Developing Professionalism and Communication Through Acute Care Nursing Simulation

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INTRODUCTION
The learning benefits of simulation have been demonstrated in areas such as student confidence and psychomotor skills (Cantrell, Franklin, Leighton, & Carlson, 2017) but little is known about how simulation can be used to benefit other areas of student learning. This research project provides an insight into how simulation could be used with students to not only reinforce pediatric nursing skills, but also skills key to their ability to be professional in their roles as future nurses, which is critically important to nursing practice.

BACKGROUND
The need for this project comes from the following key concepts and the belief in active learning pedagogy:

- **Professionalism**: Exhibiting concepts of professionalism and ethics are at the core of the nursing discipline (Clark, 2017). Although nursing students are expected to demonstrate these concepts upon entering practice, they rarely get the opportunity to practice them.
- **Simulation**: Simulation provides opportunities for nursing students to practice clinical skills in a safe, non-threatening environment. Students report that simulation experiences leave them feeling empowered, independent, and confident (Fressola & Patterson, 2017). Simulation is a valuable teaching activity for skill practice.
- **Family-Centered Care**: Initiating and developing a collaborative nurse-parent relationship, is essential for high quality pediatric nursing care. Outcome measures in the FCCS scale embodies the reliability of nurses and their care for their patients (Curley, Hunsberger, & Harris, 2013).

AIMS/RESEARCH QUESTIONS
- Does clinical simulation allow nursing students to effectively and realistically practice professionalism?
- Do students value practicing professionalism concepts in simulation?
- How well do students demonstrate family centered care behaviors and effective interprofessional collaboration during the simulation (specific opportunities for professional practice)?
- How well do students critically reflect on the professional concepts being practiced, through both self and peer-feedback opportunities?

METHODS
Data collection consisted of the Family Centered Care Scale (Curley, Hunsberger, & Harris, 2013), the professionalism survey completed by faculty, peer, and self, and qualitative student reflections. The FCCS scale was used in order to determine the quality of care provided for Logan and Ms. Mcgee by the nursing students. Ms. Mcgee rating each student on the FCCS scale during their simulation. With higher FCC score equaling better quality of care. The professionalism survey inspired by the Lasater Evaluation (Adamson, Gubrud, Sideras, & Lasater, 2012) which allows for rating of each students performance. The data from this survey will be triangulated by comparing 3 perspectives on the same performance: self, peer and faculty. The qualitative student reflections allow for thematic analysis of their own performance and experience with simulation.

TOOLS AND RESULTS

**OUTLINE**

**MEET LOGAN**
Logan Mcgee is a 4 year old male that has presented to the hospital with a brain injury after falling off of his bike while playing at home. During his visit, he presents signs and symptoms of increased intracranial pressure, requiring emergency surgery. The simulation is designed for two students to participate at a time: one student cares for the child until he is brought to surgery (section A) and the other student cares for the child post-operatively (section B).

During the each section of the simulation, student nurse must interact with Logan and his mom, as well as collaboration with the medical provider via telephone. Students have the opportunity to practice assessment, communication and decision making skills that are discussed in their classroom and clinical courses.

**STANDARDIZED PATIENT “MS. MCGEE”**
Ms. Mcgee, Logan’s mom, is at the bedside during the simulation. She is actively anxious about her son’s worsening condition. She has limited medical knowledge that requires the student to provide education and support. She makes subtle comments about financial concerns as well as opiates and addiction.

Including Ms. Mcgee in the simulation adds a lot of opportunities for student practice. Standardized patients, actors who have a range of instructions, allow students to interact with a real person in a consistent learning environment. Her responses are not scripted but rather flexible allowing for each student to have a realistic practice with communication. In addition, her subtle comments provide opportunities for students to navigate social complexities.

**OUR SIMULATION**

**STUDENT WRITTEN REFLECTION COMMENTS ABOUT SIMULATION EXPERIENCE**

**Providing Family Centered Care:**
“... a good job of talking with the patient at a level appropriate for him, talking to his mom without completely excluding him from the conversation, and allowing his mom to participate in the assessment.”

**Learning Through Simulation:**
“...experience was extremely beneficial to my learning..... It was nice to be able to walk through those steps and act as a “real” nurse...”

**REFLECTIONS/CONCLUSION**

Preliminary results suggest that simulation is an effective and realistic method to practice professionalism and communication. Additionally, students report the simulation increased their confidence with caring for a pediatric patient. The data suggests there is a benefit for students practicing professionalism through simulation that exposes them to new learning points that cannot be learned in the classroom or clinical. Students value the experience of simulation and were able to self-reflect on their performance. Students were able to learn new concepts about themselves and their own nursing skills.

Next steps: the data supports the continuation of this simulation as a valuable learning activity. It helps encourage us to build upon the foundation for additional simulation that can allow for different scenarios or different situations to further expand upon the knowledge of nursing students.

**REFERENCES**