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Simulation-Based Training for Improved Nursing Home Practice: Perspectives from Medical Graduates

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Abstract
This qualitative research paper discusses the experiences of nursing students who have gone through simulation-based training in addition to experiences in the clinical settings in nursing homes. Although traditional clinical placements allow students to gain supplementary clinical experience required to subsequently engage in clinical practice, the learning experience is fraught with limitations (namely: the uneven delivery of learning experience, and the unevenness of supervision). A submitted simulation-based instructional setting enables learners to have a form of organized environment to make a clinic decision-making case, be involved, and feel communications with the elderly without threatening patients. The study shows the main findings by means of a thematic analysis of student reflections and indicates not only the increased feeling of confidence but also a better impending and the built of critical thinking skills. But also topics like emotional stress, artificiality, perceived and dependence on facilitation quality were found. All findings imply that simulation training combined with clinical practice has the potential to enhance competency development, fill theory-practice gaps, and enhance overall nursing home care readiness.

Keywords: ***Nursing education, Simulation-based training, Clinical practice, Nursing homes, Qualitative study, Nursing students' experiences, Elder care, Skill development, Confidence building, Experiential learning.***

1.Introduction
The incorporation of simulation in nursing education is the paradigm change in terms of providing nursing students with the necessary skills and knowledge base. Although traditional clinics in nursing homes have always been the main learning sites, they are subject to certain problems that may hinder the best learning. Growing patient acuity and staffing shortages have apportioned an environment in which nursing learners are not always afforded sufficient supervision when they are on their clinical rotations and the key to correcting this problem is to find a way to effectively provide a lot of guidance and help to these students(1).

This issue is especially acute in nursing home facilities, where the nursing staff is usually the minimal part of the care-provision specialists, and many personnel is not trained particularly in supervising students in particular detail. The real-life of the modern nursing home practice is that the nurses have many tasks to complete, and little time and energy to provide an overall student mentorship. This makes a paradox: on the one hand, on their placement in complex care environment the students have a chance to learn much, but, on the other hand, it is those environments, which oftentimes do not allow the learning to take place due to its complexity and demands.

Simulation technology has recently provided a possible answer to these educational problems through the arrival of high-fidelity simulation technologies. Human patient simulators can simulate realistic physiological responses and a variety of scenarios to facilitate learning of critical thinking skills and clinical decision-making, thus, creating a controlled learning environment where students can execute their practice without imposing risk on patients. The issue, however, is whether simulation can serve as an effective complement to conventional clinical education, especially in non-traditional environments (such as nursing homes) where clinically enrolled students are introduced to unfamiliar patient populations and care challenges.

The importance of this educational issue does not only apply to individual student learning outcomes. As health care systems globally experience nursing shortages and growing demands at the care frontline, the education of quality and self-assured nursing graduates becomes even more important. There is a particular need to consider the quality of education in nursing homes with vulnerable populations who are in need of skilled nursing care and whose outcomes and care quality are closely related to the quality of the education provided to them. The traditional nursing education system or program (apprenticeship model) is arguably useful but it was not adequate to address the educational needs of modern nursing students(2).

Moreover, psychological blame relating to the learning in clinical settings could not be ignored. The students are stressed and anxious of going out to the clinical setting due to knowledge gap and exposure to young patients as opposed to elderly patients who have a rather complicated care needs. This anxiety to make mistakes or cause harm can stop learning and bring about an inability to be involved in the educational process. This psychological block, along with sheer lack of supervision and chances to get feedback may translate into lost learning situations and lower confidence in clinical skills.

FIGURE 1 Simulation Enhances Nursing Education

The idea of the implementation of additional simulation training is based on the realization that neither clinical practice nor simulation can serve as the means of all-encompassing nursing education. As opposed to that, however, a combination of the two types of learning may present a more resilient mode of learning that does not have the same drawbacks as those of the individual learning methods. Simulation offers the controlled environment that allows skill development and builds confidence, where clinical practice subjects the novice physician to the variability of real-life patient encounters and all the chaos of health care delivery.

