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# Simulation in dietetic education in Australia

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# Simulation in dietetic education in Australia

## **Abstract**

In 2011 the Dietitians Association of Australia conducted a survey of simulated learning experiences in all universities offering dietetic course in Australia. A total of 35 SLEs currently used were identified: 14 paper-based, 15 physical-based and 6 computer or video based.

## **Keywords**

simulation, dietetic, education, australia

## **Disciplines**

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## **Simulation in dietetic education in Australia**

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Simulation is an educational technique to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in an interactive manner. It is widely used in medical and nursing education. Simulated learning experiences (SLEs) can be categorised by their technologies as: (1) Paper-based (eg, traditional case study exercises; menu budgeting); (2) Electronic (eg, computer or video simulations), or (3) Physical (eg, using mannequins or standardised patients). In 2011 the Dietitians Association of Australia conducted a survey of the use of simulated learning experiences in all universities offering dietetic courses in Australia. A total of 35 SLEs currently used were identified: 14 paper-based, 15 physical-based and 6 computer or video-based. The most frequently employed methods were the use of paper-based clinical case management plans, and simulated patient interviews with student or actors as standardised clients. Sixteen potential new SLEs were also described. Dietetic educators would welcome resources to develop additional and more sophisticated SLEs, particularly related to inter-active multi-media case studies, gaming simulation of public health interventions, virtual supermarket tours, electronic menu planning tools and simulated hospital ward environments, but these would require substantial additional resourcing. It was agreed that additional SLEs would enhance dietetic student learning and preparedness for practice, but it is unlikely that they can significantly reduce the current times mandated for clinical placement.

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