

Simulation-Based Experiences of the Nursing Profession

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Description

The onset of COVID-19 in the United States affected nearly every aspect of the nursing profession over the past 3 years, from an increased reliance on simulation for undergraduate clinical education to expanded scope of practice for advanced practice registered nurses. As we now enter a post-crisis phase of the pandemic, it is incumbent on researchers to identify and differentiate between the possible short- and long-term consequences of the disruptions introduced by the confluence of rapidly evolving federal, state, and private restrictions that were enacted to combat the rising tide of infection across the country.

Perhaps nowhere is this more important than in pre licensure Registered Nurse (RN) education, which has experienced unprecedented levels of change since March 2020, both in terms of the scale and speed of the adoption of more remote models of clinical education. To inform future policy decisions, it is essential that we learn from this public health crisis. The empirical evidence from this timeframe can provide important insights into the creation of more resilient educational models and health systems now and in the event of another emergency.

Since the early 2000s, the rapid expansion of pre licensure RN programs across the United States has made securing in-person clinical placements and qualified preceptors more difficult. To address these shortfalls, many programs have opted to substitute a proportion of their traditional in-person clinical placements for Simulation-Based Experiences (SBE). In the past decade, nursing students using face-to-face SBEs under specific conditions have demonstrated learning outcomes comparable to those of students participating in traditional in-person clinical placements. Furthermore, SBE students have even achieved better marks in specific knowledge areas than their traditional learner counterparts. Many of these studies, however, were based on the assumption that certain quality control measures would be standardized, such as the use of experienced faculty to conduct face-to-face simulation at certain present thresholds and within the context of a minimum number of prescribed clinical hours. Despite the increased use of SBE and the research associated with it, the quality of pre licensure RN students' educational experiences through integration of SBE has still been questioned.

Holistic Patient Care

The National Council of State Boards of Nursing (NCSBN) recognized the destabilizing potential of the pandemic and thus set out in April 2020 to design a study to longitudinally track and analyze the learning and engagement outcomes of pre licensure RN students under significantly less controlled conditions. Out of necessity, and often in response to clinical site restrictions prohibiting nursing students from entering facilities, education programs were forced to quickly pivot their course delivery methods, often with no additional training or resource support. Pre licensure programs that never relied on any form of SBE were now shifting 25% to 50% of their in-person clinical hours to simulation-based learning environments. Additionally, programs that had long employed face-to-face simulation were now exploring new modes of virtual simulation. Layered on top of this shifting landscape was the patchwork of public health guidance and restrictions that frequently varied significantly in terms of scope and duration by region, including at the state and local community levels? Through a combination of real-time student and faculty data collection using externally validated instruments and end-of-program standardized test scores, the NCSBN endeavored to identify the range of programmatic changes across the country and, the implications of these changes for new graduates' early career practice and ultimately patient safety.

This important longitudinal study captures both the breadth and scale of pre licensure RN programs' early and sustained changes to their course delivery formats to ensure some level of continuity in students' education during the COVID-19 pandemic. As a natural experiment, this study benefits from these programs' evolving responses to the pandemic within their local contexts and documents the range of strategies employed. Thus, the results serve as a marketplace of ideas in a manner that allowed NCSBN researchers an opportunity to identify organic trends that emerged from the empirical evidence itself and thereby derive insight based singularly on the outcomes achieved by the programs and students who participated.

While not the first of its kind, the scope and rigorous design of this study illuminate the many innovative ways pre licensure RN programs sought to address the nearly unparalleled challenges they confronted on a day-to-day basis over the past 3 years. Furthermore, it provides the mechanisms for measuring the

efficacy of these strategies. Most importantly, it extends knowledge to establish clear links with how potential deficiencies in students' clinical education impacted their early career preparedness and clinical competence and the implications of any potential deficiencies for patient safety.

It has long been speculated and even anecdotally documented that the disruptions to traditional models of teaching and clinical training wrought by COVID-19 inevitably affected students' learning and engagement outcomes. To better understand how they were affected and to quantify to what extent the pandemic impacted pre licensure nursing students' career preparedness, NCSBN conducted a large sample mixed-methods longitudinal study.

Similar to practice-academic partnerships, the use of simulation in pre licensure nursing education is not a new phenomenon. Over the past 2 decades, simulation has become a critical component of nursing education, largely spurred on by increased competition for clinical placements driven by the rapid proliferation of pre licensure RN programs that began in the

early 2000s. SBEs allow students to hone their skills, both in terms of frequent and rare events, in spaces that simulate clinical practice environments. SBEs often involve the use of high-fidelity manikins, or virtual environment. In 2014, Hayden et al.'s seminal study and the associated guidelines that followed established the first evidence-based criteria to assist regulatory bodies in evaluating institutions employing simulation-based clinical experiences and to support pre licensure nursing programs in establishing their own curricula. The use and thereby regulation of simulation in nursing education has only increased since the publication of this landmark report. In addition to Hayden et al.'s important work to set evidence-based thresholds for SBE substitution, other studies have documented the strengths of using SBE to introduce concepts of cultural competence, high-stakes learner evaluation, and critical thinking. As a result, long before the pandemic, SBEs had become an attractive alternative to nursing administrators and faculty when in-person clinical placements proved too difficult to arrange, largely due to limited space and/or a limited number of qualified nurse preceptors.