<table>
<thead>
<tr>
<th>Simulator Style</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient monitor simulator</td>
<td>A simulated cardiac monitor that can be connected to any manikin or standardised patient (actor) and allows a set of systemic observations (e.g. pulse, respiratory rate) to be read on the screen. In order to operate, the system requires two electronic tablets (one forms the replica cardiac monitor) and the appropriate programme. It does not require a working manikin.</td>
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<tr>
<td>Manikin based simulator</td>
<td>Any manikin that allows for systemic observations (e.g. pulse, respiratory rate) to be assessed through either hands on, or through the use of standard equipment (e.g. cardiac monitor, blood pressure cuff). For this to be possible the manikin must be connected to an operating system which can either be hard wired in, or controlled through the use of Bluetooth technology.</td>
</tr>
</tbody>
</table>
Figure 2. How these simulators (either) have disadvantaged students during taught sessions or assessments.

- Disconnected Leads: 66.66%
- Not Fully Working: 13.33%
- Manikin Failed: 6.67%
- Anatomical Issues: 6.67%
- Unrealistic Timeframes: 6.67%
Figure 3. Reasons why one simulator is preferred over the other

Manikin Based Simulator
- Versatility: 55.56%
- Familiarity: 22.22%
- Practicality: 22.22%
- Reliability: 9.38%
- Easy to use: 9.38%
- Other: 15.63%

Patient Monitor Simulator
- Versatility: 56.23%
- Familiarity: 9.38%
- Practicality: 3.8%
- Reliability: 9.38%
- Easy to use: 9.38%
- Other: 15.63%