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Shelly Eisert

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Walden University
2012

Abstract

Addressing Limited Clinical Experiences for Nursing Students

by

Shelly Eisert

MSN/MHA, University of Phoenix, 2007

BSN, Indiana Wesleyan University, 2006

ASN, Ivy Tech Community College, 2004

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Higher Education and Adult Learning Specialization

Walden University

June 2012

Abstract

This descriptive case study addressed the problem that nursing students at a small community college lacked clinical experiences that promoted identification of their strengths and weaknesses in knowledge and skills expected of nurses. The interest in this individual case and purpose of this study was to understand the clinical learning activities nursing students at this site believed were effective strategies for evaluating their strengths and assessing areas needing improvement in their nursing practice. The theoretical foundation of adult learning formed the basis of this descriptive case study using a survey design to assess the students' perceptions of clinical learning activities that were effective for evaluating their strengths and weaknesses in their nursing practice. Descriptive statistics including frequencies and percentages of responses to a survey were used to summarize data related to the students' preferences for learning based on clinical activities. Key findings indicated that a large percentage of nursing students at the site strongly agreed that high-fidelity simulation was an effective strategy for evaluating strengths and assessing areas needing improvement in their nursing practice. Based on the findings, a curriculum plan with tools to prepare nursing educators to facilitate debriefing to enhance clinical learning activities was developed for the local school of nursing. The results of this study can be used by nursing educators as they integrate active learning and assessment activities, particularly high-fidelity simulation, into nursing education at this site. The findings could contribute to positive social change when nursing educators at the site are empowered to implement and assess components of the curriculum plan to positively impact nursing students' ability to reflect and evaluate their nursing practice resulting in improving their learning and nursing care.

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Dedication

I dedicate this doctoral study project to the nursing and education professions, and to my nursing students and colleagues. Their support is appreciated and has given me the opportunity to personally and professionally develop through education and experience. I recognize and value the dedication and hard work of nursing students, nurses, and educators. A special thanks to the Class of December 2011 for participating in the research for this project as their participation made this project possible.

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Section 1: Problem

Introduction

Nurse educators and students at a rural community college were concerned with the lack of clinical practice opportunities that facilitated the professional development of nursing students. Specifically, the nurse educators and students sought to understand the findings from a student survey of clinical activities that promoted self-evaluation of their strengths and weaknesses in their nursing practice. The problems of limited clinical experience and the ability to identify nursing students' strengths and weaknesses are of concern to nurse educators, nursing students, and the healthcare system because nursing students are entering a workforce that is short-staffed, increasingly complex, and ever-changing (Dean-Baar, 2003). To address this situation, nurse educators need to create environments that promote critical thinking and self-reflection in efforts to prepare nursing students for entry into the nursing workforce (National League of Nursing [NLN], 2003). Ultimately, nursing students need to be prepared to self-assess their abilities. A literature review, which is discussed later in this section, has supported that nursing students need to be provided with opportunities to identify their strengths and areas needing improvement.

Definition of the Problem

I identified limited clinical experiences for nursing students at a rural community college in southeast Indiana as the problem. The community college is referred to as ABCD in this study. This campus serves approximately 2,700 students for general education and specialty degrees. ABCD offers an Associate of Science in Nursing (ASN)

program that is a 16-month program consisting of four semesters. Students must complete all required prerequisites and corequisites prior to completing the ASN degree. Start dates for the nursing program are each spring and fall. Eighteen students are accepted with each start date, and three cohorts of nursing students were enrolled in the nursing program at the time the study was conducted.

Nurse educators and students at ABCD were concerned with the lack of clinical practice opportunities that allowed nursing students to evaluate their strengths and areas needing improvement to advance their nursing practice. As reported by the nursing program chair (C. Lauber, personal communication, April 4, 2011), nursing students were not aware of the extent of the gaps in their application of theory to practice as evidenced by comments from students. The gap between theory and practice is evident when nursing students enter the clinical area and begin providing direct nursing care (Dillard et al., 2009; Hofler, 2008; Starr & Conley, 2006). Clear disparities between “best practice ideals and values that are taught and those actually encountered in everyday practice” (Maben, Latter, & Macleod, 2006, p. 465) have been demonstrated by entry level nursing students because of their lack of experience. Nurse educators at ABCD met to discuss the topic as they acknowledged the importance of clinical practice experiences that close the gap between what is taught in nursing theory and what is practiced in the nursing profession. Because of the limited number of clinical sites to choose from, the competition from other nursing programs to secure those sites, and the limited number of patients, current nursing education practices at ABCD provided a limited volume of

clinical experiences that allowed nursing students to identify their strengths and assess areas needing improvement in their nursing practice.

Rationale

Evidence of the Problem at the Local Level

Nursing students verbally reported to nurse educators that they felt overwhelmed with the demands of the nursing profession and that they needed to identify what areas needed improvement in their nursing practice. As stated by the nursing program chair (C. Lauber, personal communication, May 9, 2011), nursing educators know that adult students are active learners and that they need active engagement in learning. Nursing students, who fall into the category of adult learners at ABCD, need to be provided with opportunities to think and practice the skills acquired for their profession (Brennan & Hutt, 2001). The lack of clinical experiences affected these students' ability to self-evaluate their clinical practice (C. Lauber, personal communication, May 9, 2011).

ABCD is located in a small community with limited clinical sites available for placement of students. ABCD utilized two small community hospitals for the medical-surgical nursing course rotations. One small community hospital had a 26-bed medical-surgical unit and the other small community hospital had a 24-bed medical-surgical unit.

There was an identified gap in theory development and educational practices at ABCD because of the limited clinical experiences. The medical-surgical nursing II clinical course consisted of 96 clinical hours. Each clinical day was comprised of a 12-hour shift and there were a total of 8 clinical days for the medical-surgical nursing II rotation. Each nurse educator was responsible for a maximum of 10 nursing students.

There were 15 students in the specific cohort so one instructor was assigned seven nursing students and another instructor was assigned eight students. The nursing educators each took responsibility for four students to provide direct patient care on every clinical day. These students were assigned one patient per clinical day, and each clinical instructor was responsible for four students and four patients. The remaining students assigned to each instructor observed in other areas in the hospital such as the emergency department, the operating room, and the intensive care unit. These students were strictly observing the staff registered nurse (RN) rather than providing hands-on nursing care.

Therefore, each nursing student had the opportunity to provide hands-on nursing care during 4 of 8 days for a total of 48 out of 96 hours of clinical experience for medical-surgical nursing II. Licensed nurses at the small community hospitals were responsible for the care of four to six patients per day, and at the time of this study ABCD was developing and testing a preceptor program that would allow nursing students the opportunity to work with staff RNs to provide care to patients. The original affiliation agreements did not support the use of staff RNs as preceptors.

This example is supportive of the concerns for lack of clinical opportunities for nursing students to identify their strengths and weaknesses in their nursing practice. Added to the lack of hours was the fact that the census was low at times in the clinical sites. According to the nursing program chair, there were six patients admitted to the medical-surgical floor on 2 of the 8 days of medical-surgical nursing II clinical at one of the small community hospitals during the spring, 2011 semester (C. Lauber, personal communication, May 9, 2011). A low patient census limited the students' access to a

variety of diagnoses and patients who were acutely ill. In addition, nursing students were often asked to step aside while an experienced nurse cared for an acutely ill patient.

Nurse educators wanted to implement clinical learning activities that increased nursing students' opportunities for clinical practice that promoted identification of strengths and weaknesses in their nursing practice, but were not always able to do so.

Evidence of the Problem from the Professional Literature

Nursing students' lack of clinical practice is addressed in professional literature that illustrated a gap between theory and practice (Dillard et al., 2009; Hofler, 2008; Starr & Conley, 2006). According to Semple, Cook, Moseley, and Torrance (2001), nursing students have a tendency to lack essential practical experience, and there is concern about new nursing graduates' abilities to fulfill their role. Deficits in psychomotor and technical skills, competence, and confidence in decision-making are evident in nursing graduates (Semple et al., 2001). The literature review, which appears later in this section, supports the need for nurse educators to take action to provide nursing students with clinical learning activities that allow them to identify their strengths as well as weaknesses as related to their nursing practice.

The population at large is affected in many ways by nursing competency, and patient safety is a national concern. Federal commissions, health care agencies, accrediting organizations, and consumers are concerned about the safety of society (Jeffries, 2007). Accidental incidents caused by underprepared nurses could be avoided if nursing students are knowledgeable and skillful in providing care to patients. These concerns about nursing students and graduate nurses need to be addressed. Nurse

educators strive to facilitate knowledge and skill development in nursing students and they need to evaluate strategies to provide additional clinical learning activities that allow students to assess themselves to enhance their nursing practice (Brennan & Hutt, 2001). The intent of this project study was to investigate interventions to support clinical opportunities for nursing students as they strive to identify their strengths and weaknesses in their nursing practice.

Definitions

The following definitions are used in this study.

Clinical experience: The clinical environment is “where students synthesize knowledge gained in the classroom and make application to practical situations” (Stokes & Kost, 2009, pp. 286-287).

Clinical judgment: The decisions or actions resulting from critical thinking (Alfaro-LeFevre, 2009).

Competency: Behaviors acquired to meet specific levels of achievement (Stark & Lattuca, 1997).

Critical thinking: A controlled, purposeful process that uses well-reasoned strategies to analyze and interpret information (Alfaro-LeFevre, 2009).

Evidenced-based nursing practice: Using the best available scientific evidence to develop guidelines for nursing care (Taylor, Lillis, LeMone, & Lynn, 2011).

Nursing practice: Nursing practice is defined as focus on human experiences and responses to birth, health, illness, and death within the context of individuals, families, groups, and communities. The

knowledge base for nursing practice includes diagnosis, interventions, and evaluation of outcomes from an established plan of care. In addition, the nurse integrates objective data with knowledge gained from understanding of the patient's or group's subjective experience, applies scientific knowledge in the nursing process, and provides a caring relationship that facilitates health and healing. (Taylor et al., 2011, p. 8)

Nursing process: A critical thinking model that uses assessment, diagnosis, outcome identification, planning, implementation, and evaluation as a guide to provide nursing care (Alfaro-LeFevre, 2009).

Self-reflection: Reflection on attitudes, rationalizations, and habitual ways that includes reviewing motivations, actions, and justifications; self-reflection is useful for development of critical thinking skills (Brookfield, 1987).

Theory practice gap: Differences in the expectations and abilities of what is learned in theory compared to what is expected to be applied in nursing practice (Brennan & Hutt, 2001).

Significance

Educational institutions, healthcare facilities, students, and community members are affected by nursing students' lack of clinical nursing practice. Consumers of health care should be concerned about the education of nursing students because the health and wellness of communities are affected by the knowledge and skills of nurses. Nurses are responsible for providing quality, effective patient care and nursing educators want to

identify strategies that will assist nursing students with identifying their strengths and areas needing improvement in their nursing practice (Myers et al., 2010).

Despite this desire to help nursing student better identify their strengths and weaknesses, the reality is that nursing students often do not realize what they do and do not know until they are immersed in the situation (Guhde, 2011). At ABCD, nurse educators were facing challenges as they strived to provide opportunities for nursing students to utilize their knowledge and skills with limited clinical experiences. Alternative clinical learning activities needed to be evaluated in order to provide more clinical opportunities for nursing students. Exploring this problem was useful to ABCD because educators gained a better understanding of the problem and proposed interventions to provide additional clinical learning opportunities to nursing students.

Guiding Question

This study was guided by the following the question: Which clinical learning activities do nursing students believe are effective strategies for evaluating their strengths and assessing areas needing improvement in their nursing practice? Nurse educators and nursing students at ABCD identified the need for additional clinical learning strategies that would allow students to evaluate their nursing practice. Survey research was used to assess which clinical learning activities students identified as effective for self-evaluating their strengths and to determine areas needing improvement in their nursing practice.

Review of Literature

Efforts were made to reach saturation of literature pertaining to the problem. I used a Boolean search with the following search terms: *challenges* and *nursing*

education, challenges and nursing, demands and healthcare, demands and nursing, nursing student and clinical, and adult learning and teaching. All literature between the dates of January 1995 and June 2011 were reviewed. Relevant data was utilized to support the identified problem. CINAHL, MEDLINE, Nursing & Allied Health Source, and ProQuest Central databases were utilized to gather literature from peer-reviewed journals and other sources. Additional resources, including textbooks, were utilized as appropriate.

There are many challenges associated with educating nursing students. The demands of the nursing profession, nursing education, and adult learning strategies are common threads in nursing education literature. Higher levels of critical thinking and clinical judgment skills are required of nurses (Lisko & O'Dell, 2010) and nursing students need to be provided with opportunities to develop these skills.

Methodology

A case study design using descriptive survey research was used to “describe behaviors and to gather people’s perceptions, opinions, attitudes, and beliefs about a current issue in education” (Lodico, Spaulding, & Voegtler, 2010, p. 12). The interest in this study was in the individual case, not in the particular mode of inquiry used (Stake, 1994). Survey research was used for this study to obtain students’ opinions regarding learning strategies that identified their strengths and areas needing improvement in their nursing practice as this method allowed me to describe the trends by determining the overall tendency of their opinions (Creswell, 2008) regarding the assessment of their nursing practice.

Survey research relies on an instrument for data collection (Creswell, 2009) and the instrument for this study was a self-developed six-item, 5-point Likert-type scale because it has “theoretical equal intervals among responses” (Creswell, 2008, p. 176) and it collect the students’ opinions about the effectiveness of clinical learning activities. Clinical learning activities were provided on the survey and students rated each clinical learning activity in relation to their opinions regarding effectiveness of promoting the identification of strengths and areas needing improvement in their nursing practice with *Strongly Agree, Agree, Undecided, Disagree, or Strongly Disagree*. Concept mapping, case studies, observation, low-fidelity simulation, medium-fidelity simulation, and high-fidelity simulation are clinical learning activities that are integrated into the nursing curriculum at ABCD and were rated on the survey regarding the effectiveness of identification of feedback. Results from this study informed stakeholders (Creswell, 2008) about the students’ perceptions of clinical learning activities.

This information was pertinent to stakeholders at ABCD because they recognized that approximately 92% of the students *Strongly Agreed* that high-fidelity simulation promoted the identification of strengths and areas needing improvement in their nursing program. I was able to use the new knowledge to inform stakeholders of the results of the study and create debriefing tools that would enhance the high-fidelity simulation at ABCD. The discovery of new knowledge is the foundation for creating positive change within organizations and in professions. Survey research promoted the discovery of this knowledge and that was important to ABCD.

According to Joyce and Cowman (2007), descriptive survey research was used to explore participation in continuing professional development of 243 nurses and 98% of the population that responded selected “to enable me to extend my clinical role” (p. 626) as a reason for participating in professional development. Professional development impacts employees’ abilities to perform their responsibilities. For nursing students, high-fidelity simulation provides practice opportunities for knowledge and skill development and supports professional development. This example emphasizes the significance of descriptive survey research even with small samples in informing practice in particular cases or situations and the potentials of survey research in informing education and creating positive social change.

The literature review validated the problem in a broader context and justified the need to assess the students’ opinions and implement additional teaching and learning strategies to support nursing education. Survey research allowed to me learn about the this particular population of nursing students (Creswell, 2008) and provided useful information that promoted awareness of the students’ perceptions and development of teaching and learning tools to support nursing education. As stated by Galbraith, “direct data collection techniques yield the most specific information about a particular group of learners” (2004, p. 101) and descriptive survey research allowed me to collect direct data about which clinical learning activities nursing students perceived as being the most effective strategy for assessing their nursing practice. Furthermore, this approach allowed me to discover knowledge and inform practice at ABCD.

Demands of the Nursing Profession

Complex healthcare environments, advanced technology, knowledge, and problem-solving and decision-making skills are needed for delivery of nursing care for patients (Amos, 2001; Jeffries, 2007) and nurses need to be able to perform to high standards to meet the demands of the nursing profession. Economic pressures on health care organizations, staffing, limited resources, and time constraints impact nurses' ability to focus on care for their patients which can result in moral distress for nurses. Nursing is a career that has challenges and health care facilities and communities depend on nurses to provide care for their patients. The demands of the nursing profession are a national concern and stakeholders have been working to address these issues for more than 10 years (Hofler, 2008).

Patient care is impacted by the nurses' abilities to respond to the demands of the nursing profession and as these challenges continue to increase, nursing educators are attempting to create change within nursing education to prepare nursing students to meet these demands. Nursing students need to be provided with opportunities to enhance these skills and to use reflection as a self-directed learning approach to evaluate their abilities in nursing practice and as a measure to identify their strengths and areas needing improvement in their nursing practice resulting in the creation of an action plan to improve their nursing practice. The demands of the nursing profession require nurses to be equipped with the knowledge and skills to provide care to their patients as outcomes are dependent on critical thinking, problem-solving, decision-making, and collaboration (Rothgeb, 2008).

