

Simulation-based mastery improved nursing skills in BSc Nursing Students: a quasi-experimental study

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Abstract

Background: Clinical education is an essential part of nursing education. Selected clinical teaching methods influence quality of education. Simulation-based mastery learning has been used to improve clinical skills among nursing students and may provide a novel way to enhance nursing skills. This study aimed to assess the effect of the simulation-based mastery learning on the clinical skills of undergraduate nursing students from 2017 to 2019.

Methods: This study was a quasi-experimental study with two groups (the control and intervention). After receiving written consent, 105 students were selected by random convenience sampling. The intervention group participated in a simulation-based mastery learning intervention, and the control group received no intervention except for traditional training. The students of both groups completed the demographic information questionnaire and the checklist before and after the intervention. The results were analyzed by SPSS version 21 descriptive and inferential statistics.

Results: The results showed no significant differences between the two groups before the intervention ($p > 0.05$). In addition, students' performance in the intervention and control groups improved significantly at the post-test compared with the baseline ($p < 0.05$), implying that the simulation-based mastery model of the intervention group was significantly more effective than that of the control.

Conclusion: These findings showed that mastery learning strategy improved the clinical skills of undergraduate nursing students. The results suggest that other nursing and health profession's programs can develop a successful mastery-based learning model.

Background

Clinical education is an essential part of nursing and midwifery education [1]. The nursing educators try to create conditions that can lead to professional learning behaviors in nursing students, and they should respond appropriately to specific clinical situations [2]. There is a trend in nursing education to adopt competency-based education (CBE) models. Anima and McCoy define competency as acquiring integrated knowledge, skills, values, and attitudes required for a competent nurse [3]. In addition, development of nursing students with professional competence is one of the aim of nursing education [4]. Mastery is one of the competency-based models.

Mastery models differ from traditional curricula in defining progression as achieving a series of competencies [5]. Educators make a valuable contribution to the learning process by creating competency-based models that can enhance training [6]. In conclusion, students acquire the ability to do clinical skills [7].

Mastery is a new applied method for training students in medical sciences, and it is one of the individual learning styles [8]. It originates from Carroll's belief that if sufficient time is given to the full extent of education, the right level of education will be achieved [9]. Mastery learning features the use of frequent

formative assessments to provide feedback and to evaluate whether students have mastered an instructional standard [5]. However, some studies indicated that it created anxiety in students because of frequent evaluations[10] , and it was time-consuming [11]. Furthermore, Salvin indicated that mastery learning had essentially no effect on student achievement but it was necessary to be assessed by scholars and practitioners well-equipped in mastery learning until questionable aspects of this method were elucidated [12].

Şenel Elaldı found that mastery learning model enhanced students' understanding of what they have learned and it was an opportunity for students' development of learning [13]. Mastery models engage learners in deliberative practice by increasing difficulty of the repetitive tasks while providing coaching to guide their progress [14]. Furthermore, this method makes students more involved in teaching-learning process [15]. For students failing to attain mastery, the assessment provides a diagnostic tool to develop an individualized learning plan to guide corrective action and to address deficiencies. Students who initially fail to demonstrate this skill, have more opportunities (According to the course curriculum) to take and pass the course [16]. Using a mastery model offers the potential for greater accountability, flexibility and focus on the learning [17].

The advantages of this method are doing the clinical skills correctly by the student and fulfilling professional responsibilities in the future [18]. Wayne et al. showed that mastery learning influenced CPR skills[19] .

Frogameni et.al also indicated that symbolic mastery learning was an effective strategy in training residents how to manage mechanical ventilator. Relying on traditional teaching methods in ICU may leave residents ill-equipped to safely manage patients receiving mechanical ventilation [20]. Cohen showed that the mastery learning method led to the acquisition of nasogastric tube skills in nursing students [21]. Based on the findings of a study, the mastery learning method is useful in nursing education [22]. Also, Simulation-Based Mastery Learning improved central line maintenance skills of ICU nurses [23]. However, Roh showed that mastery learning method did not have a significant effect on knowledge , self-efficacy scores and the number of errors of nursing students in cardiopulmonary resuscitation skills [24].

