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Validation of Communication Simulation Scenarios for Nurse Preceptors

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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Walden University
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Abstract

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MS, Walden University, 2014

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Project Submitted in Partial Fulfillment

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Abstract

An expectation of the nurse preceptor role includes the ability to evaluate, deliver feedback, and coach new graduate nurses. A gap in nurse preceptors' communication skills can affect the safety-related behaviors and quality of care provided by new graduate nurses, thus affecting patient outcomes. To bridge this gap, robust training on delivering feedback and coaching is needed for preceptors. The purpose of this staff education project was to develop and validate 5 communication simulation scenarios for preceptor training. Mezirow's transformative learning theory and the National League for Nurses-Jeffries simulation theory were used to guide the project. A panel of nurse leaders served as subject-matter experts who evaluated each simulation scenario and individual components using a Likert-style scoring method. Lynn's model for validation was used to determine the validity of individual components and overall scenarios. Each component and scenario scored 0.83 or higher according to Lynn's model and was deemed valid. The panel members recommended that the components and scenarios be integrated into the preceptor-training program at the project site. Incorporating the validated scenarios into a preceptor-training program might allow nurse preceptors the opportunity to practice effective communication skills in a simulation setting. Implications for positive social change include professional development for preceptors, effective training for new graduate nurses, and improved outcomes for patients.

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Section 1: Nature of the Project

Introduction

As a new graduate nurse (NGN) embarks on a career, preceptors facilitate the NGN's transition from a student role to one of a safe, competent nurse. Not only is the safe delivery of patient care skills crucial, but so is the ability to make proper clinical decisions (Nielsen, Lasater, & Stock, 2016). NGNs must be able to apply knowledge and critical thinking skills, analyze situations, and evaluate appropriate interventions to deliver safe care and ensure optimal patient outcomes (Jessee & Tanner, 2016).

During their initial orientation to a hospital facility, NGNs are initially paired with preceptors who help them transition from student nurses to safe, competent bedside nurses. Preceptors help in NGNs' evolution by guiding and reinforcing their practice, delivering constructive feedback, coaching clinical decision-making, and evaluating goal progress (Myers & Chou, 2016). Preceptors are fellow nursing staff on the NGN's home nursing unit and will be his or her direct peers once the NGN's orientation period is complete. The quality of care delivered by the NGNs will affect the nursing unit as a whole; therefore, preceptors have a responsibility to protect their patients and ensure that their peers are properly prepared and competent to care for their patient population (Omer, Suliman, & Moola, 2016). Preceptors must be able to critique nursing behaviors of NGNs and support or redirect them toward more safe and appropriate behaviors. However, without robust training on coaching techniques, preceptors can feel unprepared or uncomfortable when providing feedback or evaluating their peers (Smedley, Morey, & Race, 2010). As part of a preceptor-training program, simulation activities on these

techniques could enhance a preceptor's comfortability and effectiveness when communicating with NGNs (Smedley, Morey, & Race, 2010). I undertook this staff education project to produce valid simulation scenarios to help improve communication skill competence of nurse preceptors.

A shortage of nursing staff and high turnover remain major concerns in the health care industry. Although nursing programs produce many potential workforce candidates, some NGNs refrain from entering into acute care practice or leave the profession within several months of hire (Guerrero, Chênevert, & Kilroy, 2017). Nursing programs introduce students to nursing theory and skills, but it is during their clinical practice experience which where students synthesize that knowledge and demonstrate it in the patient care setting. Once those students graduate and become licensed as registered nurses, the protective environment of being a student versus a responsible, autonomous healthcare practitioner can be overwhelming for an NGN.

The weight of a registered nurse's responsibility, reality shock, and unsupported transitional training are reported to be frequent reasons why NGNs leave the profession (Guerrero et al., 2017). Facilities should be mindful of these issues and establish a plan to improve NGN turnover. One way to do this is to establish a preceptor-training program, in which experienced nurses are taught and empowered to support and guide NGNs to be effective and competent practitioners (Piccinini, Hudlun, Branam, & Moore, 2018).

The preceptor's role is to be a learning facilitator, an evaluator, and a role model for the nursing profession. Preceptors must support learning and practice experience during the NGNs' orientation, according to experts. As Murray, Sundin, and Cope (2018)

observed, preceptors must be able to coach and offer feedback to NGNs and help bridge the theory-to-practice gap to ensure NGNs can succeed as new professional nurses. To do this, preceptors, themselves, need knowledge and practice in evaluation and coaching tactics. In many preceptor-training programs, didactic knowledge on coaching and evaluation is offered; however, the experience of practicing these skills is not routinely incorporated into the program's curriculum (Chang, Lin, Chen, Kang, & Chang, 2014; Cotter & Dienemann, 2016). A training program emphasizing coaching and evaluation skills may benefit nurse preceptors and their new peers.

Problem Statement

At a suburban acute care hospital in the southeast United States, preceptors are typically chosen by their department educator or manager. The ability to demonstrate safe care, along with a positive demeanor and willingness to help others, are common traits expressed by preceptors at the hospital. Initially, preceptors typically work side-by-side with their NGN during patient care to assess their basic abilities. As the NGN's orientation progresses, the preceptors scale back their direct hands-on care with the patient – allowing the NGN to take a lead role in patient care. As the preceptors withdraw some of their direct care involvement, they shift their focus to observing for safe practice, providing support, and evaluating the progress of the NGN.

At the facility, from January 2016 to May 2018, a total of 194 NGNs were hired and matriculated through a preceptorship orientation. According to the facility's onboarding educator, preceptorships at the facility can range from 8 to 12 weeks of orientation. During this time, NGNs are exposed to unit- and facility-based processes and

procedures, develop time management skills, sharpen critical thinking skills, and are evaluated by their preceptor on their performance. They are also dependent on the guidance and coaching from their preceptors to help solidify the necessary skills to deliver safe patient care and improve outcomes for patients (Zigmont et al., 2015). Pasila, Elo, and Kääriäinen (2017) stated that the quality of the orientation and their preceptor were keys to a successful NGN transition from student to competent nurse and that this experience can set the tone for the NGN's professional career.

Successful NGNs use feedback and coaching from their preceptors to reflect on previous situations and develop personal strategies to change behaviors. Feedback is necessary for improving performance, and preceptors should be comfortable offering honest feedback to NGNs – whether positive or negative. They also need to know how to supportively coach desired behaviors. With a lack of adequate training on effective feedback and coaching techniques, preceptors may fall short in offering supportive communication that would benefit their NGNs' skill development (Cotter & Dienemann, 2016). This preceptor skill deficit is a critical area of concern during the NGN clinical phase of orientation at the project facility.

The current preceptor-training program at the facility is a one-time 4-hour class with minimal coverage on feedback and coaching techniques. My belief is that participation in a live training activity in delivering feedback and coaching techniques should increase preceptors' competence in communicating effectively with NGNs. Ensuring that the preceptor is capable of using these techniques designed to foster

retention of information and performance has the potential of improving the NGN's orientation and protecting patient safety and outcomes.

Simulation is known to provide a viable teaching method to improve nurses' clinical competency (Lucas, 2014). Using simulation as a method of educating staff should provide preceptors practice in delivering feedback and coaching techniques and enhance communication between preceptors and NGNs. Ensuring that preceptors are comfortable engaging in these important conversations with NGNs is essential to the NGN's professional development. At the time of this project, the preceptor program at the project site did not offer a simulation activity. The inclusion of a simulation activity in the preceptor program curriculum would require collaboration with other hospital leaders and educators to develop scenarios based on simulation learning objectives.

Purpose

The purpose of this staff education project was to develop validated simulation scenarios on coaching and feedback for nurse preceptors. I designed the simulation scenarios to engage preceptors in practicing their feedback delivery and coaching skills. The overall aim of the project was to educate preceptors on how to deliver supportive feedback and reinforce NGNs' critical thinking and nursing practice skills. This strong foundation can affect patient outcomes and improve NGN attrition rates (Cotter & Dienemann, 2016; Guerrero et al., 2017).