Students' abilities to self-reflect and identify areas needing improvement in their nursing practice promotes personal and professional development resulting in improved nursing practice. Nursing students need to be able to identify what areas need improvement and develop an action plan to improve their weaknesses (Kurman, 2006) and to utilize their strengths to their maximal potential. Transitioning from a student to a staff nurse is challenging because newly licensed nurses are often expected to perform at the same level as an experienced nurse which is an unrealistic expectation. Additionally, nursing students need to be equipped with knowledge and abilities to transition into an entry-level nurse and to provide quality, effective care to patients.

Health care institutions need to invest in professional development for their employees as a measure to move forward in this ever-changing profession called nursing (Joyce & Cowman, 2007). Nurses need to be internally and externally motivated to seek additional learning opportunities that will enhance their abilities to provide nursing care. As professionals, nurses need to take responsibility for recognizing their strengths and limitations and intervene as necessary to ensure that they are able to provide safe, competent nursing care. Likewise, self-assessments play a key role in promoting identification of their strengths and areas needing improvement in their nursing practice.

Nursing graduates encounter many challenges as they enter their careers as novice nurses, including managing the care of complex patients and staffing shortages (Hovancsek et al., 2009). These challenges contribute to the demands of the nursing profession increasing the level of stress associated with being a nurse which can impact the nurses' abilities to fulfill their roles resulting in a negative impact on their

performance with poor patient outcomes being the result. Knowledge, competence, and professionalism need to be reflected in the clinical judgments of practitioners and patient outcomes are affected by these professional behaviors. Evidenced-based clinical judgments are crucial to the health of patients, and clinical opportunities allow nursing students to become more comfortable with their knowledge and ability to make clinical judgments (Williams & Day, 2009). Such clinical opportunities can also help newly qualified nurses have clearer expectations of the reality of the work environment and work demands (Boychuk-Duchscher, 2008). Currently, there are incongruent expectations between graduate nurses and employing institutions (Hudson, 1998) resulting in many newly qualified nurses experiencing reality shock. These nurses have been educationally preparing to be a nurse, yet feel unprepared when they transition from nursing student to staff nurse (Evans, 2001). According to Delaney (2003), findings from a phenomenological study revealed that nursing staff are often reluctant to serve as a mentor or preceptor for a nurse transitioning into the practice setting. Furthermore, experienced nurses need to facilitate a supportive environment for newly licensed nurses as they transition into the nursing profession as a commitment to developing the newly qualified nurse can improve patient satisfaction, retention of nurses, and improve job satisfaction (Dean-Baar, 2003). This can lower the stresses associated with the nursing profession and working environment resulting in positive change for all stakeholders. Expert nurses are professionally responsible for ensuring that newly qualified nurses are trained and prepared to provide competent patient care as a measure to ensure quality and to improve patient outcomes. Most academic settings and health care institutions do not

routinely collaborate to discuss and intervene to address this issue, although collaboration among academic settings and health care institutions could positively impact the expectations of new nursing graduates and their acceptance by experienced nurses.

In addition to unexpected clinical experiences, new graduates have commented that the nursing profession has high expectations and that experienced nurses are not helpful in supporting their transition into a professional nurse role (Pigott, 2001).

Healthcare environments can be challenging for experienced nurses as they strive to meet the demands of the professions, and some experienced nurses treat new nurses as if they are part of the problem rather than a resource to limit the problems associated with the nursing profession (Dean-Baar, 2003). Therefore, the demands of the nursing profession are associated with the challenges of educating nursing students and must be taken into consideration when evaluating alternative ways of meeting the needs of students.

Academic settings, health care institutions, nursing students, and the overall health care system are affected by the challenges associated with the nursing profession and to ensure the future of the nursing workforce, strategies that address these issues need to be evaluated and implemented (Hofler, 2008).

Nursing Education

An increasing number of students pursuing nursing education support the need for innovative teaching and learning strategies (Brennan & Hutt, 2001) to ensure that nursing students are adequately prepared for entry into a practicing position in the nursing profession. Educational preparedness is a significant factor associated with the preparation of nursing students for entry-level nursing. Previous research identified that

nursing students perceived nursing as action-oriented rather than a theoretical subject (Granum, 2004). Yet, nursing educators face challenges when attempting to provide this type of action-oriented instruction to nursing students with opportunities to care for acutely ill, rapidly-changing patient-conditions (Larew, Lessans, Spunt, Foster, & Covington, 2006). Contributing to this is the idea that students at ABCD struggle to realize that theoretical knowledge is the foundation for nursing practice and that the actions that nurses provide are evidenced-based (C. Lauber, personal communication, May 9, 2011). Theoretical and clinical-based knowledge and experience need to be integrated in nursing education curriculums to meet the needs of the students as well as the expectations of prospective employers (Larew et al., 2006).

New nursing graduates often struggle with making clinical judgments (Etheridge, 2007), yet the success of nursing depends on the application of higher-level thinking and the nursing process to provide safe, effective, evidenced-based patient care. Patient outcomes are affected by the nurses' knowledge and abilities to apply their knowledge to patient care. Also, newly licensed nurses lack understanding of the knowledge required, the decision-making process, and their role in making clinical judgments (Etheridge, 2007). Nursing educators at ABCD recognize that they need to prepare nursing students with knowledge and professional behaviors that will help them transition into entry-level nursing. Traditional learning methods might not allow students to directly apply theoretical knowledge (Billings & Halstead, 2009), and lecture does not guarantee learning and does not facilitate critical thinking. Furthermore, didactic teaching methods and reading textbooks require lower levels of cognitive learning (Tuoriniemi & Schott-

Baer, 2008). Nurse educators need to implement alternative strategies that allow nursing students to directly apply their theoretical knowledge to nursing practice. Nurse educators need support as they strive to implement innovative teaching and learning strategies in their classrooms (Engstrom & Danielson, 2006). Additionally, the focus of nursing educators needs to be on transitioning their students from passive to active learners (Billings & Halstead, 2009). Nursing educators at ABCD currently use several alternative clinical learning activities that promote active learning for nursing students. Concept mapping, case studies, observation, low-fidelity simulation, medium-fidelity simulation, and high-fidelity simulation are clinical learning activities that are integrated into the nursing curriculum at ABCD.

Theory to Practice Gap

The theory to practice gap is a consistent concern in nursing education (Brennan & Hutt, 2001) and nursing practice, and impacts the transition of nursing students to practicing nurses. Nursing education needs to prepare students to provide individualized, evidenced-based, holistic care to patients in a demanding, complex workplace. Nurses entering the profession are unable to practice nursing according to their nursing values because of professional and organizational factors that restrain them from performing in the clinical setting as they were taught to perform in the classroom (Maben, Latter, & Macleod-Clark, 2006). Nursing programs are unable to realistically prepare nursing students for all of the possible realities that could occur in a hospital-based setting (Myers et al., 2010).

According to Delaney (2003), based on the results of a phenomenological research study, new nurses felt scared and frustrated as they began their careers as nurses. A participant commented “I was trained in school for two or three people, not to keep track of six or seven. It’s totally different” (p. 440). Another student commented “I was scared to death when I realized how much responsibility was on me” (p. 440). Clinical practice experience is viewed as the most important strategy for learning (Amos, 2001) and a lack of clinical practice was evident at ABCD and is frequently cited in the literature. Nursing programs compete for available patient care experience as they place students at clinical sites resulting in limited clinical exposure for many nursing students. Increased enrollment in nursing programs is also a contributing factor to the lack of clinical site availability (Hovancsek et al., 2009) resulting in many nursing students having limited exposure to clinical experiences that promote knowledge and skill development (Wotton, Davis, Button, & Kelton, 2010) which ultimately widens the theory to practice gap. The theory to practice gap is a global debate (Maben, Latter, & Macleod-Clark, 2006) and educators are investigating teaching and learning strategies that will help bridge the gap between theory and practice. Identification of strengths and areas needing improvement in nursing practice with a resultant action plan might help bridge the gap between theory and practice as nursing students will be better prepared for entry-level nursing positions.

Adult Learning

Adult education programs should be directed at accommodating a diverse population of adult learners (Billings & Halstead, 2009). Educators strive to assist

learners with meeting their highest potential by continually searching for teaching and learning strategies to accommodate learners. The number of students entering into educational programs at advanced ages has increased (Engstrom & Danielson, 2006), therefore learners might have a variety of learning styles. Conducting learner assessments is an effective strategy for collecting information about the learners so appropriate teaching and learning strategies can be implemented to enhance learning (Galbraith, 2004). A variety of teaching and learning strategies need to be provided to adult students, and facilitators of adult education need to understand factors that will assist them as they develop, implement, and evaluate educational programs (Billings & Halstead, 2009). For example, adult learners are willing to learn when they are interested in the information and when the learners realize that the information will benefit them (Knowles, Holton, & Swanson, 1998).

Self-directed learning skills are also essential to adult learning (Eva, Cunningham, Reiter, Keane, & Norman, 2004) and should be used for ongoing improvement (Galbraith, Hawkins, & Holmboe, 2008). Nursing students need to be able to self-assess their abilities and develop an action plan to meet their learning goals. According to Kurman (2006), his research study revealed that “concrete actions conducted to improve the situation of the individual, is positively related to self-enhancement” (p. 341). Assessment of skills and behaviors associated with providing patient care should be addressed and facilitation of self-directed learning impacts learning because students may make false conclusions about their self-assessment (Galbraith, Hawkins, & Holmboe, 2008). Self-reflection is critical in many aspects of life including education and allows

individuals to compare themselves with other successful individuals (Galbraith, 2004). Adult students enjoy and learn from active learning experiences such as role playing, cooperative learning, and self-evaluation (Billings & Halstead, 2009) and as a result nursing students should be provided with these opportunities to enhance their learning. Instructors need to be knowledgeable about adult learning theory and act as facilitators as they guide and direct students through the learning process.

In addition to having an interest in what they are learning and being self-directed, adult learners can use critical thinking skills as they analyze and challenge assumptions while they explore adult education (Brookfield, 1987). According to Merriam, Caffarella, and Baumgartner (2007)

Knowles established six assumptions related to adult learning; these assumptions include: as a person matures, his or her self-concept moves from that of a dependent personality toward one of a self-directing human being; an adult accumulates a growing reservoir of experience, which is a rich resource for learning; the readiness of an adult to learn is closely related to the developmental tasks of his or her social role; there is a change in time perspective as people mature-from future application of knowledge to immediacy of application. Thus, an adult is more problem centered than subject centered in learning; the most potent motivations are internal rather external; and adults need to know why they need to learn something. (p. 84)

Adults should be encouraged and facilitated as they utilize each opportunity to learn and educators strive to assist each learner with meeting their highest potential.

There are multiple ideas, theories, and assumptions that attempt to explain adult learning. Each individual student is unique; therefore, their learning abilities and styles differ. Educators are teaching to a diverse population of students and they need to utilize a variety of teaching strategies as they meet the needs of a variety of adult learners. Understanding adult learning and developmental factors assists educators as they meet the needs of their students.

Critical thinking opportunities must be provided for nursing students and experiential learning is an effective strategy to promote critical thinking (Lisko & O'Dell, 2010). Educators need to give nursing students opportunities to apply their knowledge to a situation that requires critical thinking as knowledge is the foundation of critical thinking. Higher levels of thinking are required of nurses as they care for acutely ill patients and nurses must be prepared to respond to rapid changes in patient conditions. Experiential learning activities can promote critical thinking resulting in positive change in nursing practice. Changing the thought process of educators will enhance the likelihood of adult student success. For instance, allowing students to use their skills to learn while interacting with other students encourages them to be more involved in the learning process (Billings & Halstead, 2009). Likewise, supporting cooperative learning will help students develop communication skills that will be necessary as they continue their education and enter the workforce (Barrington, 2004). Taking the collaborative learning approach to teaching and learning allows each student the opportunity to utilize their intelligences and skills to be successful. The development of this project study

supports adult learning theory and has promoted the implementation of debriefing tools that will be used for cooperative learning in simulation at ABCD.

Personal and professional role adjustments including emotional, intellectual, physical, sociocultural, and developmental issues are encountered by nurses as they transition into practicing positions and there is often a 12 month transition period for a new graduate nurse (Boychuk-Duchscher, 2008). Experienced nurses and new graduates often do not recognize the extensive support and services that are required to train a new nurse resulting in negative feelings towards the new nurse.

Nursing students lack some of the necessary skills needed as they transition from student to nurse, therefore support from colleagues and the institution is a key factor to developing the knowledge and skills to smooth the transition from nursing student to practicing nurse. Appropriate resources are necessary for educational institutions to create positive change and recognize the importance of a variety of instruction and assessment tools. Acknowledging the diversity of students will allow students to be successful by promoting learner-centered education.

The demands of nursing, nursing education, and adult learning strategies are areas of concern related to the lack of clinical experiences that allowed nursing students at ABCD to identify their strengths and areas needing improvement in their nursing practice (C. Lauber, personal communication, November 16, 2011). Nurses are the front line when it comes to patient care and changes need to be implemented to provide quality care to patients. As patient advocates, nurses must be well educated and able to provide effective care because nurses are the primary, educated caregivers to the patients.

Hospital stays are becoming shorter and shorter and patient support and education should be a primary focus during the hospital stay. Patient education is important because the patient or family members will be caring for the patient after discharge from the medical facility. Nurses are often faced with unrealistic expectations and the lack of staffing, lack of time, and lack of support to provide the necessary services to the patients and this leads nurses feeling overwhelmed. The literature review provided evidence that this concern has been valid for many years.

Implications

This literature review served as a foundation for the development of potential projects. Possible causes for the lack of clinical opportunities, the demands of the nursing profession, nursing education, and adult learning strategies were explored. Research supported the need for the nursing curriculum to implement additional strategies to provide nursing students with opportunities to evaluate their nursing practice. Teaching and learning strategies must be facilitated to meet the needs of adult students.

I asked nursing students at ABCD to participate in my research study assessing nursing students' beliefs of effective strategies for clinical learning activities that promoted identification of strengths and areas needing improvement in their nursing practice. The project's focus was implementation of alternative clinical learning strategies into the nursing curriculum to provide nursing students with this opportunity. Fifteen students who were graduating from the ASN program at ABCD participated in the survey. The setting for the one-shot survey design research study was a classroom at ABCD. One-shot survey designs allow researchers to gather perceptions about a specific

topic at a particular point in time (Lodico, Spaulding, & Voegtle, 2010). All participants had equal experience in concept mapping, case studies, observation, low-fidelity, medium-fidelity, and high-fidelity simulation. Fidelity refers to the characteristics that resemble reality (Dahl, Alsos, & Svanaes, 2010). More realism is evident as the level of fidelity is increased in the simulation (Dahl et al., 2010). Anticipated results of survey research ranged from students *strongly agreeing*, *agreeing*, *disagreeing*, *strongly disagreeing*, or being *undecided* in their beliefs of the effectiveness of clinical learning activities for identifying strengths and weaknesses in their nursing practice.

Summary

Despite efforts of nurse educators, educational institutions, nursing students, and healthcare organizations, nursing students lack clinical opportunities that allow them to evaluate their strengths and weaknesses in their nursing practice. The consequences of this issue includes increased challenges to nurse educators to meet the students' learning needs, nursing students feeling unprepared, frustration of experienced nurses trying to orient the new nursing graduates, and the possibly of substandard health care.

The lack of clinical practice for nursing students is a common thread associated with nursing students and their transition into their roles as novice registered nurses. Local and broader contexts identified the need for intervention to provide clinical learning opportunities to promote identification of strengths and assess areas needing improvement in nursing practice for nursing students. Positive outcomes require educators to facilitate a thorough evaluation of the students' nursing practice. This study contributed to the body of knowledge needed to address this problem by assessing which

clinical learning activities were effective strategies for assisting nursing students to identify their strengths and assess areas needing improvement in their nursing practice. The overall care of patients might be positively impacted as nursing educators implement strategies that may assist nursing students with identifying their strengths and weaknesses in their nursing practice.

Section 2 of this project study establishes the research design and approach, setting and sample, instrument for data collection, and reliability and validity. The data collection and analysis, assumptions, limitations, scope and delimitations, and protection of participant's rights are also discussed in Section 2. Section 3 of this project study includes the description and goals of the project, rationales for the focus of the project and how the problem was addressed, and a literature review addressing the problem. Project evaluation and implications are also discussed in Section 3. The project study concludes with Section 4. This section includes reflection of the project including strengths and limitations, recommendations to address the problem differently, analysis of what was learned about scholarship, project development and evaluation, leadership and change, and self as a scholar, practitioner, and project developer. An overall reflection and discussion of implications, applications, and directions for future research are provided.

