The use of maternal child simulation in nursing education
Laurie Peachey, RN, BScN, MN

Conflict Disclosure Information:
Presenter: Laurie Peachey, RN, BScN, MN, PNC (c)
Title of Presentation: The use of maternal child simulation in nursing education
I have no financial or personal relationships to disclose
“Simulation is a technique, not a technology, to replace or amplify real experiences with guided experiences, often immersive in nature, that evoke or replicate substantial aspects of the real world in a fully interactive fashion” (Gaba, 2007, p. 126).

The simulation team
Canadore College/ Nipissing University

“On the other side of learning”
The literature reveals

Nurses entering specialty areas sooner than in previous years are assuming roles which require them to respond to complex health challenges in maternal child nursing.

- 50.1% of nurses are between ages of 40-59 and 12.3% are over the age of 60 in Canada (Canadian Institute for Health Information, 2014)

- “Nurses care for patients with multifaceted issues; in the best interest of these patients, nurse often must consider a variety of conflicting and complex factors in choosing the best course of action” (Lasater, 2007, p. 496).

- Specialized units are smaller and difficult to secure due to fewer staff to supervise, increasing student enrollment, competition for placement, restrictions on group size (Smith, Spadoni & Proper, 2013).

- The practicum in pediatric and perinatal units is a short rotation, with often few patients, observation-only learning experiences for nursing and medical students often leaving the maternal child specialties with inconsistent learning experiences (Luctkar-Flude et al., 2013; Jeffries, Bambini, Hensel, Moorman & Washburn, 2009).
Review of the literature

- Simulation is a growing strategy to provide a range of experiences in which students may not be exposed in a clinical practice setting (Lasater, Johnson, Ravert & Rink, 2014).

- Replicas of the human torso, fabric dolls have been used in medical education and midwifery since the 17th century (Jeffries et al., 2009).

- Simulation ranges in fidelity and realism from task trainers, to mannequins, multi-media computer systems, role playing and standardized patients (McGaghie, Issenberg, Barsuk, & Wayne, 2014; Jeffries et al., 2009).

- Simulation provides the opportunity to incorporate the affective, cognitive and psychomotor domains of learning into nursing practice (Kardong-Edgren, Adamson & Fitzgerald, 2010).

- Learning in the affective domain is inclusive of the values, attitudes and beliefs consistent with the professional standards of practice in nursing (Kardong-Edgren et al., 2010).

Year 4 lab & clinical practicum

Academic schedule includes:
- 3 hours of lab/week
- 12 hours of clinical/week x 12 weeks
- 2 days of simulation per student
Maternal Child simulation lab in Year 4

Every student participates

Utilizes “hockey team” participation model. All students participate. They switch and take over where the other “team” left off.
Debriefing Strategies

Debriefing: 2 stage

First: at the bedside     Second: while reviewing the video

Art and value of debriefing

Debriefing: 2 stage

First: at the bedside     Second: while reviewing the video
In summary

- Simulations:
  - NCLEX preparation
  - Competency based learning
  - Reflects knowledge-base and theory of each year of study
  - Presented to the students as a safe learning environment and confidentiality of learners is ensured
  - All activities have planned reflection/debriefing
  - Students submit assignments relating to their experiences
  - Preparation is essential to help develop skills required in clinical practice
References


References


References
