PIII-20: Clinical Simulation and Student Outcomes a Pilot study

Author List:
Presenting Author: Ramona A. Parker
Additional Author: Lula Pelayo, Jeannette McNeill,, Kathleen Goei, Joyce Howard, M. Danielle Gunter

Presenting Author: Ramona A Parker
Address: University of the Incarnate Word School of Nursing and Health Professions, 4301 Broadway CPO #300
San Antonio, Texas 78209
United States
Ph: 2108293993
Fax:
Email: parker@uiwtx.edu
Institution: University of the Incarnate Word School of Nursing and Health Professions

Additional Author: Lula Pelayo
Address: Alamo Colleges, 1300 San Pedro
San Antonio, Texas 782124299
United States
Ph: 2104860397
Fax:
Email: lpelayo@mail.accd.edu
Institution: Alamo Colleges

Additional Author: Jeannette McNeill,
Address: University of the Incarnate Word School of Nursing and Health Professions, 4301 Broadway CPO#300
San Antonio, Texas 78209
United States
Ph: 2108296000
Fax:
Email: mcneill@uiwtx.edu
Institution: University of the Incarnate Word School of Nursing and Health Professions

Additional Author: Kathleen Goei
Address: University of the Incarnate Word School of Nursing and Health Professions, 4301 Broadway CPO #300
San Antonio, Texas 78209
United States
Ph: 2108296000
Abstract:

Introduction: With increased enrollment, clinical faculty are finding clinical placement for students more difficult, particularly in specialty areas. Therefore human patient simulators is a plausible modality that is relatively new to nursing education. Specific Aims: Is there a difference in learning outcomes (knowledge, skill performance, learner satisfaction, and self-confidence) based on an undergraduate Child Health clinical hybrid (simulation/traditional clinical) experience versus those in a Child Health traditional clinical? What are students’ perceptions related to the design of instructor developed simulation?

Method(s): The simulation lab was built to facilitate collaboration among schools of nursing in a large city. Instruments for the study include the Simulation Design Scale (SDS) a 20-item instrument designed to evaluate instructor-developed simulations. The Educational Practices in Simulation Scale (EPSS) a 16-item instrument designed to measure whether four education practices (active learning, collaboration, diverse ways of learning, and high expectations) are present in the simulation scenarios, and importance of each practice to the learner. The Student
Satisfaction with Learning Scale (SSLS) and Self-Confidence in Learning Using Simulations Scale (SCLUSS) were combined to a 13-item scale, measuring simulation activity and how confident students felt about skills and their knowledge in caring for the type of patient presented.

Results: Results of the SDS showed that design of the simulation was important to students and their learning. The EPSS showed the four educational practices measured were deemed necessary by students however were not always met by the stimulation faculty. The SSLS and the SCLUSS showed positive correlations in older students perception and how confident they felt about their knowledge and skill presented in clinical simulation.

Discussion & Conclusions: Results provided information in improving faculty developed simulation scenarios, developing faculty in relation to clinical simulation, and increasing functionality and realism in the clinical simulation environment. Further study with a larger sample size and a more diverse population will add to current clinical simulation research.

Abstract History:
This abstract has been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.

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Submitted by:
parker@uiwtx.edu