Section 2: Methodology

Introduction

Section 1 validated that clinical experiences for nursing students are lacking throughout the United States. Therefore, I decided to assess what clinical learning activities nursing students believed were effective strategies to evaluate their strengths and assess areas needing improvement in their nursing practice. The purpose of this project study was to implement interventions to support clinical learning opportunities for nursing students as they strived to identify strengths and assess areas needing improvement in their nursing practice. This section focuses on the research design, defense of setting and sample, instrument chosen for data collection, establishing reliability and validity, data collection and analysis, assumptions, limitations, scope and delimitations, and protection of participants' rights.

Research Design

The project explored the clinical learning activities nursing students believed were effective strategies for evaluating their strengths and assessing areas needing improvement in their nursing practice using a case study design. A case study design using descriptive survey research was used to “describe behaviors and to gather people’s perceptions, opinions, attitudes, and beliefs about a current issue in education” (Lodico, Spaulding, & Voegtler, 2010, p. 12). According to Stake (1994, pp.236-47), “as a form of research, case study is defined by interest in individual cases, not by the methods of inquiry used. The epistemological orientation of most case study research is interpretive, but there are some whose methods reflect a positivist orientation”. The interest in this

study was in the individual case, not in the particular mode of inquiry used (Stake, 1994). Only descriptive data including frequencies and percentages of responses for each category of clinical learning activities were used to report result and no statistical analysis was done. The survey design was appropriate for the identified research problem and is commonly used in education (Creswell, 2009) and the survey design promoted awareness of the students' perceptions and development of teaching and learning tools to support nursing education. Additionally, administration of questionnaires and collection of data can be completed in a short amount of time when a survey design is used (Creswell, 2008). Completing the study in a short time was important because the population being studied was graduating from ABCD as response rates might not have been as high if surveys were not conducted face-to-face.

Defense of Setting and Sample

According to Creswell (2008), researchers should sample as much of the population as possible to minimize the sampling error. At the time of this study, 15 students were graduating from the ASN program at ABCD. Three students were invited to participate in the pilot survey, and the remaining 12 students were invited to participate in the data collection research study. All 15 students were invited to participate in an attempt to conduct a census study, which can identify trends and conclusions about the entire population studied (Creswell, 2008).

Setting

The setting for the descriptive case study was a classroom at ABCD, which was the most appropriate setting for completing the survey research because of the space and

resources including desks, proper lighting, and a quiet environment. Nursing students who took the survey had completed Fundamentals of Nursing, Pharmacology for Nursing, Maternal Child Nursing, Psychiatric Nursing, Healthcare Concepts in Nursing, Nursing Care of the Complex Family, and Medical-Surgical Nursing I, II, and Complex lecture, lab, and their clinical practice hours. All participants had equal experience in concept mapping, case studies, observation, low-fidelity simulation, medium-fidelity simulation, and high-fidelity simulation.

Sample

Demographic data was collected to describe the sample (Lodico et al., 2010). Based on the review of past studies, demographics might play a role in how nursing students relate to clinical practice. Data related to age, gender, race, and previous experience with direct patient care in a healthcare setting was obtained using the tool *Demographics* (see Appendix B). The purpose of collecting this data was to describe the population. A response rate of 50% or less may not accurately represent the opinions of the students (Lodico et al., 2010). The response rate from the population in this study was 100%. An analysis of the data is represented using frequencies and percentages in Tables 1 to 3.

Table 1

Frequency and Percent by Age

Age	Frequency	%
20-30	6	50.0
31-40	5	41.7
41-50	1	8.3
51-60	0	0
61-70	0	0

Table 2

Frequency and Percent by Gender

Gender	Frequency	%
Male	1	8.3
Female	11	91.7

Table 3

Frequency and Percent by Race

Race	Frequency	%
White	11	91.7
Black or African American	1	8.3
American Indian or Alaskan Native	0	0
Asian	0	0
Native Hawaiian or Other Pacific Islander	0	0
Hispanic or Latino	0	0

Data related to previous experience with direct/hands-on patient care in hospital-based settings and in community-based settings was collected. An analysis of this data is represented using frequencies and percentages in Tables 4 and 5.

Table 4

Frequency and Percent of Hospital-based Patient Care

Previous Experience	Frequency	%
None	8	66.7
Minimal-2 years	3	25.0
2-5 years	1	8.3
5-10 years	0	0
Greater than 10 years	0	0

Table 5

Frequency and Percent of Community-based Patient Care

Previous Experience	Frequency	%
None	8	66.7
Minimal-2 years	4	33.3
2-5 years	0	0
5-10 years	0	0
Greater than 10 years	0	0

Instrument for Data Collection

A self-developed survey was used as the instrument for this study because previously developed instruments did not measure what this study intended to measure. Concept mapping, case studies, observation, low-fidelity simulation, medium-fidelity simulation, and high-fidelity simulation are defined on the *Clinical Learning Activities*

(see Appendix C) and were provided to the students as part of the research study. The *Clinical Learning Activities Survey* (see Appendix D) was used to measure the students' opinions about clinical learning activities that promoted identification of strengths and areas needing improvement in their nursing practice.

Data was collected using a six-item, 5-point Likert-type scale. Students rated each clinical learning activity with *Strongly Agree, Agree, Undecided, Disagree, or Strongly Disagree*. A Likert scale has “theoretical equal intervals among responses” (Creswell, 2008, p. 176). Descriptive statistics including frequencies and percentages were used to describe the data findings as the interest in this study was not in statistical comparisons, but in gathering the perspectives of participants in this particular case. Microsoft Office Excel Version 2010 was used to summarize the data. An independent research assistant with no vested interest in the project outcomes reviewed input and results for accuracy. Raw data is available by request from the researcher.

Clinical Learning Activities

Concept mapping is defined as “learning complex phenomenon by diagramming the concepts and subconcepts. Mind mapping puts the central concept in the center of the page with related concepts surrounding the main concept” (Rowles & Russo, 2009, p. 251). Students at ABCD participated in concept mapping during lecture and simulation. Case studies are defined as “in-depth analysis of real-life situation as a way to illustrate class content; applies didactic content and theory to real life, simulated life, or both” (Rowles & Russo, 2009, p. 247). Students at ABCD participated in case studies in lecture and clinical courses. Observation is defined as “direct visualization of performance”

(Bourke & Ihrke, 2009, p. 398). Nursing students at ABCD observed experienced nurses as they provided nursing care in emergency departments, surgery, intensive care, and other specialty areas.

Low-fidelity simulation is defined as “case studies to educate students about patient situations or using role-play to immerse students in a particular situation” (Hovancsek, 2007, p. 3). Students at ABCD participated in low-fidelity simulation in lab courses to prepare them to communicate with patients and to perform basic nursing skills. Medium-fidelity simulation is defined as partial task trainers that are “used to help students practice specific psychomotor skills that are integral to patient care. More technologically sophisticated are computer-based simulations in which the participant relies on a two-dimensional focused experience to problem solve, perform a skill, and/or make decisions” (Hovancsek, 2007, p. 3). VitalSim manikins are used at ABCD to allow nursing students to provide hands-on nursing care to simulated patients. High-fidelity simulation is defined as patient simulators that are “extremely realistic and sophisticated and provide a high level of interactivity and realism for the learner” (Hovancsek, 2007, p. 3). SimMan is the high-fidelity manikin used at ABCD to allow nursing students to provide hands-on nursing care to a simulated patient.

Establishing Reliability and Validity

Reliability is the ability of an instrument to consistency produce similar scores (Lodico et al., 2010). The pilot test assisted with ensuring that I measured what I intend to measure. Reliability was addressed by ensuring consistency in survey administration and data input and analysis. Consistency in survey administration was obtained by

distributing the questionnaires in a manila envelope to all 12 participants at one time. Additionally, I instructed the participants to complete and return the questionnaire in a box on the desk. Data input and analysis was standardized by utilizing the responses *Strongly Agree, Agree, Undecided, Disagree, and Strongly Disagree* and by utilizing Microsoft Office Excel Version 2010 to analyze the findings. Data entry was verified by an independent research assistant.

Studying the entire population was realistic because there were only 15 students; three of the students were excluded from the research study as they were invited to participate in the pilot study (see Appendix E). After obtaining Institutional Review Board (IRB) approval, a random numbers generator was used for simple random sampling for the pilot test of the survey instrument (Creswell, 2008). To maintain confidentiality, the three students were individually approached as they finished conversing with other students and instructors. At that time, they were invited to participate in the pilot study and were given the *Informed Consent* (see Appendix F) to review prior to reporting for the pilot study if they chose.

Classroom time was not used for participation in the pilot study. Students had already completed their graded requirements and final grades were assigned. The day of the survey was the initial contact with nursing students for the pilot study. The pilot test of the survey provided feedback about spelling, grammar, understanding of responses, clear and concise wording, appropriate content, and time to complete the instrument. Face validity was established during the pilot study. According to Lodico et al. (2010), face validity assures that the survey measures what it is intended to measure. The pilot

study participants reported an average of 29.3 minutes to complete the survey packet. Two participants suggested that the title be added directly above the directions of the survey instrument in addition to above the descriptions of the clinical learning activities. One participant identified a grammar error on the *Clinical Learning Activities* (see Appendix C). Additionally, one student recommended deleting the word “Appendix” and page numbers from the pages in the packet. Suggestions from participants in the pilot study were implemented into the final survey.

Students completing the pilot test were instructed to ask questions and to document comments directly on the survey (Creswell, 2008). The pilot study participants were treated the same way as other participants. They were informed of the purpose, voluntary participation, and right to withdraw from the study. Students were also informed that their consent to participate in the pilot study was assumed if they returned feedback on the survey instruments. To maintain confidentiality of students, if students chose to not participate in the study, the informed consent directed them to turn in the manila envelope without providing feedback.

Content validity was established by having an expert panel of three nurse educators examine the items for appropriate content and location in appropriate sections on the survey. All three nurse educators agreed that the content and location on the survey was appropriate. One nurse educator suggested changing the wording in the directions on the survey to include “reflect back upon your previous clinical learning activities including concept mapping, case studies, observation, low-fidelity simulation, medium-fidelity simulation, and high-fidelity simulation” rather than “reflect back on

your alternative clinical experiences including concept mapping, case studies, observation, low-fidelity simulation, medium-fidelity simulation, and high-fidelity simulation.” One nurse educator recognized the grammar error on the *Clinical Learning Activities* (see Appendix C). Face-to-face interactions with the nurse educators were conducted for feedback on the survey and recommendations were implemented into the final survey.

For the research study, I reported to the classroom when students completed their Medical Surgical Nursing Clinical classroom time and invited the students to participate in the research study by giving them the *Informed Consent* (see Appendix F) to review prior to reporting for the research study if they elected to participate. Classroom time was not used for participation in the research study. Students had completed their graded requirements and final grades were assigned. The day of the survey was the initial contact to invite 12 nursing students for this study; the other three nursing students had been invited to participate in the pilot study.

The threats to internal validity were controlled because the same standard procedures were followed; therefore, instrumentation was not a threat. A reliable, valid instrument was used for data collection as determined from the pilot study with students and nurse educators. However, the sample was small for each of the investigations in the pilot and further studies of the validity and reliability of the survey are suggested in future research with larger samples. Confidentiality of the research study was not a threat because a one-shot approach was used for data collection. External validity was assured by identifying the fact that all students had the same courses (environment, course work,

textbooks, and resources) throughout their nursing program. Students could have had different clinical instructors. Results will not be generalized to other nursing schools because a random sample was not chosen and the interest here was the particular case. The study needs to be replicated in other settings with more diverse participants and a larger population using random sampling in order to generalize the findings to a broader population.

Data Collection and Analysis

The purpose of this study was to assess nursing students' beliefs regarding which clinical learning activities provided students the opportunities to identify strengths and assess areas needing improvement in their nursing practice. A descriptive case study survey design was utilized. The survey was administered to all consenting students at one time. Twelve students were invited to participate in the survey. Students participating in the study were required to complete the survey. Failing to complete the survey would result in voluntary withdrawal from the study. Response rates were expected to be high because students had an interest in the topic. The survey was conducted using nursing students who were completing their final semester of the ASN program. To ensure acceptable return rates, informed consents and surveys were administered at the same time. I distributed the questionnaires to the participants in a manila envelope and instructed the participants to complete and return the questionnaire in a box on the desk.

This project study assessed nursing students' opinions regarding the effectiveness of clinical learning activities in promoting identification of strengths and areas needing improvement in their nursing practice. The options on the survey were concept mapping,

case studies, observation, low-fidelity simulation, medium-fidelity simulation, and high-fidelity simulation. Students chose one response (*Strongly Agree, Agree, Undecided, Disagree, or Strongly Disagree*) that applied to each clinical learning activity.

Frequencies and percentages were used to report patterns in the scores. Microsoft Office Excel Version 2010 was used to analyze the findings. Table 6 reveals the findings.

Table 6

Clinical Learning Activities as Frequencies and Percentages (Percentages in Parentheses)

Disagree Variable	Strongly Agree Freq (%)	Agree Freq (%)	Undecided Freq (%)	Disagree Freq (%)	Strongly Disagree Freq (%)
Concept Mapping	0 (0)	8 (66.7)	2 (16.7)	2 (16.7)	0 (0)
Case Studies	3 (25)	8 (66.7)	1 (8.3)	0 (0)	0 (0)
Observation	2 (16.7)	10 (83.3)	0 (0)	0 (0)	0 (0)
Low-fidelity Simulation	5 (41.7)	7 (58.3)	0 (0)	0 (0)	0 (0)
Medium-fidelity Simulation	9 (75.0)	3 (25.0)	0 (0)	0 (0)	0 (0)
High-fidelity Simulation	11 (91.7)	1 (8.3)	0 (0)	0 (0)	0 (0)

Note. Freq denotes frequency.

Response bias “occurs in survey research when the responses do not accurately reflect the views of the sample and the population” (Creswell, 2008, p. 403). The response rate was 100%, therefore, response biases were not a concern because the study was a descriptive study of a small case for ABCD and the results will not be generalized to the entire population of nursing students. Computerized data and written data,

including questionnaires, were kept confidential and stored in a locked filing cabinet that only I have access to.

Assumptions, Limitations, Scope, and Delimitations

The participants in this study were final semester nursing students at ABCD. I assumed that students had comparative nursing education experiences. Additionally, I assumed that the nursing students honestly answered the survey questions.

A limitation of this study includes the fact that a descriptive case study of a small population does not allow generalization of the findings to the entire nursing student population. Another limitation includes the fact that the students had different life experiences including personal, professional, and educational experiences that may have contributed to preferences of clinical learning strategies. Additionally, the study was conducted at only one research site. Nursing programs use different methods of teaching, learning, and evaluation; therefore, results cannot be generalized to the entire nursing student population.

The scope of the study focused on the nursing students' beliefs related to clinical learning activities that promoted identification of their strengths and areas needing improvement in their nursing practice. The findings of this study may inform stakeholders of effective clinical learning strategies that could provide additional clinical experiences for nursing students. A delimitation of the study includes the fact that there were only six clinical learning activities on the survey. Students may have chosen other clinical learning activities if more options were provided to the students. The survey did not assess explanations for reasons of choices on the survey.

Protection of Participant's Rights

Approval was obtained from ABCD and from Walden University's institutional review board. The students were informed that their participation in this research study was voluntary. Their choice to participate or not participate in this research study did not impact them, nursing faculty, or ABCD. Declining or discontinuing did not negatively impact their relationship with me or their access to services at ABCD. They were informed that they could withdraw from the research study at any time prior to submission of their survey. Due to the anonymity of the study, once a survey had been submitted, it could not be withdrawn because I would have had no way of knowing what data to withdraw. Participants were given the opportunity to ask questions before, during, and after reviewing the informed consent (see Appendix F). There was a minimal risk involved in this research study. Students possibly felt pressured to participate in the research study because of their relationship with me as I am a nursing faculty member at ABCD. This study was conducted separately from my role at ABCD, and final grades of the participants were assigned prior to the pilot study and research study. Numeric codes were used to label the surveys and participants remained anonymous. Confidentiality of all information was maintained and raw data is stored in a secured, locked location. No incentives were offered for participation in the research study.

Conclusion

The results of the data analysis will inform stakeholders of the nursing students' opinions about which clinical learning activities are effective strategies for promoting the identification of their strengths and areas needing improvement in their nursing practice.

Research results were reported to stakeholders including nurse educators, administration, and nursing students at ABCD.

Section 3 focuses on the description and goals, rationale, review of literature, and evaluation of the project for the nursing stakeholders. A literature review addressing the project is provided. Section 3 discusses the implications for social change and the value of the project in local and larger context. Section 4 consists of the reflection of the project, including, strengths and limitations, recommendations to address the problem differently, analysis of what was learned about scholarship, project development and evaluation, leadership and change, and self as a scholar, practitioner, and project developer. An overall reflection and discussion of implications, applications, and directions for future research is provided.

