

The clinical simulation conundrum. Does clinical simulation diminish the capacity of the student to foster empathy, sensitivity and the ability 'be with' the person?

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With increases in technology, nurses and midwives are required to possess a strong scientific and biomedical focus. Consequently, the emphasis of care has arguably shifted from care-orientated to treatment-orientated practice. This discourse is further compounded by health care systems where a person can be regarded not by the constructs that humanise them but by those constructs which are defined by their diagnosis (Todres et al., 2009). Such models of care often result in the objectification of the individual and their subsequent dehumanisation (Borbasi et al., 2012). Further, a reductionist approach to care is likely.

Clinical simulation is gaining popularity as an effective teaching and learning methodology in nursing and midwifery. This methodology permits the replication and amplification of real life events, allowing participants' opportunity to develop proficiency in action and reasoning within a controlled environment (Gaba 2004). Currently, the evaluation of clinical simulation is primarily focused on technical proficiency and includes aspects such as the development of knowledge acquisition and clinical reasoning (Kable et al., 2013) and the promotion of student confidence (Blum et al., 2010). However, literature is limited regarding whether simulation can replicate the humanistic aspects of care.

With increasing pressure to use clinical simulation as a solution to address chronic clinical placement shortfalls and deficiencies, there is a risk that nursing and midwifery educators are perpetuating a reductionist care model which is technology and treatment driven and is devoid of humanism (Hayden et al., 2014). In other words, by using simulation in the absence of an authentic clinical environment, is the student fully able to suspend disbelief and engage in person centred care or are we merely encouraging a student who can espouse the appropriate rhetoric that supports this philosophy? The emerging theory of the mirror neuron and its role in empathy may hold the answer to the question: Does clinical simulation diminish the capacity of the student to foster empathy, sensitivity and the ability 'be with' the person, understanding and connecting with that persons' unique human perspective?