

Simulation education: A primer for professionalism



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KEYWORDS:

Professionalism;
Simulation;
Nursing education

Abstract Professionalism embraces a set of attitudes, skills and behaviors, attributes, and values expected from those to whom society considers an expert. Research has shown that simulation-based training can improve student learning and, therefore, patient care (Cant & Cooper, 2010; Harder, 2010). With the outcomes of improved student learning and better patient care, can simulation foster professionalism as well? The purpose of this article is to highlight the benefits of a simulation scenario in fostering the development of professionalism in nursing students.

Published by Elsevier Inc. on behalf of National Organization for Associate Degree Nursing.

1. Introduction

When asked, “How did you learn to act like a nurse?” most students, graduates, and practicing nurses will not think back to a lecture in school on professional values. Instead, they talk about role models and mentors, of nurses they observed in the clinical setting, of their clinical instructors and faculty, and of peers and patients who taught them something about what it means to be a nurse.

Faculty in nursing education are charged with the daunting task of equipping students with the skills to think critically. The intent is to empower students to advance beyond simply “knowing”; that is, to synthesize and apply knowledge as they use the nursing process to deliver professional, responsible, individualized nursing care (Kaddoura, 2010). However, even in the most cooperative learning environments, curricular content is often delivered in fragments.

In the maternal child health classroom and clinical experience in our nursing program, students are introduced to concepts such as hemorrhage, hypovolemia, intravenous replacement fluids, assessment of the uterine fundus and lochial flow, urinary catheterization, and indications for the

use of oxygen. Yet, when challenged to prioritize, put the pieces together, and professionally intervene in an emergency situation, many students often do not know where to begin.

Simulation provides a valuable addition to the traditional teacher-centered approach to nursing education, with emphasis on the learning needs and preferences of contemporary nursing students (Cant & Cooper, 2010; Harder, 2010). The sophisticated computer technology of the patient simulator has appeal for today’s learners. Contemporary students represent the computer savvy Generation X and Generation Y, having grown up with gaming systems, computers, and the Internet. Individuals from these generations typically possess a natural attraction to technology and are accustomed to fast-paced communication.

Simulated learning experiences permit faculty to introduce students to situations that they may never see in their clinical practicum experiences. Because students are placed in a variety of settings for their clinical experiences, there may be a lack of consistency in learning opportunities across clinical environments and among students. Use of the patient simulator enables faculty to provide structured, consistent simulation laboratory experiences (Waxman, 2010).

Simulation helps students see the “big picture.” From the scenario itself to the debriefing sessions, students are able to see the “gaps” and to recognize those areas upon which they can improve their practice (Blum, Borglund &

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Parcells, 2010). In this way, the student moves closer to begin understanding the meaning of “professionalism” in nursing. The core values of professionalism include honesty and integrity, altruism, respect, responsibility and accountability, compassion and empathy, dedication, and self-improvement (Hendelman, 2009). In advancing student understanding of the concept of professionalism, often presented in introductory nursing school lectures as an abstract concept to novice students, simulation helps thread those core values throughout the educational experience (Leduc & Kotzer, 2009; Wagner, Bear, & Sander, 2009).

Research has shown that simulation-based training can improve student learning and enhance the quality of patient care (Cant & Cooper, 2010; Harder, 2010; Sullivan, Hirst, & Cronenwett, 2009). It is an opportunity to carry over into practice those theories learned in lecture and laboratory in a safe, controlled environment, enabling the student to recreate real-life situations. Simulation is a means of evaluation in a nonpunitive environment, where unsafe practices can be identified without harm to a patient (Sullivan et al., 2009).

With its emphasis on the importance of collaboration in providing care for patients, simulation encourages the learner to practice as a member of the health care team (Jeffries, Bambini, Hensail, Moorman, & Washburn, 2009; Kaddoura, 2010; Kardong-Edgren, Starkweather, & Ward, 2008). Working in small groups with the simulator, students may be assigned specific roles such as primary nurse, secondary nurse, supervisor, recorder, or observer. Their study of the nursing process unfolds in the simulation scenario. Here, learners assess the patient and the situation, identifying pertinent information to be shared with the primary health care provider. Students then determine appropriate nursing interventions and are able to carry out orders from the health care provider. They evaluate patient responses and the outcomes of their assessments and interventions. In addition, learners can be taught to identify areas of potential error risk during patient condition changes and handoffs during shift report, transfer, and discharge. The importance of effective communication can be emphasized and practiced through accurate reporting of medications and aspects of the treatment plan through simulated handoffs. This experience helps students recognize the importance of critical thinking and the nursing process in the acquisition of communication, collaboration, delegation, and conflict resolution skills for safe, professional nursing practice (Bambini, Washburn, & Perkins, 2009; Baxter, Akhtar-Danesh, Valaitis, Stanyon, & Sproul, 2009; McKeon, Norris, Cardell, & Britt, 2009).

2. The scenario

With the guidance of a skilled, supportive nursing laboratory coordinator, the junior nursing faculty team in our nursing program has incorporated simulation as part of

both clinical and classroom responsibilities in the maternal–newborn course. Such a scenario takes place during the latter part of the semester, when the “complications” content is introduced and discussed. One such complication involves the newly delivered mother experiencing a postpartum hemorrhage.

Students are given a preliminary introduction to the scenario before the session. Roles are randomly assigned to include a primary nurse, secondary nurse, night nurse, nursing supervisor, and visitor. Remaining students function in the role of observers, viewing the scenario from a separate room where the session is “streamed.” Before the 20-minute session begins, those individuals who are in the scene itself are given the opportunity to enter the actual physical environment to orient and familiarize themselves to the setting.

The scenario begins as both primary and secondary nurse (designated as a newly graduated nursing “orientee”) enter the postpartum mother’s room following report from the 11 pm–7 am night nurse, prepared to complete a mother baby assessment. As the scene progresses, the patient’s subjective symptoms include “feeling lightheaded” and “feeling wet”; objective data reveal a boggy fundus positioned above the umbilicus, along with rapidly deteriorating vital signs. Students are challenged here to recognize this as a postpartum hemorrhage and react to the emergent situation.

3. Debriefing

It is important to provide students with an opportunity to evaluate their experience with the patient simulator as an instructional strategy. This may be accomplished as part of the debriefing session or included as a component of the maternity course evaluation. Debriefing clarifies, amplifies, and highlights each component of the simulation educational experience. The process of debriefing is used to correct any misinformation or improper practice techniques the students may demonstrate (Neill & Wotton, 2011). Feedback assists students to integrate correct behaviors into their skill set. Through simulation scenarios, gaps in knowledge are identified. In the debriefing process, students are asked to reflect on their own skills and knowledge. They identify what they have done well and which areas need improvement (Baxter et al., 2009).

Because there are multiple activities occurring throughout the simulation and students may be focused only on their specific roles, debriefing can be used to review key points about the simulation. This includes discussing the events that occurred, interviewing students regarding their opinions of what transpired to validate what they know and affirming what they are currently doing well. Further discussion includes consideration of what the student might do differently if given a chance to repeat the scenario (Neill & Wotton, 2011).

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