Project Question

The project question was, Will the content of five communication simulation scenarios developed for use in a preceptor training program be approved by an expert panel of nurse leaders?

Nature of the Doctoral Project

I conducted the review of the literature published from 2013 to 2018 using the online databases available from Walden University including but not limited to CINAHL, Medline, ProQuest, Ovid, Education Source, and ScienceDirect. Keywords used for the evidence search included but were not limited to *preceptor, critical thinking, simulation, coaching, feedback,* and *communication*. I sorted relevant literature findings into three main topics: preceptors, communication, and simulation. After reviewing the literature, I developed a staff education simulation activity with five communication simulation scenarios. At the conclusion of this doctoral project, the five simulation scenarios will have been evaluated for use in the facility's preceptor development program. These scenarios can later be integrated into the facility's preceptor-training program to help enhance preceptor communication skills with NGNs.

Significance

Ensuring that NGNs are supported during their transition is important to their success. An NGN's orientation can be a very stressful transitional period. The NGN must learn a new work environment culture, sharpen critical thinking and time management abilities, and establish competence in patient care skills (Rush et al., 2013). The NGN's preceptor should monitor and guide the NGN during struggles and successes throughout

their orientation so that the NGN feels supported and can learn from the experience (Clipper & Cherry, 2015). This support not only will boost the confidence of the NGN but should also increase their competence. Greater competency among NGNs can be associated with improved patient safety and care outcomes (Durham & Alden, 2008; Lucas, 2014).

However, the weight of these new career expectations can become too overwhelming and affect an NGN's desire to stay within the profession (Rush et al., 2013). This could lead to increased turnover of NGNs which can impact staff workloads, staff morale, facility financials, and patient outcomes. Having a preceptor who is trained to effectively evaluate and coach NGNs regarding their level of competency and ability to meet expectations can lead to NGNs feeling supported and providing safer patient care practices (Clipper & Cherry, 2015).

Having more competent and confident NGNs can influence the role of the preceptor, as well. By actively supporting the transition of NGNs, preceptors are producing a peer workforce that has developed trust, respect, camaraderie, and a team-focused environment that gives NGNs a sense of belonging. This could potentially decrease turnover of NGNs, improve staffing levels, and reduce the frequency at which preceptors must train new staff. The more NGNs leave the facility, the more the facility will have to hire new staff to replace them, which requires preceptors to start again with a new staff member. Over time, frequent precepting can wear on preceptors and lead to burnout (Valizadeh, Borimnejad, Rahmani, Gholizadeh, & Shahbazi, 2016). A result of

NGN attrition and subsequent preceptor burnout could be inadequate preceptor experiences for future NGNs which may impact patient safety and care.

Stakeholders

In the development of a simulation activity for nurse preceptors, there are many stakeholders involved in the success of the project – the most obvious being the nurse preceptors. Ideally, these individuals are experienced nurses who have demonstrated competence, leadership, and an eagerness to help others learn on their units. While many have the practical skills and patience for teaching, many nurse preceptors have a difficult time delivering negative feedback or lack supportive coaching techniques (Cotter & Dienemann, 2016). Obtaining circumstantial experiences from established preceptors can help with the development of simulation training topics and scenarios. Other stakeholders include nurse leaders in various roles (see Section 3). Each stakeholder can impart a unique perspective into coaching practices or topics to include in the exercises. This may result in frequent re-evaluations of the topics or scenarios needed to practice in the simulation training. Ultimately, improved preceptor coaching competence is the anticipated outcome of future simulation training.

Social Change

Viewed at the facility as a clinical educator, the preceptor is a role model for newly hired NGNs. Without preceptors' guidance, NGNs may not perform to the level of quality that is required by their organization or expected by a registered nurse. It is with supportive coaching and feedback by preceptors that NGNs can sharpen critical thinking and nursing practice skills that engender quality care and positive patient outcomes

(Schuelke & Barnason, 2017). However, to achieve these important skills, preceptors should be able to evaluate the NGN's performance and help NGNs to better understand why or how their actions affect patient care. In setting the expectations of quality care delivered at the facility, preceptors drive the importance of evidence-based practice and introduce the culture of quality care for NGNs. As role models, preceptors should demonstrate leadership and integrity in their actions to mirror their efforts of promoting positive patient outcomes. Later, as many of the NGNs become preceptors themselves, they may carry out the leadership characteristics exhibited by their former preceptors. The implementation of the preceptors' training on effective communication tactics should impact future NGN-preceptor relationships and continue the drive to ensure high-quality patient care and outcomes.

Summary

Throughout the NGNs' transition, preceptors play a key role in facilitating their development toward becoming a competent practicing nurse. There is great pressure applied to NGNs by nurse leaders, colleagues, and patients to be successful and competent nurses. Without proper support from their preceptors, NGNs may flounder and become overwhelmed. This can lead to poor patient outcomes and an increase in NGN attrition rates (Cotter & Dienemann, 2016; Guerrero et al., 2017). Given the large number of NGNs recently hired at the facility, this could have a significant financial and quality care impact on the facility. The activity produced for this project may help to reduce this potential impact. For the project, facility nurse leaders and educators collaborated with me on the development of a simulation activity focused on increasing preceptor

competency in evaluation, feedback, and coaching skills. In Section 1, I identified the nature of this doctoral project, the purpose, and the stakeholders. The project question was, Will the content of five communication simulation scenarios developed for use in a preceptor training program be approved by an expert panel of nurse leaders? Theories and evidence that will be used to guide the simulation activity development will be discussed in the next Section.

Section 2: Background and Context

Introduction

To secure a competent NGN workforce, health care leaders must ensure that their newly hired staff receives a supportive orientation. An important component of a NGN's orientation is the nursing practice observation and professional guidance by their preceptor. The project facility's preceptor training course lacks education on how to supportively evaluate the NGN, deliver feedback, and coach NGNs. The purpose of this doctoral project was to develop validated simulation scenarios on coaching and feedback for nurse preceptors. Better preparing preceptors to guide NGNs' development of critical thinking and nursing practice skills can lead to safe patient practices and successful management of NGN attrition rates (Cotter & Dienemann, 2016; Guerrero et al., 2017; Spence-Laschinger, Zhu, & Read, 2016). The practice-focused question I sought to answer was the following: After developing the simulation scenarios, would the content be approved by an expert panel of nurse leaders?

To effectively implement this doctoral project, a structured plan was needed to ensure alignment throughout its development. Components of that plan included the identification of applicable theories and concepts, collection, review, and synthesis of relevant literature, and definitions of key terms used throughout the project. An account of current preceptor training methods and scope at the facility was also needed to highlight local knowledge and practice gaps.

Concepts, Models, and Theories

A primary goal of a learning activity is for the learner to gain knowledge outlined by the activity objectives. To develop an activity and assess successful knowledge attainment, researchers need a framework to guide research and correlate findings to nursing knowledge (Grove, Burns, & Gray, 2013). Two theories that applied to this project were Mezirow's (1997) transformative learning theory (TLT) and the National League for Nurses (NLN)-Jeffries simulation theory (Adamson, 2015).

Transformative Learning Theory

Constructivism is a concept that describes how learners synthesize prior knowledge and base their actions on previous outcomes (Brandon & All, 2010). An example of this is TLT. In TLT, reflection on previous experiences, personal feelings, and discussions with others can influence behaviors and serve as a foundation for adult learning (Mezirow, 2003). In the context of this project, for example, preceptors can reflect on their own orientation experience, previous scenarios, or interactions with NGNs and use that knowledge to alter their behaviors. Using knowledge gained in the didactic portion of the preceptor course, previous experiences, communication with simulation nurse leaders and educators, and the desired outcomes of the interaction with the NGN, preceptors can synthesize these influences and devise an action plan on how to engage with others. As preceptors guide the practice of NGNs during their orientation, utilizing reflection during coaching and feedback moments, they can affect the NGNs' behaviors and ensure safety and quality outcomes (Rogers, 2015).

