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Featured Article

Traditional Clinical Versus Simulation in 1st Semester Clinical Students: Students Perceptions After a 2nd Semester Clinical Rotation

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clinical education;
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Abstract

Background: Traditional clinical experiences are being supplemented with high-fidelity simulation (HFS) in many nursing programs. The immediate and long-term impact on students' perception of clinical competence is not known.

Method: Surveys were administered to 1st-year nursing students following their first-semester clinical experiences in either a traditional or an HFS setting. Differences between the two groups were compared by analysis of the results of a survey of perceived clinical competence. The comparison was made again for the cohorts following their second-semester hospital-based clinical experiences.

Results: Significantly higher scores were reported by the HFS group initially, but this difference was less pronounced following second-semester hospital-based clinical experiences.

Conclusions: Students with first-semester HFS experiences had initial higher perceptions of competence. Further research is needed to demonstrate the short- and long-term impact of simulated experiences on perceived competence, as well as on clinical performance.

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Introduction

Background

In the current health care environment, new models are required for the development of critical thinking and clinical skills for nursing students (Giddens et al., 2008; Parker et al., 2011; Tanner, 2006, 2007). Yet the traditional model of professional nursing education, pairing the classroom presentation of content with supervised patient care experiences in health care settings, has remained virtually unchanged for decades. Concerns about the traditional model of clinical practice for nursing students include increasing competition for available clinical sites, unequal clinical experiences across students, and imperatives related to patient safety (Moule, Wilford, Sales, & Lockyer, 2008; Tanner, 2006, 2007, 2010). These issues

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are particularly relevant for novice students (Bambini, Washburn, & Perkins, 2009; Blum, Borglund, & Parcells, 2010; Bremner, Aduddell, Bennett, & VanGeest, 2006; Hovancsek, 2007). In response, many nursing programs have incorporated high-fidelity simulation (HFS) laboratory experiences into the clinical education of students (Alfes, 2011; Bearnson & Wiker, 2005; Hayden, 2010; Kardong-Edgren, Starkweather, & Ward, 2008).

Key Points

- Traditional clinical experiences are being supplemented with high-fidelity simulation (HFS) by many nursing programs; however the effect on students' perceptions' of competence is not clear.
- One group of novice nursing students whose first clinical experiences were in the HFS laboratory had perceptions of confidence and competence that compared favorably with those of students whose first clinical experiences were in traditional health care settings.
- Further research of the effects of simulated clinical experiences on both student perceptions and objective measures of competence is needed, as evidence related to the true efficacy and long-term effectiveness of this learning strategy is lacking.

Until recently, first-semester students in the 1st year of the nursing program at our university followed the traditional model of clinical education. These novice students spent the first half of the 16-week semester in a general skills laboratory, where they learned and practiced basic clinical skills such as obtaining vital signs, administering oxygen, and demonstrating sterile technique. In the second half of the semester, students were assigned to clinical experiences at health care facilities, such as a medical—surgical unit of a hospital or an extended-care facility, where the objective was the application of newly acquired skills and concepts. However, this objective was often not achieved. Patient acuity levels in the clinical settings were high, and with clinical groups of 8 to 10 students, there were significant amounts of nonproductive time as students waited for supervision from the instructor. When an HFS laboratory was established at our university, the first-semester students spent one clinical day in the laboratory. Positive feedback from faculty and students resulted in the decision to move the entire clinical experience of the first-semester students into the HFS laboratory.

With this change in educational methodology, questions were raised regarding the effects on the students' perceptions of competence and of the potential impact on future clinical experiences. The purpose of this study was to explore novice students' perceptions of readiness for clinical experiences in health care settings. The following questions guided this study:

- What are students' ratings of readiness for upcoming hospital-based medical—surgical clinical experiences after spending the first semester of clinical practice in the HFS laboratory?
- How did those ratings change after completion of hospital-based medical—surgical clinical experiences in the second semester?
- How do students' ratings of readiness for clinical experiences compare between students whose first semester was spent in the HFS laboratory and students whose first clinical experiences were in a health care setting?

Literature Review

A recent survey by the National Council of State Boards of Nursing confirms the extensive use of HFS in nursing education programs. A large percentage of respondents indicated that they are currently supplementing clinical experiences with simulation or would be willing to do so. More than 40% of the responding nursing programs reported the use of HFS experiences with novice students (Hayden, 2010).

The advantages of using simulation in the clinical experiences of students have been well documented. Simulation provides comparable learning experiences across students, enabling all learners to meet the course objectives (Lasater, 2007; Medley & Horne, 2005; Wotton, Davis, Button, & Kelton, 2010). Simulation offers safe and realistic settings for learning and protected opportunities for clinical decision making (Hicks, Coke, & Li, 2009; Hovancsek, 2007; McCausland, Curran, & Cataldi, 2004; Medley & Horne, 2005). The thought processes of students are apparent, particularly in the debriefing sessions that follow simulations (Lasater, 2007; McCausland et al., 2004; Moule et al., 2008; Rhodes & Curran, 2005). Faculty members are immediately available to identify and correct student misconceptions, as well as to support the development of decision-making skills (McCausland et al., 2004; Medley & Horne, 2005).

Additional advantages of simulation have been described. Simulation has been shown to enhance clinical judgment (Lasater, 2007), to promote the acquisition of clinical skills (Alinier, Hunt, & Gordon, 2004; Alinier, Hunt, Gordon, & Harwood, 2006; Garrett, MacPhee, & Jackson, 2010; Grady et al., 2008; Moule et al., 2008), and to develop teamwork (Forsythe, 2009; Gesi, Pio, Pendergrass, Moyer, & Patterson, 2011; Leonard, Shuhaibar, & Chen, 2010; McCausland et al., 2004).

Several studies have suggested the presence of increased student confidence following simulated clinical experiences (Alfes, 2011; Bambini et al., 2009; Kardong-Edgren et al.,

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