

Exploratory Survey of Simulation Use in Middle East and North African Prelicensure Nursing Programs

## The Middle East and North Africa (MENA)





## **Team**



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## **Simulation**

A nursing education strategy that mimics a hospital and patient environment, allowing the student to practice nursing skills and interventions without fear of risk to the patient, student, or cultural expectations.





# My Experiences in MENA

#### **Jordan**

Demonstration as simulation

Complex equipment

Same/opposite gender care

### **Egypt**

Low resource simulation

Faculty training

Same/opposite gender care



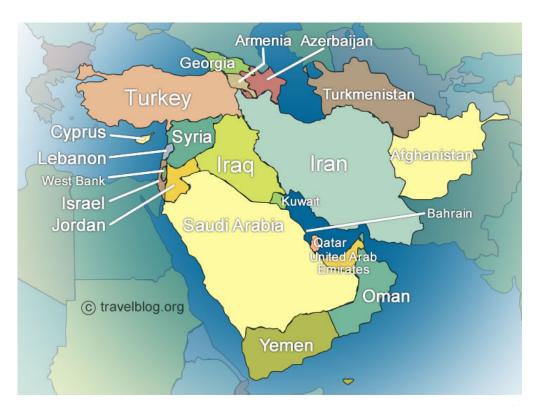
# Simulation: why in MENA

- Modernization
- Faculty shortages
- Accreditation expectations
- Lack of clinical space



# Simulation in MENA publications

- Saudi Arabia
- Oman
- Jordan



# **Survey Process**

- 2019- started the process of electronic data collection
- 2020- COVID-19 and recruitment of team members
- 2021-completion of data collection and analysis

# **Findings**

Country	Number of programs responded
Bahrain	1
Egypt	7
Iran	1
Israel	1
Jordan	9
Kingdom of Saudi Arabia	8
Lebanon	4
Oman	1
Palestine	6
Syria	1

### **Clinical hours**

Clinical clock hours ranged from a low of 160 hours to a high of 2,736, mean of 1,031.05 hours.

Medical/surgical nursing (M = 192.03), Advanced medical/surgical nursing (M = 159.24) capstone/role transition (M = 157.54)





### Clinical hours

#### Simulation as a substitution

100 % of respondents use simulation as a substitution.

Most common courses: Medication surgical, women's health and pediatrics.

Some programs used simulation in place of **all** clinical hours.

The vast majority allowed open learning space in the lab for skill practice.



# **Thoughts and Opinions**

#### Simulation prevalence

- 45% were satisfied with the amount of simulation
- 45% felt there should be more simulation
- ~6% too much excess simulation was being used.

#### **Clinical setting only**

- Therapeutic communication
- Patient Education
- Empathy, caring, and compassion
- Problem-solving and critical thinking.

### What is needed to increase simulation?

- Training to facilitate simulation, write scenarios, and conduct debriefings.
- Staff to run simulation controls and oversee students
- Time to write scenarios



# Regulation and Training



### Regulation

36% updated in the last two years

NCSBN simulation study and guidelines

### **Training**

Running simulation scenarios (66.7%)

Conducting debriefing (45.5%),

Programming manikins (33.3%)

No training 21%



## **Discussion**

Nursing simulation is being used in the MENA region

- Limited clinical space, faculty availability, training in complex care situations, and opposite-gender care.
- Used for all clinical courses and as a substitute in 50-100% of responding programs.
- Simulation challenges- space, cost and trained faculty.
- Similar challenges in the U.S.-limited clinical space and time, faculty availability, complex care, cost..



## Limitations to data collection

## Low response rate

- Civil unrest
- Anxiety about sharing results & anonymity
- Lack of time and incentive
- COVID-19 separation from campus
- Lack of personal relationship



## Conclusion

### In the MENA region

- Nursing simulation is actively used as a teaching strategy and is welcomed and valued.
- Need for support, training, and regulation.

Next steps: future research and collaboration



# Thank you

