



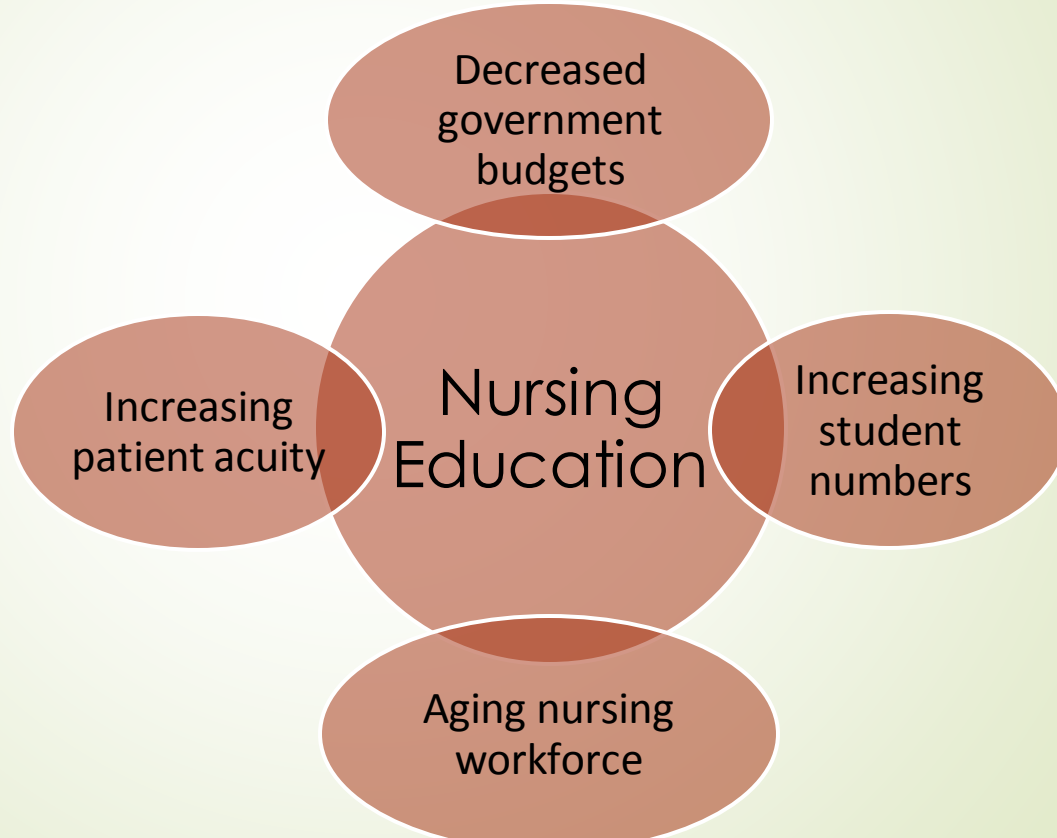
The experiences of students in role in simulation as the recipients and providers of nursing care

