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Editorial

Simulation in Advanced Practice Nursing



As co-editors, we are pleased with the overwhelming response to our call for manuscript submission to this special issue of *Clinical Simulation in Nursing* on Simulation in Advanced Practice Nursing. Graduate nursing education programs prepare advanced practice nurses (e.g., clinical nurse specialists, nurse practitioners, nurse midwives, and nurse anesthetists) to work in education, research, and practice settings. However, diminishing graduate faculty, complexities/transitions of care, limited contact in practice settings, and maintaining competence challenge many advanced practice nursing education programs. Innovative approaches to education and curricular transformation suggest that an increased use of simulation can lead to increased knowledge, confidence, and practice skills without jeopardizing patient/health care safety. A range of simulation modalities are being used to achieve specific learning outcomes, from technical skills to communication and teamwork skills. Simulation has added value in many advanced practice nursing education programs, and this is clearly evident in the high caliber of manuscripts published in this special issue.

We sought manuscripts that presented data derived from the following topics: (a) quantitative, qualitative, or mixed methods studies; (b) emerging practice issues; (c) topics related to complex patient care, transitions of care, continued competence, quality of care, cultural proficiency, mentorship, team/health care dynamics, communication, and conflict resolution; and (d) recommendations for advancing effective nursing practice, education, and research. We are very pleased with the selection of ten manuscripts for this special issue on the topic Simulation in Advanced Practice Nursing.

The manuscripts chosen for this special issue address education of advanced practice nurses using simulation, and others include a research or evaluation component of using simulation with advanced practice nurses. Nye and colleagues' (in this issue) conducted a survey of advanced practice nursing programs in the United States and

Canada—"Simulation in Advanced Practice Nursing Programs: A North-American Survey"—and found that there was almost universal use of simulation. The International Nursing Association for Clinical Simulation and Learning standards were used to guide the development and implementation of the simulations, and the majority of the survey respondents supported replacing some clinical hours with simulation. Despite the National Council of State Boards of Nursing supporting substitution of high-quality simulations for up to half of traditional clinical hours in prelicensure undergraduate nursing programs (Alexander et al., 2015), evidence from graduate advanced practice nursing education programs is lacking. A recent systematic review comparing high-fidelity simulation to online or traditional classroom lectures also reported limited evidence to support the use of simulation within nurse practitioner programs (Warren, Luctkar-Flude, Godfrey, & Lukewich, 2016). Although results of this review suggest that high-fidelity simulation improved student knowledge, confidence, and satisfaction, more evidence to evaluate the theory-to-practice gaps, effectiveness of simulation training within graduate education, and the impact of simulation on patient outcomes is needed.

The manuscripts accepted for this special issue address some of these theory-to-practice gaps. Guido-Sanz and colleagues' (in this issue) described the process for simulation design and case development using the International Nursing Association for Clinical Simulation and Learning Standards of Best Practice for Simulation and Jeffries Simulation Theory in "Role Transition and Communication in Graduate Education: The Process". Anecdotal results suggested that a high-fidelity unfolding case simulation improved intraprofessional communication and role transition between undergraduate and adult gerontology acute care nurse practitioner students. La-Manna and colleagues' (in this issue) discussed the resource, procedural, and technical items to support diagnostic reasoning and clinical decision-making to use simulation in graduate education in "Teaching Diagnostic

Reasoning to Advanced Practice Nurses: Positives and Negatives”. Kelly, Blunt and Nestor (in this issue) also described “After-Hours/On-Call Simulation in Primary Care Nurse Practitioner Education” and its effect on critical thinking and decision-making. In this manuscript, the authors suggested that almost 50% of nurse practitioner roles could include after-hour and on-call duties, yet just over 10% of practicing nurse practitioners covered this in their graduate education. After participation in this after-hour/on-call simulation using standardized patients, students were able to practice a skill expected by employers. The simulation provided concrete experiences that students continued to use up to one year after graduation.

All ten manuscripts accepted for this special issue contribute to our knowledge in simulation in advanced practice nursing. Some offer recommendations for the infrastructure, people, and processes necessary for quality simulation in advanced practice nursing. This information forms a basis to assist us to push beyond assessing student knowledge, confidence, and satisfaction to more formal evaluations of the effectiveness of simulation training within graduate education and the impact simulation has on patient outcomes. The National Council of State Boards of Nursing’s view to support the substitution of high-quality simulations for up to half of traditional clinical hours in prelicensure undergraduate nursing programs (Alexander et al., 2015) is one solution for inadequate opportunities for hands-on undergraduate clinical experiences. This is not unlike many advanced practice nursing programs that struggle to secure an adequate depth and breadth of clinical experiences for graduate students. Nurse educators in Advanced Practice Registered Nurse programs strive to

create meaningful learning experiences for all Advanced Practice Registered Nurse students, and the challenges are many. Anderson and colleagues’ (in this issue) encourage us to bravely risk and innovate to meet this goal. This innovation can begin with dialog and collaboration.

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