

The integration of simulation into both nursing education and nursing practice can be largely beneficial if done correctly. Arguably, the most significant benefit of using simulation to improve nursing skill sets is gaining valuable exposure and experience in a controlled setting. Not only does it allow for hands-on learning, but it also allows educators to talk through things and answer questions as they arise. This type of learning also caters to the different learning styles of each individual and blends hands-on learning with lecture-style learning. This can better prepare nurses and student nurses for dealing with the simulation exercise when it happens. Furthermore, simulation enables students to finetune their clinical decision-making skills while enhancing their self-confidence and self-esteem. By providing a safe learning environment, mistakes can be identified and rectified without harming a living person, ensuring the safety and protection of all involved. This aspect of simulation promotes a more open and comfortable learning environment that helps bridge the gap between theory and practice (Koukourikos et al., 2021).

One area in my work as a critical care nurse practitioner where simulation would be beneficial is running codes. While we have a designated code team, we currently do not do simulations to fine-tune the process. New members of each responding department are only exposed to coding a patient on the job and while training with their preceptor. However, my hospital is capable of running mock codes in our simulation lab on a mannequin and simulating different variables on the telemetry monitor. This would be especially helpful for new staff who have not participated in codes previously, as it would allow them to take their training from BLS and ACLS and translate it into practice in a safe environment. It would also promote confidence, critical thinking, and clinical decision-making that would show through during a real-life emergency. In my practice, I would like to see each responding department participate in a mock-code scenario at least once a year at our skills fair. However, I also believe this could be done more than yearly on a departmental basis. This would allow everyone to stay up to date on their role and other roles if they needed to jump in. Different scenarios can be introduced, such as how to handle ROSC or other cardiac emergencies or variations a code team may encounter, which can be discussed and walked through to promote familiarity, teamwork, and professional growth. When evaluating whether a simulation experience like this would be beneficial to continue and make a standard within our facility, there are two ways that it can be evaluated. One way would be through a more qualitative approach, such as assessing staff feedback through interviews, surveys, post-