



ELSEVIER

NCSBN Study Site Coordinator Reports

Keeping Students Engaged During Simulated Clinical Experiences

Christine N. Ullom, MSN^a, Amy S. Hayes, MSN^a, Linda K. Fluharty, MSN^{a,*},
Lorie L. Hacker, MSN^b

^aSchool of Nursing, Ivy Tech Community College-Central Indiana, Indianapolis, IN 46216, USA

^bCollege of Health Professionals, Western Governors University, Salt Lake City, UT, 84107

KEYWORDS

simulation;
simulated clinical day;
student engagement;
NCSBN Simulation
study;
active learning;
mental health
simulations;
debriefing

Abstract: Our NCSBN study team designed the simulated experience with a variety of topics and techniques to enhance student engagement. Structuring the simulation day to be physically, emotionally, and intellectually stimulating is a foundation for engagement.

Cite this article:

Ullom, C. N., Hayes, A. S., Fluharty, L. K., & Hacker, L. L. (2014, November). Keeping students engaged during simulated clinical experiences. *Clinical Simulation in Nursing*, 10(11), 589-592. <http://dx.doi.org/10.1016/j.ecns.2014.05.008>.

© 2014 International Nursing Association for Clinical Simulation and Learning. Published by Elsevier Inc. All rights reserved.

Our National Council of State Boards National (NCSBN) Simulation study team felt that student engagement was a critical priority from the beginning, so we designed the simulated experience with that in mind. As the study progressed, we were sensitive to the student's level of engagement and adapted our approach as necessary. In this column, we will discuss ways we kept the student engaged: using a variety of topics and pacing, avoiding monotony, overcoming resistance to active learning, and using flexible debriefing techniques.

Variety of Topics and Pacing

Providing a variety of simulation scenarios and skill stations during each simulated clinical experience was a

cornerstone to student engagement. For example, the mental health 8-week course had 48 clinical hours, which translated to 24 simulated clinical hours for the 50% study group and to 12 simulated clinical hours for the 25% study group (see [Figure 1](#) for the simulation and skill station topics used in the mental health course). Per the schedule, the 25% study group was kept active during their 12 hours of simulated clinical by participating in six simulation scenarios involving a variety of psychiatric and/or mental health topics and six skill stations. Within each simulated clinical experience, the students were kept active by changing activities every hour (see [Figure 2](#) for a daily schedule).

Avoiding Monotony

We began to sense that engagement was decreasing by the second year of the study. The study team discussed methods

* Corresponding author: lfluhart@ivytech.edu (L. K. Fluharty).

Date	Clinical Group	Simulation	Skills Stations
Monday 3/12/12	Beth 25%	<u>Emerson Vasos</u> Axis I Bipolar I with Psychotic Features <u>Florence Smith</u> : Temazepam overdose <u>Michael Simms</u> : Depression with suicide attempt	MSE/1:1 Communication Activity Take Down/De-escalation
Wednesday 3/14/12 Thursday 3/15/12 Friday 3/16/12	Lori 50% Sue 50% Beth 50%	<u>Emerson Vasos</u> Axis I Bipolar I with Psychotic Features <u>Florence Smith</u> : Temazepam overdose <u>Helene Bender</u> Acute Gastritis, Substance abuse <u>Michael Simms</u> : Depression with suicide attempt	MSE/1:1 Communication Activity Take Down/De-escalation
Wednesday 3/21/12 Thursday 3/22/12	Lori 50% Sue 50%	<u>Rae Kramer</u> : Intimate partner violence <u>Sarah Stewart</u> : Suicidal Ideation <u>Margarita Castillo #2</u> : Post-partum depression, intimate partner violence <u>Jose Rodriguez</u> : Depression, C7 Spinal Cord Injury, Suicidal Ideation	Hearing Voices Critical Thinking/Layered Learning Cards Safety Plan Development/Domestic Viol.
Wednesday 3/28/12 Thursday 3/29/12	Lori 50% Sue 50%	<u>Ellie Raymond</u> : Depression, S/P Suicide attempt, Type I Diabetes <u>Carlos Garcia</u> : Paranoid Schizophrenia <u>Cynthia Perkins</u> : Bipolar Disorder I/Mania <u>Andrea Leonard</u> : Schizoaffective Disorder	Progressive Med Pass Eating Disorders (VCE) Cognitive Disorders VCE
Wednesday 4/4/12 Thursday 4/5/12	Lori 25% Sue 25%	<u>Emerson Vasos</u> Axis I Bipolar I with Psychotic Features <u>Florence Smith</u> : Temazepam overdose <u>Michael Simms</u> : Depression with suicide attempt	MSE/1:1 Communication Activity Take Down/De-escalation
Friday 4/6/12 Thursday 4/12/12 Monday 4/16/12 Wednesday 4/18/12	Beth 50% Sue 25% Beth 25% Lori 25%	(50% only) <u>Ellie Raymond</u> : Depression, S/P Suicide attempt, Type I Diabetes <u>Carlos Garcia</u> : Paranoid Schizophrenia <u>Cynthia Perkins</u> : Bipolar Disorder I/Mania <u>Andrea Leonard</u> : Schizoaffective Disorder	Progressive Med Pass Eating Disorders (VCE) Cognitive Disorders VCE
Friday 4/20/12	Beth 50%	<u>Rae Kramer</u> : Intimate partner violence <u>Sarah Stewart</u> : Suicidal Ideation <u>Margarita Castillo #2</u> : Post-partum depression, intimate partner violence <u>Jose Rodriguez</u> : Depression, C7 Spinal Cord Injury, Suicidal Ideation	Hearing Voices Critical Thinking/Layered Learning Cards Safety Plan Development/Domestic Viol.

Figure 1 Mental health simulation and skill station topics. MSE=Mental status exam; VCE=Virtual clinical excursions.

Download English Version:

<https://daneshyari.com/en/article/2646449>

Download Persian Version:

<https://daneshyari.com/article/2646449>

[Daneshyari.com](https://daneshyari.com)