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PERSPECTIVE

Crossing the divide: lessons to take on facilitating simulation from student to educator

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ABSTRACT

Simulation is a powerful tool in medical education. Educators must take great care to facilitate simulation sessions in a way that promotes student learning. This article presents a reflection from a pedagogical perspective of the author's experience with simulation as a student and potential lessons to be learnt as an educator.

Can you please review Mr John Smith? He is tachycardic and hypotensive. Thoughts race through my mind as I'm taken into a room with three fellow medical students. The patient is clearly deteriorating. Who should do what? Where to start first? The stress is real but the patient is not. I can vividly remember my first experience in a simulation teaching session. After months of COVID disruptions, it felt like being thrown into the deep end. Eventually, we muddled our way through the advanced life support (ALS) scenario, assigning team roles and running through our checklists. Miraculously, Mr Smith survived.

As I reflect on my transition from student to doctor, I cannot help but be thankful for the opportunity I had in simulation sessions. I can still recall the first code I had to call as a junior doctor. Mere days into my first medical term, I relied on the principles I learned in simulation sessions as a student to stabilize the patient as the code team arrived. Simulation sessions are a valuable tool in practising skills that would otherwise be difficult to acquire as a student. They increase confidence and offer a safe and controlled environment to learn [1–3]. As such I readily accepted a recent opportunity to facilitate an ALS simulation session.

After this simulation session, I was struck by the complexity of running such sessions. I was also filled with a desire to make these sessions as valuable for others as it was for me. Reflecting on my own experiences as a student, the key strengths that educators running these sessions incorporated into their teaching were:

1. A strong focus on debriefing and feedback between sessions
2. Closely integrating simulation into the curriculum
3. Adaptability in scenarios

After each simulation session, we had a structured time to debrief with our educators. It was a valuable experience to take a step back and critically analyse our performance. Additionally, educators were able to help guide discussions, reinforcing aspects that had worked well and providing strategies to improve.

Debriefing and feedback are critical to simulation-based sessions and have even been described as the most valuable part of healthcare simulation [4]. Debriefing is such a powerful tool as it allows students to reflect on their own thoughts, behaviours and actions, forming the bedrock for learning [5,6]. Ensuring that debriefing is done well is key to running successful simulation sessions [7].

Another aspect I found important to simulation sessions as a student was having adequate preparation prior to our simulation sessions. We would often be provided with a short primer before the simulation session, going over key theoretical knowledge as well as orienting us to how the simulation session would work. This was helpful especially in the initial stages to scaffold how to interact with the new environment presented to us and get the most out of the session. Additionally, the sessions would be integrated into the curriculum in such a way that ensured we would have the required pre-requisite knowledge to engage with the simulation session. Ensuring simulation sessions are used in a way that integrates them into the curriculum as part of a suite of teaching modalities is key to successful simulation sessions [8]. Briefing students prior to simulation sessions has also been shown to increase confidence, student involvement and is important to creating a conducive learning environment [9,10].

Having scenarios and facilitators that were adaptable was another aspect that made simulation sessions valuable as a student. Having scenarios that felt fluid and were able to change with our decisions gave a higher sense of credibility to the simulation. Additionally, it allowed for a sense of flexibility in having more difficult simulation sessions as skills grew. For example, prompts provided by facilitators to help the scenario flow and prioritize learning over rigidly following scripts were invaluable early on and equally adding complications to push us when we seemed confident with a scenario was important at later stages. Being able to individualise simulation sessions to specific groups and individuals is recognised as beneficial to learning although logistically difficult [8]. Modifying the difficulty of simulation sessions is also valuable, as it allows the difficulty to be matched with students' skills to build proficiency [3,8].

Simulation has been a pivotal part of my medical education. Reflecting on my experiences with simulation, key strengths in simulation programs I have been part of are a strong focus on debriefing, adequate orientation beforehand, and adaptability in scenarios. As I now have the opportunity to be on the other side and teach through simulation, these are key strengths I will remember to incorporate.

References

1. Weller JM, Nestel D, Marshall SD, Brooks PM, Conn JJ. Simulation in clinical teaching and learning. Medical Journal of Australia. 2012;196(9):594.
2. Al-Elq AH. Simulation-based medical teaching and learning. Journal of Family & Community Medicine. 2010;17(1):35–40.
3. Lateef F. Simulation-based learning: just like the real thing. Journal of Emergencies, Trauma, and Shock. 2010;3(4):348–352.
4. Sawyer T, Eppich W, Brett-Fleegler M, Grant V, Cheng A. More than one way to debrief: a critical review of healthcare simulation debriefing methods. Simulation in Healthcare. 2016;11(3):209–217.
5. Decker S, Alinier G, Crawford SB, Gordon RM, Jenkins D, Wilson C. Healthcare Simulation Standards of Best Practice™ the debriefing process. Clinical Simulation in Nursing. 2021;58:27–32.
6. Kim Y-J, Yoo J-H. The utilization of debriefing for simulation in healthcare: a literature review. Nurse Education in Practice. 2020;43:102698.
7. Eppich W, Cheng A. Promoting excellence and reflective learning in simulation [PEARLS]: development and rationale for a blended approach to health care simulation debriefing. Simulation in Healthcare. 2015;10(2):106–115.
8. Motola I, Devine LA, Chung HS, Sullivan JE, Issenberg SB. Simulation in healthcare education: a best evidence practical guide. AMEE Guide No. 82. Medical Teacher. 2013;35(10):e1511–e30.
9. Rutherford-Hemming T, Lioce L, Breymier T. Guidelines and essential elements for prebriefing. Simulation in Healthcare. 2019;14(6):409–414.
10. McDermott DS, Ludlow J, Horsley E, Meakim C. Healthcare Simulation Standards of Best Practice™ prebriefing: preparation and briefing. Clinical Simulation in Nursing. 2021;58:9–13.