NLN-Jeffries Simulation Theory

Simulation is a method of teaching that allows for the learner to practice skills in controlled environments. Nurse educators use the NLN-Jeffries simulation theory to consider the context, purpose, goals, and methods of the simulation, as well as ensure that it is a learner-centered experience and measures learning outcomes (Jeffries, Rodgers, & Adamson, 2015). Simulation engages the learner by helping to bridge the gap between knowledge and practice and allows for a variety of learning styles (Berragan, 2014). By participating in a simulation activity, participants can have a better understanding of how behaviors affect outcomes. Reflection on those behaviors during the simulation activity ignites transformative learning and prompts the learner to consider future changes to behaviors, which impacts the intended outcome (Abelsson, Rystedt, Suserud, & Lindwall, 2018).

Definition of Terms

Following are definitions of terminology used in this DNP project:

Coaching: A teaching strategy in which a learner is supportively challenged by a leader to consider alternative behaviors and outcomes, enhancing the learner's reasoning and critical thinking, and improving his or her performance (Jessee & Tanner, 2016).

Effective communication: A concept of engaged interaction between information receiver and giver using one or more useful tactics. These tactics include asking open-ended questions, using active listening, clarifying or summarizing content, and offering information appropriate to the receiver's level of understanding (Bramhall, 2014). These are important components when delivering feedback and coaching others.

Evidence-based: A summary or decision founded on reported best practices. Evidence-based practice (EBP) describes the use of current best practices or evidence to make healthcare-related decisions (Academy of Medical-Surgical Nurses, 2018).

Feedback: A process of delivering one's perspective on the observation of another. Ideally, feedback should be non-punitive, allow for self-reflection by the receiver, and be used for improving learning (Hunter, 2016). Feedback can be labeled as either negative or positive.

Newly graduated nurse (NGN): A registered nurse with less than one year of nursing experience post licensure.

Preceptor: At the facility, the term *preceptor* is defined as someone who helps a newly hired or transferred staff member acclimate to the new role and department. Nurse preceptors help by coaching, empowering, and guiding new nurses to meet the culture and expectations of the facility and patient care standards (Panzavecchia & Pearce, 2014).

Simulation: A teaching method that allows the participant to practice and refine skills for specific situations in a controlled environment (Durham & Alden, 2008). During a simulation exercise, participants are typically monitored by an experienced instructor and receive feedback on their performance.

Simulation scenario(s) or simulation activity: An interactive activity with specific objectives in which participants interact with props or one another to practice solving a real-world issue in a safe and controlled environment (Al-Elq, 2010). Currently, the facility has an established preceptor-training program without simulation scenarios or activities embedded in the curriculum.

Staff education: Information compiled or developed to promote learning for a specified audience at a workplace. It is designed to improve the performance of the intended audience to meet the needs of patients or others relying on the actions of the intended audience (NLN, 1955). The audience intended for this staff education project is nurse preceptors.

Standardized patient: An actor trained to portray a specific role, behavior, or condition in a simulation activity (Society for Simulation in Healthcare, 2016). Standardized patients interact directly with simulation participants and can typically give feedback on the participants' actions.

Relevance to Nursing Practice

I performed a search of recent literature primarily published from 2013 to 2018 using online library resources such as CINAHL, Medline, ProQuest, Ovid, Education Source, and ScienceDirect. An expanded search from 2010 to 2012 was needed, however, for inclusion of additional supportive online resources and published books because the original search did not yield desired detailed evidence. Key words used in the pursuit of relevant publications included *preceptor*, *preceptor training*, *learning strategies*, *transformative learning*, *adult learning principles*, *simulation*, *simulation strategies*, *coaching*, *feedback*, *delivering feedback*, *communication*, *effective communication*, *communication techniques*, *graduate nurse*, *nurse residents*, *nurse residency*, *preceptor evaluation*, and *simulation evaluation*. From the search, three main concepts and were illuminated: the role of preceptors, communication, and simulation. Ultimately, 74

references were found from the selection criteria to be relevant to this project. Of those, 56 were included to support the project and 21 were used in the literature review.

Preceptors

As one of the fastest growing professions, the nursing workforce is expected to rise 15% by the year 2026 (Bureau of Labor Statistics, 2018). This means more NGNs in the workforce and more preceptors facilitating their transition to professional nursing. Viewed as a nurse educator at the bedside, a nurse preceptor's role is to support and guide an NGN's transition to professional nursing. However, being a nurse preceptor is commonly a dual role. Not only must nurse preceptors facilitate the orientation of NGNs, but they are expected to care for their assigned patient workload at the same time. Preceptors must be able to balance these two role expectations without becoming overwhelmed. Conflicts preceptors commonly face with this dual role include added stress to their role and workload and difficult interactions with those they are precepting (Dodge, Mazerolle, & Bowman, 2014). According to Rebiero, Edward, Chapman, and Evans (2015), nurse preceptors feel valued and supported by their organization when they are offered proper training and preparation for their dual role. This can help alleviate the added role strain and improve communication between preceptors and NGNs.

The American Nurses Association's (ANA) Standard 15 of Professional Performance (2015) states that a professional nurse "evaluates one's own and others' nursing practice" (p. 81). The Standard also indicates that providing practice feedback to peers is a competency for registered nurses (ANA, 2015). An NGN's success as a new

nurse and retention in their new position is correlated to the competency and training of the preceptor to evaluate, give feedback, and coach behaviors (Piccinini et al., 2018).

Knisely, Fulton, and Friesth (2015) found that a preceptor's clinical competence, positivity as a role model for the profession, and communication skills were highest ranked in preference by both preceptors and student-learners. Not only does training on giving feedback and coaching elevate the preceptors' ability to educate NGNs, but it also promotes the preceptor's professional development. Shinners and Franquerio (2017) suggest ongoing education, recognition, and support can maintain preceptor retention and continued quality care for both the preceptor's patients, as well as, their NGNs development and performance.

Past approaches to educating and supporting preceptors are varied. Frequently, in lecture-style classes, the content delivers an overview of the role of a preceptor, practice expectations, and adult learning theory, while lacking practical preceptor application experiences (Chang et al., 2015). While ongoing education for preceptors is recommended, there is a lack of evidence of what that practice should entail. Ryan and McAllister (2017) found that online learning resources and discussions of experiential practice positively impacted preceptor professional development. At the facility, a recent change to a policy now requires preceptors to matriculate through the preceptor training program every two years to ensure they are knowledgeable about the most up-to-date practices, maintain their competence, and to continue in the preceptor role. This ongoing training will help reinforce preceptor best practices and support their professional development.

Communication

To ensure NGNs deliver quality practice and positive patient outcomes, they should have effective communication from their preceptors throughout their orientation experience. This communication involves receiving both positive and negative feedback and coaching from their mentors. In a study by Eller, Lev, and Feurer (2014), mentees reported that open and frequent communication with their mentors helped boost their confidence and drove their desire to do their best. According to Rosa and Santos (2016), using effective strategies in communication can also improve trust between NGNs and their preceptors. This trust helps build relationships and fosters opportunities to have frank discussions regarding performance without offending the NGN. With having open communication fueling NGN performance and ensuring positive patient outcomes, it is important to include training and practice on this skill to preceptors (Granheim, Shaw, & Mansah, 2018).

The ANA (2015) also describes a competency for registered nurses on communication. This expectation of a professional nurse includes incorporation of various styles of communication to ensure understanding and confidence between the nurse and receiver (ANA, 2015). Shiparski (2012) describes five core skills of communication that are necessary for a successful preceptor interaction with their NGN. These skills include intent, listening, advocacy, inquiry, and silence. Intent involves a purpose for the communication. Listening demonstrates respect and the gathering of information to formulate a response if needed. Advocacy is to voice an opinion or perspective without projecting judgment. Inquire involves exploration and the desire to

better understand a situation. Finally, silence allows one to reflect on a situation or offers the opportunity for others to express themselves. Mastering these skills of communication will help preceptors interact supportively to NGNs, but this takes time and practice.

