

A Multifaceted Approach Using Simulation, Lecture, and Narratives to Positively Impact Nursing Student's Attitudes Regarding Care of Patients with Disabilities: A Societal Snippet of Perspectives on Disability

Elizabeth Tinnon PhD, RN, CNE, University of Southern Mississippi
Rebecca H. Newton DNP, RN, CHSE, University of Southern Mississippi
Ashley Krebs, PhD, RN, CHSE, William Carey College of Osteopathic
Medicine



THE UNIVERSITY OF
SOUTHERN MISSISSIPPI.



OBJECTIVE

Participants will be able to describe multiple methods to positively impact student's attitudes toward caring for patients with disabilities.

Genesis of the Project

- Asbury Distinguished Nursing Professorship
- Must include Disability
- Students lack understanding of caring for patients with disabilities

Background/Significance

- One in four adults in the United States, or 61 million people, have at least one of six disabilities: hearing, vision, cognition, mobility, self-care, or independent living
- With an increasing aging population and technology advances, nurses will need knowledge and skills to provide care for the patient population with disabilities
- Instructor identified theory to practice gap in caring for patients with chronic illnesses and disabilities in a Chronic Care Nursing course by instructor of

Background/Significance

- Simulation is a proven teaching modality that offers a solution to bridging the TPG by providing realistic opportunities for students to engage in learning that require making independent clinical decisions and realizing the results of their responses in a safe, controlled environment

Methodology

- IRB obtained
- Research Design
 - Quasi Experimental Pretest Posttest Design
- Geographical Area
 - South Central US
- Sample
 - 54 Prelicensure Baccalaureate Nursing Students

Methodology Continued

- Tool
 - The Disability Attitudes in Health Care (DHAC)
- Interventions
 - Lectures
 - Introductory
 - Specific practices
 - Simulation
 - Two Simulation Scenarios
 - Personal narratives



Simulation

- Simulation portion of project led by two Certified Healthcare Simulation Educators (CHSEs)
- Planning
 - Principal Investigator (PI) and CHSEs
 - Parameters
 - Outcomes and Objectives
 - Scenario Development



Simulation

- International Association for Clinical Simulation & Learning (INACSL)
Standards for Best Practice
 - Guided Simulation
- Simulations
 - Two Scenarios
 - Visual
 - Hearing



Simulation

- Scenario Selection
 - Advancing Care Excellence for Persons with Disabilities (ACE.D)
 - Developed by National League of Nursing (NLN)
- Preparing for Simulations
 - Facilitation
- Conducting Simulations
 - Implementation



Simulation

- Debriefing
 - Plus-Delta
- Lessons Learned
 - Grant Writing Process
 - Tool Selection
 - Limiting Factors



Simulation

- Debriefing
 - Plus-Delta

Results

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Total_Base	72.17	54	5.548	.755
	Total_Post	75.83	54	5.354	.729

Paired Samples Test

		Paired Differences							
		95% Confidence Interval of the Difference							
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	Sig. (2-tailed)
Pair 1	Total_Base - Total_Post	-3.667	3.821	.520	-4.710	-2.624	-7.051	53	.000

The Disability Attitudes in Health Care questionnaire was asked to a total of 54 participants before and after the intervention. Among 17 questions (items), Question 2, 5, 6, 7, 8, 12, 14, 16, and 17 were reversed coded later since the questions have negative attitudes to the disability. The total score of 17 questions were compared between before and after the intervention using paired t test at the 0.05 significance level.

From the results above, there is statistically significant difference from baseline (pre) to post-intervention (post) in total score ($t = 7.051, p < 0.001$). The average score was increased from 72.17 (SD = 5.55) to 75.83 (SD = 5.35). The mean difference between pre- and post-intervention was 3.667 (SD = 3.82). Therefore, we can conclude that there was increase of the total score after the intervention with significance level, $\alpha = 0.05$.



Lessons Learned

- Grant Writing Process
- Tool Selection
- Limiting Factors

References

- NLN ACE.D. (2019). Retrieved from <http://www.nln.org/professional-development-programs/teaching-resources/ace-d>
- The INACSL Standards Committee (2017, December). INACSL Standards of Best Practice: SimulationSM: Operations. *Clinical Simulation in Nursing*, Volume 13, 681-687.
- Okaro, C., Hollis, N., Cyrus, A., & Griffin-Blake, S. (2018). Prevalence of disabilities and health care access by disability status and type among adults--United States, 2016. *Morbidity and Mortality Weekly*, 67, 882-887. <http://dx.doi.org/10.15585/mmwr.mm6732a3>
- Sawyer, T., Eppich, W., Brett-Fleeger, M., Grant, V., & Cheng, A. (2016). More than one way to debrief: A critical review of healthcare simulation debriefing methods. *Society for Simulation in Healthcare*, 11 (3).

References

- Wall, P., Andrus, P., & Morrison, P. (2014). Bridging the theory practice gap through clinical simulations in a nursing undergraduate degree program in Australia. *International Journal of Learning, Teaching, and Educational Research*, 8 (1), pp.127-135. Retrieved from: <https://www.ijlter.org/index.php/ijlter/article/view/172>