Welcome to the Elizabeth Kenny McCann Journal Club!

The Role of Clinical Simulation in Nursing Education

- Hayden et al. (2010) describe a national study to explore replacing clinical hours with simulation in prelicensure nurse education.
A Comprehensive National Study

- Two types of program
  - 600 Students+
  - 10 Schools
  - BSN – 4 yr
  - ADN – 2 yr

Treatment Outcome Measures

- Knowledge
  - ATI RN Predictor
  - NCLEX
- Critical Thinking
  - Critical Thinking Diagnostic
- Learning needs comparison
Treatment Outcome Measures

- Clinical Competency
  - Crighton Competency Eval. Instrument
  - New Grad Performance Survey
    - Global Assessment of Readiness for Practice

Methods

- A cross longitudinal study
- 3 groups
  - Traditional
  - 25% Simulation
  - 50% simulation
What does the report suggest?

• Clinical hours can be effectively supplanted with simulation hours?
• Do you agree?

Key Findings

• No difference in outcomes with simulation replacing clinical hours
Paper Analysis

- Overall seems a well-designed study
- Validity of the tools was addressed (but remains questionable)
- Treatment Standardization – very varied and difficult to establish
- Randomization?

Characteristics of a Good RCT

- Large Sample size
- Good and explicit Randomization process
- The variables being studied should be the only variables between the experimental group and the control group.
- Standardized treatment protocols
- Blinding (double or triple) whenever possible
What the study does show

- We can get the same performance outcomes (as currently measured) by teaching the undergraduate nursing curriculum with 50% less time spent in real-world clinical practice.

Ought from Is?

“Knowledge of what is, does not open the door directly to what should be.”

Albert Einstein (1950)

after David Hume (1711-1776)
• “To him who has only a hammer, the whole world looks like a nail,”

Maslow (1966 - but attributed variously before then)

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**Boeing 777 Cockpit vs. Simulator**
iSTAN HFS Vs. Patient