This pedagogical development is also indicable of general tendencies in nursing education toward activities and active, student-based learning. In comparison with passive observation or the task oriented activities that typically define traditional clinical experiences, the supplementary simulation helps promote critical thinking and collaboration, and reflective practice(3). The same pedagogical principles are in line with the present-day awareness of how adults learn the best way and develop their professional skills.

The arrival of this educational strategy is especially topical against the background of the world events of recent years, in which the role of nursing education and the lack of fitness of clinical learning opportunities in cases of interference in the provision of healthcare were considerations. An example of such concerns in practice was a demonstration of the vulnerability of the traditional models of clinical education called out by the COVID-19 pandemic, and the possible usefulness of simulation as a supplement to clinical practice, not a substitute.

Knowledge about the experience of the students about this integrated approach will be important in various ways. First, student experiences and opinions present an excellent source of knowledge on the success of educational innovations and how they affect the educational level. Second, this can help in refining the design and implementation of simulation, and make sure the means are applicable in achieving the learning requirements. The analysis of the student experience, in the end, allows uncovering the processes whereby simulations complement student learning in the clinical setting, thus proposing a base of evidence concerning the wider adoption of methods like this.

The nursing home environment poses certain learning prospects and challenges that render it highly suitable to investigate the supplementary simulation training. The facilities allow students to work with various patients with complicated medical conditions posing challenges to the students in terms of multiple comorbidities, medication issues, and end-of-life patients. Nursing homes have slower rates of care and, thus, longer interactions with the patients in which a professional nurse can build a relationship, which is vital in nursing practice.

The reality of nursing home staff and workload, however, often results in a patchy supervision of the student and limited guidance in reflection on experiences. The supplementary simulation methodology can offer potential

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solution since it will offer a disciplined form of learning that can complement and consolidate clinical experience and fill gaps in educational practices with traditional clinical education.

This survey on supplementary training using simulation in nursing homes is a piece of evidence on the expanding scope of research on innovative methods of nursing training. A review of the perception and use of this integrated learning model by the students will enable educators to gain a deeper knowledge of how simulation is improving clinical learning and the circumstances under which simulation is an effective replacement(4). This has to be an understanding so that the evolution of nursing education can continue and that nurses prepare to handle issues and challenges of complicated healthcare nature amongst various people with confidence and competence.

2.Methods

2.1 Research Methodology and Philosophy Research Framework

The research methodology utilized in this research study was a phenomenological research approach based on the interpretive naturalism research paradigm. The phenomenologic framework was chosen due to their focus on how meaning is made, and the subjective experience in context. This choice of methodology conformed to the aim of the study of examining how students make sense and create meaning out of their dual learning experience in simulation and clinical learning environments.

The study used a design that also included the aspects of hermeneutic inquiry given that the experiences were contextualized in educational, cultural, and professional experience. To this philosophical position, it is understood that knowledge is created dialogically between researchers and participants, and a thoughtful consideration must be given to the interpretive process, and how we can so easily be blinded by our own researcher interpretations in manipulating the data collection and analysis(5).

The epistemological ground of the study lies in constructivist ideas since reality is perceived as socially constructed and that there can exist many interpretations of experience that are valid. This thinking in fact came in quite handy since the process of nursing education is highly faceted in that, we have the technical aspects of nursing education which lends to the professional socialization and the development aspect of an individual student.

TABLE 1 Data Collection Timeline

Phase	Duration	Activities	Participants
Pre-Clinical	2 weeks	Baseline assessments, orientation	All recruited students
Early Clinical	Weeks 2-3	First simulation sessions, initial reflections	Active participants
Mid-Clinical	Weeks 4-5	Second simulation sessions, ongoing journals	Active participants
Late Clinical	Weeks 6-7	Final simulation sessions, culminating reflections	Active participants
Post-Clinical	1-2 weeks	Focus group interviews, member checking	All active participants

2.1 Strategies on Participant Recruitment and Selection

The recruitment process was based on multi-stage purposive sampling that was aimed at providing a good representation of the range of student experiences and ensuring that it still could be focused enough to capture a specific phenomenon under investigation. Recruitment of initial participants was done by mailing out thorough information packets of all first-year nursing students through various media such as electronic web materials, classroom information and posted materials in shared locations.

