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Foreword

Welcome to the latest edition of the International Journal of Clinical Skills (IJOCS), Volume 7, Issue 4, July 2013.

When procedures are performed on patients many skills are required for safe and effective practice. 'Technical' competence on its own is insufficient. Professor Debra Nestel and Associate Professor David Campbell of Monash University, Australia, evaluate the impact of Simulation-based Training for Enhanced Procedural Skills (STEPS) – a program designed to prepare students for the safe practice of procedural skills. Discover how STEPS students perform in real clinical settings compared to those learning by traditional methods.

Simulation may be used as part of pre-qualification training for nursing students. Although students of healthcare professions typically enjoy and value simulation sessions, there is less evidence about just what it is that they value and how simulation learning outcomes compare with those of other learning modes. Researchers at City University London, United Kingdom, evaluate a simulated practice module and discuss incorporating such a module into the first year of the nursing curriculum. There is no doubt that this informative paper is of great significance to those planning nursing school curriculum and development.

Doctors at City Hospital Birmingham and New Cross Hospital Wolverhampton, United Kingdom, present an interesting review of arterial blood gas (ABG) sampling technique. It is a skill required of every newly qualified doctor, in numerous routine and emergency situations, but many new doctors feel that they have not been adequately trained to carry out this procedure confidently and reliably. This paper provides a step by step approach to help obtain an effective arterial blood gas sample and it proposes new equipment for training.

As always, your feedback is invaluable for the continued development of the International Journal of Clinical Skills – the only peer reviewed international journal devoted to clinical skills (e-mail: feedback@ijocs.org)

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International Journal Of Clinical Skills P O BOX 56395 London SE1 2UZ

> info@ijocs.org www.ijocs.org Tel: +44 (0) 845 0920 114 Fax: +44 (0) 845 0920 115

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King's College London, UK

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Simulated practice learning: what do nursing students think the advantages are compared with clinical placement learning?

Contributors

Mr Stephen Abbott

Research Fellow 1

Professor Maggie Nicol

School of Community and Health Sciences 1

Dr Carol Ball

Senior Lecturer ²

- ¹School of Community and Health Sciences, City University London, United Kingdom
- ² City University London, United Kingdom

Correspondence

Mr Stephen Abbott

Research Fellow
School of Community and Health Sciences
City University London
20 Bartholomew Close
London
EC1A 7QN
UK

E-mail: s.j.abbott@city.ac.uk Tel: +44 (0) 2070405988 Fax: +44 (0) 2070405717

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Abstract

Simulation may be used as part of pre-qualification training for nursing students. Although students of health care professions typically enjoy and value simulation sessions, there is less evidence about just what it is that they value and how simulation learning outcomes compare with those of other learning modes. An evaluation of a simulated practice module for first-year students sought to elicit student views about the comparative benefits of simulation, using a modified form of nominal group technique. The benefits identified fell into two groups, outcomes and processes. The four outcomes were: increased knowledge; new or improved skills; increased understanding; and increased confidence. The four process issues identified were: more time for learning; more reflection; more opportunities; and more social learning. Students saw simulation as a preparation for as well as a complement to learning on clinical placement, and valued highly learning modes that enabled thoroughness in skills acquisition as well as reflection and discussion. Their suggestion that the simulation module should be taught earlier in the first year has been adopted.

Introduction

The past decade has seen an extended debate concerning the effectiveness of simulated practice learning (SPL) as compared with that of clinical placements [1]. However, the introduction of SPL to the undergraduate curriculum is now paramount for a variety of reasons. Chief amongst these is the paucity and quality of clinical placements available. Where these are available, the organisation of the learning experience can be unpredictable, due to the fast pace of work, the pressing needs of patients, and the likelihood that busy and/or inexperienced mentors can provide only limited supervision [2, 3]. The Nursing and Midwifery Council (NMC) has now sanctioned the use of SPL and has developed principles on which it should be based: SPL should take place in a simulated care setting and meet the same standards as clinical placements; to achieve

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registration, a total of 2,300 hours of clinical practice are required, of which 300 may be undertaken as SPL [4].

