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Utilizing Older Adult Standardized Patients to Enhance the Education of Health Professional Students

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Recommended Citation

Davis, K. (2017). Utilizing Older Adult Standardized Patients to Enhance the Education of Health Professional Students. *Age in Action*, 32(2), 1-7.

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Case Study

Utilizing Older Adult Standardized Patients to Enhance the Education of Health Professional Students

by Kimberly Davis, RN, MS, CNE

Educational Objectives

1. Identify the uses of standardized patients in geriatrics education.
2. Compare the advantages and limitations of older adult standardized patients.
3. Discuss how competencies can guide simulation development.
4. Describe methods for evaluation of learner performance when using older adult standardized patients.

Background

While the nation's population of individuals over 65 years of age is growing at a rapid pace, and older adults typically have a higher utilization of health services, it is well documented that there are not enough healthcare providers trained in the care of the older adult as a specialty (IOM, 2008). The health

professional curriculum is uniquely poised to address the best practices in care of the older adult, but there is a need to examine how to integrate better this recognized body of literature into the training of health professional students. Simulation is one method that can be used to train health professional students in effective assessment and communication skills (Ryall, Judd, & Gordon, 2016). Utilizing the older adult standardized patient (SP) in simulations facilitates a realistic yet safe learning environment and may be a productive way to train health professional students in the best practices of geriatrics care.

The following discussion is intended to describe the process of creating and implementing simulations with older adult SPs, so that these may be incorporated as course enhancements for health professional students.

Standardized Patients in the FDP

As part of its interprofessional 200-hour Faculty Development Program (FDP), our Virginia Geriatric Education Center (an interdisciplinary consortium of Virginia Common-

wealth University, Eastern Virginia Medical School, and the University of Virginia) conducts annual training on best practices that includes older adult standardized patients to enhance the curriculum of health professional students. An SP is someone trained to play the role of a patient in a specific medical scenario, thereby allowing health care professionals, from students to practitioners, to encounter a range of patient characteristics in which they might be assessed. SPs "stay in character" in portraying health and social conditions, for instance, and offer valuable feedback after the scenario (Plaksin, et al., 2016.)

Educational themes that might be enhanced by the use of older adult SPs include cultural competency, functional assessment, health literacy, polypharmacy concerns, delivering bad news, interprofessional team education and practice, working with caregivers and families, and advanced directives. Benefits of using an older adult SP include validation of learned content, mutual rewards for both the SP and student learner, and better understanding of the affective domain in patient care, something that is often

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difficult for students to grasp. Other advantages to using SPs are that they enable a richer, mixed modality in teaching and allow for the use of hybrid simulation, in which the addition of simulation equipment, e.g., an injection bag, can produce a more realistic scenario to increase the value of the learning experience (Ryall, Judd, & Gordon, 2016). Additionally, older adult SPs bring valuable life experience and often have flexible schedules; limitations include health or memory concerns, technology barriers, and fatigue.

Evaluation

There are multiple opportunities to evaluate learning when using SPs in simulation for clinical training. Formative (in process) learning may be used when students are provided with feedback during the simulation to guide the progression of the scenario. Summative (end of process) learning may be used when students receive feedback at the end of the simulation, during the debriefing session. The debriefing should last at least as long as the clinical scenario and include feedback from the SP and faculty educator/trainer on interviewing style, manner during the patient-provider encounter, effectiveness of probing questions to obtain diagnoses, etc.

Students may be asked to complete a pre-test to verify they have completed preparatory readings and are prepared to engage in the simulation, and it may be desirable to require a passing grade for students to gain entry to the simulation. The post-test may produce valuable information about the effectiveness of the simulation and verify successful completion of the student

learning objectives. Students should also receive surveys wherein they can offer feedback on the experience, which may then be used to assess effectiveness and adjust future clinical simulations. In conducting the standardized patient modality it is important that faculty educators/trainers have scenario progression checklists to fill out during the simulation which will document successful completion of the simulation objectives. Additionally, it can be valuable to ask the students to complete peer-evaluation forms, a 360 degree assessment of the others in their student team; this is especially helpful when such teams are interprofessional.

Competencies

Simulation objectives should be kept succinct and be realistic with consideration for the amount the student can accomplish within the allotted time frame. When writing simulation objectives, it is very important to utilize discipline-specific competencies, such as the American Association of Colleges of Nursing's *Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults* (2010), a guide for undergraduate nursing students. At the same time, complement these with interprofessional competencies, such as *Core Competencies for Interprofessional Collaborative Practice* (2011); or the Partnership for Health in Aging's *Multidisciplinary Competencies in the Care of Older Adults at the Completion of the Entry Level Health Professional Degree* (2010). Additionally, the American Geriatrics Society (AGS) may be used as a resource to identify exist-

ing formal geriatrics competencies for multiple health professional disciplines (http://www.americangeriatrics.org/health_care_professionals/education/curriculum_guidelines/competencies/existing_formal_geriatrics_competencies).

