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NURSING CARE

Simulated learning environment experience in nursing students for paediatric practice ☆,☆☆

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Abstract The training of health professionals requires the acquisition of clinical skills in a safe and efficient manner, which is facilitated by a simulated learning environment (SLE). It is also an efficient alternative when there are limitations for clinical practice in certain areas.

This paper shows the work undertaken in a Chilean university in implementing paediatric practice using SLE. Over eight days, the care experience of a hospitalized infant was studied applying the nursing process. The participation of a paediatrician, resident physician, nursing technician, and simulated user was included in addition to the use of a simulation mannequin and equipment. Simulation of care was integral and covered interaction with the child and family and was developed in groups of six students by a teacher. The different phases of the simulation methodology were developed from a pedagogical point of view.

The possibility of implementing paediatric clinical practice in an efficient and safe way was confirmed. The experience in SLE was highly valued by the students, allowing them to develop different skills and abilities required for paediatric nursing through simulation.

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PALABRAS CLAVE

Educación en
enfermería;
Enfermería
pediátrica;
Simulación

Experiencia de un entorno de aprendizaje simulado en estudiantes de enfermería para la práctica pediátrica

Resumen La formación de los profesionales de la salud requiere adquisición de competencias clínicas de manera segura y eficiente, lo cual se facilita con un entorno de aprendizaje simulado (EAS). Es también una alternativa eficiente cuando se presentan limitaciones para la práctica hospitalaria en algunas áreas clínicas.

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Se muestra el trabajo realizado en una universidad chilena con la implementación de práctica pediátrica usando EAS. En 8 días de trabajo se desarrolló el caso de atención de un lactante hospitalizado, aplicando la valoración enfermera y diseñando un plan de cuidados específico. Además del uso de maniquí de simulación y resto del equipamiento técnico, se incluyó participación de enfermeras, un pediatra, un médico residente, un técnico de enfermería y un usuario simulado. La simulación de atención fue integral considerando la interacción con niño y familia y se desarrolló en grupos de 6 estudiantes a cargo de una docente. Desde el punto de vista pedagógico se desarrollaron las diferentes fases de la metodología de simulación.

Se ha constatado la posibilidad de implementar una práctica clínica pediátrica de manera eficiente y segura a través de la simulación. La experiencia en EAS ha sido altamente valorada por los estudiantes, permitiéndoles desarrollar diferentes competencias y habilidades requeridas para la enfermería pediátrica.

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Introduction

Training healthcare professionals requires strategies that aid the acquisition of clinical skills safely and efficiently. A simulated learning environment (SLE) not only has the purpose of integrating knowledge and the development of skills and aptitudes, but also aids gaining in confidence and security for the practice of comprehensive care. The use of SLE-based methodologies is therefore an effective and useful learning tool for clinical training.¹ Simulation-based learning thereby aids the gaining of the knowledge, skills and attitudes corresponding to healthcare professionals. It also protects patients against unnecessary risks and may also be a means of learning to how to mitigate ethical issues and resolve practical dilemmas.^{2,3}

For training in nursing simulation makes it possible to experience clinical situations during professional education that would be impossible to achieve easily in actual clinical environments.³⁻⁶

Simulation-based learning consists of 3 phases⁷: (1) briefing or prebriefing, when the trainer explains what the simulation session is going to consist of and its aims, while also assigning roles to the students; (2) the scenario where the experience is going to take place; and (3) the debriefing, in which the experience is evaluated and the performance of the students is discussed.

The SLE strategy was developed due to the need to overcome the limitations of clinical fields to gain hospital experience and increase basic skills in paediatric nursing.

The experience

During the first half of 2016 40 students in their third year of the nursing course in the Universidad Austral, Chile, took part in the SLE within the context of one of the intermediate paediatric subjects of the curriculum. The whole activity took place in 7 days, with a final eighth day for briefing and evaluation. The SLE as a whole included the use of a simulation mannequin and equipment (monitors, continuous infusion pumps, etc.), a participating nurse, a paediatrician,

an intern, a nursing technician and a simulated user. The simulated care was comprehensive and included interaction with a child and family, and it took place in groups of 6 students under a teacher. The activity was repeated every day, and by varying the simulated case each member of the group was encouraged to participate (Fig. 1).

The initial situation

The first introductory activity (the briefing) included reception and the explanation of the methodology. In this phase the location was defined as a *paediatric hospital*, with a ward, a procedures room and a nursing clinic. Working roles were defined. A case was presented with the following characteristics: a male child on a milk diet aged 20 months, from Neltume (a rural locality 170 km from the city) who had been taken to the health centre in his town due to fever, poor condition in general and refusal to eat. Due to his condition he was referred to the regional hospital. He is the son of a 26 year-old mother who has 2 other children. In this context the mother was referred to social workers due to her rural life. Hospitalisation was due to fever.

Shift reception and initial activities

Shift reception took place after the introduction, and responsibility was accepted for the comprehensive care of the patient, a boy aged almost 2 years old who had recently been admitted with the diagnosis of fever. Once the case had been examined a medical opinion was sought by telephone. After the first consultations examinations were prepared and the first decisions were taken on care of the child, coordinating this with the work group. This first activity was recorded (3 students cared for the patient while 3 others observed). The teacher described the situation of the patient verbally offstage.

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