An Innovative Approach to Staffing a Simulation Center in a College of Health Professions

Elizabeth A. Berro, MA, RN, CHSE; and Joanne M. Knoesel, MSN, RN-BC

ABSTRACT

Background: The current limited number of nurse faculty and available clinical sites requires innovative strategies to provide education to current and future nurses. Simulation centers and clinical education laboratories can meet this need, but staffing issues can be problematic. **Method:** This article describes how an urban university developed a cost-effective model to staff its clinical education laboratory. After two faculty members proposed a pilot program to fully integrate simulation into both the accelerated and traditional undergraduate nursing programs on two campuses, a need was identified for more nursing staff dedicated to the simulation program. **Results:** Knowing that many recent nurse graduates were available while waiting to obtain their first nursing position, these new nurses were recruited to serve in a volunteer capacity, supporting nursing faculty in the simulation program. **Conclusion:** The new nurse graduate volunteer position quickly evolved into a paid nurse intern position and has proven to benefit students, faculty, and new nurse graduates. [*J Nurs Educ.* 2016;55(1):xx-xx.]

Received: June 19, 2015

Accepted: October 21, 2015

Ms. Berro is Clinical Assistant Professor and Co-Director of Undergraduate Nursing Simulation, and Ms. Knoesel is Clinical Assistant Professor and Co-Director of Undergraduate Nursing Simulation, College of Health Professions, Pace University, New York, New York.

The authors thank Erin Clayton, the first nurse intern in the clinical education laboratory; Mary Beth Carpinello, Clinical Education Laboratory Manager; and the College of Health Professions faculty and administration.

The authors have disclosed no potential conflicts of interest, financial or otherwise.

Address correspondence to Joanne M. Knoesel, MSN, RN-BC, Clinical Assistant Professor and Co-Director of Undergraduate Nursing Simulation, College of Health Professions, Pace University, 163 William Street, Room 508, New York, NY 10038; e-mail: jknoesel@pace.edu.

doi:10.3928/01484834-2016xxxx-xx

A universal problem in simulation centers is creating the right staffing mix. Faculty and staff require certain skills to meet the needs of an undergraduate nursing education program providing simulation, skills practice, and tutoring to current students. Those requirements include nursing skills and knowledge, an understanding of undergraduate nursing curricula, and a flexible work schedule. A college of health professions simulation center located in a university in the northeastern United States faced this challenge and developed an innovative model that not only met those staffing needs but also established a symbiotic relationship between employee and employer that has extended beyond the simulation center's and individuals' expectations. This article describes the development of a college of health profession's (CHP) innovative staffing model, using nurse interns in a clinical education laboratory.

Background

In a report by the National League for Nursing (2010), 119,000 qualified applicants were turned away from nursing schools due to lack of available faculty instructors. In addition, the average age of a nursing instructor in the United States is 55 years, with 50% of the employed faculty members planning to retire within the next 10 years (McNeal, 2012). Therefore, the limited number of nurse faculty requires the use of innovative strategies to provide education to current and future nurses. Faculty resources can be extended by using graduate teaching assistants in laboratory settings and having senior nursing students validate underclassmen's competence in performing basic nursing skills (Curl, Smith, Chisholm, Hamilton, & McGee, 2007). These and other possible staffing strategies were considered when developing a plan to provide simulation, skills practice, and tutoring support to the undergraduate nursing students at the authors' CHP. A literature review revealed minimal evidence for using recent nurse graduates as employees in a clinical education laboratory, and, when used, they have been employed as research graduate assistants. With the relatively high financial investment required to equip, maintain, staff, and manage a simulation laboratory, the need for a sustainable financially prudent solution to staffing was imperative for the CHP.