Section 3: The Project

Introduction

Nursing educators at ABCD strive to provide clinical learning activities that positively impact the nursing students' education and ability to identify their strengths and weaknesses. As described in Section 1, nursing education practices at ABCD provided a limited volume of clinical experiences that allowed nursing students to identify their strengths and work on areas needing improvement in their nursing practice. Section 2 identified that nursing students at ABCD preferred high-fidelity simulation as a clinical learning activity that promoted the identification of their strengths and areas needing improvement in their nursing practice. The goal for this project was to provide a learning tool for nurse educators to use as they facilitate guided-reflection during debriefing of high-fidelity simulation. Debriefing is an effective learning tool that facilitates the reflective learning process, and effective reflection during debriefing facilitates successful simulation and provides an opportunity for feedback on performance (Wang & Vozenilek, 2005).

Description and Goals

The focus of this project study was a guided-reflection debriefing guide to assist nursing educators with facilitating the debriefing portion of high-fidelity simulation learning activities. This project includes guided-reflection debriefing tools that were developed for use at ABCD and were based on the research findings. Approximately 92% of the nursing students *Strongly Agreed* that high-fidelity simulation is an effective learning activity for promoting identification of strengths and assessing areas needing

improvement in their nursing practice. The project is intended to be used as a tool for nursing educators as they facilitate guided-reflection with students after participating in a high-fidelity simulation patient care scenario.

The appropriate content included in the guided-reflection tools was determined by a literature review and recommendations from nursing educators at ABCD. The tools are intended to provide a means of student self-assessment with identification of strengths and areas needing improvement in nursing practice, and the last phase of debriefing encourages nursing students to develop an action plan to improve their nursing practice. These tools serve as a best-practice learning guide to promote maximal benefit from high-fidelity simulation learning activities.

Rationale

The purpose of designing a guided-reflection debriefing guide was to ensure that maximum learning is taking place during the high-fidelity simulation learning activity. Faculty can optimize simulation learning based in reflective practice that culminates in the debriefing tools that were created. A reflective approach to development of the debriefing tools was chosen because reflective learning is an effective learning strategy for adult learners and is the evidenced-based activity associated with the effectiveness of simulation. Having well-defined debriefing tools can positively impact the reflection process during the debriefing phase of simulation. A well-defined debriefing guide is currently unavailable at ABCD, and nursing instructors at ABCD prefer to use the nursing process model as a method of debriefing (C. Lauber, personal communication, January 12, 2012). Additionally, “the Joint Commission requires that care be documented

according to the nursing process, and the National League for Nursing has recommended that educational programs incorporate the nursing process as their intellectual process” (Taylor et al., 2011, p. 191). Findings from Section 2 demonstrated that nursing students agreed that high-fidelity simulation was an effective clinical learning activity, and according to Gordon and Buckley (2008), the debriefing process engages learners in evaluating their performances and students rate debriefing as the most effective component of the simulation. Based on these findings, I developed debriefing tools for high-fidelity simulation learning activities.

Review of Literature

Efforts were made to reach saturation of literature pertaining to the project. A Boolean search in the library databases included the following search terms: *high-fidelity simulation* and *guided-reflection*, *high-fidelity simulation* and *debriefing*, *professional behaviors* and *nursing*, *professional behaviors* and *high-fidelity simulation*, *high-fidelity simulation* and *nursing process*, *debriefing* and *nursing process*, *improving practice* and *nursing*, *action plan* and *nursing*, and *self-awareness* and *nursing*. All literature between the dates of January 1995 and January 2012 were reviewed. Relevant data was utilized to support the project. CINAHL, MEDLINE, Nursing & Allied Health Source, and ProQuest Central databases were utilized to gather literature from peer-reviewed journals and other sources. Additional resources, including textbooks, were utilized as appropriate.

High-Fidelity Simulation

High-fidelity simulation has many advantages and is becoming relatively popular in nursing education. According to Kaddoura (2010), “clinical simulation is a technique that is used to replace real patient experiences with guided practices that imitate substantial aspects of the real world in a fully interactive approach” (p. 506). Additionally, simulation provides opportunities for students to use their knowledge and skill to apply the nursing process to nonthreatening clinical scenarios (Bligh & Bleakley, 2006; Bond & Spillane, 2002; Dillon, Noble, & Kaplan, 2009). Student learning and behaviors can be enhanced through the use of simulation. According to Jeffries (2007), “high fidelity patient simulations are extremely realistic and sophisticated and provide a high level of interactivity and realism for the learner” (p. 3). High-fidelity simulation also provides immediate feedback to the learner (Weaver, 2011) and provides opportunities for active learning as the learners practice in a controlled environment without risk (Billings & Halstead, 2009; Bricker & Pardee, 2011; Hawkins, Todd, & Manz, 2008; Morgan, Cleave-Hogg, Desousa, & Lam-McCulloch, 2006; Parsh, 2010). This type of simulation experience assists in developing assessment, critical-thinking, problem-solving, decision-making, and data analysis skills (Parsh, 2010; Rothgeb, 2008) and these skills are necessary for nurses in the clinical environment. Students need hands-on experience, and support and feedback during reflection as a learning strategy for simulation (Bligh & Bleakley, 2006) to assist with identifying their strengths and areas needing improvement in their nursing practice.

In addition to the above, simulation provides a holistic nursing experience for nursing students (Hawkins et al., 2008) and challenges students to identify underlying core concepts in the scenario (Garrett, MacPhee, & Jackson, 2010). Development of clinical judgment is supported by the use of high-fidelity simulation, as it provides realistic, dynamic clinical environments that allow students to practice decision-making skills and procedures (Shoemaker, Riemersma, & Perkins, 2009). Additionally, self-confidence and competence might be positively affected as a result of the use of simulation because simulation allows students to practice nursing in a moderately stressful practice environment which can lower their stress levels (Blum, Borglund, & Parcells, 2010) and prepare nursing students for entry into the nursing profession. Hands-on experience and knowledge are both components of learning, and teaching and learning opportunities can be supported with simulation (Kaddoura, 2010).

Add to enhanced clinical, holistic experiences, simulation assists in limiting the fears associated with providing care to live patients. Students often feel unprepared and uncomfortable providing hands-on nursing care because of their lack of experience. High-fidelity simulation gives nursing students the opportunity to gain confidence and competence in caring for simulated patients prior to care for a live patient. Students are able to repeat scenarios until they gain the knowledge, skills, and abilities needed to successfully perform in the specific simulation scenario. High-fidelity simulation research has indicated that critical thinking is enhanced and fear is diminished when students engage in simulation. Nursing instructors facilitate learning by allowing students to perform nursing care in a risk-free environment, identify their mistakes, and learn from

the experience without causing actual harm to a live patient (Jeffries, 2007). Simulation exercises allow nursing students to practice clinical reasoning and decision making in simulated life-threatening situations without potentially causing harm to patients (Bond & Spillane, 2002). Nursing educators can adapt simulated learning experiences to meet the specific needs of the students and the curriculum (Hawkins, Todd, & Manz, 2008). Simulation can be used as a teaching and learning strategy or as an assessment and evaluation strategy. Based on the academic and experience level of the students, nursing educators can create scenarios that are directed at the appropriate level for each individual student which can result in appropriately challenging the nursing students so they can identify their strengths and areas needing improvement in their nursing practice. Ultimately, high-fidelity simulation engages the nursing students in their learning process and provides them with opportunities to improve their nursing practice.

Finally, simulation can assist education and practice institutions with evaluating knowledge, comprehension, application, and synthesis of learned information (Bligh & Bleakley, 2006). Undergraduate and graduate programs are increasing their use of simulation in nursing programs (Gordon & Buckley, 2009) so nursing students are better able to identify their strengths and areas needing improvement which might result in improving their nursing practice. Students prefer interaction and hands-on training as they actively engage in learning (Burne-Johnston, & McAllister, 2008; Dillard et al., 2009) and they have described simulation as “wonderful, exciting, and fantastic” (Dillon et al., 2009, p. 90). High-fidelity simulation provides hands-on learning for nursing students as they are able to realistically assess and care for the simulation patient. Active

engagement in learning supports adult education learning theories and has proven to be successful at ABCD. A variety of clinical simulations can be replicated through the use of simulation (Gordon & Buckley, 2009) as preparing nursing students for high risk, low volume patients can prepare them for situations that nursing education previously was unable to provide. Nursing faculty and students are able to verify the students' clinical judgment, knowledge, and skill abilities through the use of simulation (Sportsman et al., 2009). Verification of these professional behaviors is important because patient outcomes are reliant on the nurses' clinical judgment, knowledge, and skill abilities. Additionally, simulation is being implemented into clinical practice as a competency evaluation (Decker, Sportsman, Puetz, & Billings, 2008). Nursing students who are educated using high-fidelity simulation are more comfortable being evaluated using high-fidelity simulation during a competency assessment as their comfort levels increase as their experience in high-fidelity simulation increases.

A variety of teaching and learning strategies need to be provided to adult students (Billings & Halstead, 2009) and simulation serves as an alternative teaching and learning strategy that uses technology to support adult education in an innovative way to enhance active learning in nursing education. High-fidelity simulation is becoming more popular in nursing education because of its capabilities to transform learners and developing clinical competencies (Garrett, MacPhee, & Jackson, 2010).

Guided-Reflection

High-fidelity simulation promotes reflective learning, which allows students to recognize strengths and areas needing improvement in their nursing practice. Reflective

practice is grounded in adult learning theory (Hubbs & Brand, 2005) as it involves the learner in the process. Reflective learning is the process of learning through experience and debriefing supports the transition of performance from theory to practice (Goldenburg, Andrusyszyn, & Iwasiw, 2005), and reflective learning takes place when faculty and students debrief the simulation experience. Clinical reasoning and judgment skills are developed through the reflective learning process of debriefing (Dreifuerst, 2009), and clarifying students' knowledge and rationale for their practice can be completed in debriefing (Wotton, Davis, Button, & Kelton, 2010). During this process, students receive feedback from faculty and from their peers (Leonard, Shuhaibar, & Chen, 2010), which allows faculty and students to clarify misinterpretations of theory or practice (Hubbs & Brand, 2005). Based on self-assessment and feedback from peers and the facilitator, the nursing students can recognize areas that need improvement in their nursing practice (Kurman, 2006).

According to Gordon and Buckley (2009), 94% of participants rated formal debriefing as the most effective component of simulation. Reflective learning promotes construction of understanding of the experiences and the development of knowledge for future use, and this group discussion can be a beneficial learning tool (Etheridge, 2007). Identifying and strengthening weaknesses promotes improvement in nursing practice (Myers et al., 2010), and nursing graduates have reported that debriefing allowed them to bridge the gap between theory and practice by combining their knowledge and clinical experience (Kaddoura, 2010). In addition to promoting guided reflection of experiences (Jeffries, 2005; Rothgeb, 2008), debriefing supports a self-assessment in a social

environment. The self-assessment is guided by the facilitator as the students evaluate themselves and their peers. Assessments from peers provide validation for self-assessments (Galbraith, Hawkins, & Holmboe, 2008) as awareness of strengths and limitations can motivate students to address their learning needs. Reflective learning skills are essential to everyday practice in nursing as nurses must continually evaluate their actions as they assess and evaluate patient status based on previous nursing interventions. Nursing students need to develop reflective-thinking skills as they will need to utilize those skills to practice nursing in a simulation environment and to practice nursing with live patients.

Adults often benefit from learning from each other and they learn from role playing, cooperative learning, and self evaluation which are supported by the use of guided-reflection in simulation as teaching and learning strategy. Educators are responsible for facilitating the learning process but will have more success if the learning strategies apply to adult learners. Educators are serving a diverse population of learners and need to accommodate their needs.

Self-directed learning skills are critical to adult learning (Eva, Cunnington, Reiter, Keane, & Norman, 2004) and should be facilitated as a strategy for learning (Galbraith, Hawkins, & Holmboe, 2008). Self-assessing abilities and develop of an action plan to meet learning needs is an essential task involved with self-directed and life-long learning. Providing patient care requires self-assessment and self-directed learning acknowledgment of skills and abilities that should be addressed and facilitation of self-directed learning to improve weaknesses. An accurate self-assessment is key to

identification of strengths and areas needing improvement in nursing practice as false conclusions about self-assessment can be detrimental (Galbraith, Hawkins, & Holmboe, 2008). Adult students report that they enjoy and learn from active learning experiences such as role playing, cooperative learning, and self-evaluation (Billings & Halstead, 2009) and as a result nursing students should be provided with these opportunities to enhance their learning and improve their nursing practice. High-fidelity simulation scenarios can be adapted to meet the individual needs (Hawkins, Todd, & Manz) for courses, students, or educators. Conceptual learning, psychomotor skills, and self-efficacy can be evaluated through the use of simulation as a teaching and learning strategy (Kaakinen & Awood, 2009).

The Nursing Process

The nursing process is a critical thinking and problem-solving framework encompassing six standards of practice including assessment, diagnosis, outcome identification, planning, implementing, and evaluation and is used to provide competent nursing care, and the five-step nursing process is often utilized as outcome identification and planning are combined into one step (Taylor et al., 2011; Wilkinson, 2012).

According to Taylor et al. (2011), the nursing process is defined as

a systemic method that directs the nurse and patient, and together they accomplish the following: (1) assess the patient to determine the need for nursing care, (2) determine nursing diagnoses for actual and potential health problems, (3) identify expected outcomes and plan care, (4) implement the care, and (5) evaluate the results. (p. 191)

According to Taylor et al. (2011), the Joint Commission requires the use of the nursing process for documentation of patient care, and the National League for Nursing recommends that the nursing process is incorporated in nursing curriculums as their intellectual process. The assessment component of the nursing process encompasses “collection, validation, and communication of patient data” (Taylor et al., 2011, p. 193). The diagnosing component includes the analysis of data and identification of strengths and health problems that can be prevented or resolved (Taylor et al., 2011). Outcome identification and planning is comprised of identifying patient outcomes to prevent, reduce, or resolve the problems and identifying nursing interventions that are appropriate for the patient problem (Taylor et al., 2011). Nurses need to establish priorities for care of patients (Taylor et al., 2011). The implementation component pertains to applying the plan of care (Taylor et al., 2011) and the evaluating component encompasses measuring the outcomes, identifying factors that influenced the outcomes, and revising the plan (Taylor et al., 2011). The nursing process promotes patient-centered, holistic care.

The nursing process is used by ABCD as the critical-thinking model that directs nursing education and care. The assessment, diagnosis, outcome identification, planning, implementing, and evaluation steps can be practiced in high-fidelity simulation scenarios. Competently performing each step of the nursing process promotes effective patient care. Ultimately, high-fidelity simulation gives students opportunities to use the nursing process as they care for patients in a simulation setting and as they prepare to care for live patients.

Professional Behaviors and Simulation

Cognitive, technical, interpersonal, and ethical and legal skills are essential to nursing practice (Taylor et al., 2011). Cognitive skills allow nurses to think critically as critical thinking is an essential aspect of providing safe patient care. Simulation allows nursing education to use technology to promote critical thinking (Shinnick, Woo, & Mentis, 2011) and learning-based simulations enhance higher-order thinking and critical problem-solving; assessment of conceptual learning is supported (Kaakinen & Arwood, 2009). Technical skills are perfected as nurses perform manual skills on patients and equipment. Simulation is a strategy that can assist students in developing technical nursing skills and problem-solving skills (Reilly & Spratt, 2007). Student nurses can learn to safely utilize medical equipment as they care for simulated patients. Interpersonal skills are essential as nurses must respect and promote dignity for the patient. Additionally, ethical and legal skills play an important role in nursing practice. Nurses are responsible for providing care in accordance with the code of ethics and within their scope of practice (Taylor et al., 2011).

Nurses need to prioritize nursing care and perform it in an organized manner (Taylor et al., 2011). Simulation allows students the opportunity to establish priorities and work with the healthcare team as they make decisions and implement nursing interventions (Jeffries, 2007). Time management skills help nurses to provide effective and efficient nursing care. Nurses need to be able to effectively delegate appropriate tasks to other licensed personnel and unlicensed personnel (Taylor et al., 2011). Communication is an important component of nursing and nurses must effectively

communicate with health care team (Taylor et al., 2011). Additionally, communication with patients and family members is a required component of nursing practice.

Communication, teamwork, and decision making are central beneficial factors of learning by simulation (Bligh & Bleakley, 2006).

Nurses are responsible for promoting safety and preventing injury. Safety awareness and precautions can prevent many injuries. Additionally, nurses need to constantly assess for potentials for injury and teach patients about prevention of injuries. According to Taylor et al. (2011), checking the patient's identification bracelet prior to administering medications is a safety requirement for nurses. Prevention of infection is a major focus for healthcare providers and healthcare organizations. Nurses must implement infection control precautions and teaching to patients. Nurses are responsible for providing safe, efficient care to patients. Gowns, masks, protective eyewear, handling and disposing of supplies, using isolation precautions, and following current Centers for Disease Control and Prevention guidelines are interventions that assist in prevention of infection.

