

# Using Standardized Patients for Professional and Continuing Education

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# Provider Disclaimer

## Potential Conflict of Interest

- Presenters facilitate the *Using Standardized Patients in Athletic Training Workshop*
  - Held at Indiana State University, July 20-22, 2017
- The views expressed in these slides and the today's discussion are our own
- Our views may not be the same as the views of our institutions, clients, or colleagues
- Participants must use discretion when using the information contained in this presentation

# Learning the Crowd

1. How many faculty utilize simulations or standardized patients for professional or post-professional education?
2. How many clinicians utilize simulations or standardized patients for continuing education and/or staff development?

# Presentation Objectives

At this conclusion of this session, participants will:

1. Understand and appreciate the evidence supporting the use of SPs to teach and evaluate clinical and communication skills in professional and continuing education of healthcare professions;
2. Describe strategies for incorporating SP encounters into the athletic training practice to identify performance gaps in essential clinical and communication skills;
3. Identify challenges for implementing SP encounters to identifying performance gaps in essential clinical and communication skills;
4. Outline steps to overcome those challenges

# Simulations

A scenario or clinical situation in which a student evaluates a mock patient/athlete who portrays a fake injury or condition<sup>1,2</sup>

- Used predominately for evaluating clinical skill
  - Awareness of learning objectives?
  - Accuracy of assessment measures?
  
- Developed by faculty or preceptor
  - Examiner know the “patient”
  - No training for standardization
  - Not consistency among examiners

# Types of Simulations

Mock Scenarios

Task Trainers

Patient Simulators

Hybrid Simulation

Virtual Reality

# Standardized Patients

Individuals who are intentionally and purposefully trained to consistently and accurately portray a patient with a specific injury, illness or condition<sup>1,2</sup>

Includes a patient history, physical examination, lab findings<sup>3,4</sup>

- Includes past medical history, social history
- Developed from real-time patient encounters
- Often video recorded for reflection and assessment purposes

# Why use SPs vs. Mock Simulations

SPs reliable and valid, mock simulations are unknown

- Educational experience is not consistent or reliable for all students

Students can re-examine the SP or go through another encounter

Student can evaluate sensitive scenarios

- Sexual assault
- Eating disorders
- Breaking bad news



# Benefits of Using Simulations

Wide variety of easily accessible learning opportunities

- Scheduled, valuable learning experiences that are difficult to obtain in real life
- Hands-on critical thinking: knowledge-in-action, decision-making, and effective communication

Freedom to make mistakes and learn from them

- By seeing the outcome of their mistakes, learners gain powerful insight into the consequences of their actions

Customizable learning experience

- Ability to accommodate a range of learners from novices to experts

Provide detailed feedback

- Patient care and the pace of actual healthcare does not allow for the review and learning to take place

# Non-Threatening Environment

Standardized patients [and simulations] provide a real-time patient care encounter in a non-threatening environment

- Examiners should interact with the SP in a manner that they would with real patients
- No harm done in performing incorrect procedures or actions
- Encourage mistakes to be made and see the consequences of making those mistakes on a patient

# Simulations for Continuing Education

Why use simulations for continuing education?

- Identify strengths as a clinician
- Identify practice deficiencies
  - Knowledge or clinical skills
  - Soft skills
- Transition to practice
- Outline professional development

How to use simulations for continuing education?

- New employee training/orientation
- Scheduled staff meetings/ In-services

# Current Trends

How are and should standardized patients and other simulations used in professional and continuing education?