In addition to these tactics, there are barriers that hinder successful communication between NGNs and preceptors. These barriers include lack of training, stressful workloads, time constraints, and being reluctant to confront peers (Bramhall, 2014). To overcome these barriers, quality training and support are needed to ensure preceptors can demonstrate this skill. Nurse preceptors have reported training on coaching, providing feedback, and evaluating NGN progress as being the most beneficial to their role and should be considered a priority component in a preceptor-training program (Chang et al., 2015; Tsai et al., 2014). While the current facility's preceptor didactic course covers the importance of coaching, providing feedback and evaluation of NGNs as part of the preceptor role expectation, little practical training on these skills is offered. To support communication skill development, Kim, Hwang, and Cho (2018) stated that participation in an experiential learning activity helps to alleviate communication anxiety and boosts the effectiveness of message delivery. Incorporating effective communication strategies into a preceptor-training program will improve the preceptor's comfortability and competence to have those critical conversations with their NGNs. To support this, and as the purpose of this doctoral project, five communication-focused simulation scenarios will be created. Once validated, these scenarios will be incorporated into the facility's preceptor-training program to allow preceptors to practice these important skills.

Simulation

Simulation is a method of training that portrays real-life situations in a neutral and safe environment that preceptors can practice their skills and increase their competency and confidence (Deckers, Doyle, & Wilkinson, 2012). This method can be found in many academic and clinical settings where students and nurses can practice and sharpen their patient care skills. These skills include, but are not limited to: intravenous catheter insertion, wound care practices, patient physical assessments, medication administration, and resuscitation efforts. Simulation can also be used for less psychomotor skills – such as communication and critical thinking. By allowing preceptors to participate in a simulation activity, it will allow preceptors to enhance their critical thinking skills, practice interactive skills, and reflect on behaviors demonstrated in the scenario (Wilson, Acuna, Ast, & Bodas, 2013).

Murray and Buckley (2017) described the benefit of simulation as a way for preceptors to practice and solidify their communication skills in a variety of situations and increase their comfortability in having difficult conversations with those whose skills they evaluated. After participation in simulation activities, 4.8 out of 5 preceptors reported the simulation as being an effective and appropriate strategy for learning and allowed preceptors to enhance their communication skills and comfortability in having difficult conversations (Brown et al., 2018; Murray & Buckley, 2017). Cummings and Connelly (2015) found that after participation in an academic setting's nursing simulation activity, the participating students reported increased confidence in their abilities and skills.

In a study by Wilson, Acuna, Ast, and Bodas (2013), 76% of participants in a preceptor program felt interactive activities were more impactful than a traditional lecture-based format. Since simulation is an interactive activity and preceptors must interact with their NGNs, this teaching method allows for real-life practice in specific scenarios chosen for the simulation. In addition, an interaction between preceptors and standardized patients can offer realistic communication practice with a live human being versus with an inanimate manikin (Karlsen, Gabrielsen, Falch, & Stubberud, 2017). This can afford preceptors the opportunity to respond to the standardized patient's body language, voice tone, and other physical actions.

Overall, simulation can add much value to nursing practice. Not only can it boost nursing clinical skill and competence, but it can also increase effective communication among interpersonal relationships. The inclusion of the simulation scenarios developed for this project will offer realistic interactions and practice on feedback and coaching. Not only would this benefit NGNs and nurse preceptors, but also other clinical and non-clinical preceptors within the healthcare facility.

Summary. The position of a preceptor can be complex – there are several role expectations and barriers that could impede a successful preceptorship experience. One of those barriers is a lack of effective communication between preceptor and NGN. Preceptors have identified training on effective communication skills as being highly beneficial to their role, and that it boosts the quality of critical conversations between preceptor and NGNs (Chang et al., 2015; Tsai et al., 2014; Kim, Hwang, & Cho, 2018). One avenue to facilitate that training is through simulation. Murray and Buckley (2017)

described simulation as an effective method to help nurses practice and solidify skills. Through simulation, preceptors can engage in interactive exercises that help sharpen effective communication skills such as delivering feedback and coaching. What is unclear from the literature is validated simulation scenario content designed to improve preceptor-NGN communication. Through this project, communication simulation scenarios will be developed and validated for use within a preceptor-training program.

Local Background and Context

At the project facility – a suburban acute care hospital in the southeast United States – the turnover rate for NGNs in 2016 was 28.6 percent. At the time, the facility had not hosted a preceptor-training program in two years. Due to the high turnover rate, the facility leaders and educators developed a preceptor-training program, which included a didactic classroom-style lecture on the preceptor role and expectations. However, the lesson only offered a brief overview of interpersonal communication. There was no practical experience or simulation activity on effective communication techniques included in the lesson.

Once the preceptor-training program was developed, the facility offered the class twice a year. Each class accepted 30 participants to attend the lecture. These participants were mostly from bedside care nursing units. Other nursing units such as surgical services, emergency department, and interventional radiology also participated in the classes. Results from post-class evaluations indicated that preceptors understood their role and expectations, but did not feel comfortable delivering feedback to others.

In a strategic effort to elevate quality in nursing practice and professional development of their nurses at the project facility, more robust training on communication skills was needed for preceptors. This need prompted the development of this DNP project. Developed simulation scenarios were validated by a team of content experts, including current preceptors. This was to ensure relatable and realistic simulation scenarios on feedback and coaching were created and, later, incorporated into the facility's preceptor-training program.

Role of the DNP Student

From my professional experience as a nurse educator, I understand the importance of ensuring NGNs are competent in nursing care skills, critical thinking, and deliver safe, quality care to patients. In my role as a nurse educator leader at the facility site, I have a greater desire and accountability to ensure all staff is properly trained and maintains safe practice. Early in my career, I became a preceptor for NGNs. It was a role I enjoyed, and later, became passionate about supporting the role and their development. My philosophy is that preceptors are a gateway to a facility's nursing culture. I believe that the facility's leadership sets the expectations, but it is the preceptors that introduce, guide, and transform NGNs behaviors to mirror those expectations.

The goal of this project was to establish five validated simulation scenarios that will be used in a preceptor-training program. As the facility already had a developed preceptor program, the simulation activity would be an additional component to the program's curriculum. My role was to establish and lead a collaborative team of content experts through this project's development and to create five simulation scenario lesson

plans that were to be validated by the collaboration team. In the beginning, an action plan was needed to ensure the development stayed focused and certain milestones were achieved. Items of the action plan included:

1. Selection of a collaboration team to offer input and discuss project and scenario objectives.
2. Establish project development timeline and manage project progression.
3. Development of simulation lesson plans and activity details.
4. Obtain simulation scenario validation by content experts.

Role of the Project Team

The collaboration team of content experts involved facility nurse educators, nurse managers, current facility preceptors, and myself – as both a nurse educator and the doctoral student. Initial team discussions included the current gap-in-practice at the facility, evidence that supports the project, development of project objectives, and a timeline of three weeks to complete the project. To prevent bias, project goals, objectives, and simulation topics and lesson plans were agreed upon by the collaboration team. In addition to their input in the project development, their expertise in evaluating, coaching, and delivering feedback to employees was needed to validate the created communication simulation scenarios once the doctoral project was approved for continuation by Walden University. Due to the varied schedules of participants in the collaboration team, the projected timeframe for the final validation of the created scenarios was two weeks from their development. Each team participant received copies of the created simulation scenarios to assess, score, and return to the DNP student for validation scoring. The

validation process is further outlined in Section 3. I also encouraged the team to adopt any of the developed communication simulation materials to other educational activities and future training, as appropriate.

Summary

Much like NGNs, preceptors require practice and training in necessary skills to perform in their expected role. Evidence shows that preceptors need support and training for their role to successfully guide NGNs to provide safe care. Communication is a necessary skill for a healthcare provider -- coaching is a type of communication that facilitates learning. As NGNs are constantly learning in their new role, preceptors should be skilled in coaching NGN practice. One way to ensure preceptors increase their skills is through simulation. By giving preceptors a safe platform to practice and solidify their communication proficiencies, their competence in demonstrating supportive coaching and feedback techniques will increase (Brown et al., 2018; Deckers, Doyle, & Wilkinson, 2012; Murray & Buckley, 2017). This can benefit the NGN's professional practice and, ultimately, patient outcomes. Using Mezirow's (1997) TLT and the NLN-Jeffries simulation theory (Jeffries et al., 2015) as guides for the project's development, I developed simulation scenarios for the preceptors who participated in the project. The intended outcome of this project was that these scenarios would be validated by a collaborative team of content experts for use in a preceptor-training program. The process for the simulation scenarios' development and validation is outlined in Section 3.

