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Baccalaureate minority nursing students' perceptions of high-fidelity simulation

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To date, a gap exists in understanding the role demographic variables may have on student outcomes in simulation, although the prevailing theory suggests that simulation can accommodate diverse learning styles and teaching methods and allow students and groups with varying cultural backgrounds to benefit from the experience. The landmark 2014 National Council of State Boards of Nursing (NCSBN) study determined HFS to be effective in adequately preparing nursing students; however, it remains unclear if simulation is an effective method of teaching minority students as simulation studies have primarily included as a homogenous sample of both students and manikins. A major limitation of the 2014 NCSBN study was that more minority students dropped out of the 50% substitution with simulation group than the 25% substitution with simulation group and traditional clinical group, and this was statistically significant. In addition, a large number of the minority students in the 50% substitution with simulation group withdrew from the study because of no longer wanting to participate. Currently, no studies exist either examining directly or indirectly the minority nursing students' perception of simulation. This qualitative study examined baccalaureate minority nursing students' perceptions of high-fidelity simulation. Three focus groups assigned by race were conducted in junior and senior students who have previously participated in high-fidelity simulation. Three themes and two subthemes emerged: a need to keep the peace, pressure to perform, and demographics as a factor in simulation with subthemes: isolation and discrimination and faculty role. Results confirmed that current simulation practices in nursing education may exist as barriers to minority students.

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Back to the future: Online OSCE management information system for nursing OSCEs

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Background: The Objective Structured Clinical Examination (OSCE) is an established tool in the repertoire of clinical assessment methods in nurse education. Identified benefits of OSCE assessment include development of students' confidence in their clinical skills and preparation for clinical practice.

Objectives: To explore electronic OSCE delivery and evaluate the benefits of using an electronic OSCE management system. To explore assessors' perceptions of and attitudes to the computer based package.

Design: This study was conducted using electronic software in the management of a four station OSCE assessment with a cohort of first year undergraduate nursing students delivered over two consecutive years (n=203) in one higher education institution in Ireland. A quantitative descriptive survey methodology was used to obtain the views of the assessors on the process and outcome of using the software.

Methods: OSCE documentation was converted to electronic format. Assessors were trained in the use of the OSCE management software package and laptops were procured to facilitate electronic management of the OSCE assessment. Following the OSCE assessment, assessors were invited to evaluate the experience.

Results: Electronic software facilitated the storage and analysis of overall group and individual results thereby offering considerable time savings. Submission of electronic forms was allowed only when fully completed thus removing the potential for missing data. The feedback facility allowed the student to receive timely evaluation on their performance and to benchmark their performance against the class.

Conclusions: Assessors' satisfaction with the software was high. Analysis of assessment results can highlight issues around internal consistency being moderate and examiners variability. Regression analysis increases fairness of result calculations.

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