

Editorial

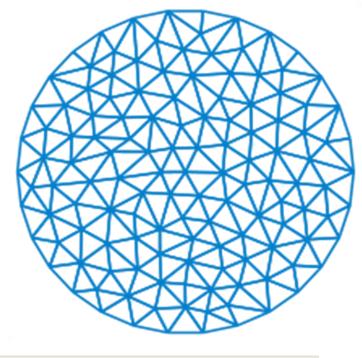
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# Working Collaboratively

### is about "moving the whole forward"...1

Patterson and Krause (2015) speak plainly about ideas that benefit working relationships. From a leadership mindset, one of the most important factors is not the individual, but the consideration of the whole. In this context, it is beneficial to develop and nurture relationships with others. In academic settings our interactions embrace good ideas that foster innovation in others; thereby providing the means to move the global agenda forward. Each communication is made better by listening attentively so that all involved have the chance to share their perspectives. This produces a "mutual environment" (Patterson & Krause, 2015). Nurturing relationships is an essential foundation of the discipline that makes possible authentic respect for the insider view (See the DASH © Tool page 3). Our challenge is to preserve our nurturing bones as an integral part of our academic practice. What we aim to achieve in nursing education can be reflected through embracing courage, creativity and scholarship-where innovation is a collective prize. Here's an example: Oftentimes the best ideas to improve processes or to design a project moving health agendas forward result from collaboration. Faculty embrace these innovations in a partnership with others to foster their growth as emerging leaders in nursing research. In this issue, Dr. Sharon Galloway shares snippets of her doctoral journey and how this journey has inspired her to embrace simulation use in her courses. In another segment, a faculty perspective by Dr. Jennifer Fearon-Lynch tell us about her ideas for a peer mentoring program in simulation use. Great idea Jennifer! In partnerships we can all learn better ways to improve our simulation practice. See the graduate assistant reflection by Elisabeth Kittredge to hear a student perspective. As a School of Nursing with a high level of simulation use, working collaboratively is essential!

If I had an hour to solve a problem, I would spend 55 minutes thinking about the problem and 5 minutes thinking about solutions. ~Albert Einstein



<sup>1</sup>Patterson, B. J. & Krouse, A. M. (2015). Competencies for Leaders in Nursing Education. Nursing Education Perspectives, 36(2), 76–82. doi: 10.5480/13-1300.

<sup>2</sup>Galloway, S., & Hand, M. W. (2017). Spiritual Immersion:

Developing and Evaluating a Simulation Exercise to TeachSpiritual Careto Undergraduate Nursing Students. *Nurse Educator* 42 (4) 199-203.

<sup>3</sup> Center for Medical Simulation. (2010). Debriefing Assessment for Simulation Healthcare (DASH): Rater's handbook. Retrieved from https://harvardmedsim.org/wp-

content/uploads/2016/10/DASH\_handbook\_2010\_Rev2.pdf

### **Faculty Spotlight: Dr. Sharon Galloway, DNP, RN, M/Ed** A doctoral journey using simulation



### RHODE ISLAND NURSING EDUCATION CENTER RHODE ISLAND COLLEGE • UNIVERSITY OF RHODE ISLAND

	Spiritual Immersion: Developing and Evaluating a Simulation Exercise to Teach Spiritual Care to Undergraduate Nursing Students
	"If students nurses are not taught
	the importance of spiritual nursing care
//	ít ís unlíkely they will provide such care

when they become practicing nurses."

-Sharon Galloway

The International Nursing Association for Clinical Simulation and Learning (INACSL) annual conference will be held on June 19-22 in Phoenix Arizona 2019! Click here for more information: https://member.inacsl.org/i4a/ams/meetings/i ndex.cfm?controller=meetings&action=start Registration&conferenceID=286&reginit=1 &pageID=3567

The Spirituality and Spiritual Care Scale (SSCS) was administered to 74 nursing students. According to Galloway, "When simulation was introduced, nursing students demonstrated significant increases in their perceived confidence and competence in addressing spiritual care, spiritual preparation, and comfort level in the provision of spiritual care", (p. 199).<sup>2</sup> "Findings suggested students will become more comfortable identifying clients in spiritual distress and using spiritual assessment tools if they are immersed in spiritual care simulations," (p.201).<sup>2</sup> "For nurses to support the spiritual dimension, nursing education has an important role in raising spiritual awareness and facilitating competence and confidence in this domain", (p. 202).<sup>2</sup> Galloway presented her study at the Eastern Nurses Research Society (ENRS) conference held in Providence, RI in April 2019.

