

# Faculty Development in Simulation Education



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## KEYWORDS

- Technology • Simulation • Nursing • Faculty education

## KEY POINTS

- Although there still remains much discussion on how to train faculty in simulation; the development of standards for faculty training and certifications for simulation educators is a positive move toward consistency.
- Much work remains to get nurse educators to a level of proficiency with simulation education.
- Many educators have not had formal training in how to use simulation. Many learn from others who may or may not have had formal education in simulation technology.

Health care educators typically begin their careers as professionals in the clinical area, without formal education courses in how to teach. Sometimes health care providers transition into education because of their desire to impact the future of health care. Over the past 10 years, education in nursing has changed and simulation is a new teaching technology being used. “Despite persistent or increasing pressure to use simulation, faculty remain inadequately trained and simulation remains under used.”<sup>1</sup> Unfortunately, this lack of training of how to use simulation in education can translate into poor educational pedagogy. Nursing educators have traditionally been faculty from traditional nursing backgrounds with little experience in educational theory and training.<sup>2</sup> According to Poindexter,<sup>3</sup> “The role of a nurse educator is an intersection between nursing knowledge, values, and skills and teaching knowledge, values and skills.” Training the nurse educator to effectively achieve this union is a subject that is not without controversy. Nursing faculty are first trained to be professionals that care for patients in some realm. Once a nurse decides to transition to the role of faculty the path taken to achieve this varies. In 2010, the Council on Collegiate Nursing Education published expectations for faculty preparation in bachelor of science in nursing programs. These recommendations outline the level of education of nursing or doctoral preparation expected by the academy and make specific recommendations for all doctoral programs: “should make available additional courses in

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Disclosure Statement: None.

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Nurs Clin N Am 50 (2015) 389–397

<http://dx.doi.org/10.1016/j.cnur.2015.03.002>

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educational methods and pedagogies, and provide teaching experiences that include mentoring and supervision given the expectations for those graduates who will be involved in an academic role."<sup>4</sup>

A project funded by the Carnegie and The Atlantic Philanthropies (2010) examined how professionals are educated. This was a comparative study that took place over several years and examined three areas of nursing professional education: (1) how theory and scientific methodology is learned, (2) how skills are mastered, and (3) how nurses are taught professional identity.<sup>5</sup> Culminating from this project was a book, *Educating Nurses: A Call for Radical Transformation*.<sup>5</sup> Within this publication there are many recommendations related to nursing education. Of particular interest is the recommendation related to the preparation of nursing faculty to include teacher education courses in programs for master's and doctoral degrees. "Qualified and competent nurse educators facilitate the development of qualified and competent nurses prepared to assume successful nursing careers."<sup>3</sup>

The use of simulation as a teaching methodology within health care education is no different. Many educators have not had formal training in how to use simulation. Many learn from others who may or may not have had formal education in simulation technology. Because of their interest in technology they are placed in the role of simulation educator by default. This article introduces the importance of training educators and clinicians to use simulation technology according to defined standards and recommendations. A literature search revealed a dearth of research related to faculty training. I describe some programs in place across the United States that have been developed to facilitate education of faculty in use of simulation technology and methodology.

## BACKGROUND

Healthcare in the United States was forever changed in 1999 when the Institute of Medicine published its report *To Err is Human*.<sup>6</sup> This report illuminated that as many as 100,000 people die every year in the United States as a result of preventable medical errors. This report dramatically increased public awareness of patient safety and medical errors. However, there is evidence that the report greatly underestimated the number of sentinel events and cost associated with medical errors. Today it is estimated that the cost of medical errors is \$1 trillion and between 250,000 and 400,000 deaths annually.<sup>7,8</sup> In addition to medical errors that result in death or harm to patients, there has been an alarming shortage of nursing staff and faculty. Nursing education has been forced to explore ways to increase the number of nursing graduates and the pool of nurse educators. Historically nursing education has evolved into a profession that is well respected and considered rigorous in academic settings.

Clinical sites for the purpose of nursing students to practice are also scarce in many regions of the country, leading the administration of academic institutions and their practice partners to seek alternatives to inpatient clinical experiences.<sup>9</sup> The recent economic crisis has led to many nursing schools being left without adequate faculty and staff even in the midst of the well-documented nursing shortage. To address the increased incidences of medical errors and the resulting injury and/or death of patients, advocacy groups and accreditation bodies, such as The Joint Commission, National Quality Forum, and National Patient Safety Foundation, have all supported projects that improve patient safety and the education of nurses related to patient safety. Educating patients, and the staff that care for patients, must be purposeful and directed to address the errors and knowledge gap that exists. The overarching goal for multiple projects was to reduce harmful medical errors and keep the patient

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