**Presented at the 2011 DNP Conference**

**First Author:** Terri W Summers, DNP, RN

**Affiliation:** Clayton State University

**Abstract Category:** DNP in Clinical Leadership and DNP in Academic Leadership

**Title:** Simulation for Novice Registered Nurses

**Purpose:** To improve the confidence, knowledge and critical thinking skills of novice registered nurses.

**Objective 1:** To facilitate the transition of the student nurse into the professional nursing role.

**Objective 2:** To improve the confidence of novice registered nurses in the acute care setting.

**Objective 3:** To provide the novice RN with the experience of providing care to acutely ill patients.

**Abstract:**

A Simulation Strategy for Novice Registered Nurses

Terri Williams Summers DNP, RN

Background: In today’s healthcare environment, acute care nurses are confronted with patients that require management of complex illnesses within a shorter number of days in the hospital. Novice Registered Nurses (RNs) employed in acute care settings must be able to think critically and make decisions based on the knowledge obtained in formal nursing education programs. An inadequate orientation program in the acute care setting will not provide the novice RN with the skills needed to provide care to high acuity patients. The use of human patient simulators provides a teaching strategy to expose the novice RN to experiences needed to provide safe care to high acuity patients.

Method: A Pre/Post Test Design was used to compare the knowledge, critical thinking and self-confidence of novice RNs educated utilizing a traditional lecture on the care and management of atrial fibrillation to novice RNs educated utilizing a simulated patient care strategy on atrial fibrillation. This project was implemented at a Level I Trauma Center in the Southeastern United States. Sixteen novice RNs were randomized into the lecture group (n=8) and the simulation group (n=8). Knowledge and critical thinking was measured utilizing a computer based instrument. Confidence was measured using a 4-item self-confidence tool.

Results:

The simulation group had more RN experience than the lecture group and the lecture group were made up of mostly intensive care RNs. The results related to self-confidence within the groups indicated the lecture group had lower self-confidence than the simulation group. Post confidence scores revealed the lecture group had the greatest improvement in self confidence. The self confidence of the lecture group was statistically significant and ranged from p = .005 to .01. The simulation group’s confidence p =
values ranged from .17 to .28 and were not significant. The lecture group did not demonstrate a statistically significant difference between the knowledge pre-test and the knowledge post-test (p = .094). The simulation group, on the other hand, demonstrated a statistically significant difference between the knowledge pretest and the knowledge post test (p = .036). The difference between the lecture group’s critical thinking results and the post critical thinking test results were not statistically significant (p = .083). However, the difference between the simulation group’s pre critical thinking pretest and post-test results approached significance with a p = .056. The difference between the lecture group and the simulation group revealed that the post intervention scores related to knowledge and critical thinking were statistically significant (knowledge p = .013 and critical thinking p = .021).

Discussion: Results demonstrated that the lecture group’s confidence improved significantly greater than the simulation group. The simulation group pre-confidence scale scores were higher than the lecture group’s pre-confidence scale scores. The simulation group consisted of participants that held RN license longer than the lecture group. This may indicate that because the simulation group had more exposure to patients requiring cardiac monitoring, their self confidence was positively affected. The lecture group’s pre confidence scale scores were lower than the simulation group’s pre-confidence scale scores. However, the lecture group demonstrated higher standard deviations than the simulation group. This finding may indicate that because the lecture group had ICU RNs with the least amount of experience, they may have benefited more from the lecture and the fact that they asked more questions, hence, improving their self confidence. Simulation meets the needs of diverse learning styles and allows participants to actively engage in hands-on learning without harming the patient. Simulation provides the nurse with the experience needed to care for patients in life-threatening and non-life-threatening situations that improves knowledge, critical thinking skills and confidence. The use of a self-study/simulated patient care event may promote deeper learning for novice RNs and enable educators to meet the challenges of incorporating innovative, learning-centered approaches that are similar to real patient care situations. The integration of simulation into the orientation and continuing education of novice RNs can improve prioritization of care and aid in making appropriate patient care decisions. Improved confidence, knowledge and critical thinking skills can narrow the gap between theory and practice for the novice acute care RN and ultimately improved patient care outcomes.