

#### Team

Professional Organization Executive Support: Mary Harper, Director of Nursing, Professional Development, Association for Nursing Professional Development (ANPD), Teresa Gore, President, International Nursing Association for Clinical Simulation and Learning (INACSL), Development Structure Director Cosister (Scientific Simulation in Haptheore (SCH))

Jennifer Manos, Executive Director, Society for Simulation in Healthcare (SSH)

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Research Team: ANPD; Lygia Arcaro and Linda Markey INACSL; Kate Morse and Mary Fey SSH; Marie Gilbert and Krista Kipper Biostatistician; Gregory E. Gilbert

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## Learning Outcomes

- Explore the value of partnerships and collaboration in research studies
- Discuss the scope of healthcare simulation in Acute Care Hospitals in the US
- Summarize the implications for nursing professional development practice



# What is healthcare simulation?

"A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions."

(Healthcare Simulation Dictionary, Society for Simulation in Healthcare, 2016)

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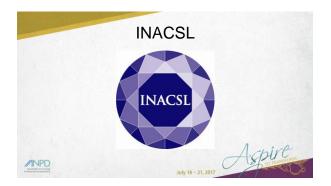


# Partnership & Collaboration

- Association for Professional Nursing Development (ANPD)
- International Nursing Association for Clinical Simulation & Learning (INACSL)
- Society for Simulation in Healthcare (SSH)

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# ANPD-INACSL-SSH Partnership

· Purpose:

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- To explore:
  - the current scope of simulation use in acute care hospitals in the United States
  - · Identify opportunities for future collaboration



# Background/Significance/Aim Simulation has expanded dramatically Studies supporting use of simulation Autonal Council of State Boards of Nursing Bigging with specific nurse disciplines Contential impact for hospital based nursing ducators Bransino nd simulation beyond training Marga, et al., 2013; Høyden, 2010; Løgh, 2011; Hølenback, 2012 Barge, and al., 2016; Eppich, et al., 2013; Børsuk, et al., 2009; Løssche et al., 2019



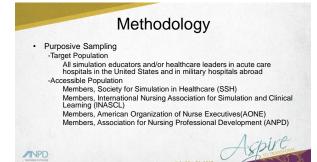
## Methodology

Quantitative Research

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- Exploratory Descriptive Design
   -searching for information about use of simulation
   in acute care hospitals
- Survey Method
   -collected questionnaires from specified groups





# Methodology

- · Setting
  - Acute Care Hospitals in the US and Military Abroad
- Inclusion Criteria
  - Employed at a Acute Care Hospital in the US or Military Base Abroad
  - Members of Selected Organizations
- Exclusion Criteria
  - Researchers who were members of selected organizations

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## Methodology

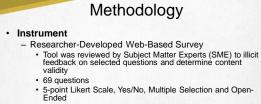
#### Human Subjects Protection

- Informed Consent of Participants · Anonymity and Confidentiality
- Collaborative Institutional Training Initiative (CITI) certification for all researchers
- Institutional Review Board (IRB) approval from Partners Health



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- Demographics
- · 584 respondents

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#### Methodology

• Procedure

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- Participants were emailed through their membership in selected organizations
- Agreement to participate in this research by selecting "Agree"
- Two reminder emails were sent

#### Results

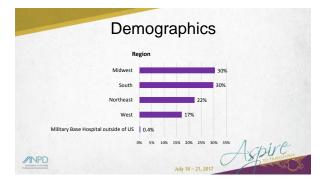
#### Preliminary

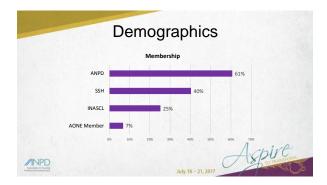
- Descriptive statistics
- Demographics Organizations & Participants
  Purpose of simulation
- · Skills developed in simulation-based learning
- Simulation modalities
- Management/Operational
- Barriers/Challenges





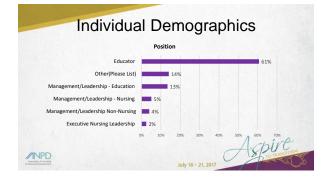
Total participants	584
Surveys included in results	553
Surveys excluded from results	31













# Use of Simulation

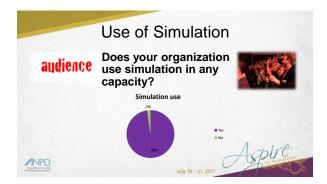
For the purpose of this survey, simulation was defined as:

"A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions."

(Healthcare Simulation Dictionary, Society for Simulation in Healthcare, 2016)

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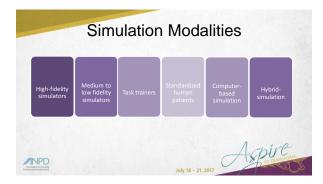




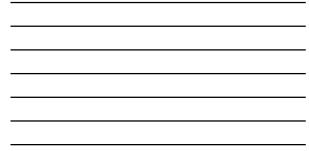
Skills Develope	cills	manatic	
Critical thinking/Problem solving	50%	41%	7%
Teamwork	45%	41%	11%
Communication (i.e. patient/family, and provider to	51%	35%	8%
Non-clinical (i.e. delegation, prioritization and time	34%	45%	13%
Clinical/Technical (psychomotor)	31%	57%	10%
OK Mitesys III Usualty II Abourt 1	10% 20% 30% 40 Half the time ■Seldom ■ Ne		80% 90% 100 Sire

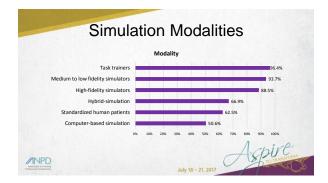


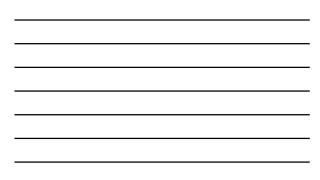


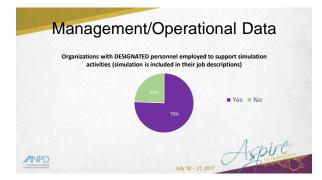


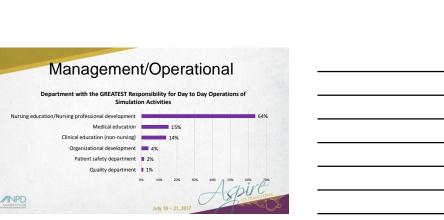
















# Barriers/Challenges

Rate the level of barrier/challenges you have experienced attempting to implement and/or maintain your simulation program

Not a barrier	Somewhat of a barrier	Moderate barrier	Extreme barrier
Supplies	Leadership Support/Buy in	Equipment	Lack of a simulation champion
Designated staff/personnel	Space	Staff too busy/staff shortages	Budget/Cost
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INPD		July 18 - 21, 2017	200 CO

Ba	arriers/Challenges
audience	"Hey Mister"
	July 18-21, 2017





		Barriers/	Challenges			
Budget/Cost	8%	33%		29%	29%	
Staff too busy/Staff shortages	8%	34%		32%	26	%
Space	24%		32%	20%	2	4%
Designated staff/Personnel	17%	3	2%	32%		19%
Lack of a simulation champion		46%		23%	19%	12%
Equipment (simulators, task trainers)		36%		33%	20%	12%
Leadership support/buyin	3	4%		35%	21%	10%
Supplies	3	5%	1.00	38%	20%	7




# **Contact Information**

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