The following case studies illustrate how an SP can assume the characteristics of a patient and assist learners in achieving defined health care practice objectives. The SP may be used to guide assessment of student learning, in the first case, their ability to employ fall risk assessment tools, such as are described in the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) guidelines found at the Center for Disease Control and Prevention (CDC)

(www.cdc.gov/steady/index.html).

This first case study example allows faculty to observe the student's accuracy in using fall risk assessment tools, as well as the ability to communicate effectively with the patient, family member, and health care team.

Case Study 1

Mrs. Janet M. is a 73-year old, who is brought to the primary care clinic by her daughter. She is widowed, lives alone, and her daughter provides support by visiting her weekly. Her medical history includes hypertension, arthritis, and type 2 diabetes with peripheral neuropathy. Medications include lisinopril, metformin, and acetaminophen. Vital signs at visit: temperature – 98.7 F; pulse – 74; respiratory rate – 18; blood pressure – 158/90. Mrs. M.'s daughter reports that she is concerned about her mother's recent changes in mobility and

some increased confusion. The patient is status post fall at home yesterday with no reported injury. The patient will be experiencing some mild confusion during the visit with the healthcare team.

Student Learning Objectives

1. Perform a safety assessment.
2. Conduct a fall risk assessment.
3. Demonstrate therapeutic communication with the patient and family.
4. Demonstrate effective communication with an interprofessional team of healthcare providers.
5. Describe how an interprofessional team-focused approach to patient care can help decrease a patient's risk of falls.

Pre-Briefing

Faculty serve as facilitators for each simulation and are assigned four health science students to play the roles of physical therapist, registered nurse, family member, and peer evaluator. All students receive the case scenario and expectations, and then scripts for playing the role of the family member and peer evaluator. The students who are assigned the role of the physical therapist and registered nurse are instructed to (a) ask the SP three priority safety questions; (b) complete a comprehensive fall risk assessment using the CDC's STEADI guidelines to include Timed Up and Go, 30-second Chair Stand, and the 4-Stage Balance Test; and (c) demonstrate effective communication with the family member, patient, and all members of the health care team throughout the scenario progression. Students are given 15 minutes to review their assigned roles with faculty.

The script for the family member includes the following information: When asked, the concerned daughter, Susan, admits her mother has fallen once in the past week (yesterday) with no apparent injury. She says that Ms. M. has had increased confusion, especially at night, over the past 6 months, as well as occasional incontinence because "she can't get to the bathroom in time." The daughter demonstrates a calm demeanor, but is obviously very worried. She questions the nurse and physical therapist as to what is going on, and states, "Her confusion seems to be getting worse. She never used to be like this," and asks whether she can get help by obtaining a mobility device such as a walker or cane.

The peer evaluator receives the objectives for this simulation so he or she can provide feedback during the debriefing as to whether objectives were met.

The older adult SP will have received the learning objectives and script ahead of time and have had time to practice the role. Advanced time for preparation is important to ensure an adequate comfort level for the SP and because the SP needs to be able to prompt scenario progression if needed. In this scenario the SP will be prompted to "raise red flags" when answering safety questions and to score poorly on the fall risk assessment tests.

(See Table #1, Simulation for Standardized Patient, Page 4)

(See Table #2, Simulation Scenario, Page 5)

Debriefing

Questions to guide debriefing are supplied and the debriefing session should last at least as long as the simulation. Reflection should be encouraged and faculty should consider themselves strictly as facilitator so that students account for most of the dialogue. Dreifuerst (2012) has developed a debriefing method, Debriefing for Meaningful Learning, which may be used to create quality debriefing sessions.

Questions that were prepared for this case study include asking students to reflect on what went well and what they may wish to do differently, and asking the family member and SP to offer comments.

Faculty facilitators should then lead a discussion by asking the following questions: why did they choose the three safety questions they chose and what concerned them about their findings? What are some age-related predisposing factors and precipitating factors that can lead to changes in mobility and this patient's increased fall risk? Once a fall risk is identified, what interventions and follow up should be implemented? How can an interprofessional team-focused approach help decrease a patient's risk of falls? And lastly, what is one thing you learned today that you plan to take with you into practice? It is important that the students make the connection that the patient's safety is the most important aspect of this patient interaction.