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BE WHAT YOU WANT TO BE




Influences in Nursing Education



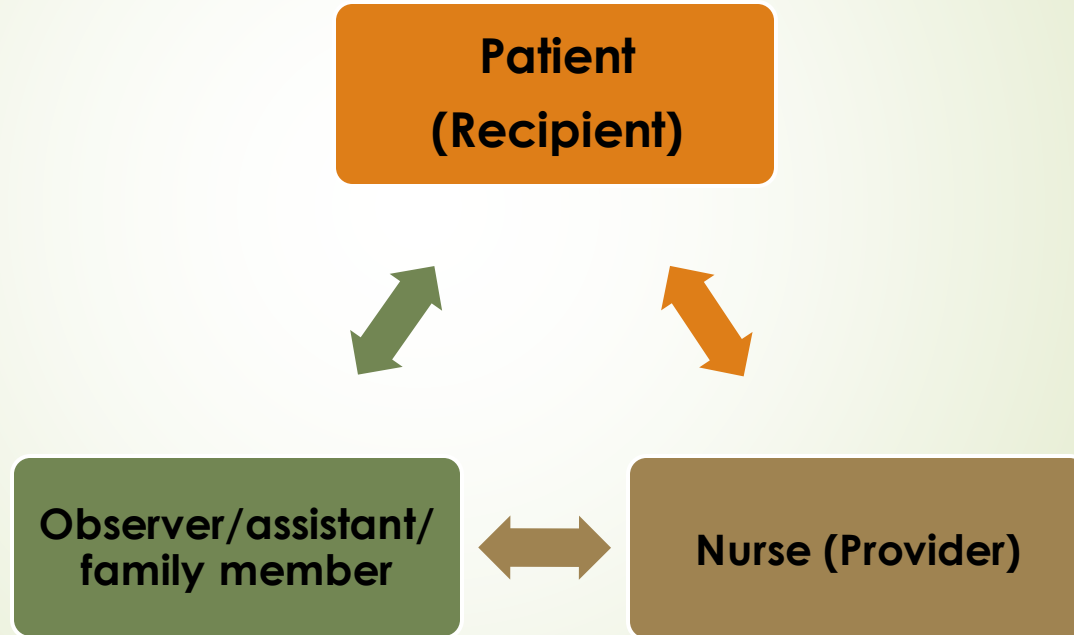


Introduction

Simulation Modalities

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- High fidelity human patient simulation (HFHPS) (Rizzolo et al., 2011)
 - High Fidelity silicone patient simulation (HFSPS) (Reid-Searl, 2011)
 - Online gaming programmes- characters or avatars (Miller & Jensen, 2014)
 - Low fidelity/ static manikins (Sharpnack & Madigan, 2012)
 - Hybrid modalities: simulators/standardized patient or peers (Nestel et al., 2012)
 - Role Play: using standardized patients or peers (DeIPrete, 2016; McNamara, 2015)

Study Focus: Role Play Simulated Nursing Practice (SNP)





Study Aims

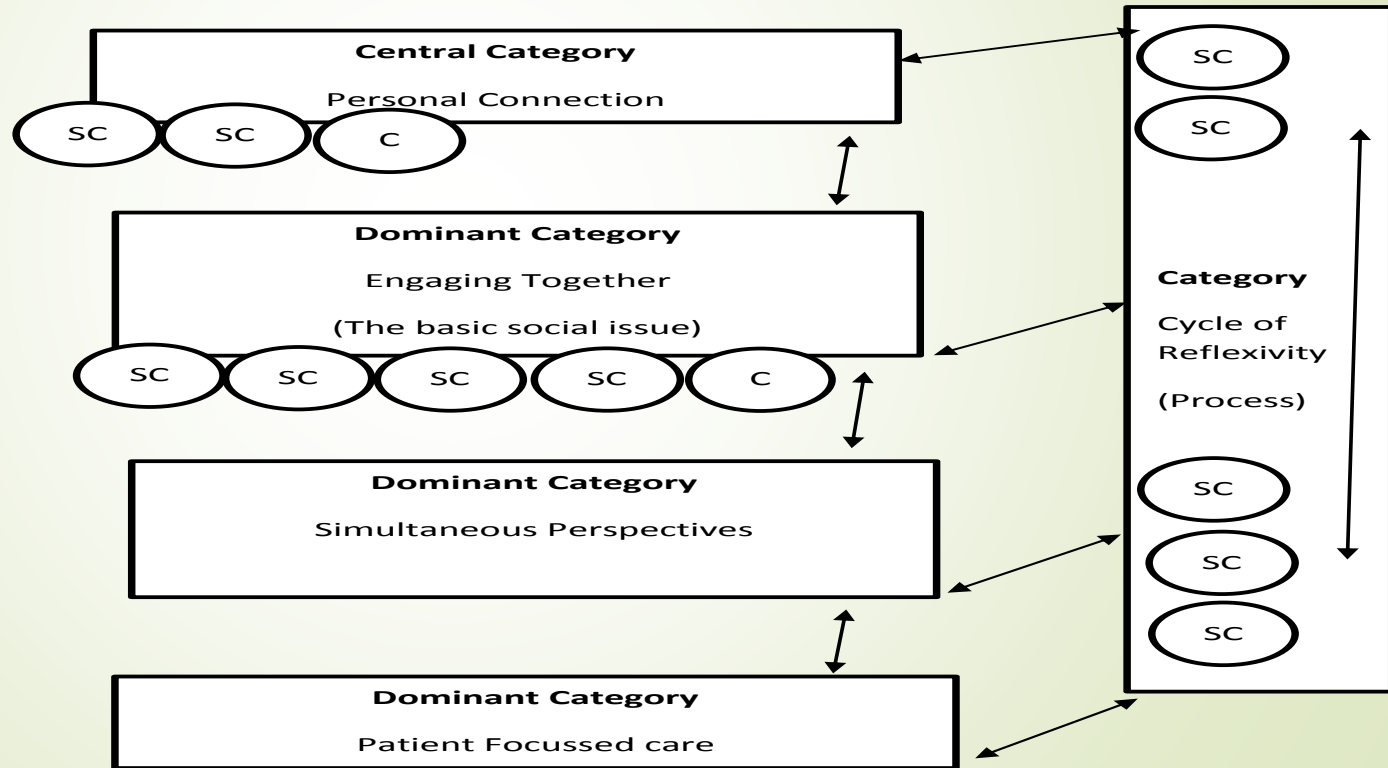
- To gain a deeper understanding of the personal experiences and perspectives gained from students in both patient and nurse (recipient / provider) roles in SNP.
- To determine if participant experiences in SNP influenced subsequent nursing practice and if so, how.
- To explore and describe students' retrospective simulated practice experiences, and to develop a substantive theory that would explain them.

