Simulation: An Effective Tool for Mentoring the Novice Nursing Faculty

Charlene B. Smith  
*Nicholls State University*, charlene.smith@nicholls.edu

Jeanne Hamner  
*Nicholls State University*, jeanne.hamner@nicholls.edu

Carol Hession  
*Nicholls State University*, carol.hession@nicholls.edu

Cari Granier  
*Nicholls State University*, cari.granier@nicholls.edu

Travis "Pete" Lewis  
*Nicholls State University*, pete.lewis@nicholls.edu

See next page for additional authors

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Simulation: An Effective Tool for Mentoring the Novice Nursing Faculty

Authors
Charlene B. Smith, Jeanne Hamner, Carol Hession, Cari Granier, Travis "Pete" Lewis, and Ashley Thibodeaux

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It is well documented that the United States (U.S.) is currently facing an ongoing and growing nursing shortage. According to Lippincott Solutions (2019), a shortage of nursing school faculty is restricting nursing programs enrollment. The American Association of Colleges of Nursing (AACN) (2019) reported that in 2016, U.S. nursing schools turned away 64,067 qualified applicants from baccalaureate and graduate nursing programs based on insufficient numbers of faculty, clinical sites, classroom space, and clinical preceptors. AACN (2019) further reported that in 2018-2019, U.S. nursing schools turned away more than 75,000 qualified applicants from baccalaureate and graduate nursing programs due to insufficient numbers of faculty and clinical sites. Additionally, almost two-thirds of the nursing schools related a shortage of nursing faculty and/or clinical preceptors as a reason for not admitting qualified applicants (AACN, 2019).

As documented throughout the literature, the major problem facing nursing education is a triad of challenges to meet rising healthcare needs. The evolving triad is a nursing shortage, a lack of clinical facilities and nursing faculty. All of these factors are important and have a strong correlational relationship. Figure 1 depicts the triad relationship. Please note that the following equation is necessary to solve this challenge in nursing: \( X = A + B \), \( A = B + X \), and \( B = A + X \). The \( X \) symbolizes the nursing shortage. The \( A \) symbolizes the lack of clinical facilities and the \( B \) symbolizes a shortage of nurse educators. Nursing education at all entry levels must simultaneously increase enrollment to fulfill the upcoming nursing shortage, provide adequate clinical experiences, and acquire and retain qualified faculty. The path to a strong nursing workforce requires robust nursing education that includes dedicated faculty (Brown, & Sorrell,
Therefore, nursing schools are utilizing other strategies to address this issue, two of which are simulation and faculty mentoring.

**Simulation**

Simulation is defined as a teaching method that reflects real-life situations. It is an educational process that replicates clinical practice in a safe environment. Eyikara & Baykara (2017) report that the literature validates the positive reinforcement of student’s learning which allows them to identify areas where they need improvement, acquire professional skills, and to actively implement them during their professional life. Nursing students who take part in educational programs involving simulations perform fewer medical mistakes in clinical settings, and are able to better develop their clinical thinking and clinical decision-making skills (Eyikara and Baykara, 2017).

Simulation has blazed a new frontier in nursing education providing a window of opportunity to meet the clinical experience. The literature, including both research and case studies, strongly supports the use of “simulation labs,” as an adjunct to meeting and fulfilling...
both clinical experiences and educational requirements. Aebersold (2018) states clinical sites are often scarce, limiting clinical learning experiences. Simulation can provide students opportunities they would not get in clinical.

Another great general definition of simulation is by Dr. Christine Park, president of the Society for Simulation in Healthcare. Dr. Parks defines simulation as “A technique that creates a situation or environment to allow people to experience a representation of a real event for the purpose of practice, learning, evaluations, testing, or to gain understanding of systems or human actions” (Park, 2017, Paragraph 3 section). Thus, simulation may be incorporated into faculty orientation as a benefit since the new faculty can experience a realistic environment with a simulated clinical setting to learn and gain an understanding of systems of academia.

According to Eyikara & Baykara (2017), one of the most effective teaching methods is the Interactive method. It allows students to participate in an active learning process. Because of this, simulation is an effective method that can be used in nursing education. The use of simulation is making significant contributions to educational processes. These authors report that a considerable number of students are not given the opportunity to practice or implement the necessary nursing procedures during their education.

The Value of Mentoring as it Relates to Nursing Faculty Shortage

The shortage of nurses who can function as faculty impedes the training of nursing students, thereby, affecting healthcare delivery (Spoto, 2017). Although many nurses are qualified to teach because of their vast clinical experiences, they may lack the knowledge necessary to function in the academic arena. Novice educators are often unfamiliar with the requirements, responsibilities and expectations needed to function in the academic setting (Brown and Sorrell, 2017). These
Clinicians assume the educator role without proper mentoring or guidance. Thus, the academic environment can be overwhelming to the novice. Educators who lack adequate training in teaching may experience stress and high anxiety (Merrill, 2019). If not properly oriented/mentored in the role of educator, the novice may feel insecure and leave academia, further increasing the insufficient numbers of nursing faculty (Brown & Sorrell, 2017). Therefore, mentoring should be an essential pathway that will enable the novice to build self-confidence in their new role as educator.

