INTRODUCTION/BACKGROUND

My research explores a "gap" separating traditional simulation learning from field practice – a chasm between the comfort of technical competence and the complexity of clinical practice. This study explores the gap through the lens of developing clinical judgment in the context of high fidelity simulations involving recruit paramedics in a Canadian setting.

The questions in this study explore the relationships and interactions of participants and selected elements or agents in the simulation environment. I set my research as a mixed-method multiple-case study examining individual simulations as primary objects of study that are embedded in, and in which are embedded, multiple other possible objects of study.

I gathered data from 75 simulations from two sets of scheduled classroom simulations in the Primary Care Paramedic program. I collected data that explored how learning from field practice and the Practice Learning Ladder Analysis

DIFFERENT WAYS OF KNOWING:

The findings in this study suggest that existing paramedic simulations and the practicum represent radically different learning environments, each with its own sets of roles, expectations, patterns of practice, and methods of evaluation that call on different epistemological and ontological conceptions of what constitutes competent practice, what knowledge matters most, and how learning occurs. The varied learning activities in this study fostered different ways of knowing as learners moved from the consistency of context-independent skill performance to the socially-constructed adaptations of procedures and protocols in dynamic simulations, and, finally, to the socially-negotiated understandings arising from co-emergent activity in a field setting.

BLENDS OF FIDELITY:

Effective simulations require situational blends of fidelity to create environments realistic enough to meet their pedagogic goals. Simulations intended to foster clinical competence and clinical judgment must provide occasions for discernment; they must create a milieu involving complex interpersonal interactions and genuine opportunities for clinical decision-making. Thus, paramedic simulations must be as concerned with role, environmental, interpersonal, and social/cultural fidelity as with physiological and procedural fidelity. In this sense, populating HFS more richly with actors and authentic interdisciplinary responders may often be as important as the use of HF mannequins and standardized patients.

Blends of fidelity associated with types of activities in the Practice Learning Ladder