

There is nothing so practical as a good (simulation) theory

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Clinical simulation-based education has been rapidly adopted in respiratory therapy because it offers a safe environment in which learners can develop professional skills, both clinical and nonclinical, without the risk of causing harm to actual patients [1, 2]. When employed with a well-designed formative feedback mechanism, clinical simulation has been shown to be useful in addressing learning needs before and after entry to practice [3]. Recognizing that its utility to support learning is well established in the literature, there remains a great need for rigorous research that clarifies “how” and “when” simulation should be used in health professional education [1]. This issue of the *Canadian Journal of Respiratory Therapy (CJRT)* takes steps to respond to the need for deeper understanding about simulation by sharing some of the new and innovative ideas that are emerging from within our own profession.

The question of “when” simulation should be used prompts us to reflect on the ways we use it to support learning in different contexts, and at different points along the continuum of professional learning. In the article “The Effects of Introducing High Fidelity Simulation to Pre-Clinical Student Respiratory Therapists,” Wall shares the unique findings of his research that explores how simulation can be used to effectively support respiratory therapy learners’ transitions from didactic to clinical education portions of a respiratory therapy program. Also situated in the entry-to-practice educational context, Gordon et al. present a particularly timely discussion on the usefulness of simulation in supporting the development of interprofessional collaboration competencies in respiratory therapy and nursing students. Their findings, presented in “Partnering for Patti: Shaping future healthcare teams through simulation-enhanced interprofessional education,” suggest that using simulation to support interprofessional education will likely be a fast-growing area of both practice and research in the future.

One challenge we face as a profession is that limited access to adequate and appropriate opportunities for learning in clinical environments has made assuring sufficient experiential learning opportunities for respiratory therapists increasingly challenging [4]. As is well known within our profession, these limitations appear to be particularly evident in high-criticality practice areas (e.g. pediatric critical care). In the article, “Simulation Use in pediatric student respiratory therapy training,” Reise and Correia explore how one organization is facing this challenge by implementing simulation within the pediatric clinical practice environment. Their research program seeks to address a question being asked by many educators and policy makers—how much can we rely on simulation to enhance, or replace, clinical education experience in areas where limited opportunities for practice exist?

As many simulation practitioners have begun to more fully appreciate the relative importance of nonphysical simulation design elements (e.g., roles and responsibilities, division of labour), important questions have begun to arise with respect to the assumed value of expensive technological investments. Dieckmann et al. [5] have been at the forefront of recognizing clinical simulation as a social practice where participants interact with a complex network of learners, technology, and the environment. Findings like these are prompting a shift in thinking in simulation-based education design away from seeing the most lifelike technology as a *prima-facie* element in the learning environment.

Some of my own research has begun to unearth the impact that elements of simulation designs can have on social aspects of the environment.



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It appears that design elements that foster social aspects of simulation may play a substantially bigger role in influencing learner experience than do the physical aspects of simulation. “Towards an Enhanced Conceptualization of Fidelity for Instructional Design in Simulation-Based Respiratory Therapy Education” looks beyond the technological aspects of simulation to offer an innovative framework for infusing emerging theoretic understandings into our instructional design approaches. The framework prompts reflection on “how” we use simulation, and can be a useful tool to help educators foster the relationships that support effective simulation learning environments.

While this issue provides important insight for us to consider as we continually craft our simulation practices in respiratory therapy, there remains much work to be done. Recognizing that it is not the technology but, rather, the ways in which we employ technology that underlies our achievements in the use of simulation, we must strive for further clarification as to “how” and “when” it is best used in respiratory therapy. Pursuant to Lewin’s [6] contention that “There is nothing so practical as a good theory,” I believe that there exists much opportunity for expanded theorization in the field of simulation-based respiratory therapy education to optimize our practice.

As indicated in my previous editorial, I will be completing my term as Editor-in-Chief of the *CJRT* as I move into my new role with the Canadian Society of Respiratory Therapists (CSRT). It has been an honour to serve as the Editor-in-Chief and I sincerely thank the *Journal’s* editorial board for their support, and the CSRT for this tremendous opportunity. It is with great pleasure that I can announce that beginning in the new year, editorial leadership for the *Journal* will be provided by Justin Sorge. Justin brings to the *Journal* a wealth of knowledge, unique experiences, and a fresh perspective that will certainly serve our community well. I look forward to the valuable contributions to the practice of respiratory therapy that the *Journal* will continue to make under Justin’s leadership.

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REFERENCES

1. Cook DA, Hatala R, Brydges R, et al. Technology-enhanced simulation for health professions education: A systematic review and meta-analysis. *J Am Med Assoc* 2011;306(9):978–88. doi: 10.1001/jama.2011.1234.
2. Jeffries PR. A frame work for designing, implementing, and evaluating simulations used as teaching strategies in nursing. *Nurs Educ Perspect* 2005;26(2):96–103.
3. Levett-Jones T, Lapkin S. A systematic review of the effectiveness of simulation debriefing in health professional education. *Nurs Educ Today* 2014;34(6):e58–63. doi: 10.1016/j.nedt.2013.09.020.
4. West A, Parchoma G. The practice of simulation-based assessment in respiratory therapy education. *Can J Respir Ther* 2017;53(1):13–16.
5. Dieckmann PD, Gaba D, Rall M. Deepening the theoretical foundations of patient simulation as social practice. *Simul Healthcare* 2007;2(3):183–193. doi: 10.1097/SIH.0b013e3180f637f5.
6. Lewin K. Problems of research in social psychology. In Cartwright D, ed. *Field theory in social science: Selected theoretical papers*. New York: Harper & Row; 1951; pp. 155–69.

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