Increasing Nursing Students' Simulated Resuscitation Performance:

a Standardized Simulation-Based Acute and

Intensive Care Nursing Curriculum

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Background

- Simulation-based curriculum in the development of students' **critical thinking** and **complex clinical skills** during a **resuscitation** simulation.
- Few studies have comprehensively examined the effectiveness of a standardized simulation-based acute and intensive care nursing curriculum on the performance of students in a resuscitation simulation

Objective

■ To evaluate the impact of a standardized simulation-based acute and intensive care nursing curriculum on nursing students' performance in a resuscitation simulation

- **Design**: Two-group, non-randomized quasi-experimental design.
- **Setting:** A simulation center in a Chinese University School of Nursing.
- Participants:
 - Third-year nursing students (N=39)
 - \triangleright Control group (CG, n = 20)
 - \triangleright Experimental group (EG, n = 19)

- CG (n=20) participated in the **traditional curriculum** from September to December 2014.
 - Two modules: emergency care (including disaster response) and critical care with thirty-four lecture hours and two skill-practice hours (trauma).
- EG (n=19) participated in a standardized high-technology, simulation-based emergency and intensive care nursing curriculum from March to May 2015.
 - Three modules: disaster response, emergency care, and critical care
 - Clinical priorities (e.g. Triage), basic resuscitation skills, airway/breathing management, circulation management and team work with eighteen lecture hours, six skill practice hours and twelve simulation hours.



- The outcome measures included the difference in nursing students' performance between pre- and post-intervention in the EG and the difference in performance between the CG and the EG.
- This included measuring the time elapsed from the call for assistance to initiation of chest compressions and successful defibrillation for each student.
- All the students have passed the test of chest compressions in the second-year course of Fundamentals of Nursing, therefore the technique of chest compressions was not the key point of this study.

- Thirty-nine third-year nursing students were recruited to form 19 resuscitation teams, 10 in the CG with 2 students in each team and 9 in the EG with 3 in 1 team and 2 in each of the other 8 teams.
- Each team performed one simulated resuscitation selected randomly at the beginning of the course from the three modules.
- All teams completed three by the end of the course.
- The simulations were video recorded using software embedded in the monitoring system in the simulation lab.

Results

Table 1

Participants' sociodemographic by group (N=39)

Variable	EG	CG	t/F	p
	n=19	n=20		
Age (mean (SD))	20.26 (0.653)	20.45 (0.686)	0.589	0.448
Gender				
Female	16	13	1.892	0.170
Male	3	7		
Place of residence				
Urban	12	12	0.043	0.819
Rural	7	8		

Results

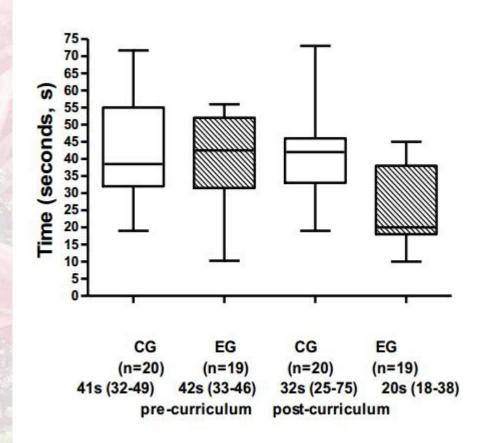


Figure 1. Median (IQR) time to starting compressions at the beginning and the end of the curriculum: CG=control group; EG= experimental group

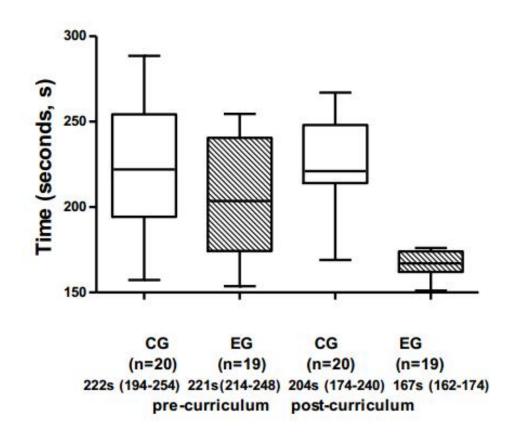


Figure 2. Median (IQR) time to successful defibrillation at the beginning and the end of the curriculum: CG=control group; EG= experimental group

Conclusions

A simulation-based acute and intensive care nursing curriculum was created and well received by third-year nursing students and associated with improved performance in a resuscitation simulation

