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Review Article

Gray Matters: Teaching Geriatric Assessment for Family Nurse Practitioners Using Standardized Patients

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KEYWORDS

standardized patients;
curricular objectives;
clinical simulation
experiences;
student feedback;
geriatric assessment;
nurse practitioner
student

Abstract: Research supporting use of standardized patients in health professional education is strong. Evidence suggests integrating the use of standardized patients into clinical training provides learners with interactive practice in gaining and perfecting clinical skills, in becoming competent in communication skills for provision of health care, and results in improved satisfaction for faculty and students. Comprehensive geriatric assessment was chosen as the focus of this simulation so that Family Nurse Practitioner students could begin to integrate theoretical course concepts into clinical experiences.

Cite this article:

Pastor, D. K., Cunningham, R. P., & Kuiper, R.A. (2015, February). Gray matters: Teaching geriatric assessment for family nurse practitioners using standardized patients. *Clinical Simulation in Nursing*, 11(2), 120-125. <http://dx.doi.org/10.1016/j.ecns.2014.09.002>.

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Changing demographics in the United States are resulting in the graying of America. By 2030, all baby boomers will have passed the age of 65 years, and the fastest growing population segment, those over 85 years, will triple between 2010 and 2040 (Silva-Smith & Kotthoff-Burrell, 2009). It is imperative that primary care nurse practitioners (NPs) develop competency in performing comprehensive geriatric assessments to meet the health care needs of this age group. The purpose of this article was to describe how a geriatric

comprehensive case scenario was developed and delivered to Family Nurse Practitioner (FNP) students through a standardized patient (SP) program in a state of the art Simulation Learning Center.

Nurse Practitioner Education

Advanced practice nursing education involves graduate training for NPs, nurse anesthetists, clinical nurse specialists, and nurse midwives (American Nurses Association

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Nursing World, 2014). In the past, educational programs were delivered to graduate nursing students who attended on-campus classes using face-to-face lectures. Recently, however, the proliferation of asynchronous and synchronous distance education programs for NPs has allowed stu-

dents to attend school while remaining at home in their own communities. This FNP graduate program awards a master of science in nursing and prepares advanced practice nurses who possess the knowledge, skill, attitudes, and values to meet the challenges of the 21st century health care delivery system. This 2½-year full-time program is accredited by the Commission on Collegiate Nursing Education and prepares FNPs to provide community-focused primary care for culturally diverse families in rural or medically under-

Key Points

- A geriatric assessment case scenario using standardized patients (SPs) was well developed and realistic for Family Nurse Practitioner students.
- Immediate feedback from SPs with the “safety” of practicing this clinical skill was helpful.
- Students used evidence-based resources to collectively devise a plan of care.

served areas. The 46- to 47-credit hour, primarily online, clinical education emphasizes primary health across the life span for underserved rural or urban populations (University of North Carolina Wilmington (UNCW) Graduate Academic Catalogue, 2013-2014). For clinical courses, students are required to come on campus for full day experiences, so the program is delivered using a hybrid format.

Professional NP organizations have endorsed curricular content focusing on functional assessment across the life span, including the elderly. The National Organization of Nurse Practitioner Faculties encourages curricular content to support NP core competency #3: comprehensive assessment that includes the differentiation of normal age changes ... with co-occurring health problems including cognitive impairment (NONPF, 2013). For this reason, faculty developed and delivered a case scenario using SPs to teach comprehensive geriatric assessment in the first clinical NP course.

Research About Standardized Patients

The conceptual model that was used to integrate the use of SPs into the curriculum was founded on neurologist Howard Barrows’ early work using nonmedical persons to act as patients in the early 1960s to train medical students. He defined SPs as “persons who have been carefully coached to simulate an actual patient so accurately that the simulation cannot be detected by a skilled clinician ... the SP presents the gestalt of the patient being

simulated” (ASPE, 2014). More recently, May, Park, and Lee (2009) define an SP as a person who has been coached to portray the characteristics of a specific patient, and the standardization is the consistency in the scenario that the patient offers to each learner.

SPs have been used in medical education for over 30 years but have been used less frequently in nursing education until recent years. Primarily, they have been used to practice health assessments and other skills. By standardizing student experiences and focusing on communication skills without worrying about the patient’s acceptance, students gain confidence and decrease their anxiety during clinical encounters. These encounters also provide the potential for students to “redo” a specific situation, which is not usually possible during clinical experiences (Hanna & Fins, 2006; Stevens, A., Hernandez, J., Johnsen, K., Dickerson, R., Rajj, A., Harrison, C., et al., 2006; Bosek, Li, & Hicks, 2007). According to the American Association of Standardized Patient Educators (2014), the SP individual is trained for teaching, assessment, and evaluation purposes. They can be trained to consistently act as a patient with both health history and physical presentations, as opposed to students just practicing on peers (Vessey & Huss, 2002). Disadvantages noted by Nehring (2009) include expense to pay SPs (ranging from \$20 to \$400) and use with special populations such as children can be difficult to recruit and train (Lane, Ziv, & Boulet, 1999). Table summarizes the advantages and disadvantages of using SPs in clinical education.

Research supporting the use of SPs in graduate health education is also strong. Evidence suggests that integrating the use of SPs into clinical training for health practitioners provides learners with interactive practice in gaining and perfecting clinical skills, in becoming competent in communication skills focusing on provision of health care, and results in improved satisfaction for faculty and students. May et al. (2009) performed a review of the literature about the use of SP pedagogy and found that only 15% of the articles were nursing related, whereas most

Table Standardized Patient (SP) Use	
Advantages	Disadvantages
Meet curricular objectives	Can be expensive
Coached to portray specific patient characteristics	Some populations of patients can be difficult to recruit and train
Can provide immediate feedback to students	Added time in planning and training SPs for use in curricular activities
Increase student confidence, decrease anxiety	
Provides for student accountability for learning	
Standardizes student clinical experience	

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