A $24 million state of the art teaching and learning hub at USC, including advanced simulation technology, has enabled the school of Nursing and Midwifery to realise curriculum development in undergraduate midwifery education. These facilities combined with drama students playing simulated patients provide students with exceptional learning experiences.

Second year students studying the dual degree in Nursing and Midwifery undertake immersive simulation in a variety of courses. Scenarios prepared students for placement and included key threshold concepts in antenatal care, early labour, postnatal care, discharge planning and follow up home visits. Lasting approximately 10 minutes, the scenarios are videoed followed by debrief using the +Delta method to explore the student experience and reinforce learning outcomes.

Authentic clinical and home environments were created to enhance fidelity and engage the students in deep learning. Drama students from the Acting 4 Health research program played the role of pregnant women, while midwifery students modelled the role of midwife and student midwife. A low cost pregnancy suit using a beach ball, a neonatal manikin and digital recording of a fetal heart allowed students to undertake abdominal assessment including palpation and listening to the fetal heart using a pinard.

STUDENTS REPORT THAT THEY FEEL MORE CONFIDENT IN INITIATING THERAPEUTIC RELATIONSHIPS THAT ARE WOMEN CENTRED.

This experience has assisted students to consolidate and translate theory in practice and has been helpful in developing confidence when recruiting women for continuity of care experiences. Students report that they feel more confident in initiating therapeutic relationships that are women centred. The Satisfaction with Simulation Experience Scale (SSES) Cronbach's alpha coefficient (α) 0.78 (Levett-Jones et al. 2011) was used to collect data regarding student perceptions (n=81) of the simulation experience including the impact on learning of debriefing and reflection, critical thinking and clinical reasoning, clinical learning and application to practice. Using a 5 point Likert scale 1=strongly disagree, 5=strongly agree, most participants responded either "agree" or "strongly agree" indicating high levels of satisfaction with the simulation. Mean scores were high (>4.87) with a standard deviation of 0.44.

Students reported that the simulation experience felt "a lot like being on prac". They enjoyed the authentic immersive approach using real people to practice communication skills with rather than manikins or using part task training models. As this learning experience has been so successful, immersive simulation is being extended throughout the dual degree.

Reference: