



Original research

Nurse students learning acute care by simulation – Focus on observation and debriefing

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ABSTRACT

Introduction: Simulation creates the possibility to experience acute situations during nursing education which cannot easily be achieved in clinical settings.

Aim: To describe how nursing students learn acute care of patients through simulation exercises, based on observation and debriefing.

Design: The study was designed as an observational study inspired by an ethnographic approach.

Method: Data was collected through observations and interviews. Data was analyzed using an interpretive qualitative content analysis.

Results: Nursing students created space for reflection when needed. There was a positive learning situation when suitable patient scenarios were presented. Observations and discussions with peers gave the students opportunities to identify their own need for knowledge, while also identifying existing knowledge. Reflections could confirm or reject their preparedness for clinical practice. The importance of working in a structured manner in acute care situations became apparent. However, negative feedback to peers was avoided, which led to a loss of learning opportunity.

Conclusion: High fidelity simulation training as a method plays an important part in the nursing students' learning. The teacher also plays a key role by asking difficult questions and guiding students towards accurate knowledge. This makes it possible for the students to close knowledge gaps, leading to improved patient safety.

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1. Introduction

Acute care situations cannot easily be achieved in clinical training during nurse education. Opportunities to learn are sporadic and limited because of the high demands and the rapid decisions that the situation requires (Lee et al., 2003; Rosenstock et al., 2004; Bisholt, 2012b). Unacceptable consequences, such as delays or inaccuracies, are unacceptable in actual acute care (Bradley, 2006; Issenberg and Scalese, 2008). Simulation in a clinical training center gives the opportunity to experience acute situations during the education without the patient being exposed to risk (Jefferies, 2005; Kardong-Edgren et al., 2010). Nursing students can be responsible for acute care situations in a realistic but simulated care environment (Lammers et al., 2008; Kardong-Edgren et al., 2010; Abellsson et al., 2014). The simulated care environment

prepares them for dealing with the complex clinical situations they will face in their profession (Gaba, 2004; Issenberg et al., 2005; Benner et al., 2010). Health care institutions have criticized newly graduated nurses for being inadequately prepared for clinical practice and unable to meet professional practice requirements in a complex and specialized caring environment. This happens because the newly qualified nurses have inadequate clinical experience from acute care (Bisholt, 2012b). This leads to a need to strengthen the level of training in emergency care within the nurse education program. The educational institution is responsible for ensuring that students learn routine tasks, but also how to behave in complex acute care situations. Before this study was initiated, high fidelity simulation was incorporated as a method of learning (Mc Caughey and Traynor, 2010) in the fourth term of the nursing education. The intent of the simulation was to train the students to act adequately in acute care situations and replicate substantial aspects of the real world in an interactive manner (Gaba, 2004). Therefore, it is of interest to study how nursing students learn acute care by simulation.

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2. Background

Simulation is an important method of learning in nurse education (Nehring, 2008; Kardong-Edgren et al., 2010). In the increasingly complex health care environment, it is no longer justified to use patients as subjects in clinical training to achieve professional competence. Therefore, low fidelity to high fidelity simulation training is a useful method of learning (Mc Caughey and Traynor, 2010). The simulation of acute care situations includes observations and debriefing, which are significant phases for students' learning (Dreifuerst, 2009). Mimicking reality with focus on problems in clinical practice integrates problem-solving skills and clinical reasoning (Gaba, 2004; Issenberg et al., 2005; Benner et al., 2010).

Experiencing a phenomenon in different ways and in different situations increases the ability to handle the unknown future (Bowden and Marton, 1998). An observer can reflect on strengths and weaknesses of the performers. The participants' own reflections become a valuable learning opportunity (Norman et al., 2012; Felton et al., 2013). Feedback from instructors and peers facilitates the learning that takes place during the debriefing (Issenberg et al., 2005). While simulation leads to hands-on learning, it is through debriefing that long-term learning takes place (Walshe et al., 2013). The instructor who leads the debriefing can explore and guide the participants' thoughts and reflections through feedback (Doody, 2013; Walshe et al., 2013). The participants can assess their own skills as strengths and weaknesses of the behavior (Jefferies, 2005). Their performance is clarified and it can either confirm their knowledge or identify the need to correct behaviors (Larsen et al., 2008). The participants also discover the relationship between interventions to improve patient outcomes, thus furthering their clinical ability (Jefferies, 2005; Walshe et al., 2013).