The eligibility requirements were not limited to demographic factors but went further to such things as prior exposure to healthcare, and level of education and indication of preferred mode of learning. This extensive process of selecting participants was to help in capturing the different diverse opinions that can be held to affect the way students perceive and process the additional training in the form of simulation in their training in hospitals.

Stratified randomization process was used in an effort to achieve a balanced distribution among cohorts and clinical placement locations. Such a strategy assisted in managing any limitations of variation of the clinical experiences that may affect the perceptions of the students regarding the effectiveness of the simulation training.

The end result of the sample composition included painstaking consideration of factors that could potentially influence the learning experiences such as age, gender and prior exposure to healthcare.

2.3 New Data Collection Methodologies

The data collection strategy adopted was both an innovative approach that made use of traditional focus group instruments and a combination of traditional techniques that yielded the dynamic nature of learning experiences. Instead of leaving it to the retrospection, the study included active methods of data capture which enabled the students to take their experiences down as they happened during their clinical placements(6).

The focus group was digitalized in the aspects of creating storytelling technique which allowed members to form learning narratives using multimedia tools. This solution took into account that it may not be adequate to communicate traditionally using words as the complexity of experiential learning could fall under the scope of emotional and sensory aspects of knowledge development especially in high-stress clinical settings.

The approach used to structure the focus group sessions involved application of the principles of appreciative inquiry, which assumes that focusing on problems and deficits is not the way to address stress-relief needs and thus it is better to locate and capitalize on positive experiences. Such a modus operandi prompted the participants to comment not only on what was good about the learning they were engaged in but also how their learning could be done even better and what changes and innovations could be brought to the delivery of nursing education.

2.4 Context Mapping, Environmental Considerations

The research group also had an all-inclusive, environmental survey of the simulation and clinical environment to grasp the environmental factors that could affect the learning experiences of students. This was done through the objective observation of physical environments, technical facilities, the dynamics of people, and the cultures of organizations that define various environments of learning.

Mapping of the clinical placement sites in detail brought the differences in the context in which students experienced nursing home practice into focus. There were staffing patterns, acuity levels of patients, physical facility attributes, and organizational support of the students to acquire learning of supplementary simulation training documented on how it might affect the perceived value, and performance of this type of learning.

The facilities of the simulation laboratories were also studied in the context of their available technological capacity, design, and pedagogical potentials. Some of the elements that were analyzed in this regard pertained to the functionality of the equipment, the spatial layout, and the availability of resources helping to facilitate various kinds of learning activities and group interactions.

TABLE 2 Validation Framework

Strategy	Implementation	Purpose
Member Checking	Return transcripts and preliminary analyses to participants	Confirm accuracy of interpretations
Investigator Triangulation	Multiple researchers analyze data independently	Minimize individual bias
External Audit	Independent review by experienced qualitative researchers	Ensure methodological rigor
Peer Debriefing	Regular discussions with research team	Maintain analytical objectivity

2.5 Temporal Dynamics and longitudinal devilments

The design was longitudinal based with elements of tracking the changes in student experiences and perception throughout the duration of students being under clinical placement. Instead of gathering data on student knowledge of and preferences toward simulation training at a specific time point, the study procedure deployed several data collection sessions, enabling researchers to track how student perception and awareness of the simulation training changed over the course of their clinical training(7).

Weekly reflection journals would give a continuous record of student learning experiences, and allow the researchers to recognize patterns and trends between sessions which would not be evident in a single-session data collection. These journals were used as the source of data as well as reflective tools that could have potentially improve learning within a properly structured regime of self-examination.

The number of simulation sessions within the overall clinic placement schedule was closely monitored to have an idea on how sequencing and frequency of simulation sessions have impact on their perceived value and

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effectiveness. The temporal analysis also gave possibilities of the best scheduling routines that can be adopted in implementing such supplementary simulation-based training programs in the future.