However, nursing students must combine knowledge from sociobiological and nursing sciences to make clinical decisions and manage different situations in the clinical settings [25]. Moreover, Nurses, as the largest group of caregivers who deal directly with the patients , can provide high quality care through mastery in nursing skills[24].

However, there is little in the nursing literature about mastery model-based programs. In addition, most Iranian nursing educators apply traditional learning- teaching methods. Their teaching methods are subject-centered, time-based with summative evaluation and little feedback, and they do not apply the mastery method to train skills. Furthermore, Iranian educators do not have much information about mastery models. Regarding the benefits of this method mentioned, the research team decided to assess the effects of simulation-based mastery on the clinical skills of B.Sc. nursing students.

Methods

Design and setting

This quasi-experimental study was conducted with a pretest-posttest two-group design in nursing department of Kerman University of Medical Science in Iran from 2017 to 2019. Kerman University of Medical Science is the biggest university in the Southeast of Iran. The university trains undergraduate, postgraduate and PhD nursing students. In this study, 115 BSc students were eligible, and the research population consisted of 105 BSc nursing students who met the inclusion criteria. Ten participants were excluded because of absence in training sessions.

Students were selected by using convenience sampling and were then randomly divided into control and intervention groups by drawing lots. The inclusion criteria included the 7th- and 8th-semester nursing students who were not educated by simulation-based mastery method previously.

In addition, students passed the theoretical and practical courses such as medical surgical, pediatric nursing, community health nursing, intensive care, psychology-nursing courses. A single-blind method was used, so that the students involved in this study were not informed of the type of teaching methods and how they were placed in each group.

In nursing department of KMU, all nursing students must pass prerequisite courses before taking internship course. Prerequisites include theoretical and practical courses. Theoretical course includes the workshop on patient communication, nosocomial infections, nursing ethics, and a practical course includes common nursing skills trained in skill laboratory, where award with advanced special moulage and other equipment are available for nurse students to practice the special nursing skills.

Students will take the practical course after completing the workshops. In addition, taking the internship course depends on passing (80 percent of the checklist) the clinical exam. All students of nursing department must take the same curriculum.

The team researchers selected nursing skills commonly used in nursing, and agreed on the following four practical skills: suction, naso gastric tube feeding, packed cell transfusion, change of fluid box.

Procedure

First, the study goals were explained to the participants. The students participated in the study with full consent and agreement. They were explained that attending or not participating in the study would not affect their educational process. Before starting the intervention, the demographic characteristic questionnaire and checklist skills were completed by the instructor in the two groups. Before the intervention, common nursing skills were assessed in two groups by a checklists.

Control group

Control group was trained by routine teaching, in which common nursing skills were trained to the students in skill laboratory two sessions a week for six weeks.

The routine teaching method was as follows: the students were divided into groups of three individuals, and clinical skills were performed on the advanced moulage under the supervision of the instructor. In case of any question or mistake, the instructor would address it. In addition, the instructor was as a facilitator. In this method, the instructor taught students according to time-based and summative evaluation with little feedback.

In this study, the intervention group experienced simulated mastery learning method.

Intervention group

The intervention began on the second day. The members of the intervention group experienced a simulation-based mastery intervention in four common clinical skills (suction, nasogastric tube feeding, packed cell transfusion, change of fluid box).

First, the instructor performed each skill on the advanced moulage in skill laboratory. Then, the students practiced these skills and were assessed by the instructor, who could identify whether the students learned the skill or not (diagnostic feedback) and what they needed to learn better (prescriptive feedback).

