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Featured Article

High-Level Realism in Simulation: A Catalyst for Providing Intimate Care

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intimate care;
nakedness;
nursing student;
patient simulation;
Mask-Ed™ simulation

Abstract

Background: For many nursing students, their first experience providing intimate care will be during clinical placement, away from the safety of the classroom.

Method: First-year students (n = 99) completed an open-ended survey before and after participation in an on-campus fundamentals of nursing session on toileting and showering that used Mask-Ed™ (KRS simulation). Inductive content analysis informed the analysis of data.

Results: The main theme of shifting of confidence describes the movement from fear of engaging in intimate touch to complete nursing tasks (showering and attending to hygiene needs) to touch as means for engaging in intimate care. The realism and vulnerability of the Mask-Ed™ simulation was the catalyst for this shift that placed the person at the center of the care delivery.

Conclusions: Within the safety of the classroom, Mask-Ed™ allowed students to authentically experience the shock factor of caring for a naked elderly woman. The Mask-Ed™ educator then reconstructed the students' experience to lead them to patient-centered care. The findings of this study suggest that the Mask-Ed™ simulation technique is well positioned to teach intimate care.

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Assisting people with activities of daily living, including toileting and showering, is a fundamental nursing role. It is during these intimate close encounters that the nurse not only undertakes these clinical tasks but also conducts a

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surreptitious assessment examining all surfaces of the person's body. Assessment may include examining the sights, smells, and sounds as well as assessing mobility, hearing, and noting the person's coordination. It is also during these private episodes that the patient and nurse can develop a therapeutic relationship. Trust builds as the patient surrenders control of their most basic needs to the nurse and as the nurse responds with confidence and compassion (Draper, 2014). This may be one of the few brief periods when the nurse can spend one-on-one time with the patient, getting to know the person to develop an understanding of their greater health care needs. Categorically, the provision of imitate care provides a pathway for therapeutic relationships and the foundation of patient-centered care (Draper, 2014). The challenge, for nurse educators, is how to create realistic learning environments for nursing students that simulate these intimate care experiences. We set out to identify the impact of Mask-Ed™ simulation when embedded in an intimate body care learning experience for first-year nursing students.

Key Points

- There is a paucity of evidence on how best it is to provide realistic simulations on the delivery of intimate care.
- Mask-Ed™ (KRS simulation) allowed the students to experience the delivery of care for a naked person in the safety of the on-campus learning environment.
- Knowing what to expect and how to respond when showering and toileting a person lessens fear and anxiety for students.

Literature Review

The use of simulation for clinical skills development in undergraduate nursing education programs continues to gain momentum and credibility (Levett-Jones et al., 2015; McNamara, Reid Searl, & Dwyer, 2014). Before conducting the study, a scoping review of MEDLINE, Cumulative Index to Nursing and Allied Health Literature, Embase, and Ovid was conducted by L.M. and T.D. to gather and understand the existing body of knowledge of intimate care within the context of nursing education. The search terms nursing student, intimate care, education, and their common synonyms were used, and intimate care was defined, within this study, as the nurse—patient interaction where the nurse enters the person's private zones (such as genitalia and breasts) in the provision of task-orientated care such as showering and toileting (O'Lynn, Cooper, & Blackwell, 2016).

Although research in this area is scarce, what exists highlighted that for the nursing student, the provision of intimate care can be stressful. The thought of touching patients, particularly the private parts of the body, may evoke feelings of distress, apprehension, or even repulsion (Montgomery, Tansey, & Roe, 2009; O'Lynn & Krautscheid, 2011, 2014). Practice stressors identified among student nurses in the area of intimate care include lack of adjustment time (Alavi, 2005), the gender of the patient (Crossan & Mathew, 2013), gender roles (O'Lynn & Krautscheid, 2014), sexuality, and poor instruction by the teacher (Silva, Lima, Santos, Trezza, & Veríssimo, 2012). Although the on-campus clinical learning environment is ideally situated to provide a safe environment where the student can practice intimate patient care, research in the area typically focuses on the psychomotor aspects of toileting and showering. Unfortunately, this relegates learning the nuances of intimate care skills, such as touch and navigating personal body space, to the off-campus clinical placement. This is an unpredictable and time-pressured learning environment. For the students, this potentially exacerbates any pre-existing anxieties they may have engaging in such nursing care activities.

Chambris (in Alavi, 2005) highlights that historically, hospital-trained nursing students learned to engage in unpalatable activities, such as a body smeared with feces, by moving through a series of ritualistic phases, which cannot be learnt from textbooks. Alavi (2005) reports that the most common response reported during these initial exposures is disgust; evoking involuntary responses of emotional or physical withdrawal, increased salivation, or nausea. Nurses reportedly will then either distance or harden themselves or use humor to displace these uncomfortable feelings. With time and regular exposure, these less palatable nursing activities become routine, normal, or even ordinary (Alavi, 2005). An understanding of the hospital geography and the unwritten rules of the ward as well as becoming organized are critical to this routinization process. University nursing students who have limited clinical time in their education may never achieve routinization. Failure to reach this protective phase can result in trauma and disassociation whereby the student learns to distance themselves from the main work of nursing and also the patient. Although others have identified the importance of including touch into formal curricula for health care professionals and in nursing (Kelly et al., 2017), clearly examining the impact when providing simulated intimate touch experiences is warranted (Reid-Searl & O'Neill, 2017).

One innovative classroom simulation approach aspiring to meet this humanistic aspect of simulation is Mask-Ed™ (KRS simulation) (Dwyer, Reid Searl, McAllister, Guerin, & Friel, 2015; McAllister, Reid-Searl, & Davis, 2013; Reid-Searl, Eaton, Vieth, & Happell, 2011; Reid-Searl, Happell, Vieth, & Eaton, 2012). Mask-Ed™ (KRS simulation) (hereafter referred to as Mask-Ed™) is a humanistic form of simulation where the educator becomes immersed in the teaching session by donning a silicone mask and