Current Status in Simulation for Standardized Patient:	
Name	Janet M.
Date of Birth	3/2/1944
History of Present Illness	You fell yesterday while at home. You were able to call your daughter who decided not to call EMS. There was no apparent injury.
Last Night	Your daughter decided to stay overnight with you and you became really confused as the evening progressed. Your daughter became concerned and called for an appointment with your primary care doctor this morning.
Mental Status	You know your name, and where you are, but not what day it is. You state that you “forget a lot of things, but that’s how old people are.”
Pain	Your right hip is a little sore from the fall yesterday. You took some Tylenol at 6 AM today.
Scenario Part 1	The student nurse and physical therapist should ask you three priority safety questions. Your daughter has been prompted to report many safety concerns, but you will adamantly deny any of the concerns are true. If the students are calm, and help to reorient you to where you are, you can calm down a little bit, but should remain mildly anxious. If the students are not “therapeutic,” you are to stay anxious.
Scenario Part 2	The students will complete three tests based on the CDC’s STEADI guidelines. 1) Timed Up and Go. You show slow tentative pace, short strides, shuffling, and turning. Complete the test in about 20 seconds. 2) 30-Second Chair Stand Test. You are able to stand six times in the 30 seconds. Show hesitation and tell the students it “hurts” your muscles. 3) 4-Stage Balance Test. You are able to complete the first two tests but lose your balance on the third test. You cannot do the fourth test. These are: a) feet side by side for 10 seconds; b) instep of one foot touching the other for 10 seconds; c) one foot in front of the other, and after five seconds you lose your balance; and d) stand on one foot, the students should not ask you to complete this.
Scenario Part 3	The students should interact effectively with you and your daughter. After the tests are done, ask what you should do to help your balance. Ask the physical therapist about mobility aids/equipment to help you with your balance. Ask “What can I do to make myself get stronger.”
Debriefing	After concluding Scenario Part 3, the group will be debriefed by the faculty. Early in the debriefing, the students will be asked what they did well. If you have any comments to share with the students about this, please do.

Clinic Scenario Progression Outline				
Time	Objectives	Settings	Prompts/Dialogue	Expected Outcomes
0-5 min	Prioritize healthcare interventions related to an older adult patient in primary care	HR 74 RR 18 Temp 98.7 BP 158/90 SpO2 100%	Patient: "I don't know why I need to come to the doctor's today. I feel fine. My legs get stiff and I just get a little dizzy sometimes. That's all."	1. Knock on door 2. Wash hands 3. Identify self and role 4. Patient ID, allergy, fall risk, 5. ABC, LOC: disoriented to time 6. Vitals: SpO2 100%, HR 74, RR 18 BP 158/90 7. Therapeutic communication with an older adult 8. Ask three priority questions about patient's safety
5-10 min	Perform a fall risk assessment	As above	Patient cooperates during assessment, but is unable to safely complete any of the fall risk assessment tools.	9. TUG = 20 seconds 10. 30-Second Chair Stand = 6 11. 4 Stage Balance Test = a. 12 seconds b. 10 seconds c. 5 seconds d. did not assess
10-12 min	Demonstrate therapeutic communication with a patient and/or family	As above	Patient becomes more cooperative.	12. Interacts with patient's daughter using effective communication strategies
0-12 min	Demonstrate direct and accurate communication with members of the inter-professional team	As above	Physical therapist and nurse work well as a team.	13. Physical Therapist and Nurse demonstrate work well together to complete the fall risk assessments.

Case Study 2

The following case study is used as a simulation twice a year for students at VCU School of Nursing (SON) and would follow the same protocol as was outlined in case study #1. This case presents students with an opportunity to interact with a SP in an acute care setting who is experiencing an acute episode of delirium following a fall that resulted in a broken hip and subsequent surgery. The SPs who

participate in this simulation are retired VCU SON alumni which we feel adds a valuable dimension for the nursing students (Davis & Nye, 2017).

Ms. Hazel J. is an 85-year old woman who lives alone in her own apartment. Her husband passed away several years ago. Her daughter, Cecily, lives nearby and checks in on her weekly. Ms. J. reports her apartment is "pretty safe," although she admits to "almost" having fall-

en a few times in the past month. She pays her own bills, receives Social Security income, and has enough money to pay for housing and food but admits "there's not a lot extra." Ms. J. has Medicare for health insurance. She is independent with all of her Activities of Daily Living (ADLs). She cleans her own apartment, is able to walk to the grocery store once a week for groceries, and cooks for herself. Ms. J. has a past medical history that includes coronary artery

disease, hypertension, hypothyroidism, osteoporosis, peripheral vascular disease with lower leg neuropathy. She wears glasses for distance and reading, upper and lower dentures, and recently agreed to start wearing bilateral hearing aids. Her medications include synthroid, calcium with vitamin D, and lisinopril.

