



Featured Article

Leveraging Partnerships: Nursing Student Veteran-Centered Simulation In Situ

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KEYWORDS

veterans;
high-fidelity simulation;
academic partnerships;
nursing education;
in situ simulation

Abstract

Background: Veterans receive care in multiple health systems, requiring a nursing workforce to recognize their unique needs.

Methods: Through our University's relationship with the Veteran's Administration Nursing Academic Partnership, an in situ simulation was designed and implemented to enhance nursing students learning of veteran-centered care.

Results: METI Simulation Effectiveness Tool responses ($n = 23$) were overwhelmingly positive. Paired t -test measured student knowledge gains. Post-simulation test scores were 16.6% higher ($\pm 15.2\%$) than on pre-test; statistically significant ($t = 4.09$, $df = 13$, and $p = .001$).

Conclusion: Leveraging clinical partnerships to perform simulation experiences in-situ is an effective teaching strategy to teach nursing students veteran-centered care.

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Background

An estimated 23 million veterans live in the United States, with only eight million of those enrolled in the Veteran Health Administration (Anthony, Carter, Freundl, Nelson, & Wadlington, 2012; Elliot & Patterson, 2017). Our University is one of 18 nursing schools nationwide selected for the VA Nursing Academic Partnership (VANAP) program through

the U.S. Department of Veterans Affairs. Through the VANAP program, an additional 20 to 24 baccalaureate nursing students (VANAP scholars), in our upper-division nursing program, are admitted to receive training focused on veteran-centered care. VANAP scholars participate in their adult clinical rotations at the Veteran's Administration Medical Center (VAMC). Additionally, VANAP scholars are required to enroll in a new course in the spring of their junior year to gain understanding of best practices to address the physiological and psychological conditions experienced by veterans. In developing the curriculum for this course,

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faculty were challenged to design an innovative approach that aligned with priorities of the Future of Nursing report from the Institute of Medicine ([Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, 2011](#)) and the American Association of Colleges

Key Points

- Nursing students must be prepared to care for unique health concerns of veterans.
- Student simulation experiences created and held in situ can leverage clinical partnerships.
- Simulation results reveal it is effective teaching strategy to teach veteran-centered care.

of Nursing ([Annual Report: Shaping the Future of Nursing Education, 2011](#)) to create a set of core competencies to obtain best practice within the complex health care system. These competencies include evidence-based practice, clinical reasoning, patient safety, patient/family-centered care, interprofessional team training, and practice across the life span.

The new VANAP course was designed to be taught within the confines of the hospital (in situ) to readily allow for “experts” in their

respective veteran-centered fields to present content, showcase unique veteran-centered models such as telemedicine, provide tours of designated areas of hospital not commonly seen through the clinical experience, and to mentor students on quality improvement projects (a component of the course). An additional advantage to holding the course within the clinical practice site was that the VAMC also housed a simulation laboratory. Simulation serves as an effective teaching strategy to incorporate nursing competencies through deliberate practice of clinical and communication skills, standardization of patient care experiences, and exposure to rare or limited clinic scenarios. Therefore, faculty decided to further leverage the assets of the clinical facility, specifically to perform a three-part veteran-centered simulation (VA SIM) within the clinical practice setting as a component of the VANAP course.

Simulation experiences have already been successfully implemented in both our existing undergraduate and graduate programs and in multiple specialty areas within our nursing program, including adult health, critical care, primary care, pediatrics ([Kaplan, Holmes, Mott, & Attalah, 2011](#)), mental health ([Lehr & Kaplan, 2013](#)), interdisciplinary team training ([Robertson et al., 2010](#)), crisis management/mock code, prioritizing and delegating with multiple simulators ([Kaplan & Ura, 2010](#)), simulation with incorporation of electronic health records with multiple patients ([Zhang, Ura, & Kaplan, 2014](#)), and emergency preparedness ([Kaplan, Connor, Ferranti, Holmes, & Spencer, 2012](#)).

Conversely to the plan for the VA SIM, all previous simulation experiences had been conducted at the School of Nursing’s (SON) simulation laboratory. Students were

dismissed early from their clinical day in order to attend the simulations at the SON. The SON simulation laboratory houses a control room equipped with audio/visual capabilities, closed circuit television for off-site real-time observation, and patient care areas to resemble a hospital room. Real-time observation had been crucial to increase student involvement in simulation and proved to have equally effective educational student outcomes ([Kaplan, Abraham, & Gary, 2012](#)).

The VAMC had a dedicated patient room with the Laerdal 3G[®] simulator but lacked a control room or audiovisual equipment. All VANAP students were familiar with the simulator at the VAMC as simulated experiences were already being incorporated in situ as a small portion of their clinical experience to model focused clinical content and to reinforce or evaluate classroom and clinical learning. With only six students per clinical group, and having the simulator on site, it was quite simple to operationalize the simulation experience. In situ simulation barriers became apparent when planning the simulation experiences for the elective course with 23 students expected to participate in the simulation in a limited, two-hour time period.

Aside from the time constraints, faculty were challenged in both how to optimize the format of the in situ simulation experience and to retain an element of realism when lacking a control room. An additional detriment was that the VAMC’s simulation room lacked the live video streaming capability that allows for additional students to observe the simulation in real time. Once the simulation is completed, the participating students along with the observational group can participate in the debriefing, thereby greatly increasing overall number of student participation per one simulation. Therefore, the purpose of this initiative was to (a) present the opportunities and challenges from leveraging clinical partnerships by implementing an in situ VA SIM and (b) determine if students experienced an increase in knowledge in veteran-centered care through participating in the VA SIM.

Literature Review

Simulation-based learning has been widely reported as an effective approach to enhance knowledge, foster acquisition of clinical skills and competencies, and promote critical thinking ([Basheti, 2014](#); [Cordi et al., 2012](#); [Jarzemsky, 2012](#); [McCaughey & Traynor, 2010](#)). Due to clinical constrictive environments, many nursing programs have used simulation as a valuable teaching method that allows clinical practice in safe environments, risk free to patients and increase learner’s confidence ([McCaughey & Traynor, 2010](#)). Students are challenged to critically think and apply knowledge in complex situations that are dynamic.

There have been findings that support positive learning outcomes associated with population-specific simulations. Researchers have demonstrated that simulated experiences

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