Study Design

Methodology	Inclusion criteria	Participants	Age	Ethnicity
Grounded Theory (Corbin & Strauss)	-Both recipient and the provider roles were experienced -Students progressed into year two without delay.	16 total -15 Female -1 Male	(18-20) 3 (21-25) 4 (26-30) 3 (30-40) 4 (41-55) 2	NZ European 8 NZ Maori 3 South American 1 Middle Eastern 1 Chinese 1

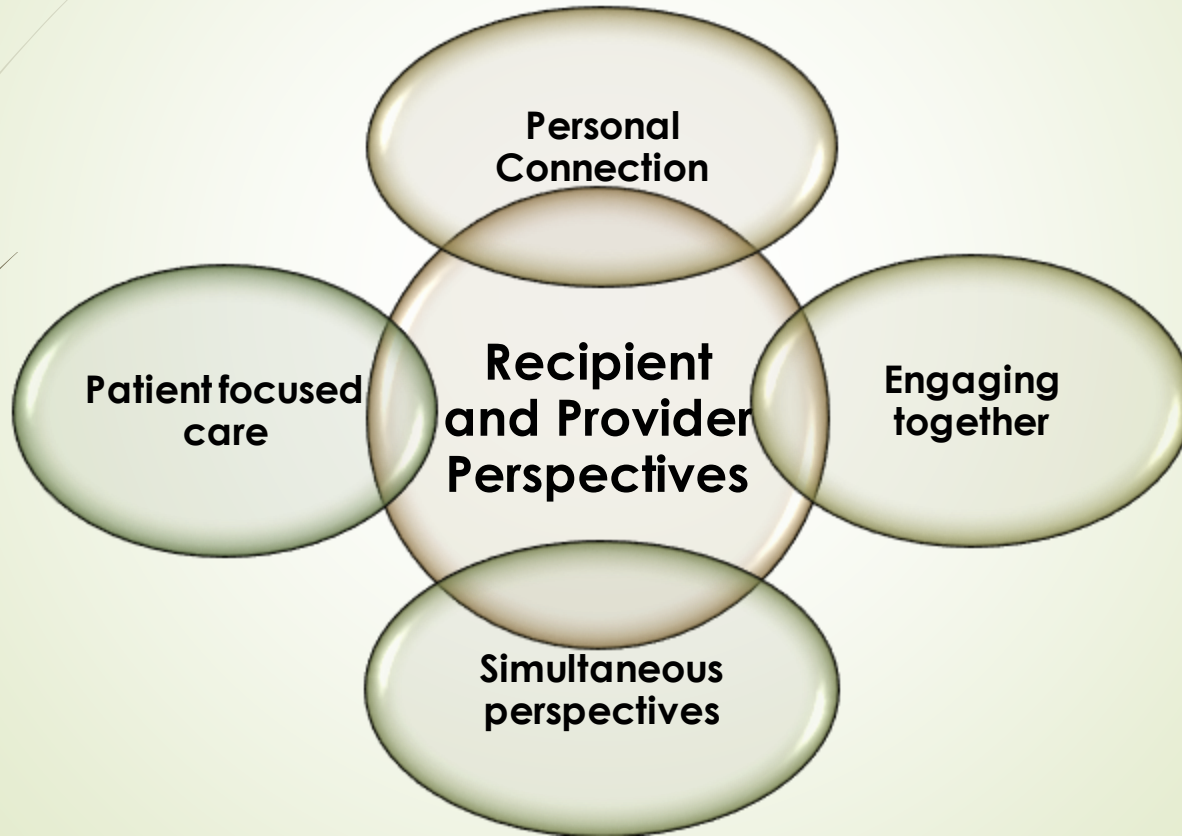
- semi structured interviews recorded and transcribed verbatim
- NVIVO10 for data collection, data storage and coding

