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Clinical Simulation in Nursing

#### Featured Article

## Simulation to Meet Curricular Needs in Ethics

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#### **KEYWORDS**

simulation: ethics; reflective learning **Abstract:** Nurse educators must respond to several challenges, including a lack of opportunities for on-site clinical education, and large volumes of emerging information. Simulation of clinical experiences is one of the more promising innovative strategies being incorporated into educational programs to expand learning. A challenging situation on the topic of grief and loss for pre-licensure baccalaureate students was introduced using trained Standardized Patients. This case raised ethical concerns for the students related to actions by the nursing staff caring for the patient, and was used to encourage exploration of students' feelings and values related to an ethical concern, pregnancy termination.

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Healthcare delivery has become increasingly complex worldwide. This has occurred as a result of advances in science and technology, as well as in response to more diverse patient populations with increasingly complex multisystem problems (Hegarty, Walsh, Condon, & Sweeney, 2009). The rapid changes that are occurring in healthcare necessitate new pedagogies in nursing educational programs. The Institute of Medicine (2011) initiative on the future of nursing in the United States supports a paradigm shift in nursing education from institutionally centered acute care to a primary focus on patient-centered care. In addition, both the National League for Nursing (2003) and the American Association of Colleges of Nursing (2008) recommend several common objectives for educational programs, including the integration of informatics, an emphasis on interpersonal communication skills, interdisciplinary teamwork, quality improvement

To respond to the complexity of the emerging public health climate, nurse educators must respond to several other challenges as well, including a shortage of faculty and competition for limited clinical teaching opportunities (American Association of Colleges of Nursing, 2015). Together, these lead to fewer clinical learning experiences for students (Brown, Kirkpatrick, Greer, Matthias, & Swanson, 2009; Murphy, Hartigan, Walshe, Flynn, & O'Brien, 2011). The burgeoning biomedical knowledge base also adds to the burden of content delivery, resulting in neglect of the inclusion of important material. In an attempt to meet these challenges, there is an increasing movement away from the traditional didactic educational structure to one that includes innovative strategies that deliver theoretical content while creating an active learning environment. This kind of learning experience engages students at a different level of participation and allows for a greater ability to apply the content they have learned in

processes, critical reflective thinking skills, cultural competence, and evidence-based practice (Halstead, 2007).

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the classroom to real-time situations (Brown et al., 2009; Murphy et al., 2011). Simulation of clinical experiences is emerging as one of the more promising innovative strategies that are being incorporated into nursing educational programs to expand learning opportunities.

#### **Key Points**

- Innovative strategies are needed to deliver theoretical content in an active learning environment.
- Simulation fosters reflective practitioners in a non-threatening environment.

Simulation experiences may comprise several moand/or dalities levels. including the development of psychomotor skills, the observation of scenarios, role-playing, and the use of low- to high-fidelity manikins. Ganley and Linnard-Palmer (2012)identify simulation as a mechanism to teach students both the art and the science of nursing. Simulation allows

students to engage in a learning environment that closely reflects real-life experiences, without posing a threat to either the student or the patient (Murphy et al., 2011; Murray, Grant, Howarth, & Leigh, 2008). Simulated patient scenarios are created to foster reflective practitioners who use the nursing process to plan and evaluate care in a nonthreatening environment (Murray et al., 2008). In addition, students can be presented with scenarios that they may not otherwise encounter in the clinical setting while they are in school. By allowing students to experience potentially challenging or sensitive subject matter, they can be encouraged to expand their viewpoints and perceptions and to engage in self-reflection about their experiences (Murphy et al., 2011).

A critical piece of the simulation experience is reflective learning, which is designed to foster student critical thinking. Reflective learning occurs during the debriefing stage of simulation (Dreifuerst, 2009). Reflective learning stimulates thoughtful consideration and is an inherent part of the critical thinking process (Scanlan & Chernomas, 1997). It cultivates insight into the understanding of one's self in relation to the role of the professional nurse and allows for the incorporation of new experiences. Scanlan and Chernomas (1997) have observed that affective, cognitive, and even behavioral changes can occur as the result of reflection.

Simulation has been primarily used to teach students' psychomotor skills and to provide an opportunity for students to use high-fidelity models to practice the coordination of activities required for response to an acute event such as cardiac or respiratory arrest (Brown et al., 2009). The use of standardized patients who interact with students also provides an opportunity for students to practice history-taking and physical assessment skills with individuals trained to provide scripted information. These standardized patients may also have specific deviations from normal that can familiarize students with the identification

of common anomalies such as heart murmurs or nonadventitious lung sounds. Standardized patients can also introduce students to patient care situations that stimulate students to reflect on communication and psychoemotional challenges (Kameg, Szpak, Cline, & McDermott, 2014; Sideras et al., 2013).

An area of nursing care that students do not often have the time to process during educational clinical exposure concerns the application of ethics to patient care. To introduce ethical concepts, such as autonomy, beneficence, justice, and nonmaleficence to our students, we embedded an ethically challenging situation in a learning activity on the topic of grief and loss for prelicensure baccalaureate students using trained standardized patients. Previously, both students and faculty in our program had anecdotally identified that students were feeling unprepared for dealing with their first grief and loss experience in the clinical setting. Many had not personally experienced working with a dying patient while in nursing school. Students wanted to have more experience preparing for coping with their own emotions when a patient was dying, while still in the safe environment of the classroom or simulation experience. An end-of-life unit was developed for a senior-level nursing synthesis class to address the students' request for more experience related to grief and loss. One of the course learning outcomes for this course was to "develop clinical judgment skills through reflective strategies in processing complex clinical situations and in evaluation of own nursing practice." We chose perinatal loss as the exemplar for this learning activity because the death of a child in the perinatal period is a very difficult and complex loss experience, even for experienced nurses. We recognized that the debriefing process would provide an opportunity for self-reflection regarding this emotionally charged experience, allowing students to access more complex feelings that could support consideration of other ethical issues (Decker et al., 2013).

Development of the simulation-based learning experience (Meakim et al., 2013) was planned by a faculty member who based the experience on a personal experience with grief and perinatal loss in a clinical setting while working as a clinical instructor with students. Because this particular case raised grief and loss issues and ethical concerns for the students related to actions by the nursing staff involved with the care of the patient, the simulation-based learning experience was expanded beyond the initial focus on grief and loss. It also included an exploration of individual feelings and values related to an ethical concern and introduced criteria for a healthcare worker to claim conscientious objection.

#### The Perinatal Loss Vignette

Students were informed that there would be an upcoming class session on perinatal loss and that there was

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