



Featured Article

Using a Standardized Patient to Teach Fall Safety

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KEYWORDS

standardized patient;
simulation;
safety;
attitudes;
teaching strategies;
nursing education;
fall safety

Abstract

Background: Patient falls in acute care settings have become a major public concern. It is important that nurse educators use evidence-based teaching strategies to teach nursing students the necessary measures required to keep patients safe.

Methods: Using a multisite, mixed methods, experimental study, we tested the effect of using a standardized patient in simulation on cognitive gains, student attitudes toward patient safety and important simulation design features.

Results: Students indicated debriefing followed by fidelity were the most important features of this simulation. Although there was no significant cognitive learning in the experimental group, there was a significant improvement in attitudes toward safety.

Conclusion: This study adds to the science of nursing education providing evidence for best teaching practices. Using standardized patients in simulation improves student attitudes toward patient safety.

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Patient safety is a national concern among health care institutions. It is estimated that adverse events occur at a rate of 145 per 1,000 hospital admissions with an estimated cost of \$19.5 billion (Agency for Healthcare Research and Quality, 2013). The fifth leading preventable adverse event is patient falls, occurring at a rate of 8 per 1,000 hospital admissions (Agency for Healthcare Research and Quality, 2013). The consequences of falling include increased length of hospital stays, increased resource use, (Bates, Pruess, Sourney, & Platt, 1995) pain, serious injury, and

death (Rubenstein, 2006; Tinetti & Kumar, 2010). The health care system likewise incurs a considerable burden when hospitalized patients fall such as loss of revenue, complaint and litigation, and staff anxiety and remorse (Oliver, 2008). Risk prevention though can minimize the number of patient falls (Rubenstein, 2006).

Teaching nursing students how to assess for patient fall risks and to prevent falls is important. One strategy for teaching fall risks and consequences to falling is to use a standardized patient (SP), an individual specially trained to portray a patient with a particular condition in a predictable and repeatable way (Association of Standardized Patient Educators, 2011).

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Using an SP in a simulation scenario is relatively new in nursing education. Teaching nursing students about falls using a SP can expose students to a realistic high-risk situation while circumventing the devastation of an actual adverse event. However, there are limited data to determine

that the use of SPs to teach nursing students is an effective strategy when teaching fall risks. Moreover, the amount of simulation time required for effectiveness is as yet unknown.

Key Points

- Teach nursing students about falls using an SP offers a realistic high risk situation.
- Using an SP in a 10 minute simulation to teach about fall risks increases student appreciation for patient safety.
- Simulation may be more effective at reaching the affective domain than the cognitive domain.

Purpose and Research Questions

The primary purpose of this mixed methods study was to examine the effectiveness of using simulation with SPs as a strategy to teach patient safety. The quantitative research questions included:

(1) Is there a difference in the cognitive post-test scores between beginning nursing students who receive instruction and a 10-minute SP fall-risk safety simulation and beginning nursing students who receive instruction only? (2) Is there a difference in the attitudes toward safety between beginning nursing students who receive instruction and a 10-minute SP fall risk safety simulation and beginning nursing students who receive instruction only? (3) What design features of a SP fall risk safety simulation are important to beginning nursing students? The secondary purpose of this study was to explain the quantitative results using qualitative reflection. The beginning nursing students in this study were in their first nursing course associated with a clinical experience.

Literature Review

Falls

More than one in three adults, 65 years and older, fall each year and the likelihood of falling increases with age (Centers for Disease Control and Prevention, 2008; National Institute of Health Senior Health, 2013). Many factors put a patient at increased risk for falling, including altered mental status, use of restraints, history of falls, use of walking assistive devices, impaired balance and gait, decreased strength, medications, age, and impaired functional ability (Evans, Hodgkinson, Lambert, & Wood, 2001; Rubenstein, 2006). Risk prevention, which includes assessing and properly identifying patients at risk, reviewing medication, eliminating physical environmental

hazards, and providing physical assistance when mobilizing patients at highest risk, can minimize the number of patient falls (Evans et al., 2001).

Standardized Patients

SPs are used to create realistic simulated clinical situations in a controlled environment. The use of SPs in medical education started in the mid 1960s, offering experiential learning as opposed to textbook learning (Wallace, 1997). Although nursing education has been slower to incorporate SPs into the curricula, their use is growing.

Studies indicate that the use of SPs in undergraduate nursing education is an effective strategy to teach communication skills to beginning nursing students (Anderson, Holmes, LeFlore, Nelson, & Jenkins, 2010; Yoo & Yoo, 2003), medication administration, patient positioning, mouth care, and back care (Yoo & Yoo, 2003), as well as basic assessment skills (Bornais, Raiger, Krahn, & El-Masri, 2012). Further, the use of an SP increases knowledge and confidence while decreasing anxiety when used with beginning nursing students for extensive orientation for their first clinical experience (Dearmon et al., 2013). DeBourgh and Prion (2011) using three SP simulations to teach fall risks, demonstrated cognitive improvement after the SP simulation intervention.

Using SPs to teach upper level nursing students is likewise effective. When teaching senior nursing students about therapeutic communication and depression using SPs, these students described their learning experience as positive and meaningful compared with those taught using traditional teaching methods (Becker, Rose, Berg, Park, & Shatzer, 2006). Similarly, students who were taught to perform mental status examinations and suicidal risk assessments using SPs reported increased self-confidence, increased critical thinking, and satisfaction with the learning experience (Robinson-Smith, Bradley, & Meakin, 2009). Upper-level students were also highly satisfied when SPs were used during a simulated home visit (Kim-Godwin, Livsey, Ezzell, & Highsmith, 2013). In addition, Sharpnack, Goliat, and Rogers (2013) used SPs to teach upper-level nursing students leadership skills. Students were responsible for delegation, prioritization, and allocation of resources. The simulation was designed to increase awareness of quality and safety competencies.

Other health care disciplines also use SPs to teach and assess patient safety. Vyas, Bhutada, and Feng (2012) studied the use of SPs to assess pharmacy students' core domain abilities. In the randomized, controlled study, third-year pharmacy students (n = 28) were assigned to the simulation group. The results of the study indicated 100% of the participants felt the simulated experience increased their awareness of patient safety. A recent study in medicine used SPs to teach proper prescribing methods for controlled substances (Swiggart, Ghulyan, & Dewey, 2012). SPs have been used in undergraduate nursing education in a variety of ways. However, there are limited data to

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