Section 3: Collection and Analysis of Evidence

Introduction

As NGNs emerge into practice, their critical thinking skills and ability to provide safe care are important for positive patient outcomes (Jessee & Tanner, 2016). Coaching and delivering feedback are skills needed by preceptors to ensure effective communication with NGNs and to sustain the level of patient care that supports positive outcomes (Murray & Buckley, 2017). Although preceptors typically have strong clinical performance, their ability to communicate or educate others may be less sound (Schuelke & Barnason, 2017). Lack of communication and education skills illustrate the need to further train nurse preceptors on how to coach NGNs and to deliver performance feedback. Because communication skills are not included in the facility's current preceptor training program, the inclusion of a simulation activity on effective communication is needed. The use of simulation in the course will allow preceptors to practice and solidify their communication skills. After participating in the simulation activity, it is expected that the nurse preceptors will report improved awareness of their ability to coach and deliver feedback to NGNs. In this section, I will discuss details of the planning, implementation, and evaluation of the project.

Practice-Focused Question

The role of a preceptor is instrumental in the success of NGNs' transition to professional nursing (Clipper & Cherry, 2015). Without training and practice with demonstrating feedback and coaching skills, preceptors may not be able to effectively guide and support NGNs during this crucial time of their career. Since the project

facility's preceptor training program did not offer a practical component for these skills, a simulation activity was created. The project question was, Will the content of five communication simulation scenarios developed for use in a preceptor training program be approved by an expert panel of nurse leaders?

Evidence Generated for the Doctoral Project

Participants

The collaboration team was the intended participants for this doctoral project. The team consisted of nurse educators, nurse managers, and current nurse preceptors at the project facility. The team participants were selected for their expertise in leadership practice and interest in improving NGN orientation experiences and served as the panel of content experts and scenario validators for this project. The nurse educators were chosen as subject matter experts in their respective specialties and have demonstrated clinical coaching and feedback skills that are congruent with the expectation of preceptors. The nurse managers represented experts in leadership, performance evaluation, and coaching. The nurse preceptors offered expertise in current preceptor practice and recent, relative experience with real-life scenarios. As an experienced nurse educator and the developer of this doctoral project, I offered project development oversight, simulation scenario creation, and analysis of the team's validation of each developed scenario.

Procedures

After approval from the collaboration team on goals, objectives, topics, and evaluation strategies, I developed the simulation scenario lesson plans. Each simulation

scenario had at least one objective for the preceptor to meet during the activity. To ensure the completeness and consistency of the simulation development, a validated checklist for scenario development was used, the Bay Area Simulation Collaborative (BASC) Scenario Validation Checklist (Waxman, 2010; see Appendix A). I used the BASC (Waxman, 2010) checklist to create a template for the scenario validations (see Appendix B). This template includes components for learning objectives, preparation tasks, materials needed, evaluation methods, and post simulation debriefing (Waxman, 2010). The scenarios were reviewed by the collaboration team to ensure alignment with the simulation's goals and objectives.

The developed scenarios required a standardized patient (actor) to role-play as either a patient or NGN with the preceptor, based on the scenario objectives. The standardized patient role was designed for nursing leaders, educators, staff nurses, or other hospital leaders to portray a certain behavior. A script or guide for the actor was written into the scenario's lesson plan. Each scenario allowed for the preceptor to reflect on their own orientation training, beliefs, and prior experiences (TLT) to demonstrate effective feedback and coaching techniques to the simulated NGN actor. For example, in one scenario where an NGN actor performs a urinary catheter insertion into a mannequin using an unsafe technique, the preceptor must give effective feedback. Other scenarios include coaching activities for different NGN personalities and prioritization skills.

Preceptors should use effective feedback and coaching techniques with NGNs to provoke critical thinking and secure safe practice behaviors. In the didactic portion of the facility's preceptor program, effective communication tactics such as verbal and

nonverbal techniques and leveraging with influence are introduced to new nurse preceptors. These tactics include speaking with clarity, appropriate word choice, body language, eye contact, and the Five-Step Format (Lefton, 2012). The Five-Step Format is a communication method for preceptors to use to influence behaviors of NGNs and was incorporated into the simulation lesson plans. The five steps include

1. Initiating the conversation with the NGN (Lefton, 2012).
2. Inquiring with the NGN on their perception of the situation (Lefton, 2012).
3. Giving feedback on the NGN's perception of the situation (Lefton, 2012).
4. Illuminating the differences and potential outcomes (Lefton, 2012).
5. Devising a plan or goal together – and accomplishing it (Lefton, 2012).

Demonstration of the Five-Step Format was included in the developed scenario objectives as an expectation that preceptors would meet during the simulation activity.

Simulation activity objectives. Overall, at the end of the simulation activity, preceptors will be able to

- demonstrate effective communication techniques using the Five Step Format (Lefton, 2012),
- demonstrate delivering difficult and critical feedback,
- coach positive practice behavior, and
- coach negative practice behavior.

Evaluation plan. The alignment of appropriate simulation scenarios with the activity's goal is important in determining if the preceptor participants will meet the learning objectives (see Rutherford-Hemming, 2015). As construct validity assesses the

correlation of what is intended to be measured versus what is actually measured (Grove et al., 2013), a review of the simulation scenario lesson plans by the collaboration team ensured that the simulation activity met the overall activity's goal. The content and validity of the scenarios were determined by the facility nurse leaders and educators (as the content experts). Content validity (CV) and the component Content Validity Index (CVI) were computed as described in this section and by using Lynn's model (1986; see Table 1) to determine the validity of the developed simulation scenarios.

Educators use the CV score to determine whether content revisions are needed within a scenario (see Rutherford-Hemming, 2015). It is determined by the number of experts who have agreed that the scenario's content items are relevant to the learning objectives or potential outcomes for the scenario (Rutherford-Hemming, 2015). For example, if seven out of eight experts agree that the scenario items are relevant, the CV would be 0.78 according to Lynn's (1986) model (see Table 1).

For CVI, each scenario component is individually rated and computed. The individual scenario components include the scenario overview, scenario objectives, relative equipment, materials, or staging, interactive simulators, standardized patients, or actors, and a debrief outline. The CVI is calculated using the total number of experts rating that individual component with either a 3 or 4, then divided by the total number of experts. For example, if five out of eight experts rated a scenario's "relative equipment, materials, or staging" component with either a 3 or 4, the CVI would be 0.63 using Lynn's (1986) model, as shown in Table 1. Data collection and validation methods for this project are described later in this section.

Table 1

Lynn's Model

	Number of experts endorsing item or instrument as content valid						
Number of experts	2	3	4	5	6	7	8
2	1.00						
3	0.67	1.00					
4	0.50	0.75	1.00				
5	0.40	0.60	0.80	1.00			
6	0.33	0.50	0.67	0.83	1.00	1.00	
7	0.29	0.43	0.57	0.71	0.86	0.88	1.00
8	0.25	0.38	0.50	0.63	0.75	0.78	0.89

Protections

Before collection of any data, written approval from Walden University's Institutional Review Board (IRB) was obtained. The collaboration team was asked to complete validation forms (Appendix B) for the created simulation scenario lesson plans (Appendix C). This validation process utilizing Lynn's model ensured simulations aligned with overall objectives. The collaboration team members were not paid extra to participate in the project. Confidentiality of the collaboration team and facility was discussed with the team prior to them participating in the project. All data and materials developed for the DNP project will be kept within the project facility's education department and secured and destroyed per their record retention policy.

