



Associate degree nurse educators in New York State report the value of utilizing clinical simulation as a teaching strategy

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Abstract

This descriptive study evaluating the perceived value of using simulation as a teaching strategy was conducted among associate degree nursing educators. The majority of faculty reported the use of high-fidelity simulation in a simulation lab and acknowledged the value of using simulation to measure clinical judgment. An absence of a consensus as how to grade and evaluate simulation was found. This research has identified how schools are currently using simulation in their curricula.

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The use of clinical simulation in the nursing profession continues to increase and evolve. For more than a decade, high-fidelity manikins and standardized patients have been integrated in nursing curricula (Gore, Van Gele, Ravert, & Mabire, 2012). It is likely that simulation use in undergraduate nursing education will endure as clinical simulation becomes more sophisticated. High-stakes evaluation, which refers to the outcome or potential consequences of the outcome, may also increase with simulation use. High-stakes evaluation is an evaluation process associated with clinical simulation that includes a grading decision with pass or fail implications (Bensfield, Olesch, & Horsley, 2012).

Clinical simulation offers a viable option to evaluate skill acquisition and assess clinical judgment, critical thinking, and clinical reasoning skills in nursing students. Clinical simulation provides practice and feedback while allowing the nurse educator to provide differing skill levels to meet the needs of all students. On the basis of an extensive review of the literature, there are limited studies linking clinical simulation use with an increase in clinical judgment and

clinical reasoning, which are important aspects of undergraduate nursing education that require evaluation. Research indicates that many schools of nursing are evaluating student satisfaction of simulation experiences rather than assessing their clinical judgment (Kardong-Edgren, Adamson, & Fitzgerald, 2010). The use of simulation in nursing education may represent an effective educational strategy for nursing faculty to assist students in developing clinical judgment and clinical experience in a safe environment.

There are many variables including cost, clinical simulation expertise, number of faculty, and the size of the program that can impact the implementation of clinical simulation into an undergraduate nursing curriculum. This study was designed to investigate the perceived value of clinical simulation in learning and clinical judgment and identify the barriers and benefits of the use of simulation as a teaching strategy in associate degree nursing education programs as reported by associate degree nurse educators.

This research is valuable as it represents the perceptions of associate degree nurse educators. There are currently 66 associate degree nursing programs in New York State compared to 58 baccalaureate nursing programs. It is important that nurse educators have access to data regarding clinical simulation use. Further, there is a need for clarity regarding the substitution of simulation use for traditional clinical hours.

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1. Review of literature

Clinical judgment is defined as the ability to recognize clinical situations, interpret their meaning, and respond appropriately while considering all aspects of a patient's experience. It is important for nurses, as they are often faced with complex care situations. However, although it is an essential skill, nurse educators struggle with how to teach and assess clinical judgment (Lasater, 2007). Moreover, clinical judgment can be influenced by the context in which the situation occurs and can often be affected by the culture on a nursing unit (Tanner, 2006). High-fidelity simulation is one way to develop skills in clinical judgment, as current technology allows for student experiences that closely mimic real life situations (Lasater, 2007).

Clinical reasoning is the process by which nurses collect cues, process information, come to understand a patient problem or situation, implement interventions, and evaluate outcomes (Lapkin, Levett-Jones, Bellchambers, & Fernandez, 2010). Nurses who lack clinical reasoning skills can fail to detect pending patient deterioration, which could lead to negative patient outcomes (Lapkin et al., 2010). Students who graduate with effective clinical reasoning skills may be more confident and proficient at recognizing the subtle changes that present in a worsening patient situation.

A descriptive study explored simulation resources of associate degree nursing programs in a Western state (Adamson, 2010). The deans and directors of these schools indicated that barriers to implementing simulation into associate degree nursing curricula varied depending on the courses in the program and faculty resources. Some barriers identified to implementing simulation were lack of funding, time, and support for faculty. Incentives such as paid time for faculty training, learning the technology, and designing and running scenarios could facilitate the implementation of simulation (Adamson, 2010).

Kaddoura (2010) conducted an exploratory study using semistructured interviews to explore the perceptions of newly graduated nursing students regarding how clinical simulation helped to develop their critical thinking skills, learning, and confidence throughout their hospital clinical training. Participants reported that simulation was an effective teaching strategy and was essential to developing their clinical competency and confidence as it prepared them to care for their patients. Students may have a perceived sense of increased confidence after participating in clinical simulation. However, whether knowledge learned during simulation can be transferred to the clinical setting is a question that seems to remain unanswered (Shinnick, Woo, & Mentis, 2011).

A review of published literature was performed to identify instruments that evaluate clinical simulation (Kardong-Edgren et al., 2010). The authors provided a comprehensive evaluation of 22 clinical simulation instruments. Only a small number of instruments were found that evaluated clinical judgment, clinical reasoning, prioritization, and delegation skills, whereas there were many instruments addressing student satisfaction. The authors noted that the lack of reliable and valid

instruments to evaluate simulation learning could inhibit the progress of embracing simulation as an effective teaching strategy (Kardong-Edgren et al., 2010).

2. Methodology

The three research questions asked of associate degree nurse educators in New York State were as follows: (a) What is the perceived value of clinical simulation in learning, specifically clinical judgment? (b) What are the perceived barriers in the use of simulation as a teaching strategy? (c) What are the perceived benefits of the use of simulation as a teaching strategy?

After institutional review board approval was granted by the Sage Colleges, an e-mail was sent to the Council of Associate Degree Nursing (CADN) members, deans, and directors of associate degree nursing programs in New York State, requesting permission to contact associate degree nursing faculty to complete an on-line survey regarding their use of simulation. The e-mail was distributed to the list serve by Dr. Bosco, the president of the CADN. The deans and directors were asked to forward the e-mail containing survey information and the link to the survey to faculty member(s) in their program who participate in simulation experiences.

The survey included demographic data and questions regarding personal experiences conducting clinical simulation. The demographic data included questions regarding age, gender, employment status, academic preparation, number of years as nursing faculty, and number of years as nursing faculty facilitating clinical simulation experiences. Faculty were asked to identify who is facilitating simulation experiences in their schools of nursing; their own training and qualifications; the type of fidelity being used; the percentage of teaching load that includes conducting simulation; the amount of simulation experiences available to students; grading practices; use of high-stakes testing; and if hours of simulation experiences are replacing any traditional clinical hours. There were a total of 31 questions that included two open-ended questions regarding the barriers and benefits of utilizing clinical simulation in undergraduate nursing education.

The survey was developed by the researcher based on relevant findings reported in the literature. It was initially tested with two faculty members who were using clinical simulation in their teaching. On the basis of their feedback, no changes were made to the survey. The pilot responses were not included in the final sample. Descriptive statistics were used to analyze demographic data and the survey items. Content analysis was used to analyze the responses to the open-ended questions.

3. Sample

Data were collected from a convenience sample of associate degree nursing faculty, including full- or part-time faculty who conduct, supervise, or evaluate clinical simulation. The participants were recruited via an e-mail forwarded from the

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