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# Certified Simulation Healthcare Educators: Descriptive Exploratory Analysis Using Survey Research

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## KEYWORDS

Certified Healthcare  
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Education;  
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values;  
benefits

## Abstract

**Background:** In 2011 the Society for Simulation in Healthcare (SSH) introduced the first certification for simulation experts: the Certified Healthcare Simulation Educator (CHSE). To date no information has been reported on the benefits and reasons professionals are taking the CHSE examination.

**Method:** Survey research was conducted with individuals who have become a CHSE.

**Results:** The primary reason participants indicated they obtained the CHSE was personal professional goal. Individuals also indicated that being a CHSE demonstrates having a professional standard. Participants did not perceive many benefits with obtaining the CHSE.

**Conclusions:** Personal and professional values are the reasons individuals become a CHSE. As the first study about the CHSE in the healthcare simulation field, these results provide a basis for future inquiry to assess the effectiveness and value of individual certification. There is a need for CHSE's to share best practices to spur more in depth research.

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In 2011, the [Society for Simulation in Healthcare \(2014\)](#) introduced the first certification for simulation experts: the Certified Healthcare Simulation Educator (CHSE). In the 3 years since the introduction of the first certification examination for simulation experts, 585 individuals have taken the examination with a pass rate of 74% and 432 have become certified (A. Spain, personal communication, December 11, 2014). This article discusses survey research that evaluated the reasons individuals are choosing to

become a CHSE, the values associated with certification as a CHSE, and the benefits accompanying the CHSE certification. The results of the survey are compared with current perspectives found in the literature on certification and implications for how the CHSE may impact future directions in simulation are discussed.

## Background

Although the term “certification” is defined differently by various organizations, there are stark similarities in most

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definitions between professions. The [American Association of Critical-Care Nurses \(2014\)](#) states certification is, “A mark of excellence, validating nurses’ specialized knowledge, skills and abilities against national standards.” The [American Nurses Credentialing Center \(ANCC\) \(2014\)](#)

### Key Points

- The primary reason participants indicated they obtained the CHSE was personal professional goal.
- Individuals indicated that being a CHSE demonstrates having a professional standard.
- Participants did not perceive many benefits with obtaining the CHSE.

contends certification, “... enables nurses to demonstrate their specialty expertise and validate their knowledge to employers and patients.” The Maintenance of Certification is a 10-year certification requirement in anesthesiology aimed at “continual self-assessment and lifelong learning, including periodic assessment of professional standing, cognitive expertise, and practice performance assessment and improvement” (Culley,

Sun, Harman, & Warner, 2013, p.13).

The value of certification is somewhat controversial in the literature. [Haskins, Hnatiuk, and Yoder \(2011\)](#) found that certified and noncertified medical–surgical nurses had positive perceptions of the value of certification. The American Nurses Association, the Pew Health Professions Commission, and other professional groups advocate for nurses obtaining specialty area certification and credentialing as a way to foster education and increase quality and safety in health care ([Wade, 2009](#)). In addition to patient safety, [Kaplow \(2011\)](#) states certification brings value to the patient and family through increased nurse confidence, higher patient satisfaction ratings, and greater adherence to evidence-based guidelines. [Fitzpatrick, Campo, and Lavandero \(2011\)](#) showed nurses who were certified had significantly higher informal power scores ( $p = .001$ ) when compared with nurses who were not certified, but the authors also found no significant differences in total empowerment scores between certified nurses and noncertified nurses. The documented evidence of the lack of extrinsic rewards such as recognition and increased compensation by health care administrators may impact future decisions by nurses to obtain certification ([Wade, 2009](#)).

In medicine, many physicians also obtain certification in specialty areas, and similar to nursing literature, there are varied opinions on the value of certification. Although the majority of physicians surveyed indicated that the Maintenance of Certification in Anesthesiology has perceived value, the same individuals indicated disbelief that the certification reflected competence ([Culley et al., 2013](#)). Some individuals questioned the value of the certification secondary to the expense, time, and complicated process ([Hertz, 2011](#)). [Kempen \(2014\)](#) pointed to a lack of data on sensitivity and efficacy that recertification identifies

incompetent physicians. He further questioned the use of rare resources on this endeavor.

A unique feature of becoming a CHSE is that it is neither nurse nor physician focused but rather interdisciplinary. Participation in health care simulation in an education role, focused simulation expertise on learners, a bachelor’s degree (or equivalent), and 2 years of continued use of simulation in health care education, research, or administration are the eligibility requirements to sit for the CHSE examination. Although the CHSE was introduced in 2011, to date no information has been reported on the benefits and reasons professionals are taking the CHSE examination.

## Purpose of the Study

The purpose of this study was to gather information related to the CHSE certification and compare it to the literature that currently exists. The research questions guiding this study were:

1. What are the reasons individuals become a CHSE?
2. What values are associated with becoming a CHSE?
3. What are the benefits associated with becoming a CHSE?

## Guiding Framework

The framework guiding this study is [McClelland’s \(1961\)](#) Human Motivation Theory (also called the Learned Needs Theory). The origins of this theory come from [Maslow’s \(1943\)](#) hierarchy of needs theory, in which Maslow identified as human’s basic needs and the order of their importance to individuals (physiologic, safety, belonging, self-esteem, and self-actualization).

According to McClelland, all individuals have three learned motivating drivers: the need for achievement, the need for affiliation, and the need for power. One of these drivers is the dominant motivator which is dependent on a person’s culture and life experiences. Identifying a person’s dominant motivating driver can assist a leader to know what will motivate team members. Currently, it not known which, if any, of McClelland’s motivating drivers are responsible for individuals choosing to become a CHSE. This study will shed light on whether the need for achievement, the need for affiliation, or the need for power is one of the forces motivating individuals toward this new certification.

## Methods

### Participants and Data Collection Procedures

This study was approved by the institutional review board at the Cleveland Clinic. Participants were recruited by

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