Methodology: Grounded Theory: Corbin and Strauss



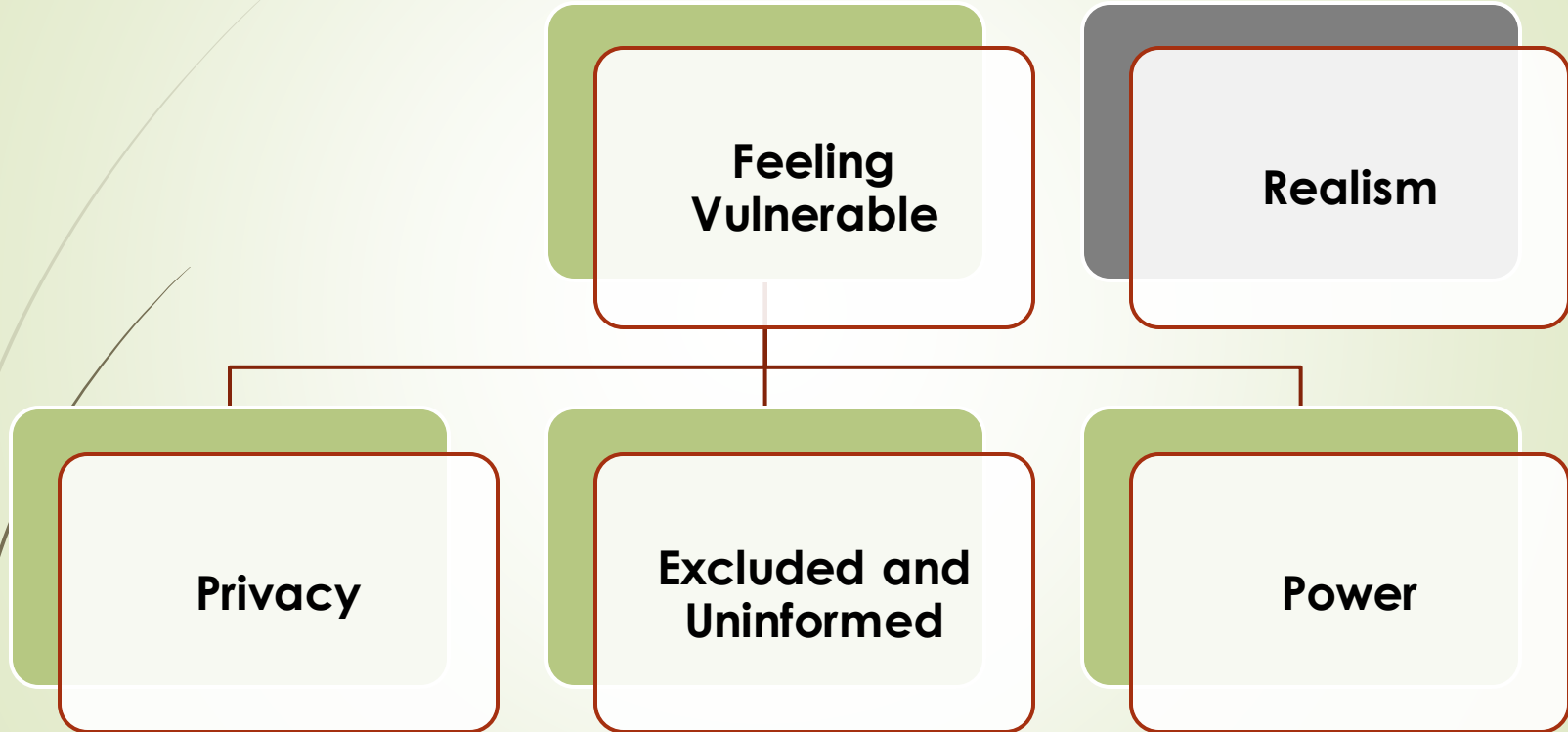


Study Findings: Categories





Category 1: Personal Connection





Personal Connection

- ▶ *...it was surprising really, we (my peers) and I thought it was just going to be fun but I actually felt those things...I felt stressed and sad and embarrassed and helpless and frustrated and it was ridiculous but I know what it feels like to be a patient now (P13).*
- ▶ *... even in the nurse's role it's scary but all the theory won't prepare you for the amount of responsibility you feel when you have your own patient (p14).*





Personal Connection: Feeling Vulnerable

Nurse' Perspective

- *... we don't know anything and how do you expect us to be nurses when we don't even know how to be nurses and I was just completely just ah, what are we supposed to be doing. I was a nurse on the first day so and we just yeah I felt we got thrown in (P1).*

Patient Perspective

- *... I hadn't been a patient and it was quite good to see that side to see the vulnerability. You know you say it and you read it in the books and stuff but you don't really feel it. But I think it was the feeling of it that kind of hit home in regards to the patient.....really good to experience that first hand. So I guess that was probably my biggest surprise what it actually felt like to be a patient in a position of vulnerability (P3).*



Feeling Vulnerable: Privacy

- ▶ *...I just couldn't do a thing, because every time the nurses moved around they moved the curtains and when I told them, they laughed and pulled them shut but they weren't properly shut and I was looking out the gap at Mrs.....[simulated patient] I felt like I was naked but I wasn't and it was so disgusting. Oh my God what if I actually was naked (P14).*
- ▶ *... why has this woman got the bed pan out but, there is nothing over it. So the doctor just came in and opened the curtain and there he is looking at my body waste (P6).*



