

Symposium

Introduction

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Simulation in the Acute Care Setting

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Simulation has been used for decades in industries such as aviation and has been increasingly used in health care academic education to improve skill acquisition and critical thinking. The number of reports about the use and outcomes of simulation in nursing education that have been published has exploded, but how does that translate to use of simulation in ongoing education and maintenance of competencies for practicing nurses in acute care settings? Although use of simulation has started to infiltrate the inpatient setting for situations such as learning new technology, improving communication and collaboration, and maintaining competency, health care personnel and educators have unique challenges and opportunities in translating simulation from the academic to the practice setting. This series of 6 articles was guest edited by Fara Bowler and provides foundational information for optimizing use of high-fidelity simulation in acute care settings.

Aebersold provides the historical background of simulation development as it has evolved during the past several decades in aviation and the military. Her article makes the link between simulation and patient safety and describes how the changes in simulation technology and methods in these industries have influenced nursing simulation in education and the practice setting.

Bambini describes the learning situations that are best suited to use of high-fidelity simulation. She provides details on how to write realistic case scenarios that optimize the simulation experience for learners to advance their skills.

Once you have a well-written scenario, an organized, thoughtfully planned approach is required to conduct the simulation. Willhaus describes key factors in preparing for and conducting a well-organized simulation, setting the stage for a simulation that offers the best potential for participants to achieve the desired learning objectives.

Palaganas, Fey, and Simon make a case in their article on simulation debriefing that the group dialogue occurring after the simulation event can be viewed as the heart of learning in the entire experience. They provide a structured debriefing framework that can be used by simulation facilitators to guide a reflective discussion, optimizing deep learning.

Gore and Thomson provide an overview of the use of simulation in undergraduate and graduate nursing education and how this experiential learning for students can result in better-prepared nurses who are more reflective practitioners. It is important for preceptors and educators in acute and critical

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care settings to understand how nursing students are being educated in order to be able to fully assist those students' transitions into practice.

Finally, Lassche and Wilson acknowledge that simulation is a useful and effective method for increasing knowledge and skills in both the academic and practice settings but contend that it is too expensive a technology for its use to be limited to education and competency maintenance. They propose that simulation can have a bigger impact for patients if used in expanded ways such as in evaluation and quality improvement efforts focused on environmental factors, human

factors engineering, and systems improvements for patient safety and outcomes.

The goal of this symposium series is to bring an overview of simulation and a delineation of its key components together in one place for critical care nurses and educators who are committed to the evolution of education and patient safety in the practice setting. I hope that these articles are enlightening, defining and explicating simulation in the practice and academic settings, providing guidance on how to optimize the entire simulation experience, and offering ideas for use of simulation beyond nursing skill acquisition and assessment and maintenance of competencies.