ABSTRACT

Background: Baccalaureate nursing graduates must possess leadership skills, yet few opportunities exist to cultivate leadership abilities in a clinical environment. Peer-facilitated learning may increase the leadership skills of competence, self-confidence, self-reflection, and role modeling. Facilitating human patient simulation provides opportunities to develop leadership skills.

Method: With faculty supervision, senior baccalaureate students led small-group simulation experiences with sophomore and junior peers and then conducted subsequent debriefings. Quantitative and qualitative descriptive data allowed evaluation of students’ satisfaction with this teaching innovation and whether the experience affected students’ desire to take on leadership roles.

Results: Students expressed satisfaction with the peer-facilitated simulation experience and confidence in mastering the content while developing necessary skills for practice.

Conclusion: Peer-facilitated simulation provides an opportunity for leadership development and learning. Study results can inform the development of nursing curricula to best develop the leadership skills of nursing students. [J Nurs Educ. 2018;57(1):53-57.]
simulation may bring salient, reciprocal reflection in mastering new concepts at multiple levels of understanding. Further, combining multiple levels of students can promote a culture of teaching, foster a team environment, and instill intraprofessional support (Carr et al., 2016).

Peer-facilitated learning may increase the leadership skills of competence, self-confidence, self-reflection, and role-modeling (Won & Choi, 2017). However, students report that learning leadership skills in a classroom setting lacks relevance to future practice (Francis-Shama, 2016). Peer–facilitation during simulation can synthesize leadership development with clinical practice (Martin, Furr, Lane, & Bramlett, 2016). Ultimately, peer leadership provides opportunities for senior students to “learn, experience, analyse, and develop” leadership skills (Buckwell-Nutt et al., 2014, p. 20).

Theoretical Framework

The learning outcomes model (Zigmont, Kappus, & Sudikoff, 2011) and the construct of authentic leadership (George, 2003) provided the framework for our study. The learning outcomes model (Zigmont et al., 2011) focuses on three interrelated components: the individual, the experience, and the environment. In our study, the individual refers to nursing students’ intrinsic motivations to learn, the history they bring to the learning experience, and the existing mental models that guide their practices. Experience refers to the shared training of all levels of nursing students; these commonalities provide opportunities for empathy and skilled guidance. Finally, environment refers to the deliberate inclusion of multiple levels of learners in one clinical simulation experience. Integrating three levels of nursing students in a peer-facilitated learning environment provides rich opportunities for students to observe, aspire, model, and progress. For example, sophomores with little clinical experience may be unsure of their roles. Juniors, in particular, crave opportunities to practice their skills and critical thinking. Importantly, seniors represent the accomplished students in the nursing program; yet, as novices transitioning to practice, seniors may feel like imposters in a clinical environment (Christenson et al., 2016). Thus, for seniors preparing to graduate, simulation experiences can provide a means of confidence building (Goodstone, Cherkis, Glaser, Nikolaidou, & Maggio, 2015).

Authentic leadership, characterized by leaders who are in touch with their own values and morals and who are worthy of trust and reliance (George, 2003), guided our approach to peer-facilitated HPS learning. The authentic leadership model emphasizes leader–follower development (Xiong, Lin, Li, & Wang, 2016), which is crucial in a profession that struggles with frequent turnover (Kovner, Brewer, Fatehi, & Jun, 2014).

Purpose

The literature provided no examination of leadership development through peer-facilitated learning in an HPS environment that includes multiple levels of students. To address this gap, the current study evaluates student satisfaction with HPS as a strategy to develop leadership skills in a peer-facilitated learning environment.

Method

Seniors served as HPS facilitators for their junior and sophomore peer participants. HPS facilitation is characterized by guiding participants through an HPS clinical scenario and leading a debriefing discussion and reflection on HPS events. This approach created a faculty supervised leadership development opportunity for seniors in a peer-facilitated learning environment.

Sample Characteristics

Sophomore (n = 79), junior (n = 69), and senior (n = 62) nursing student participants were recruited from two campus locations of a midwestern United States university. HPS participation was integrated as a required component of courses at each student level. After obtaining Institutional Review Board approval, voluntary consent allowed the use of participants’ satisfaction survey data for research purposes. Participants were assured that their participation, withdrawal, or refusal to participate would not positively or negatively affect their grades. Sophomores’ survey response rate was 94%; juniors’ and seniors’ response rate was 100%. Participants were primarily women (96%) and primarily White (89%). Ages ranged from 21 to 47 years (mean = 25.8; standard deviation (SD) = 6.5). Thirty randomly selected participants were invited to attend focus groups, and 14 agreed and attended. Sophomore and junior study participants received a $2 university token for participation. Seniors and all focus group participants received a $10 Amazon gift card.

