**Telephone Simulation: An Intradisciplinary Simulation for Nursing Education**

Advancing technology affects health care delivery and influences the education of new generations of nursing students. In 2016, approximately 31.6% of all students were enrolled in distance education, with 14.9% being exclusive distance learners and 16.7% both traditional and distance-learning (Seaman, Allen, & Seaman, 2018). In 2010, the Institute of Medicine (IOM) recommended changes in education to meet increasing health care demands. To enhance decision-making skills, collaboration, and quality improvement, nursing education and curricula should incorporate available technologies exposing students to varied educational experiences (IOM, 2010). In 2017, the National Organization of Nurse Practitioner Faculties (NONPF) identified primary and corresponding nurse practitioner (NP) core competencies and recommended NP curriculum content reflect them (NONPF, 2017).

Sixteen graduate emergency NP students were paired with undergraduate Bachelor of Science in Nursing (BSN) honors students. Students were introduced to the concept of “on-call” telephone communication between professional nurses and health care providers (e.g., physicians, advanced practice providers). This on-call intradisciplinary simulation was developed for NP student formative evaluation and BSN student immersion. NONPF core competencies emphasized included critical thinking, developing medical decision making, fostering emerging leadership, increasing collaboration, and using technology for graduate NP students. Objectives of this telephone simulation reinforced basic skill sets including communication, clinical management, and the medical decision-making process when a provider is not physically present to assess the patient.

Prior to the simulation, BSN students were prebriefed and provided a scripted scenario to guide their responses. NP students were prebriefed and supplied with a pass or fail rubric evaluating key elements including patient history, assessment, evaluation, and management. BSN students and two emergency NP faculty were located together at the school of nursing to facilitate the simulation, whereas NP students were located remotely and given individual 2-hour time periods to be on-call via telephone. Mobile devices and a computer-based online platform were used to record the simulation to support evaluation and feedback. Each BSN student played the role of an emergency department nurse notifying the on-call provider (NP student) of a change in a simulated patient’s medical status. The mode of communication was an initial text message followed by a return telephone call from the provider. Scenarios consisted of patients with new stroke-like symptoms, pregnancy with heavy vaginal bleeding, and hyperkalemia. The nurse reported patient status changes requiring the provider to elicit a history, initiate orders, and prescribe interventions specific to the patient’s condition. Approximately 20 minutes after this interaction, the provider received a second text message to call regarding diagnostic results and patient responses to therapeutic interventions. The provider managed multiple patient scenarios simultaneously during the 2-hour simulation. On completion of the simulation, faculty debriefed BSN and NP students individually.

Feedback from all students was positive. BSN students reported being nervous during the first scenario but felt more at ease with each additional scenario. One student commented, “This will make it easier the first time I have to do this in my nursing role.” A common theme from NP students consisted of unanticipated challenges experienced while performing the provider role. The on-call simulation was described as “enjoyable” and made students “think on their feet.” Faculty observed that this intradisciplinary communication simulation provides a positive educational experience easily adapted to distance learning. This method of simulation facilitates student learning, exposure to real-life situations, and application of basic skill sets such as communication, clinical management, and the medical decision-making process.

**References**


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