1. Employing a **virtual simulator in a flipped classroom** can easily bring a clinical context to reading material. For example, teachers could run a simulation and let it unfold as if it were a real case – organizing students into small groups and periodically pausing the simulation to allow groups to discuss the patient's condition, possible interventions, or different aspects of the simulated care situation. Ensuring that students prepare ahead of time for the simulated activity means they come with a foundation of knowledge to work in context and build a story with the faculty member as a guide.

2. Many nurse educators consider **concept mapping** an 'a-ha' moment: taking a single concept and threading it through a hypothetical care experience allows students to visualize the knowledge. Faculty can role model their thinking in relationship to the content knowledge being taught content. Virtual concept mapping inside the classroom offers students and teachers further opportunities for learning how to examine situations holistically, like an expert. This type of mapping could take place on a white board while a specific patient simulation unfolds simultaneously, allowing for pausing and restarting, in order to discuss case specifics, validate students' decision-making, add or remove an element from the concept map, etc.

3. **Role modeling** in a simulated environment is another way to encourage students to think critically and learn contextually. After viewing a simulation in the classroom, the learners can take on the role of an expert nurse in class with their cohort, explaining their thinking and ideas of how care was managed. The goal is to get students thinking as a nurse would think, especially when the *answer* or *rationale is not readily known.* Veteran nurses manage these practice gaps by consulting with their colleagues. Creating intentional gaps for students encourages the use of resources to guide their thinking and leads to a rich conversation and overall enhancing their critical thinking skills.

4. Some core skills can be developed through virtual simulation activities. **Delegation and supervision** training is one such skill – particularly for learners transitioning into practice. After organizing students into small groups, faculty can run several virtual simulations simultaneously while

the learners prioritize decisions in real-time. The simulations provide an opportunity for them to explain their decision-making and ensure that rational thinking is the basis for their actions.

5. High-acuity, low-frequency clinical situations provide opportunities for students to observe difficult care situations however, not every student gets that opportunity. There are common, fundamental, low- acuity care experiences every student should learn to manage. Using **low acuity-high frequency** care simulation ensures that all learners will have the opportunity to share in these important care experiences. Low acuity situations can evolve into more complexity. Simulation facilitates this evolution by *extending the story* and providing an opportunity for students to experience how these less acute situations can evolve into more complex events. Learners begin to see the patterns that can emerge when signs and symptoms are missed in the less acute stage and how easily that can affect later diagnoses and care decisions.