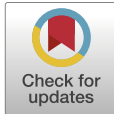




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Editorial

Simulation as a Knowledge Translation Strategy

Integrating research results into nursing education has been a long-standing point of discussion. In a 2021 integrative review that aimed to identify the factors that lead to the knowledge-practice gap, the authors highlighted several themes including personal factors, education structures, and organization characteristics (Gassas, 2021). While some are internal to the individual, there are others that should be of particular interest to simulationists in both academia and in healthcare institutions, mainly as these are elements that simulationists can and do have direct control over in the simulation environment. These include individual learning style, educational structure, the clinical instructor role, curriculum, and resources available, which consist of more than half of the factors that can influence the knowledge-practice gap. Given the challenge that researchers continue to face regarding the integration of research outcomes into practice, it is reasonable to at least consider how simulation can assist with this knowledge transfer and to potentially address some barriers of the knowledge-practice gap.

Additionally, the literature on knowledge transfer and knowledge translation identifies keys components to integrating research findings into practice. In a scoping review on the key components of knowledge transfer (KT) of health research findings (Prihodova, Guerin, Tunney, & Kernohan, 2019), the authors indicated that the research message needed to be needs driven, needed to have a clear process that required skilled facilitation, required stakeholder involvement, was applicable to the local and wider social, economical, and cultural levels, required dedicated resources, and included an element of evaluation that measured the success of the knowledge translation activity. In reviewing the Healthcare Simulation Standards of Best Practice (INACSL, 2021), the process of designing simulation learning activities is similar to the key components for successful knowledge transfer activities. Which leads me to question why we do not see more simulation being

included as a knowledge translation activity in research grant applications?

As researchers continue to explore ways to disseminate their work and to integrate their findings into practice, their strategies must go beyond the typical peer-reviewed paper and conference presentations. Most funding agencies require researchers to describe their knowledge translation strategies, and these range video resources (Archibald et al., 2021), arts-based methods (Newman et al., 2020), and forum theatre (Van Bewer, Woodgate, Martin, & Deer, 2021), to mention some creative and effective strategies. What simulation adds however, is that when we are specifically looking at addressing the knowledge-practice gap, simulation is already integrated and embedded in nursing curricula globally, to varying extents. Simulation is an excellent portal for research to become integrated into the curriculum, and researchers need to collaborate in earnest with simulationists to determine how to best use this pedagogy as a knowledge translation product.

In order to make this an achievable goal, the researcher will need to first ensure that their research outcomes and the message they want to convey is needs driven and applicable to the local as well as wider context. For example, a researcher who has identified interventions for cannabis-induced psychosis would act as the subject matter expert in the development of a simulation learning activity on that topic. The key for this to work as a knowledge translation strategy however is 1) the simulation and the resources required for the development and pilot for the simulation be included in the grant budget; and 2) the researcher must contribute significantly as the subject matter expert to the development of the simulation. This needs to be a collaboration that has resources to support the development and implementation phase of the simulation activity.

This has been happening in varying degrees, and with the expansion of simulation learning activities globally, now is an opportune time to increase the use of simulation as a knowledge translation strategy. It does not need to stop at nursing education, and can also be included as a strategy for practicing nurses. Recently, I had the opportunity to do more of this kind of work, including developing simulation activities to address vaccine hesitancy/resistance, and another project that addressed structural barriers to access healthcare services with new immigrants and refugees. Personally, I am not an expert in either of these areas, however I have been working with subject matter experts and have assisted them with designing KT products that utilize simulation pedagogy, which has a greater likelihood of addressing the knowledge-practice gap compared to traditional KT strategies.

To researchers who are not experts in simulation, look to your simulation colleagues and have a discussion how you can incorporate simulation into your KT strategies. Where appropriate, include them in your traditional KT strategies such as writing and conference presentations. Include simulation development in your grant budget. If bridging the knowledge-practice gap is your goal, you will want to include simulation as a KT strategy.

To my fellow simulationists, you have a skill that has the potential to change how knowledge is integrated into nursing curricula. Talk to the researchers at your institution and highlight how simulation can help them with their KT strategies on their next grant application. Be sure that there is funding to develop, implement, and evaluate the simulation activities. We are in an era of expansion in simulation and I encourage each of us to take advantage of some of these less obvious opportunities to demonstrate the effectiveness of simulation as a knowledge translation strategy.

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References

- Archibald, M., Arbagtsheer, R., Lawless, M., Thompson, M., Shultz, T., Chehade, M., ... & Kitson, A. (2021). Co-designing evidence-based videos in health care: A case exemplar of developing creative knowledge translation “evidence-experience” resources. *International Journal of Qualitative Methods*, 20, <https://doi.org/10.1177/16094069211019623>.
- Gassas, R. (2021). Sources of the knowledge-practice gap in nursing: Lessons from an integrative review. *Nurse Education Today*, 106, Article 105095.
- INACSL Standards Committee. (2021). Healthcare simulation standards of best practice™. *Clinical Simulation in Nursing*, 58, 66.
- Newman, K., Duong, J., Kahlon, P., & Li, S. (2020). Impact of EMBODY experiencing dementia through new media exhibit: Engaging nursing students and the public about dementia through arts-based knowledge translation methods. *Journal of Nursing Education and Practice*, 10(5), 100-110.
- Prihodova, L., Guerin, S., Tunney, C., & Kernohan, G. (2019). Key components of knowledge transfer and exchange in health sciences research: Findings from a systematic scoping review. *Journal of Advanced Nursing*, 75, 313-326.
- Van Bever, V., Woodgate, R., Martin, D., & Deer, F. (2021). Exploring theatre of the oppressed and forum theatre as pedagogies in nursing education. *Nurse Education Today*, 103, Article 104940.