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Evaluating Learner Perceptions of Use of Simulations for New nurses – A Collaboration Between the UT SON and the Methodist Hospital

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Evaluating Learner Perceptions of Use of Simulations for New nurses – A Collaboration Between the UT SON and the Methodist Hospital, Erica T Yu, PhD, RN. UTHSC-H School of Nursing, Houston, TX, 77030. Dennis W Cook, MS, RN. Others, Houston, TX, 77030. Jay Hooker, MS, RN. Others, Houston, TX, 77030. James Pittman, MS, RN. Others, Houston, TX, 77030.

The purpose of this evaluation project was to describe the integration of simulation into a nursing internship program and to help prepare new graduate nurses for patient care. Additionally, learning styles and perceptions of active learning, collaboration among peers, ways of learning, expectation of simulation, satisfaction, self-confidence, and design of simulation were examined. The long term goal will be to refine and develop intervention studies using simulation to enhance patient care and to improve patient safety in a non-threatening environment. In addition to training, simulation could also be use for competency testing of providers in clinical agencies.

Methods: Ninety new nurses from the Methodist Hospital nursing internship program were invited to participate and 72 completed the survey. Nursing interns were divided into groups of 5 to work on the simulation scenarios of sepsis and acute coronary syndrome. Each simulation session including 30 minutes of patient simulation followed with 30 minutes of feedback/debriefing session. After debriefing session, participants were given the survey consisted of a learning style questionnaire, Educational Practice Questionnaire, Satisfaction and Self-Confidence in Learning, and Simulation Design Scale. Educational Practice Questionnaire evaluates perceived active learning, perceived collaboration among peers, ways of learning, and expectations of simulation. Satisfaction and Self-Confidence in Learning Questionnaire obtained nurses' satisfaction with current learning and their perceived self-confidence in learning related to simulation. Simulation Design Scale was used to measure if the best simulation design elements were implemented in the simulation. The best simulation design elements included objectives and information, support, problem solving process, feedback and guided reflection, and fidelity of simulation. Results and Implications: descriptive statistics (mean, standard deviation, frequency and percent) will be used to describe the data (in progress). Potential strategies to be used to implement simulation training, competency testing and remediation for health care providers will be discussed.