

# THE EVOLUTION OF A HIGH-FIDELITY PATIENT SIMULATION LEARNING EXPERIENCE TO TEACH LEGAL AND ETHICAL ISSUES

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A transformative learning activity, in which students participated in a high-fidelity patient simulation (HFPS) scenario, was initiated to help students learn the importance of legal and ethical content in their clinical practice. The authors used the continuous quality improvement process to guide their HFPS implementation strategies from year to year. The plan, do, check, and act model served as the framework by which 3 consecutive years of HFPS evaluations were conducted and findings subsequently implemented. Evaluation data indicated that the HFPS was most effective at the end of the semester to review and apply previous content and that neither the role fulfilled by students in the scenario nor the actual participation in the scenario (vs. observation and participation in the debriefing) made a significant difference in students' pre- and posttest scores, student or faculty evaluations, or student perceptions of the HFPS experience. These findings ensured a quality learning experience for students and helped faculty address the logistics of accommodating an increasing number of students in the HFPS scenarios each year. (Index words: High-fidelity patient simulation; Continuous quality improvement; Legal and ethical issues; Nursing education) *J Prof Nurs* 29:168–173, 2013. Published by Elsevier Inc.

**S** EARCHING FOR A way to help students learn the importance of legal and ethical content in their clinical practice, the authors implemented a transformative learning activity in which students participated in a high-fidelity patient simulation (HFPS) scenario that required an understanding of legal and ethical concepts (Smith, Witt, Klaassen, Zimmerman, & Cheng, 2012). New teaching strategies are often left unexamined. To evaluate the HFPS experience and guide its implemen-

tation in subsequent semesters, the authors implemented the plan, do, check, and act (PDCA) process (Williams & Fallone, 2008) of continuous quality improvement (CQI) over a 3-year period. This article reports on the implementation of the PDCA process and the direction it provided the authors as they sought to refine the legal/ethical HFPS experience. This article also serves as an exemplar for others using the CQI process to refine various teaching strategies.

## Background

After enduring years of students' complaints about their lack of time to study the content of an undergraduate legal and ethical issues course because they were busy preparing for clinical courses, the authors implemented an innovative HFPS scenario to help students identify legal and ethical issues in clinical nursing and gain appreciation of their importance to clinical practice (Smith et al., 2012). The scenario involved a patient who experienced a cardiac arrest, requiring students to incorporate course content on advanced directives, delegation, culturally appropriate care, conflict management, and documentation as the scenario progressed.

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Preliminary evaluation of perceptions of the HFPS experience by students and faculty indicated that it served as an effective transformational learning experience in the legal and ethical issues course.

After the initial introduction of the HFPS scenario, the authors began to question how their decisions regarding implementation of this teaching strategy would affect the student learning experience and the use of their own limited time. For example, would it make a difference if students had the HFPS experience in the middle of the semester or would the end of the semester be preferable? Would it matter if all students played the role of a nurse in the scenario, or would the educational experience be as effective if some students played family members instead of the nurse? The authors turned to the literature for guidance.

A review of the literature indicated a growing body of research that validates HFPS as a legitimate teaching method. Research is a traditional scientific approach, using formal terminology (e.g., sample, validity, and reliability) and rigorous designs to answer questions of a generalizable nature (Byers & Beaudin, 2002). An integrative review of research conducted by Weaver (2011) indicated consistent support for the advantages of HFPS in providing a realistic replica of real-life experiences, enhancing student knowledge and satisfaction, and documenting the value students place on HFPS experiences. Although Weaver noted mixed support for the effectiveness of HFPS on enhancing the transfer of knowledge and confidence from HFPS to clinical situations and for reducing student stress in clinical situations, the legitimacy of HFPS was recognized in a 2006 survey (Nehring, 2008) of boards of nursing in the United States in which 16 states approved of substituting simulation for clinical experiences, 5 states had made formal regulatory changes allowing the substitution, and 17 additional states were considering regulatory changes for the future.

The literature did not, however, address the more practical questions encountered as the authors sought to implement the HFPS experience in their course. Those pragmatic questions are more appropriately addressed via CQI, which employs a more narrow focus and less rigorous methods than traditional research, but is emerging as a valid method by which to provide timely feedback for establishing evidence-based practice (EBP) (Byers & Beaudin, 2002). Searching Ovid Healthstar (1999 through September 2011), Ovid MEDLINE® without revisions (1999 through the third week in October 2011) and Journal @Ovid Full Text using the search terms *high fidelity patient simulation* and the older term *quality assurance* produced just one article; a search in the same databases using *high fidelity patient simulation* and *quality improvement* produced just two articles. All three of the articles addressed clinical programs and were not educationally related, nor did they connect HFPS, quality improvement, and legal/ethical concept application.

With no literature found to guide their decisions regarding implementation and revisions to the HFPS

experience, the authors embarked on an annual, systematic evaluation of the HFPS scenario and used the evidence obtained to guide implementation of the activity each subsequent year. Thus, the authors consciously engaged in the CQI process as a basis for revising the HFPS experience, with the purposes of improving the learning experience for students in the legal and ethical issues course while at the same time using faculty resources efficiently. The following describes the CQI process used to improve the quality of the HFPS experiences of students in their legal and ethical issues course over time and provides an example of the process for others as they seek to revise and improve new teaching strategies.

### Continuous Quality Improvement

The goal of CQI is to target problem areas for assessment, revision, implementation, and reassessment to achieve and maintain excellence, emphasizing the ongoing and cyclic nature of that process. There has been increasing attention on CQI in health care in recent years. In 2001, one of the Institute of Medicine's (IOM's, 2001) 10 rules for 21st century health care was that decisions must be based on evidence. The IOM expanded that concept in 2003 by identifying EBP and quality improvement (QI) as two of five core competencies for health professionals. As the expectation that nurses participate in the QI process expands and is fully integrated into the health care system, schools of nursing are called upon to include EBP and QI in their curricula (Finkelman & Kenner, 2007; IOM, 2003). Although accreditation of nursing schools emphasizes the CQI process of overall programs (Commission on Collegiate Nursing Education, 2009; National League for Nursing Accrediting Commission, 2008), the IOM notes that one barrier to implementing the necessary educational revisions regarding EBP and QI is "the lack of an evidence base assessing the impact of changes in teaching methods or curriculum" (IOM, 2003, p. 38). Speziale and Jacobson (2005) concur, stating that teaching strategies need to be validated. More specifically to HFPS, Landeen and Jeffries (2008) call for "more rigorous testing of our...practice in simulation use" (p. 487).

Given the numerous questions encountered as they sought to refine the HFPS scenario each year and the absence of existing literature to guide that work, the authors engaged in the CQI process to guide revision to the HFPS experience each successive year. First popularized by Edward Deming, the PDCA model (Williams & Fallone, 2008) served as the CQI framework guiding this process. The PDCA model has previously been used in both health care (Dumigan et al., 2010; Saxena, Ramer, & Shulman, 2004; Tea, Ellison, & Feghali, 2008) and nursing (Kleinpell & Gawlinski, 2005; Randhawa, Roberts-Turner, Woronick, & DuVal, 2011; Russell, 2010). Planning requires an understanding of the targeted activity, identifying problems, and developing a plan for improvement. Doing involves implementing the

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