Baccalaureate Nursing Students’ Perceptions of Simulation and the Development of Clinical Judgment

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Objectives

- Using student perceptions, identify aspects of simulation that may enhance and/or hinder student learning.

- Describe how faculty can use simulation to contribute to self-efficacy in nursing students.

- Using the nursing process, relate the steps of clinical judgment to the nursing process to foster decision making.
  
  - The author verifies no conflict of interest and has received no compensation for this presentation.
Purpose/Methodology

- Describe student perceptions of simulation
- Qualitative descriptive design
- 4 Universities in Southeastern Pennsylvania
  - 3 private, 1 state
- 7 focus groups, N= 34
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Learning and Practicing Clinical Skills

- Junior level students focused on skill acquisition only:
  - “It (simulation) teaches you how to do procedures before you actually do them”

- Senior level students felt simulation helped them develop skills to respond to situations:
  - “…in the real world in an emergency we step back so we are not in the way… in simulation we learn how to respond and what to do…”
Learning in a Safe Environment

• Simulation provided a safe environment for the patient and the student, no patient harm was done and students felt safe making mistakes:
  • “I was allowed to make a mistake”
  • “I killed my patient, I will never make that mistake again”
  • “It was reassuring to have the professor right there”
Learning to Communicate

- Using standardized patients or one another, students felt they learned to communicate by:
  - Breaking bad news
  - Patient teaching
- No student commented on simulation helping them learn to communicate with members of the healthcare team
Feeling Dissatisfied with the Learning Environment

- Lack of realism with the manikin and the environment
  - “Difficult to talk to something that did not talk back”
  - “No facial expressions”
  - “Not sure what I could do on the manikin”
  - “Cannot do a lot of things with the manikin”

- Unrealistic Delegation
  - “…every simulation typically has two RN’s, one is not an aide... you can delegate anything to an RN”
Affecting Self Perceptions

- **Feeling Anxious**
  - “The day was so stressful"
  - “Sheer panic mode... being videotaped”

- **Feeling Awkward**
  - “Standing there not knowing what to do”
  - “Talking to something that does not talk back”
  - “... standing around with another person, not knowing what to do, just looking at each other”
Affecting Self Perceptions

Feeling Confident

- “I know more than I thought I did”
- “I built more confidence in skills and decision making”
- “…lecture and testing can bring you down, simulation can help you feel more confident”
Learning From Others

• **Learning from Peers**
  • “Bounce ideas off one another”
  • “I took the good and the bad from other students and learned from it”

• **Learning from Faculty**
  • “…after debriefing we can apply more”
  • “Debriefing allows me to correct myself”
  • “I learned more when faculty talked us through the scenario”
• **Making Connections**
  
  • “I learned how everything connects with one another”
  
  • “I can pull knowledge from lecture and apply it in real life”
  
  • “... it (simulation) is not like learning from lecture or the book, it allows us to apply what we learned”
Bridging the Gap between Theory and Practice

- **Learning to Make Decisions**
  - “... (simulation) allows me to piece everything together so I know what to do if something happens”
  - “... learn to make a decision, not like a multiple choice test, you have to figure it out on your own, you have to come up with your own options”
Confidence and Self-Efficacy

- Increased confidence from simulation fosters self-efficacy
- Self-efficacy motivates students to perform
- Perceived ability, high self-efficacy motivates students to perform in challenging situations
Enhance Learning

- Realistic Scenarios
  - Clinically
  - Manikin ability

- Faculty comfortable with technology / Student orientation to the manikin

- Faculty present and talking the student through the scenario / Making connections from class

- Use of simulation for teaching, not testing or evaluation

- Feel safe making a mistake

- Structured debriefing / Reflecting on experience
Inhibit Learning

- Graded or video taped simulation experiences
- Unrealistic simulation experiences, manikin expectations
- Lack of faculty confidence with technology
- Lack of student orientation with the manikin
- Feeling awkward
Clinical Judgment

- Students could not describe clinical judgment
- Students did not feel they participated in clinical judgment
- Faculty need to consistently integrate the steps of clinical judgment when applying the nursing process
# Nursing Process and Clinical Judgment

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*(Tanner, 2006)*
Applying Clinical Judgment

- **Assessment/Noticing** - Student notices an actual or potential patient problem
  - Patient complains of chest pain and shortness of breath

- **Planning/Interpreting Data** - Identify and gather appropriate data to collect and interpret to plan care to solve the problem.
  - Student obtains VS and Oxygen Saturation and listens to lungs
Applying Clinical Judgment

- **Implementation/Action**- Student identifies the problem as left sided heart failure, sits the patient up with feet supported over the side of the bed, oxygen applied, PRN Furosemide given.

- **Evaluation/Reflection**- Did the interventions work? What would the student do differently if the same problem occurs? How could the problem be prevented in the future?
Clinical Judgment/Nursing Process

- Students learn the nursing process early in their education as a means to develop nursing diagnosis
- Often not recognized as an ongoing problem solving process
- Consistent integration of the nursing process/clinical judgment for problem solving may aid students
Thank you!

References


***Many additional references used, this is a select few that had the greatest contribution, reference list available upon request.
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