Simulating Troublesome Contexts: How Multiple Roles within Ward-Based Simulations Promote Professional Nursing Competence

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Abstract

Nursing care is multifaceted and is practised within complex healthcare environments. Although the concept of competence itself is tenuous (Watson *et al.* 2002), achievement of nursing competencies remains an essential prerequisite for nurse registration in Ireland. The domains of nursing competence are: professional/ethical practice; holistic approaches to care and the integration of knowledge; organization and management of care; personal and professional development; and interpersonal relationships (An Bord Altranais 2005). At a conceptual level, these can be likened, somewhat, to threshold concepts insofar as they represent important transitions of practice and understanding. In this article, we illustrate how a ward-based simulation exercise with evolving scenarios and multiple role performances mimics 'troublesome contexts'. We find that this exercise successfully promotes both nurse competence and understanding of threshold concepts through the embodiment of multiple identities (e.g. nurse, patient, relative, observer, etc.). Evaluations of this activity amongst a cohort of final year nursing students have consistently identified the transformative nature of this activity, particularly when acting in the 'patient' role. In this article, we describe the processes inherent in this simulation exercise and how the multiple layers of complexity are achieved. The very act of performing multiple identities and roles within an evolving complex environment we suggest, results in a consequential, transformed view (Meyer and Land 2003) of values, attitudes and behaviours in addition to enhancing nursing competence. Evidence of this is demonstrated in evaluations of the debriefing exercise undertaken immediately following simulation.

Keywords: competence; nursing; simulation; threshold concepts

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Introduction

Poet, theologian, and philosopher John O'Donohue draws attention to the etymology of the word 'threshold' (from threshing), an age-old practice of separating grains from husks, irreversibly modifying the original form in explaining how, through thresholds, we move towards a "more critical and challenging and worthy fullness" (O'Donohue 2016). From an educational perspective, this sentiment resonates with Meyer and Land's (2003) identification of the importance of threshold concepts for learning. The means by which threshold concepts are moved through in order to gain a changed perspective involves a process of uncertainty, challenge and questioning known as liminality (Land, Meyer, and Baillie 2010: x). Nursing is a practice undertaken in complex and challenging environments. The broad domains of competence required for nursing are: professional/ethical practice; holistic approaches to care and the integration of knowledge; organization and management of care; personal and professional development; and interpersonal relationships (An Bord Altranais 2005). Although there are practical nurse-specific elements to these domains, at a conceptual level they can be likened somewhat to threshold concepts insofar as they represent important transitions of practice and understanding. Here, we argue that the running of ward-based simulations fosters a sense of 'liminality' where students, faced with complex situations, are challenged, forced to question their practices, critically evaluate their knowledge, and eventually go through a transition towards the achievement of the nursing threshold competencies described above. This article presents an account of our work in creating these 'troubling conditions'. Nursing education requires a combination of learning approaches. In Ireland, 2300 hours of practice-based learning occurs through structured immersion in a variety of clinical placements over four years of the programme. Simulation training is internationally recognized as an essential adjunct to practice-based learning in enabling students to safely test and practise their evolving clinical knowledge and skill in safe, monitored conditions with no risks to patients (Cant and Cooper 2017).

Building, managing and reflecting on complexities: How ward-based simulations work

Creating a realistic, busy, and sufficiently troublesome simulated context of a healthcare environment is far from simple to achieve. Ensuring an authentic, challenging simulation activity requires close attention to a multiplicity of factors pre-, during, and post- simulation. These are described in further detail below.

Pre-simulation

The environment in which the simulation occurs is a 15 bedded unit in a dedicated clinical education centre within the grounds of a university. Attention to equipment, environment, and staff preparation is crucial. For the exercise, 15 unique pre-prepared patient cases are utilised. Each case has a patient script, medical and nursing notes, and also props (e.g. dentures, slippers, hearing aids) to assist in making the environment realistic. Additionally, pre-prepared scripts and role descriptions for observers, ambulance personnel, doctors, and care assistants are utilised. To ensure students in the 'simulation cohort' (*N*=18) get the experience of being a nurse and a patient, the simulation exercise is run twice (separated by a debriefing exercise (discussed later in 'Post simulation'). A second student cohort (*N*=18) provides a supporting function, performing designated roles to enhance authenticity for the 'simulation' cohort. All students eventually rotate which means that all students are immersed in nurse, patient, and supporting roles at different times; viewing the troublesome context of the healthcare environment from a multiplicity of perspectives. Two flow coordinators (staff members) and a clinical nurse manager (Author 1) prepare students in advance by either briefing them on their roles or providing them with nursing report. A timekeeper is charged with ensuring the simulation lasts no longer than 20 minutes. We have found that good quality preparation work in the pre-simulation period results in a more effective learning experience for the students and

staff. Ensuring adequate staff and correct proportions of nurse-to-patient ratios remains a continual, yet unavoidable, challenge.