# Techniques for SPs & Simulations

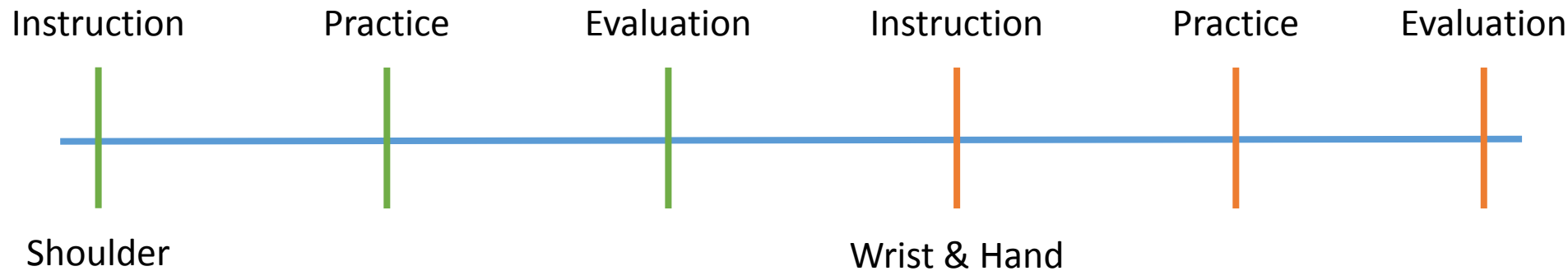
## Teaching Encounters<sup>2</sup>

- Formative in nature
- Usually completed in small groups (2-4)
- Purpose is to teach or refine clinical skills within the context of patient care
- Time-In / Time-Out

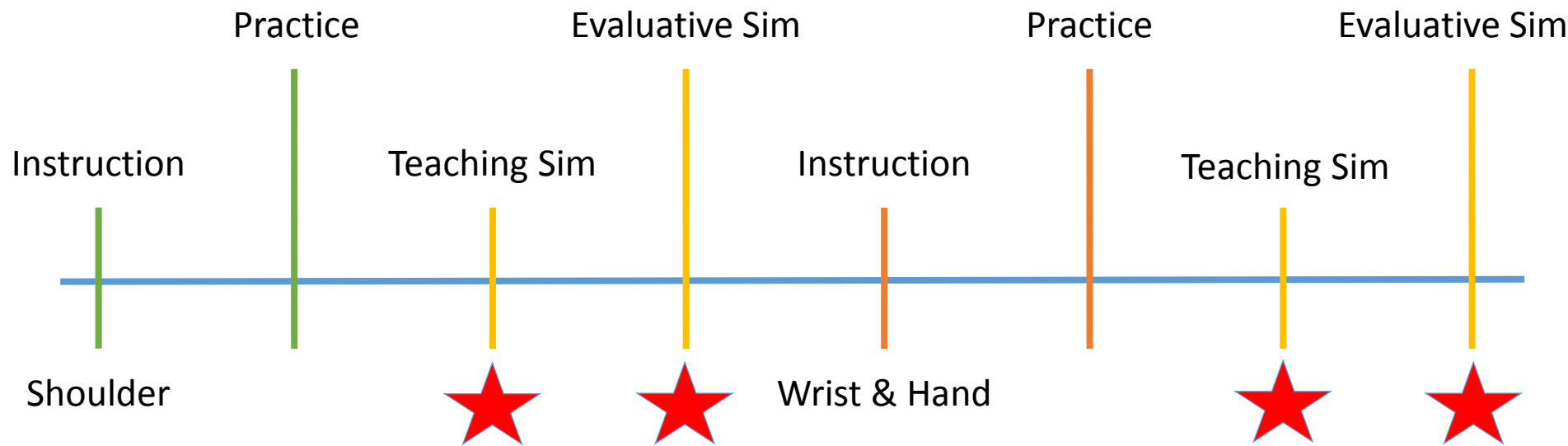
## Evaluative Encounters<sup>2</sup>

- Summative in nature
- Usually completed individually
- Purpose is to determine competency or assessment of clinical skills

# Traditional Teaching & Evaluation Methods



# Implementing Teaching & Evaluative Encounters



# SP Encounter Feedback

Feedback from the SP offers feedback from the perspective of the patient

- “I felt like.....”
- Eye contact
- Interpersonal Skills
- Listening skills

Emphasis is not on clinical skills

- Soft skills
  - Communication
  - Affect
  - Professionalism



# Debriefing & Simulation-Based Teaching

Debriefing is a facilitated planned conversation<sup>39,40</sup>

- Individuals (students or clinicians) analyze their actions, thought processes, and emotions with the goal of improving patient care and outcomes
- The core of debriefing centers on reflection of the experience, expressing feelings, and making sense of the event

Debriefing is critical to learning from a simulation experience<sup>40</sup>

- Different from feedback
- Facilitating an effective debriefing session requires thoughtful planning

# Use of SPs in Medical Education

Step 2 of USMLE<sup>11</sup> uses SPs to test medical students on their ability to:

- Be patient-centered
- Address diagnostic challenges posed
- Prepare patient for the next steps
- Document the encounter appropriately

Encounters include<sup>11</sup>  
(but are not limited to):

