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Featured Article

Discovering the Lived Experience of Students Learning in Immersive Simulation

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KEYWORDS

simulation;
nursing education;
lived experience;
phenomenology;
qualitative content
analysis

Abstract

Background: This article offers the perspectives of undergraduate nursing students learning in immersive simulated patient care scenarios.

Method: A qualitative design with semistructured interviews was used to collect data from undergraduate nursing students. Data were analyzed using a hermeneutic phenomenological approach.

Results: The following five main themes were discovered: makes me think, making connections, testing capabilities, feeling anxious, and learning in relationships.

Conclusion: Learning in immersive simulation meant students could test the limits of their practice readiness in life-like situations. Simulation was regarded as a safe place to take risks and make mistakes.

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Simulated clinical experiences, also known as immersive simulations, are a highly popular training modality for health care providers (National League for Nursing, 2015). Although much work has been done to establish simulated learning as an effective teaching and learning methodology (Cant & Cooper, 2010; Yuan, Williams, Fang, & Ye, 2012), little is known about what it means to the student to learn in immersive simulation (Cordeau, 2010). This study explored the lived experience of undergraduate student nurses learning in immersive simulation.

Background

Immersive simulations use patient manikins or simulated patients (trained actors) to provide students with very real, work-like encounters (Bristol & Zerwekh, 2011). Simulation has been widely adopted as a method of providing experiential learning for health care providers (Cant & Cooper, 2010; Gobbi, et al., 2011; Hayden, 2010). As such, much of the research on simulated learning has been focused on validating its effectiveness as a teaching and learning methodology (LeBlanc, et al., 2011). Studies that address the question of do students learn in immersive simulation frequently employ quantitative research, particularly where

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professional competencies are being appraised (Arriaga, et al., 2013; Delac, Blazier, Daniel, & N-Wilfong, 2013; Yuan et al., 2012). The student perspective has commonly been assessed through measures of participant satisfaction or self-reports of improved self-efficacy and confidence

Key Points

- Nursing students reported that learning in immersive simulation made them think.
- Immersive simulation provided an opportunity for students to test the limits of their practice readiness.
- Understanding the student experience can inform development of simulation experience.

(O'Donnell, Decker, Howard, Levett-Jones, & Miller, 2014). Despite the frequent use of such surveys, their value in simulation research is waning. It is generally agreed that they do little to inform faculty of the educational value of the learning or give insight into what makes simulation a positive or impactful learning experience (Durham, Cato, & Lasater, 2014; O'Donnell et al., 2014). Although researchers have studied simulated learning from a variety of perspectives, they have

done little to reveal the subjective experience of the student (Cordeau, 2010). Little is known about what it means to students to learn in immersive simulation. LeBlanc et al. (2011) state that simulated environments, as surrogates for clinical, can only be valid when the psychological and social meaning of the participant's experience becomes known to the researcher. The purpose of this study was to reveal the lived experience of student nurses learning in immersive simulation. The study's design was based on the hermeneutic phenomenology of Heidegger (1962) and later works by van Manen (1990; 2011) and Finlay (2014), providing an approach from which the meaning of the students' experience could be explored.

Methods

The primary researcher (first author) for this study was an experienced nurse, educator, and simulation practitioner with a desire to better understand what it means to students to learn in immersive simulation. Hermeneutic phenomenology provided the framework from which the essential meaning or the "is-ness" of the phenomenon could be revealed (Finlay, 2014; van Manen, 1990). By creating a blend of meanings and interpretations from the participants' lived experience, the study went beyond description of the phenomenon to illuminate the essence of what it is to learn in immersive simulation (Finlay, 2014).

This qualitative study used semistructured interviews from undergraduate nursing students to identify their perceptions of what it is to learn in immersive simulation. The study was conducted by the primary researcher at an urban Canadian

college. This researcher was not an instructor for this cohort of students. After receiving research ethics approval, a purposive convenience sample of ten consenting students was recruited through e-mail and messages on the learning management system. All participants were senior nursing students in their third semester of a two-year undergraduate nursing program. They had just attended two formative simulation experiences as part of the clinical learning course requirements. A description of the simulation experience follows. To ensure confidentiality, demographic data were not collected from participants.

The Simulation Experience

Students for this study were enrolled in a two-year nursing program with intentionally integrated simulation experiences in each of its four semesters. These formative experiences take place in the college's simulation center and contribute up to one third of the clinical learning hours. All clinical immersions are facilitated by a designated team of faculty experienced in simulation and supported by a simulation educator. Simulation is recognized as an essential component of clinical learning and is used to augment nursing practice or offer experiences where practicums are limited. By third semester, the students have been exposed to a number of clinical immersions involving high-fidelity manikins and/or simulated patients. Nursing students in this study had just participated in two 6-hour simulation experiences with four separate unfolding cases about maternal–infant care and mental health. Before the experience, students prepared by completing online activities and readings related to the scenarios. The event itself began with a structured prebriefing session designed to establish the formative nature of the event, create a safe learning environment, and set the stage for the encounter. Students participated in groups of eight to ten under the guidance of one designated faculty member. Students were then divided into smaller groups of two to four who took turns assuming the role of the nurse to provide care as needed, while their peers remained in a separate room observing the simulation on a video screen. Each scenario was planned to run for 15 minutes, at which time the faculty member interrupted to immediately debrief with the entire group before switching to the next set of students. Faculty used guided reflection and an approach known as "debriefing with good judgment" to clarify and consolidate insights gained through the simulation (Rudolph, Simon, Dufresne, & Raemaer, 2006). For students, the debriefing was a time to identify and explore performance gaps.

Data Collection

Access to the lived experience was possible through dialogue with the participants and the reflective

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