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Welcome to the Elizabeth Kenny
McCann Journal Club!

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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)

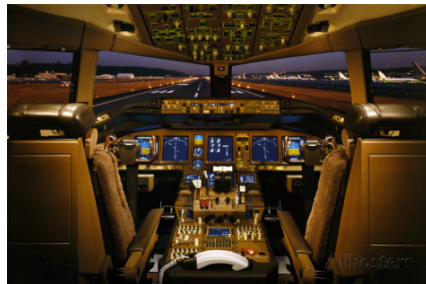


- “To him who has only a hammer, the whole world looks like a nail,”

Maslow (1966 - but attributed variously before then)



Boeing 777 Cockpit vs. Simulator





iSTAN HFS Vs. Patient

