Exploring Three Modalities of Clinical Education for Prelicensure Nursing Students and the Impact on Transition to Practice in Rural Settings

Carrie Miller PhD, RN, CHSE-A, IBCLC, FAAN; Laura Larsson PhD, MPH, RN, FAAN; Annika Lawrence SN; Leigh Sturges SN; Susan Wallace Raph DNP, RN

MONTANA STATE UNIVERSITY
MARK & ROBYN JONES College of NURSING 1•30

Background

Clinical settings provide students with hands-on, real-world training under the guidance of experienced preceptors, allowing them to apply theoretical knowledge in practice (Hunt et al., 2015). High-quality simulations that follow best practices support nursing students' preparedness for clinical practice (Hayden et al., 2014; Leighton et al., 2021a; Watts et al., 2021). COVID-19 influenced nursing education resources and academic experiences. The current state of simulation-based learning experiences is increasing reliance to offset the demands of clinical placements and standardized clinical experiences. Healthcare Simulation Standards of Best Practice provide a roadmap to quality simulation design (INACSL, 2021). However, a deeper understanding of how simulation can influence the transition to practice must be understood.

Study Aim

Explore traditional clinical experiences and 3 styles of simulation clinical learning on the transition to practice for nursing students at least 6 months post-graduation between 2021-2023.

Research Question

Which educational modality, traditional clinical experiences, face-to-face simulation, or screen-based simulation, was most beneficial as you entered the nursing workforce?

Methods

This quantitative descriptive survey study was created to compare how three learning modalities influenced a new graduate's perception of preparedness for clinical practice at least six months after graduation. N=90 AHEC Scholars enrolled in the NEPQR Mobile Health Training Program agreed to participate in the survey.

Results

The results showed an inverse relationship between the two variables in only two of the 29 items.

- One was for item 12 (holism), assessing outcomes of the care provided (r = -.234, n = 89, p < .05, 95% CI -.422, -.027).
- The second was for item four communication), providing information and support to patient's family (r = -.210, n = 90, p< .05, 95% CI -.400, -.003)
- Specifically, this finding suggests as the number of hours of simulation increased, the perceived superiority of the traditional learning environment waned in two instances. There were no significant correlations for the other 27 items.

Table 2. CLECS 2.0 Items Across 3 Clinical Settings using the Friedman Test for Non-parametric Data with Post Hoc Comparisons (modified)

Subscale	Item	Mean (SD)			Friedman Test	
		TCE	F2FS	SBS	X^2 (df=2)	Significant Post Hoc Comparisons
Communication						
Nursing Process	6. Understanding patient's pathophysiology	3.28 (.65)	3.00 (.79)	2.49 (.88)	40.23 [a]	B, C
Holism						
Critical Thinking	18. Anticipating and recognizing changes in patient's condition	3.28 (.67)	2.97 (.83)	2.27 (.91)	55.05 [a]	B, C
	19. Taking appropriate action when patient's condition changes	3.39 (.64)	3.14 (.75)	2.32 (.99)	52.04 [a]	B, C
Self-Efficacy	27. Feeling confident in abilities	2.97 (.82)	2.70 (.83)	1.64 (.89)	72.78 [a]	B, C
Teaching-learning dyad	24. Having instructor available to me	3.59 (.61)	3.44 (.77)	1.67 (.92)	93.04 [a]	B, C
	28. Feeling supported by instructor and peers when making care related decisions	3.40 (.77)	3.24 (.84)	1.79 (.96)	78.21 [a]	B, C
Unassigned to subscale	20. Thoroughly documenting patient care	3.39 (.74)	2.18 (1.12)	1.89 (.97)	70.16 [a]	A, B

Abbreviations: CLECS, Clinical Learning Comparison Survey; TCE, Traditional Clinical Environment; F2FS, Face to Face Simulation; SBS, Screen Based Simulation.

A = Statistically significant post-hoc difference between the TCE and the F2FS. B = Statistically significant post-hoc difference between the TCE and the SBS. C = Statistically significant post-hoc difference between the F2FS and the SBS.

[a] P < 0.001.

Conclusion

Novice nurses identified traditional clinical and face-to-face simulation-based learning experiences as influential factors in the transition to practice readiness. Screen-based simulations lacked applicability to practice readiness but were helpful in developing critical thinking.

References
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