2.6 Digital Innovation and Technology

Sophisticated recording/analysis tools were used to observe subtle participant platforms and reactions that may have otherwise been lost during a more traditional observation process. The multi camera record made it possible to conduct in-depth study of non-verbal communications, group interaction, and emotion reactions to jargons in focus group meetings.

Computerized coding and preliminary analyses of verbal data enabled immediate response analysis and analysis by theme assimilation by the researchers in relation to individual focus groups to amend questioning strategies. This dynamic method improved the richness and topicality of data gathering and took into account homogeneity between the groups of participants.

Online collaboration tools were applied in order to allow the participants to leave further thoughts and points of clarification after official data collection phases. This long-follow - up method of engagement realized that valuable information will be gained after interviews end and respondents have time to digest and reflect on their experience.

2.7 Methodological rigor and Quality Assurance

To achieve credibility and trustworthiness of findings multiple validation strategies were applied during the course of the research procedure. Member checking procedures included submitting preliminary analyses back to the participants to review and comment and thus confirm accuracy of interpretations and provide additional context or clarification(9).Investigator triangulation was based on different data analysis of different researchers who analyzed some parts of the data and compared their results. This method of analysis also allowed reducing the risk of having different researchers interimpreting data in a biased way as the data interpretation was made collectively. External audit procedures were based on the review of research methods and findings by qualified qualitative researchers who did not work on the study. Such external views gave useful suggestions to decisions relating to methodological issues and aided to ensure conclusions were fully justified by the data to make them consistent with those in the established qualitative research literature.

3.Results

3.1 Development of Professional Identity with Integrated Learning

Students who were included in the analysis showed that during the curriculum they had undergone a fundamental shift not only in their professional identity development but also with the integration of simulation and clinical experiences. Instead of seeing themselves as mere observers or workers, participants expressed that they had transformed into dynamic participants of the patient care process that could explain their actions. This change of identity was reflected in greater readiness to approach complex patient situations and by the increased confidence when communicating with the other members of the healthcare team.

Students also described the simulation environment as a place where they could safely practice inappropriate professional behaviors or practice compromised decision-making processes that they did not feel confident to override during clinical rotations. The fact that mistakes had no patient-related consequences freed them to practice different ways of speaking to patients, considering different clinical rational lines, and working out problems in a cooperative fashion. Such experimentation stage was also important as means of gaining actual professional confidence as opposed to procedural competence.

These two environments allowed the students to rotate through and experiment with the developing identities and roles as professionals. Behaviors and concepts simulated could be tentatively applied in clinical practice, and clinical practice gave rise to subject matter to then explore using simulation. It was this iterative process that advanced the development of the professionals faster than either of these learning environments could do on its own.

3.2 Managing Cognitive Loads and Knowledge Combination

Participants explained that the systematic way of learning achieved during simulation sessions allowed them to deal with the excessive mental challenges of a clinical learning environment. Nursing home environments were abundant in sometimes unpredictable and certainly fragmented learning opportunities that did not lend themselves to well to knowledge synthesis and retention by students. The simulation sessions allocated time and space to sort, network and button up these miscellaneous learning experiences.

Simulation training elements of the debriefing were seen to be especially useful in cognitive integration. The students mentioned that the guided reflection helped them locate trends of various patient encounters and see the evidence of the theoretical principles on clinical practice. This metacognitive awareness also increased the extent to which they were able to take learning experiences in one situation to another and become more advanced in thinking clinically.

The distributed cognitive load increased through simulation learning by sharing the complex information with peer groups in an effort to collectively process knowledge and share different thoughts on possible solution to patient care problems. This social aspect of learning was particularly beneficial to those students felt lonely or overwhelmed when they were carrying out their individual clinical attachments. The clinical problem-solving model that students are presented with during simulation sessions impacted the way they took on clinical challenges.