Before simulation was formally integrated at the CHP, it was used sporadically in the undergraduate nursing programs based on faculty expertise and preference. Prior to the formal integration of simulation, the format varied, and technology and manpower support was minimal. Both faculty and students ex-

perienced frustration with learning expectations and outcomes. With significant and costly renovations of new simulation centers at the university, two faculty members (E.A.B., J.M.K.) proposed a pilot program to fully integrate simulation into both the accelerated (for students with a bachelor's degree in a non-nursing field) and the traditional undergraduate nursing programs. The pilot program incorporated human patient simulators (with low, medium, or high fidelity), standardized patients (actors who play the part of patients or family members), and hybrid simulations (using a combination of simulators and actors). After the initial pilot program, which lasted for one semester, simulation was fully integrated into the curriculum during the 2012 fall semester.

Currently, nursing students are required to participate in simulations for almost every course (except Nursing Research and Pathophysiology II) in their curriculum, which are linked to the didactic course objectives. With the exception of the Medical–Surgical Nursing course, all required simulations are in addition to classroom and clinical hours. The medical–surgical simulation substitutes 1 clinical day for 1 full day in the simulation laboratory, where students participate in a scenario with a manikin and a standardized patient and includes a videotaped medication administration simulation.

Initially the CHP's simulation team was composed of two faculty members, two RN laboratory managers, and one non-nurse scheduler. Adjunct nursing faculty with varying levels of simulation and clinical experience were used to facilitate the simulations. In addition, the clinical education laboratory, in which the simulations are held, employs non-nursing major student workers (who assist with administrative and technical support). In the 2012 fall semester, the initial rollout of the simulation program included 128 simulation sessions between two CHP campuses. Because these sessions involved high-tech scenarios, using human patient simulators, standardized patients, or a combination of those modalities, and because they were time and labor intensive, an acute need was identified for more nursing staff to be dedicated to the simulation program.

Description of Innovative Practice

During this time, ongoing contact with recent nursing alumni revealed that it was taking 6 to 9 months for the new graduates to obtain their first nursing position, despite their excellent academic records and first-time pass rates on the NCLEX®. It appeared that the continued effects of the economic downturn of 2008 have compelled many RNs to continue working in acute care positions years after they intended on retiring (Brewer, Kovner, Yingrengreung, Djukic, 2012). Additional constraints on new graduates entering the nursing workforce were evident, with the mergers and closings of several hospitals in the authors' urban city. New graduate nurse positions had become scarce and coveted and required an inside contact to secure an interview. With the knowledge that several of the CHP's top performing alumni were available, recent nurse graduates were contacted to elicit volunteers for the clinical education laboratory. Several students responded, and one new graduate RN with availability and skills was identified. The volunteer served as a support person during simulation sessions, and responsibilities included the set up and break down of simulations, assisting with technical aspects of running the computer program, maintenance of human patient simulators, managing the video recording system, portraying the voice of the patient, and assisting with the observation of student participation during simulations. Tutoring and skills practice support evolved naturally in the volunteer's role when students requested academic and psychomotor support. As the simulation integration progressed through the first semester, it became clear that the recently graduated nurse volunteer was an invaluable resource. This finding was validated by formal simulation evaluations completed by students after each simulation (with the university's institutional review board approval) and anecdotal student comments during the end-of-semester course evaluations. Some student comments include:

- I found the nurse intern to be very helpful and sometimes tough but definitely less intimidating than if I were practicing skills with my professor.
- I really liked working with the nurse intern, they [*sic*] have so much knowledge and confidence. It gives me hope that I can complete this program and work as an RN.
- Simulations make me very anxious, but I felt relieved when the nurse intern would come in during a sim and act as a nurse educator and help put us back on track.

