# Applying a simulation based teaching strategy to promote professional skills development amongst first year nursing students

**Ms Tanya Langtree[1]; Dr Caryn West[1]; Ms Joanne Southern[1]; Professor Kim Usher[2]**
*[1]School of Nursing, Midwifery & Nutrition, James Cook University; [2]School of Health, University of New England*
*tanya.langtree@jcu.edu.au*

**Abstract.** This presentation will provide an overview of how a teaching team addressed the degree of 'reality shock' experienced amongst first year nursing students via the development of an innovative teaching strategy that embedded simulation into its curriculum.

In 2013, Professional Experience Workshops (PEWs) were introduced to the undergraduate nursing curriculum. These workshops combined previously siloed theory based tutorial classes with clinical skills laboratories, thereby, overtly linking theory to practice with the view to minimise the 'reality shock' experienced by students whilst on clinical placement (Mills, West, Langtree, Usher, Henry, Chamberlain-Salaun & Mason, 2014). Despite this positive initiative, feedback from students following their first clinical placement revealed 'reality shock' was not necessarily lessened. Upon reflection about why this issue prevailed, it was discovered by the teaching team that a key component in creating the realism of a dynamic, pressured clinical environment was lacking in the PEWs: students were rarely required to 'think and act on their feet' (Houghton, Casey, Shaw & Murphy, 2013). Furthermore, resilience-building professional skills such as prioritisation, delegation, advocacy and teamwork were not necessarily being developed within the students.

**Method.** To address this issue, the teaching team decided to incorporate into the PEWs, simulation scenarios that were built around five unfolding case studies. At the beginning of the semester, the students were allocated to a team within their PEW and were required to provide care for one of the five case study "patients". Students were then engaged in a weekly simulation whereby an altering clinical picture of their allocated "patient" was presented via handover at the beginning of the PEW. Working in teams, the students were then asked to assess, plan, implement and evaluate the care required for their "patient" as if they were working in the clinical environment. Fundamental nursing cares such as providing hygiene cares, mobilisation, medication administration and physical assessment became the mainstay of each simulation. Following this hour long simulation, the students then resumed the normal PEW session where additional knowledge and skills were learnt.

As the weeks unfolded, each handover reflected a change in the condition of the "patients" which incorporated the concepts that had been learnt in the preceding PEW. To improve the authenticity of the simulation, documents such as medication charts and observation charts were modified to reflect these changes. This scaffolding was a deliberate strategy to promote consolidation of key concepts whilst stressing the importance of providing fundamental nursing cares.

**Results.** At the end of the semester, 66 students voluntarily completed an anonymous qualitative survey regarding this teaching strategy. The majority of students found this activity as a positive experience. Key themes that were identified included that a realistic simulation was created with 50% of respondents citing this as the most positive benefit of using this strategy; working in a team environment (33% cited this as a benefit); applying time management/organisational skills; practising interpersonal skills; provision of holistic care and linking theory to practice. Additionally, 35% of respondents identified that this strategy made them feel better prepared for clinical placement via the experiential 'hands on' learning and familiarisation with medical charts and documentation.

**Recommendations.** This teaching strategy creates an immersive simulation that replicates the dynamic nature of a clinical (yet safe) environment. Professional non-psychomotor based skills such as how to prioritise care and time management are encouraged with this strategy. The findings of the survey suggest that the experience of 'reality shock' may be reduced with the use of this strategy, however, more formal research and evaluation is recommended.

**References.**

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