



Learning and teaching in clinical practice

Preparing students for clinical placements: The student's perspective



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ABSTRACT

Educating undergraduate nurses in the 21st century provides some very realistic challenges. Decreased government health budgets, increased student numbers and higher patient acuities have resulted in a reduction in the availability and quality of clinical placements. Simulated nursing practice is an innovative strategy designed to address these concerns. A simulation programme was designed for first year undergraduate nursing students to help prepare them for clinical placement.

The aim of this research is to assess student perspectives and learning from the newly introduced simulation programme.

This study is a descriptive design with Kolb's experiential theory providing a theoretical framework. 158 first year students taking part in a four day simulation programme chose to complete a questionnaire on programme completion. Students responded to five statements using a likert scale and categories developed and refined for the remaining four questions.

Students reported significant learning in the areas of basic clinical skills and clinical documentation and collaborative care. 100% of students recommended the programme continue.

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Introduction

Educating undergraduate nurses in the 21st century provides some very realistic challenges. As nursing and faculty shortages collide they create what Hinshaw (2008) calls the “perfect storm” a unique moment in nursing history which hinders the ability of nurses to support their own as they venture into the clinical arena (Campbell & Daley, 2009). Decreased government health budgets, increased student numbers and higher patient acuities further result in a reduction in the availability and quality of clinical placements (Cangelosi, 2008; Levett-Jones et al., 2011; Wilford & Doyle, 2006). Simulated nursing practice, an innovative strategy designed to address these concerns is rapidly gaining global momentum (Adamson, 2010).

Simulation, defined by Jeffries (2005) as an activity mimicking the reality of the clinical environment encompasses a wide range of techniques from role-play and scenario setting to computerised manikins. Delivery techniques in simulation are categorised depending on their fidelity or the degree to which they simulate the reality of the real-world (Cohen et al., 2011). Simulation has become

an integral part of undergraduate nursing education providing students with an opportunity to enhance clinical skill acquisition in a safe environment, practice clinical decision making and develop critical thinking skills through reflection and debriefing (Oberleitner et al., 2011; Sanford, 2010). Nursing Council (2010) concede that simulation in undergraduate education assists clinical preparation and helps maintain safety standards. In New Zealand, Nursing Council require all students to have access to simulation learning resources (P11).

First year New Zealand nursing students in this study take part in a simulation programme which helps prepare them for clinical placement. The programme reinforces and facilitates the integration of new skills and knowledge such as: clinical documentation, medical management, time and workload management, basic nursing skills, nursing assessment, critical thinking in practice, clinical decision making, infection control and manual handling. In this clinical programme scenarios are developed and designed to complement and reinforce year one learning outcomes, allowing learning to be focussed for prescribed outcomes (Campbell & Daley, 2009).

The programme

The programme commences over four days and encompasses an interactive clinical workshop in which students learn about clinical

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processes, and a simulated practice duty comprising of three stages: an initial brief, a clinical duty and a daily debrief. Students work in teams of three rotating through the roles of patient, primary nurse and observer nurse or family/whanau member (see [appendix 1](#)). Each student has an opportunity to assume each of the roles within the team. The programme guides teams from patient admission to discharge and includes a simulated multi-disciplinary team meeting to engage community support in preparation for patient discharge.

Literature review

Role-play is an integral part of all simulation and has been used in nursing education for many years ([Nehring & Lashley, 2009](#)). Role-play provides students with an opportunity to be actively involved in the construction of their own learning therefore allowing for multi-level brain processing of experiences ([Clapper, 2010](#); [Levitt & Adelman, 2010](#); [Nehring & Lashley, 2009](#)). Role-play engages the motor as well as the cognitive system which, according to research allows the entire brain to be engaged in learning ([Clapper, 2010](#)). Cognitive learning is further complemented by emotional learning whereby learners reflecting on emotional experiences relate them back to the source of information causing the emotion to occur, thereby storing experiences into memory ([Clapper, 2010](#); [Gordon et al., 2010](#); [Kolb, 1984](#); [Lewis et al., 2013](#)). While acknowledging role-play and correlations with student learning, [Billings and Halstead \(2005\)](#) highlight some drawbacks inherent in this simulation modality. Poor acting, not taking scenarios seriously and reluctance to participate have the potential to create inconsistent experiences and variable learning for students ([Billings & Halstead, 2005](#); [Bornais et al., 2012](#)).

