

**Critical Review:**

Do simulated learning experiences benefit students in Speech-Language Pathology?

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This critical review examines the evidence for the benefit of simulated learning experiences on students in Speech-Language Pathology (S-LP). Two non-randomized trials, one randomized controlled trial and one study with a single group, repeated measures design were critically appraised. Overall, most of the studies reported that students perceived a gain in attitudes, skills and knowledge after participating in a simulated learning opportunity. One study that used an objective measure of skill improvement did not show any benefits of simulated learning experiences. However, the evidence gathered from this review is only suggestive. Recommendations for future research before the implementation of simulated learning experiences into the S-LP curriculum are provided.

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There are different types of simulated learning experiences. Simulated/standardized patients (SPs) are trained to act like a real patient with a specific case history and physical/emotional characteristics (Barrows, 1971). SPs have been shown to be effective in fields such as medicine (Monahan et al., 1988) and nursing (Festa, Baliko, Mangiafico, & Jarosinski, 2000). They can help students develop clinical skills in a structured setting before entering a clinical placement, where patient presentation is more difficult to predict (Hill, Davidson & Theodoros, 2010). The situation also allows students to practise with less supervision and without impeding on another patient's time (Nestel & Kneebone, 2010). Students can develop their skills without fearing that their insufficient skills may have harmed patients (Kneebone and Nestel, 2005). Another type of simulated learning experience is a Human Patient Simulation (HPS). Specialized equipments and mannequins can simulate real patients and provide an opportunity to repetitive


randomized experimental study of different cohorts undergoing a training program with tutors and SPs.

The 3 student cohorts involved were: Group A (Year 1 students in 1994), Group B (Year 2 students in 1994), and Group C (Year 2 students in 1995 who were followed in their Year 1 as part of Group A). Critical elements of the participant description were missing, such as the selection method, the number of participants per group, the average age, gender breakdown and the University attended.



who completed the final survey reported that clinical placements were the most important contributors to these areas of development, but did credit the course and tutorials for some development. They felt that the HPS experience had prepared them well for their





Festa, L. M., Baliko, B., Mangiafico, T., & Jarosinski,