



Featured Article

Simulation as a Learning Experience: Perceptions of New RNs

Mary Meyer, MN, APRN^{a,*}, Karen Marzen-Groller, MSN, RN-BC, CMSRN^{b,c}, Sarah Myers, MSN, NP-C, AGPCNP-BC^{d,e}, Cara Busenhart, MSN, APRN, CNM^f, Shirley Waugh, RN, MSN^{g,h}, Kristin Stegenga, PhD, RN^{i,j}

^aClinical Assistant Professor, Clinical Skills Laboratory Director, School of Nursing and Philosophy in Nursing doctoral candidate, University of Kansas Medical Center, Kansas City, KS 66160, USA

^bInstructor of Nursing, Moravian College, Bethlehem, PA 18018, USA

^cPhilosophy in Nursing doctoral student, School of Nursing, University of Kansas, Kansas City, KS 66160, USA

^dNurse Practitioner, Ali Internal Medicine, Joplin, MO 68404, USA

^ePhilosophy in Nursing doctoral student, University of Kansas, Kansas City, KS 66160, USA

^fProgram Director of Nurse-Midwifery Education, School of Nursing and Philosophy in Nursing doctoral candidate University of Kansas Medical Center, Kansas City, KS 66160, USA

^gAdjunct Instructor, School of Nursing, Washburn University, Topeka, KS 66621, USA

^hPhilosophy in Nursing doctoral student, University of Kansas Medical Center, Kansas City, KS 66160, USA

ⁱNurse Researcher, Children's Mercy Hospital, Kansas City, MO 64108, USA

^jAssistant Professor, University of Kansas Medical Center, Kansas City, KS 66160, USA

KEYWORDS

simulation;
registered nurses;
qualitative;
self-efficacy;
faculty role

Abstract

Background: Simulation is used to augment traditional pedagogies despite gaps in what is known about learning transfer. This study aimed to describe new RNs' perceptions of the impact of simulation on learning and skill development.

Methods: This descriptive qualitative study used semistructured interviews with 19 new nurses from two geographical locations in the United States.

Results: A metaphor of simulation as a theatrical play with three underpinning themes emerged: *Setting the Stage*, *The Performance*, and *Faculty as Directors*.

Conclusions: Interviews triggered self-reflection and reframing from positive and negative simulation experiences. Simulation influenced self-efficacy and supported both direct and vicarious learning.

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* Corresponding author: mmeyer4@kumc.edu (M. Meyer).

High quality simulation curricula are critical to the future of nursing as a means to expand opportunities for immersive, systematic, objective-driven learning situations that do not

place patients at risk. Responding to Bureau of Labor Statistics Employment Projections of a 1.2 million shortage in the RNs workforce by 2020, (U.S. Department of Labor, 2013) nursing schools have increased enrollments (American Association of Colleges of Nursing, 2011). With more stu-

dents, there is aggressive competition for clinical sites. Even when clinical sites are secured, placing students in today's high-tech, high-acuity patient care environments, may be daunting to novice learners and unsafe for complex patients.

The Carnegie Foundation for the Advancement of Teaching and the American Organization of Nurse Executives concluded nurses entering the workforce are not prepared for practice (AONE, 2005; Benner, Sutphen, Leonard, & Day, 2010; Berkow, Virkstis, Stewart, & Conway, 2008). Historically, new nurses able to provide safe care were deemed prepared for

the RN role. Now, the role has expanded to include designing, managing, and coordinating care while representing the profession. (AACN, 2008).

So, to better prepare students for their future roles while reducing the demand for clinical sites, educators have adopted alternative learning experiences such as simulation. Simulation use is widespread, with 87% of nursing programs reporting use of high- or medium-fidelity experiences and 77% stating they are substituting simulation for traditional clinical or would do so if permitted (Hayden, 2010). The International Nursing Association for Clinical Simulation and Learning (INACSL) provided standards that have been "widely adopted as a core foundation to be used when implementing simulation-based educational modalities" (Howard, 2013, p. 52). It is important, therefore, to understand how simulation can best facilitate learning and transition to practice.

Aim and Research Questions

Study aims were to describe the perceptions of recently graduated RNs as to how simulation affected learning in nursing school and the subsequent impact on practice. We asked recently graduated RNs to (a) describe experiences with simulation learning in nursing school, (b) share perceptions of simulation preparing them for practice, and (c) share perceptions of the challenges and benefits of simulation.

Background

As nursing practice changes to meet today's health care demands, education programs must also react by aligning student learning experiences with desired outcomes necessary for future practice. Nursing students need opportunities to develop clinical reasoning and judgment, set priorities, develop rationales for practice, learn how to act in given situations, respond to changes in a patient's condition, and act as detectives (Benner et al., 2010). To meet these needs, nursing programs are revising curricula and educational practices (Forbes & Hickey, 2009).

Simulation replicates the reality of the clinical environment by providing opportunities for students to demonstrate skills and role-play with an emphasis on decision making and critical thinking (NCSBN, 2005). These experiences are typically facilitated by faculty in a laboratory setting, utilizing various degrees of realism with task trainers, medium- and high-fidelity manikins, and debriefing. Simulation (a) provides opportunities to see consequences of decision making and critical thinking, (b) solidifies prior learning, (c) improves confidence, (d) provides chances for self-study and immediate feedback, (e) improves skillfulness in interpersonal, psychomotor, and interdisciplinary teamwork, and (f) provides a platform for evaluation (Nehring & Lashley, 2009). Others have shown simulation positively impacted self-efficacy (SE) (Bambini, Washburn, & Perkins, 2009), improved knowledge retention (Broussard, 2008), reinforced technical skills including assessment (Hayden, 2010), and improved clinical performance (Meyer, Connors, Hou, & Gajewski, 2011). Simulation also provides opportunities for rare patient encounters (Broussard, 2008; Feingold, Calaluce, & Kallen, 2004) and remediation (Broussard, 2008; Hayden, 2010).

The impact of simulation-induced stress and anxiety on learning is poorly understood. Although stress associated with challenging learning environments has been correlated with improved learning outcomes (LePine, Le Pine, & Jackson, 2004), how stress and anxiety impact learning in simulation deserves further exploration. Increased SE has been reported as a desired effect of simulated learning, but more research is needed to understand the effects of simulation on preparation and SE of newly graduated RNs (Leigh, 2008).

When analyzing what is known about simulation, there are gaps in sampling, methods, and outcomes. Data to assess simulation effectiveness have come strictly from faculty studying the impact of simulation on students during their academic programs (Nehring & Lashley, 2009). Student evaluations are valuable; however, Darby (2007) demonstrated a halo effect even with anonymous surveys. Students perceived simulation as artificial and/or threatening, especially under the watchful eye of faculty and peers. Our study is unique as participants had already graduated and were not influenced to provide favorable responses.

Key Points

- Three main themes emerged from the qualitative data: Setting the Stage, The Performance, and Faculty as Directors.
- Overall results aligned with INACSL Standards of Best Practice, however some gaps in the standards were identified.
- New nurses reflections on their student simulation experiences supported a philosophic connection between simulation and forum theatre.

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