

# Integrating Standardized Patients and Objective Structured Clinical Examinations Into a Nurse Practitioner Curriculum

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## ABSTRACT

Simulation has been used as a teaching pedagogy in health science disciplines for more than a century. Integrating standardized patients into simulation provides a high level of realism and is an excellent teaching and evaluation modality for nurse practitioner and nurse-midwifery programs. A standardized patient (SP) is coached to perform as a patient in a specific clinical scenario, while a number of students engage in a simulated encounter with SPs. Students are observed and evaluated with a checklist to assess performance. SPs are used in a single case teaching experience or in a multistation evaluation experience called an objective standardized clinical examination.

**Keywords:** clinical teaching, objective structured clinical examinations, standardized patients

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Simulation in nursing education is a teaching modality allowing students to practice or demonstrate skills in a safe environment without risk of harm to real patients. The 2014 National Simulation Study by the National Council of State Boards of Nursing suggested high-quality simulation in undergraduate curriculum can be used to substitute up to 50% of the required clinical hours without altering the educational outcomes.<sup>1</sup> Clinical placement is a challenge for both undergraduate and graduate nursing programs. Nurse practitioner (NP) and nurse-midwifery (NMW) programs have additional challenges with the scarcity of one student to one clinical preceptor placements. Accrediting agencies for NP and NMW programs mandate a minimum number of clinical hours and currently do not recognize simulation as a substitute for clinical preparation. Barriers to successful preceptor recruitment, including concerns of reduced productivity while precepting students and lack of formal preparation for the clinical preceptor role, have been cited as the leading reasons to not precept NP students.<sup>2,3</sup>

There are a number of questions that must be answered regarding simulation and advanced practice

nursing education outcomes. Integration of standardized patient (SP) encounters and objective structured clinical examinations (OSCEs), as teaching and evaluation tools for NP students may provide evidence of the clinical competence attained during the education program. The purpose of this paper is to describe the use of simulation with SPs as a teaching, learning, and evaluation methodology in graduate nursing education.

## BACKGROUND

Simulation scenarios with and without SPs have been used by a number of health science disciplines for over 50 years, in line with the need for new models of NP clinical teaching and learning.<sup>4</sup> According to Rehmann et al., simulation has 3 distinct dimensions: (1) equipment fidelity; (2) environment fidelity; and (3) psychological fidelity. The term “fidelity” loosely represents the degree of realism of the simulation scenario. Equipment and environmental fidelity refer to the appearance of realism. Psychological fidelity is the degree to which the learner suspends disbelief and perceives the scenario is real. Achieving psychological fidelity is

the most complicated and difficult dimension to achieve.<sup>5,6</sup>

In health care, a simulation scenario mimics a human experience using a number of methodologic approaches from low-fidelity simulation to complex high-fidelity simulation. Low-fidelity simulation can consist of case study evaluation or task trainers, which focus on skill acquisition. Mid- and high-fidelity simulation extends the learning and evaluation to clinical reasoning and application.<sup>6</sup> SPs are prepared to “act” out a specific clinical situation, thus providing a high degree of realism to the learner.

The SP simulation experience can be designed as a low- to mid-fidelity experience with the objective focused on skill attainment, or as high-fidelity when the learner is asked to utilize clinical decisionmaking to assess, interpret, and intervene based on the scenario.<sup>6</sup> The SP provides a dimension of high environment and psychological fidelity.

Integrating simulation with SPs into graduate-level education programs provides “real-life” situations while offering opportunities for deeper comprehension/application of core competencies, including: (1) physical examination techniques; (2) communication skills; and/or (3) technical/procedural skills. Depending on the learner’s preparation and simulation objectives, simulation activities can be integrated into the curriculum as a teaching modality, preclinical assessment tool, or summative clinical evaluation.<sup>7</sup>

OSCEs, utilizing SPs, can create a high-fidelity, high-stakes evaluation environment to assess comprehension, clinical competency, and critical thinking. Depending on the micro-objectives of the OSCE, this can be a potent teaching pedagogy or a dynamic evaluation tool. Throughout the NP educational program, formation of critical thinking in a simulated environment is an important aspect of learning to both think and act like a health care provider.<sup>8</sup> Preclinical OSCE evaluations require students to demonstrate basic skill mastery before starting their clinical experience. Academic programs must prepare students to be efficient, productive, and safe in the clinical setting to reduce the burden on the busy preceptor while promoting positive patient outcomes.<sup>9</sup>

## **BENEFITS OF A STANDARDIZED PATIENT/SIMULATION PROGRAM**

One of the major challenges for NP faculty is the evaluation of student clinical performance. Faculty administer written examinations, require student-created reports, evaluate oral case presentations, and have students complete case studies to evaluate knowledge and skill acquisition. Classroom-based examinations may lack content validity if not covering all of the necessary content. Standard classroom assessments may lack the ability to evaluate clinical application and essential clinical decision-making (CDM), which is needed in clinical practice.<sup>10</sup>

To evaluate students’ clinical application and essential clinical decisionmaking, faculty perform brief direct observations of students in the clinical setting, while relying on input from the clinical preceptors to fully assess a student’s competency. Direct observation in the clinical setting gives faculty minimal opportunity to observe and evaluate students in real-life clinical encounters. Further challenges include inconsistency in the type of patient visit, the complexity of the visit, the skills required, and the clinical setting.

Implementation of a graduate simulation program with standardized patients provides a number of benefits to teaching, learning, and evaluation of NP students. A primary benefit of an SP program is the ability to create a safe, realistic environment for the students to learn. Faculty assess and document a student’s performance in a simulated clinical setting with standardized clinical presentations, which may not be available in all clinical settings. Real-life clinical experiences are unpredictable complicating student evaluations; however, simulated scenarios are developed with standardized specific conditions to demonstrate core competencies. Core competencies are leveled across the curriculum and include the ability to obtain a clinical history, perform an appropriate physical exam, conclude an accurate diagnosis, prescribe/order suitable treatments, provide patient education/counseling, or discuss complex and difficult situations with SPs.<sup>11-18</sup>

The high-fidelity simulation with SPs can be constructed in a variety of formats. The simulation,

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