

Scalable Bedside Coaching for Workforce Readiness and Well-Being

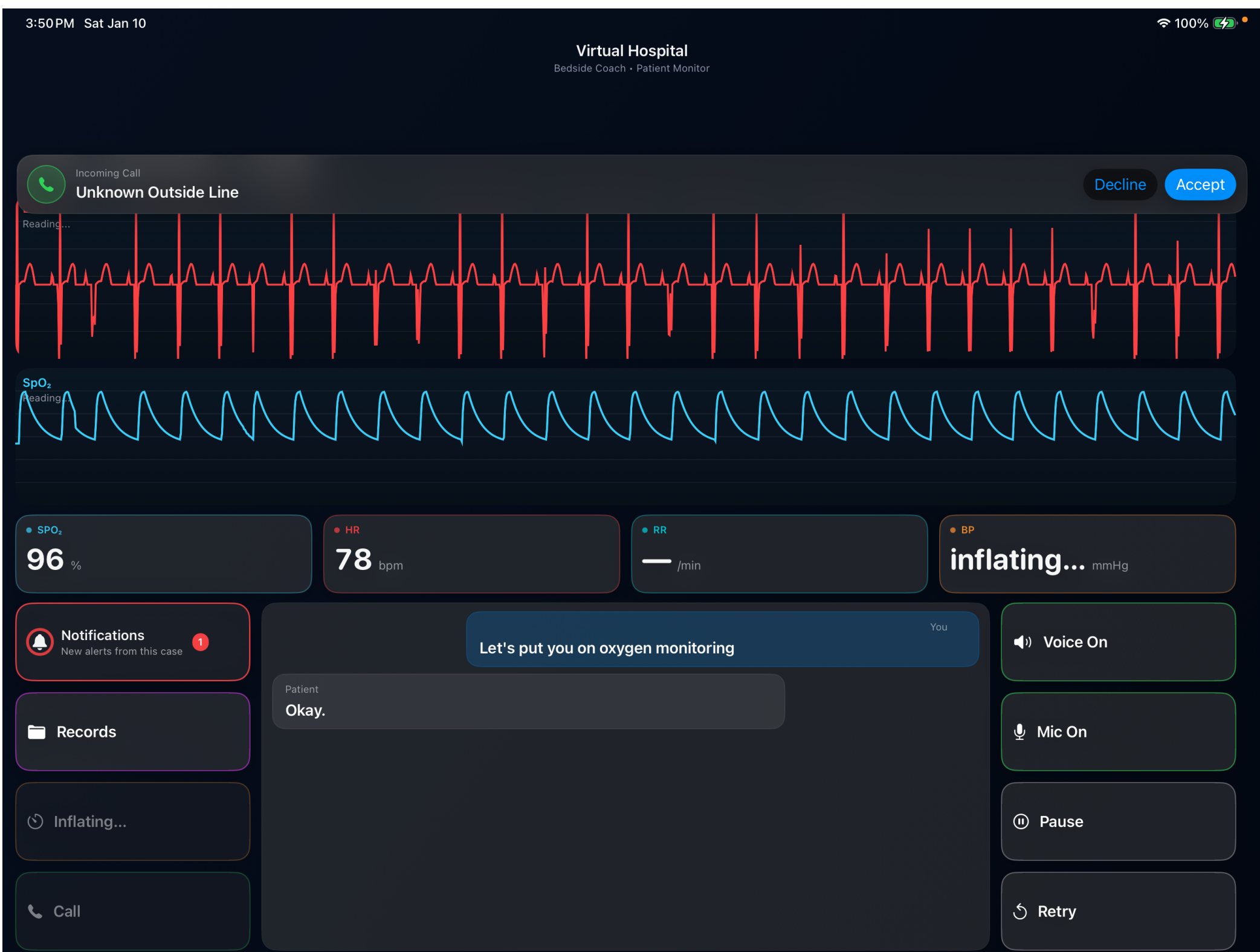
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Why this approach

Nursing education needs more opportunities for bedside decision practice. Lab capacity and faculty availability can limit repetition.

Coaching model

- 01 Practice a clinical case
- Use voice interaction to assess, prioritize, and respond to changing cues.
- 02 Review structured feedback
- Review logged actions, coaching aligned to clinical judgment, and guided reflection.
- 03 Repeat targeted practice
- Revisit specific decisions and discuss learning needs with an educator.



Example simulated interface. Educators review cases and AI feedback.

