Healthcare Delivery in the 21st Century is undergoing significant change. With the new transparency in the connected age, healthcare has become market-driven. One prominent issue for nursing education is the dearth of inpatient clinical sites to prepare students for nursing practice. This makes it more difficult for students to develop the needed psychomotor and communication skills expected of them upon graduation. The new focus on improving the patient experience and liability concerns over procedural errors, such as urinary catheterization, are often cited as reasons for limiting students in acute care areas (Rodriguez, 2013).

High fidelity simulation education, has amassed a great following and validated its efficacy with multisite, longitudinal research (Hayden, Jeffries, Kardong-Edgren, 2012). The incorporation of humans in simulation offers the ability to mimic or parallel actual bedside care. Simulationists are no longer relegated to using plastic manikins for simulations involving the need for urinary catheter placement.

1. Participants explained the procedure to the patient. 2 X more often with live “patient” wearing Avcath
2. Participants interacted with patient during procedure.* 2 X more often with live “patient” wearing Avcath
3. Participants offered reassurance to patient during procedure. ** 4 X More often with live “patient” wearing Avcath

*interactions were only recorded when the clinical trainee initiated the interaction.
** The “patients” ability to react non-verbally encourages the clinical trainee recognize behaviors and comfort them.

Clinical Trials Completed at the University of Delaware

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References

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