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Featured Article

Clinical Simulation Experiences of Newly Licensed Registered Nurses

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KEYWORDS

simulation;
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Abstract

Background: The use of simulation for educating nurses has increased exponentially as it can augment or replace training in traditional clinical settings. Despite this increase, there is a lack of evidence about how to use simulation effectively to educate and prepare nurses for practice.

Method: For this descriptive exploratory study, 10 newly graduated registered nurses were interviewed about their simulation experiences.

Results and Conclusion: Data analysis yielded four themes and eight recommendations that can help inform simulation use in nursing programs and further research about using simulation to prepare newly graduated nurses for professional practice.

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The nursing education system is facing increasing pressure to adapt to the challenges of a constantly evolving health care system (Hegarty, Walsh, Condon, & Sweeney, 2009). In response to the nursing shortage, the number of nursing students and nursing programs has grown exponentially, overwhelming clinical sites. This shortage has left staff nurses with heavy patient care workloads, cases with increasing acuity and distressing levels of morbidity and mortality, and the supervision of an increasing number of nursing students on hospital units (Cannon-Diehl, 2009; McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011).

In addition, health care employers are increasingly critical about the lack of preparation of nursing students entering the workforce.

The use of simulation for educating nurses has increased exponentially as it can augment or replace some training in traditional clinical settings. Increasing demand for limited clinical sites is affecting nursing students' ability to obtain quality clinical experiences. With shorter patient stays in acute care units, nursing students have fewer opportunities to practice and gain competency in many of the skills they will be expected to perform on the job. In addition, multiple governing bodies and accrediting agencies are urging increased use of simulation in nursing programs to prepare nursing students to provide safe and competent care (American Association of Colleges of Nursing, 2009; Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries,

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2014; Ironside, McNelis, & Ebright, 2014). Despite recommendations to use and increase the integration of simulation in nursing education, there is a lack of empirical evidence about how simulation is conducted, its application to nurses in their professional roles, or its impact on patient outcomes. In addition, evidence suggests that new graduates need skill development to improve competency and retention (Rush, Adamack, Gordon, Lilly, & Janke, 2013). Furthermore, in their multisite pilot study on the effectiveness of simulation, Jung, Lee, Kang, & Kim (2017) found that continued research is essential to prepare new graduates for practice.

Key Points

- Nine of 10 participants said simulation helped prepare them for professional practice.
- Nurses learned more from realistic and complex simulation scenarios.
- A synthesis of student comments yielded eight recommendations for simulated learning.

To address the identified needs for research, the purpose of this qualitative study was to develop a bet-

ter understanding of how simulation was being used in nursing education and determine if simulation helped prepare newly graduated nurses for professional practice.

Background

Developing nursing competency requires practice in the clinical environment to acquire necessary skills (Larew, Lessans, Spunt, Foster, & Covington, 2006). Learning that occurs in a realistic work environment is retained and reproduced (Wilford & Doyle, 2006). Failure to replace the authentic clinical experience can result in a lack of knowledge regarding certain patient conditions, technical skills, and clinical knowledge, thus endangering patient safety (Alinier, Hunt, Gordon, & Harwood, 2006; Lavoie & Clarke, 2017). One solution for addressing the shortages in nurses, nurse educators, and clinical sites is using simulated clinical learning environments.

Simulation Benefits

Simulation has been shown to have several advantages: it realistically mimics the clinical environment, gives students consistent and comparable experiences, increases patient safety and minimizes ethical concerns, promotes active learning, allows immediate error recognition and correction, promotes active learning, and simulates specific and sometimes unique patient scenarios that are rarely experienced in the clinical setting (Lavoie & Clarke, 2017). Equally as important, simulation enhances students' critical thinking skills (McGough & Heslop, 2016; Sullivan-Mann,

Perron, & Fellner, 2009), content retention, creativity, decision-making skills (Woda, Gruenke, Alt-Gehrman, & Hansen, 2016), collaboration, teamwork, and communication in the context of a safe and nonthreatening experiential environment (Bias, Agostinho, Coutinho, & Barbosa, 2016; Cato, Lasater, & Peeples, 2009; Ganley & Linnard-Palmer, 2012; Sears, Goldsworthy, & Goodman, 2010).

Simulation also was found to increase self-confidence and clinical competence (Blum, Borglund, & Parcells, 2010; Lubbers & Rossmann, 2016; Smith & Roehrs, 2009). Several studies demonstrated that high-fidelity simulated experiences enhanced the safety of nursing skills and practice (McCaughey & Traynor, 2010; Smith-Stoner, 2009; Wagner, Bear, & Sander, 2009). Lapkin, Levett-Jones, Bellchambers, and Fernandez (2010) found statistically significant postsimulation improvements in basic skill development and performance. Therefore, the confidence-building principles used in nursing education simulation strategies—including immediate feedback, peer modeling, and opportunities to practice newly acquired skills—fit well with the goal of ensuring nursing students are adequately prepared for their profession (Lundberg, 2008).

The Importance of Debriefing

The International Nursing Association for Clinical Simulation and Learning (INACSL) recommends that all simulation experiences have a debriefing component to stimulate reflective learning (Decker et al., 2013). Results from one study indicated that knowledge increased after high-fidelity simulations only when debriefing occurred (Shinnick, Woo, Horwich, & Steadman, 2011). The results of another study showed that, in general, debriefing (regardless of the type used) improved teamwork, situational awareness, as well as technical and nontechnical skills (Levett-Jones & Lapkin, 2014). Fountain and Alfred (2009) found that small group simulation activities involving listening, comparing, networking, and interacting with others promote discussion, problem solving, and reflective observation. Furthermore, debriefing fosters learning from each other and such learning in teams allows students to be more flexible in their thinking and appreciative of others' perspectives (Ackermann, 2009). In another study, researchers found a difference in clinical judgment between students who received structured debriefing and those who did not. Thus, reflection is a central tenet to the experiential learning process, allowing facilitators and students to reexamine the way the students reacted to a particular situation (Dreifuerst, 2009). However, more research is needed to guide evidence-based debriefing practice and establish faculty expertise (Neill & Wotton, 2011; Wazonis, 2014).

The body of literature demonstrates that simulation increases self-confidence, critical thinking, technical skills, communication, safety, and problem solving. Given the

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