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Nursing and Athletic Training Students Collaborate on Patient Assessment in a Simulated Clinic Setting

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Background

Interprofessional Education (IPE) has been recognized as a successful method to increase collaboration in practice, as well as to improve teamwork and patient outcomes (Reeves et al., 2015 and IOM, 2015).

The authors of this teaching method had previous experience in designing IPE emergency simulations between their two groups of pre-professional students. However, these simulations lacked true collaboration between the students for problem solving and patient assessment. With the desire to provide students with opportunities to use these skills, an IPE patient assessment simulation was created. The authors purposely designed patient cases and selected patient care facilities where nurses and athletic trainers would intersect.

Student Learning Objectives

- Demonstrate effective patient communication,
- Use clinical reasoning to perform appropriate focused patient assessments,
- Appropriately document patient findings and reasonable next steps,
- Collaborate effectively within an interprofessional healthcare team, and
- Recognize the value of interprofessional education.

Implementation

Athletic training (AT) and nursing faculty designed and implemented a simulation in which interprofessional groups of 3 to 5 students collaborated and completed a patient history and assessment of a standardized patient portraying health complaints. Standardized patients are individuals who are specially trained to portray medical conditions for learning purposes. They participated in a one-hour, faculty-led training session prior to the simulation.

Before the simulation, students completed a review assignment related to:

- ☐ History and physical questions
- ☐ Communication techniques
- ☐ Relevant pathologies

Groups rotated through two patient care settings (occupational health clinic, outpatient clinic) interacting with one patient at a time. Each standardized patient portrayed symptoms related to:

- Chronic obstructive pulmonary disease (COPD),
- Pneumonia,
- Gastroesophageal reflux disease, or
- Multiple cardiac risk factors.

The standardized patient displayed symptoms, answered students' questions, played recordings of heart and lung sounds when auscultated, and provided cards with vital signs when assessed and lab results.

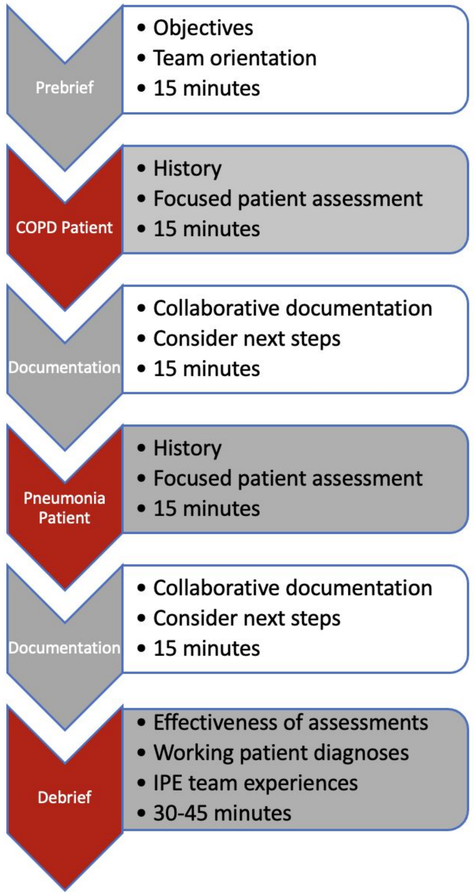

Figure. *Sample Simulation Schedule*

Results

In a structured, faculty-led debriefing, students shared their initial reactions, descriptions of how they chose to direct the patient conversation, assessment decisions, and working patient diagnoses. Students:

- Asked pertinent questions to glean useful information,
- Negotiated team communication,
- Improved questioning, assessments, and documentation,
- Appreciated the other health profession.

Results (cont.)

Students completed a survey, the Simulation Effectiveness Tool-Modified (SET-M), immediately following the simulation and debriefing. This 19-item tool, consisting of 4 subscales, prebriefing, learning, confidence, and debriefing, has an internal reliability of .936 (Leighton et al., 2015). The survey uses a 3-point Likert scale: strongly agree (0), somewhat agree (1), and disagree (2). Responses were positive in all areas.

Table 1. *Selected SET-M mean scores*

Item	Mean	N
I am more confident of my assessment skills.	1.29	63
Debriefing provided opportunities to self-reflect on my performance during simulation.	1.18	61
I felt empowered to make clinical decisions	1.33	63

Conclusions

The patient assessment simulation allowed students to apply clinical skills in real-world settings. They practiced communication and assessment in collaborative interprofessional teams.

Students appreciated the opportunity to apply knowledge in novel patient care settings. Students' rich debriefing discussions described their confidence in clinical decision-making, assessment, and documentation. Survey responses indicated achievement of learning objectives.

The primary barrier to simulation development was the logistical challenges of combining different-sized groups with disparate schedules. While the development, piloting, and implementation of this simulation required faculty time and creativity, the outcomes were meaningful and faculty look forward to implementing this simulation in the future with minimal modifications.

This innovative learning activity can be implemented in other higher education healthcare programs.

References

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