Moving Beyond Silos to the Next Frontier: Simulation in Interprofessional Education

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National Simulation Study for Nursing

• Issues related to providing high-quality clinical experiences
• Patient safety issues
• Control: Students who had traditional clinical experiences (no more than 10% of clinical hours could be spent in simulation)
• 25% group: Students who had 25% of their traditional clinical hours replaced by simulation
• 50% group: Students who had 50% of their traditional clinical hours replaced by simulation
• At the end of the nursing program, there were no statistically significant differences in clinical competency as assessed by clinical preceptors and instructors ($p = 0.688$); there were no statistically significant differences in comprehensive nursing knowledge assessments ($p = 0.478$); and there were no statistically significant differences in NCLEX® pass rates ($p = 0.737$) among the three study groups
• There were no differences in manager ratings of overall clinical competency and readiness for practice at any of the follow-up survey time points: 6 weeks ($p = 0.706$), 3 months ($p = 0.511$), and 6 months ($p = 0.527$) of practice as a new registered nurse.
Conclusions: While research in the field of medical simulation needs improvement in terms of rigor and quality, high-fidelity medical simulations are educationally effective and simulation-based education complements medical education in patient care settings.
Simulation-Based Medical Education with Deliberate Practice

- **Simulation-Based Medical Education** engages learners in lifelike experiences with varying fidelity designed to mimic real clinical encounters. **Deliberative Practice** embodies strong and consistent educational interventions grounded in information processing and behavioral theories of skill acquisition and maintenance.

- **Conclusions:** Although the number of reports analyzed in this meta-analysis is small, these results show that SBME with DP is superior to traditional clinical medical education in achieving specific clinical skill acquisition goals. SBME is a complex educational intervention that should be introduced thoughtfully and evaluated rigorously at training sites. Further research on incorporating SBME with DP into medical education is needed to amplify its power, utility, and cost-effectiveness.

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Safety of Simulation

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Reaching out of our silos to create simulated inter-professional learning experiences
Next level of simulation
Increased thinking outside the box

“Thinking outside of the box is difficult for some people. Keep trying.”
Pushing the limits of reality further
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