An exploration of the meaning of the lived experiences of clinical nurse educators facilitating interprofessional simulation-based education

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Background

- Interprofessional simulation-based education is an innovative educational methodologies to improve patient safety

- Collaborative approach to learning that enhances communication and teamwork processes which will promote safer, more efficient working whilst providing complex care in a healthcare organisation

- Plethora of published literature on simulation-based education

- Personal experiences and motivation

- Shared learning from the perspective of facilitator of interprofessional simulation-based education
Literature review...concept map

[Diagram showing various concepts related to simulation-based education, such as vicarious learning, observation, experiential learning, reflection, debriefing, feedback, innovative teaching strategy, simulation-based education, faculty development, shared learning, interprofessional education, and teamwork.]

- Vitarnous learning
- Observation
- Experiential learning
- Practice
- Debriefing
- Feedback
- Innovative teaching strategy
- What is simulation-based education?
- Simulation-based education
- Reduce medical errors
- Patient outcomes
- Improved patient safety
- Improved transition to/within professional practice
- Patient experience
- Shared learning
- Communication & collaboration
- Shared goal
- Teamwork
- Interprofessional education
- Shared learning
- Faculty development
- Teaching practice
- Clinical practice
- Interprofessional learning
Simulation-based education

- Simulation is not a technology; it is an educational methodology, strategy or approach founded in learning theory (Gaba, 2004; Aebersold, 2018; Waxman, 2010)
- It is a well-established as an effective teaching and learning strategy, in both undergraduate and postgraduate healthcare education (Miller & Bull, 2013)
- Rooted in the principles of adult learning theory and underpinned by social constructivism (Hallmark, 2015)
- Experiential learning (Kolb, 1984)
- Learning in a ‘social’ context
- Vicarious learning
- Debriefing is fundamental for learning
  - Guided reflection
  - Reflectivity - transformational learning
Impact of simulation-based education

- Innovative active learning environment for learners to engage in the process to develop clinical competency, enhance communication, promote teamwork and improve care delivery processes (Nagle et al., 2009; Boet et al., 2014)

- Lack of robust research that exists as to the impact simulation-based education has on clinical practice and subsequently patient outcome

- Simulation-based education sessions improve the knowledge, self-confidence, skills, competency and critical thinking skills (Alanazi, Nicholson & Thomas., 2017; Al-Gharibi & Arulappan, 2020)

- Reconciliation of theory to practice (Cant & Cooper, 2017)

- Qualitative research studies that contribute to the wider body of evidence (Al-Najjar, De Beer & Elarousy, 2018)
Simulation-based education for promotion of interprofessional education

- Simulation-based education facilitates interaction with other professional groups, lending itself as an ideal educational approach for interprofessional learning (Buckley et al., 2012)

- Opportunity to build relationships, improve confidence of working with other specialities, strengthen team behaviour, gain a deeper understanding of diversity of roles and enable a synergistic respect of knowledge and skills (Bridges et al., 2011; Buckley et al., 2012; Loversidge & Demb, 2015; Reeves, 2016; Granheim, Shaw & Masah, 2018)

- Promotes learning through a social context, which mediates interprofessional learning in simulated environment (Lairamore et al., 2019)

- Shared learning
Faculty development

- Transition of clinical experts to facilitators of interprofessional simulation-based education
- Challenges even the most experienced educators to move beyond traditional teaching practices (McNeill et al., 2012)
- Pose challenges due to the economic and social inequalities that can exist amongst the multi-disciplinary team such as issues associated with professional identity, hierarchy, gender and pay (Reeves, 2016)
- Complexity and heterogeneity of this innovative educational methodology underlines the requirement for faculty development
- Emergence of simulation faculty development programmes and a national outcome framework (SCSCHF, 2019)
Who learns?

