A Qualitative Exploration of Knowledge, Attitudes, and Use of Simulation-Based Education Among Registered Dietitians in Ireland

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Introduction

Simulation-based education (SBE) is increasingly recognised as a valuable component of pre-registration healthcare training, to develop clinical, communication and decision-making skills in a safe learning environment.[1,2]

While evidence suggests that SBE enhances confidence, competence and preparedness for clinical practice among dietetic students[3], little is known about how it is perceived by registered dietitians within the Irish context.

This study explores registered dietitians' knowledge, attitudes, and use of SBE, alongside their perceptions of its advantages, risks, barriers and enablers, to inform future curriculum development in dietetic education.

Methodology

Interview schedule devised using COM-B model[4]

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Recruitment (snowball sampling)

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Pilot interview with 2 registered dietitians

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Semi-structured interviews (25-45 minutes)

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Audio-recording & transcription

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Thematic analysis (using NVivo Version 20)

Results

- 15 CORU-registered dietitians
- 93% female, median 19 years' experience
- Clinical, community, academic & private settings

KEY FINDINGS :

- Understanding of SBE varied - many had simulation experience without recognising it as SBE.
- SBE was perceived as valuable for building confidence, and communication skills, provided it supports rather than replaces patient experience.
- Key barriers reported: limited time, resources & training.
- Key enablers reported: institutional support, accessible educator training, and shared resources.

Results

THEMES IDENTIFIED DEDUCTIVELY :

Knowledge and definition of SBE

'I would have thought it was something a bit **more high tech…**'

'The **terminology threw me a bit**…but I think the concept has always been there.'

SBE setting

'…probably **more an academic tool**...'

Participants' own experience of SBE

'It's **awkward**..but definitely **helpful**.'

'I was very very **nervous**..I think it's very **valuable**.'

'It's **very helpful…**but I hate doing it.'

Barriers and enablers

'…**time consuming**..'

'…never given opportunities to do **training** in it...'

'…**streamlining** as much as possible.'

'…some **guidance** around tasks that could be done would be useful...'

Advantages and risks

'…**less pressure**'

'…gain **confidence**…get more comfortable...'

'…**sounds scripted**…'

'…everybody's watching you..there's definitely a **vulnerability**...'

THEMES IDENTIFIED INDUCTIVELY :

Preparation & pre-briefing

'…students' needs around **feeling safe** and **feeling prepared**.'

'…I do think it **needs to be prepared properly** beforehand…'

Interdisciplinary simulation

'..to **appreciate** what **other people's skill set** is.'

'..it's good for other people to **understand the role of dietitians**.'

Awareness of SBE benefits

'..for those who hate it, I think it's **communicating how valuable it actually is**...because it is valuable'.

'...we need to be shown all of the **benefits**…that actually **outweigh** that **discomfort** of having to **do things a bit differently**.'

SBE as a supportive tool

'It **doesn't get the student to the end point**...'

'It's useful but **I don't think you can use it completely**...I would never like to see it used to replace the real-life experience of placement.'

Conclusion

This study contributes novel qualitative evidence to a limited literature base and highlights clear priorities for future research, including consensus terminology, developing and evaluating educator training models and exploring the role of SBE within clinical placements.

Improving understanding in these areas will support the development of a more coherent and evidence informed approach to SBE across Irish dietetic education, ultimately enhancing dietetics students' preparedness for both clinical placements and professional practice.

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