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Promoting Caring by Increasing Realism in the Simulated Environment

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Abstract

High-fidelity human patient simulators provide students learning opportunities for performing skills, attaining knowledge, critical thinking, and building self-confidence. Absent from this list is the essential component of learning caring in nursing. Simulation-based learning can present a challenge to students learning caring behaviors. The purpose of this paper is to address strategies helpful in creating realistic high-fidelity simulation-based learning experiences promoting learning caring during simulation. Simulation specialists who create a realistic clinical scenario and add the human component to the simulated experience were found to make the simulated environment more realistic and consequently more conducive to learning caring behaviors.

Introduction

Simulation-based learning experiences using high-fidelity human patient simulators (HFHPSs) have increased rapidly as a strategy for teaching clinical concepts in lieu of traditional clinical environments [1,2]. Evidence suggests patient simulation is both a productive setting for student learning and accepted by faculty as an effective teaching strategy [3,4].However, few research studies specifically focus on the teaching and learning of caring during high-fidelity simulation-based learning experiences (HFSLEs). Even fewer identified realism as a factor in promoting caring in the simulated environment.

Simulation-based learning experiences afford student learning in all domains: cognitive, psychomotor, and affective [2]. Teaching and learning human caring and empathy in simulated settings, as well as in traditional environments, are integral parts of the affective domain in nursing education. Affective learning is more significant when forming a nurse-patient relationship with the high-fidelity human patient simulator [2,5]. Simulation experts have differing opinions regarding the best way to promote engagement of participants during the simulation-based learning experience.

With the increasing number of clinical hours spent in high-fidelity simulation-based education, it is vital that simulation educators (facilitators) intentionally create caring objectives for each simulated activity so this essential component of nursing is not overlooked [2]. In addition to encouraging students to demonstrate caring toward the simulated patient, simulation facilitators exhibit caring when interacting with the simulator and with the students [2]. Facilitators provide supplemental simulated activities where the focus is on the learners' needs instead of the patients' needs, giving the students more opportunities to problem solve, reflect, and learn to be caring nurses [6].

Many nursing faculty have become certified as healthcare simulation educators to develop proficiency in providing high-fidelity simulation-based learning experiences [3,7]. The roles of facilitators are described in these standards, and the focus is on making the clinical scenario as realistic as possible while emphasizing treating students and the HFHPS with caring [2,8,9].

Promoting and maintaining fidelity (realism); modeling professional integrity (caring); and assessing and evaluating students' acquisition of knowledge, skills, attitudes (caring), and behaviors are all roles of the facilitator [10]. Moreover, as the voice of the simulator, the facilitator calls out for caring to promote this affective behavior [2].

Facilitating a simulated clinical scenario requires intensive preparation for the scenario and the environment to be realistic. Coaching the students during the scenario and evaluating them during debriefing are additional responsibilities of the facilitator [10]. Becoming a certified healthcare simulation educator increases the facilitator's knowledge, skills, and credibility and represents a caring commitment to teaching in simulation [7].

Simulation-based learning usually occurs in two broad categories. These classifications include technology enhanced HFHPSs and simulations employing actual people, commonly referred to as standardized patients (SPs) or confederates [11,12]. Simulation facilitators using HFHPSs often supplement the clinical scenario with SPs to provide increased realism and enhance communication during the simulated activity. Combining technology with humans in roles varying from the patient receiving care, significant others, or healthcare team members increases the realism of the clinical scenario and assists students in relating theory to clinical practice [12-14]. Using graduate students or part-time clinical instructors may increase the realism of the scenario as well as help the students acquire communication skills with a real person as opposed to a mannequin [13].

Pascucci et al. [15] advocated the importance of using only trained actors as SPs because they add realism, proficiency, and seriousness to the simulation-based experiences. Multiple steps are followed when employing paid actors to serve as SPs: recruiting qualified individuals who pass a background check, auditioning those individuals, casting by the program staff, and creating scenarios from actual clinical events to enhance relevancy and realism. Pascucci et al. [15] stressed the importance of learners feeling their interactions with SPs are genuine, sincere, believable, and realistic during the scenario as well as during.

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Implications for Nursing Education

Realism in learning caring behaviors during SLEs is important. The value of a realistic environment created by caring facilitators and the presence of a real patient for learning in all domains while in the simulation-based setting was apparent in the literature [13-15].

To address the importance surrounding learning caring during HFSLEs, Dunnington and Farmer [2] suggested caring dimensions be included in simulation scenario objectives and proposed the scenario be designed and implemented with patients' needs voiced by the high-fidelity simulator calling out for caring moments. Finally, Dunnington and Farmer [2] recommended students be encouraged during debriefing sessions to reflect upon and discuss both specific caring opportunities met during the simulation and caring moments which were unnoticed and not met [2].

Researchers agree caring facilitators create an authentic healthcare environment contributing to learn caring in simulation. Using skilled facilitators and adding a human presence to SLEs lead to nursing students learning caring behaviors in this nontraditional clinical environment.

Competing Interests

The authors declare that they have no competing interests.

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