- Shared learning
- Participants
- Observers
- Faculty?
Research aims and objectives

- Research aim
  - An exploration of the meaning of the lived experiences of clinical nurse educators facilitating interprofessional simulation-based education

- Research questions:
  1. What are the experiences of clinical nurse educators in the facilitation of interprofessional simulation-based education?
  2. What are the perceptions of clinical nurse educators of shared learning when facilitating interprofessional simulation-based education?
  3. How has a collaborative teaching experience contributed to the role of the clinical nurse educators in their clinical and teaching practices?
Methodology

- Interpretative phenomenological analysis (Smith, Flowers & Larkin, 2009)

- IPA has been influenced by the complementary works of four phenomenological philosophers of Husserl, Heidegger, Merleau-Ponty & Sartre (Tuffour, 2017)

- Making sense of personal experiences through the detailed analysis of the phenomenon being studied (Tuffour, 2017)

- Originated in psychology research, due to its meticulous process of analysis involving rich engagement from researcher and participants, it has become a prominent research methodology in healthcare (Peat, Rodriguez & Smith, 2019)

- Sought to illuminate the experiences of CNEs through the interpretation and validation of their unique ‘first-hand’ experiences
Data collection

- A small purposive sample of CNEs were recruited
- Semi-structured interviews
- All participants were simulation educators will experience facilitating interprofessional simulation-based education
- All participants had a clinical and educational remit
- Varying years of clinical and educational experience
Analysis of findings

- Data was inductively analysed using a systematic, step-by-step approach, generating meaningful themes and concepts that can be applied to the context of practice

- Transcribed eight interviews

- Initial noting

- Emergent, sub-ordinate and super-ordinate themes

- Master concepts
Master concepts

CNEs learned from the participants and fellow faculty members when facilitating IP SBE. There was a recognition of the significance and importance of working, learning and teaching together.
What are the experiences of clinical nurse educators facilitating interprofessional simulation-based education?

- Shared understanding of professional roles and responsibilities
- Co-facilitation and co-debriefing create a learning environment to foster the development of connections and relationships amongst the faculty and participants
- Strengthen value and respect in the interprofessional team
- Skillset required for facilitation of interprofessional simulation-based education, including effective communication strategies and team-based behaviours promotes collaboration amongst professionals which supports hierarchical processes
- Seek support from their own ‘tribe’
  - Facilitation enriched their professional identity whilst working collaboratively within the interprofessional team
What are the perceptions of clinical nurse educators of shared learning when facilitating interprofessional simulation-based education?

- The clinical nurse educators learned from the participants and fellow faculty members.
- Recognition of the significance and importance of working, learning and teaching together.
- Interprofessional simulation-based education creates a safe space for learning that promotes an opportunity for shared learning to occur which can positively influence interprofessional connections, relationships and practices.
- The debrief (and meta-debrief) is a powerful and empowering strategy that fosters a shared learning environment through the facilitation of a learning conversation through peer feedback, evaluation of practice and a reflexive group discussion.
- It is a psychologically ‘safe container’ that promotes open and honest collaborative discussions, often illuminating interprofessional vulnerabilities which can contribute to breaking down the barriers associated with traditional hierarchal power structures.
How has a collaborative teaching experience contributed to the role of the CNE in their clinical and teaching practices?

- Positive contribution to the clinical nurse educators’ role in their educational and clinical practices, contributing to personal growth and development
- Enhanced the transition and adaption to their role as an educator
- Respect the importance of having a robust understanding of educational theory and adult learning strategies to facilitate a more learner centred pedagogical approach to their wider teaching practices
- Develop their professional identity as an educator, which is different to their professional identity as a clinical nurse.
- Development of knowledge, skills and experience as an educator in facilitating interprofessional simulation-based education has positively influenced their clinical practice
- Empowered with the knowledge, skills and values to transform their clinical and educational practices
- Increased confidence and motivation in commitment to other professional development networking opportunities such as presenting projects at both national and international conferences
Conclusion

- Findings consistent with literature on ‘participant’ learning from interprofessional simulation-based education

- Advances on the extant literature as it provides insight into the shared and collaborative learning from a differing perspective

- Reinforces the concept of shared and reciprocal learning which strengthens professional practices within the interprofessional team

- The development of facilitation skills has provided the CNEs with an understanding and respect for underpinning educational theory that is translatable and application to their dual role in both educational and clinical setting
Limitations

- Homogenous purposive sample
- I am a clinical nurse educator experienced in facilitating interprofessional simulation education, with professional associations with some of the participants
- Potential to introduce the risk of bias
  - Participants recruited using appropriate gatekeeper
  - Trustworthiness of the data was upheld through credibility checking and validation of research findings
  - Self-aware of personal pre-conceptions, knowledges and biases
Thank you for listening
References