3.3 Emotional control and stress control

Other themes included the emotional aspects of nursing practice, with students reporting that the simulation training assisted them in working out ways to control the stress and uncertainties of Patient care. The predictable, risk-free conditions of simulation environments provided students with exposure to and the ability to process challenging emotions associated with patient deterioration, family related concerns as well as ethical dilemma issues, without the immediate impact of real-world repercussions.

Students recounted that simulation sessions have given them a way to exercise emotional regulation skills and to become resilient in response to difficult patient scenarios. The skills involved in deciding to pause, reflect and resume scenarios provided a useful learning experience in how to manage their own emotional reactions and continue to be productive as a professional. These skills of emotional management were directly transferable to clinical settings where similar stress would be experienced.

The professional development and emotional well-being were the results of the individual aspects of peer help in the simulation training. Students reported that they had felt less alone in their experiences of challenging patient cases when able to share and process these experiences with classmates who also appreciated the challenge. The validation and support helped increase their confidence and desire to more fully participate in simulation and clinical learning opportunities.

3.4 Systems Thinking and Organisational Awareness

It was found that following participating in additional simulation training, students gained an increased level of knowledge regarding systems of healthcare and the functioning of an organization. Scenarios that were introduced in simulation were those that incorporated interprofessional collaboration, resource management, and quality improvement and this enabled the students to have an understanding of the nursing practice as part of the wider organization.

Students indicated greater awareness of how their actions as individuals, as nurses, relate to both patient outcomes and organizational interest. It was possible to explore the system-level issues that affect the delivery of patient care, including staffing arrangements, resource distribution, and communication systems and guidelines with the assistance of the simulation environment. This systems view helped their capacity to handle the complexities of organizational dynamics in the clinical placements.

Incorporation of technology and evidence-based practice principles during the simulation sessions helped the students to develop the understanding of the current models of healthcare delivery. Experience with electronic health records, clinical decision support tools, as well as quality monitoring systems in a simulation environment helped them to interact more fruitfully with such systems during rotations(8).

3.5 Cultural Competence and Patient-Centered Care

Participants explained the effectiveness of simulation scenarios in improving their comprehension of the cultural aspects that play a role in the care of patients, which is especially relevant in light of the diverse populations that frequently work in under the role of a nursing home. The capacity to undergo practicing culturally sensitive communication and care strategies in IT-based simulation settings developed confidence related to such interactions in clinical practice.

Students indicated that simulation training increased their more subtle appreciation of principles of patient advocacy and person-centered care. These scenarios contained family dynamics, ethical issues and complicated interpersonal relationships that had to be navigated, as there were always interests and values to consider against each other. Such exposure sharpened them in their skill sets to identify and act on clinical situations that were of the same scope.

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These uniformity of the simulation setting offered an equivalent level of exposure to diversity and complexity that would otherwise not be available within purely clinical experiences. They enjoyed how the different patient backgrounds, familial dynamics, preferences, etc. were deliberately incorporated to give students an enhanced sense of the diversity in nursing practice.

4.Improved Rationality incurs Care

The acquisition of clinical reasoning is one of the very challenging tasks in nursing education as it involves combining theoretical knowledge with the practice experience and making adequate clinical decisions. Those constraints normally underlying the need to develop reasoning capacity such as the time constraints, minimal supervision levels and prior oriented task demands of much clinical activities are quite common factors the students in a traditional nursing home placement will be facing. The combination of the additional simulated training makes it unique as the students would gain a deep reflection and analysis of nursing care decisions, which usually fails in stressful clinical settings.

The way simulation sessions are organized allows students to have dedicated time to examine the theoretical basis of interventions in nursing practice going beyond the answers to the questions of what to do to find answers to the questions of why doing so. This transformation of the focus on procedure to conceptual comprehension is a radical development in nursing training because students are given the tools to translate comprehension into action in new environments but not have to merely act upon the consideration designed in the established protocols. This improved comprehension is especially beneficial in nursing homes where conditions of the patients may be complicated and multidimensional and as such, students will have better insights into how to apply the intricate elements of treating elderly patients with comorbidities.