Peer Partnership - Mentoring in Simulation A Brief Interview with Jennifer Fearon-Lynch, PhD, RN

#### How were you introduced to simulation at RICSON?

The initial encounter with simulation occurred during my first semester as a new faculty at RICSON. Transitioning from clinical practice to academia in and of itself is a challenging experience to say the least. Therefore, after learning that a simulation exercise would be included in the learning experience of students, I had some degree of angst not knowing what to expect. However, after the first simulation experience I quickly realized that I needed to formally acquaint myself to RICSON simulation best practices if I were going to create an environment conducive to experiential learning that would allow students to optimize the learning experience and be better prepared for clinical.

#### What was most helpful so far?

While the course leader has been supportive and receipt of simulation-focused articles from the Simulation Director was helpful, attending the January 9th Simulation Workshop at RICSON has been most valuable. The simulation workshop primarily focused on facilitation and debriefing. A big takeaway was being introduced to the Debriefing Assessment for Simulation in Healthcare (DASH)<sup>3</sup>, a useful tool to aid faculty evaluate and develop debriefing skills to enrich the simulation experience. The tool is designed to aid faculty appraise the strategies and techniques used to conduct simulation including setting the stage for the simulation learning experience, maintaining an engaging learning environment, creating a structure to guide the simulation, inciting in-depth reflection on action, isolating what went well or not so well and why, and guiding students to build on their strengths.<sup>3</sup> Clearly, these are critical elements to consider in simulation design and implementation to maximize the experiential learning experience of students. Unlike the first semester, the subsequent semester I felt better prepared to apply the new knowledge gained from attending the workshop to simulation exercises. (*Editor's note: Slides from "Focus on Simulation and Debriefing" are available on request and will be uploaded to the new SimLab web page this summer. For a copy of the slide presentation, please email psadlon@ric.edu)* 

#### What would you recommend in the future?

To bolster new faculty simulation skills, one recommendation to consider is a peer mentor partnership in simulation program. Assigning senior faculty adept in simulation to work with new faculty or having peer mentor champions (designated go to persons) would provide an opportunity for novice faculty in simulation to learn from qualified simulators. The partnership would expose new faculty to the repository of simulation resources at the SON. Furthermore, simulation peer mentorship would foster awareness and utilization of simulation pedagogies, best practices and equipment. Finally, a simulation orientation booklet/packet could be distributed to new faculty with information about how to access and make use of available simulation resources. Getting everyone on board with simulation is the bedrock for a meaningful simulation experience that is likely to enhance students' experiential learning and satisfaction and optimize learning outcomes.

Simulation Graduate Assistant Reflection by Elizabeth

Kittredge, CRNA student

My first day as a graduate assistant, I was unsure what to expect. But I was greeted by many friendly faces and many nurses with various backgrounds and experiences. I was given a detailed orientation of how to run the simulation and how to work with professors and students in simulation. Not only does it enhance your hands-on clinical skills, but the use of self-critique and peer critique really magnify areas in your practice that need improvement in a nonthreatening environment. Throughout this experience I have been able to work with various professors regarding specific clinical topics. I have been able to use my clinical experiences to help benefit the simulation scenarios as well as educate the undergraduate students. Each week I have seen students participate in simulation and debrief with some of them. As the semester continues, I have noticed many students accelerate in certain clinical tasks, communication skills, confidence, and critical thinking skills have all improved. Overall the graduate assistantship in the simulation has been a great experience for me and gives me a great appreciation for our unique nursing education.

## Newsletter Contributions and Suggestions Always Welcome!

## DEBRIEFING ASSESSMENT IN HEALTHCARE SIMULATION (DASH ©) TOOL-THE SIX ELEMENTS<sup>3</sup>

Element 1

I set the stage for an engaging learning experience

**Element 2** 

I maintained an engaging context for learning

**Element 3** 

I structured the debriefing in an organized way

#### **Element 4**

I provoked in-depth discussions that led them to reflect on their performance

**Element 5** 

I identified what they did well or poorly – and why

#### **Element 6**

I helped them see how to improve or how to sustain good performance

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## Winter 2019 Issue of SIMULATION FOCUS

- How to evaluate simulation?
- What is a high-stakes simulation?
- Faculty Interview How I improved my simulation practice
- The NCSBN recommendations for simulation use in nursing education
- Updated www.ric.edu/simlab website
- On-line simulation education modules for anytime learning!

+ Stay Tuned