The students' mistakes were identified and presented as a list to the relevant instructor and student. The instructors set specific goals for each student based on the deficiencies identified in the first stage. In this program, the instructor used supervisory and observational methods. The instructor observed students and completed checklists every day. The instructor re-evaluated the students through a checklist and re-identified some deficiencies listed in the checklist daily for 12 days (two days a week). In addition, students who initially fail to demonstrate the skill, have three more opportunities to pass the course.. At the end of the course, the clinical skill scores were checked.

For determining the accuracy of the observer's judgment on the examination based on the checklist, the inter-rater reliability of the assessors' scoring was assessed by using two observers at each of the skills.

Measurement Instruments

The demographic information questionnaire and the checklist were used in this study to collect the data.

The demographic questionnaire contained information about age, sex, scale median, passed units, average of last semester.

The researchers used four nursing skill checklists for both groups (control and intervention). The checklists were extracted from the fundamental of a nursing book, Skill checklist for Tylor's clinical nursing skill [26]. Suction checklist, the nasogastric tube feeding checklist, the packed cell transfusion checklist, and change of fluid box checklist contain 19, 19, 13, and 21 items, respectively. Each item on the checklists is rated using three scales: unsatisfactory (score: 0), satisfactory (score:1), and excellent

(score:2). The suction, nasogastric tube feeding, packed cell transfusion, change of fluid box were scored 0-38, 0-38, 0-26, and 0-42, respectively. The total score ranges between 0-144.

The content validity of the checklists was confirmed by the broad consensus, and their reliability was assessed using a pilot study and calculated through the Cronbach's alpha coefficient of 0.82 showing a good reliability.

In addition, medical surgical nurses, pediatric nurses and intensive care nurses in Kerman have attempted for five months to prepare and select nursing skill checklists.

Data analysis

The collected data were analyzed using descriptive (frequency, percentage, mean and standard deviation) and inferential statistics. According to the results of the Kolmogorov–Smirnov test, the data of this study had a normal distribution. Thus, parametric tests were used. Furthermore, independent-t test was employed to compare the mean scores of skills between the intervention and control groups before and after the intervention. The paired samples t-test was also used to compare the mean scores of skills in each group before and after the intervention. P-values was considered statistically significant.

Results

The participants in this study were 105 BSc nursing students of the nursing department of Kerman University of medical science. The participants were divided into two groups of Intervention (N=53) and control (N=52). The mean ages of students in the intervention and the control groups were 23.88 ± 2.06 , and 23.38 ± 1.78 , respectively.

Most of the participants were female (38 individuals in the intervention group, and 39 individuals in the control group). A majority of the participants were native (43 individuals in the intervention group and 42 individuals in the control group), most of them had no history of diseases and took good averages in the last semester. No significant difference was found between the control and intervention groups in their demographic data, and the two groups were similar in terms of the demographic variables (Tables 1).

The total mean score of clinical skills of the participants in the intervention group were 101.6 ± 3.69 , and 141.6 ± 3.13 before and after the intervention, respectively. The total mean scores of clinical skills in the control group were 88.17 ± 6.11 and 109.36 ± 4.71 , respectively. Independent samples t-test showed a statistically significant difference after the intervention between two groups ($P < 0.05$).

In addition, the results of this study showed that the mean score of each of the clinical skills was not statistically significant between the control and the intervention groups before the intervention. However, a statistically significant difference was found between them after the intervention (table 2).

The mean suction scores of the participants in the intervention group were 26.46 ± 1.51 , and 37.20 ± 0.95 before and after the intervention, respectively. The mean scores of suction in the control group were 24.9

± 1.11 and 27.85 ± 1.30 , respectively. Independent samples t-test showed a statistically significant difference after the intervention between two groups ($P < 0.05$).

By comparison, the mean scores of NG tube feeding in the intervention group were statistically significant before (23.46 ± 1.79) and after the intervention (37.41 ± 0.49) ($p < 0.05$).