The overall care provided to patient by nurses is impacted by the nurses' professional behaviors as these behaviors are critical to the health of patients. Nursing students need experience with practicing these professional behaviors and a simulated environment could give students that opportunity. The care of patients can be positively impacted because of students' experiences in simulation.

Action Plan

Effective feedback from peers assists learners in supporting an accurate self-assessment for each nursing student as nursing students must first recognize the need for improvement and then identify actions that will assist them with self-improvement (Kurman, 2006). High fidelity simulation supports evaluation of clinical judgment and awareness of gaps in applying knowledge to practice (Lasater, 2007). Creating an action plan based on a self-assessment will assist nursing students with improving their nursing practice. According to Guhde (2011), simulation helps to improve awareness of the importance of assessment skills, critical-thinking, priority setting, and awareness of the nurse's role.

High-fidelity simulation is a method that enhances self-awareness as it can promote enhancement of knowledge and skills (Parsh, 2010) as being aware of areas needing improvement in nursing practice is an essential aspect of improving nursing practice. High-fidelity simulation can ease the transition of nursing students from academia to practice. Applying learning theory to the design of simulation can promote knowledge and skill development (Kaakinen & Arwood, 2009). According to Taylor et al. (2011), self-evaluation skills promote professional development, enhance self-esteem, and develop self-awareness. Galbraith et al. (2008) explained healthcare providers are responsible for life-long learning and self-assessments are essential components of that learning process. Evaluation from peers assists in validating the assessment and goals for improvement that should be established based on the assessment.

Based on the literature review, there is agreement that high-fidelity simulation serves as an effective clinical learning activity for nursing students. There are a few concerns related to high-fidelity simulation in the literature. It has clearly been identified that more research is needed on high-fidelity simulation. Further quantifiable evidence is needed to explore the development of self-confidence and clinical competence (Blum, Borglund, & Parcels, 2010) and problem-solving and decision-making skills need to be evaluated in the clinical environment (Hauber, Cormier, & Whyte, 2010). Effectiveness and outcomes in simulation need further evaluation (Sanford, 2010) and further research is needed in the design, implementation, and evaluation of simulation as a teaching strategy (Jeffries, 2005; Landeen & Jeffries, 2008). Evaluation strategies for reflective thinking and competencies need to be developed through research. Simulation can be costly and time-consuming (Decker, Utterback, Thomas, Mitchell, & Sportsman, 2011; Sanford, 2010) and stakeholders want evidenced-based research to validate the use of simulation (Schiavenato, 2009).

Implementation

Simulation learning activities are integrated into all clinical components of the nursing curriculum at ABCD. High-fidelity simulation was rated as the most effective clinical learning activity that promoted identification of strengths and areas needing improvement in their nursing practice. Therefore, educators at ABCD were interested in maximizing the benefits of high-fidelity simulation. Since debriefing was rated as the most effective component of simulation, structured debriefing tools were developed to

enhance the debriefing component of simulation at ABCD because no structured debriefing tools were previously available at ABCD.

The development of the debriefing tools was based on the results of a descriptive case study using survey techniques that indicated that approximately 92% of the nursing students *Strongly Agreed* that high-fidelity simulation promoted the identification of strengths and areas needing improvement in their nursing practice. High-fidelity simulation provides opportunities for nursing students to participate in active learning in a controlled environment without risk (Billings & Halstead, 2009; Bricker & Pardee, 2011; Hawkins, Todd, & Manz, 2008; Morgan, Cleave-Hogg, Desousa, & Lam-McCulloch, 2006; Parsh, 2010). The last phase of simulation is debriefing which is a reflective learning strategy. Reflective practice is grounded in adult learning theory (Hubbs & Brand, 2005) and promotes learning through experience. Debriefing supports learning as students transition performance from theory to practice (Goldenburg, Andrusyszyn, & Iwasiw, 2005). Students' knowledge and rationale for their practice can be reviewed in debriefing (Wotton, Davis, Button, & Kelton, 2010). Adults often benefit from learning from each other which is supported by the use of reflective practice. An accurate self-assessment is crucial to the identification of strengths and areas needing improvement in nursing practice as false conclusions about self-assessment can be detrimental (Galbraith, Hawkins, & Holmboe, 2008).

During debriefing students receive feedback from faculty and peers (Leonard, Shuhaibar, & Chen, 2010). Clarifications related to theory or practice be can discussed as

needed in debriefing (Hubbs & Brand, 2005). Students can assess their abilities to practice like a nurse (Kurman, 2006).

Faculty can optimize high-fidelity simulation learning experiences by using the reflective practice debriefing tools that were created as part of this project study. The use of structured debriefing tools will result in facilitating reflective practice. Ultimately, nursing students will be able to assess their nursing practice and create an action plan to improve their knowledge and abilities when needed.

The nursing process is used as a critical thinking and problem solving model to help students evaluate their nursing practice. According to Taylor et al. (2011), the Joint Commission requires the use of the nursing process for documentation of patient care, and the National League for Nursing recommends that the nursing process is incorporated in nursing curriculums as their intellectual process. Using the nursing process to evaluate strengths and areas needing improvement in the students' nursing practice is consistent with what is expected in education and practice settings. Professional behaviors are also assessed through the use of the debriefing tools developed for the purpose of this project. Appendix A is focused on the steps of the nursing process including assessment, diagnosis, planning, implementation, and evaluation. Additionally, professional behaviors including cognitive, interpersonal, technical, ethical and legal skills, organization, prioritization, time management, delegation, teamwork, communication, safety, and infection control are areas of focus for high-fidelity simulation at ABCD. Professional behaviors significant impact the practice of nursing and the health of patients. Simulation can provide nursing students with opportunities to practice these professional behaviors.

The final phase of this project encourages nursing students to develop an action plan that will assist them with improving their nursing practice. Self-assessments promote creation of an action plan that will assist nursing students with improving their nursing practice. Simulation helps to improve awareness and importance of assessment skills, critical-thinking, priority setting, and awareness of the nurse's role (Guhde, 2011). High-fidelity simulation enhances self-awareness and can promote enhancement of knowledge and skills (Parsh, 2010). Awareness of areas needing improvement in nursing practice is the foundation for improving nursing practice resulting in bridging the gap between theory and practice and transitioning nursing students from academia to practice.

The *Evaluation of Nursing Practice Debriefing Guide* (see Appendix A, Form 1) is intended to be used as a guide for the facilitation of debriefing after students participate in high-fidelity simulation learning activities. The objectives of the scenario will determine which statements or questions the facilitator will use to encourage discussion among students with the intention of assisting students to identify their strengths and areas needing improvement in their nursing practice. Specific questions related to each step of the nursing process including assessment, diagnosis, planning, implementing, and evaluation and professional behaviors are provided as examples for facilitators. Facilitators may add additional statements or questions as appropriate.

The *Application of Nursing Process Worksheet* (see Appendix A, Form 2) is to be used by the group as they utilize the nursing process to assess the care they provided to the patient in the scenario. Assessment data that was collected will be documented in the assessment box. Six boxes include priority, nursing diagnosis, outcome, and nursing

intervention sections. These sections are to be used as the students identify appropriate nursing diagnoses, outcomes, and interventions for the patient. This information can be documented on a white board or chalk board to allow group participation with documentation and visualization of the plan of care for all participants. This tool can be enlarged if the facilitator prefers to document directly on the worksheet.

As the students evaluate each step of the nursing process and professional behaviors, they will be identifying strengths and areas needing improvement which can be documented on the *Evaluation of Nursing Practice Debriefing Summary* (see Appendix A, Form 3). Additionally, this information can be documented on a white board or chalk board to allow group participation with documentation and visualization of the summary for all participants. This tool can be enlarged if the facilitator prefers to document directly on the worksheet. Through the use of this tool, students will be encouraged to create an action plan to enhance their nursing practice and they will be encouraged to use this action plan to improve their nursing practice. Additionally, they will be encouraged to identify resources needed to improve their nursing practice.

The literature review validated that debriefing was the most important aspect of high-fidelity simulation. The needs of ABCD related to the topic of high-fidelity simulation debriefing were discussed at a nurse educator faculty meeting. The nursing process and professional behaviors were critical areas identified by ABCD nurse educators and are commonly found in literature related to professional nursing practice.

High-fidelity simulation gives nursing students the opportunity to self-reflect and identify strengths and weaknesses in their nursing practice. The reflective learning tools

will guide the facilitator through the debriefing process. When the facilitator begins debriefing, he or she will start with an introduction reminding the students that reflective learning assists them with self-assessment and identification of strengths and areas needing improvement in their nursing practice will assist them with creating an action plan to improve their nursing practice. The debriefer will start the debriefing with a positive note with intentions of creating a positive learning environment. Additionally, the debriefer will include the objectives of the scenario. Next, the debriefer will have students address each step of the nursing process including assessment, diagnosis, planning, implementation, and evaluation. Specific questions to guide the debriefing are included on the *Evaluation of Nursing Practice Debriefing Guide* (see Appendix A, Form 1) and this information will be documented on the *Application of Nursing Process Worksheet* (see Appendix A, Form 2). Identifying what was good about each step and what needed improvement with each step will be discussed and documented on the *Evaluation of Nursing Practice Debriefing Summary* (see Appendix A, Form 3). Each step of the nursing process will be individually discussed using the *Evaluation of Nursing Practice Debriefing Guide* (see Appendix A, Form 1), documenting on the *Application of Nursing Process Worksheet* (see Appendix A, Form 2), and documentation of strengths and areas needing improvement on the *Evaluation of Nursing Practice Debriefing Summary* (see Appendix A, Form 3).

The debriefer will address professional behaviors that include cognitive, interpersonal, technical, ethical and legal skills, organization, prioritization, time management, delegation, teamwork, communication, safety, and infection control,

individually with the use of questions to promote discussion from the *Evaluation of Nursing Practice Debriefing Guide* (see Appendix A, Form 1). The *Application of Nursing Process Worksheet* (see Appendix A, Form 2) and *Evaluation of Nursing Practice Debriefing Summary* (see Appendix A, Form 3) will again be documented on during that time. The debriefer will conclude with the nursing students identifying an action plan to enhance their nursing practice. Preparing for the future and utilization of appropriate resources will be discussed. The facilitator will end the debriefing session with a positive statement reinforcing the benefits of assessing strengths and areas needing improvement in nursing practice and creating an action plan.

Potential Resources, Existing Supports, and Barriers

The needed resources for implementation of this project include the cooperation of nursing education administration and nursing faculty at ABCD. Simulation hours are already implemented into clinical courses. This project provides tools for nursing educators to enhance the high-fidelity simulation learning activity. Classroom space, time, and equipment needed to facilitate high-fidelity simulation are already available and being utilized. The existing resources and support of this project is essential to positive outcomes and implementation of the project. A potential barrier to the implementation of this project is the fact that other nursing educators who facilitate simulation need to be informed about the learning tools and instructed in its use. Currently, I participate in all high-fidelity simulations at ABCD. Therefore, I will be available to inform other nursing educators about the debriefing tools. I will offer an information session for nurse

educators to inform them of the tools and will invite them to attend a debriefing session to familiarize them with the debriefing strategy.

Proposal for Implementation and Timetable

The project will be implemented into the simulation curriculum immediately upon doctoral study project completion, which is anticipated for May 2012. The *Evaluation of Nursing Practice Debriefing Guide* (Appendix A, Form 1), the *Application of Nursing Process Worksheet* (Appendix A, Form 2), and the *Evaluation of Nursing Practice Debriefing Summary* (Appendix A, Form 3) will be used on an on-going basis in all high-fidelity simulation learning activities. The *Curriculum Plan for Preparing Educators to Facilitate Debriefing* (see Appendix A) will be available to all nursing educators and administrators for preparation for debriefing of simulation experiences.

Roles and Responsibilities of Student and Others

As the Director of Simulation at the ABCD, I take responsibility for educating the faculty, implementing the project, monitoring for effective use of the tools, and evaluation of the tools included in the project based on student and faculty feedback. The nursing program dean and nursing program chair provided input and approved the debriefing tools to be utilized with high-fidelity simulation. Nursing educators will need to be taught to use the tools when they facilitate high-fidelity simulation and the education will be provided by me at mutually agreed on times. An instructional outline will be used to guide the information sessions for teaching faculty how to use the debriefing tools. Instructional outlines provide a guide for planning and implementing teaching (McDonald, 2007) will be used to guide the instruction sessions to inform

faculty on the use of the debriefing tools. The purpose, level, and learners are identified, the scope and sequence is explained, the components, timeline, and materials needed are provided, and the detailed lessons including objectives activities, teacher notes, and assessment are available. Additionally, an evaluation plan is included in the *Curriculum Plan for Preparing Educators to Facilitate Debriefing* (see Appendix A). The learning objectives include:

1. Faculty will be able to describe the benefits of debriefing tools for simulation.
2. Faculty will demonstrate competence in using the debriefing tools to facilitate students' assessment of strengths and areas needing improvement in their nursing practice.

Next, the activities include:

1. Small group discussion focusing on the use of debriefing tools.
2. Observation of director of simulation center using debriefing tools.
3. Return demonstration using debriefing tools for simulation.

The assessment plan includes:

1. Faculty will state three benefits of using debriefing tools for simulation.
2. Faculty will facilitate debriefing using the debriefing tools.

Finally, the resources needed include:

1. *Evaluation of Nursing Practice Debriefing Guide* (see Appendix A, Form 1).
2. *Application of Nursing Process Worksheet* (see Appendix A, Form 2).
3. *Evaluation of Nursing Practice Debriefing Summary* (see Appendix A, Form 3).

I will use the *Curriculum Plan for Preparing Educators to Facilitate Debriefing* (see Appendix A) to plan and implement information sessions to inform nursing faculty about the use of the debriefing tools.

Project Evaluation

A summative evaluation will be used to evaluate the effectiveness of the debriefing tools. Key stakeholders, including nursing educators and nursing students, will be asked to participate in the evaluation process. Summative evaluations are provided at the end of the project and will help me measure outcomes related to success of the tool (Spaulding, 2008).

Quantitative data will be collected using a Likert-type scale to evaluate the debriefing tools. Students will rate each statement with *Strongly Agree, Agree, Undecided, Disagree, or Strongly Disagree*. Descriptive statistics including frequencies and percentages will be used to describe the data. Microsoft Office Excel Version 2010 will be used to calculate the data. Quantitative data will be collected using an 8-item, 5-point Likert-type scale to evaluate *Application of Nursing Process Worksheet* (see Appendix A, Form 2). The following statements will be included in the survey titled *Summative Evaluation of Application of Nursing Process Worksheet* and *Summative Evaluation of Evaluation of Nursing Practice Debriefing Summary* (see Appendix A, Form 4) for evaluation of the *Application of Nursing Process Worksheet* (see Appendix A, Form 2): (a) the *Application of Nursing Process Worksheet* is an effective tool for self-reflection and creating a plan of care for a patient after a high-fidelity simulation; (b) the *Application of Nursing Process Worksheet* assists me with identifying my strengths and

areas needing improvement in my nursing practice; (c) the *Application of Nursing Process Worksheet* addresses appropriate content (assessment, diagnosis, planning, implementing, evaluation, and priority); and (d) the *Application of Nursing Process Worksheet* assists me with formulating an action plan to enhance my nursing practice.

The following statements will be included in the survey titled *Summative Evaluation of Application of Nursing Process Worksheet* and *Summative Evaluation of Evaluation of Nursing Practice Debriefing Summary* (see Appendix A, Form 4) for evaluation of the *Evaluation of Nursing Practice Debriefing Summary* (see Appendix A, Form 3): (a) the *Evaluation of Nursing Practice Debriefing Summary* is an effective tool for self-reflection after a high-fidelity simulation; (b) the *Evaluation of Nursing Practice Debriefing Summary* assists me with identifying my strengths and areas needing improvement in my nursing practice; (c) the *Evaluation of Nursing Practice Debriefing Summary* addresses appropriate content (nursing process, professional behaviors, and action plan); and (d) the *Evaluation of Nursing Practice Debriefing Summary* assists me with formulating an action plan to enhance my nursing practice.

The *Evaluation of Nursing Practice Debriefing Guide* (see Appendix A, Form 1) will be evaluated by the nursing educators by collecting quantitative data using a 4-item, 5-point Likert-type scale titled *Summative Evaluation of Evaluation of Nursing Practice Debriefing Guide* (see Appendix A, Form 5). Nursing educators will rate each statement with *Strongly Agree*, *Agree*, *Undecided*, *Disagree*, or *Strongly Disagree*. Descriptive statistics including frequencies and percentages will be used to describe what the data shows. Microsoft Office Excel Version 2010 will be used to calculate the data. The

following statements pertaining to the *Evaluation of Nursing Practice Debriefing Guide* (Appendix A, Form 1) will be included on the survey: (a) the *Evaluation of Nursing Practice Debriefing Guide* is an effective tool for guiding self-reflection of nursing students after a high-fidelity simulation; (b) the *Evaluation of Nursing Practice Debriefing Guide* assists nursing students with identifying strengths and areas needing improvement in their nursing practice; (c) the *Evaluation of Nursing Practice Debriefing Guide* addresses appropriate content (nursing process, professional behaviors, and action plan); and (d) the *Evaluation of Nursing Practice Debriefing Guide* assists nursing students with formulating an action plan to enhance their nursing practice.

