The Use of Standardized Patients in Simulation Scenarios

Purpose and Objectives

The purpose of this literature review was to support the use of a standardized patient (SP) in simulation with experienced medical/surgical nurses.

Objectives:
1) Identify simulation scenarios that would benefit from the use of a SP.
2) Describe key design points necessary for a successful simulation using a SP.
3) Evaluate meaningful learner outcomes.

Background

Simulation scenarios in healthcare training are designed to create a safe environment in which skills and critical thinking can be evaluated, developed, and applied (Society for Simulation in Healthcare, 2015).

Simulation scenarios can incorporate low to high fidelity technology and/or SPs, who are human performers who play the role of a patient during a simulation scenario.

A recent meta-analysis of studies that used SPs in simulation scenarios for undergraduate nursing students found learning benefits related to knowledge acquisition, communication skills, and clinical competence (Oh, Jeon, & Koh, 2015).

Communication skills, including non-verbal communication, has been identified as an area in which SPs can be more effective than high-fidelity simulations (Jay-Hillier, Regan, & Gordon, 2012).

Learner evaluations of simulations involving SPs include identification of the presence of real people within scenarios adds to the authenticity of the experience… simulations that emphasize empathy, communication, clinical judgment, and decision making…using actors represents an opportunity for immersive, interactive, and reflective simulation experiences to enhance health care professionals’ clinical practice” (Keltner, Grant, & McLemon, 2011, p.37).

“The presence of real people within scenarios adds to the authenticity of the experience… simulations that emphasize empathy, communication, clinical judgment, and decision making…using actors represents an opportunity for immersive, interactive, and reflective simulation experiences to enhance health care professionals’ clinical practice” (Keltner, Grant, & McLemon, 2011, p.37).

Scenario Progression Synopsis

Scenario: 37 year female who came to the ED with IVF and severe agitation, and has been admitted for ETOH withdrawal. She has a history of seizures, acute kidney injury, and HTN. Upon arrival she is:

-crying

Recent CIWA: 6

MD will call into room asking how patient is doing and what their plan is for their patient.

Time (1/3 Scenario, 2/3 Debrief)

STATE 1: Initial Assessment

TIME: 5 minutes

PATIENT ACTIONS/VOCAL:

-Agitated, combative, hallucinating

-Getting to get out of bed

-Who are you?

-What are you doing to me?

-Tell the lady in the corner to be quiet!

-I’m unstable!

MD will walk into room asking how patient is doing and what their plan is for their patient.

TIME: 5 minutes

PATIENT ACTIONS/VOCAL:

-Complains of pain

-Blank stare

-I feel so alone!

-Worried there are people walking on my ceiling!

-I really feel awful!

Time (1/3 Scenario, 2/3 Debrief)

STATE 2: CIWA Assessment and/or Medication Administration

TIME: 3 to 4 minutes

PATIENT ACTIONS/VOCAL:

-Agitated, combative, still hallucinating, and not trying to get out of bed

-I feel so alone!

-Worried there are people walking on my ceiling!

-I really feel awful!

Within 2 minutes has RN initiated call to MD to discuss patient.

STATE 3: Patient Escalation

TIME: 2 to 3 minutes

PATIENT ACTIONS/VOCAL:

-Extremely agitated

-Wouldn’t let nurses get vital signs, trying to get out of bed confused, still hallucinating, yelling

-Get away from me!

-Don’t touch me!

-I’m leaving!

-You’re trying to kill me!

-Duck! there are bats everywhere!

End scenario after 5 minutes.

Key Design Points and Outcomes

Key Design Points

- Defined Objectives
- Current Evidence Based Practice (Review)
- Assess Target Audience (Knowledge/Skills)
- Time (1/3 Scenario, 2/3 Debrief)
- Mannequin vs. SP (or live 3rd Party)
- Room Set-Up (Equipment/Supplies)
- Scenario Synopsis
- Script with Stages
- Patient Actions
- Expected Participants Actions
- Desired Outcomes
- Debrief

References