2.1. Aim

The aim of this study was to describe how the nursing students learn acute care of patients through simulation exercises, based on observation and debriefing.

3. Methods

This study was designed as an observational study inspired by an ethnographic approach (Atkinson and Pugsley, 2005). Ethnographic research adds emphasis on context for understanding the events and their meaning, and takes into account the influence of the researcher (Morse, 1994). Following the students in the simulation situation was focusing on how students act and interact with each other and the environment. This gave understanding of what is happening and the actions were given meaning. The researcher is there and share life with the students in their social context (Hammersley and Atkinson, 1983). Data was collected through participant observations with field notes. Follow-up group interviews were then performed. In ethnographic research the main research strategies are participant observation, interviewing and documentary analysis (Atkinson and Pugsley, 2005). The data were subjected to qualitative content analysis inspired by Krippendorff (2012). In this study, qualitative content analysis was chosen which is recommended when reviewing and interpreting text (Graneheim and Lundman, 2004).

3.1. Sampling and setting

The study population consisted of nursing students in a three-year nursing education. The students were taking the course

“Nursing in relation to acute symptoms and signs of illness” in the fourth term of the nursing program. Courses including clinical studies accounted for approximately half of the study time and credits. The program in Sweden includes training in clinical training centers and clinical practice. In Sweden, the number of hours in clinical training centers varies each term. In this study, students in their fourth term had 3 h of training in a clinical training center. In this study, high fidelity simulation was established as a new method of learning in the fourth term of the nursing program. At present, this is the only occasion during the education that full-scale simulation is used. Therefore, it was considered important to study how students learn through observation and debriefing. Knowing how and what students learn while they observe other students who simulate acute care of patients enables customization of instructions for students' needs. The purpose of clinical education is to prepare the students for providing acute patient care.

Students participating in a scheduled simulation exercise received oral and written information about the study and were then asked to participate voluntarily. The study included 41 students; 32 women and 9 men, aged between 21 and 54 years (md = 24 years). All participants had previous work experience in a health care setting which ranged from 2 months to 20 years (md = 6 months) as nursing assistant or staff nurse. All scheduled simulation exercises followed the seven phases in The Setting Model by Dieckmann (2009) (Fig. 1).

The simulation exercises were performed at a clinical training center at a university. The simulation exercises had an acute care focus and lasted for 10 min each. Group sizes were 7 students in one group, 8 in another, and 2 groups with 13 students each, to help facilitate a safe learning environment in small groups (Alinier et al., 2006; Tosterud et al., 2014). The simulation exercises were performed by all students in each group. Two students conducted assessments on the simulated patient, a Laerdal Simman 3G, while the remaining students observed the scenario from an adjacent room. Students who observed the pair conducting the simulation sat in an open semicircle, directed at television screens showing the patient room. All the participants were aware of the researcher as participating observer (Bisholt, 2009) in the observation room, located behind the participants' semicircle.

The debriefing phase was performed in the same groups as the simulations. Each debriefing phase lasted for 30 min and was performed through instructor and peer feedback. The instructor asked the group open-ended questions, repeated the students' comments and circulated questions and answers in the group (Fanning and Gaba, 2007). The instructor established a connection between the practical skills performed by the students with theoretical knowledge and reflections. No supplemental resources were used during the debriefing phase.

3.2. Data collection

The data collection was performed through participant observations with field notes, which implies collecting data in a clinical environment (Emerson et al., 2001). Observation as a research method was chosen to benefit from the possibility of getting answers not possible to get through interviews. During the observations, the focus was on the actions and interactions with each other in the student groups and with the environment. The researcher focused on observing the groups, how the participants acted and on what was said. The researcher's observation time can vary (Emerson et al., 2001). This study was conducted in January of 2015 through 12 h of observations to capture what took place during the simulations and debriefing. The timeframe includes the interaction between the participants (Jeffrey and Tromans, 2004). This enabled the phenomenon of learning to be studied in its specific context.

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