Feeling Vulnerable: excluded and uninformed

- ▶ *...they were all talking about me and I was just looking at them I wanted to say hey you guys I'm right here, I'm not dead you know, you should be asking me (P15).*
- ▶ *...being in the bed like um with so many things happening like a lot wasn't really explained to you like being the patient, some of the nurses just go about doing tasks rather than talking you through it at some stage. That contributed to that vulnerability..._So like instead of including me in their cares they were like oh we're going to do that instead of saying you know like, what do you or how do you feel about this (P5).*



Feeling Vulnerable: Power knowledge and vulnerability

Nurses Perspective

- ▶ *...because you're the one with the knowledge, you're the one that makes decisions, you're the one that knows the plan, and you're the one who knows what is happening {nurse's role} whereas as a patient, if you haven't been told, then you don't know anything. So there is a huge difference knowing that the nurse has the power (P7)*
- ▶ *...I wouldn't say I had any power in this role {nurse's role}. I think the people sitting there judging me held the power (P12).*

Patient Perspective

- ▶ *... I felt a bit more power because all I had to do was moan, and moan. Because if I complain about something they have to do it for me (P6)*
- ▶ *...I just wanted to rock on but she wouldn't let me do anything so it was a real blow. I couldn't finish any of my duties and I felt really silly but what can I do with that, just try to get her to let me do it but she was enjoying it and she knew she was in control not me (P15).*

Personal Connection: Realism

Realism

Nurses'
Perspective

...that simulation was probably the first time to be able to apply things that we learned like assessment and actual nursing practice because up until that point you really don't have the slightest idea of what it means to be a nurse I don't think (P12).

