Clinical simulations: Let's get real!

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Abstract Simulations have been recommended when clinical facilities are scarce because they provide a similar experience to that which a student would encounter. Pasco-Hernando Community College nursing faculty designed a role-playing home care simulation for students. The students interact with community theater actors in an improvised simulated home health environment. The home care visit interaction is followed by a debriefing session. Here, students identify concerns in the scenario and verbalize their feelings about the experience.
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1. Introduction

The nursing profession continues to face a nationwide shortage. An anxious health care industry is looking to postsecondary educational institutions to lessen and eventually end the shortage through an increase in nursing student enrollment. This presents a challenge to postsecondary institutions, as there are not enough clinical placements available to support this growth. As a result, there is vigorous competition among nursing schools for a limited number of clinical slots.

In response to the increased need for clinical placements, the Florida State Board of Nursing expanded the associate degree nursing student's scope of practice to include community-based practice (The Florida Nurse Practice Act, 2004). Community-based practice refers to limited hands-on skills that can be performed in certain practice

settings under the guidance of a registered nurse preceptor. These settings include nursing homes, schools, and home health.

Pasco-Hernando Community College's (PHCC) associate degree nursing program, spanning the two counties just north of Tampa, FL, is currently experiencing an insufficient supply of maternal–child clients in community-based practice. In preparation for these types of clinical experiences, the maternal–child faculty decided to create a community-based simulation for their students.

A simulation is a representation of reality designed to ". . . allow students to build patient care skills while applying theoretical knowledge in a controlled setting" (Comer, 2005, p. 358). Creating a suitable simulation is essential to meeting the learner objectives. According to Jeffries (2005), developing a framework for a proper simulation involves three phases: designing, implementing, and evaluating.

2. Designing

The maternal–child faculty undertook four steps during the design phase: selecting a topic, determining goals and

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objectives, creating a scenario, and developing the simulation environment. Faculty decided that the community-based practice simulation topic would consist of a home health visit to a postpartum client and her family on campus in a mimicked home environment. Issues that the students will encounter in the simulation include the following: postpartum depression, teenage pregnancy, nutrition, health promotion, and safety.

Determination of the goals and objectives is the second step in designing a simulation. The goal of the maternal–child simulation is to provide nursing students with a realistic home health visit to a childbearing family. Objectives for this simulation state that the student will:

1. Complete a home safety assessment in the campus laboratory.
2. Complete a health history for a client/family.
3. Identify health promotion teaching needs for client/family.
4. Identify infant–parent and child–parent relationships.
5. Use critical thinking to formulate measurable outcomes for improved family process and growth.
6. Identify nursing strategies to achieve positive patient outcomes.
7. Identify the role of the maternal/child home health nurse.
8. Discuss personal safety precautions that the maternal/child home health nurse needs to implement.
9. Differentiate between hospital and home health care of the maternal/child clients (PHCC, 2007, p. 35).

Creating the scenario is the third step of designing a simulation. A script was written, describing the characters and detailing their medical problems. A number of safety and psychosocial issues were also written into the scenario. However, no particular instructions were included regarding what the characters should exactly say or how they should act during the role-play simulation because improvisation adds to the realism of the scenario.

Development of the simulation environment is the fourth step in the preparation of the role-playing simulation. Halamek et al. (as cited in Feingold, Calaluce, & Kallen, 2004) believe that realism of the simulation requires the scenario to be staged with attention to detail and in a milieu that replicates the real environment. At PHCC, a vacant small room was set up to represent a client's home. Faculty donated pieces of used furniture and decorations. Furthermore, an artist, who paints sets for community theaters, donated her time to paint a kitchen mural on one wall of the vacant room.

Prior to running the simulation, selection of the role-playing participants had to be made. Initially, faculty posed as the characters in the scenario. During the trial run of the role-playing simulation, it was discovered that the students did not view the characters as realistic, due to their familiarity with the faculty. As a result, it was decided to obtain people with whom the nursing students were unfamiliar. The initial thought was to recruit students who were involved in the campus theater group. Unfortunately, scheduling conflicts prevented this from happening.

Luckily, actors from a local community theater group could be recruited to portray the patients. The maternal–child course is fortunate that these same actors have been able to perform this simulation numerous times, becoming very familiar with the characters, and thus responding spontaneously to the variations in student interactions.

3. Implementing

Prior to the role-play interaction, a briefing session is done. During the session, information about the scenario and clients is presented to the students. The students are told that the clinical group is going to make a home health visit to a postpartum patient and her family.

So that the scenario can proceed with optimal learning, students are assigned specific areas to focus on, namely, safety concerns, health care needs, teaching needs, and referrals. Students are encouraged to interact with the patients during the home health visit (Fig. 1).

During the running of the simulation, the clinical faculty member leads his or her group to the home health laboratory and knocks on the door. The postpartum mother, dressed in a housecoat, answers the door, and the scenario is underway. Faculty members facilitate the scenario from time to time by interjecting questions to the patients. Termination of the scenario occurs when the objectives have been met; however, 30 minutes is usually adequate time for the home visit.

4. Evaluating

Evaluating is the final phase of the role-playing simulation. Following the simulation, the students are taken

Fig. 1 RN students Mark Stefanik, Genifer Westphal, and Andrea Salazar interact with their home health "client" (portrayed by actress Catherine Martin).