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Role Modeling in Simulation

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Over the last few years the use of simulation in the clinical laboratory setting in nursing school has become a standard teaching strategy. Simulation provides a way to learn from mistakes without having devastating human consequences. Simulation in nursing education provides a controlled, safe environment in which problem-based learning scenarios can be utilized to teach technical skills as well as metacognitive skills. Some scenarios utilize low fidelity manikins, which are simply human body forms and have been used for years to teach physical assessment and psychomotor skills. In more recent years High Fidelity Simulation (HFS) have been integrated to teach cognitive skills along with technical skills to provide a more realistic clinical experience. HFS provides a tetherless, wireless manikin that emulates many physiological functions such as the ability to feel pulses, fully articulated movement in the wrists, elbows, knees, and ankles, pupils that react to light, chest rise and fall and comes with a variety of pre-programmed scenarios. In addition, the instructor has the ability to program his or her own scenarios.

Role modeling occurs when someone demonstrates a skill or behavior that is then imitated by an observer. Role modeling is both an effective teaching and learning strategy to demonstrate skills, and explain rationales and behaviors. Role modeling can also promote patient safety by providing a visual demonstration of what could cause harm. Furthermore, role modeling provides inductive learning because once the role modeled scenario has been presented, the student then has the opportunity to use critical thinking skills to decide if the behaviors presented are appropriate or not and then reflect on what can be learned from the scenario. The reflective learning opportunity allows students a time to analyze and discuss concepts learned. This usually occurs during the debriefing. Debriefing is typically always held at the conclusion of a simulation.

This presentation will demonstrate the use of role modeling in simulation used in the classroom setting. In this simulation, the faculty used role modeling to demonstrate effective communication and assessment skills in the initial assessment of a patient admitted to a medical-surgical unit. The simulation was recorded with faculty demonstrating both effective and ineffective communication in two separate recordings. The ineffective recording was shown to the students first, followed by a time of classroom reflection and discussion. Next, the effective communication simulation was shown to students, also followed by a time of reflection and discussion as well as debriefing. The students displayed more interaction in class through the reflective discussion after viewing the simulation scenarios. HPS has been touted as a solution to improving nursing education, standardizing clinical experiences, and providing clinical time when clinical spaces are limited. Since HPS is utilized in nursing curriculums across the country, nurse educators should continue to examine ways to incorporate innovative teaching and learning strategies to further promote student engagement.

Title:

Role Modeling in Simulation

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References:

Aebersold, M., & Tschannen, D. (2013). Simulation in nursing practice: The impact on patient care. *Online Journal of Issues in Nursing*, 18(2), 6.

Aronson, B., Glynn, B., & Squires, T. (2013). Effectiveness of role-modeling intervention on student nurse simulation competency. *Clinical Simulation in Nursing*, 9(4), e121-e126.

Dunnington, R. M. (2014). The nature of reality represented in high fidelity human patient simulation: Philosophical perspectives and implications for nursing education. *Nursing Philosophy*, 15: 14–22.
doi:10.1111/nup.12034

Gavriel, J. (2015). Tips on inductive learning and building resilience. *Education for Primary Care*, 26(5), 332-334.

Johnson, E.A., Lasater, K., Hodson-Carlton, K., Siktberg, L., Sideras, S., & Dillard, N. (2012). Geriatrics in simulation: Role modeling and clinical judgment effect. *Nursing Education Perspectives*, 33(3), 176-180.

Myung-Nam, L., Kyung-Dong, N., & Hyeon-Young, K. (2017). Effects of simulation with problem-based learning program on metacognition, team efficacy, and learning attitude in nursing students. *CIN: Computers, Informatics, Nursing*, 35(3), 145-151.

Wayne, D., & Lotz, K. (2013). The simulated clinical environment as a platform for refining critical thinking in nursing students: A pilot program. *Nursing Education Research*, 34(3), 163-166.

Abstract Summary:

Simulation provides a safe, controlled environment for learning. Instructor role modeling during simulation provides an opportunity for both inductive and reflective learning by the student. Role modeling can also promote patient safety by providing a visual demonstration of what could cause harm.

Content Outline:

1. Introduction
2. Body
 1. Background Information
 1. Use of Simulation
 2. High Fidelity Simulators
 3. Simulation in Classroom
 2. Role Modeling in Simulation
 1. Planning the Simulation
 2. Implementing the Simulation
 3. Learning Strategies
 1. Inductive Learning
 2. Reflective Learning
3. Conclusion

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