Also, the results showed that the mean nasogastric tube feeding scores in the control group were 23.85 ± 1.30 and 28.075 ± 1.5 before and after the intervention, respectively. Independent samples t-test indicated statistically significant difference after the intervention between two groups ($P < 0.05$).

The mean Packed Cell Transfusion scores of the participants in the intervention group were 17 ± 1.33 , and 25.52 ± 1.05 before and after the intervention, respectively. The mean scores of Packed cell transfusion in the control group were 17.79 ± 1.26 and 20.79 ± 0.71 , respectively. Independent samples t-test showed a statistically significant difference after the intervention between two groups ($P < 0.05$).

The mean Changing fluid box scores of the participants in the intervention group were 25.68 ± 0.4 , and 41.47 ± 0.64 before and after the intervention, respectively. The mean scores of Changing fluid box scores in the control group were 24.63 ± 1.23 and 33.57 ± 1.46 , respectively. Independent samples t-test showed a statistically significant difference after the intervention between two groups ($P < 0.05$).

Discussion

This study was one of the few studies in Iran conducted on the effect of symbolic mastery learning on the clinical skills in undergraduate nursing students.

The results of this study indicated that the mean scores of skills in the control group were statistically significant before (22.04 ± 1.22) and after the training program (27.29 ± 1.17) ($P < 0.05$). In addition, the mean scores of skills in the intervention group were statistically significant before (25.4 ± 1.27) and after the intervention (35.4 ± 0.46) ($p < 0.05$). The results of this study showed that mastery learning was more effective in achieving clinical skills than the traditional method.

New and practical teaching methods must be used in clinical settings to empower nursing students. In addition, mastery learning is considered as a new paradigm in medical education [9]. In this study, BSc nursing students learned five basic nursing skills by mastery approach because there is little in nursing literature about the mastery model-based programs, especially in clinical applications.

Educators tried to teach the students the knowledge and skills required for competent nurses, and mastery models developed it.

Barusk reported that the implementation of the mastery learning for physical examination skills increased the nursing student's knowledge and skills scores [27].

He indicated that mastery learning promoted the general competency of the students [27]. Tang showed that mastery learning intervention increased nurses' clinical competencies. [28]. Moreover, Schroedl reported that the mastery learning method was useful to identify the professional competence of nursing practice [14].

This result was in line with the results of the present study. Contrary to other teaching methods, this method helps the instructor know the deficiencies of the students, and the students know that they have enough time to learn the skills [29]. This method is applicable to measure competencies. In this study, acquiring competency was based on skills scale.

This teaching method can be used to determine students' learning needs [30]. According to this study, the instructor identified students' learning problems in each stage of intervention and retested them. In addition, students who initially fail to demonstrate the skill, have three more opportunities to take and pass the course.

Repeated assessments of students at given intervals improved the quality of education, and the students were active in the learning process [27].

Roberts et al indicated that this approach was time-consuming due to the organization of various tests and the high volume of nursing education contents [31]. The instructors in this study also considered this approach time-consuming. They believed that this approach was challenging with a large number of nursing students and the limitations of the clinical skills laboratory facilities.

Mohd Hasril concluded that mastery learning strategies were significantly associated with increased learning in vocational training compared with traditional mastery models. Trainees mentioned that those who received faster feedbacks were more successful. [32]. In this study, the trainees received their feedback immediately after each skill. The nursing students who received feedback could identify their deficiencies.

The students acquired high quality skills because of giving the feedback along the teaching process. According to experiences of instructors, some students have anxiety then they receive the feedback. Thus, scientific and psychological support to the students improves their clinical skills. Evaluating this model and examining its strengths and weaknesses provided a platform for different students to apply it in various educational settings.

Limitation

This study was done only in the nursing department of Kerman University of Medical Science, so that the generalizability of the study data was limited to some extent. Owing to the fact that the study method was time consuming, the effect of mastery learning method on practical course was studied. It is suggested that the effect of mastery learning method on both theoretical and practical courses be evaluated.