Gaba [5] defines simulation as a technique 'to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.' (page i2). SPL objectives range from the acquisition of a single simple skill to participation in a simulated ward experience. Gaba [5] deconstructs SPL into eleven dimensions:

- purpose and aims of the activity;
- unit of participation (individuals, teams);
- experience of the participants;
- health care domain;
- professional discipline of participants;
- type of knowledge, skills or attitudes being addressed;
- simulated patient's age;
- technology used;
- site of simulation;
- extent of direct participation;
- method of feedback used.

Thus, simulation includes instructional techniques already widely used in classrooms: the use of part-task trainers (e.g. to learn intravenous cannulation), mannequins (cardio-pulmonary resuscitation), etc. But these technologically diverse methods all share an intent to provide a guided learning experience.

This paper reports the evaluation of a programme of SPL at a school of nursing and midwifery in London in 2010. The cohort of pre-registration students was much larger than usual, and it proved impossible to find sufficient placements, so an SPL module was offered instead of a third placement in the first year. The module developed had a number of components, including:

- Ward shifts (simulated ward experiences, including admission and assessment of patients, and treatment planning);
- First Aid (including the award of a certificate of competence);
- Medicines management (including oral and injected medication, and drug calculations);
- Respiratory care (including oxygen therapy and identifying patients at risk);
- Public health (including the administration of health checks to students of a local College of Further Education);
- Blood glucose monitoring;
- Infection control (including aseptic dressing technique, swab technique);

- Dignity of care;
- Mental health (including suicide risk, defusing difficult situations);
- Mentorship (the role of mentors).

For the most part, these components used simulation to demonstrate and provide practice of skills, though there were elements of non-practical learning (lectures) and inter-active learning without simulation (discussions). This is comparable to clinical placements, where student learning may be promoted by non-practical means such as attendance at in-house seminars and periods of study time.

In terms of Gaba's eleven dimensions [5], this module included a variety of purposes, types of knowledge, skills and types of patient, technologies, sites and degrees of participation. A variety of low- and medium-fidelity simulation methods were used: role play, part-task trainers, simulated ward experiences. Giving health checks to college students was partly SPL: the health checks were real, although the overall situation was not, as students do not usually receive such checks.

Evaluation & Aims

It was decided to evaluate the module by asking for student views. A number of evaluation strategies have been used to assess the effectiveness or otherwise of SPL [6 – 12]. With one exception [8], these evaluations used 'top-down' measures, i.e. based on factors that the evaluators, rather than the students, deemed important. Also, such studies usually focus on examples of SPL designed to use one method to teach one skill or task. The breadth of topics and methods included in this module gave us the opportunity to invite students to consider SPL as an overall approach. The question which the evaluation asked was: What, in the perception of first year nursing students, was the contribution of simulated practice to their overall learning, and how did this differ from learning on clinical placement?

We sought a method that would engage students and allow them to generate their own ideas, but would not be too time-consuming. Phenomenological methods were not deemed practicable, as a large number of students (over 180) were involved and we wished to capture the views of all participants. Traditional focus groups, for example, were not practicable. Nominal group technique (NGT) [13] permits the rapid gathering of 'bottom-up' data. We therefore piloted a modified form of NGT. This worked reasonably well, and only limited changes

(described below) were made in the remaining two evaluation sessions.

Because this was an educational evaluation, ethical approval was not required; permission was given by the programme director.

Pilot evaluation session

Students were asked to form groups of four. Each group was given a data record sheet which they were asked to complete in stages. First, they were asked to brainstorm and write down answers to the question:

'What are the best things about learning in simulated practice compared to learning on clinical placement? Please focus on what you've learnt about nursing.'

The second sentence was included so as to discourage students from focusing exclusively on organisational issues, many of which had already been identified.

Each group was then asked to choose and record their 'best four' from its own brainstorm list, and a 'best of the best' from those four. A parallel process was then followed for the question:

'What are the least good things about learning in simulated practice compared to learning on clinical placement? Please focus on nursing.'

The session facilitator (SA) then asked all groups for their 'best of the best' nominations, which were simultaneously typed and projected onto a screen. Students were then asked as individuals to rank their top three from the screened list. This was followed by a parallel process for the least good things, with an individual vote on a single 'worst of the worst'.

At the end of the session, the record sheets were collected. This was to enable a more detailed analysis of the data generated in the initial brainstorm sessions: NGT is by design a group prioritisation exercise which excludes detail, but we wanted to capture detail as far as possible, and to ensure that the contributions of individuals were not entirely eclipsed by the views of the groups they were in.

