A Simulated Clinical Experience for Nurse Practitioner Students to Develop Skill-Based Competencies

The National Organization of Nurse Practitioners Faculties (2002) suggests common skill-based competencies for all family nurse practitioner (FNP) programs worldwide. These competencies are expected to be developed and demonstrated throughout a program’s nursing curriculum. Entry-level competencies for FNP students include suturing, abscess and incision draining, pelvic examinations, prostate examinations, joint injections, and standardized patient examinations to stimulate critical thinking in a clinical setting. To attain proficiency of the skill-based competencies, a simulated structured skills week was designed as part of the clinical course practicum. The National League for Nursing and Jeffries Simulation Theory was used as a guide in the development of skills week by identifying the importance of simulation design in the overall learning experience (Groom, Henderson, & Sittner, 2014). Students rotated in 1-hour blocks of time throughout each day of the week. The simulated skills week exposes FNP students to practical skills to enhance their clinical experience and better prepare them for practice.

Simulation is a well-documented methodology to teach and learn procedural skills (Groom et al., 2014). The objective of using simulation for skills development is to allow FNP students an opportunity to become competent in skills they may not have the opportunity to develop in clinical practice. Traditionally, students learn skills with their preceptor. Preceptors may be in a rural area with limited procedure volume, therefore limiting the students’ ability to achieve a level of competency with many skills. Due to this, the faculty decided to add skills to the curriculum. Four different types of simulation have been incorporated into the design of a skills week.

Basic task trainers (simulated skin) are used for skills such as wound debridement, cyst removal, cyst drainage, skin tag removal, mole removal, and suturing, allowing students to practice numbing of the skin and removal of these abnormalities. Each task trainer offers a different type of skill development, including necrotic skin for debridement, biopsy, tunneling, stapling, and various types of suture training, as well as the incising, draining, and packing of a cyst. The goal is for every student to be 100% confident in his or her ability when suturing a patient for the first time.

Low-fidelity simulation is used to provide students the opportunity to learn and practice knee injection and aspiration, as well as elbow and shoulder injection. A simulator is used for students to practice both straight and bent-knee injections. A sensor is embedded in the simulator and when the needle contacts the sensor, a light turns on to signal that the correct placement of the needle has occurred. This allows the student an opportunity for practice repetition to ensure that the correct placement has occurred. Mid-fidelity simulation used in a pelvic simulator allows the student to practice the fundamentals of performing a pelvic examination, as well as gives them the opportunity to identify multiple abnormal findings. Students can practice reviewing a chart, and then performing an examination. Then, they can explain to the patient what the findings are, what the findings mean, and the options or follow up for conditions or findings.

Standardized or simulated patients are used to help students receive hands on experience with patients. A simulated patient is defined as “a person who has been carefully coached to simulate an actual patient so accurately that the simulation cannot be detected by a skilled clinician” (Lopreiato, 2016). Scenarios can be developed for any illness or condition and can range from simple to complex. The simulated patient provides a health history and displays all signs and symptoms of an ill patient.

The simulated skills week has been received with enthusiasm. Based on feedback from students, skills week expanded students’ knowledge by introducing classic skills into clinical patient scenarios, therefore decreasing students’ anxiety and better preparing them to enter clinical practice. Ultimately, the skills week gives the FNP students an inclusive image of an actual patient encounter in a clinical setting and an opportunity to interact with a patient. Plans are in place to expand course evaluations from students, as well as faculty, to further expand and refine this learning experience. A skills survey to capture the skills used by practicing FNPs is planned. Incorporating these skills into the curriculum will better prepare graduates for practice, and the long-term outcomes will be better, safer, and more competent FNPs.

References
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