The evaluations will be completed on a semester basis because this will give students and instructors the opportunity to have multiple encounters using the debriefing tools during high-fidelity simulation prior to evaluating the debriefing tools. A survey design is one of the most commonly used data sources (Spaulding, 2008) and will be used as a summative evaluation of the debriefing tools. Suggested improvements in the debriefing process will be evaluated and implemented as appropriate.

Implications Including Social Change

This study revealed that nursing students at ABCD prefer high-fidelity simulation as a clinical learning activity that promoted the identification of strengths and assessment of areas needing improvement in their nursing practice. Based on these findings, debriefing tools for high-fidelity simulation were developed and will be implemented in April 2012.

Local Community

Educational institutions, healthcare facilities, students, and community members are stakeholders who are affected by nursing students' lack of nursing practice. Nurse educators at ABCD were faced with challenges as they strived to provide clinical learning opportunities for nursing students. This study allowed me to identify which clinical learning activities nursing students believed were effective methods for evaluating their nursing practice. Exploring this problem was useful to ABCD because educators gained a better understanding of the problem and I identified an intervention to enhance high-fidelity simulation as a clinical learning activity for nursing students. The implementation of this project supports clinical learning for nursing students at ABCD, which could ultimately affect their nursing practice as they care for live patients.

Far-Reaching Implications

This project could impact nursing educators at other nursing education institutions who could utilize the debriefing tools as an adjunct to their high-fidelity simulation scenarios. Although this study was conducted at one institution, the principles of adult learning are universal and reflection is an effective strategy for adult learners. The implementation of the tools might positively also impact nursing students at other institutions. The overall care provided by nurses could be positively changed because of the students' ability to evaluate their nursing practice. This project could inspire other scholars and practitioners to conduct research to evaluate similar or other problems with nursing education and identify potential solutions.

Conclusion

Section 3 introduced the description and goals, rationale, review of literature, and evaluation of the project. Potential resources, existing supports, and potential barriers for the project were identified. A proposal for implementation was provided and roles and responsibilities for me and others were established. Additionally, the implications for social change and the value of the project in local and larger context were discussed. Section 4 consists of the reflection of the project including strengths and limitations, recommendations to address the problem differently, analysis of what was learned about scholarship, project development and evaluation, leadership and change, and self as a scholar, practitioner, and project developer. An overall reflection and discussion of implications, applications, and directions for future research is provided.

Section 4: Reflections and Conclusions

Introduction

Section 3 described the project, including the description, goals, rationale, review of literature, needed resources, existing supports, potential barriers, implementation, roles and responsibilities, evaluation plan, and implications. This section focuses on the strengths and limitations of this project study. This section also discusses recommendations for ways to address the problem differently, an analysis of scholarship, project development and evaluation, and leadership and change. Lastly, an overall reflection on the process, implications, applications, and directions for future research are reviewed.

Project Strengths

One of the advantages of this project was that I developed learning tools to support nursing education. The tools are intended to be used for debriefing of high-fidelity simulation scenarios, and enhancing the debriefing component by providing additional learning strategies to improve the effectiveness of debriefing. Three tools were developed for this project. The *Evaluation of Nursing Practice Debriefing Guide* (see Appendix A, Form 1) will be used to guide facilitators with questions to support student discussion during debriefing. The *Application of Nursing Process Worksheet* (see Appendix A, Form 2) will be used to document the steps of the nursing process, including the assessment, diagnosis, outcome identification, planning, interventions, and evaluation. The *Evaluation of Nursing Practice Debriefing Summary* (see Appendix A, Form 3) will be used to document strengths and areas needing improvement in each step

of the nursing process and will address professional behaviors. These tools can be adapted as necessary to support different clinical learning activities associated with nursing education. Additionally, a curriculum plan for preparing nursing educators to facilitate debriefing was developed. The curriculum plan will enhance high-fidelity simulation activities by impacting the nursing educators' ability to conduct debriefing of simulation learning activities.

Education is a teaching and learning process, and the purpose of education is to develop knowledge, skill, and experience (Billings & Halstead, 2009). Educators and students must contribute time and effort as they work together to meet the needs of the students. My project supports this concept as high-fidelity simulation provides opportunities for students to gain knowledge, skill, and experience in caring for patients.

Recommendations for Remediation of Limitations

In order to strengthen this project a summative evaluation will be completed and the recommendations from the evaluation will be implemented into debriefing sessions with students. This project is being implemented at one small community college campus. There are limited nursing educators and nursing students at this campus. A larger number of nursing educators and nursing students may impact the findings from the evaluation of the debriefing tools. Larger scale studies could also assist in generalizability of findings and a more diverse population may provide further insight on the significance of reflective practice and high-fidelity simulation. Additionally, nursing students may prefer other types of clinical learning activities if they were available.

A recommendation for addressing the problem differently includes the implementation of lower nurse educator to student ratios as this would give the nursing student more hands-on clinical experiences with live patients in the clinical setting. Another recommendation would be to further explore a preceptorship program that would allow the nursing students opportunities to provide hands-on nursing care along side a licensed nurse. Preceptorships promote critical thinking as nursing students have the opportunity to work one-on-one with experienced nurses (Myrick & Yonge, 2004), which is an active learning strategy. Preceptorships also support the socialization of nursing students into entry-level nurses (Heffernan, Heffernan, Brosnan, & Brown, 2009).

Scholarship

This doctoral study project has been a journey of scholarship. I developed a passion for this project and have learned the importance of the step-by-step process involved in creating scholarly work. I developed new knowledge for writing Sections 1 and 2. The project development was explained in Section 3, and Section 4 provides an analysis of me as a scholar, project developer, and practitioner. This project has promoted identification of my strengths and abilities to investigate problems and explore potential solutions to the problems. Likewise, this project provided the opportunity for discovery and contribution of knowledge to the education and health care professions.

Project Development and Evaluation

Understanding the needs of the population being served is crucial. As a nursing educator, I realize that I need to identify the needs of the educational institution, nursing educators, and nursing students and explore potential solutions to address the concerns.

Implementation of interventions to support their needs is needed to promote nursing education and nursing care. This project emphasized the importance of evaluation of work. Ongoing evaluations are necessary because new knowledge gained can impact the continuation of the project with improvements made as needed to address the problem. Success in project development and evaluation is dependent on a team of people. Support and involvement from key stakeholders including administration and colleagues are essential to the overall project development and evaluation.

Leadership and Change

My vision is to positively impact the education offered to nursing students at ABCD. I will continue to instruct clinical courses where I will have direct patient care experience. I will continue to research and provide evidenced-based nursing care and will maintain current partnerships and establish new partnerships with local organizations to promote nursing. I plan to increase my involvement in regional and state committees related curriculum development and simulation and will be an active participant in efforts to attain their established goals. I will utilize my knowledge and skills to help create positive social change for Indiana. I plan to disseminate the findings from this doctoral study to nursing education colleagues across the country by speaking at conferences and publishing data findings in peer reviewed journals. Sharing knowledge and best practices will contribute to the advancement of nursing education and practice.

Analysis of Self as Scholar

The doctoral study project has promoted identification of strengths and abilities to investigate problems and explore potential solutions to the problems. Research provides

the foundation for evidenced-based practices that can be implemented into nursing curriculums to enhance nursing education. The work of scholars is a key component to providing evidenced-based education to nursing students and providing evidenced-based nursing care to patients. This project provided the opportunity for discovery and contribution of knowledge to the education and health care professions, which promoted personal and professional satisfaction. A comprehensive understanding of the problem, the methodology, the project, and the evaluation processes are the keys to identifying concerns and intervening as needed. Maintaining a high standard of education is important to me as an educator as educators must maintain high standards in order to meet the needs of the students. Issues and possible solutions to the problem can be identified as a result of a scholar's work as this could support program effectiveness (Billings & Halstead, 2009).

Analysis of Self as Practitioner

Integrating new knowledge in education and health care professions supports utilization of evidenced-based practices. Educators need to utilize evidenced-based practices to provide effective education for students and nurses need to utilize evidenced-based practices to provide quality, effective care to their patients. The work of scholars promotes education and health care at local, national, and international levels. Practitioners are able to utilize the knowledge to make changes that promote their profession. I will implement evidence-based practices into my lecture, lab, and clinical courses and will create a learner-centered learning environment for students during

lecture, participating in discussions, working in groups, practicing skills, participating in simulation, and interacting with patients.

Analysis of Self as Project Developer

Project development is challenging, yet rewarding. Satisfaction is gained when scholars start with an idea and end with a product. The advancement of knowledge is critical to the education and nursing professions (Billings & Halstead, 2009). Project developers need to be able to identify their strengths and weaknesses and identify approaches to improve abilities to develop a project. Time management skills were effective as the project was developed and a creation of a timeline helped me to continually monitor progress. Communication with key team members (doctoral study chair) was effective throughout this process, and I was also able to maintain self-initiative in reviewing appropriate resources for data collection and analysis.

I now have the opportunity to grow and develop through education. I need to be motivated and take advantage of personal, professional, and educational opportunities. I now feel confident and competent to conduct further project studies that could promote positive social change, improve faculty and student satisfaction, and implement effective learning activities in nursing education. I have the tools and have proven to myself and the scholarly community that I am an effective beginning level researcher.

The Project's Potential Impact on Social Change

This project could potentially create positive social change in many ways. Nursing educators could utilize the results of this study to implement simulation requirements into nursing curriculums as these interventions could positively impact the

nursing students' education and ability to identify their strengths and weakness which should result in an educational action plan. This project may stimulate an awareness of the problems with graduate nurses entering the workforce. Lack of experience for entry-level nursing graduates, limited clinical site availability, nursing faculty shortages, and unrealistic expectations of nursing graduates may be further investigated for identification of possible solutions to remedy the contributing problems. Health care organizations could utilize simulation to have new and experienced nurses perform in scenarios for self-assessments and competency assessments. The overall care provided by the nurses could be positively impacted because of evaluation with a resultant action plan.

Implications, Applications, and Directions for Future Research

Further research is needed to analyze the relation between high-fidelity simulation and faculty evaluation of students' clinical practice performances. Larger scale studies could assist in generalizability of findings. A more diverse population may provide further insight on the significance of self-assessments and high-fidelity simulation.

This project could inspire other scholars and practitioners to conduct research to evaluate similar or other problems and potential solutions. Global trends, issues, and new knowledge may promote open-mindedness and curiosity about evidence-based practice and education. My critical thinking skills, team work, time management skills, and communication skills have been essential factors to the success of this project. My primary goal is to continue to be a leader in nursing and education fields and the pursuit of knowledge and experience will assist me in providing education to future nurses.

Conclusion

This section focused on the strengths and limitations of this project study and recommendations for ways to address the problem differently. An analysis of scholarship, project development and evaluation, and leadership and change were also discussed. Reflection, implications, applications, and directions for future research were provided. This project impacted my education and abilities and has provided an additional learning resource for ABCD. The debriefing tools will impact the nursing education offered to nursing students. This project has created positive social change at a local level and may potentially create positive change in a broader context.

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Appendix A: Curriculum Plan for Preparing Educators to Facilitate Debriefing

Designed by: Shelly Eisert

For Questions or Comments, please contact Shelly Eisert.

Purpose, Level, and Learners

The project is a deliverable package to the school of nursing for use by nursing educators working in clinical experiences curriculum development. All components of the curriculum plan for preparing nursing educators to facilitate debriefing are included as they relate to use of the documents developed for debriefing of simulation learning experiences. The project is designed so that faculty members or administrators can access and use it to prepare themselves for debriefing simulation learning experiences as the directions and explanations for use are included. The instructional outline provides a guide for planning and implementing teaching (McDonald, 2007) and facilitation of simulation learning experiences.

The development of the debriefing tools was based on the results of a descriptive case study using a survey design that indicated that approximately 92% of the nursing students *Strongly Agreed* that high-fidelity simulation promoted the identification of strengths and areas needing improvement in their nursing practice. High-fidelity simulation provides opportunities for nursing students to participate in active learning in a controlled environment without risk (Billings & Halstead, 2009; Bricker & Pardee, 2011; Hawkins, Todd, & Manz, 2008; Morgan, Cleave-Hogg, Desousa, & Lam-McCulloch, 2006; Parsh, 2010). The last phase of simulation is debriefing which is a reflective learning strategy. Reflective practice is grounded in adult learning theory (Hubbs & Brand, 2005) and promotes learning through experience. Debriefing supports learning as students transition in their performance from theory to practice (Goldenburg,

Andrusyszyn, & Iwasiw, 2005). Students' knowledge and rationale for their practice can be reviewed in debriefing (Wotton, Davis, Button, & Kelton, 2010). Adults often benefit from learning from each other which is supported by the use of reflective practice. An accurate self-assessment is crucial to the identification of strengths and areas needing improvement in nursing practice as false conclusions about self-assessment can be detrimental (Galbraith, Hawkins, & Holmboe, 2008).

During debriefing students receive feedback from faculty and peers (Leonard, Shuhaibar, & Chen, 2010). Clarifications related to theory or practice be can discussed as needed in debriefing (Hubbs & Brand, 2005). Students can assess their abilities to practice like a nurse (Kurman, 2006) and focus their efforts in the identified areas needing improvement.

Faculty can optimize high-fidelity simulation learning experiences by using the reflective practice debriefing tools that were created as part of this project. The use of structured debriefing tools will result in facilitating reflective practice. Ultimately, nursing students will be able to assess their nursing practice and create an action plan to improve their knowledge and abilities when needed.

Scope and Sequence

The *Curriculum Plan for Preparing Educators to Facilitate Debriefing* is intended as a guide to prepare nursing educators to facilitate debriefing of simulation learning activities. The nursing process is used as a critical thinking and problem solving model to help students evaluate their nursing practice. According to Taylor, Lillis, LeMone, and Lynn (2011), the Joint Commission requires the use of the nursing process

for documentation of patient care, and the National League for Nursing recommends that the nursing process is incorporated in nursing curriculums as their intellectual process. Using the nursing process to evaluate strengths and areas needing improvement in the students' nursing practice is consistent with what is expected in education and practice settings. Professional behaviors are also assessed through the use of the debriefing tools developed for the purpose of this project.

The Nursing Process

The nursing process is a critical thinking and problem-solving framework encompassing six standards of practice including assessment, diagnosis, outcome identification, planning, implementing, and evaluation and is used to provide competent nursing care, and the five-step nursing process is often utilized as outcome identification and planning are combined into one step (Taylor et al., 2011; Wilkinson, 2012).

According to Taylor et al. (2011), the nursing process is defined as

a systemic method that directs the nurse and patient, and together they accomplish the following: (1) assess the patient to determine the need for nursing care, (2) determine nursing diagnoses for actual and potential health problems, (3) identify expected outcomes and plan care, (4) implement the care, and (5) evaluate the results. (p. 191)

According to Taylor et al. (2011), the Joint Commission requires the use of the nursing process for documentation of patient care, and the National League for Nursing recommends that the nursing process is incorporated in nursing curriculums as their intellectual process. The assessment component of the nursing process encompasses

“collection, validation, and communication of patient data” (Taylor et al., 2011, p. 193).

The diagnosing component includes the analysis of data and identification of strengths and health problems that can be prevented or resolved (Taylor et al., 2011). Outcome identification and planning is comprised of identifying patient outcomes to prevent, reduce, or resolve the problems and identifying nursing interventions that are appropriate for the patient problem (Taylor et al., 2011). Nurses need to establish priorities for care of patients (Taylor et al., 2011). The implementation component pertains to applying the plan of care (Taylor et al., 2011) and the evaluating component encompasses measuring the outcomes, identifying factors that influenced the outcomes, and revising the plan (Taylor et al., 2011). The nursing process promotes patient-centered, holistic care.

The nursing process is used by ABCD as the critical-thinking model that directs nursing education and care. The assessment, diagnosis, outcome identification, planning, implementing, and evaluation steps can be practiced in high-fidelity simulation scenarios. Competently performing each step of the nursing process promotes effective patient care. Ultimately, high-fidelity simulation gives students opportunities to use the nursing process as they care for patients in a simulation setting and as they prepare to care for live patients.