Mentoring with the use of simulation can help longtime nurses coming into academia as well. According to Kuh and O’Donnell (2013)

when it comes to more advanced learners and practicing providers, we can provide a safe environment where not only is it allowed to be imperfect, but we encourage the discovery of solutions through reflection on threats to safety in individual performance and system vulnerabilities. This is the kind of process needed for robust lifelong learning (Ensuring Quality section).

The values of mentoring cannot be stressed enough. According to Terry (2017), a way to solve the faculty shortage is a strong mentoring program. Mentoring helps foster a collegial and caring environment, which aids the novice educator in being successful, leading to faculty retention. As Merrill (2019) states, “For those who aspire to become faculty members and achieve excellence in nursing education, mentoring by senior faculty members is a key ingredient” (Passing the Test section). Novell et al. (2015) found that mentorship is perceived as vital to attracting, training, and retaining nursing faculty and to maintaining high-quality education programs. Mentorship
has been identified by the National League for Nursing as one way to address the nursing faculty shortage by encouraging RNs to begin and remain in faculty roles (Novell, et al., 2015). Murray (2018) relates that research demonstrates that being mentored when transitioning to a new role, or when changing focus can increase job satisfaction and career longevity. Lelei and McCalla (2018) indicate that mentoring is a deliberate process which encourages the novice individual to acquire relevant knowledge and develop appropriate skills.

**Uses of Simulation**

The authors of this article suggest that utilizing simulation can increase student’s experience and can provide a conducive environment to assist mentors in guiding novice faculty. An example of the benefits of simulation for faculty shortages can be found in the research of Dr. George Kuh, the founding director of the National Survey on Student Engagement. He discusses simulation in academia as a high impact practice (HIP), involving deep learning experiences that promote student engagement. Kuh and O’Donnell (2013) describes HIP as practices that promote deep learning by supporting student engagement, and due to their positive associations with student learning and retention, participation in these practices can be life-changing. Here, we see simulation promote student retention. This same simulation can also be used to increase retention of new nursing faculty, which is needed due to the rapidly growing profession and demand for nurses.

**Validation for Use of Simulation in Mentoring Novice Nursing Faculty**

Two of the authors of this article have used simulation extensively to enhance student learning and mentor novice instructors. Additionally, others mentors on this faculty have also
incorporated simulation as part of their mentoring process. The first author; an instructor who teaches adult health in a baccalaureate nursing program states,

When one thinks of simulation, the concept of using a high-fidelity simulator to enhance learning of clinical concepts comes to mind. Simulation, however, can also entail the use of low-fidelity, static manikins, and even standardized patients to deliver content, remediate a student on a difficulty concept, or allow them exposure to a high acuity situation in a safe learning.

For example, medication administration is a primary intervention performed by nurses. Nurses (student nurses) must develop safe medication administration practices.

Prior to taking students to the clinical setting, instructors developed a simulation using the Quality and Safety Education in Nursing (QSEN) initiatives that incorporates the knowledge, skills, and attitudes necessary to safely administer medications in the clinical setting (QSEN, 2019). This simulation not only allows the student to perform this high acuity skill in a safe setting, but it also affords the opportunity to orient new faculty on how to manage medication administration with a student. New instructors also learn how to effectively manage a group of students in a variety of medication administration scenarios and strategies to incorporate if the student has difficulty with this skill.

Another author experienced simulation as part of her orientation to academia. She reports,

as a novice nurse educator, I found simulation to be a valuable tool in facilitating learning, meeting course outcomes, and developing student-instructor relationships. The one-on-one
and small group meetings were beneficial to learning student personalities, preferences, abilities, strengths, and weaknesses. Simulation allowed me, as the educator, to build trust and confidence in student abilities before entering the clinical setting. It also fostered the growth of mutual respect, and allowed students to become more comfortable asking questions, seeking advice, and expressing concerns. Building these student-educator relationships through simulation was conducive to an overall better educational experience and lead to the beginning of long-lasting mentor-mentee relationships.

Other novice faculty have reported similar experiences and the value gleaned from the simulation exercise.

**Conclusion**

Nursing education will always be on the continuum to meet the “triad challenge.” Innovative approaches are required to meet the physical/clinical experiences that are needed and required to meet student needs. Simulation has been proven to be a positive approach in fulfilling the clinical experiences. Faculty mentoring is well supported in the literature as an approach to obtaining and retaining qualified nurse educators at all entry levels. This article presents an approach that has been utilized to enhance the novice educator’s self-confidence, credibility and job satisfaction.
Reference


