



CREATING SIMULATION ACTIVITIES FOR UNDERGRADUATE NURSING CURRICULA

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Simulation is considered a valuable educational strategy to prepare nursing students for clinical practice and bridge the gap between theory and clinical experience (Unsworth et al. 2012) with Milkins et al. (2014) advocating for the use of simulation in student education to support the National Safety and Quality Health Service Standards (NSQHSS) (Australian Commission on Safety and Quality in Health Care (ACSQHC), 2012).

This paper outlines the experience of developing authentic and genuine simulation scenarios in mental health for nursing curricula.

Method: The strategic priority of this project was to design teaching and learning strategies which aligned with field work preparation and skills that support employability and graduate attributes. The aim was to develop simulation scenarios reflecting the NSQHSS (Clinical handover and Patient identification and procedure matching; Partnering with consumers; Recognising and responding to clinical deterioration in acute health care; and Medication safety).

Scenarios were developed based on 'real' clinical situations. Then six experienced mental health clinicians were invited to review the scripts and to participate in the recording of the scenarios on action cameras in the School's simulation suite. Clinicians took on roles of nurses, patients and or relatives, using their own experiences to enhance credibility and believability of the scripts. The clinicians formed mutual bonds, while sharing clinical experiences and effectively demonstrating collegial practices in the scenarios. This culminated in an impromptu scenario

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presenting another insight into the standard 'Partnering with consumers'.

Following recording, the scenarios were reviewed by all as part of the debriefing process. Gaffs and inconsistencies were identified, with the team referring back to the educational objectives of the simulations. Participants reported enjoyment in the experience and felt positive about their contributions to the development of an educational resource for students. In the formal evaluation, participants confirmed the realism and genuineness of the scenarios and considered them 'readily accessible by new and experience clinical staff'.

Clinicians stated they were also able to reflect on their own practice and application of the NSQHSS to their clinical settings: "The collapsed patient scenario following the good/poor handover was particularly well-crafted and I think demonstrates the importance of the standards succinctly".

Implications for nursing practice: The development of authentic simulation activities grounded in clinical practice and clinical standards will enhance and personalise the learners' experience and assist students in developing critical thinking relevant to the healthcare environment.

Conclusion: Collaboration with clinicians in developing simulation activities for educational curricula was seen as essential for authentication and in presenting genuine clinical scenarios to students. This activity highlighted the importance in partnerships in educational design and bridging the academia-clinician gap.

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