Innovative Strategies for Nurse Practitioner Student Engagement in Alternative Patient Visits

Preparing nurse practitioner (NP) students for the broad role of clinical practice remains challenging. In addition to face-to-face patient encounters, NPs manage patient calls, review results of laboratory and diagnostic tests, and provide follow-up telephone calls. Novice NPs may enter practice lacking the skills and confidence to interpret and effectively communicate laboratory results and to return patient telephone calls. Providing more venues that improve access to care, such as through telephone visits, is integral in meeting the needs of patients (Adler-Milstein, Kvedar, & Bates, 2014; Sperber et al., 2014). Telephone visits also can be used for lifestyle modification counseling and episodic or nonurgent visits not requiring a physical examination (Kyanko et al., 2018).

Kelly, Blunt, and Nestor (2017) introduced an after-hours/on-call simulation in primary care NP education using simulated patients, but there does not appear to be prior studies on simulation of telephone visits that occur during business hours. Kolb’s (2014) experiential learning theory proposes that students learn from direct experience, in-context action, and immediate feedback. This theory supports the practicality of this assignment, which required NP students in their first primary care management course to determine whether a patient’s complaint presented during a simulated telephone call warranted an in-office visit.

The objective of this activity was to allow students the opportunity to practice the following skills: triage, clinical reasoning, critical thinking, independent decision making, communication, and to simulate real-world experiences in preparation for their first clinical course the following semester. These objectives directly interface with the direct experience and in-context action concepts of Kolb’s (2014) theory in that the telephone call and synthesis and application of the information obtained was used for clinical decision making. The immediate feedback that the instructor provided at the end of the telephone call is also supported by Kolb’s (2014) theory.

Based on information that was previously covered in the course modules, each student was randomly assigned one of 16 chief complaints of either an issue related to a preexisting chronic condition or an episodic illness. Students called the instructor, who served as the standardized patient, at a scheduled time. A scenario including history of present illness and pertinent medical, surgical, and family history were provided by the standardized patient at the time of the telephone call. The expectation was to either formulate a diagnosis and discuss the treatment and/or follow-up plan with the patient, or advise the patient to come in for an office visit. At the end of the telephone visit, feedback was provided. Using a template, students submitted a SOAP note 1 week later.

A second telephone call, which occurred 2 weeks later, was for laboratory and/or diagnostic test results follow up from the initial telephone visit. The instructor provided the student with the test results 1 week ahead of the scheduled follow-up telephone call. Students called the instructor/standardized patient to discuss the test results and management plan. At the end of the telephone call, the instructor provided immediate feedback to the student about the student’s communication with the patient, interpretation of the laboratory results, and appropriateness of the management plan. Students were given 1 week to submit the SOAP note, using a template created specifically for laboratory and diagnostic test telephone follow-up visits.

This unique activity provided a simulated experience for learners in an online environment without the use of virtual simulation platforms. Students excelled with both telephone visit activities and provided positive feedback. Ninety-nine percent of the students appropriately directed the patients either in proceeding with diagnosis and treatment with the telephone visit or in advising the patient to come in for an office visit. This exercise is an introductory experience intended for formative evaluation and to introduce students in a primary care management course to the multiple responsibilities of the NP role. It could also be used in subsequent courses to evaluate improvements in proficiency and decision making.

References


Angela Richard-Eaglin, DNP, APRN, FNP-BC, CNE
angela.richard-eaglin@duke.edu

Ragan Johnson, DNP, APRN, FNP-BC, CNE

Duke University School of Nursing

The authors have disclosed no potential conflicts of interest, financial or otherwise. doi:10.3928/01484834-20190321-13