Featured Article

Enhancing Students' Learning Through Simulation: Dealing With Diverse, Large Cohorts

Michelle A. Kelly, PhD, RN[a],*, Nick Hopwood, PhD[b], Donna Rooney, PhD[b], David Boud, PhD[b,c,d]

[a]*Associate Professor, Director—Community of Practice, School of Nursing, Midwifery and Paramedicine, Curtin University, Perth 6102, Australia*
[b]*Faculty of Arts and Social Sciences, University of Technology Sydney, Sydney, New South Wales 2007, Australia*
[c]*Centre for Research in Assessment and Digital Learning, Deakin University, Burwood, Victoria 3125, Australia*
[d]*Institute for Work-Based Learning, Middlesex University, London NW4 4BT, UK*

Abstract: As the field of health care simulation matures, new questions about appropriate pedagogy are emerging which present challenges to research and practices. This has implications for how we investigate and deliver effective simulations, how we conceive effectiveness, and how we make decisions about investment in simulation infrastructure. In this article, we explore two linked challenges that speak to these wider concerns: student diversity and large cohorts. We frame these within contemporary simulation practices and offer recommendations for research and practice that will account for students' varying cultural expectations about learning and clinical practice in the Australian context.

The use of simulation in health care education has undergone rapid growth over the last two decades, driven by advances in simulator technology (Rosen, 2008), emphasis on patient safety and, in some instances, difficulties in accessing adequate or appropriate clinical placements for students (Foronda, Liu, & Bauman, 2013). Early practices and research in this field focused on skill acquisition and refinement (e.g., surgical or procedural skills, teamwork, and communication; Kneebone, Nestel, Vincent, & Darzi, 2007; Sedlack, Baron, Downing, & Schwartz, 2007). Emergency resuscitation or operating room crisis situations have been a key focus, reflecting priorities in medical education (Miller, Crandall, Washington, & McLaughlin, 2012). Effective simulation pedagogy in nursing requires a broad range of clinical contexts and scenarios, to develop holistic elements of practice and professional behaviors distinctive to nursing and expected by others in health care settings. The overall aim of providing simulated learning experiences is largely understood to rehearse and enhance clinical

* Corresponding author: Michelle.Kelly@curtin.edu.au (M. A. Kelly).

practice and—in subsequent practice—to reduce clinical errors and improve patient outcomes (Fransen, Banga, van de Ven, Mol, & Oei, 2015).

Early frameworks and guidelines for developing and delivering health care simulations have provided clear direction for practice and evaluation (Gaba, 2004; Jeffries, 2007). However, as the field matures, new questions about the pedagogy of simulation emerge. These present challenges to research and to nurse education practices. Fidelity in simulation is now described in terms of the environment, scene, and emotional impact rather than just the simulator or equipment (Tun, Alinier, Tang, & Kneebone, 2015). This has implications for how we investigate and deliver effective simulation pedagogy, how we conceive effectiveness, and how we make decisions about investment in simulation infrastructure. Norman (2014) suggests a need to explore new educational concepts and to address the issue of cost effectiveness.

In this article, we explore two linked challenges that speak to these wider concerns: student diversity and large cohorts. We frame these within contemporary simulation practice and research, and develop an agenda that will help simulation in health care "come of age" (Norman, 2014). Simulation now serves diverse purposes, and existing guidelines and protocols do not necessarily meet nurse educators' needs. We make reference to undergraduate nursing education in an Australian context as a means to illustrate how broader challenges take hold and to provide concrete examples of how responses to them are emerging.

> **Key points**
> - Learning frameworks are an essential element of planning and delivering health care simulations.
> - Specific strategies can be developed to provide "intimate" simulation experiences for large and diverse student cohorts.
> - Attuning observers to become "active" in the simulation and debrief helps with engagement in learning about practice.

Diversity of Learners

As nurse education becomes increasingly internationalized and responds to changes in professional qualifications frameworks, educators must confront both the problem and potential of diverse learners. Nursing education increasingly seeks to address culturally diverse students, both as a result of globalized higher education, but also as part of a "pipeline" that produces a diverse nursing workforce for a culturally diverse population. This is manifest in Australia, with an emphasis on particular regions as sources of international students (Southeast

Asia particularly China, Vietnam, Taiwan, Philippines; Jeong et al., 2011; San Miguel & Rogan, 2009). Across different cohorts, students may have differing levels of prior clinical experience. This is compounded by diversity in terms of students' country of origin, their language, education histories, and practice cultures. Additional challenges emerge relating to students' expectations of their role, that of tutors, and the nature and purpose of peer interaction, questioning, and answering.

Reflecting these broader trends, the University of Technology Sydney offers its Bachelor of Nursing (BN) degree to recent school leavers or mature aged students, enrolled nurses (who have had 1 year of technical college training including clinical experiences), and graduate entry students who already possess a Bachelor degree. The latter two groups undertake a 2-year accelerated program of study. International students may be enrolled in either the 3-year or 2-year program depending on their prior experiences and qualifications. For example, registered nurses from neighboring Asian countries who seek to upgrade their qualifications are most often enrolled in the 2-year accelerated program. This often accounts for up to one third of new enrollments.

At a university level, the *International Unit* provides wide-ranging support for students from course inquiry through to commencement, whereas at a Faculty level, the *Director of International Activities* offers specific local support to this group of students in managing and assisting students to progress through their program of study.

The complexity and diversity of all these student cohorts presents challenges of offering appropriately structured learning activities that take account of and build on their prior work and life experiences. Because simulation acts as a bridge between the classroom and the world of practice, it must account not only for students' varying expectations but also for their educational experiences and clinical practice. Asian students generally prefer transmission of knowledge through reading textbooks and attending lectures, are reticent to ask questions of or challenge the teacher (San Miguel & Rogan, 2009), and search for the right answer rather than an appropriate response (Jeong et al., 2011). Hence, participating in contemporary educational strategies such as group work and simulations challenges their traditional norms and expectations. Furthermore, many international students prefer to observe rather than participate (Jeong et al., 2011) which poses additional challenges when facilitating simulations (Kelly, 2014).

Overall, the diversity of learners in our programs presents multifaceted challenges. They, and their particular needs, must be accounted for within curriculum design and specific learning activities, including simulation. A particular curricula strategy to support international students is the *Clinically Speaking* program (Rogan, San Miguel, Brown, & Kilstoff, 2006; San Miguel & Rogan, 2009). Students who are deemed to require development of their

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