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# Implementing Standardized Patients Within Simulation in a Nurse Practitioner Program

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## KEYWORDS

standardized patients;  
simulation;  
graduate nursing  
students;  
nurse practitioner  
students;  
clinical performance;  
primary care;  
debriefing

## Abstract

**Background:** Nurse practitioner (NP) faculty need to think strategically about how to best implement simulation using standardized patients (SPs) for primary care NP courses. This pilot study sought to identify barriers and strategies to facilitate the use of SPs in a NP program.

**Method:** NP students participated in an ambulatory care simulation using a SP. Students completed the Debriefing Assessment for Simulation in Healthcare (DASH)<sup>®</sup> student version, short form, after the simulation.

**Results:** Students rated the simulation debriefing experience as effective in helping them improve or sustain good performance.

**Conclusion:** Although SPs portrayed a realistic ambulatory care environment, barriers are identified along with suggestions to overcome these barriers.

## Cite this article:

Schram, A. P., & Mudd, S. (2015, April). Implementing standardized patients within simulation in a nurse practitioner program. *Clinical Simulation in Nursing*, 11(4), 208-213. <http://dx.doi.org/10.1016/j.ecns.2015.02.002>.

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Simulation provides a learner-centered approach to education that has been demonstrated to be an effective learning method (Cook et al., 2012; Cook et al., 2011; Issenberg, McGaghie, Petrusa, Lee Gordon, & Scalese, 2005; McGaghie, Issenberg, Petrusa, & Scalese, 2010). Experience alone is not enough to obtain mastery of clinical skills (Jeffries et al., 2011), and simulation-based learning can be instrumental in bridging this gap without differences in educational outcomes (Hayden, Smiley, Alexander, Kardong-Edgren & Jeffries, 2014). Simulation modalities, such as high fidelity, computer, Web based, and virtual reality can be adapted so that they mimic the clinical environment for the learner, allowing the learner to apply cognitive,

affective, and psychomotor skills in a realistic environment without threat of harming a real patient. Within the nursing community, simulation laboratories are often set up to portray an acute inpatient environment, making it more difficult to translate this environment into the ambulatory setting. This is particularly true when faculty need to assess a primary care nurse practitioner (NP) student's ability to interact with a patient to generate a therapeutic relationship, communicate effectively to obtain an accurate history, perform a physical examination, and develop a management plan. As the student NP-patient interaction is the foundation of the ambulatory care visit, simulation manikins are unable to adequately depict the "living breathing patient." The use of standardized patients (SPs) allows NP students to realistically interact with a patient who has been trained to portray the

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physical, psychological, and emotional aspects of a particular case, providing the faculty evidence of their clinical performance (Rutherford-Hemming & Jennrich, 2013). NP faculty need to think strategically about how to best implement simulation using SPs for primary care NP curriculum and courses.

### Key Points

- SPs provided realistic ambulatory care simulation environment for primary care NP.
- The debriefing helped students identify how to improve or sustain good performance.
- Incorporation of SPs can require additional resources.

### Background

Creating an ambulatory care environment can be a challenge for NP faculty, as many simulation centers primarily use high-fidelity simulation manikins in the setting of an acute care environment and may not have access to SPs.

Because of many factors, the availability of clinical training sites has become increasingly limited (Forsberg, Swartwout, Murphy, Danko & Delaney, 2015), adding to the need for standardized learning experiences for NP students and evaluation opportunities for faculty. SPs are individuals who are trained to accurately portray a client with a specific set of clinical symptoms consistently during each simulation encounter. Some schools of nursing use professional actors and volunteers (including community members, faculty, and staff) in simulations that require a live individual. Using a SP in an ambulatory care simulation provides a higher level of functional task alignment, or functional fidelity, than other methods, so that the physical resemblance of the simulation better aligns with the simulation objectives (Hamstra, Brydges, Hatala, Zendejas, & Cook, 2014). This is particularly true at the graduate nursing level, where SPs have been used for teaching and evaluating advanced clinical skills such as taking a history and conducting a physical examination, as well as evaluating communication and cultural competency (Beckham, 2013; Kurtz, Mahoney, Martin-Plank & Lidicker, 2009; Ndiwane, Koul, & Theroux, 2014; Austin, Hannafin, & Nelson, 2013; Jeffries et al., 2011; Kurz, Mahoney, Martin-Plank, & Lidicker, 2009; LeFlore et al., 2011; Pittman, 2012; Rosenzweig et al., 2008; Rushforth, 2007). Rutherford-Hemming and Jennrich (2013) found that simulation using SPs helped NP students prepare for the clinical setting. Nursing faculty were better able to observe student performance to identify important components of the history and physical examination, including the use of pertinent questions using an organized, systematic process and employing the use of correct physical examination techniques while respecting patient privacy.

Although recent literature has found that simulation can be a substitute for a portion of clinical hours in prelicensure

students without any difference in educational outcomes (Hayden et al., 2014), simulation cannot currently be substituted for precepted clinical hours in graduate nursing education. SPs have been shown to have an advantage over real patients, particularly in the practice of communication skills and feedback, and they can be a valuable tool to evaluate student mastery of clinical situations or to recreate clinical environments not otherwise available to students (American Association of Colleges of Nursing [AACN], 2011, p.30; Bokken et al., 2010). Additionally, the availability, flexibility, and the ability to provide consistent experiences for students across a course can be advantageous (Bokken et al., 2010).

The National League for Nursing—Jeffries Simulation Framework was used as the theoretical framework to guide this project on the development and use of SPs within simulation in a master's of science (MSN) program. The framework articulates the importance of using best educational practices to guide the development, implementation, and evaluation of the simulation to meet course and program outcomes. The authors similarly believed that the use of simulation-based learning would allow primary care NP students to perform a patient encounter in a realistic, controlled ambulatory care patient environment and to provide an opportunity for evaluating clinical performance for this primary care NP course. The simulation was designed to incorporate key concepts of the framework, including clearly written objectives describing desired clinical outcomes and use of SPs within the simulation to provide high fidelity of an ambulatory patient encounter. A structured debriefing was included so that the students would receive immediate performance feedback from both faculty and the SP.

This project was conducted in an east coast private university within a MSN primary care NP program. An internal Scholarship of Teaching grant was awarded to cover the cost of the SPs. The purpose of this pilot project was to identify barriers and strategies needed to incorporate the use of SPs within simulation in a graduate MSN primary care NP program. The objectives included:

1. Develop and implement a primary care NP simulation using SPs.
2. Evaluate student perceptions of effectiveness of debriefing the simulation.
3. Identify barriers and challenges of using SPs within the simulation.
4. Evaluate the sustainability of using SPs within the MSN NP simulation program.

### Methods

The authors reviewed the literature to identify the best practice of simulation-based education and the use of SPs within simulation to guide the development of this pilot

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