- Cardiovascular
- Constitutional
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Neurological
- Psychiatric
- Respiratory
- Women's Health

# Use of SPs in Medical Education

SP encounters have been used to measure a variety of learning outcomes in medical education:

- Breaking bad news/difficult patient discussions<sup>11-14</sup>
- Communication or interpersonal skills<sup>15-18</sup>
- Analytical reasoning or critical thinking skills<sup>19-22</sup>
- Developing professional identity<sup>23</sup>
- Debriefing or reflection<sup>24</sup>

# SPs in other Health Professions

SPs have been used for teaching and evaluation in a variety of other health care professions:

- Physical Therapy<sup>26</sup>
- Occupational Therapy<sup>27</sup>
- Chiropractic Medicine<sup>28</sup>
- Nutrition and Dietetics<sup>29</sup>
- Pharmacy<sup>30</sup>
- Speech Pathology<sup>31</sup>
- Physiotherapy<sup>32</sup>
- Dental Medicine<sup>33</sup>
- Nursing<sup>34</sup>

# Use of SPs in Athletic Training

Walker & Weidner found that SPs provide a worthwhile and realistic experience<sup>5</sup>

- Students reported that the encounter made them feel more comfortable about future evaluations with patients

Armstrong & Jarriel found that standardized patients improved student's confidence in completing clinical evaluations<sup>35</sup>

- Students reported an increase in confidence pre- to post-encounter for most survey items on all encounters as well as from
- Mean confidence ratings from semester 1 to semester 4 were significantly higher

# Use of SPs in Athletic Training

Armstrong & Jarriel found that SPs provide a reliable assessment of student's clinical performance<sup>43</sup>

Walker, Weidner & Armstrong found that standardized patients and case-based simulation improved student's reflection and confidence<sup>36</sup>

- Students reported the SP encounter resulted in an increase in peer learning, learning from and with each other

Small group SP encounters improved athletic training students' psychosocial intervention and referral skills<sup>37</sup>

- Students perceived the encounter to prepare them for professional practice

# Standardized Patient Encounter

You are the Athletic Trainer that provides medical care for Cross Country, Track and Field. One of your patients, Nick, comes to you after practice complaining of extreme fatigue and tiredness

Nick Parsons

- 23 year old cross country runner
- Temperature: 98.4°
- BP: 112/68
- Pulse: 46

# Discussion Questions

1. What simulations would enhance your current needs in professional or continuing education?
2. How should simulations be used as a mechanism for professional development?
3. What types of simulations can you implement in your practice setting?



# Continuing Education

How can continuing education use simulations?

# Benefits for Novice Clinicians

- Assist in the transition to practice as novice clinician
  - Worthwhile patient care experience<sup>5</sup>
  - Increases confidence as clinician<sup>35</sup>
  - SP provides clinician reliable feedback on clinical performance<sup>43</sup>
  - Increased self-reflection after patient encounter<sup>36</sup>
  - Increase skill in psychosocial intervention and referral<sup>37</sup>

# Incognito Patient Encounters

An incognito SP is an individual that has been trained to portray the role of a patient to a healthcare professional in her/his practice setting

- Clinicians give consent for a SP to come to their practice within the next 12 months
- Measures actual clinical performance of a clinician
- Used predominantly in medicine in the primary care setting
  - Netherlands
  - China
- Detection rate varies
  - Some report up to 70%
  - Majority of researchers report less than 15%

# Mass Casualty Experiences

Event or incidence where healthcare professionals and emergency medical resources are overwhelmed by the number and severity of casualties

- Initial triage
  - Color code
  - Tagging of victims
- Patient extraction
- Secondary triage
  - Assessment methods
    - Glasgow Coma Score
    - Vitals
- Patient transport



# Interprofessional Education

Simulations and standardized patient where a variety of healthcare professional work collaboratively to provide patient care

- Inclusion of various disciplines in the experience
  - Social Work
  - Nutrition

Experience beyond in-patient care

- Pre-Hospital Care
- Post-Hospital Care

# Summary & Conclusions

Simulations and standardized patients have an important role in professional and continuing education

- Supplementing patient encounters not experienced during clinical education
- Identifying clinical practice deficiencies
- Providing training opportunities for learning new knowledge and clinical skills
- Serving as mechanisms for assisting novice clinicians in transitioning to autonomous practice

# Questions



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