Analysis and Synthesis

Data Collection

Once IRB approval had been obtained (IRB approval #11-12-18-0439128), a meeting with the collaboration team was necessary to educate on the validation process,

distribute forms and scenarios, and for completion the initial validation process by the experts. The validation of the developed scenarios indicates the simulation lesson plans align with the overall objectives for the activity which aims to improve preceptor competency in delivering feedback and coaching. Evaluation of the scenarios required the collaboration team to review each lesson plan and rate its contents. The validation form included Likert-style answer choices with a corresponding scoring number – ranging from 1 (Not Relevant) to 4 (Highly Relevant). There was also free-text space available for the collaboration team members to elaborate on their scenario component assessment. Responses for the Likert-style questions were analyzed using Lynn's (1986) model. Information from the free-text space was summarized.

Primary data was collected from the initial validation meeting, and the content validity (CV) and content validity index (CVI) for each scenario and individual component was calculated by the DNP student using Lynn's (1986) model. A CVI of 0.78 was the minimum validity acceptable for the individual content components within the scenarios. Any component that resulted in a CVI score below 0.78 would have been revised based on the collaboration team's comments. This was the same process for determining the CV of each overall simulation scenario. For this project, a CV and CVI of 0.78 was considered valid for use in the facility's preceptor-training program. As a follow-up with the collaboration team, a brief meeting was needed to discuss overall scores, any recommendations for revisions, and validation of the final scenarios. Any future changes to the course's objectives or simulation activities would need to be determined, approved, and carried out by the facility's education team.

Summary

To ensure diversity within the collaboration team, participants included nursing leaders, educators, and current nurse preceptors to validate the created scenarios. The team evaluated each scenario's content and component details using an assessment tool to determine the validity of the scenario and the individual components. A CV and CVI of 0.78 – based on Lynn's (1986) model – was the minimal score acceptable for validation of the simulation scenarios lesson plans. Finally, in Section 4, an overview of the validation results and recommendations for future implementation or scenario development will be discussed.

Section 4: Findings and Recommendations

Introduction

As NGNs emerge into the workforce, nurse preceptors help guide their transition by facilitating learning experiences, evaluating performance, and promoting favored practices. A common expectation of the preceptor role is to effectively deliver feedback and coach NGNs (Ward & McComb, 2017). At the facility, the preceptor-training program offered a didactic presentation of effective communication techniques with no practical experiences for preceptors to solidify their skills. The purpose of this DNP project was to develop simulation scenarios to be validated for use in a preceptor-training program at the facility. The project question was, Will the content of five communication simulation scenarios developed for use in a preceptor training program be approved by an expert panel of nurse leaders?

The project's simulation scenarios were developed using a previously validated checklist for simulation lesson plan creation, the BASC Scenario Validation Checklist (Waxman, 2010; see Appendices A and B). An expert panel of six nurse leaders, including nurse educators, managers, and preceptors, reviewed and scored the content and overall scenarios using a Likert-style scale. Using Lynn's (1986) model, CV and CVI were calculated using the expert panel's scores. A score of 0.78 or greater was considered valid.

Findings and Implications

The expert panel of nurse leaders voiced much interest in participating in the scenario validation and the focus of the simulation activity for preceptor development.

After an explanation of their voluntary role in the project, scenarios, forms, and the scoring process, each nurse leader of the panel independently reviewed and scored the content and scenarios. Once all scoring forms were collected, reviewed for completeness, and calculated, the final result was that all five simulation scenarios were successfully validated with CV and CVI above 0.78, according to Lynn's (1986) model (see Table 2). These validation scores provide evidence that using a structured checklist for simulation development and aligning simulation content toward the scenario objectives can result in a successfully validated simulation activity.

Table 2

Validation Results

Scenario	Overall scenario CV	Lowest/Highest component CVI	Free-text comment summary
Overconfident NGN	1.00	0.83/1.00	Add NGN medication error
Underconfident NGN	0.83	0.83/1.00	Add NGN emotional reaction
Unsafe practice	1.00	1.00/1.00	None
Prioritization	1.00	0.83/1.00	None
Addressing NGN behaviors	0.83	0.83/0.83	Add NGN eye-rolling

The implication resulting from this project includes valid scenarios which allow nurse preceptors to practice their effective communication skills in a simulation setting. By solidifying their abilities to deliver feedback and coach NGNs through practice in a validated simulation activity, nurse preceptors can impact NGN development and, ultimately, patient outcomes (Cotter & Dienemann, 2016; Jessee & Tanner, 2016). As some NGNs later become preceptors, they may carry on the effective communication skills, leadership abilities, and integrity in their actions that their previous nurse preceptor

demonstrated. By training nurse preceptors to deliver effective feedback and coaching skills today, educators could impact the future role of nurse preceptors and the outlook of quality of care delivered at the facility.

Recommendations

As a result of the scenario validations, the expert panel has recommended that the project's simulation activity be incorporated into the facility's preceptor-training program. Additionally, the panel voiced the inclusion of the simulation activity should benefit the nurse preceptors by improving their communication skills as well as contribute to their professional development. The simulation scenarios were based on common situations preceptors encounter with NGNs. By refining their feedback and coaching skills through practice in these simulation scenarios, nurse preceptors will be better able to direct and encourage standards of care expected of nurses at the facility. Not only could this foster better practice behavior by NGNs, but it may also impact patient care outcomes. The panel also recommended additional scenarios be developed and validated for future inclusion into the program. Suggestions for introducing and using similar scenarios with non-nursing preceptors were also discussed by the expert panel. The facility's education team agreed to further collaborate with non nursing leaders to customize simulation scenarios to better suit their employee populations.

Strength and Limitations

The strengths of this doctoral project included the collaboration and buy-in from nursing educators, leadership, and current nurse preceptors in the scenario validations for this project. The volunteer participants of the expert panel strengthened this project by

having a similar goal of ensuring that preceptors are optimally trained and have the necessary skills to guide NGNs' transition to practice. Another strength was the customizability of the scenarios to fit non nursing preceptors for future trainings. Having previously created, validated scenarios could allow educators to adapt details to fit other specialties such as respiratory therapist, radiology, and nursing assistant roles. In addition, the communication scenario design allows for flexibility of the venue outside of a formal simulation lab. The simulation scenarios could be conducted in a general classroom space with stations set up for individual scenarios. This can keep the costs for conducting simulation communication scenarios at a minimum.

Limitations for the project included the small number of role-representatives in the validation (two educators, two managers, and two preceptors) and the time allotted to create scenario topics and organize each component to meet the objectives. A barrier to the implementation of the project recommendations might be the additional staff wage hours (on top of already approved preceptor-training hours) to participate in the new scenarios. Additionally, future evaluation of actual preceptor communication skills post simulation and patient outcomes would be necessary to determine if the staff education project met its expectations.

Section 5: Dissemination Plan

After the validation scores were calculated and comments were summarized, I presented the results to the panel either in-person or by phone. The panel participants included a step-down nurse preceptor, a medical-surgical nurse preceptor, two nursing-unit managers, a unit-based nurse educator, and a general professional development nurse educator. Per their recommendations, the scenarios will be integrated into the facility's preceptor-training program starting in 2019. Beyond the scope of this doctoral project, I will share the validated simulation scenarios with the facility's corporate education team for potential integration into all associated facilities' preceptor programs. I also plan to submit an article to the *Nurses in Professional Development* journal and present a poster at the Association for Nursing Professional Development annual conference. My goal for submitting this project to these entities would be to introduce validated communication scenarios for nurse preceptor training. I hope this project will inspire other nurse educators to use simulation to train preceptors on effective communication techniques. By sharing my project with other nurse scholars, I hope to receive constructive feedback from my peers that I can use to continue my own professional development.

Analysis of Self

As a former nurse preceptor, I recall the multitude of challenges of the role – from balancing teaching and patient to evaluating and coaching my NGNs. As an educator, I understand the need for a successful method to train learners. As a nurse leader, I understand the need for effective communication skills when guiding others to improve performance. This project has allowed me to combine each of these roles, identify my

strengths and weaknesses in project leadership, and develop a strategy for professional self-improvement for the future.

