When integrating simulations into nursing courses and curricula what do you think are the two most significant barriers? Provide rationale and evidence in your response.

I see cost as a significant barrier. Cost is a huge factor in health care in general for many reasons. The cost of providing access to health care, the cost of health care supplies, the cost of prescription drugs, and the ever-escalating costs of labor and education. O'Dowd et al. (2024) found that "high-fidelity simulation methods are associated with significant financial, technological and human resource investments" (p. 2). While it is true that nursing schools are investing in this technology, I think smaller nursing programs will have a harder time incorporating high-fidelity simulation due to high costs.

I also see educating the educators who provide simulation-based teaching as a barrier. Increased demand for simulation due to a decline in adequate clinical opportunities for students requires increased numbers of nursing educators who are properly trained in simulation techniques. Poore et al. (2022) reported that "Training simulation facilitators is often difficult due to financial and time constraints. Multi-day simulation training courses can be costly and have limited offerings. Staff turnover compounds the complexity as many institutions work to determine the return on investment" (p. 170).

As a future nurse educator, what do you think is the optimal balance (percentage) of simulated versus actual clinical practice in nursing education? How did you arrive at this percentage? Provide rationale and evidence in your response.

Having spent the day learning about and participating in simulation-based education, I am impressed by the process and the opportunities to increase the quality of nursing education through simulation. My answer to the question of what an optimal percentage of simulated versus actual clinical practice is at least 50% and perhaps even more in the first years of nursing education. Far too often, I have seen nursing students in clinical situations neglected by their

preceptors who simply aren't interested in teaching or relegated to only very simple tasks which seem like a waste of precious clinical time. Compared to these situations, along with the increasing difficulty obtaining adequate clinical opportunities, simulation can make better use of students' time. "The use of simulation provides many aspects of training which real patients cannot. These include repetition, specific diseases and scenarios, and more importantly allowing students to make mistakes in a controlled environment without fear of patient harm" (Roberts et al., 2019, discussion section).

References

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