Outcomes

The new nurse graduate volunteer position quickly evolved into a paid position as a nurse intern in the clinical education laboratory. Recruiting for nurse interns from graduates of the university's traditional 4-year baccalaureate program and accelerated bachelor of nursing program has been essential in maintaining the nurse intern model. Two to four nurse interns are routinely hired per semester per campus. Nurse interns working in the clinical education laboratory have identified benefits that include exposure to the teaching role, maintaining and enhancing their newly acquired nursing skills, giving back to their alma mater, and strengthening their own novice clinical expertise in preparation for their new graduate RN positions. Comments from current and former nurse interns include:

- One of the most valuable aspects of being a nurse intern was getting the chance to develop my educator muscle. I had to present the information in a way that forced me to have confidence in my knowledge base, while also explaining concepts in a clear and concise manner. For a working nurse, educating patients is one of the core aspects of the job. Being able to draw from my experience as a nurse intern, I find this aspect of nursing to be less anxiety inducing than it seems to be for my fellow new nurses.
- My experience as a graduate assistant/nurse intern has greatly solidified my learning experiences as a BS [Bachelor of Science]/RN. Assisting during simulations has broadened my understanding of the skills necessary for the simulated scenarios and solidified them. While I have not been working as a registered nurse while pursuing my master's degree in nursing, working as a graduate assistant in the open lab and simulation center has kept my basic skills fresh. Most importantly, my experience has sparked an interest in nursing education that was nonexistent when I graduated from the ABSN [accelerated Bachelor of Science in Nursing] program. Experiencing students' learning and improving is greatly satisfying and interest-

ing. I look forward to pursuing an educational path after I have obtained more nursing experience.

- It was fun to work with small groups of students in a relaxed environment. And there is no greater satisfaction than breaking down a difficult concept in a way that helped a student understand it. I'm a visual learner, and I'm glad all the diagrams I made as a student proved to be useful again. A master's in nursing education is still a goal for me. My experience as a nurse intern showed me how much I love the teaching aspect of nursing. This was only reaffirmed in my work at the VA [Veteran's Administration] when I had the opportunity to teach patients and their families.

In addition, faculty have identified the benefits of providing supplementary, low-cost, high-quality staffing during day and evening hours, maintaining the mentoring relationship with the new nurse graduates, encouraging life-long learning, and developing future nurse faculty. The benefits to faculty are reflected in one faculty member's comment: "As a faculty member working closely with our nurse interns, I enjoy a mentoring relationship that I hope will continue for years to come."

Since the inception of the nurse intern model (starting fall 2012 and through summer 2015), 28 nurse interns have been employed, eight of whom are enrolled in graduate nursing programs and others who have left for RN positions, and they continue to instruct and support the students as preceptors in their positions with our clinical practice partners.

Conclusion

The institution of the nurse intern model in the clinical education laboratory in the university's CHP has been an effective solution to the staffing dilemma. Senior nursing students now inquire about nurse intern position availability prior to their graduation date, thus eliminating the need for recruitment. Regular turnover of nurse interns occurs when new graduates obtain positions in the clinical setting, but this is offset by having a qualified pool of applicants in each of the three classes graduating every year. The two accelerated nursing programs graduate students in August and December every year, and the traditional nursing program graduates students in May. Ongoing feedback from the nurse intern model indicates that faculty, Nurse interns and students benefit from this collaborative mentoring relationship and that the transfer of leadership skills, clinical expertise, and experience in the role of educator will continue for many nurse graduates in the future. Of note is the potential for the development of future nurse faculty based on several nurse intern comments indicating their desire to become educators. Future research is needed to follow the careers of these nurse interns, compared with the careers of graduates who were not nurse interns, to determine how many become nurse educators and to assess whether the experience of working as a nurse intern benefitted them as they start to work as an RN.

References

Brewer, C.S., Kovner, C.T., Yingrengreung, S., & Djukic, M. (2012). Original research: New nurses: Has the recession increased their commitment to their jobs? *The American Journal of Nursing, 112*(3), 34-44.

Curl, E.D., Smith, S., Chisholm, L., Hamilton, J., & McGee, L.A. (2007). Multidimensional approaches to extending nurse faculty resources without testing faculty's patience. *Journal of Nursing Education, 46,* 193-195.

McNeal, G.J. (2012). The nurse faculty shortage. *ABNF Journal, 23*(2), 23-24.

National League for Nursing. (2010). *2010 NLN nurse educator shortage fact sheet*. Retrieved from http://www.ctleaguefornursing.org/upload/files/NurseFacultyShortage.pdf