Later evaluation sessions

The pilot session worked well, although voting took longer than expected because the lists, particularly of 'best of the best', were long, and there were signs of consequent disengagement by some students. For the other two evaluation sessions, which ran concurrently some weeks after the pilot, we therefore made a modification, and split each evaluation session into two parts. In the first part, students were asked to brainstorm what was best and worst and to document this on record sheets as in the pilot. These sheets were collected, and the two facilitators (CB and SA) withdrew, rapidly analysing the results while the students were given another activity to do. Each facilitator produced three lists for their student group:

- -The six topics most often mentioned as best (e.g. First Aid, mental health, etc.);
- -The six learning processes most often mentioned as best (e.g. working in small groups; time to discuss, etc.);
- -The six things (either topic or process) most often mentioned as worst.

The resulting lists reflected the pattern of results seen in the pilot session, when the 'bests' included both topics and processes, and 'bests' were far more numerous than 'worsts'. Facilitators then returned, each to their own group, presented the lists, and asked all students to vote as individuals for their first and second choices from the 'best' list, and for their first choice from the 'worst' list i.e. their 'worst of the worst'.

Analysis

The results of the voting in all three groups were collated in two ways. First, students' top two voting preferences were recorded numerically. Second, in order to differentiate between 'best' and 'next best' votes, weighted scores were calculated to include both: each vote as 'best' was scored 2, and each 'second best' as 1; these were then summed. The free text was analysed thematically by the two evaluators, who compared their results and agreed a final coding frame.

Findings

This paper relates those findings that help to answer the question: What, in the perception of first year nursing students, was the contribution of simulated practice to their overall learning, and how did this differ from learning on clinical placement? Some criticisms of the module relating primarily to organisational issues emerged (e.g. glitches in timetabling): these have been addressed in later versions of the module, but are not reported here.

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Findings from the nominal group technique

There were approximately 60-70 students in each evaluation session. Tables 1 and 2 present students' most valued topics and processes. It will be seen that there is considerable divergence between the groups. To some extent this reflects different experiences (as SPL sessions were led by different lecturers), or different group dynamics in SPL and/or evaluation sessions. First Aid was clearly the most popular topic (this is further discussed in the presentation of qualitative findings). The data on learning processes is less easy to interpret because 'availability of more time' (ranked first) was valued so differently by different groups: however, that process is logically linked with the process ranked second (more in-depth understanding), and together they show that students felt that SPL encouraged deeper learning than clinical placements.

Table 1: Most valued topics

Topics	Pilot session		Second session		Third session		Overall score (weighted)
	Best	Next best	Best	Next best	Best	Next best	
First Aid	21	46	64	1	38	15	308
Medicines management	24	8	5	26	7	18	124
Ward shift	18	16	0	20	-	-	72
Blood glucose	9	12	-	-	9	11	59
Mental health	12	10	-	-	6	13	59
Oxygen therapy	-	-	4	12	4	10	38

Table 2: Most valued learning processes

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Process	First session		Second session		Third session		Overall score (weighted)
	Best	Next best	Best	Next best	Best	Next best	
More time (to learn properly, to ask questions)	7	5	55	6	5	5	150
Chance to gain in-depth understanding	11	10	-	-	30	15	107
More knowledge, new topics	4	5	-	-	12	15	52
Chance for hands-on practice	1	2	-	-	13	13	43
Working with peers, sharing feelings	-	-	3	6	10	7	39
Safe environment	5	3	4	6	-	-	27

Findings from the qualitative analysis

In this section we have not extensively reported data about topics, as these are self-explanatory, were normally mentioned briefly, and are adequately represented in the NGT findings in Table 1. The main categories that emerged from the thematic analysis of free text were 'outcomes' and 'learning processes' of SPL, and we report these separately. We begin by reporting briefly comments on the timing of the SPL module which will be considered in the discussion.

Quotations are from the evaluation sheets completed by groups of four: in this section only, the term 'group' refers to these small groups.

Timing in relation to placement

A number of groups suggested that SPL would have been even more beneficial had it been provided earlier in the curriculum, either before the first clinical placement or between the first and second. Students believed that it would have made them feel more prepared for placements in clinical areas. The point was made by one group with particular reference to the mentorship session, as they would have found it useful to learn about and reflect on the mentor's role before experiencing it for the first time.

