




THE USE OF CLINICAL SIMULATION IN NURSING EDUCATION IN BRAZIL: CONDITIONS IN THE FACE OF THE COVID-19 PANDEMIC

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The editorial “Does simulation solve the problem of clinical learning in nursing education in times of the pandemic caused by covid-19?”⁽¹⁾ leads us to reflect on the use of clinical simulation as a pedagogical strategy for teaching nursing practice, and even for teaching other health professions.

The numerous contributions that clinical simulation provides to health training are well known, such as self-confidence, improved cognitive performance, self-efficacy, development of technical and non-technical skills and abilities, among others⁽²⁻⁴⁾. There have been considerable advances, especially in the last 10 years, in the ways simulation is performed and, in its resources, /technologies. However, in the Brazilian context, there are still nursing schools that have few resources or even where there are no structured skills laboratories. Many of these institutions do not envision, in the short and medium term, the curricular insertion of clinical simulation as a teaching and learning method. In these contexts, many graduates develop their skills directly in the practice fields.

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With the advent of the pandemic caused by the Sars-CoV-2 virus, the scarcity of resources in educational institutions, associated with changes in practice fields, has hindered the teaching and training process, especially the continuity of laboratory practices and the insertion of students in practice scenarios. These difficulties revolve around the implementation and assurance of compliance with biosafety protocols; the limitations of an adequate physical structure; the material resources used for skills training; the number of simulators; the financial difficulties/limitations for the acquisition of materials, such as virtual reality software; the hiring of specialized consultants, among other factors. However, the main difficulty stems from the trainers' limited knowledge about the clinical simulation and tele simulation strategy.

From this perspective, in the Brazilian context, some universities and associations in clinical simulation have offered remote meetings for the exchange of successful experiences, to promote the widespread use of simulated clinical experiences in safe environments and remote experiences. When considering the geographical differences in Brazil, as well as the diverse realities of undergraduate nursing courses in different regions of the country, it is essential to promote strategies for integration and strengthening of clinical simulation as a potential and viable method, in times of pandemic, not only for remote work, but also for face-to-face in biologically safe environments.

Therefore, it is important to share successful, creative, and innovative ideas. In addition, it is important to emphasize that we cannot incorporate - without any discussion - recommendations about practice time, lab time, permissions, or restrictions. It is important, before these incorporations, to glimpse the local and regional difficulties and needs, as well as to consider the careful work of researchers who take into consideration the characteristics of our population and the particularities, potentialities, and weaknesses of clinical simulation.

However, it is emphasized that the use of clinical simulation in teaching should never replace clinical practice in health services and interaction with patients⁽⁵⁻⁶⁾. Simulation is a stage in the training process that better prepares the learner to care for the patient in a safer and better-quality manner. However, the use of the strategy and its ramifications, such as tele simulation, are possibilities of complementing the moments of health training in contexts like the current ones, in which services and institutions have limitations of practice spaces without a forecast of a safe return, given the living conditions that the Covid-19 pandemic imposed on the whole society.

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