‘That’s not how we do it in clinical’: A simulation educator’s strategy to enhance realism through clinical immersion with nursing students

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Introduction

In the simulation learning environment students may make statements such as, “That’s not how we do it in clinical.” Often times new simulation faculty may not be familiar with the clinical learning environment or day to day operation of learning in a clinical group, or both. Enhancing fidelity by replicating an environment that represents reality to the individual student is essential to the design and implementation of high-quality clinical simulation learning activities (MacLean, S., Geddes, F., Kelly, M., & Della, P., 2019). A study by Muckler and Thomas (2019) found that environmental fidelity has an impact on increased realism and the suspension of disbelief. Clinical immersion allows for simulation faculty to observe patient care delivery, gain insight into the students’ realistic learning environment, consult with content experts, and become familiar with practice facility protocols. This experience allows the simulation educator to develop a familiar and consistent learning environment in simulation. According to Peterson, Watts, Epps, and White (2017), “Faculty who have formal training . . . are more likely to deliver a consistent educational experience. This environment of consistency also ensures that learners know what to expect and help create the safe container for maximal learning to occur” (p. 255). Furthermore, understanding what the clinical instructors are teaching helps reinforce key concepts and coach clinical judgement in the simulation environment. The purpose of this poster presentation is to describe a creative approach to enhance fidelity in simulation and encourage collaboration between simulation faculty, clinical educators, and interprofessional teams to promote the development of effective simulation scenarios.

Project

The new simulation educator at a simulation learning center serving prelicensure and advance practice nursing students incorporated clinical rotations into the onboarding process. The project prioritized prelicensure students in the acute care setting in order to meet the greatest need for the fall semester. The simulation educator worked with a group of eight prelicensure nursing students and one faculty member for 8-hour clinical rotations from prebrief, direct patient care, and post-conference debrief. The simulation educator’s goal was to improve simulation quality by in situ observation and participation in prebriefing, patient care delivery, medication administration, and debriefing in the clinical setting. In addition, the simulation educator collaborated with the nurse educator of the medical intensive care unit and the hospital’s blood transfusion safety officer to gain insight into various health system protocols, best practices, and research-based treatment modalities.

Enhance Realism through Clinical Immersion

Type of Fidelity	Description
Environmental (Physical) Fidelity	Replicate an environment that represents the students’ reality. Observing the hospital environment, room setup, medical equipment, and medication administration process (barcode scanning, EPIC) and incorporating this in simulation.
Conceptual Fidelity	Networking and collaborating with clinical instructors, interprofessional teams, clinical leaders in the health system to gain insight into various health system protocols, best practices, and research-based treatment modalities to maximize accuracy of the scenarios.
Psychological Fidelity	Participate in clinical debriefing conversations to understand the learner’s frame of view and intrinsic motivation and attach similar meanings to the simulation environment to promote realism

References

MacLean, S., Geddes, F., Kelly, M., & Della, P. (2019). Realism and presence in simulation: Nursing student perceptions and learning outcomes. *Journal of Nursing Education, 58*(6), 330-338.

Muckler, V. C., & Thomas, C. (2019). Exploring suspension of disbelief among graduate and undergraduate nursing students. *Clinical Simulation in Nursing, 35*, 25-32.

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Outcomes

During the clinical rotation, the simulation educator was able to gain a more in-depth knowledge and hands-on application of: hospital policies/protocols, safety equipment, room setup and environment, medical equipment, medication administration with barcode scanning and EPIC charting. Engagement with students’ clinical experience and the student nurse role allowed for ways to improve current and future simulations. The simulation educator observed that students were lacking experience and confidence in medication administration and as a result, incorporated more opportunities for this in simulation. Electronic medical record (practice EPIC) charting along with barcode scanning was introduced in simulation to increase fidelity. An invaluable outcome of this onboarding plan is that the simulation educator developed professional connections and working relationships with the clinical faculty (content experts) and interprofessional teams within the health care system. For example, this collaboration allowed for the creation of multiple simulation scenarios that incorporated best practice for blood transfusion administration, alcohol withdrawal treatment, treatment of a gastrointestinal bleed, and sepsis management. In addition, having hospital access to the EPIC charting system, order sets, and inpatient pharmacy allowed for proper medication dosing and creation of realistic simulated medications. Throughout this project, anecdotal evidence from the simulation faculty, clinical faculty, and nursing students was positive. Incorporating this innovative training to new simulation faculty is beneficial in promoting high-quality simulation and student learning.

Conclusions

Clinical immersion with nursing students in the health system allows the simulation faculty to view the students’ frame of view, intrinsic motivation, and the hospital environment where they practice. This enables the simulation educator to increase environmental and psychological fidelity by creating an innovative learning experience that closely resembles the student’s reality. Re-enacting similarities from the student’s clinical experience can help increase psychological fidelity and improve realism in simulation. Clinical immersion also allows conceptual fidelity to be enhanced by collaborating with practice partners to gain insight into various health system protocols, best practices, and research-based treatment modalities to maximize accuracy of the scenarios. Understanding what the clinical instructors are teaching promotes consistency and helps reinforce the transfer of knowledge in simulation. Furthermore, the simulation educator can incorporate major concepts taught in clinical and identify critical elements that are lacking to help achieve course learning objectives.