Professional Behaviors and Simulation

Cognitive, technical, interpersonal, and ethical and legal skills are essential to nursing practice (Taylor et al., 2011). Cognitive skills allow nurses to think critically as critical thinking is an essential aspect of providing safe patient care. Simulation allows nursing education to use technology to promote critical thinking (Shinnick, Woo, &

Mentes, 2011) and learning-based simulations enhance higher-order thinking and critical problem-solving; assessment of conceptual learning is supported (Kaakinen & Arwood, 2009). Technical skills are perfected as nurses perform manual skills on patients and equipment. Simulation is a strategy that can assist students in developing technical nursing skills and problem-solving skills (Reilly & Spratt, 2007). Student nurses can learn to safely utilize medical equipment as they care for simulated patients. Interpersonal skills are essential as nurses must respect and promote dignity for the patient. Additionally, ethical and legal skills play an important role in nursing practice. Nurses are responsible for providing care in accordance with the code of ethics and within their scope of practice (Taylor et al., 2011).

Nurses need to prioritize nursing care and perform it in an organized manner (Taylor et al., 2011). Simulation allows students the opportunity to establish priorities and work with the healthcare team as they make decisions and implement nursing interventions (Jeffries, 2007). Time management skills help nurses to provide effective and efficient nursing care. Nurses need to be able to effectively delegate appropriate tasks to other licensed personnel and unlicensed personnel (Taylor et al., 2011).

Communication is an important component of nursing and nurses must effectively communicate with health care team (Taylor et al., 2011). Additionally, communication with patients and family members is a required component of nursing practice.

Communication, teamwork, and decision making are central beneficial factors of learning by simulation (Bligh & Bleakley, 2006).

Nurses are responsible for promoting safety and preventing injury. Safety awareness and precautions can prevent many injuries. Additionally, nurses need to constantly assess for potentials for injury and teach patients about prevention of injuries. According to Taylor et al. (2011), checking the patient's identification bracelet prior to administering medications is a safety requirement for nurses. Prevention of infection is a major focus for healthcare providers and healthcare organizations. Nurses must implement infection control precautions and teaching to patients. Nurses are responsible for providing safe, efficient care to patients. Gowns, masks, protective eyewear, handling and disposing of supplies, using isolation precautions, and following current Centers for Disease Control and Prevention guidelines are interventions that assist in prevention of infection.

The overall care provided to patient by nurses is impacted by the nurses' professional behaviors as these behaviors are critical to the health of patients. Nursing students need experience with practicing these professional behaviors and a simulated environment could give students that opportunity. The care of patients can be positively impacted because of students' experiences in simulation. Professional behaviors significantly impact the practice of nursing and the health of patients. Simulation can provide nursing students with opportunities to practice these professional behaviors.

This project focused on the steps of the nursing process including assessment, diagnosis, planning, implementation, and evaluation. Additionally, professional behaviors including cognitive, interpersonal, technical, ethical and legal skills, organization,

prioritization, time management, delegation, teamwork, communication, safety, and infection control are areas of focus for high-fidelity simulation at ABCD.

The final phase of this project encourages nursing students to develop an action plan that will assist them with improving their nursing practice. Self-assessments promote the creation of individualized performance improvement plans. Simulation helps to improve the awareness and importance of assessment skills, critical-thinking, priority setting, and awareness of the nurse's role (Guhde, 2011). High-fidelity simulation enhances self-awareness and can promote positive facilitation of knowledge and skills (Parsh, 2010). Awareness of areas needing improvement in nursing practice is the foundation for improving nursing practice resulting in bridging the gap between theory and practice and transitioning nursing students from academia to practice.

Components and Timeline

The reflective learning tools will guide the facilitator through the debriefing process. When the facilitator begins debriefing, he or she will start with an introduction reminding the students that reflective learning assists them with self-assessment and identification of strengths and areas needing improvement in their nursing practice. This will assist them with creating an action plan to improve their nursing practice. The faculty debriefer will start the debriefing with a positive note with intentions of creating a positive learning environment. Additionally, the debriefer will include the objectives of the scenario. Next, the debriefer will have students address each step of the nursing process including assessment, diagnosis, planning, implementation, and evaluation.

Specific questions to guide the debriefing are included on the *Evaluation of Nursing Practice Debriefing Guide* (Appendix A, Form 1) and this information will be documented on the *Application of Nursing Process Worksheet* (Appendix A, Form 2). Identifying what was good about each step and what needed improvement with each step will be discussed and documented on the *Evaluation of Nursing Practice Debriefing Summary* (Appendix A, Form 3). Each step of the nursing process will be individually discussed using the *Evaluation of Nursing Practice Debriefing Guide* (Appendix A, Form 1), documenting on the *Application of Nursing Process Worksheet* (Appendix A, Form 2), and documentation of strengths and areas needing improvement on the *Evaluation of Nursing Practice Debriefing Summary* (Appendix A, Form 3).

The debriefer will address professional behaviors that include cognitive, interpersonal, technical, ethical and legal skills, organization, prioritization, time management, delegation, teamwork, communication, safety, and infection control, individually with the use of questions to promote discussion from the *Evaluation of Nursing Practice Debriefing Guide* (Appendix A, Form 1). The *Application of Nursing Process Worksheet* (Appendix A, Form 2) and *Evaluation of Nursing Practice Debriefing Summary* (Appendix A, Form 3) will again be documented on during that time. The debriefer will conclude with the nursing students identifying an action plan to enhance their nursing practice. Preparing for the future and utilization of appropriate resources will be discussed. The facilitator will end the debriefing session with a positive statement reinforcing the benefits of assessing strengths and areas needing improvement in nursing practice and creating an action plan.

Each component of the simulation experience and debriefing may vary in length of time because nursing instructors' experience with simulation and debriefing may vary. Educators may prefer to observe more than one simulation conducted by the director of simulation prior to return demonstration of the newly learned debriefing technique. The time needed can be adjusted to meet the needs of the nursing educators. The project will be implemented into the simulation curriculum immediately upon doctoral study project completion, which is anticipated for June 2012. The *Evaluation of Nursing Practice Debriefing Guide* (Appendix A, Form 1), the *Application of Nursing Process Worksheet* (Appendix A, Form 2), and the *Evaluation of Nursing Practice Debriefing Summary* (Appendix A, Form 3) will be used on an on-going basis in all high-fidelity simulation learning activities.

Lesson Detail

Objectives

The learning objectives include:

1. Faculty will be able to describe the benefits of debriefing tools for simulation.
2. Faculty will demonstrate competence in using the debriefing tools to facilitate students' assessment of strengths and areas needing improvement in their nursing practice.

Activities

1. Small group discussion focusing on the use of debriefing tools.
2. Observation of director of simulation center using debriefing tools.
3. Return demonstration using debriefing tools for simulation.

Materials Needed

1. *Evaluation of Nursing Practice Debriefing Guide* (Appendix A, Form 1).
2. *Application of Nursing Process Worksheet* (Appendix A, Form 2).
3. *Evaluation of Nursing Practice Debriefing Summary* (Appendix A, Form 3).
4. *Summative Evaluation of Application of Nursing Process Worksheet and Evaluation of Nursing Practice Debriefing Summary* (Appendix A, Form 4).
5. *Summative Evaluation of Nursing Practice Debriefing Guide* (Appendix A, Form 5)

Teacher Notes

Explain the purpose for the curriculum plan that is intended to prepare nursing educators for facilitating debriefing of simulation learning experiences. The scope and sequence of the debriefing activity is provided and should be discussed. Next, the components and timeline for debriefing and use of debriefing tools should be stated, and materials needed for implementation of debriefing should be reviewed addressed. Additionally, the objectives, activities, and assessment will be discussed. At this time, small group discussion focusing on the use of debriefing tools, observation of the director of the simulation center using debriefing tools, and return demonstration using debriefing tools for simulation will be conducted. Finally, the evaluation plan and materials needed should be discussed.

The *Evaluation of Nursing Practice Debriefing Guide* (Appendix A, Form 1) is intended to be used as a guide for the facilitation of debriefing after students participate in high-fidelity simulation learning activities. The objectives of the scenario will

determine which statements or questions the facilitator will use to encourage discussion among students with the intention of assisting students to identify their strengths and areas needing improvement in their nursing practice. Specific questions related to each step of the nursing process including assessment, diagnosis, planning, implementing, and evaluation and professional behaviors are provided as examples for facilitators.

Facilitators may add additional statements or questions as appropriate.

The *Application of Nursing Process Worksheet* (Appendix A, Form 2) is to be used by the group as they utilize the nursing process to assess the care they provided to the patient in the scenario. Assessment data that was collected will be documented in the assessment box. Six boxes include priority, nursing diagnosis, outcome, and nursing intervention sections. These sections are to be used as the students identify appropriate nursing diagnoses, outcomes, and interventions for the patient. This information can be documented on a white board or chalk board to allow group participation with documentation and visualization of the plan of care for all participants. The tool can be enlarged if the facilitator prefers to document directly on the worksheet.

As the students evaluate each step of the nursing process and professional behaviors, they will be identifying strengths and areas needing improvement which can be documented on the *Evaluation of Nursing Practice Debriefing Summary* (Appendix A, Form 3). Additionally, this information can be documented on a white board or chalk board to allow group participation with documentation and visualization of the summary for all participants. This tool can be enlarged if the facilitator prefers to document directly on the worksheet. Through the use of this tool, students will be encouraged to create an

action plan to enhance their nursing practice and they will be encouraged to use this action plan to improve their nursing practice. Additionally, they will be encouraged to identify resources needed to improve their nursing practice.

Appendix A, Form 1: Evaluation of Nursing Practice Debriefing Guide

(READ ALOUD TO STUDENTS): Reflective learning assists us in self-assessment. Identification of strengths and areas needing improvement will assist us in creating an action plan to improve our nursing practice. We will be using the nursing process as a critical thinking and decision-making process to evaluate our strengths and areas needing improvement in our nursing practice as we provided individualized, patient-centered care to this patient. Let's start with reviewing the objectives for this high-fidelity simulation scenario (STATE OBJECTIVES).

(FOR FACILITATOR PURPOSES): The following statements and questions listed under each step of the nursing process, professional behaviors, and action plan can be used to promote discussion among students with the intention of assisting them to reflect on their high-fidelity simulation experience to identify their strengths and areas needing improvement in their nursing practice. The facilitator can make selections based on the specific scenario objectivities.

NURSING PROCESS – We are going to address each step of the nursing process.

1. Assessment-the nurse collects, validates, and communicates patient data
 - a. Explain what you know about the patient's nursing history and why is it important? What physical assessment data was collected (objective, subjective, VS, pain)? Was any additional data needed? What information did you need to review from nursing literature? How did you consult with patient's support people and healthcare professionals?
 - b. What data needed to be continuously updated? Why?
 - c. Explain how you validated data?
 - d. To whom did you communicate the data? Did the data need to be communicated to anyone else? Who and why?
2. Diagnosis-the nurse interprets and analyses data
 - a. Explain how you interpreted and analyzed the data. Why?
 - b. What are the strengths and health problems for this patient?
 - c. Which actual and potential nursing diagnoses apply to this patient?
 - d. How should these nursing diagnoses be prioritized? Why?
3. Outcome Identification/Planning-the nurse specifies patient outcomes and related nursing interventions
 - a. What is the priority? Why?
 - b. What outcomes are appropriate for this patient?
 - c. How did you evaluate the outcomes?
 - d. Which interventions would be appropriate for the identified problems (IV therapy; medication administration-verify allergies, dosage calculations, verify patient x2, verify meds x3; positioning, non-

- pharmacological measures; patient teaching, potential complications)? Why?
- e. Who does this plan need to be communicated to? Why?
4. Implementation-the nurse carries out the plan of care
 - a. How was the plan of care carried out? Why?
 - b. What data was collected and how was the plan of care modified?
 - c. Were the interventions documented?
 5. Evaluation-the nurse evaluates achievement of outcomes and revises the plan
 - a. Interpret and summarize the findings.
 - b. Did the patient achieve the identified outcomes? Why?
 - c. Will the plan be modified or terminated? Why?
 - d. What changes will you make to the plan of care? Why?

PROFESSIONAL BEHAVIORS – What are our strengths? What areas do we need to improve?

1. Explain how you used cognitive skills to perform in the simulation? (critical thinking; knowledge-pathophysiology, assessment and diagnostic testing, clinical manifestations, nursing interventions, pharmacology; utilizes resources)
2. Explain how you used interpersonal skills to perform in the simulation? (dignity and respect for patient; caring behaviors; provides privacy)
3. Explain how you used technical skills to perform in the simulation? (procedures, equipment)
4. Explain how you used ethical/legal skills to perform in the simulation (patient advocacy, accountable for nursing care)
5. Explain how you used organization/prioritization/time management skills to perform in the simulation.
6. Explain how you used delegation/team work skills in the simulation.
7. Explain how you used communication skills (verbal, non-verbal) when interacting with patient, family members, and healthcare team (verbal, non-verbal) in the simulation.
8. Explain how you were alert to safety (identify patient X 2, proficiency with equipment, bed brakes locked, call light in reach, appropriate use of side rails) in the simulation.
9. Explain how you used infection control precautions (hand washing, standard precautions) in the simulation.

Re-state the scenario specific objectives of the simulation.

1. Which objectives were you able to achieve? Why? Which objective were you unable to achieve? Why?
2. What challenges did you face? How did you overcome them?
3. What would you do the same and differently if you were in this same situation again?

ACTION PLAN

(READ ALOUD TO STUDENTS): Formulating an action plan allows practitioners to participate in self-directed learning to enhance their nursing practice.

1. How are you going to prepare for the future?
2. What resources will you utilize?

Positive Statement: Simulation experiences allow us to examine our nursing practice. Identifying strengths and weaknesses are important components of learning. Life-long learning helps to ensure that we are providing competent and skillful nursing care. Please let me know if you need any additional assistance with creating a personal action plan to improve your nursing practice. Your patients count on you!

Appendix A, Form 2: Application of Nursing Process Worksheet

<u>Assessment</u>	
<u>Priority:</u> <u>Nursing DX:</u> <u>Outcome:</u> <u>Interventions:</u>	<u>Priority:</u> <u>Nursing DX:</u> <u>Outcome:</u> <u>Interventions:</u>
<u>Priority:</u> <u>Nursing DX:</u> <u>Outcome:</u> <u>Interventions:</u>	<u>Priority:</u> <u>Nursing DX:</u> <u>Outcome:</u> <u>Interventions:</u>
<u>Priority:</u> <u>Nursing DX:</u> <u>Outcome:</u> <u>Interventions:</u>	<u>Priority:</u> <u>Nursing DX:</u> <u>Outcome:</u> <u>Interventions:</u>

Appendix A, Form 3: Evaluation of Nursing Practice Debriefing Summary

This tool should be used by nursing students and the facilitator as they identify strengths and areas needing improvement in the students' nursing practice. Additionally, this information can be documented on a white board or chalk board to allow group participation with documentation and visualization of the summary for all participants. This tool can be enlarged if the facilitator prefers to document directly this sheet.

ASSESSMENT	
<u>Strengths</u>	<u>Areas Needing Improvement</u>
DIAGNOSIS	
<u>Strengths</u>	<u>Areas Needing Improvement</u>
OUTCOME IDENTIFICATION/PLANNING	
<u>Strengths</u>	<u>Areas Needing Improvement</u>
IMPLEMENTATION	
<u>Strengths</u>	<u>Areas Needing Improvement</u>
EVALUATION	
<u>Strengths</u>	<u>Areas Needing Improvement</u>
PROFESSIONAL BEHAVIORS	
<u>Strengths</u>	<u>Areas Needing Improvement</u>
ACTION PLAN	

Assessment

The assessment plan includes:

1. Faculty will state three benefits of using debriefing tools for simulation.
2. Faculty will facilitate debriefing using the debriefing tools.

After watching the director of simulation facilitate debriefing an informal discussion will be facilitated to encourage nursing faculty to state three benefits of using debriefing tools for facilitation of simulation. Additionally, each faculty member will facilitate debriefing using the debriefing tools. The director of simulation will observe the debriefing and offer support and advise as appropriate.

Evaluation Plan and Materials

A summative evaluation will be used to evaluate the effectiveness of the debriefing tools. Key stakeholders, including nursing educators and nursing students, will be asked to participate in the evaluation process. Summative evaluations are provided at the end of the project and will help me measure outcomes related to success of the tool (Spaulding, 2008).

