

Expanding the Use of Simulation in Nurse Practitioner Education: A New Model for Teaching Physical Assessment

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ABSTRACT

Nurse practitioner students in their first clinical semester must practice performing health histories and physical assessments, and develop diagnostic reasoning skills. The development of these skills is often dependent on the availability and teaching readiness of the clinical preceptor. This article describes a different model for teaching assessment skills and for mentoring new nurse practitioner students. The course was conducted in a simulated clinic setting biweekly throughout the semester, using coordinated cases with simulated patients (SPs). The students take an active role in assessing SPs with consistent oversight and immediate feedback from faculty, peers, and SPs.

Keywords: diagnostic reasoning, nurse practitioner education, simulated patients, simulation, standardized patients

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INTRODUCTION

Nurse practitioner (NP) students are admitted to the graduate program with varying degrees of experience, either with years in acute care or other health care settings, or straight out of nursing school with very little experience in clinical reasoning or advanced diagnostics.^{1,2} The first clinical course is crucial for laying the foundation for understanding the profession and community-based primary care, and for beginning the process of developing clinical diagnostic reasoning.^{3,4}

Traditionally, Physical Assessment for Advanced Practice Nurses is taught in two parts: a didactic course describing the history-taking and physical assessment skills; and a practicum course for the practice and integration of those skills and the development of beginning diagnostic reasoning skills. For this first clinical experience, students are placed in clinical sites in the community with the expectation that they will have the opportunity to practice the skills taught in the didactic course. Students must develop the ability to critically appraise and process the data gleaned with those skills, leading to the development of a diagnosis and an appropriate plan of care for the patient. Beginning NP students typically

shadow their preceptor at first in a new setting. Depending on the comfort level of the student or the preceptor, students may often shadow for the entire first semester, as their skills are so new and they cannot contribute appreciably to the patient care flow.

A recent study investigating the tensions between NP programs and clinical practice sites revealed that the process of clinical education, following the apprenticeship model of one student with one preceptor, is dependent on the availability and teaching readiness of the clinical preceptor.¹ In busy clinic settings, the time spent with a new NP student is often very limited. The student at this point cannot contribute much to easing the time constraints of patient flow, and is often seen as a detriment to productivity in the clinic. Partially due to this reality, providers are increasingly reluctant to precept NP students, and clinic sites are difficult to secure.^{1,2} This scarcity of available clinic sites may stifle the growth of NP programs.

A different model for teaching assessment skills and the mentoring of new NP students involves simulated clinic and homelike settings with simulated patients (SPs), sometimes called standardized patients. All of the clinical hours take place in the simulation

center as preparation for the following semester, when students transition into community clinic settings.

SIMULATION IN NP EDUCATION

The use of simulation is well accepted as part of pre-licensure nursing education. The National Council of State Boards of Nursing (NCSBN) released the results of their national simulation study comparing pre-licensure students with 10%, 25%, and 50% of their clinical experience spent in simulation labs rather than in traditional clinical settings. The study found no statistically significant differences in passing rates for the National Council Licensure Examination among the three groups, nor for readiness to

practice scores based on assessment of clinical competency.² Earlier studies demonstrated similar results.⁵⁻⁸

SPs as part of summative outcome evaluations have been used in medical education since the mid-1960s.⁹ NP programs are also beginning to look for a more uniform clinical evaluation of students.^{2,10} Simulation and SPs have been used for a portion of the teaching process for both formative and summative evaluations.^{10,11}

One of the benefits of using SPs for an NP clinical experience in the simulation laboratory is that patient cases can be organized to elicit the specific skills presented that week in the didactic course (see [Table 1](#)). In a community clinic setting, the cases

Table 1. Course Schedule With Topical Outline

Topic for the Week	Friday Practice (4 Hours)	Saturday Lab: Simulated Clinical Day (8 Hours)
History taking and interviewing skills	Practice taking health history among student pairs	Students see SP in lab and practice taking health histories
Assessment of the older adult, functional assessment and mental health assessment	Practice administering mental health assessments and talking through geriatric assessments among student pairs	SP cases include: assessment of the older adult; elder abuse; and mental health diagnoses in people of all ages
Assessment of head, neck, skin, hair, nails, and of the abdomen	Practice with otoscope and ophthalmoscopes, plus assessment of head, neck, skin, and abdomen	SP cases include glaucoma, otitis externa, otitis media, headache, insect bites, poison oak, melanoma, folliculitis, appendicitis, and gastritis
Assessment of the thorax, lungs and peripheral vascular system	Students practice assessing lungs and pedal and brachial pulses	SP cases include: pneumonia, URI, asthma, and COPD
Assessment of the musculoskeletal and neurologic system	Students practice assessments of musculoskeletal and neurologic systems	SP cases include lower back pain, neck pain and whiplash, twisted ankle, dizziness, problems with balance
Breast and genital assessments	Students practice with professional models—breast, pelvic, testicular, and digital rectal exams	SP cases include UTI, testicular pain, suspected STI, pregnancy, sex trafficking, finding a breast lump
Neonatal, pediatric, adolescent well-child exams	Students practice well-child exams on mannequins	SP cases include: newborn exam, breastfeeding concerns, eczema, pre-kindergarten physical, sports physical, suspected child abuse
Final exam review	Students practice head-to-toe assessment with peers and instructor	SP cases include a mix of all types of cases

COPD = chronic obstructive pulmonary disease; SP = simulated patient; STI = sexually transmitted infection; URI = upper respiratory infection; UTI = urinary tract infection.

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