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Three-dimensional needs of standardized patients in nursing simulations and collaboration strategies: A qualitative analysis

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ABSTRACT

Simulation-based education using standardized patients is recognized as an effective education method from which students can learn in a safe and controlled environment, and instructors can provide consistent education. It has been reported that the level of standardized patients' satisfaction in the simulation experience positively affects to their case mastery and providing feedback to learners. This study aimed to explore standardized patients' lived experiences on nursing simulation using qualitative research to provide empirical resources to facilitate collaboration with standardized patients for efficacious nursing simulation. Study participants were recruited from simulation centers and had experience with nursing simulation education as standardized patients within the last 3 years. Focus group interviews were conducted to explore experiences of the 12 standardized patients in nursing simulations. The focus group interviews were conducted with structured four steps of opening, transition, key, and ending questions, from which additional questions and discussions followed. They were recorded electronically and transcribed for analysis. Qualitative content analysis was used to analyze the data. Two researchers read the interview transcripts several times to become familiar with the content, and then interpreted them systematically. From the qualitative analysis of standardized patients' experiences on nursing simulation, 23 codes, 10 sub-categories, 4 categories, and a theme were derived. It would be concluded that standardized patients have serving, learning, and interpersonal needs on their simulation, which may be related to their experiences in the simulation that affects learning outcomes of the students' as well. By facilitating positive experiences of standardized patients, quality of nursing simulation could be increased to provide more active and effective learning opportunities for students.

Recent clinical nursing practicums have provided limited educational opportunities for direct nursing practice for nursing students, a result of increased needs for patient rights and safety issues (Allen, 2018). It is becoming more difficult to secure hospitals for clinical practice. In addition, most of the clinical practices are occupied by observational nursing, rather than direct patient care, due to the strengthened rights of patients and the growing emphasis on the importance of patient safety. To adapt to this transition, many nursing schools have developed simulation-based education to develop students' competencies in communication, teamwork, and critical thinking to keep up with rapidly developing medical technology (Bauchat et al., 2016; Slater et al., 2016).

Simulation-based education refers to self-directed interactive learning developed in specific clinical settings to facilitate competencies of students such as problem-solving and clinical performance using simulators, standardized patients, or multimedia programs (INACSL Standards Committee, 2016). For example, simulation improves students' cognitive abilities and critical thinking skills (Elfrink et al., 2010; Kaddoura, 2010), confidence and self-efficacy (Blum et al., 2010), clinical skills and clinical competency (Anderson and Warren, 2011), and proved effective in improving leadership skills (Reed et al., 2009). Simulation is an effective learning methodology in nursing education that can be practiced in a safe environment, where actual clinical situations can be implemented similarly, mistakes are allowed, and repeated practice is possible (Hayden et al., 2014). Additionally, through clinical practice-related simulation, the critical thinking ability of students can be improved because the result of the interventions that they have chosen can be experienced immediately, and they can share and reflect on what they have actually experienced with other learners through the debriefing (Cant and Cooper, 2010; Harder, 2010).

In nursing education, simulation-based learning is rapidly spreading by applying methods, such as High-Fidelity Human Patient Simulator (HPS), Clinical Performance Exam (CPX), Objective

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Structured Clinical Examination (OSCE) and Standardized Patient (SP) (Ko, 2018). Standardized patients (SPs) are trained to act in a standardized way during simulation, presenting with a specific health history, character, emotional response, and physical examination, just as real patients would (Barrows, 1993). In the United States, a nationwide survey on SPs analyzed 255 SPs reported the majority of SPs were female (61%) and averaged 60 years of age (range 19 to over 80). SPs averaged 5 years of experience (range 1–31 years). A variety of backgrounds (non-exclusive) were reported, including acting (59%), education (37%), the health-care professions (33%) and business (12%) (Abe et al., 2011).

The benefit of using SPs in simulation is that multiple cases can be played repeatedly to a standardized way while keeping the experience realistic. Simulation-based education using SPs is recognized as an effective education method from which students can learn in a safe and controlled environment, and instructors can provide consistent education (Bauchat et al., 2016; Jarvill et al., in press). Nursing simulations using SPs help students gain confidence regarding psychiatric clinical practicums in a safe environment. Students can practice how to approach and communicate with patients, which leads to more active participation in their actual clinical practicums (Choi, 2012). Studies on development and evaluation of nursing simulations using SPs have reported positive effects on nursing education including development of essential nursing skills, critical nursing care, child and maternal nursing, community, and psychiatric nursing (Abe et al., 2011; Choi, 2012).