Quantitative data will be collected using a Likert-type scale to evaluate the debriefing tools. Students will rate each statement with *Strongly Agree*, *Agree*, *Undecided*, *Disagree*, or *Strongly Disagree*. Descriptive statistics including frequencies and percentages will be used to describe the data. Microsoft Office Excel Version 2010 will be used to calculate the data. Quantitative data will be collected using an 8-item, 5-point Likert-type scale to evaluate *Application of Nursing Process Worksheet* (Appendix A, Form 2). The following statements will be included in the survey titled *Summative*

Evaluation of Application of Nursing Process Worksheet and Evaluation of Nursing Practice Debriefing Summary (Appendix A, Form 4) for evaluation of the *Application of Nursing Process Worksheet* (Appendix A, Form 2): (a) the *Application of Nursing Process Worksheet* is an effective tool for self-reflection and creating a plan of care for a patient after a high-fidelity simulation; (b) the *Application of Nursing Process Worksheet* assists me with identifying my strengths and areas needing improvement in my nursing practice; (c) the *Application of Nursing Process Worksheet* addresses appropriate content (assessment, diagnosis, planning, implementing, evaluation, and priority); and (d) the *Application of Nursing Process Worksheet* assists me with formulating an action plan to enhance my nursing practice. The following statements will be included in the survey for evaluation of the *Evaluation of Nursing Practice Debriefing Summary* (Appendix A, Form 3): (a) the *Evaluation of Nursing Practice Debriefing Summary* is an effective tool for self-reflection after a high-fidelity simulation; (b) the *Evaluation of Nursing Practice Debriefing Summary* assists me with identifying my strengths and areas needing improvement in my nursing practice; (c) the *Evaluation of Nursing Practice Debriefing Summary* addresses appropriate content (nursing process, professional behaviors, and action plan); and (d) the *Evaluation of Nursing Practice Debriefing Summary* assists me with formulating an action plan to enhance my nursing practice.

The *Evaluation of Nursing Practice Debriefing Guide* (Appendix A, Form 1) will be evaluated by the nursing educators by collecting quantitative data using a 4-item, 5-point Likert-type scale titled *Summative Evaluation of Nursing Practice Debriefing Guide* (Appendix A, Form 5). Nursing educators will rate each statement with *Strongly*

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Agree, Agree, Undecided, Disagree, or Strongly Disagree. Descriptive statistics including frequencies and percentages will be used to describe what the data shows. Microsoft Office Excel Version 2010 will be used to summarize the data. The following statements pertaining to the *Evaluation of Nursing Practice Debriefing Guide* (Appendix A, Form 1) will be included on the survey: (a) the *Evaluation of Nursing Practice Debriefing Guide* is an effective tool for guiding self-reflection of nursing students after a high-fidelity simulation; (b) the *Evaluation of Nursing Practice Debriefing Guide* assists nursing students with identifying strengths and areas needing improvement in their nursing practice; (c) the *Evaluation of Nursing Practice Debriefing Guide* addresses appropriate content (nursing process, professional behaviors, and action plan); and (d) the *Evaluation of Nursing Practice Debriefing Guide* assists nursing students with formulating an action plan to enhance their nursing practice.

The evaluations will be completed on a semester basis because this will give students and instructors the opportunity to have multiple encounters using the debriefing tools during high-fidelity simulation prior to evaluating the debriefing tools. A survey design is one of the most commonly used data sources (Spaulding, 2008) and will be used as a summative evaluation of the debriefing tools. Suggested improvements in the debriefing process will be evaluated and implemented as appropriate.

Appendix A: Form 4: Summative Evaluation for *Application of Nursing Process Worksheet* and *Evaluation of Nursing Practice Debriefing Summary*

Using the following scale please evaluate the *Application of Nursing Process Worksheet* and *Evaluation of Nursing Practice Debriefing Summary*. Place an “X” in the box that applies (*Strongly Agree, Agree, Undecided, Disagree* or *Strongly Disagree*) for each statement on the evaluation form.

	Strongly Agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly Disagree (1)
The <i>Application of Nursing Process Worksheet</i> is an effective tool for self-reflection and creating a plan of care for a patient after a high-fidelity simulation.					
The <i>Application of Nursing Process Worksheet</i> assists me with identifying my strengths and areas needing improvement in my nursing practice.					
The <i>Application of Nursing Process Worksheet</i> addresses appropriate content (assessment, diagnosis, planning, implementing, evaluation, and priority).					
The <i>Application of Nursing Process Worksheet</i> assists me with formulating an action plan to enhance my nursing practice.					
The <i>Evaluation of Nursing Practice Debriefing Summary</i> is an effective tool for self-reflection after a high-fidelity simulation.					
The <i>Evaluation of Nursing Practice Debriefing Summary</i> assists me with identifying my strengths and areas needing improvement in my nursing practice.					
The <i>Evaluation of Nursing Practice Debriefing Summary</i> addresses appropriate content (nursing process, professional behaviors, and action plan).					
The <i>Evaluation of Nursing Practice Debriefing Summary</i> assists me with formulating an action plan to enhance my nursing practice.					

Appendix A, Form 5: Summative Evaluation for *Evaluation of Nursing Practice Debriefing Guide*

Using the following scale please evaluate the *Evaluation of Nursing Practice Debriefing Guide*. Place an “X” in the box that applies (*Strongly Agree, Agree, Undecided, Disagree* or *Strongly Disagree*) for each statement on the evaluation form.

	Strongly Agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly Disagree (1)
The <i>Evaluation of Nursing Practice Debriefing Guide</i> is an effective tool for guiding self-reflection of nursing students after a high-fidelity simulation.					
The <i>Evaluation of Nursing Practice Debriefing Guide</i> assists nursing students with identifying strengths and areas needing improvement in their nursing practice.					
The <i>Evaluation of Nursing Practice Debriefing Guide</i> addresses appropriate content (nursing process, professional behaviors, and action plan).					
The <i>Evaluation of Nursing Practice Debriefing Guide</i> assists nursing students with formulating an action plan to enhance their nursing practice.					

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Appendix B: Demographics

Age

- 20-30
 31-40
 41-50
 51-60
 61-70

Gender

- Male
 Female

Race

- White
 Black or African American
 American Indian or Alaskan Native
 Asian
 Native Hawaiian or Other Pacific Islander
 Hispanic or Latino
 Other

Previous Experience with Direct/Hands-on Patient Care

Please report direct/hands-on patient care experience in hospital-based and community-based settings.

Hospital-based Patient Care (medical, surgical)

- None
 Minimal-2 years
 3-5 years
 6-10 years
 Greater than 10 years

Community-based Patient Care (nursing home, homecare, assistive living)

- None
 Minimal-2 years
 3-5 years
 6-10 years
 Greater than 10 years

Appendix C: Clinical Learning Activities

Reflect back upon your previous clinical learning activities including concept mapping, case studies, observation, low-fidelity simulation, medium-fidelity simulation, and high-fidelity simulation.

Concept mapping: “learning complex phenomenon by diagramming the concepts and subconcepts. Mind mapping puts the central concept in the center of the page with related concepts surrounding the main concept” (Rowles & Russo, 2009, Chapter 14, p. 251). Students at ITCC participated in concept mapping during lecture and simulation.

Case studies: “in-depth analysis of real-life situation as a way to illustrate class content; applies didactic content and theory to real life, simulated life, or both” (Rowles & Russo, 2009, Chapter 14, p. 247). Students at ITCC participated in case studies in lecture and clinical courses.

Observation: “direct visualization of performance” (Bourke & Ihrke, 2009, Chapter 23, p. 398). Nursing students at ITCC observed in emergency departments, surgery, intensive care, and other specialty units as a measure to learn from the observations of experienced nurses.

Low-fidelity Simulation: “case studies to educate students about patient situations or using role-play to immerse students in a particular situation” (Hovancsek, 2007, Chapter 1, p.3). Students at ITCC participated in low-fidelity simulation in lab courses to prepare them to communicate with patients and to perform basic nursing skills.

Medium-fidelity Simulation: “partial task trainers, such as IV cannulation arms or low-technology mannequins, that are used to help students practice specific psychomotor skills that are integral to patient care. More technologically sophisticated are computer-based simulations in which the participant relies on a two-dimensional focused experience to problem solve, perform skills, and/or make decisions during the clinical scenario” (Hovancsek, 2007, Chapter 1, p.3). Vital Sim manikins are used at ITCC to allow nursing students to provide hands-on nursing care to simulated patients.

High-fidelity Simulation: “patient simulators are extremely realistic and sophisticated and provide a high level of interactivity and realism for the learner” (Hovancsek, 2007, Chapter 1, p.3). Sim Man is the high-fidelity manikin used at ITCC to allow nursing students to provide hands-on nursing care to a simulated patient.

Appendix D: Clinical Learning Activities Survey

Using the following scale please evaluate each clinical learning activity in regards to it being an effective strategy for evaluating strengths and assessing areas needing improvement in your nursing practice. Place an “X” in the box that applies for each clinical learning activity (concept mapping, case studies, observation, low-fidelity simulation, medium-fidelity simulation, and high-fidelity simulation).

Learning Activities	<i>Strongly Agree (5)</i>	<i>Agree (4)</i>	<i>Undecided (3)</i>	<i>Disagree (2)</i>	<i>Strongly Disagree (1)</i>
Concept Mapping					
Case Studies					
Observation					
Low-fidelity Simulation					
Medium-fidelity Simulation					
High-fidelity Simulation					

Start Time:

Complete Time:

Appendix E: Pilot Test of Survey

Thank you for participating in pilot testing this survey. Your time and effort is appreciated. This survey will be used to conduct research on nursing students' beliefs related to clinical learning activities that promote identification of strengths and areas needing improvement in their nursing practice. Please track the time it takes to complete this survey. Please document your comments directly on the survey.

Does the title of the survey reflect the purpose of the survey? Are the directions clear and concise? Please examine survey for wording, grammar, and understanding of responses. Are the language and reading levels appropriate for the nursing student population? Is the content clear and concise? Does the content fit the purpose of the study? Do you suggest any additional clinical learning activities that should be added to the survey?

Appendix F: Informed Consent

Date

Dear Learner,

As a soon to be new graduate nurse, your beliefs about clinical learning activities that promote the identification of strengths and areas needing improvement in your nursing practice are valuable. It is anticipated that interventions will be implemented to provide additional clinical learning strategies for nursing students as they strive to identify strengths and assess areas needing improvement in their nursing practice. The overall care of patients might be positively impacted. Nursing educators could implement interventions that would assist nursing students with identifying their strengths and weaknesses in their nursing practice.

I am conducting this research to measure students' beliefs regarding effective clinical learning activities for nursing students. You will be asked to complete a 6-item survey rating clinical learning activities. The population being studied is nursing students at ITCC who graduated in December 2011. There is a minimal risk involved in this research study. Students may feel pressured to participate in the research study because of their relationship with the researcher. I am currently a Walden University student working on my doctoral degree. I am also a nursing faculty member at ITCC, but this study is being done separate from my role at ITCC.

Your participation is voluntary. Your choice to participate or not participate in this research study will not impact you, nursing faculty, or the college. Declining or discontinuing will not negatively impact your relationship with the researcher or your access to services at ITCC. You may withdraw from the research study at any time prior to submission of your survey. Due to the anonymity of the study, once a survey has been submitted, it cannot be withdrawn since I have no way of knowing what data to withdraw. The survey is coded for the purpose of organizing data. Your identity will remain anonymous. Confidentiality of all information will be maintained. To maintain confidentiality of students, if you choose to not participate in this study, you may return the manila envelope without providing feedback or completing the survey.

Your consent to participate in this study is assumed if you return a completed survey. This data will be used as authorized by Walden University as part of a doctoral study project with the intention of publication in journals and presentations at conferences. General questions about the research study may be directed to me or my doctoral study chair at the contact numbers below. Questions about your rights as a participant may be directed to Walden University's Institutional Review Board. Walden University's approval number for this study is 12-23-11-0155403 and it expires on December 23, 2012.

You will receive a copy of this form. No compensation will be awarded for participation in this research study.

I sincerely appreciate your participation. The survey will take approximately 30 minutes to complete. Please return the survey in the enclosed envelope and submit in the box on the desk as you exit.

Sincerely,

Shelly Eisert

Dr. Stacy Wahl
Doctoral Program Chair
Walden University

Walden's Institutional Review Board

Appendix G: Approval Email from Walden University's Institutional Review Board

Dear Ms. Eisert,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, "Addressing the Problem: Limited Clinical Experiences for Nursing Students."

Your approval # is 12-23-11-0155403. You will need to reference this number in your doctoral study and in any future funding or publication submissions. Also attached to this e-mail is the IRB approved consent form. Please note, if this is already in an on-line format, you will need to update that consent document to include the IRB approval number and expiration date.

Your IRB approval expires on December 22, 2012. One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application document that has been submitted as of this date. If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden web site or by emailing irb@waldenu.edu: http://inside.waldenu.edu/c/Student_Faculty/StudentFaculty_4274.htm

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Please note that this letter indicates that the IRB has approved your research. You may not begin the research phase of your dissertation, however, until you have received the **Notification of Approval to Conduct Research** e-mail. Once you have received this notification by email, you may begin your data collection.

Sincerely,

Jenny Sherer, M.Ed., CIP

Appendix H: Letter of Cooperation from Ivy Tech Community College



December 2, 2011

Ms. Shelly Eisert, MSN, RN, MHA, CNE
Asst. Professor of Nursing
Ivy Tech Community College
13641 North County Road 500 East
Batesville, IN 47006

Dear Shelly,

Subject: *“Addressing the Problem: Limited Nurses Clinical Experiences for Nursing Students”*
HSRB Request #11035B

Thank you for your recent submission of an Application for Human Subject Research Project Approval. As called for by our policy, I have reviewed your application along with a subgroup of the Human Subject Review Board.

Your application has been approved to conduct the research within the next 6 months as described in your application materials received October 25, 2011. You may proceed with the project as described in your research request.

Please be aware that it is the responsibility of a principal investigator to oversee his/her project in compliance with all local, state and federal guidelines for human research (e.g. 45 CFR 46; FERPA; HIPAA; CFR 21). Additional approvals for use of copyrighted materials, if applicable, are the investigator’s responsibility.

While we certainly don’t anticipate any, please let the Human Subjects Research Committee of Ivy Tech know about any adverse events associated with your study. Should the research approach need to be modified, be sure to let us know. Any procedural modifications must be evaluated and approved prior to being implemented.

Approval of this research does not convey authorization to publish findings that identify Ivy Tech (or its students, faculty or staff) as a study participant. As with all research projects conducted among Ivy Tech students, faculty or staff, we also request that Ivy Tech receive a copy of the final report and analysis, for internal use.

50 WEST FALL CREEK PARKWAY NORTH DRIVE
INDIANAPOLIS, INDIANA 46208-5752
P. 317-921-4882

SHELLY L. EISERT MSN, MHA, RN, CNE

EDUCATION

Walden University January 2009 to present
 Doctorate of Education Expected Graduation: June 2012
 Specialization in Higher Learning and Adult Education
 Baltimore, MD

University of Phoenix
 Master of Science Nursing/Health Administration October 2007
 Phoenix, AZ

Indiana Wesleyan University
 Bachelor of Science in Nursing August 2006
 Certificate in Human Services August 2005
 Marion, IN

Ivy Tech Community College May 2004
 Associate of Science in Nursing
 Madison, IN

Northern Kentucky Technical College December 2001
 Practical Nursing Program
 Edgewood, KY

EMPLOYMENT

United States Army Reserve June 2008 - present
 Company B 801st Combat Support Hospital
 Indianapolis, IN

Registered Nurse, Nurse Corp: Rank of Captain. Provide the nursing care and services essential to the mission of the Army Medical Department. Responsible for all facets of nursing related to the planning, management, operation, control, coordination, and evaluation of nursing practices.

Ivy Tech Community College
Lawrenceburg, IN

March 2007 - present

Registered Nurse, Associate Professor of Nursing May 2008 - present
Teaching, guiding, and preparing nursing students for entry into practice positions. Duties include preparing lesson plans and lecturing on assigned topics, creating a learning environment for students while they are receiving lecture, practicing skills and interacting with patients, and evaluating the knowledge and skills of nursing students in the classroom and clinical setting.

Registered Nurse, Adjunct Nursing Faculty March 2007 - May 2008
Part-time-clinical instructor for students in practical nursing and registered nurse programs. Duties included creating a learning environment for students while they are practicing skills and interacting with patients and teaching and preparing nursing students for entry into practice positions.

The Waters of Batesville, LLC
Skilled Nursing and Rehabilitation
Batesville, IN

September 1996 - present

Registered Nurse, Assistant Director of Nursing July 2004 - July 2007
Duties include planning and administering patient care in an 86 bed facility, quality assurance committee, education director, development and implementation of policies and procedures, supervision of nursing staff, infection control coordinator, wound care coordinator, and case management. Prior to July 2004, I held other patient care positions in this facility.

LICENSURE

Indiana RN License # 28160401A - Active

CONTINUING EDUCATION

Certified Nurse Educator: National League for Nursing
Legal Nurse Consulting Certificate: American Association of Legal Nurse Consultants
CPR/AED/First Aid Instructor & Certified: American Heart Association
ACLS certified: American Heart Association
Trauma Nurse Core Course: Emergency Nurses Association
Tuberculosis Education Instructor & certified: American Lung Association of Indiana

PROFESSIONAL ASSOCIATIONS

Membership with National League for Nursing (NLN)

COMMUNITY INVOLVEMENT

Big Brothers Big Sisters – mentoring 1 hour weekly- February 2004 - present
2009 American Cancer Society Relay for Life Event. Co-Captain.