I have learned through this project that using a detailed guide or checklist when developing simulation scenarios can help ensure that all components are accounted for in the simulation lesson plan. When creating the scenarios for this project, the BASC Checklist (see Appendix A) helped me to stay organized and ensured that I had a response for each section – whether component details were needed, or not. I also learned the importance of validating those scenarios through an expert panel. Panelists' knowledge and expertise ensured that each component and scenario was relevant to the goal of the simulation activity. Having content expert assess and give feedback on created scenarios enhances the possibility of the simulation activity meeting the intended outcomes once fully implemented in the preceptor-training program.

Overall, this project has helped me better appreciate the depth of planning and preparation in the implementation of an evidence-based project. My mentor had suggested I consider the drafting of my project as a complex recipe – all ingredients and processes must be clearly outlined to ensure successful project implementation. I have kept that analogy close in mind as I completed this project. Going forward in my career in nursing professional development, that thought will also guide me with planning and executing other projects.

Summary

This staff education DNP project provides a framework for simulation development and a method for validation. I described the vulnerability of patient

outcomes and NGN transition-to-practice in relation to the lack of preceptor experience and training on effective feedback and coaching techniques. By using simulation, preceptors can gain communication skills which can impact NGN behaviors and, ultimately, patient outcomes. In this project, I developed five simulation scenarios for a preceptor-training program using a structured simulation checklist for development. To validate those scenarios, a panel of content experts reviewed, scored, and gave feedback on the scenarios. The scores were measured and validated using Lynn's (1986) model. Ultimately, all five scenarios were validated by the panel and recommended for integration into the facility's preceptor-training program. I believe that this training will not only improve the communication skills of preceptors, but also contribute to the integrity of the preceptor role as a nurse educator.

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Appendix A: Bay Area Simulation Collaborative (BASC) Scenario Validation Checklist

TABLE 1

Scenario Validation Checklist

Curricular Integration	Scenario Script	Simulation Team Information	Debriefing
Template completeness	Level of student appropriateness	Baseline simulator state data complete	Debriefing questions related to identified objectives or learner outcomes
Clear and concise learning objectives	Personnel resources required	Environment, equipment, essential props	Evidence of a clinical expert reviewer
Appropriate amount and level of prescenario reading and preparation for the participant	Contextual details provide cues based on desired outcomes	Evidence of a pharmacology reviewer as needed	Performance measures identified for feedback to learners
Origin and rationale	Type of simulator	Complexity of programming at simulation staff level	
Critical thinking	Case summary		
Plausibility of the case	Confederate roles specified		
Evidence based	Patient or client profile gives sufficient medical record data		
Appropriate data for the case			
Appropriate medications for the case	Performance measures designed to allow feedback to students and participants		
Level of complexity			

TABLE 2

Evidence-Based Guidelines for Clinical Simulation Scenario Development

Critical Element	Rationale
Ensure that the learning objectives are defined. Develop clear, concise learning objectives.	Need a tool that guides learning. Objectives should be broad based. Should be based on the level of the student. Should reflect intended outcome of the experience. Should ask "what competencies are being trained?" Should allow student to integrate and use the theory they were taught in class. After simulation, objectives should be referenced in the debriefing.
Identify the level of fidelity (The extent to which a simulation mimics reality). There are three levels of sophistication (Seropian, Brown, Gavilanes, & Driggers, 2004): high, moderate, and low.	The extent to which simulation mimics reality. Should be high-low; task trainers, and so on. If the purpose of the simulation is task training (e.g., intramuscular injection, nasogastric tube insertion), then a low-fidelity simulation should suffice. If the purpose of the simulation is to enhance critical thinking, communication, and certain skills, then high-fidelity should be used.
Define level of complexity (problem solving).	Scenario needs to be appropriate to the experience level of the learner. Should be based on the knowledge and skill level of the learner. Try not to overload the scenario. Should this scenario be multidisciplinary?
Use evidence-based references.	Evidence drives practice. List all key references that serve as the theoretical foundation for the learning objectives. Scenarios should be peer reviewed.
Incorporate instructor prompts and cues.	Instructor should know when support and assistance should be provided by the facilitator. Assistance should be in the form of cues or prompts and guide learners to the path of discovery.
Allow adequate time for debriefing or guided reflection.	Needs to occur immediately after the scenario is completed. Try not to break sense of realism; timing and location are important. Adequate time needs to be allocated and should be at least as long as the scenario, if not twice as long. Session should be guided by an educator skilled in facilitation.

Waxman, K.T. (2010). The development of evidence-based clinical simulation scenarios: Guidelines for nurse educators. *Journal of Nursing Education, 49*(1), 29-35. Reprinted with permission from SLACK Incorporated (see Appendix D).

Appendix B: Assessment Tool Used for Simulation Scenario Validation

SCENARIO TITLE:	DATE OF EVALUATION:

Please appraise the content by rating the relevance in each section. Feel free to leave additional comments in each component box below.	**Content Relevance** 1 – Not relevant 2 – Somewhat relevant 3 – Quite relevant 4 – Highly relevant
Student Level:	
Fidelity Level:	
Simulation Overview:	
Simulation Objectives:	
Equipment/Materials/Staging:	
Simulator/Standardized Patient/Actor(s):	
Debrief:	
Simulation Scenario Overall Rating: How relevant are the components in this scenario toward meeting the objectives? Please use the content relevance scale above to rate.	

Appendix C: Simulation Scenario Lesson Plans

Table C1

Overconfident NGN

Student Level: Preceptor	**Fidelity Level:** High
Simulation Overview: Brandon is a newly graduated nurse. He has been working with you as his preceptor for the past two weeks. Brandon frequently does not ask for help when performing tasks. Yesterday, you discovered Brandon had forgotten to remove a transdermal patch before applying a new one. He also did not date the newest patch. Today, he nearly connected two incompatible IV medications to a patient's central line. You have addressed these issues, but you continue to discover more.	

Simulation Objectives:
• Preceptor utilizes the Five-Step Format method for addressing issues with Brandon.
  ○ Initiating the conversation with the NGN.
  ○ Inquiring the NGN on their perception of the situation.
  ○ Giving feedback on the NGN's perception of the situation.
  ○ Illuminating the differences and potential outcomes
  ○ Devising a plan or goal together – and accomplishing it
• Preceptor sets appropriate expectations for Brandon's future actions	

Equipment/Materials/Staging: None	
Simulator/Standardized Patient/Actor(s): 1 – Standardized actor - Brandon (NGN) • Overly confident attitude • Defensive body language – i.e., arms crossed, annoyed facial expression, etc. • Says things like: "I know what I'm doing." or "Don't worry, I got this."	
Debrief: Open-ended questions to Student: • How do you feel the scenario went? • Can you describe the interaction from your perspective? Report observations • Review scenario objectives met • Review observations (body language, tone, Five-Step Format) Encourage reflection by Preceptor & provide redirection • What do you think you could improve on next time? • How might you change your approach/practice based on this scenario?	

Table C2

Underconfident NGN

Student Level: Preceptor	**Fidelity Level:** High
Simulation Overview: Jessica has been precepting with you for four weeks. She seems eager to learn the in's and out's of her new role, but she is timid to try tasks. She frequently says "I want to watch you do it first. I haven't done this yet." So far, she has not been checked off for many orientation competencies because she does not take the initiative to learn or perform tasks. One competency that she has successfully completed was IV insertion. However, Jessica says she has not had enough experience putting in IVs and is nervous every time you delegate that task to her. She has successfully inserted 10 IVs in the past three weeks. Your manager tells you that Jessica has two more weeks of orientation.	

Simulation Objectives:
• Preceptor utilizes the Five-Step Format method for addressing Jessica's lack of confidence in her clinical skills.
  ○ Initiating the conversation with the NGN.
  ○ Inquiring the NGN on their perception of the situation.
  ○ Giving feedback on the NGN's perception of the situation.
  ○ Illuminating the differences and potential outcomes
  ○ Devising a plan or goal together – and accomplishing it
• Preceptor coaches and encourages Jessica to improve her skills and confidence.	

