



Learning clinical skills in the simulation suite: the lived experiences of student nurses involved in peer teaching and peer assessment



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SUMMARY

Background: The benefits of peer teaching and assessment are well documented within nurse education literature. However, research to date has predominantly focused on the advantages and disadvantages for the inexperienced learner, with a dearth of knowledge relating to the perceptions of senior nursing students involved in teaching their peers.

Aim: This study sought to investigate the student experience of taking part in a peer teaching and assessment initiative to include the perceptions of both first year nursing students and second/third year participants.

Method: Data were collected via open-ended questionnaires and analysed with qualitative 'Framework' analysis. *Findings:* This initiative received a generally positive response both from students being taught and also from those acting as facilitators. Perceived benefits included the social learning experience, development of teaching skills, self-awareness and the opportunity to communicate both good and bad news. Suggestions for improvement included additional time working in small groups, specific supplementary learning materials and the introduction of peer teaching and assessment into other areas of the Adult Nursing Programme.

Conclusions: Peer teaching and assessment principles represent valuable strategies which can be utilised in nurse education to develop clinical skills and prepare nurses for real-life scenarios. Further research needs to investigate how to enhance the student learning experience and to fully exploit the potential for simulated experience to prepare students for their future role as registered nurses in clinical practice.

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Introduction

The ability to effectively teach and educate others is an important skill which is explicitly recognised within the professional standards underpinning contemporaneous nursing practice (NMC, 2008). However, the extent to which nurses feel sufficiently prepared to teach others once qualified, is debatable. Whilst pre-registration courses would seem to represent the perfect platform to equip nursing students with the essential skills required of a qualified nurse, research has highlighted the failure of such courses to perform this essential function in some areas (e.g. Bradshaw and Merriman, 2008; Glen, 2009). Indeed, qualified mentors in clinical practice have reported a general lack of training and experience with regard to this aspect of their nursing role (Hurley and Snowden, 2008; O'Driscoll et al., 2009). It is suggested that nurse education should therefore incorporate elements of teacher training at an early stage of students' professional development, in order to build confidence and provide preparation for the important role of mentorship within clinical practice. This paper investigates a novel approach

to the teaching of specific, practical nursing skills via the introduction of peer teaching and assessment strategies into the simulated clinical learning environment. Clinical simulation is becoming increasingly important in nurse education in order to develop the complex clinical and critical thinking skills required within the contemporary health and social care arena (Rush et al., 2012).

Literature

Peer teaching methodology produces reciprocal benefits in terms of academic performance whilst also enhancing the learning experience of those being taught (Bryer, 2012; Higgins, 2004; Owens and Walden, 2001). In addition, the use of peer teaching can foster the development of effective teaching skills (Brannagan et al., 2013; McKellend et al., 2013; McKenna and French, 2011). Although it has been suggested that those who teach benefit the most from peer teaching initiatives (Ross and Cameron, 2007), research investigating this area is limited and has predominantly focused on the advantages of peer teaching for the learner (Secomb, 2008). This emphasis might be explained by the inherent difficulty in assessing the teaching and mentorship ability of nurses (Willis Commission, 2012). In lieu of research specifically measuring such teaching abilities, the best proxy indicators may be derived from the outcomes of those being taught, including an appropriate

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consideration of both student opinion and academic attainment (Cooper et al., 2013; Lin et al., 2010). On occasion, studies have revealed disadvantages such as resentment around the time commitments involved and variations in the quality of peer teaching (McKenna and French, 2011; Loke and Chow, 2007). However, students have identified specific aspects of peer teaching as being particularly useful, including the use of simulated clinical scenarios facilitated by peer tutors and/or academic staff (Szlachta, 2013). Generally, there is a consensus in favour of peer teaching within the literature, with the majority of participants in research studies highly favouring this approach, perceiving it to be an effective method of meeting their learning needs (Brannagan et al., 2013; Cooper et al., 2013; McKenna and French, 2011; Lin et al., 2010; Loke and Chow, 2007; Goldsmith et al., 2006).

