning styles, authenticity, and assessment preparation.
- Although most of the findings compared equally to existing research from both nursing and medicine, there were some areas that were found to be unique to this research.
- The Operating Department Practitioner students stipulated that they were more likely to prepare before learning through simulation than other teaching and learning approaches; this was attributed to their peers and the pressures of the social learning environment.

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