

Research Brief

Clinical Simulation in Nursing

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Simulation: Preparing Nursing Students to Work with Community-Dwelling Older Adults

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KEYWORDS community health; health promotion; nursing students; older adults; simulation; standardized patients; wellness

Abstract

Background: This article describes a simulation used to prepare undergraduate nursing students to work with community-dwelling older adults during their senior nursing capstone experience. **Methods:** The study used a quasi-experimental, mixed-method one-group study design. Quantitative

data were analyzed using dependent *t*-test, and qualitative data were analyzed for themes.

Results: There was no statistically significant improvement on the Facts on Aging Quiz pre- and posttest score. Although scores were not statistically improved, students did demonstrate knowledge gain on the posttest topics of renal function, cognitive sustainment, and socialization associated with aging. Qualitative data revealed students' improved perception of older adults and preparation to work with older adults.

Conclusions: Simulation should be integrated into community health curriculum to enhance students' preparation for community-based wellness programs targeted for older adults.

Cite this article:

Skinner, H. M. (2017, October). Simulation: Preparing nursing students to work with communitydwelling older adults. *Clinical Simulation in Nursing*, 13(10), 520-523. http://dx.doi.org/10.1016/ j.ecns.2017.04.012.

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There are currently over 44.7 million older adults living in communities across the United States (Administration for Community Living, 2016). With 92% living with one chronic disease and 77% living with two, they are the largest utilizers of health care today (National Council on Aging, 2014). Although 75% of health care costs are spent on treating chronic diseases, only 1% or less is spent on promoting wellness within the community (National Council on Aging, 2014). Keeping community-dwelling older adults healthier longer has many benefits including decreasing national health care costs (Centers for Disease Control and Prevention, 2015; Healthy People 2020, 2016). Nursing schools are well positioned to prepare competent nurses to meet older adults' health care needs.

Regrettably, the literature shows undergraduate nursing students have negative perceptions about older adults (Baumbusch, Dahlke, & Phinney, 2012; Flood & Clark, 2009; Swanlund & Kujath, 2012). This negative attitude can affect career choice and care given to older adults. Students may not choose to work in geriatrics and exercise bias toward those in which they provide care. This is problematic due to the nursing shortage and the increase in older adults needing care in our society. The current senior nursing capstone experience includes

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interaction with older adults in long-term care facilities and in the acute care setting. Although it incorporates health education, it has traditionally had an illness focus. Changes brought by the Patient Protection and Affordable Care Act has moved health care from a disease paradigm to a wellness paradigm.

Key Points

- Students stated simulation enhanced their learning and prepared them to work with older adults in the community.
- Student perception of older adults was improved after participating in simulation.

This shift asks not only health care providers to maintain their clients' wellness to prevent excessive use of health care resources but also their clients to take more responsibility in the maintenance of their own health. The nursing program wishes to prepare graduates to work effectively in the modern health care system.

It is with these thoughts in mind the Wellness Promotion in Community-

Dwelling Older Adults simulation was developed. Simulation engages students with their learning and can assist students' preparedness for performance in both the acute and community clinical setting (Fisher & King, 2013; Wheeler & McNelis, 2014). The purpose of the simulation was to improve nursing students' perceptions of older adults and provide them an opportunity to practice competent care that empowers older adults to stay healthy. The goal of the study was to discover if participation in the simulation changed undergraduate nursing students' perception of older adults and prepared them to care for older adults during their community health capstone experience.

Sample

The convenience sample included 21 senior undergraduate nursing students enrolled in a baccalaureate-level program who were participating in the community-health senior capstone experience. Written consent was obtained from students to participate in the study, and permission was granted to record interviews. Participation in the study was voluntary, and students could withdraw at any time. The sample age range was 20-40 years old with the majority being female (18 females/3 males) and Caucasian (95%).

Methods

The study used a quasi-experimental, mixed-method onegroup design. It took place at a midwestern state university during fall 2015. Prior to the initiation of the study, approval was granted by the university institutional review board.

Simulation Design

The students attended a short education session that included information on older adult health, instructions about the simulation prep work, and expectations of the simulation experience. Students were placed in pairs and were required to develop an individualized wellness plan based on a patient case study. The case study featured an active communitydwelling older adult living with chronic disease that presented opportunities for health-promoting education.

Students used the Geriatric Health Questionnaire (Jogerst, n.d.) to gather information from the case study and identify patient needs. Students were encouraged to role-play with each other to develop comfort with the questionnaire and communication skills. The individualized wellness plans they created were presented to a standard-ized patient (SP) during the simulation.

The simulation was implemented during the third week of the capstone experience. Students rotated midsemester from acute care to community health; thus, 11 students participated in the simulation the first half of the semester and 12 the second half. For each group, the simulation was offered one afternoon for four hours. It featured an SP in a home setting. Three stations were arranged in the lab emulating a home scene with an SP sitting at a kitchen table. The SPs were over 60 years old and acted the part of the patient featured in the prep case study. The simulation was divided into two segments. First, each student pair met with the SP to introduce themselves, complete the Geriatric Health Questionnaire (Jogerst, n.d.), assess wellness goals, and set up a follow-up meeting. Second, the students returned to the SP's home, presented their prepared individualized wellness plan, provided education, and answered any questions the SP presented. Debriefing sessions were held after the first and second segments. Debriefing sessions were based on the debriefing model outlined by Childs, Seeples, and Chambers (2007). The SPs were included in each debriefing session. They provided feedback about communication skills, comfort with patient-nurse interaction, and their understanding of the education and materials provided by students.

Data Collection and Analysis

The revised Facts on Aging Quiz by Breytspraak and Badura (2015) was given in a pre—post test format. It featured 50 true and false statements used to measure knowledge and perceptions about older adults. The pretest was given at the first week of the community health capstone course, and the posttest was given during the last week. A dependent *t*-test was performed using IBM SPSS 23 software. Students participated in group interviews discussing the impact of the simulation on their community health senior capstone experience during the last week of the capstone experience. Interviews were video recorded and transcribed verbatim for

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