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Featured Article

Simulation: Improving Knowledge and Retention of Infant Safe Sleep Practices

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KEYWORDS

sudden unexpected infant death;
sudden infant death syndrome;
SIDS;
SUID;
simulation

Abstract

Background: Postdischarge, newborn caregivers are more likely to model the nursing behaviors exhibited in the hospital. Despite national recommendations, nurses' nonadherence to infant safe sleep best practices persists.

Methods: A pre–post design was used to examine the effect of simulation-based learning experiences on the acquisition and retention of knowledge, behavior, and skills of nursing students regarding safe sleep practices. The sample consisted of 51 baccalaureate nursing students.

Results: Statistically significant differences between mean preintervention/postintervention written test scores, overall simulation performance scores, and safe sleep–specific simulation scores were found.

Conclusions: This study may provide the foundation for an evidenced-based approach to inform safe sleep practices to the future nursing workforce, which may influence caregiver practices at home.

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Sudden unexpected infant death (SUID) describes the unforeseen death of an infant less than one year of age. About 3,700 infant deaths each year are classified as SUID (Centers for Disease Control and Prevention [CDC], 2017a). SUID is further categorized into three groups: sudden infant death syndrome (SIDS), unknown cause, and accidental

suffocation or strangulation in bed (CDC, 2017a). Many deaths occur while the infant is in an unsafe sleeping environment (CDC, 2017a).

Background

In the late 1980s, before the release of the American Academy of Pediatrics' (AAP) first policy statement, the rate of SUID in the United States was 1.4 deaths per 1,000 live births (MacDorman & Rosenberg, 1993). This rate

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declined by more than 50% by the end of the decade after the release of the AAP's safe sleep recommendations in 1992, the initiation of the "Back to Sleep Campaign" in 1994, and the introduction of the SUID Investigation Reporting Form in 1996 (Moon, Darnall, Goodstein, & Hauck, 2011). In recent years, rates have begun to increase, rising to 0.8 deaths in 2014 and then to 0.9 deaths per 1,000 live births in 2015 (CDC, 2017b).

Key Points

- Simulation may be an effective modality to educate nursing students about infant safe sleep.
- Using this SBLE, nursing students showed improvements in identifying unsafe infant sleep environments.
- Integrating infant safe sleep simulation into nursing curriculum may help to improve nurses' knowledge and performance related to infant safe sleep.

Carrier (2009) suggests that caregivers are more likely to model the behaviors observed of health care providers during their hospital stay after discharge. However, despite knowledge of national safe sleep recommendations, many nurses do not align their behaviors with best practices. Reaching student nurses during their education through simulation may better serve to impact knowledge and implementation of safe sleep practices as they progress to registered nurses.

Purpose

The purpose of this pilot study was to evaluate the effects of simulation on the acquisition and retention of knowledge and behavioral and psychomotor skills related to infant safe sleep best practices in senior-level baccalaureate nursing students. The objectives of this study were to examine mean differences between (a) preintervention/postintervention written test scores, (b) preintervention/postintervention overall simulation performance scores, and (c) preintervention/postintervention safe sleep—specific criteria performance scores. Other variables were also examined to determine if they affected test and/or simulation performance scores (Table 1).

Materials and Methods

Design and Sample

This pretest/posttest (Phase I and Phase II), interventional pilot study was conducted at a large public university in Southwest Louisiana. Before recruitment, approval was obtained from the university's institutional review board. All senior-level nursing students enrolled in our traditional

Table 1 Demographic Characteristics of Participants (n = 51)

Characteristics	Mean	Median	Standard Deviation	Range
Age	23	22	3.417	21-38
	Frequency			%
Gender				
Female	45			88
Male	6			13
Semester status				
First semester	33			65
Second semester	18			35
Biological children				
Yes	5			9.8
No	46			90.2
Work experience with infants (<1-year old)				
Yes	7			13.7
No	44			86.3
Exposed to PSA in the past year				
Yes	18			35.3
No	33			64.7

Note. PSA = public service announcement.

senior-level baccalaureate nursing program (n = 118) were invited to participate. Exclusion criteria included any student who had a first-degree relative diagnosed with SIDS/SUID or any student who had completed a group project related to SIDS or SUID during a previous semester.

An a priori power analysis for a paired, two-tailed *t*-test was conducted using G-POWER to determine a sufficient sample size using an alpha of 0.05, a power of 0.80, and a medium effect size ($d = 0.4$) (Polit & Beck, 2017). Based on these assumptions, the desired sample size was n = 41.

Recruitment and Patient Demographics

Participants were recruited in person, with flyers and by email. Fifty-four students were elected to participate in the first phase of the study, with only three students failing to return for the second phase (n = 51). For specific demographic information, see Table 1.

Setting

The study was conducted in the maternal-child simulation laboratory in the department of nursing. The simulation environment was structured to align with the specific objectives of each scenario. Pictures were taken after the initial setup of each scenario and referred to throughout the study to maintain consistency.

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