



Review Article

Simulation in the Pediatric Nurse Residency Program: A Joint Adventure

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KEYWORDS

collaborative working;
simulated learning;
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Abstract: Simulation is an educational technique that allows interactive and immersive learning activity by recreating all or part of a clinical experience without exposing patients to associated risks. Simulation, incorporating the latest technology, provides varied learning experiences in nursing. The nurse residency program at a large acute care pediatric hospital in the Midwest promotes development of effective decision-making abilities related to clinical judgment and performance. Simulation-based learning was chosen to enhance the program experience while appealing to technology interests of today's nurses. This article describes how simulation experiences were incorporated into a transitions nurse residency program by partnering with a university simulation lab.

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A transitions nurse residency (TNR) program was initiated in the hiring process of a large acute care pediatric institution to provide a structured residency (orientation) program for new graduate registered nurses in pediatrics and facilitate their transition to the professional registered nurse role. The purpose of this program was to increase the commitment and retention of new graduates at a large acute care pediatric hospital. The [Institute of Medicine \(2011\)](#) reported on the future of nursing, stressing the importance of nurse residency programs for new graduates to facilitate hands-on experiences in acquiring knowledge and skills needed to provide safe, quality care. A goal of the nurse

residency program was to guide development of effective decision-making abilities related to clinical judgment and performance. Simulation-based learning was chosen as a way to enhance the program experience, while appealing to the technology interests of today's nurses. This article describes how simulation experiences were incorporated into the TNR program by collaborating with a university simulation lab to create, develop, and implement specially tailored experiences.

New graduate nurses may not possess the level of critical thinking skills needed in today's acute care settings ([Benner, Hughes, & Sutphen, 2008](#); [Fero, Witsberger, Wesmiller, Zullo, & Hoffman, 2009](#); [Gillespie, 2010](#); [Morrow, 2009](#); [Purling & King, 2012](#)). Newly hired nurses' proficiency in providing patient care may vary owing to

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different entry levels into the profession. In the United States, nursing education programs can range from diploma to bachelor's degree, each with distinct emphasis on specialty areas, as well as set clinical hours (Fero et al., 2009). This diversity in education background can lead to

Key Points

- Ensure top-management support and commitment.
- Establish a joint collaborative team.
- Develop a detailed plan before contract negotiation.

different experiences and performance criteria upon entry into professional practice, along with limited skill development in critical analysis.

Barriers to critical thinking among new graduate nurses include lack of self-confidence (Goode, Lynn, Krsek, Bednash, & Jannetti, 2009; Ulrich

et al., 2010; Quantifying the nursing residency advantage, n.d.; Welding, 2011; Williams, Goode, Krsek, Bednash, & Lynn, 2007) limited opportunities for evidence-based practice (Li & Kenward, 2006) and for reflective learning in the clinical setting (Morolong & Chabelli, 2005), lack of motivation, and a focus on grades versus learning (Shell, 2001). To mitigate this problem, a TNR program was initiated in 2005 in the hiring process of a large acute care pediatric hospital. Nurse residency programs are designed to increase clinical confidence and retention of new graduate nurses. University Health System Consortium and the American Association of Colleges of Nursing indicated 95.6% retention for nurses involved in residency programs (Goode et al., 2009; Ulrich et al., 2010; Quantifying the nursing residency advantage, n.d.; Welding, 2011; Williams et al., 2007). Nearly 75% of new graduates not in residency programs resign within the first year, often because they lack the skills to transition to the bedside (Welding, 2011). The cost to the health system to replace a nurse can be upwards of \$77,000 in training and orientation costs (Welding, 2011). Before initiation of the TNR program, the retention rate for the pediatric hospital in the study was less than 50%. After implementing the residency program, the retention rate increased to 75% (Hillman & Foster, 2011). In an effort to maintain the retention rate, the program was enhanced based on feedback from previous graduates regarding simulation.

The hospital hires newly graduated nurses or nurses changing specialty for the TNR program three times a year, in January, June, and October. The TNR program consists of 16 weeks of classroom and precepted clinical experiences. The program was developed to promote deeper learning and integration of the hospital's nursing policies and procedures. A first year evaluation of the TNR program indicated that nurses wanted additional relevant clinical experiences, especially in the form of interactive learning opportunities. Interactive learning opportunities during the TNR program included phlebotomy, indwelling catheter insertion, and basic cardiac life support. To complete learning requirements and

activities, the nurse residents (NRs) practiced techniques using anatomical models. However, these learning activities did not provide real-world challenges that required critical thinking and decision-making skills.

The TNR program manager was aware that additional interactive learning opportunities were needed to improve NRs' skills. Targeted discussions were held with the hospital nurse educators regarding strategies that could be used to improve the critical thinking and decision-making skills needed by the newly hired nurses. Because of the collaborative relationship the hospital had with a large urban university, the TNR program manager was aware of the recent completion of the College of Nursing's (CON) simulation lab. The TNR program manager contacted a CON administrator at the collaborating university to inquire whether a partnership could be formed to allow the NRs to use the simulation laboratory to enhance the program experience.

Simulation is an educational technique that allows interactive and immersive activity by recreating all or part of a clinical experience without exposing patients to the associated risks (Giddens, Shuster, & Roehrig, 2010; Nagle, McHale, Alexander, & French, 2009). Virtual learning environments include simulation experiences that allow nurses to attain skills in recognizing and analyzing multiple types of data in patient care. High-fidelity simulation experiences were added to the TNR program to promote the development of appropriate decision-making abilities related to clinical judgment and performance. The interactive experience of simulation provides opportunities for critical thinking and problem solving in nursing care, such as patient assessment using models to evaluate or consider alternative treatment actions and outcomes. Simulation outcomes can provide useful information for evaluating cognitive and affective components that influence critical thinking (Giddens et al., 2010; Gillespie, 2010; Nagle et al., 2009).

Background and Literature Review

Research in the use of simulation as a teaching methodology has increased in the past 20 years in developed nations and includes investigations on the integration of simulation in the pediatric curriculum (Broussard, Myers, & Lemoine, 2009; Bultas, 2011; Lambton, 2008; Jordi Ritz et al., 2009), in pediatric clinical orientation (Harris, 2011), and in pediatric clinical skills development (McNee, Clarke, & Davies, 2005; Parker et al., 2011). Today, pediatric simulation encompasses a wide range of neonatal events and situations, including care at the moment of birth, critically ill newborns and infants, and specific disease entities that pose life-and-death issues in neonatal care, such as cardiac resuscitation (Cates, 2011; Kane, Pye, & Jones, 2011; Raines, 2010). Pediatric simulation research also encompasses child and adolescent care, such as training for child cognitive-behavioral pain management or responding to adolescent diabetic ketoacidosis (MacLaren, Cohen,

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