Does Simulation Education Improve Nurse Transition-to-Practice?

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Research Objective:
Increasing limitations on clinical experiences, and innovations in technology, have led to a massive growth in clinical simulation technology and increased adoption of simulation education as a replacement for clinical experience hours. The efficacy of simulation education and the interactions between clinical placements and simulation also are not well-understood. The purpose of this study was to gather information about the experiences of recently-graduated California RNs with simulation-based education, and how such education has or has not prepared them for nursing practice. The objectives were to (1) assess whether different levels of simulation activities in education (high vs. low) impact new RN graduates' perception of their preparedness for and confidence in nursing practice; and (2) determine which types of simulation activities, if any, have the most impact on perceptions of preparedness for and comfort in nursing practice.

Methods:
A survey was mailed to a stratified random sample of 1,500 new RNs who graduated from California nursing degree programs between 2012 and 2014. Stratification was based on the classification of schools as "high simulation," "low simulation," and "moderate simulation" intensity in education. Comparisons are made between these groups in regards to graduates' perceptions of how well their nursing education prepared them for practice, as well as between associate degree (AD) and bachelor's degree (BSN) programs. The survey response rate was 35.1 percent, yielding information for about 511 nurses.

Findings:
The most frequently-used simulation methods, according to respondents, were high-fidelity mannequins (80% of AD graduates and 70% of BSN graduates) and role playing (74% of ADs; 62% of BSNs). 24% reported that simulation education had been "very effective" in preparing to work as an RN, and 46.5% reported that simulation had been "reasonably effective." Slightly lower percentages indicated that simulation had effectively prepared them to work in their current clinical area (20.3% and 36.5%). Respondents reported that simulation experience was most helpful in addressing clinical skills, and reasonably helpful in learning delegation, when to ask for assistance, and communicating with health professionals. It was least helpful for learning to deal with extraneous distractions and managing workload. About half of respondents believed more simulation education would have made the transition to practice "much easier" or "easier," but more than three-quarters reported that more hands-on clinical experience would have made transition to practice easier or much easier.

Conclusions & Policy Implications
Simulation education contributes to perceived preparedness for clinical practice, but does not fully substitute for in-person clinical experiences. Simulation education appears particularly useful in developing clinical skills, as well as some communication skills. Simulation could be used more intensely to address shortages of hand-on clinical placement opportunities, but new graduates report that hands-on experiences were more helpful in preparing them for practice. Educators need to target simulation methods to skills and knowledge to which it is best suited.