Outcomes

Students identified significant module outcomes:

- Increased knowledge;
- New or improved skills;
- Increased understanding;
- Increased confidence.

Students reported an increase of knowledge in terms of both depth and breadth, compared with knowledge acquired in the classroom or on placement. SPL, according to one group, 'Helps broaden your knowledge and understanding compared to how we learn on the ward.' A second group mentioned that, 'We learnt a lot about diabetes and smoking and mental health as well,' while another described the mental health session as, 'Very interesting, brought up another dimension of nursing we don't normally talk about much in adult nursing.'

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As well as acquiring knowledge, SPL gave students a chance to learn and practice new skills. Students were particularly appreciative of the opportunity to learn First Aid: 'Very educative, helpful and interesting on how to save lives in emergency case.'

Another group noted the potential application of learning outside working life: 'Learnt things we can use in our everyday life e.g. first aid – we are expected to know what to do in an emergency on the street and now we do!'

The enthusiasm for the First Aid SPL has a number of explanations apart from its interest and utility: it was taught by a popular lecturer; the content was new to many students; and they appreciated being given a certificate of achievement approved by the Health and Safety Executive on completion of instruction.

Students also valued learning other practical skills that they had learnt by simulation: blood glucose monitoring, oxygen therapy, medicines management (including injections), and manual blood pressure measurement: 'Learned a variety of skills (not just waiting for something to come up on placement).'

The Ward Shifts were also valued for the opportunities provided for activities that students did not normally carry out on placement: 'They gave us an opportunity to learn how to properly fill in paperwork involved in admitting/handover checklist form, unlike in placement where there is no time to go through it.'

Another group described how students had, 'Got in a role where we practised what we would do, learnt how to admit a patient and what observations need to be done.'

One group also emphasised the acquisition of communication skills in the SPL module: 'You learn about... how to interact with patients in a practical way... [Administering health checks] allowed us to assess our skills in relation to communication and public interactions.'

Students also described how SPL had enabled them to achieve greater understanding; they could, 'find out the rationale in what we do,' and acquire 'more understanding of what I have learnt on my clinical practice.' For example, 'Oxygen therapy – we did it on the ward, but we didn't know any knowledge about it and since we did it at the simulated practice we now understand it well.'

Students also noted that they felt more confident as a result of simulated practice: 'Gain confidence to prepare

for second year (medication management, injections, oxygen therapy, handover).'

Increased confidence partly arose from new knowledge and skills, and partly from the opportunity to consolidate existing learning. Students could, 'Recap skills and identify bad habits,' and 'Refresh skills and knowledge.'

Learning processes

Students identified a range of ways in which the simulated practice module promoted learning in ways that placement and classroom experiences did not:

- More time for learning;
- More reflection;
- More opportunities;
- More social learning.

First, simulation provided more time for learning: 'During simulated practice we had more time to be shown lots of procedure, techniques... Compared to the ward where it is busy, mentors don't have time to do things step-by-step.'

This made for a, 'Much friendlier and calmer environment,' where students felt, 'Less nervous,' and were, 'Able to perform our skills at a good pace without being rushed'.

The more relaxed pace allowed time for reflection and discussion, something that students felt happened less on the ward: 'Simulated practise gives opportunity to properly reflect after every activity or topic undertaken,' and, 'We had the opportunity to ask questions that we could not ask during the placements due to lack of time, lack of support from some mentors'.

This was also due to the facilitation style adopted by teachers. One group noted that, 'You are more supervised and get individual feedback,' the value of such feedback being that it, 'Confirms we are performing skills correctly'. A third had appreciated, 'One-to-one discussions'.

Because there was no risk to patients, students could be given more responsibility: 'Ward shift gave us the opportunity to take on the role of qualified nurse in practice and care for our patient as a qualified member of staff.'

SPL also provided opportunities for extended practice: 'We can practice as many times as possible until we are confident.'

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SPL provided abundant opportunities for social learning. Students valued working together with their peers, something that rarely happens on placement: 'We all had the chance to share ideas and be in the small groups," and this enabled, 'Giving feedback to each other and sharing experiences.'

