Title:
Nursing Graduate Perceptions of Clinical Simulation Experiences

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Session Title:
Effect of Educational Experiences on Clinical Readiness
Slot:
B 01: Friday, April 8, 2016: 1:15 PM-2:30 PM
Scheduled Time:
1:35 PM

Keywords:
clinical readiness, simulation and workplace preparation

References:

Abstract Summary:
This presentation will highlight the findings from a yearlong study on the perceptions of simulated experiences, as they relate to workforce preparation by recent nursing graduates. The study will compare the perception of nursing graduates to hospital educators, in relation to simulated experiences and academic preparation.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>The learner will be able to describe the results of the clinical simulation survey.</td>
<td>The content will include the results of the simulation survey, the comparison of the recent nursing graduate perceptions and the previous hospital educator perceptions of clinical simulation and workplace preparation.</td>
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<td>The learner will be able to discuss the incorporation of simulation activities and learning opportunities into a nursing curriculum.</td>
<td>The content will include discussion of the various scenarios and how they are incorporated into a nursing program. Suggestions for curricular changes and various methods of incorporation will be discussed.</td>
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Abstract Text:
This presentation will highlight the results of a year-long survey with recent nursing graduates from a baccalaureate program. The survey consisted of 5 key questions based on clinical simulation activities and workplace readiness. The graduates had all participated in some form of simulation exercises during their time in the program. The questions focused on what simulation scenarios were the most helpful, what experiences had the greatest chance of error, what equipment familiarity was most important for student success, and did the graduate feel prepared for the nursing workplace? Seventy three graduates from 2011-2014 responded and the results were analyzed for measures of central tendency. The results will be used in the upcoming year to add new simulation scenarios and adjust current exercises to account for graduate suggestions. Following these adaptations, the graduates from 2016 and 2017 will be resurveyed to assess differences in their perception of simulation need and workplace readiness.

This survey was originally utilized with local hospital nurse educators in an effort to ascertain their perception of nursing graduate readiness and simulation importance (Cummings, 2013). The differences in nurse educator perception and graduate perceptions will be discussed. In general, the graduates and educators differed in their ranking of important simulations, equipment importance and some areas of preparation. Nursing graduates and educators ranked the code blue resuscitation scenario as the first priority. However, the new graduates wanted myocardial infarction and septic patient as the second and third priority, while the educators selected insulin administration and then the chest pain patient. Both groups agreed on insulin and heparin administration as the greatest chance for errors. However, the graduates selected central line dressing changes as 3rd and the educators selected narcotic administration. As for graduate preparation, new nurses believed they were best at medication administration, SBAR technique and communication. They viewed their major deficiencies as EKG interpretation, emergency situations and organization of care. Educators felt that new graduates were most lacking in delegation and management of care, while ranking them highest in medication administration and skills. New graduates however, ranked themselves as sixth in skill performance. While many hospital educators discuss the importance of documentation, graduates and educators ranked documentation fourth and sixth in importance respectively. New graduates suggested incorporating psychiatric patients, obstetric patients and patients with trauma, pulmonary edema, alzheimer’s disease, and disruptive behavior into the scenarios.

Marshburn, Engelke, & Swanson (2009) note that 70% of new nurses express difficulty with prioritizing and organizing care activities and Oermann, Poole-Dawkins, Alvarez, Foster and O’Sullivan (2010) report that new graduates are not prepared for beginning practice. While nursing graduates stress that the work environment is not satisfying, noting that job demands, patient load, inadequate orientation and breakdown between academic and institutional environments as a great source of concern (Unruh & Zhang, 2014; Unruh & Nooney, 2011).

Therefore, this study will bring to light some important differences in perceived need for clinical preparation and will identify areas for clinical simulated experiences. Faculty need to be aware of real world differences in the academic setting and the clinical setting and adjust curriculum to adapt to these needs. The better graduates are prepared and mindful of real world situations, the better they can incorporate these frames into their critical thinking plans. It is vitally important for educators to stay in tune with the perception of new graduates and to recognize the stressors and challenges that they may be facing. Simulation is an excellent way to incorporate a variety of experiences into the curriculum and adjust to current changes that are being seen in the healthcare environment. Simulation offers educators a different method of presenting real world information in an active learning environment that can then be translated into the patient care setting.