Equipment/Materials/Staging: None	
Simulator/Standardized Patient/Actor(s): 1 – Standardized Actor - Jessica (NGN) • Underconfident attitude • Nervous body language – i.e., fidgety, appears worried, etc. • Says phrases such as: "Uhmm, I don't know." or "I can't." or "I'm not ready."	
Debrief: Open-ended questions to Student: • How do you feel the scenario went? • Can you describe the interaction from your perspective? Report observations • Review scenario objectives met • Review observations (body language, tone, Five Step Format) Encourage reflection by Preceptor & provide redirection • What do you think you could improve on next time? • How might you change your approach/practice based on this scenario?	

Table C3

Unsafe Practice

Student Level: Preceptor	**Fidelity Level:** High
Simulation Overview: Erica has been precepting with you for four weeks. Her orientation seems to be progressing smoothly, and she has been able to meet many of her learning objectives. One of the objectives she has already met was properly inserting a foley catheter into a patient. Today, she has the opportunity to practice this skill again. Since you have previously validated her competency on this skill, you agree to let her perform this task independently. A few moments later, Erica calls for your assistance in the patient's room to close the window blinds since she is now "sterile." As you enter the room and don clean gloves, you notice several things: • She has the sterile package open on a bedside table that is crowded with drinking cups and other patient items. • She is wearing general clean gloves from the patient's room, not sterile gloves. • She is holding the Foley catheter with her non-dominant hand and is in motion to insert into the patient. The patient (Ms. Smith) knows Erica is a new nurse and orienting with you. Ms. Smith had mentioned earlier that she was nervous about having a catheter inserted, and is closely watching everything Erica is doing.	
Simulation Objectives: • Tactfully halts Erica's actions without upsetting "patient". • Preceptor utilizes the Five-Step Format method for addressing unsafe practice with Erica. o Initiating the conversation with the NGN. o Inquiring the NGN on their perception of the situation. o Giving feedback on the NGN's perception of the situation. o Illuminating the differences and potential outcomes o Devising a plan or goal together – and accomplishing it	
Equipment/Materials/Staging: • Bed/table for pelvis manikin • Female pelvis manikin • Foley catheter insertion kit • Gloves	
Simulator/Standardized Patient/Actor(s): 1 - Standardized Actor - Erica (NGN) • Confident in her abilities, excited to have autonomy • Receptive to feedback from Preceptor 1 – Standardized Patient (if available – otherwise use manikin) • Quietly watching Erica and Preceptor's interaction • Concerned or worried facial expression	

Debrief:

Open-ended questions to Student:

- How do you feel the scenario went?
- Can you describe the interaction from your perspective?

Report observations

- Review scenario objectives met
- Review observations (body language, tone, Five Step Format)

Encourage reflection by Preceptor & provide redirection

- What do you think you could improve on next time?
- How might you change your approach/practice based on this scenario?

Table C4

Prioritization

Student Level: Preceptor	**Fidelity Level:** High
Simulation Overview: Jackson is currently in his last week of preceptorship with you. You have noticed he has been having difficulty prioritizing patients at the start of his shift. Today, you and Jackson have the following patients assigned: Patient 1: 52-year-old female post-hysterectomy who has discharge orders which were written thirty minutes ago. The patient has been very demanding, and her son is now at the nurse's station demanding immediate attention. Patient 2: 78-year-old male with a diagnosis of pneumonia who is on 2L O2 via nasal cannula. During shift report, the off-going nurse shared that the patient had "sun downers" and had been picking at his IV catheter and removing his oxygen tubing. The patient has an IV antibiotic to be administered within the next hour. The nursing assistant just informed Jackson the patient's blood glucose is 48. Patient 3: 36-year-old male, new admission with a diagnosis of GI bleed. The patient was brought up to the room from the emergency department approximately 30 minutes ago. The patient's assessment and admission documentation has not yet been completed. Patient 4: 64-year-old female with a diagnosis of COPD exacerbation. She was recently transferred to the unit from ICU yesterday. Upon last vitals, her O2 sat on 2L via nasal cannula was 89%. She is currently calling for pain medication. Patient 5: 86-year-old female with a diagnosis of dehydration and anemia who has been on the unit for five days. She received two units of packed red blood cells two days ago. Today, her vital signs are within normal limits, but labs are still pending. If all are normal, she will be discharged back to the nursing home this morning. Patient 6: 59-year-old male with a diagnosis of CHF. Although the patient is restricted to 1 liter of fluid intake daily, the patient's wife has been refilling his water pitcher because he says he is thirsty. Just now, you and Jackson both witness the wife walk into that patient's room with two 2-liters of soda. After receiving report from the off-going nurse, Jackson proceeds to the closest assigned patient room to begin his initial assessments.	

Simulation Objective(s):
• Preceptor utilizes the Five-Step Format for addressing prioritization with Jackson.
  ○ Initiating the conversation with the NGN.
  ○ Inquiring the NGN on their perception of the situation.
  ○ Giving feedback on the NGN's perception and/or of the situation.
  ○ Illuminating the differences and potential outcomes
  ○ Devising a plan or goal together – and accomplishing it
• Preceptor demonstrates neutral or open body language during the discussion with Jackson.	

Equipment/Materials/Staging: Laminated card with patients' descriptions (above) listed.

Simulator/Standardized Patient/Actor(s):

1 – Standardized Actor – Jackson (NGN)

- Confident in his abilities, excited to have autonomy
- Receptive to feedback from Preceptor but seems confused about patient priority sequence
- Prioritizes patients inappropriately and offers weak reasons for his choices

Debrief:

Open-ended questions to Student:

- How do you feel the scenario went?
- Can you describe the interaction from your perspective?

Report observations

- Review scenario objectives met
- Review observations (body language, tone, Five Step Format)

Encourage reflection by Preceptor & provide redirection

- What do you think you could improve on next time?
- How might you change your approach/practice based on this scenario?

Table C5

Addressing NGN Behaviors

Student Level: Preceptor	**Fidelity Level:** High
Simulation Overview: Mike has been precepting with you for five weeks. He has two remaining weeks left in his scheduled preceptorship. Over the past two weeks, you have noticed Mike arriving late for his shift and not participating in unit-based huddle meetings. His critical thinking and practice skills are mediocre at best, and he seems not to be concerned about improving them before completing his preceptorship. He frequently laughs and states "I'll get it eventually." On a couple of occasions, Mike's scrubs have been overly wrinkled, and he has forgotten to bring his identification badge to work. Today, you assist him with preparing a patient for surgery and overhear his overly casual and questionably inappropriate conversation with the patient. After the patient and family leave the room for surgery, you approach him to discuss these witnessed behaviors.	

Simulation Objectives:
• Preceptor engages in feedback and coaching with Mike.
• Preceptor utilizes the Five-Step Format method for addressing behaviors with Mike.
  ○ Initiating the conversation with the NGN.
  ○ Inquiring the NGN on their perception of the situation.
  ○ Giving feedback on the NGN's perception of the situation.
  ○ Illuminating the differences and potential outcomes
  ○ Devising a plan or goal together – and accomplishing it
• Preceptor establishes expectations and short-term goals for Mike to improve his behaviors.	

Equipment/Materials/Staging: None	
Simulator/Standardized Patient/Actor(s): 1 – Mike (NGN) • Confident in his abilities, but unable to demonstrate competency • Somewhat dismissive to feedback from Preceptor • Doesn't feel there's anything to worry about • Doesn't feel he should have to worry about his appearance • Doesn't feel attending meetings is important	
Debrief: Open-ended questions to Student: • How do you feel the scenario went? • Can you describe the interaction from your perspective? Report observations • Review scenario objectives met • Review observations (body language, tone, Five Step Format) Encourage reflection by Preceptor & provide redirection • What do you think you could improve on next time? • How might you change your approach/practice based on this scenario?	

Appendix D: BASC Permission Letter

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August 14, 2018

Karie Thurston
Walden University
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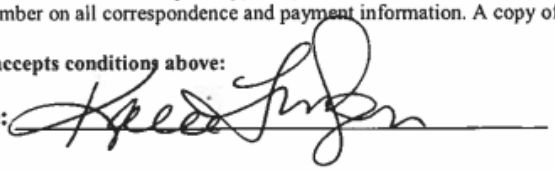
Signature:  **Date:** 8/14/18

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