In summary, therefore, students thought that SPL offered them enhanced opportunities to take responsibility for their own learning in terms of reflection, asking questions, discussions with lecturers and peers, and practising skills. SPL offers a learning mode in which students must actively engage, and contrasts with clinical placements, where busy mentors may not be able to fully engage students in ward activity.

Discussion

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Our findings resonate with those of other studies. One study [10] reports students' views that SPL enabled them to develop confidence in ways not available in clinical placements. Our students appreciated receiving more individual feedback, in line with the research evidence that feedback motivates and enhances reflection [14, 15].

Moule et al [9] found that after SPL, mentors reported increased confidence, clinical skills and understanding of team working among students. Our study could not capture such perceptions, but we did receive some relevant unsolicited feedback about the student group that participated in the pilot evaluation session: these students went on placement immediately after the SPL module: staff commented spontaneously that the students had more confidence, understanding and knowledge compared with previous cohorts. However, this evidence is only anecdotal.

Students of the health care professions are generally enthusiastic about SPL [16 – 20]. However, this does not prove its efficacy as a learning method. In particular, the use of simulation in training assumes that what is learnt in training will be transferred to the practice setting. Currently there is little robust evidence for this [21]. A limitation of the evaluation was that it did not attempt to test student perceptions of value by measuring the effect of SPL on student skills over time. This is a challenging task: health care students are influenced by a wide range of formal and learning opportunities (classroom learning; placement experiences; the example and/or the advice of colleagues, mentors and peers), so that it is difficult to attribute any outcome to a single cause.

Transfer of SPL to practice cannot be taken for granted, particularly as the retention of learning is imperfect [22]. Our students do not necessarily have the opportunity to practise specific skills in placements immediately, depending on the function of the setting where they are placed; they may therefore become de-skilled. There are ways to address this problem, such as encouraging students to use online resources to refresh their knowledge www.clinicalskillsonline.com; (e.g. www.cetl.org.uk), though they may not take advantage of these methods, which in any case are non-participatory.

Intuitively, it seems likely that increases in understanding of care processes in general will be more enduring; for example, an appreciation of the roles and responsibilities of a qualified nurse (as learnt in Ward Shift) is transferable to any placement setting regardless of specialty, and should help to students to interpret more fully and more thoughtfully what they observe their qualified colleagues doing and saying in future placements. However, to say this can only be speculative without further research.

There were several organisational outcomes. SPL is recognised as being an expensive method [21], and expense will always act as a deterrent to innovation. In this case, the income attached to the large cohort made it financially feasible to offer the module, and champions of SPL thus had an opportunity to demonstrate the power of this learning mode to those colleagues who were less convinced. Across the school, perceptions of SPL did indeed become more positive, and the module is now a permanent feature of the pre-registration curriculum for adult nursing. It now takes place between the first and second clinical placements, thereby acknowledging students' argument that SPL is a good preparation for placement. Although the mentorship component of the SPL module has been dropped because of time constraints, there is now an additional session about the mentor role prior to the first placement. Furthermore, though this module was available to adult nursing students only, child and mental health branches of nurse education are also now exploring ways to offer SPL.

Another effect of the module is its likely influence on the development of the new undergraduate curriculum in the School. Teachers enjoyed the experience of teaching for a whole day at a time, which enables more integrated learning for students: one said that "it had enabled some of the most meaningful teaching I've done in years." Attempts are being made to design the new curriculum accordingly.

The study successfully used an innovative method for gathering students' views that rapidly collected data from a large number of students that could be analysed both quantitatively and qualitatively.

Conclusion

The perceived value of SPL to students has often been demonstrated in relation to medium- and high-fidelity simulation for advanced students and qualified practitioners [21]. Our study shows that first year students also appreciate the benefits of SPL as a preparation for as well as a complement to clinical placement. It is heartening for lecturers that students valued a learning mode that enabled thoroughness in skills acquisition as well as increased opportunities for reflection and discussion.

Declarations

The authors have no financial or other interests to declare in relation to this paper.