Patient
Perspective

...boring, boring, boring, nearly drove me nuts lying in that bed doing nothing, yeah, no wonder they get, you know, sort of mean. My Dad was so rude to the nurses when he was in hospital but he would've been so bored (P13).



Category 2: Engaging Together



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graph LR; A[Engaging Together] --- B[Considering difference]; A --- C[Learning from one another]
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Engaging Together

Considering difference

Learning from one another

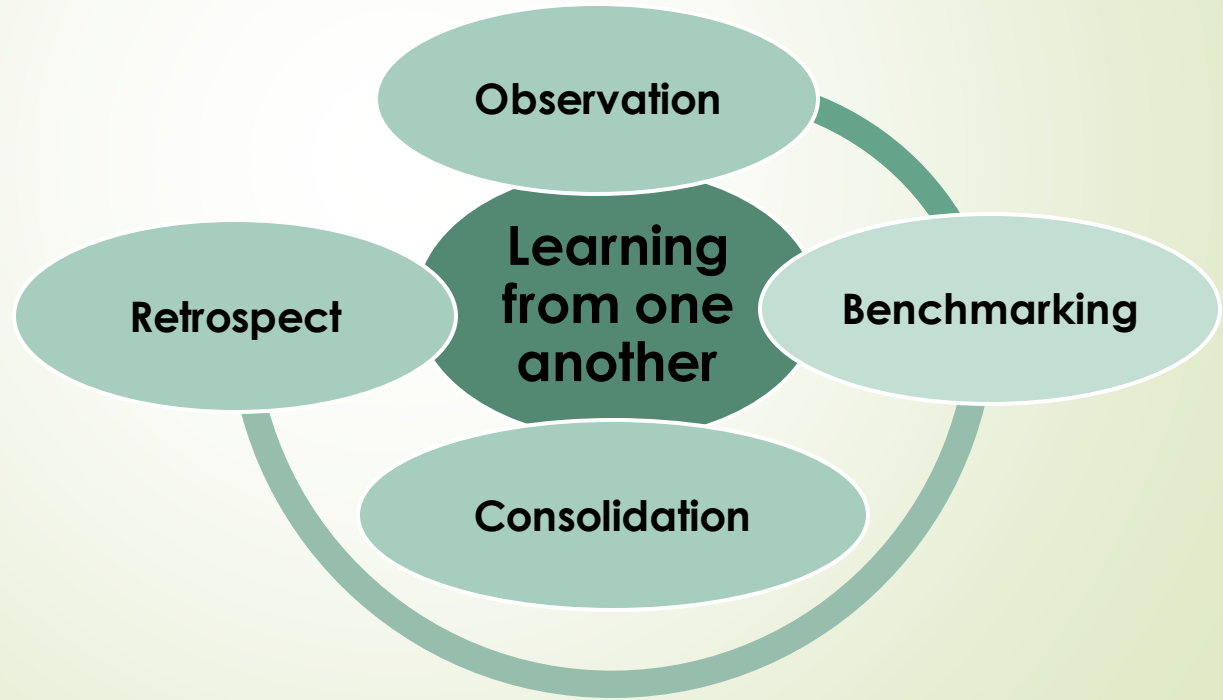


Engaging Together: Considering Difference

- ▶ *..... you see the little groups congregating, you see the international students with international students, you see the T.M.O students [Maori students] together, you see the older students, you see the young ones and once you put them in the mixture they are not only learning about nursing, they are learning about how to treat people with respect (P6).*



Engaging Together: Learning From One Another






Learning From One Another: Observation...Fortuitous and Purposeful

Nurses' Role

- *...I was the nurse first and I wasn't sure what I needed to do so I watched the nurse beside me it was funny because she was watching the nurse beside her so we all watched each other and we worked it out and then we all talked about it afterward (P5).*