The simulation debriefing session is based on a collaborative approach and the student is able to construct the knowledge together, sharing their experiences and perspectives at the time, which offers deeper knowledge about treating a patient. This learner-to-learner educational experience tends to be more successful than lecture-based courses, because learners can learn about each other and share insights on each other. The open nature of the scaling simulationenvironment allows the open discussion of uncertainties and errors, which results in a learning culture that contributes to professional development and critical thinking.

Moreover, the availability of skilled nurse educators during the simulation activities means that a student prioritises learning outcomes by being able to access expert clinical reasoning that might not be available in a clinical arena where the supervisors are mostly busy with patient care activities. These teachers are able to help students navigate through multidimensional decision-making processes, and allow students to see the multidimensionality of considerations driving nursing practice. This professional advice augments the clinical experiences with theoretical guide and tool of analyses required in advanced clinical reasoning.

5.Conclusion

Embedding additional simulation training in clinical nursing education is a paradigm-shifting initiative in the direction of more deliberate, systematic learning in which concepts and practices are inherently unitary and heavily influenced by the realities of the modern healthcare setting. This study shows that supplementary simulation is not just another educational element but transforms participation of students and their learning in their clinical experiences. The results indicate that nursing education needs to change and transform to a higher level of learning that involves complex pedagogies that require embracing professional knowledge creation and growth.

The evidence suggests that students need systematic reflective, analytical, and peer-based collaborative opportunities which cannot always be available in the rigorous context of clinical settings. Traditional methods of clinical education can effectively assist students in understanding the real world practice, but at the same time these approaches can undermine learning experience due to the focus on achievement and following procedures instead of reflective thinking and consideration of situations. The supplementary simulation model overcomes these shortcomings by the establishment of separate settings where deeper learning can take place to complement clinical experiences.This intervention breaks the assumption that clinical hours are the key indicator of the quality of nursing education. The studies indicate that the quality and the purposefulness of the learning events may be more significant than the amount of clinical experience. This worldview has far reaching implications on nursing education policy and accreditation standards which have historically focused on what one does (such as clinical hours requirements), but not how one does it or its learning outcomes.

The results demonstrate that the sphere of professional competence in nursing goes greatly beyond the technical skills acquisition to interconnected cognitive, emotional and social skills built during a carefully designed learning experience. In this study students showed that competence is something that developed as a result of repeating work, reflection and refinement over time rather than a linear process of accumulating skills. This knowledge calls into question historical approaches to competency-based education which appear somewhat naive with regards to achieving professional competence development.This emotional and psychological aspect of competence development took on particular significance here, indicating that approaches to nursing education must acknowledge not only what students should know and do but rather how they cope with the stresses and uncertainties that accompany patient care. The simulation environment offered to students unusual possibilities to work on emotional control and professional resilience which were proven to be important in reaching successful clinical practice.

Social dimensions of competence improvement, especially collaborative ability to work with colleagues and other members of the healthcare team, were strengthened through the group component of current simulation training. The latter finding means that nursing education ought to adopt a deliberate orientation towards collaborative practices as a core learning strategy that reflects the team nature of the modern healthcare delivery system.

Most of the limitations that must be addressed in the findings include the fact that the study was limited to transfer as it only addressed the transfer portion of the composite form of the assessment instrument. Although the study adds value to the future study as it focuses on student perceptions, it is only part of the picture of fostering educational effectiveness. Lack of objective performance measures of learning outcomes or patient care quality constrains any possibility to make definitive statements on the advantages of this method of education.

This study took place in a particular cultural and educational context that can be a limitation to the transferability of the research to other environments with distinct resources, organizational structure, and student lifes. There are certain specifics of the Norwegian healthcare and education systems, which can condition the process of supplementary simulation training implementation and its effectiveness in the specifics that cannot be applied to other conditions.

The relatively short-term nature of the simulation intervention and follow-up does not allow long-term effects on professional development and careers to be measured. The research design used by the study does not allow making direct comparisons with students who were trained with the help of traditional clinical education and did not obtain simulation support, which restricts possible conclusions about the role played by the training part of simulation.

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Conflicts of interest

The authors have no conflicts of interest to declare

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