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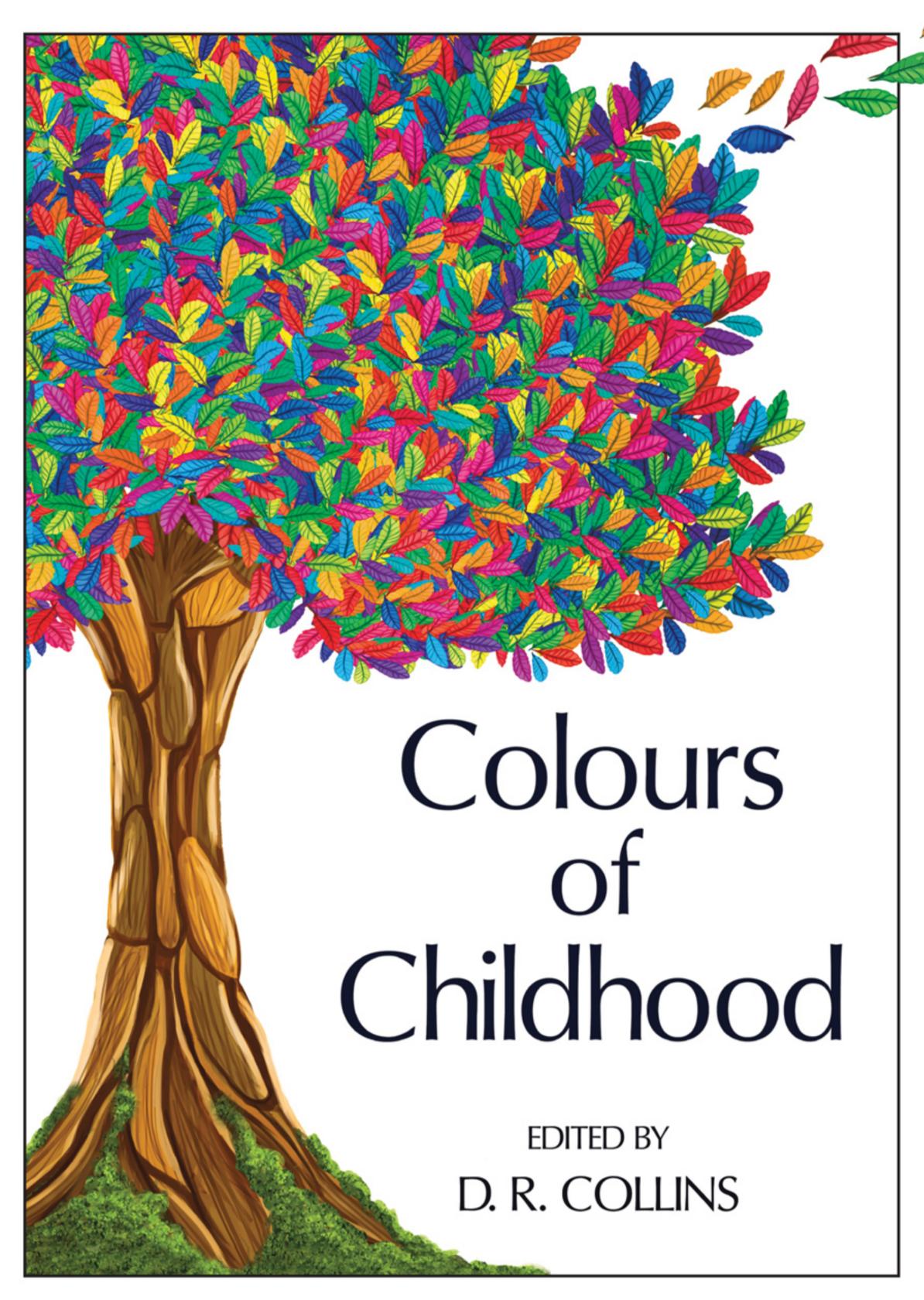
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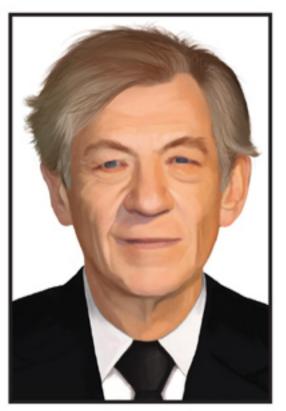


