Unfolding Case Study Using Human Patient Simulation in an Advanced Practice Nursing Program

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Disclosure

Presenter has no actual or potential conflicts of interest in relation to this program/presentation.
Objectives

Describe use of HPS with standardized patients as adjunct to precepted clinical experiences in an APN program

Describe use of a simulated unfolding case study using standardized patients for formative evaluation of clinical knowledge, skills, and attitudes of APN students
Introduction

Limitations for clinical placement of APN students increasing

HPS with standardized patients offers viable adjunct to clinical experiences (AACN, 2015; Hayden et al., 2014)
Introduction

HPS provides effective learning experiences for undergraduate nursing students (Cant & Cooper, 2012; Hayden et al., 2014; Norman, J., 2012)

Limited knowledge related to use of HPS for education and evaluation of APN students
Background

Faculty interest in assessing current knowledge, skills, and attitudes of students in their last semester of a FNP program

Limitations to evaluations conducted by preceptors (Ebbert & Connors, 2004)

Focus on identifying gaps in teaching and learning
Unfolding Case Study

“An unfolding case is one that evolves over time in a manner that is unpredictable to the learner. New situations develop and are revealed with each encounter” (NLN, n.d., para. 1).

Gauge critical thinking, diagnostic reasoning, and clinical judgment (Carr, K., 2015; Reese, 2011)

Opportunity for patient follow up and evaluation of effectiveness of plan of care (Reese, 2011)
Standardized Patients (SPs)

Persons following a scripted scenario who present in a consistent manner as patients with a specific health condition during an educational or evaluative experience in nursing (Gibbons et al., 2002)

Demonstration of communication and clinical skills in obtaining a health history, completing a physical examination, and outlining a plan of care (Gibbons et al., 2002; Theroux & Pearce, 2006)

Use of SPs in nursing education linked to positive outcomes (Ebbert & Connors, 2004; Gibbons et al., 2002; Robinson-Smith, Bradley, & Meakim, 2009; Theroux & Pearce, 2006)
Participants

25 Masters level nursing students in final semester of FNP program

Currently participating in precepted clinical experiences in out-patient setting

All students enrolled in final adult health course
Setting

Private nursing school in the Southeastern United States
State-of-the-art Clinical Skills Laboratory
3 fully equipped examination rooms; simulated office or clinic setting
1 computer lab
1 debriefing room
Patient Scenarios (Unfolding Case)

Learning objectives based on current clinical practice guidelines, Nurse Practitioner Core Competencies (NONPF, 2012), and program outcomes

Scenarios consistent with “Standards of Best Practice: Simulation” outlined by the International Nursing Association for Clinical Simulation and Learning (INACSL, 2013)

Realistic scenarios encountered in a primary care setting
Stations (Unfolding case)

1 – Evaluation of patient with c/o hand, hip, and knee pain
2 – Electronic documentation of patient encounter
3 – Follow up evaluation of patient now with c/o abdominal pain
4 – Electronic documentation of patient encounter
5 – Follow up evaluation of patient now with c/o severe abdominal pain and hematemesis
6 – Electronic documentation of patient encounter
7 – Group debriefing, faculty feedback, student self-evaluation
Patient Charts

Standard forms (i.e., demographics and insurance information; medication list; self-report health, family, & social history form)

Intake sheet with vital signs and chief complaint

Updated lab results, diagnostic test results, etc. from previous patient encounter (as appropriate)
Faculty

2 faculty in chart review area

1 faculty observer/evaluator per patient room (total of 3)

1-2 faculty assisting in computer lab (documentation station)

1 faculty as a standardized patient

Clinical lab faculty assistance with set up of lab and facilitation student rotation through stations

All faculty in debriefing
Faculty and Standardized Patient Preparation

1-2 weeks before experience

◦ Patient charts and patient scripts
◦ Background diagnostic and treatment information related to osteoarthritis, peptic ulcer disease, GI bleed
◦ Checklist of expected student learner behaviors and interventions at each stage of the case
◦ Questions to facilitate debriefing
Faculty and Standardized Patient Preparation

Day of experience

◦ Review and prebriefing regarding flow of scenarios by faculty coordinator
◦ Clarification of expectations of SPs and students
Student Preparation

1 week before experience
- Reviewed objectives for experience
- Outlined expectations for the day

Day of experience
- Signed confidentiality agreement
- Provided flowsheet and documentation forms
- Prebriefing including review and reinforcement of expectations
Procedures

Review of patient charts and supporting data pertinent to each encounter prior to and during each “office visit”

Students presented with SPs for evaluation in simulated office or clinic setting (2 students per station)

Unfolding case study with three time-lapsed scenarios
Procedures

Focused history and physical assessment

Differential diagnoses and treatment plan including prescriptions, diagnostics, referrals, patient education

Electronic documentation (SOAP note)
Debriefing

Individual debriefing following each patient encounter
Group debriefing once all stations completed
Questions provided to facilitate debriefing
Students completed self-evaluations
Results – Opportunities for Evaluation

Interviewing skills
Physical assessment
Development of differential diagnoses
Ordering diagnostics

Writing prescriptions
Patient education
Writing admission orders
Use of resources and references
Results

Reinforcement of student clinical knowledge
Student self-identification of challenges and opportunities
Identification of gaps in teaching and learning by students and faculty
Resource intensive experience
Conclusions

HPS using standardized patients and an unfolding case study approach may be a viable adjunct to traditional precepted experiences for reinforcing knowledge, skills, and attitudes and assessing student learning in an APN program.

Identification of teaching and learning needs of students related to clinical knowledge, skills, and attitudes may be derived from these experiences.
Conclusions

Debriefing, feedback, and student self-evaluation are important components of simulated learning experiences.

Implications for educational and clinical practice and research are evident.
References


References


