

When the ward isn't real: Lessons from simulation in medical student education

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It's 10 am on a Monday morning, and you're the only intern covering the ward. A nurse has asked you to review the analgesia regimen and chart fluids for a patient with an upper limb fracture, while you're chasing the haemoglobin for an Upper GI Bleed. You have several discharge summaries to complete before ending your shift, as well as an e-referral to Hospital in the Home. Except, this isn't a real ward. It's Ward Sim.

A partnership between the UWA School of Medicine and ECU School of Nursing and Midwifery, Ward Sim is an immersive simulation designed to recreate the competing demands of a junior doctor's working day. Across two simulations, students become part of a five-week, 24-hour hospital journey involving 10 patients.

Each medical student, alongside a team of nursing and pharmacy students, is allocated two four-hour 'shifts', each followed by a facilitator-led debrief. In Ward Sim I, medical students work in pairs and can turn to their facilitator for guidance. In Ward Sim II, students work independently and are expected to find answers themselves – through guidelines, hospital resources, phone apps, ward nurses, or their 'on-call registrar'.

For UWA medical students, Ward Sim has become a particularly memorable part of the 'Preparation for Internship Program', with 36% of the 2025 graduating cohort identifying it as the element they "liked best" or "learnt the most from". As one student reflected, Ward Sim was "a great simulation of life as an intern, in a safe environment for trial and error". Another described it as "the best prep for real life and work".

Research examining the program has found improvements in attitudes towards Interprofessional Learning, including significant improvements in Teamwork and Collaboration and Positive Professional Identity.[1] Qualitative responses have further highlighted 'learning how to work together', 'managing workloads' and 'working under pressure' as key learning outcomes, with students also describing a greater understanding of professional roles and responsibilities.

During my own Ward Sim experience, I had the opportunity to step into aspects of work I might not otherwise encounter until later in my career. I led MET calls for anaphylaxis and acute asthma, alongside student nurses and pharmacists as part of a multidisciplinary team. As a team leader, I quickly learnt that effective communication meant more than simply saying what needed to happen; and as the MET call progressed, "Can we give 5 mg of nebulised salbutamol?" became "Can you please give 5 mg of nebulised salbutamol and tell me when it's done?"

Ward Sim also highlighted gaps in my knowledge of administrative, intern-level tasks including charting fluids and medications, completing e-referrals, and writing discharge summaries. Between Ward Sim I and II, I consciously shadowed interns completing these tasks during my hospital placements, and found they came more naturally during the second simulation. In the final year, the non-technical skills required to function effectively as an intern can be harder to prioritise when medical knowledge naturally takes centre stage. Ward Sim allows students to engage with both.

Overall, one of the greatest strengths of Ward Sim was the environment it created to push us beyond our comfort zones. Before entering the simulated ward, we were introduced to the "suspension of disbelief" concept – the idea that, like watching a movie, we would temporarily accept the simulated patient stories as real.

At the same time, we were reminded that we weren't expected to know everything or get everything right. This combination created a psychologically safe learning environment,[2] where mistakes could become learning opportunities while still maintaining the realism of a busy medical ward.

The transition from medical student to junior doctor is an enormous one. As healthcare systems become increasingly complex and the demands placed on frontline clinicians continue to grow, preparing medical students for internship requires more than knowing the right answer in an exam. Junior doctors must be able to prioritise competing demands, communicate clearly, work within a multidisciplinary team, and recognise when to escalate.

Environments like Ward Sim give students a safe place to experience the pressure and develop coping strategies, before the stakes become real. As a final year medical student, I feel privileged to have taken part in a program that has given me not only a glimpse of internship, but the confidence to face it better prepared next year. ■

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References available on request.