Featured Article

Simulated Community Spaces and Nurses' Practice Preparedness: A Thematic Inquiry

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Abstract

Background: We report findings of a study examining how the construction of simulated spaces influences undergraduate nursing students' preparedness for practice.
Methods: A descriptive, exploratory design comprising field observation, group interviews, and focus groups elicited data that were analyzed thematically.
Results: The construction of simulation space influences how students respond to clinical contexts by highlighting tacitly held values, strengthening critical thinking, and promoting confidence.
Conclusions: Simulation space is a physical reflection of the dominant values underpinning nursing curricula. Its design and construction can enhance students' preparedness for practice and is a critical feature of contemporary nurse education curricula.

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Students struggling to gain competence in health care rarely lack technical ability; their problems commonly lie with engagement, communication, and understanding the many contexts of nursing practice (McCormack & McCance, 2006). Simulation-based learning is gaining ground in undergraduate nursing courses (Gough, Hellaby, Jones, & MacKinnon, 2012), allowing students to engage in spaces designed to replicate health care environments and learn in a safe and interactive setting (Lammers et al., 2008). As an integral component of undergraduate nursing education, simulated experiential learning is beginning to replace clinical placement hours in some

programs (Sandford, 2010). The need is paramount, therefore, to create believable and immersive spaces, replicating conditions of actual practice as much as possible (Ricon, Rosenblum, & Schreuer, 2010; Shepherd, McCunnis, Brown, & Hair, 2010).

Maran and Glavin (2003) stress the importance of emotional participation for simulated learning to be effective. The more realistic (or immersive) the setup, the more students are likely to 'buy in' psychologically and experience deep, transformative learning (Warland, 2011). The concept of engaging students' emotions is an essential part of simulated education (Smith & Barry, 2011; Tuoriniemi & Schott-Baer, 2008); however, findings from this project and evidence from a growing body of literature (Brown et al., 2012; Distelhorst & Wyss, 2012; Prentice,

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Taplay, Horsley, Payeur-Grenier, & Belford, 2011; Sandford, 2010) illustrates that simulation is largely modeled on acute care medicine and prioritizes tertiary hospital care and procedures. Although communication, caring gestures, and therapeutic engagement are identified as vital skills in health care provision (Garner, 2010) and are often incorporated into simulated exercises, this is almost always in the setting of an acute care hospital and focuses on first-line and emergency care.

Key Points
- Simulation laboratories reflecting a tertiary hospital focus may unintentionally recreate stereotypes and values that are inconsistent with contemporary health care provision.
- Simulated community spaces provide a context for students to identify and reflect on their own tacit beliefs and values.
- Simulated community spaces provide an authentic learning environment that supports reflection, critical thinking, and confidence development, regardless of the clinical environment.

The acute care focus has sustained a strong and growing emphasis on simulation development (arguably a reciprocal relationship), evidence of the lure of technology in education (Mitchell, Fioravanti, Founds, Hoffmann, & Libman, 2010), and the power of 'techno-optimism' (Westera, 2004). That is, the assumption that new and expensive equipment will automatically lead to better results and improved learning outcomes. Technology, and the mastery of it, is seen as a goal and an achievement in itself, and in the simulation setting this has the potential to devalue psychological and emotional aspects of clinical care (Fanning & Gaba, 2007; Prentice et al., 2011).

The way in which we choose to design our simulation spaces has the capacity to convey and replicate the tacit values underpinning a curriculum. In this study, the acute care focus of the curriculum was evident in the original design of the simulation laboratories. As the curriculum has focused more on out-of-hospital and community-based care, we recognize that simulation offers an ideal vehicle to consider and value clinical concerns and practice skills in the context in which they will be used, thus promoting deep transformational learning and reflection (Woodhouse, 2010). In this study, the space of interest was the simulation laboratory and the focus was on the way in which the construction of the simulation space was interpreted by students and staff and how it influenced the development of competence for nursing in community settings in the contemporary health care context.

The acute care focus is reflective of the way in which simulation spaces have evolved. Considerable money has been invested to create realistic and interactive environments, mirroring those of emergency, acute, and inpatient settings (Rochester et al., 2012; Shepherd et al., 2010; Maran & Glavin, 2003). Registered nurses, however, must negotiate diverse health care environments and work constructively with complex health issues and multidisciplinary teams (Australian Nursing & Midwifery Accreditation Council, 2012). This means that students need to be prepared to work both in and outside the hospital system in a wide variety of community settings, satellite health centers, and homes; education programs must respond (Huntington, Gilmour, Neville, Kellett, & Turner, 2012). Simulated learning environments need to evolve to accommodate this need and there are moves afoot to do so. Most recently, Macalintal (2013) reports on the brand new Simulated Home Environment Learning Space at the University of Ballarat, which replicates residential dwelling as a site of health care provision.

Acknowledged as an effective way to prepare students for real practice environments, simulation can enhance critical thinking and self-reflection (Sandford, 2010). There is a growing body of evidence validating the use of simulated experiential learning in health care education; however, this research is almost exclusively focused on acute care scenarios (Bambini, Washburn, & Perkins, 2009; Brown et al., 2012; Jacobson et al., 2010; Prentice et al., 2011; Rochester et al., 2012; Sandford, 2010; Shepherd et al., 2010). Literature exploring the role of simulation in the preparation for community practice is limited. Simones (2008) discusses the use of a specially constructed space as a 'life-in-home' for learning community skills and Yeager and Gotwals (2010) trialed simulated home visits and found that they decreased students' anxiety and increased understanding of the home visit process.

Before July 2011, all simulation in our school had taken place in simulation spaces constructed to reflect hospital-based acute care (Figure 1). Although the Nightingale ward configuration was well-suited to break-out group work with small groups scattered around simulators, and high-tech spaces designed to simulate high-end hospital care provide

Figure 1   Simulated traditional ward setting.