Perceived preparation for stroke care

60 pre-licensure RN students
Stroke-care crossover evaluation

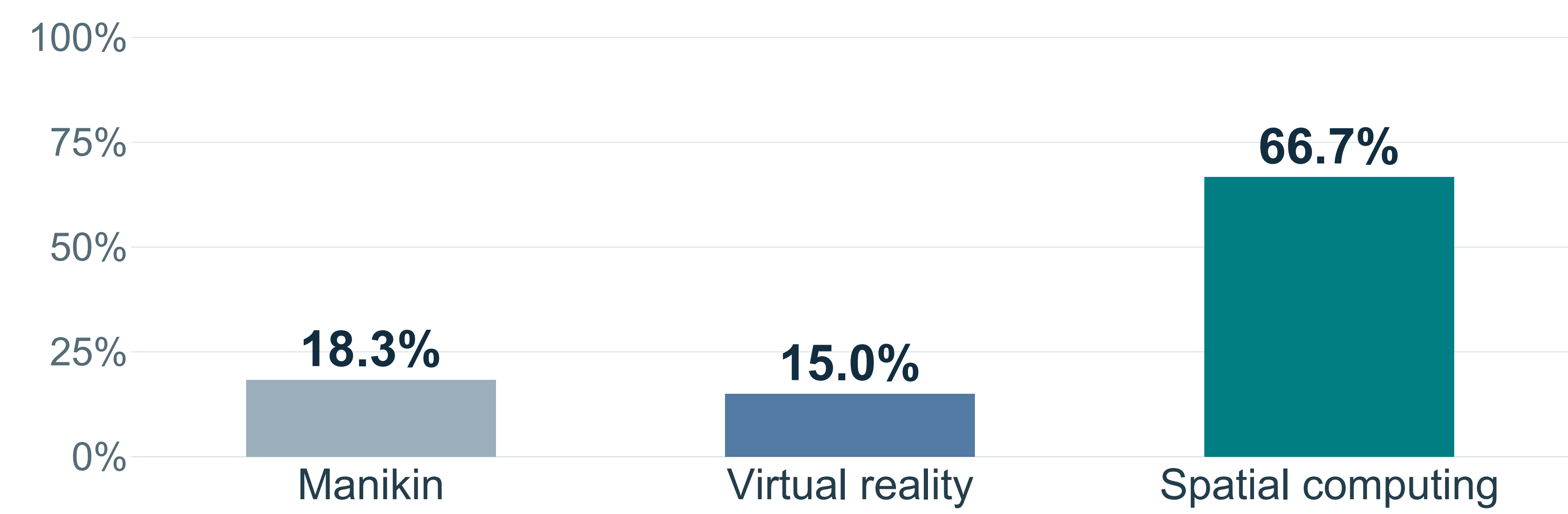
66.7%

40 of 60 learners

Selected spatial simulation as best preparing RN students to manage a real stroke patient.

Preferred preparation for real stroke care

Percent selecting each modality, n=60



Results reflect perceived preparation. Objective clinical transfer and workforce competence require direct assessment.

75% (45/60) ranked spatial simulation first for feedback quality.

Supporting learner-reported outcomes

Mean rating	Manikin	VR	Spatial
SET-M overall ¹ (1–3)	2.46	2.53	2.63
Self-rated success ² (0–100)	65.3	72.0	81.4
Frustration ³ (0–100)	43.0	35.5	30.6

¹ Perceived effectiveness, higher scores. ² Higher scores. ³ Lower scores.

Evaluation approach

Each learner experienced manikin, virtual reality, and spatial simulation. Three balanced sequences included 20 learners each, with at least 2 weeks between periods.

Surveys captured perceived effectiveness, presence, performance, frustration, and preference. Debriefing differed by modality.

Leadership relevance

Readiness

Practice can target changing cues, prioritization, and escalation. Next studies should assess critical actions and transfer to practice.

Well-being

Low-stakes practice is a design goal. Frustration alone cannot establish improved well-being or reduced burnout.

Scaling

Mobile and tablet access can extend practice beyond the lab. This evaluation studied the spatial configuration.

Limits of current evidence

Student self-report. Different debriefing approaches. Three of six possible sequences. Novelty and headset access/comfort. Source records require final reconciliation.

IMPLICATIONS FOR NURSE LEADERS

Learners preferred spatial simulation for preparation to manage stroke care.

Next evaluation: objective readiness, clinical transfer, validated well-being measures, and educator workload.