The value of peer assessment is also recognised within contemporary literature. Reported advantages include the potential to improve the quality of learning and empower students (Cassey et al., 2011), develop the ability to make judgements (Morris, 2001) and improve communication and interaction skills (Welsh, 2007). Potential disadvantages have included marking bias and friction between peers (Papinczak et al., 2007; Vu and Dall'Alba, 2007), discomfort with evaluating peers' work and the feeling of being inadequately trained for the role of assessor (Welsh, 2007; Sluijmans et al., 2001). Additional concerns cited are unclear assessment criteria and insufficient confidentiality within the assessment process (Hanrahan and Isaacs, 2001). Whilst peer assessment is therefore not without its challenges it has been successfully implemented and used within nurse education previously (Cassey et al., 2011; Mehrdad et al., 2012; Hunt and Hutchings, 2014). There is however limited knowledge regarding nursing students' perceptions of peer assessment (Shiu et al., 2012), with further research needed in order to further examine students' experiences.

There is also a dearth of studies which focus on the role of student nurses in supporting their peers through the process of learning practical skills. This current qualitative study represents an investigation into the experiences of first year nursing students learning to perform a simple dressing change using aseptic technique. These teaching and learning activities were performed in a simulated clinical setting within the university, having the advantage of providing a safe environment in which learners could practise their skills without risk of harm to patients or clients (Haidar, 2009; Lewis and Ciak, 2011). This study also involved second and third year nursing students and sought their opinions as peer teachers and peer assessors within this two-way learning process.

Method

The context for this study was a peer teaching and assessment initiative involving first, second and third year adult nursing students which aimed to (a) explore the experiences and perceptions of first year student nurses in relation to the preparation they received for taking their practical assessment and (b) explore the experiences of the second and third year student nurse volunteers regarding their role in peer teaching and assessment. The purposes of the study were to examine the student experience of this peer teaching and learning initiative, and to draw some tentative conclusions about the potential advantages and disadvantages of this approach.

Data Collection and Analysis

This research study was designed to elicit qualitative data by exploring views and perceptions of students via an anonymised open-ended questionnaire. All first year student nurses were invited to participate via an explanatory announcement on the University's Virtual Learning Environment. The invitation was posted following the completion of summative assessments including resits, to ensure that all students were given equal opportunity to take part. Interested students were required to click on the appropriate on-line 'Survey Monkey' link,

which provided additional information for participants. The link remained open for a three month period, during which students were reminded at monthly intervals about the opportunity to participate in the research via additional announcements. Thirteen responses were received from the first year cohort of 48 students, representing a response rate of 27%.

The second and third year nursing students were given hard copy questionnaires in order to gain feedback from the final year students prior to their graduation. These students were given a copy of the explanatory notes, a letter of invitation and a copy of the survey on their final day of participation. Anonymity was assured via the inclusion of a pre-addressed envelope to enable responses to be posted via the internal mail. Six responses from a total of eleven second and third year participants who assisted in the peer teaching and learning initiative were received, representing a response rate of 55%.

Data retrieved via "Survey Monkey" and in hard copy were analysed using the 'Framework' method (Ritchie and Spencer, 1994).

Findings

Results are presented with reference to the main themes which emerged from each dataset, following completion of the processes of indexing, charting and mapping inherent in the 'Framework' method of qualitative analysis (Ritchie and Spencer, 1994).

First Year Student Participants

Reflections Around Educational Preparation

Students were initially asked to consider what they felt about the educational preparation they had received in the university, prior to their practical examination. Nine of the thirteen respondents felt positive about such preparations. One suggested:

'It was extensive, and allowed plenty of time to learn, practise and perfect the technique.'

Whilst many respondents volunteered that working in small groups was beneficial '*...as you got more chance to practise*', some students felt that they would have appreciated additional opportunities:

'I feel that more sessions would be beneficial or smaller groups. There was, at times only one chance to carry out the aseptic technique in one session.'

However, one student was particularly honest regarding the recognition of her own responsibility as an adult learner to engage with the learning opportunities available:

'I think if I had attended more sessions than I did, I would have been more prepared.'

Approaches to Learning

Students were asked what they found to be particularly helpful when learning the procedure. Whilst one student noted that they were '*...even allowed to take some dressing packs home for practise*', another commented:

'A few students took time out and went through the procedure in a pre-booked room in the library and at home, however this was not the best way of learning.'

This serves to illustrate the differences in personal approaches to adult learning, indicative of the willingness of some to become self-directed. This theme recurs in another response:

'I think there were many opportunities to practise the aseptic technique before the exam both in the planned lessons and extra time with other students.'

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