Patient Role

- *...I saw this old lady across from me and the nurse asked her a question, I couldn't hear what she said but she [the recipient] straight away looked down and she looked upset and you know that nurse didn't even see that, she just ignored her. Then she started talking to her by her left ear but hey, I heard the tutor say that the patient was deaf on that side. See, she [the nurse] didn't even know that but I could tell that by how she was talking (P8).*




Learning From One Another: Benchmarking...compare, critique and compete

- ▶ *...So you know watching colleagues is the biggest thing because that's what shapes me ...and there was a little bit of an expectation among us like, well how much do you know? So, we kind of played each other off and it pushed us and I was really proud of myself because I knew a lot (P7).*
- ▶ *... I knew much more about COPD than {peers name} because she didn't seem to understand that she couldn't lie me down flat like that. I didn't do that when I was the nurse. It felt good to see that I knew more than her about that because she's really like you know clued up about most of our stuff (P2).*
- ▶



Learning From One Another: Consolidation

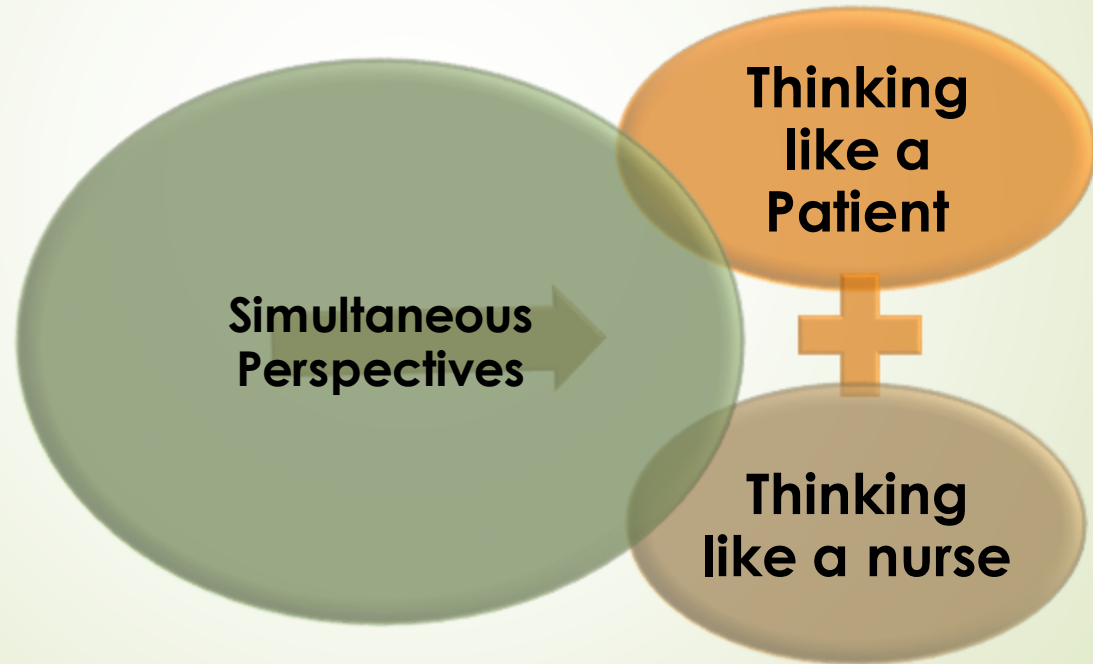
- ▶ Structured/unstructured
- ▶ *.....I was so concerned about what I was doing I probably didn't put it together at the time but afterwards especially when we were reflecting on it [in debriefing] and writing our handover and just talking with other classmates about "what did you do or how was your patient" and that kind of thing, those conversations consolidated learning and brought things together about stuff we'd learnt (P9).*



Learning From One Another: Retrospect

- ▶ *... I think on reflection when you're doing it you probably don't realise the impact it's going to have on your clinical practice.....Yeah and it's fun and you debrief with your friends. But you don't actually understand how it's going to kind of reflect on your own personal practice. And that's the most profound thing (P2).*
- ▶ *...It was after I got into practice and I reflected back and thought actually that simulation was good because it was looking at other people's practice and thinking if its not good then why, and what was the rationale and the evidence and just reflecting (P16).*