Qualitative studies of the lived experiences of SPs in clinical simulation reported that they shared productive themes such as ‘Responsibility of providing an accurate depiction’, ‘To develop abilities for giving feedback on performance’, ‘Building on confidence’, ‘Joy in seeing students learn’, ‘What we do is important’, and ‘Opportunity to be productive’ (Jarosinski and Webster, 2016; Simmenroth et al., 2016; Smeltzer et al., 2015). However, several researchers have examined SPs' negative experiences in simulations might lead to undesirable student- standardized patient interactions. (Johnston et al., 2013; Plaksin et al., 2016). A survey reported the SPs were highly satisfied with their work in general, but roughly half reported some difficulty with elements of case mastery and providing feedback to learners. It described difficulties such as remembering the medical facts of the case, keeping emotional expression, indicating well-balanced positive and negative points, or adjusting feedback to learner's level of training.

In addition, SPs' work satisfaction was inversely related with reported difficulty in role mastery and difficulty in provision of feedback. Derived personal benefit was also inversely related to difficulty in role mastery (Abe et al., 2011). Identifying SP's specific needs and strategies for role mastery and satisfaction in simulations via exploring SPs' experiences are important for nursing education to improve students' outcomes from simulation. Therefore, this study aimed to explore SPs' essential elements of experiences related with nursing simulation using qualitative research methodology for providing empirical resources and evidence to facilitate collaboration with SPs for efficacious nursing simulation.

1. Methods

This study used a qualitative design, which is an inductive, interpretative, and constructional approach to explore SPs' experiences related to nursing simulation. The qualitative research approach has been used as a valid scientific method in multiple domains to explore individual or group experiences on specific phenomena. The qualitative research process of this study was validated using the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist, a useful instrument to ensure qualitative studies conducted robustly (Tong et al., 2007).

Table 1
Characteristics of the standardized patients (N = 12).

Items	Contents	N
Sex	Male	2
	Female	10
Age(Year)	30–39	1
	40–49	3
	50–59	1
	60–69	7
Education	High school	4
	College	8
Working duration(Year)	< 7	2
	7–10	6
	10 <	4
Subject of simulation[a]	Medical	11
	Mental health	6
	Surgical	4
	Emergency	3
	Geriatric	3
	Pediatric	2
	Others	4

[a] Multiple responses.

1.1. Participants

Study participants were recruited via snowball sampling from simulation centers in Seoul, Korea, who had experience with nursing simulation education as SPs within the last 3 years. Fifteen SPs were initially introduced and received an explanation of the purpose and conditions of the research. Finally, participants were 12 SPs who understood and signed a consent form. Majority of them had trained and played as SPs for history taking, assessment, or intervention in medical, surgical, mental health, geriatric, or pediatric simulations. They were freelancers who paid by the hour had worked at various nursing schools, medical schools, or hospitals for 5 years (Table 1).

1.2. Data Collection

Focus group interviews were conducted to explore experiences of the participants as SPs in nursing simulations. The focus group interview is a qualitative method that encourages collective conversation among participants focused on a specific theme, making it an effective tool to gather qualitative data (Krueger and Casey, 2015). In this study, the focus group facilitator was trained for focus group interview and qualitative research who was employed in a simulation center for 9 years. During the focus group discussion, the names of the agencies were protected by confidential to prevent conflict of interest of the study. The focus group interviews were supported by graduate students of a nursing school who trained for focus group interview and qualitative research in nursing courses.

The research question of this study was “What is the experiences of the standardized patients in nursing simulation?”, which was proceeded by 4 steps of questions for the focus group interview proposed by Krueger and Casey (2005): 1) Opening question (“Could you tell me how you started doing SP?”); 2) Transition question (“As a SP, how did you feel about the simulation education experience overall?”); 3) Key question (“What was your positive and negative experience in nursing simulation?”); and 4) Ending question (“Could you give me some suggestion for better nursing simulation using SP?”). When the interview on the topic was completed, the researcher summarized the comments from the discussion and confirmed to the participants whether there were any missing or added items.

Six SPs among the 12 participants attended the first focus group interview, and another six SPs attended a second focus group interview. Each interview was conducted in a separate room and lasted about 60 to 90 min. The focus group interviews were conducted with structured