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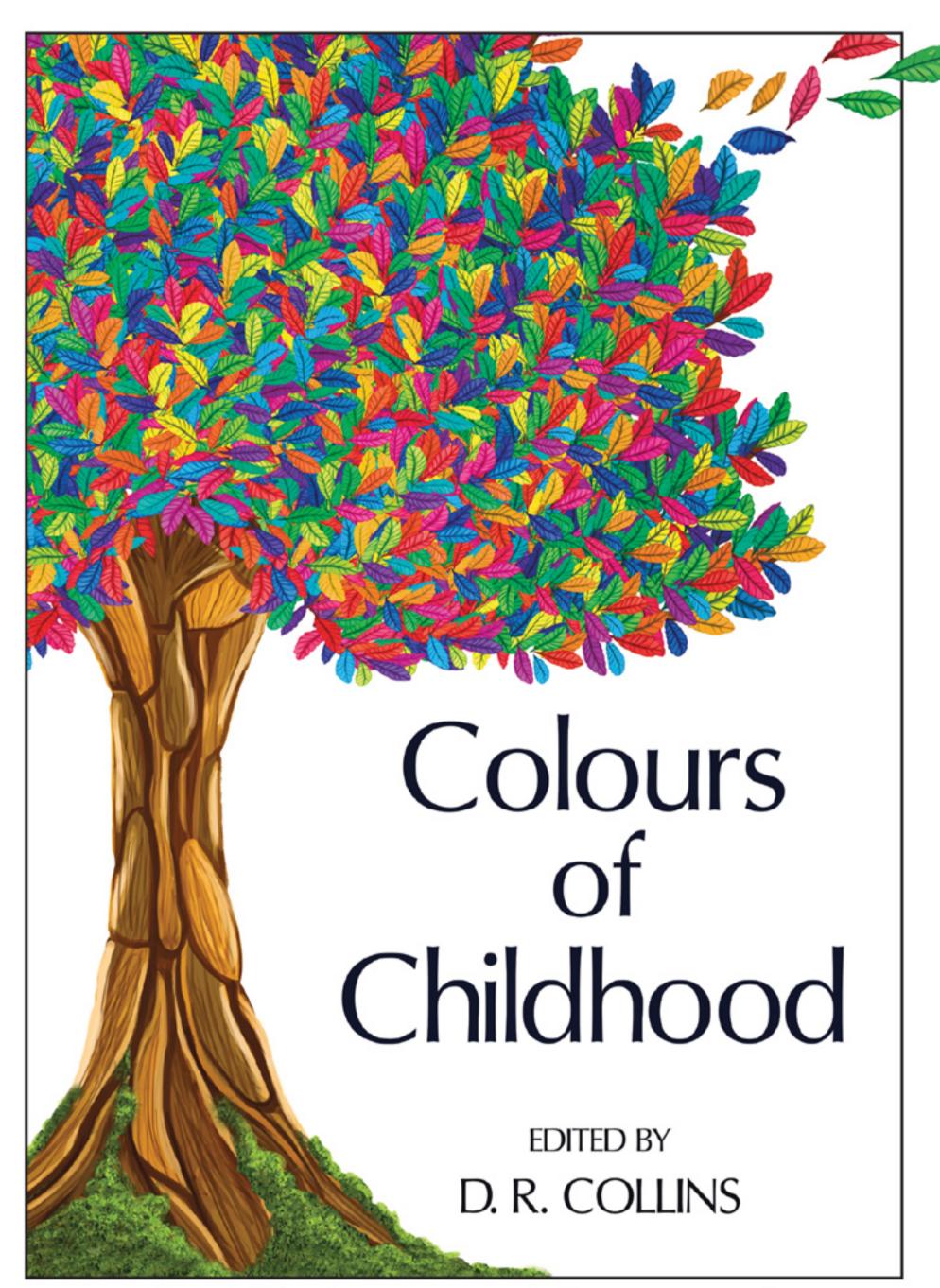
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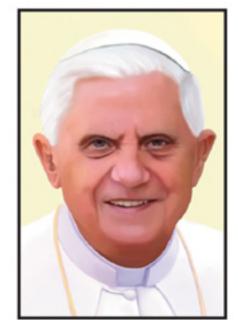
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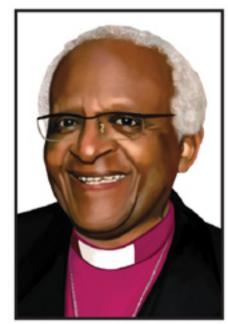
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