



TEACHING ADVANCED HEALTH ASSESSMENT TO NURSE PRACTITIONER STUDENTS USING SIMULATION

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OBJECTIVES

- 1. Compare learning via simulation with traditional clinical learning.
- 2. Describe an online computer based learning method.
- 3. Describe outcomes of a health assessment course using simulation to prepare nurse practitioner students for clinical courses.

DISCLOSURES



No conflicts of interest to disclose by either author



BACKGROUND: THE PROBLEM

- Competition for limited clinical sites
- Barriers to precepting--workload and productivity requirements
- Historical lack of payment to preceptors and/or sites
- Recent trends in paying preceptors/sites
- Trends towards partnerships between clinical agencies/schools

SIMULATION VS. TRADITIONAL LEARNING

Simulation: ...replicating clinical practice using scenarios, high-fidelity manikins, medium-fidelity manikins, standardized patients, role playing, skills stations, and computer-based critical thinking simulations. *National Council of State Boards of Nursing*

Traditional clinical learning vs. simulation

- Traditional apprenticeship model may not develop critical thinking
 - Clinical focus on task based care where measure of learning is getting the work done
- No literature to support hands-on clinical learning as the best way for nursing students to learn

FOUNDATIONS OF SIMULATION

- Simulation is theory based
 - Learning theory—Experiential Learning, Kolb, 1984; Bloom, 1971; Adult Learning, Knowles, 1988 Integrates theory with practice while making real-time clinical decisions in an environment that poses no risk to patients.
- Students apply didactic and receive feedback from "expert" and faculty
 - Reflection during debriefing is crucial for learning
- Improve diagnostic reasoning
 - $\underline{70,000 \text{ diseases}}$ in ICD-10-CM, but $\leq \underline{200 \text{ presenting symptoms}}$ (Wu, 2017)

ONLINE SIMULATION



I-Human.com--subscription website; hundreds of cases, multiple populations, all levels of student learning.

Students reported interactive cases were more engaging than paper cases, helpful in developing clinical reasoning. Pretest and posttest scores indicated knowledge gain (*P* < 0.01) (Gupta, et. al, 2018).

Quick Reference

Case Playing Tips
Infographic



Auscultation Tips
Infographic



Before playing any case, watch these short tutorials

Patient history
5:13 at 1x speed
3:28 at 1.5x speed
transcript



Tests & diagnosis
2:39 at 1x speed
1:46 at 1.5x speed
transcript



Physical exams
6:09 at 1x speed
4:06 at 1.5x speed
transcript





HEALTH ASSESSMENT

- Goals of course: Good H&P, Good SOAP note, start DDx process
- Piloted i-Human in existing course requiring 52 hours of clinical with preceptors
- Goals of pilot:
 - Learn how students used the program.
 - Evaluate whether learning occured equivalent to clinic based learning?
 - Gather student feedback.
 - Identify how best to use it as a learning tool.
- 100 students and 10 faculty every semester.
- Analyzed individual student work on each case, as well as the results from the class as a whole.



HEALTH ASSESSMENT

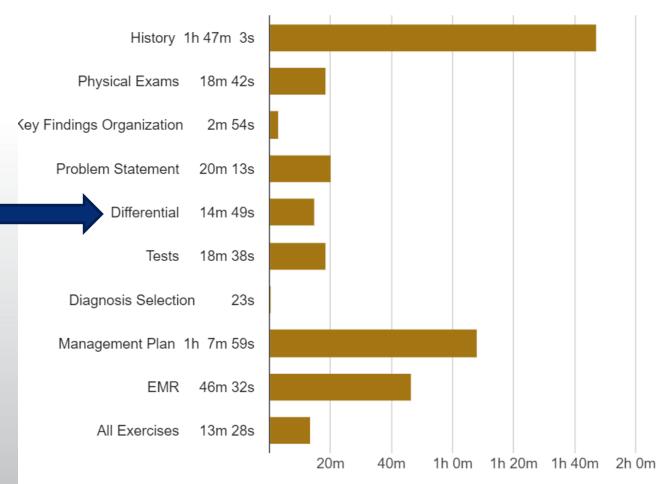


Overview	<u>Histor</u> <u>Physical</u>		Key Findings / Prob Statemen		<u>Tests Summary</u>	<u>Management</u> <u>Plan</u>	<u>EMR</u>
History	Done	73%		103 questions asked,	31 correct, 12 missed re	elative to the expert's list	
Physical exams	Done	92%		42 exams performed,	12 correct, 1 missed rel	lative to the expert's list	
Key findings organization	Done			10 findings listed; 11 li	isted by expert		
Problem statement	Done			65 words long; expert	s was 85 words		
Body system classification	Done	100%		4 of 4 correctly picked	plus 0 extras		
Differentials	Done	38%		4 items in the DDx, 3	correct, 5 missed relativ	e to the expert's list	
Differentials ranking	Done	63%	It score)				
Tests	Done	100%		12 tests ordered, 9 co	rrect, 0 missed relative	to the expert's list	
Diagnosis	Done	100%		"depressive disorder"	selected; "depressive d	isorder" selected by exper	t
Management plan	Done			280 words long; exper	rt's was 196 words		

HEALTH ASSESSMENT

Individual feedback:
Breakdown of time spent on each section of case.

Note limited time spent on diagnosis selection compared with differentials.



FEEDBACK FROM FACULTY

- Learning curve
- Faculty took on clinical learning and perceived a higher work load
- Overall, student goals have been achieved
- They do not want to go back to using preceptors

FEEDBACK FROM STUDENTS

- Learning curve
- Students prepared for entry to population based courses
- Relieved they do not need to find preceptors

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