

# Really?!? Now *That* Is Simulation

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The notion that “simulation” is only a specialized lab experience distorts its true identity as a learning concept. So, nursing uses simulation to change perceptions and manipulate environments to stimulate new ways of thinking. “Learning by observing and imitating experts in the culture is a powerful social learning mechanism” (Meltzoff, Kuhl, Movellan, and Sejnowski, 2009, p 3).



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From the first day in nursing school, students are expected to order and begin to wear scrubs. They have not earned the right through education and practice to be identified as a nurse. However, the wearing of a uniform begins to model, or simulate, a pattern of dress that is recognizable as a part of the culture of the nursing profession.

Simulation is a constant of pre-licensure learning instruction. Each program and every instructor

has access to different resources and methods to help make the didactic world come alive. The use of education-based electronic health records, task trainers (e.g. audio recordings, manikins and IV arms), and environments manipulated to replicate “real world” settings—such as a patient care area, nurse’s station, or medication room, all use simulation to create neuronal connections for the integration of cognitive and psychomotor learning.

Simulation does not stop at graduation. It continues to be a useful device for teachers, learners, and designers in practice areas. Preceptors and specialty instructors use simulation tools to measure clinical judgment and skill performance. Orientees and staff are aided in gaining proficiency through simulation by the use of learning-health record systems and annual Objective Structured Clinical Examination (OCSE) stations. Nurse educators look for objects/situations that will be exemplars for simulating real-world events.


There are many frames of reference to understanding and determining the usefulness of simulation. Evidence-based concepts, Quality and Safety Education for Nurses (QSEN) competencies, and Institute of Medicine (IOM) recommendations are resources for developing encounters with simulation activities. Modeling and outlining clear

expectations for performance while allowing self-exploration in safe environments aids in developing nursing clinical judgment by providing context for deliberate, conscious decisions (Benner, Tanner, & Chesla, 2009).


Reframing the context and perception of simulation is useful in demystifying preconceived notions. Identifying ways simulation can improve safe clinical practice and the nursing culture are vital to professional growth. Using simulation as an adjective, i.e. *simulated clinical event* or *simulated skills training*, aids with contextualizing the learning. As a result, “real” simulation holds true to the precepts of nursing, builds connections between knowledge and skill, and provides unmistakable meaning to learning activities.

References


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