Although differing opinions are evident in the literature, studies involving simulation programmes such as the one described above are very rare in nursing education literature. The following studies report simulation outcomes with students in recipient roles, ([Bosse et al., 2012](#); [Chaffin & Adams, 2012](#); [Henry, Ozier & Johnson, 2011](#); [Newberry & Collins, 2012](#); [Patterson & Hulton, 2012](#); [Waldo et al., 2013](#)). All studies report outcomes of deeper student understanding and empathy despite the variation in disciplines and methods employed to gather data. Studies however involve outcomes associated with students in single roles in simulation rather than the experiences of students assuming multiple roles. The following two studies involve pharmacy and medical students and are the only two studies whereby students assume multiple roles in role-play simulation.

[Mathews et al. \(2011\)](#), used role-reversal simulation as a strategy to teach communication competency and cultural awareness to pharmacy students. Students were part of a “deaf strong hospital” and had to progress through a waiting room, doctors office, room and pharmacy during the activity. They were instructed not to use voices but to communicate through sign language and non-verbal communication. The results in this study showed that 77% of students learnt valuable information through their participation in the simulation. In reflective writing students stated that the exercise helped them to understand, and that actually experiencing something was better than being told how difficult it was.

A further study in Singapore by [Lim et al. \(2008\)](#) involving 26 medical students included a dual role play (DRP) training course to look at overcoming barriers in medical communication. Results showed that on a pre and post questionnaire student confidence levels rose from 6.23 to 7.58 ($p = 0.001$). 92% of participants found it useful to assume the roles of both the Doctor and patient but participants with language difficulties were identified to have benefitted the most ($p = 0.031$). The study concluded that DRP

simulation was an effective method for training medical students about communication.

Students in these two studies report outcomes of increased confidence, communication skills and heightened empathy for patients. These findings are similar to studies involving students in recipient roles ([Bosse et al., 2012](#); [Chaffin & Adams, 2012](#); [Newberry & Collins, 2012](#); [Patterson & Hulton, 2012](#); [Waldo et al., 2013](#)) Students however were not nursing students and simulations were over a much shorter time with variable preparation. There is a paucity of comparable literature available to assess the learning and student perceptions from this type of simulation programme. The aim of this study is therefore to assess the quality of the simulation programme from the students perspective in terms of their learning and overall experience.

Methodology

Study Design

This was a descriptive study design aimed to provide insight into students' experience of being involved in a newly developed simulation programme. Ethics approval was gained prior to study commencement. Because the simulation programme was designed to create new knowledge through nursing practice, [Kolb's \(1984\)](#) experiential learning theory was a particularly appropriate theoretical framework. [Kolb \(1984\)](#) believes that learning is a continuous process in which experience is transformed into existing cognitive frameworks to create new knowledge. In this instance the simulation programme provided what Kolb called the “concrete experience” from which observations and reflections could be derived. Debriefing after each simulation session provided for “active reflection” whereby students could form what Kolb calls “abstract concepts”. Due to the multiple roles in the programme students could then “actively test” the abstract concept within the same simulation scenario thereby creating new knowledge.

Method

Sample

Inclusion criteria for this study included all students who had completed the programme. On the final day of week four, students were offered the opportunity to complete an evaluation form which involved nine statements or questions requiring responses see [appendix 2](#). The sample consisted of 158 self-selecting participants. A questionnaire was developed by asking students to respond to programme objectives and highlighting learning preferences.

Data collection

In part one, students were asked to highlight overall learning, enjoyment, clinical knowledge and skill acquisition by responding to five statements using a likert scale: strongly agree; agree; disagree or strongly disagree.

Part two asked for responses to open ended questions. Students were asked to highlight the most enjoyable sessions within the programme identifying the parts of the programme that provided the most learning. They were invited to suggest changes they would make to the programme.

Data analysis

A likert scale was used for part one responses. In part two student responses were categorised, for example aspects of “hands on” practice such as washing patients, oral care and bed making were

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