Two days ago Ms. J. fell while at home and was admitted to the surgical unit following open reduction internal fixation (ORIF) of the right hip. She is now 24 hours post op, but was very confused and agitated overnight, pulling at her urinary catheter and peripheral IV, as well as trying to get out of bed without assistance. After she pulled her urinary catheter out, the night shift nurse called the physician and received telephone orders to put Ms. J. in soft wrist restraints.

She has calmed down at this point and has been sleeping for the last two hours. She is drowsy but easily awakens. She has a peripheral IV with normal saline at 75mL/hr. Her urinary catheter put out 300 mL amber urine overnight before she pulled it out early this morning. She is wearing oxygen at 2L nasal cannula and her oxygen saturation is 100%. Her temperature is 97.9 F, heart rate - 88, respirations - 20, and blood pressure - 148/88. She last received Percocet for pain six hours ago. She is tolerating a regular diet and drinking well, drinking 500mL of water overnight. A physical therapist has been able to conduct an initial assessment of the patient and her weight bearing status is as tolerated. Although she has orders to get out of bed to ambulate, so far she is unable to do more

than sit at the edge of the bed.
Student Learning Objectives

1. Perform a safety assessment.
2. Demonstrate therapeutic communication with the patient and family.
3. Demonstrate effective communication with an interprofessional team of healthcare providers to include the registered nurse, social worker, and nurse practitioner/primary physician.
4. Identify three risk factors that result from the use of restraints, specific to the older adult patient.
5. Describe three evidence-based interventions for the agitated older adult that can be used as alternatives to physical restraints.

Conclusion

Using older adult SPs in clinical simulations can enhance the existing curriculum for health professional students. In turn, faculty who are trained in best practices related to curriculum development will be able to incorporate competencies in the care of older adults into the classroom and clinical activities of health professional students. Doing so has the potential to improve the preparation of the future healthcare workforce and the delivery of responsive, interprofessional care with older adults.

Study Questions

1. What are the advantages and limitations of using older adult standardized patients?
2. What geriatrics competencies might you use to guide development of simulations as curriculum enhancement?
3. Discuss three effective ways to evaluate student learning perfor-

mance in a simulation with older adult standardized patients.

References

- American Association of Colleges of Nursing. (2010). *Recommended baccalaureate competencies and curricular guidelines for the nursing care of older adults: A supplement to the essentials of baccalaureate education for professional nursing practice*. Washington, DC.
- American Geriatrics Society (AGS) (2014). *Existing formal geriatrics competencies and milestones*. Retrieved at: www.americangeriatrics.org/health_care_professionals/education/curriculum_guidelines/competencies/existing_formal_geriatrics_competencies.
- Centers for Disease Control and Prevention (CDC). Stopping Elderly Accidents Deaths and Injuries (STEADI). Retrieved at: www.cdc.gov/steadi/about.html.
- Davis, K.D. & Nye, C. (2017). Care of the older adult with postoperative delirium: An interprofessional simulation for undergraduate nursing students. *Nursing Education Perspectives*, 38(2), 103-105.
- Dreifuerst, K.T. (2012). Using debriefing for meaningful learning to foster development of clinical reasoning in simulation. *Journal of Nursing Education*, 51(6): 326-333. doi: 10.3928/01484834-20120409-02.
- Institute of Medicine (IOM). 2008. *Retooling for an aging America: Building the health care workforce*. Washington, DC: The National Academies Press.
- Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice. Report of an expert panel*. Washington, D.C.: Interprofes-

sional Education Collaborative. Partnership for Health in Aging (PHA) and American Geriatrics Society (AGS). (2010). *Multidisciplinary competencies in the care of older adults at the completion of the entry-level health professional degree*. PHA Workgroup on Multidisciplinary Competencies in Geriatrics.

Plaskin, J., Nicholson, J., Kundrod, S., Zabar, S., Kalet, A. & Altshuler, L. (2016). The benefits and risks of being a standardized patient: A narrative review of the literature. *Patient, 9* (15). doi: 10.1007/s40271-015-0127-y.

Ryall, T., Judd, B.K., & Gordon, C.J. (2016). Simulation-based assessments in health professional education: A systematic review. *Journal of Multidisciplinary Healthcare, 9*, 69-82. doi: 10.2147/JMDH.S92695.

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