During simulation

Goffman's theory of social positioning suggests that the presentation of self, and ensuing visual impression, strongly influences how individuals are interpreted by others (Goffman 1959/1990). In each simulation, all participants dress and perform the role of whomever they have been allocated. Some initial information about the identity of the person in the roles (in particular patient roles) is provided also to enhance fidelity. The key focus is maintaining and building contextual complexity. There is evident nervous tension amongst the 'nurses' wanting to perform well. There is movement of patients in and out of the ward, with flow coordinators ensuring that the movement mimics the realities of a busy hospital ward. Additionally, 'random events' (such as a patient collapsing) are introduced, forcing students to think on their feet and act accordingly. Author 1 acts as the nurse manager, performing the role of a manager yet occasionally educating students when the need arises.

Post-simulation

Following each simulation, both cohorts (simulation group and supporting group) assemble for a structured reflection exercise. Observers (students charged with observing 2 nurses and their interactions with patients) are facilitated to provide feedback, and all students provide peer feedback in a respectful way. All staff members involved provide feedback too. Debriefing explores and examines several dimensions of learning as described by Eraut (2007: 407), including retrospective practice-situational assessment, factors influencing judgement and decision-making, modes of cognition used (e.g. rapid or analytic thinking about the situation), evaluation of the context, and how it influenced students' cognition and learning. We have found that the process of debriefing is extremely beneficial in promoting learning thus augmenting students in achieving their threshold competencies. Evaluation using the Debriefing Assessment for Simulation in Healthcare© (DASH) tool (Simon, Raemer, and Rudolph 2011) in 2016 demonstrated that over 77% of students in this cohort year rated the experience as either consistently effective or extremely effective in all of 6 areas (preparing students, learning engagement, ensuring fidelity of context, structuring of debriefing, identifying areas for improvement, and promoting good performance). Without doubt, the post-simulation debriefing is the most crucial element of the exercise, with real transitioning from liminality (Rantatalo and Limberg 2018) to an enhanced sense of understanding through the students' accounts of how they felt and what they learned as a result of participating in this troublesome context.

Conclusion

This article described how a ward-based simulation intentionally mimics the troublesome context of practice, creating the conditions for student nurses to enter a liminal space thus transitioning closer towards achieving mandatory nursing competencies required for professional registration. In the phases of simulation, we have found that pre-simulation preparation influences the fidelity of the overall learning experience. During simulation, our reflections on this exercise suggest that the first simulation experience creates a sense of 'liminality' where students initially perform in a hesitant way, aware that they are performing close to the boundaries of familiarity and conscious that they are transitioning through particular challenges, depending on the role which they are allocated. During the second iteration of the simulation, we believe that students move through the thresholds insofar as students (following the debriefing in between which also provides transitional space and time for liminality [Rantatalo and Limberg 2018]), invariably perform better in the second simulation experience regardless of the role they were initially allocated.

We find that the students' performance of multiple roles (in particular the patient identity) results in an enhanced sense of meaning and understanding of the nuances of nursing (resonating with

what Meyer and Land (2003) term a consequential, transformed view). A narrative study (Corbally and Kirwan 2016) identified immersion as a simulated patient was associated with enhancement of 2 domains of nursing competence in particular (personal and professional development, and professional/ethical practice). Performing the role of a patient was cited as very useful, particularly as some nurses had never experienced hospitalization and had never appreciated the patient identity in this context. Anecdotally, some newly qualified nurses cite their experience of immersion in this simulation as the best learning experience they have ever had. A longitudinal retrospective evaluation of staff that experienced this exercise would prove useful in strengthening evidence regarding its long term utility.

In creating the 'troublesome context' of the chaotic ward, we suggest that an additional threshold concept, managing uncertainty in challenging situations (made possible through simulation), potentiates students to be more prepared for real life clinical practice. We liken this concept to 'potential for capability' as espoused by Gardner *et al.* (2008). Indeed Gardner *et al.* (2008) argue that both capability and competence are necessary when making judgements regarding professional nursing practice. Although preparation and facilitation of ward-based simulations are potentially resource intensive, and research evidence to support their effectiveness is currently scant, we hope that this article demonstrates the essential nature of this endeavour in order to prepare capable and competent nurses of the future to deliver excellent nursing care within continually challenging health and social care contexts.

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