Category 3: Simultaneous Perspectives





Category 3: Simultaneous Perspectives

- ▶ *... when I'm trying to consider why the patient's doing what they're doing. Why the nurse is doing so. Simulated practice enabled me to be able to **put my head into two different spaces at the same time** (P9)*

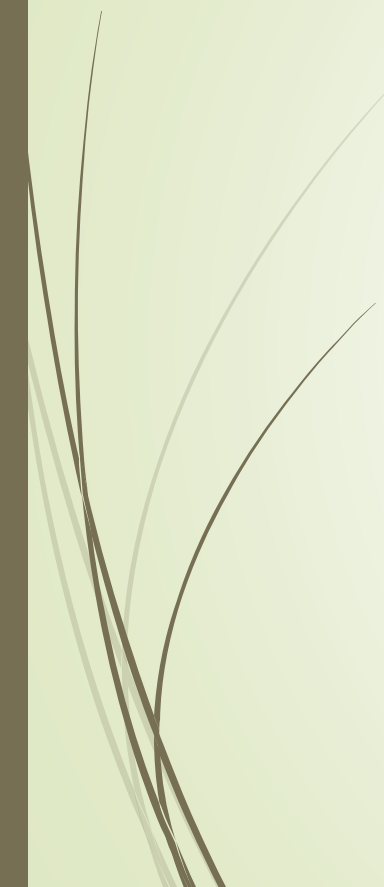


Category 4: Patient Focused Care

- ▶ *... I think I'm especially conscious now of not doing things for somebody but helping them to do them. I would have just done them before because it was quicker and easier but now I know how powerless it made me feel so I don't do that anymore and that was initiated in the simulation situation (P2).*
- ▶ *... taking into consideration the patient's concerns and what's their goals to get them out of hospital and what's their goals to ...like what do they want to do. What's their goals with regards to mobility or showering or anything like that to ensure that I actually ask the patient and not actually just go with what the team's plan is or whatever suits me best ... Yeah because I think that care should be patient centred not nurse...I've got lots of things to do centred and I think that that simulation definitely was the foundation for me understanding that (P1).*



Conclusion

- Preliminary findings in this study suggest that this mode of simulation supports student learning and facilitates the development of patient focussed care in undergraduate nursing students.
 - Further studies are required with a larger and more diverse group of students.
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References

- DelPrete, A., Giordano, C., Castiglioni, A., & Hernandez, C. (2016). Medical Students' Attitudes Toward Non-Adherent Patients Before and After a Simulated Patient-Role Activity and Small-Group Discussion: Revisited. *Cureus*, 8(4), e576-e576. doi: 10.7759/cureus.576
- Jeffries, P. R. (2007). *Simulation in nursing education: From conceptualization to evaluation* National League for Nursing.
- McNamara, N., Reid-Searl, K., & Dwyer, T. (2014). High fidelity human patient simulators in undergraduate nursing programmes: Are they justified and do they improve student learning outcomes? *Dynamics of Human Health*, 1(1).
- McNamara, N. (2015). Preparing students for clinical placements: The student's perspective. *Nurse education in practice*, 15(3), 196-202. doi: <http://dx.doi.org/10.1016/j.nepr.2014.11.011>
- Nestel, D. F., Black, S., Kneebone, R., Wetzel, C., Thomas, P., Wolfe, J., & Darzi, A. (2012). Simulated anaesthetists in high fidelity simulation for surgical training: Feasibility of a training programme for actors. *Medical Teacher*, 30, 407-413.
- Reid-Searl, K., Eaton, A., Vieth, L., & Happell, B. (2011). The educator inside the patient: students' insights into the use of high fidelity silicone patient simulation. *Journal of Clinical Nursing*, 20(19/20), 2752-2760. doi: 10.1111/j.1365-2702.2011.03795.x
- Sharpnack, P. A., & Madigan, E. A. (2012). Using Low-Fidelity Simulation with Sophomore Nursing Students in a BACCALAUREATE NURSING PROGRAM. *Nursing Education Perspectives*, 33(4), 264-268.