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Review Article

Simulation as a Tool for Clinical Remediation: An Integrative Review

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KEYWORDS

clinical remediation;
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simulation in clinical
education

Abstract: Development of clinical competency is a critical component of undergraduate nursing education. However, often when students struggle in the clinical setting with skills such as critical thinking and clinical reasoning, evidence-based resources for remediation are lacking. Because simulation is a well-established nursing pedagogy, could it be a valuable tool in clinical remediation for such students? The aim of this integrative review of literature was to examine what was currently known about clinical remediation using simulation and how simulation contributes to clinical competency. A literature search of three data bases was conducted to identify pertinent research using keywords such as simulation, remediation, nursing, education, clinical reasoning, clinical safety, and clinical competence. A total of 1,645 total articles were retrieved from databases, and 76 were retrieved from additional sources. Ultimately, 24 articles met the inclusion criteria and three main themes emerged which were the use of simulation as a nursing pedagogy, simulation use in clinical remediation, and effectiveness of simulation for development of critical thinking and clinical reasoning skills. The current evidence supports simulation as an effective pedagogy for development of clinical competency skills, such as critical thinking and clinical reasoning, but there is a significant deficit of literature on the use of simulation as a tool for clinical remediation of undergraduate nursing students.

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Readiness for practice on completion of a pre-licensure nursing program is evaluated by the National Council Licensure Examination for Registered Nurses (NCLEX-RN). This comprehensive test effectively assesses the knowledge of graduated nursing students who are seeking licensure to practice as a registered nurse. Successful completion of the NCLEX-RN requires the application of critical thinking and clinical decision making when

answering questions related to nursing practice ([National Council of State Boards of Nursing, 2015](#)). However, this examination does not specifically evaluate clinical competence that is another significant aspect of nursing practice preparedness. Furthermore, there are students who do not perform well clinically, but who are able to perform well on examination and written assignments ([Oermann, Kardong-Edgren, & Rizzolo, 2016](#)). [Kavanagh and Szweda \(2017\)](#) elaborate on that concept, asserting that NCLEX-RN passage is a simplistic definition of new graduate success and encourage equal focus on knowledge

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acquisition and its application to practice as desired outcomes. Considering these factors, it is imperative that nurse educators identify students who have clinical deficiencies and initiate clinical remediation while the student is still progressing through the nursing program. Then, efforts can ensue to assure clinical competence along with NCLEX-RN readiness. Because simulation is well established as a nursing pedagogy, could it be an effective strategy for assisting students with clinical remediation? An integrative review was performed to assess the state of the literature related to simulation use for clinical remediation and development of clinical competency.

Key Points

- Clinical competency is an essential component of nursing practice.
- Simulation has been used as a strategy for improving critical thinking and clinical reasoning skills of undergraduate nursing students.
- More research is needed to support use of simulation for clinical remediation in undergraduate nursing programs.

Definition of Clinical Competency

In order to identify students who could benefit from clinical remediation, it is first necessary to define clinical competence. Most schools of nursing evaluate students by way of a clinical evaluation tool, which outlines course learning objectives and student behaviors (Gaberson & Oermann, 2010; Lewallen & DeBrew, 2012). In fact, clinical faculty have identified various themes of student behaviors which they consider to be unsafe or incompetent. An integrative review of the literature by Killam, Luhanga, and Bakker (2011) identified the themes of ineffective interpersonal interactions, knowledge and skill incompetence, and unprofessional image as characteristics of an unsafe clinical student. Another study by Brown, Neudorf, Poitras, and Rodger (2007) suggested faculty believe that not accepting responsibility for one's actions, ineffective communication, and lack of preparation and respect are indicators of unsafe student practice. Other researchers noted deficiencies of students with regard to patient care and attention, unprofessional or unethical conduct, inability to recognize or report changes in patient condition, and failure to seek help when needed (Tanicala, Scheffer, & Roberts, 2010). At the foundation of clinical competence is clinical reasoning, which Banning (2008) describes as an essential and expected component of competent nursing practice. She asserts that this attribute involves combining experience and knowledge as well as the application of critical thinking to clinical situations (Banning, 2008). Clinical reasoning and/or critical thinking skills are also consistently identified throughout the literature as main components of clinically competent nursing students (Gaberson & Oermann, 2010;

Koharchik, Weideman, Walters, & Hardy, 2015; Lapkin, Levett-Jones, Bellchambers, & Fernandez, 2010; Lewallen & DeBrew, 2012; Tanicala et al., 2010). Certainly, the increasing complexity of the role of the bedside nurse necessitates the development of clinical reasoning and critical thinking skills during undergraduate clinical courses in order to meet the needs of patients in the present healthcare environment (Rhodes & Curran, 2005). Deficits in these crucial areas could result in deleterious consequences for patient care.

Background

Historically, when students are identified as clinically incompetent, specific objectives are formulated followed by the initiation of a remediation plan. A remediation process is based on the belief that additional support or resources will aid the student in success in the clinical setting (Gallant, MacDonald, & Smith-Higuchi, 2006). Remediation may include developing a learning contract between student and instructor, wherein specific learning goals are identified and progress is evaluated once faculty have spent additional time working with the student in the clinical setting (Gallant et al., 2006). This approach has its merits. However, it can place strain on the clinical faculty who continue to be responsible for the educational needs of the remaining clinical students (Hutton & Krull-Sutherland, 2007). In addition, patient safety could be compromised because the clinically deficient student continues to provide patient care. Other remediation approaches currently employed often include skills practice in the laboratory, additional assignments completed to prepare for patient care, formative feedback, and referral to specific tutoring resources should the situation warrant (Chunta, 2016; Hutton & Krull-Sutherland, 2007; Koharchi et al., 2015; Lewallen & DeBrew, 2012).

There is a need in nursing education for an effective clinical remediation plan that focuses on development of student's clinical reasoning and critical thinking skills while preserving patient safety and instructor resources (Haskvitz & Koop, 2004). Could simulation be a bridge for the gap between remediation and these important cognitive elements that comprise clinical competence? David Gaba, the pioneer in simulation for healthcare, defines simulation as, "a technique, not a technology, to replace or amplify real experiences with guided experiences ... that evoke or replicate substantial aspects of the real world in a fully interactive fashion" (Gaba, 2007, p. i2). For the past 20 years, simulation has been steadily increasing as a method for improving patient safety and patient care in various healthcare settings (Gaba, 2007). Engineering advances have made possible the human patient simulator (HPS), a very realistic, or high-fidelity, instrument that replicates an interactive patient in a realistic clinical environment

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