Design of Peer-Facilitated Simulations

Four small-group HPS scenarios, each with 30 minutes of active simulation and 20 minutes of debriefing, were developed and integrated into the first-year curriculum consisting of obstetrics, gerontology, pediatrics, and mental health nursing. The obstetrics and gynecology simulation patient presented with complications of hemorrhage. The obstetrics simulation patient presented with complications of delirium. The pediatric simulation patient presented with complications related to asthma. The mental health simulation patient presented with psychiatric issues, including homelessness and depression. Concepts emphasized in the four simulations related directly to the targeted junior-level course outcomes. Each HPS simulation involved one senior facilitator, two junior participants who were enrolled in the respective targeted course, and one sophomore participant with minimal knowledge of the key concepts of the simulation. All student levels were provided with information to prepare for their simulation experiences. Sophomores and juniors reviewed a patient history and key concepts. Seniors studied resources on effective facilitation methods and were provided with a synopsis of their respective simulations, learning outcomes, desired nursing actions, and suggested questions for discussion during the debriefing sessions. A faculty supervisor was present during each of the sessions.

Scaffolding of roles allowed students to participate in the simulation at their appropriate levels of education. Sophomores took the role of nursing students with the learning objectives of being able to assess vital signs, complete delegated nursing interventions, and demonstrate effective communication with the patient and family. Juniors’ learning objective included the
ability to assess the patient’s status, plan care, prioritize nursing interventions, demonstrate appropriate delegation, demonstrate effective communication, evaluate patient outcomes, and revise care as appropriate. Seniors’ learning objectives were to

| TABLE |
|---|---|---|---|---|---|---|
| **Descriptive Statistics** |
| Investigator-Developed Questions Asked of Individual Levels of Students | \(N^a\) | Mean\(^b\) | SD | SSLC Questions Asked of All Students | \(N^a\) | Mean\(^b\) | SD |
| Senior students’ questions | | | | Participating in today’s simulation experience was a good experience. | 271 | 4.24 | 97 |
| Participating in today’s simulation experience increased interest in precepting. | 69 | 4.30 | .85 | The teaching methods (of having a senior facilitate the simulation) used in this simulation were helpful and effective. | 270 | 4.18 | .91 |
| Participating in today’s simulation experience increased interest in becoming faculty. | 69 | 3.91 | .95 | The simulation provided me with a variety of learning materials and activities to promote my learning the medical–surgical curriculum. | 271 | 4.22 | .85 |
| Participating in today’s simulation experience increased my confidence as a nurse leader. | 69 | 4.30 | .79 | I enjoyed how my senior facilitator taught the simulation. | 266 | 4.25 | .87 |
| Facilitating the simulation experience was better than actively participating. | 69 | 4.29 | .89 | The teaching materials used in this simulation were motivating and helped me to learn. | 271 | 4.17 | .92 |
| Junior students’ questions | | | | The way the senior facilitator taught the simulation was suitable to the way I learn. | 267 | 4.24 | .85 |
| Participating in today’s simulation experience increased my interest in facilitating a simulation in the future. | 123 | 3.76 | 1.26 | I am confident that I am mastering the content of the simulation activity that my instructors presented to me. | 267 | 4.01 | .88 |
| Participating in today’s simulation experience increased my confidence in my nursing skills. | 123 | 3.59 | 1.34 | I am confident that this simulation covered critical content necessary for the mastery of medical–surgical curriculum. | 271 | 4.38 | .76 |
| Participating in today’s simulation experience would have been better with a faculty facilitator. | 123 | 2.85 | 1.11 | I am confident that I am developing the skills and obtaining the required knowledge from this simulation to perform necessary tasks in a clinical setting. | 270 | 4.29 | .81 |
| Participating in today’s simulation experience fostered a safe learning environment. | 123 | 4.25 | .92 | My instructors used helpful resources to teach the simulation. | 265 | 4.15 | .84 |
| Sophomore students’ questions | | | | It is my responsibility as the student to learn what I need to know from this simulation activity. | 269 | 4.52 | .64 |
| Participating in today’s simulation experience increased my interest in facilitating a simulation in the future. | 79 | 4.23 | .88 | I know how to get help when I do not understand the concepts covered in the simulation. | 269 | 4.48 | .67 |
| Participating in today’s simulation experience increased my confidence in my nursing skills. | 79 | 3.84 | 1.01 | I know how to use simulation activities to learn critical aspects of these skills. | 270 | 4.30 | .82 |
| Participating in today’s simulation experience would have been better with a faculty facilitator. | 79 | 3.04 | 1.04 | It is the instructor’s responsibility to tell me what I need to learn of the simulation activity content during class time. | 271 | 3.45 | 1.13 |
| Participating in today’s simulation experience fostered a safe learning environment. | 79 | 4.63 | .54 | | | |

Note. SSLC = Self-Confidence in Learning Scale.

\(^a\) Juniors participated in two simulations and responded to the survey following each simulation.

\(^b\) Mean scores are based on a 5-point Likert Scale: 1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree.
evaluate students’ skills and interventions performed during the simulation. Upon completion of the simulation, seniors fulfilled a second learning objective by facilitating a debriefing discussion and reflection; juniors’ and sophomores’ learning objective for the debriefing included self-appraisal and verbalizing understanding of all concepts covered.