The results indicated that mastery learning model had more beneficial effects than the traditional method. Furthermore, our study showed that this model offered rich and deep learning opportunities for students. These results therefore can encourage nursing authorities to continue their training and development in the research methodology aspects.

In addition, this study would be fruitful for future researches to examine the effect of mastery learning on self-esteem, satisfaction, and competency of students.

Conclusion

The results of the study showed that the implementation of the mastery learning method was useful in training clinical skills. In addition, the quality of clinical learning improved in undergraduate nursing students, and it is a flexible and successful approach and enhances the students' learning.

Declarations

Ethics approval and consent to participate

The approval for this study was obtained from Ethics Committee of Kerman University of Medical Sciences (IR KMUREC930241). Written informed consent was obtained from each participant. This study was performed on the fourth-year nursing students during fall and spring 2018-2019.

Consent for publication

Not applicable.

Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request

Competing interests

The authors declare that they have no competing interests.

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Author contribution

This manuscript is the consequence of the collaboration of all the authors. Author MN designed the study, wrote the study proposal, conducted data collection, and analyzed the data. The author BB analyzed the data, and the Author RM wrote the final draft of the manuscript, prepared tables, and submitted the document to the journal.

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Tables

Table 1: Demographic characteristics of nursing students

p-value	Common learning group	Mastery learning intervention	Demographic characteristics
P>0.05*	$\mu \pm SD$ 23.38±1.78	$\mu \pm SD$ 23.88±2.06	age
P>0.05	16.01±2.03	16.4±1.55	Mean semester
	93.16±0.57	93.25±0.84	Passed unites
P>0.05	N=39 (73.07%) N=13 (26.93%)	N =38 (71.96%) N=15 (28.04 %)	Sex Female male
P>0.05	N=42(80.7%) N=10(19.3%)	N=43 (81.13%) N=10 (18.86%)	Native Non native

*qui square

Table 2: compare the Mean scales inter and between the two groups

Clinical skills		Simulation mastery learning group	Common learning group	Statistic <i>t</i> * and <i>p</i>
Suction (0-38)	Before	26.46±1.51	24.9±1.11	0.1 <i>t</i> =-2.24
	after	37.20±0.95	27.85±1.30	0.00 <i>t</i> =24.52
Statistic <i>t</i> ** and <i>p</i>		0.000* <i>t</i> =-46.13	0.00 <i>t</i> =-24.01	
Ngtube feeding (0-38)	Before	23.46±1.79	23.85±1.30	0.35 <i>t</i> =-4.5
	after	37.41± 0.49	28.075±1.5	0.02 <i>t</i> =23.05
Statistic <i>t</i> ** and <i>p</i>		0.00 <i>t</i> =-63.43	0.00 <i>t</i> =-14.56	
Pack cell Transfusion (0-26)	Before	17±1.33	17.79±1.26	0.24 <i>T</i> =-3.23
	after	25.52±1.05	20.79±0.71	0.03 <i>T</i> =20.09
Statistic <i>t</i> ** and <i>p</i>		0.000* <i>t</i> =-44.43	0.00* <i>t</i> =-14.77	
Changing fluid box (0-42)	Before	25.68±0.4	24.63±1.23	0.27 <i>T</i> =-3.2
	After	41.47±0.64	33.57±1.46	0.001 <i>T</i> =22.13
Statistic <i>t</i> ** and <i>p</i>		0.02* <i>t</i> =-24.2	0.00* <i>T</i> =-22.18	
Total score (0-142)	Before	101.6±3.69	88.17±6.11	0.13 <i>T</i> = -4.6

	After	141.6±3.13	109.36±4.71	0.00
				T=28.9
Statistic t^{**} and p		0.02*	0.00*	
		t=-26.2	T=-27.18	

*independent t test

**paired t test

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