



ORIGINAL ARTICLE

Simulation as a learning tool for continuing education on cardiorespiratory arrest[☆]



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KEYWORDS

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Abstract

Objective: To evaluate the level of knowledge and the degree of satisfaction obtained through continuous training in simulation-debriefing methods as a learning tool in the care of cardiopulmonary arrest (CPA).

Method: A quasi-experimental study. Evaluation by ad hoc questionnaire (pre and post, and reassessment at 4 months) to all professionals (physicians and nurses) who passed any of the 6 editions of the course: 'Simulation of situations of cardiopulmonary arrest or peri-arrest in hospitalisation units'. Descriptive and inferential statistics.

Results: 133 participants, 16 physicians, and 117 nurses. Before the course started, the level of knowledge was 78.5%, at the end of training it was 94.6% ($p < .001$), and after 4 months, it was 88% ($p < .05$). The satisfaction achieved was 91.8% at the end of the course, and subsequently 88.4%; this was significant ($p < .05$) among the younger professionals, with less experience and with a temporary contract. Eighty one point two percent of the participants expressed that they changed the way they acted during a cardiopulmonary arrest.

Conclusions: Continuous education in CPA, performed through simulation-debriefing, is consolidated in our field as an effective tool to acquire a suitable level of knowledge that lasts over time. The level of satisfaction achieved was high since this method of learning meets the expectations of the professionals and resembles real care practice.

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PALABRAS CLAVE

Simulación;
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Formación
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Parada
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La simulación como herramienta de aprendizaje para la formación continuada ante una parada cardiorrespiratoria

Resumen

Objetivo: Evaluar el nivel de conocimiento y el grado de satisfacción conseguidos mediante la formación continuada en la modalidad de simulación-debriefing como herramienta de aprendizaje en la atención a la parada cardiorrespiratoria (PCR).

Método: Estudio cuasiexperimental. Evaluación por cuestionario ad hoc (pre y post, y reevaluación a los 4 meses) a todos los profesionales (médicos y enfermeras) que aprobaron alguna de las 6 ediciones del curso: «Simulación de situaciones de parada o periparada en las unidades de hospitalización». Estadística descriptiva e inferencial.

Resultados: Participaron 133 profesionales; 16 médicos y 117 enfermeras. Al inicio, el nivel de conocimiento fue del 78,5%, al finalizar la formación alcanzó el 94,6% ($p < 0,001$), y al cabo de 4 meses se situó en el 88% ($p < 0,05$). La satisfacción alcanzada fue del 91,8% al final del curso, y posteriormente del 88,4%, siendo significativa ($p < 0,05$) entre los profesionales de menor edad, los de menor experiencia y eventuales. Referente al impacto (4 meses después), el 81,2% de los participantes expresaron que cambiaron su manera de actuar ante una PCR.

Conclusiones: La formación continuada en PCR, realizada a través de la simulación-debriefing, se consolida en nuestro ámbito como una herramienta eficaz para adquirir un nivel de conocimiento adecuado y perdurable a lo largo del tiempo. El grado de satisfacción conseguido ha sido elevado, ya que este método de aprendizaje cumple las expectativas del profesional y se asemeja a la práctica asistencial real.

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What is known/what is the contribution of this?

Clinical healthcare education has traditionally been determined by the availability of real or simulation patients in clinical practice, so that the student may acquire some experience in professional practice. However, continuous professional training in critical emergency situations supports the use of techniques and systems with possible risks for the participants and for the people (patients) who serve as models for practice. As a result of this, a different type of "simulation" without technology, which is based on virtual scenarios and the application of the "debriefing" technique, has arisen. This teaching method is considered capable of solving the limitations of conventional methodology with faster, long-lasting acquisition of individual professional skills whilst team working.

Implications of the study

In our case, the workshop "simulation of situations of cardiopulmonary arrest or peri-arrest in hospitalisation units" (CPA simulation-debriefing) is presented as a teaching/learning model or method which adapts

to the organisation's needs and the professional expectations of professionals (it resembles real care practice and enhances satisfaction) and pre-emptively serves to acquire the established learning objectives (improving skills and/or knowledge), transference (implementation in healthcare practice) and impact or repercussion (achieves higher standards of organisational quality). Moreover, simulation with debriefing in critical situations is a useful tool for nursing practice teaching, management and research because it provides new teamwork opportunities and actions which need exploring and validating.

Introduction

Continuous professional training is defined as "an active, permanent teaching/learning process which health professionals have the right to and are obliged to follow. It begins when degree or specialist studies end and is aimed at updating and improving their knowledge, skills, and attitudes towards scientific and technological development as well as the demands and needs of society and the system itself".¹

Thanks to continuous professional training professionals are able to acquire knowledge which induces them to gradually change the way they act, as a result of training experience.² For this reason, continuous training must comply with a series of basic requirements or premises which determine use, such as³:

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