Postsimulation Survey

Immediately following each HPS debriefing session, students responded to survey questions posed in the National League for Nursing’s (2005) Student Satisfaction and Self-confidence in Learning Scale (SSLC). This widely-used survey reliably and validly measures nursing students attitudes about HPS (Franklin et al., 2014). In the current study, the SSLC had a Cronbach’s alpha score of .929. Survey questions assess confidence levels regarding the skills and knowledge needed to care for patients like those presented in the HPS and student satisfaction with the simulation experience (Franklin, Burns, & Lee, 2014). To focus on senior facilitation, we substituted “senior facilitator” for “instructor” in the survey. Students also responded to level-specific, investigator-developed questions listed in the Table.

Two focus groups provided qualitative data regarding student satisfaction and learning from the peer-facilitated HPS experiences. Focus groups took place 1 week following the simulations. Each group was asked identical questions addressing peer facilitation’s effects on leadership, confidence, and attitudes. Seniors (n = 6) met without other student levels; sophomores and juniors were combined (n = 8). Each session was audio recorded and transcribed verbatim. Each of the two researchers verified the transcriptions’ accuracy, coded the data, and determined themes; then, the researchers compared themes to ensure interrater reliability.

Results

Overall, students reported high levels of satisfaction with their HPS experiences (Table). In all except one category, mean responses were above 4 points, signifying agreement or strong agreement with the statement. Of note, students indicated that the senior-facilitated simulations were good experiences; the mean score for the combined levels of students was 4.18 (SD = .91). Additionally, students enjoyed how senior facilitators taught the simulations as evidenced by a mean score of 4.25 (SD = .87). Plus, the evaluations indicated that peer-facilitated simulations fostered safe environments (sophomores’ mean = 4.63; SD = .535; juniors’ mean = 4.25; SD = .92) and that students thought the senior facilitators’ teaching methods suited the way they learn (mean = 4.24; SD = .85). Sophomores and juniors differed in their evaluations of whether the simulations would be better with faculty facilitators. Sophomores were neutral (mean = 3.04; SD = 1.04), whereas juniors preferred peer facilitation (mean = 2.85; SD = 1.1). Importantly, senior students noted that facilitating the simulation was a good experience (mean = 4.6; SD = .68), was better than actively participating (mean = 4.29; SD = .893), increased their confidence as nurse leaders (mean = 4.3; SD = .89), and fostered interest in precepting in the future (mean = 4.3; SD = .845). Further, simulation experiences increased seniors’ interest in becoming nursing faculty (mean = 3.91; SD = .951).

Qualitative themes from focus groups indicated that sophomores and juniors felt more relaxed with a peer facilitator versus a faculty member. They enjoyed the “coming together” of different levels to build community in the program. Seniors felt that the opportunity allowed them to demonstrate mastery of the material, emphasizing that the experience allowed them to synthesize much of their nursing education into one experience while acknowledging “how far we’ve come” since beginning the program. They appreciated the opportunity to develop leadership skills and empower others, with one senior participant stating it “was eye-opening to experience what it takes to lead vs. do for others”; another noted, “it was difficult not to…direct them and [tell] them exactly what to do.” A junior experienced, “getting out of [my] comfort zone and…figuring out what I need to do, how to communicate with my other team members, how to delegate, what to delegate; it definitely pushed us to step in that leadership role.” Additional themes included fostering empathy for novice nurses and a glimpse of what it is like to be a nurse leader, noting that the leadership role “helped me to see how you approach people with less experience” and “guide them in the correct direction…using constructive criticism.”

Discussion

This innovative approach combined the pedagogical methods of peer-facilitated learning and HPS to enhance student learning and to assist in the leadership development of future nurses. Previous literature supported simulation as having positive outcomes on student attitudes, feelings of clinical skill competence, and satisfaction (Curtis et al., 2016; Omer, 2016). Results from this study demonstrate that these effects remain in effect within a peer-assisted learning environment. Further, these results reinforce the potential for leadership development within a simulated clinical environment (Middleton, 2013).

Although these finding are promising, they should be noted with caution because the study had several limitations. Generalizability was limited as the sample was small and lacked racial and economic diversity. Further, a convenience sample was used and looked only at subjective measures of student satisfaction and evaluation of the peer-facilitated learning strategy, with a focus on leadership. Future research may consider evaluating not only the leadership potential of peer-facilitated learning but also its demonstrated effectiveness in leadership development. Direct measures of observed leadership skills following HPS facilitation would better inform the potential for HPS in leadership development.

This study contributes to nursing education with a unique peer-facilitated HPS strategy that integrates multiple levels of students. Results suggest that HPS may provide benefits beyond clinical skill development. Peer-facilitated HPS learning may increase nursing student confidence, satisfaction, and leadership opportunities. As peer-facilitators, seniors gain a needed opportunity to practice and reflect on their leadership skills, expertise, and journeys from novice nursing student to expert nursing student. As nurse educators consider options for student
leadership development, peer-facilitated HPS may provide an effective opportunity to develop leadership skills.

References


