Using Virtual Standardized Patients in Behavioral Health Interprofessional Education

The multifaceted effects of COVID-19’s impact on higher education propagated major challenges for administration and faculty, as well as students. Nationwide, the pandemic caused disruption for colleges and universities in several areas such as applications, admissions, tuition, and most of all teaching. As academic institutions moved into uncharted territory, faculty were forced to transition to online-only instruction. Consequently, the delivery of engaging experiential learning activities for students had to be reconceptualized. Innovative learning activities incorporating technology moved to the forefront. In addition, as 45% of people in the United States reported the pandemic has negatively impacted their mental health (Kaiser Family Foundation, 2020), the increasing need to prepare social work (SW) and psychiatric mental health nurse practitioner (PMHNP) students for collaborative practice in this specialty area emerged. Accordingly, the International Society for Technology in Education (2020) recognizes the increased role of digital age learning in preparing students in team and systems building, as well as professional growth. The use of standardized patients (SPs) in interprofessional education facilitates students’ critical thinking, team interaction, shared accountability, and collaborative problem solving (Kusnoor et al., 2019).

The purpose of the project was to provide an experiential behavioral health (BH) learning activity at a distance—using virtual SPs—to assist in training and assessing PMHNP and SW students’ self-efficacy related to the core competencies of interprofessional education.

The Association of Standardized Patient Educators Standards of Best Practice (Lewis et al., 2017) and Interprofessional Education Collaborative (IPEC) (2016) (Dow et al., 2016) competencies were used to guide a simulated educational activity to train PMHNP and clinical SW students to deliver care to patients with BH disorders. Institutional review board approval was obtained. Each SP was provided a script to review and memorize several days before the encounter. On the day of the activity, the SPs logged in to an assigned video conferencing room. An instructor to observe student–SP interactions and individual to serve as a timekeeper was assigned to each room. Trained staff operated the technology. Following a schedule, a PMHNP student logged in to an assigned virtual room to complete a psychiatric evaluation of a SP. The SPs simulated symptoms of patients with mental disorders. Upon completion of the evaluation, the PMHNP student logged out of the room with the SP and then provided a referral report to a SW student in another room. After the report, the SW student logged in to the room with the SP to complete a biopsychosocial assessment. After the students completed all assigned assessments, debriefing with the entire group occurred. Afterward, the students were divided into smaller groups—composed of at least one PMHNP student and one SW student—to complete a written interprofessional treatment plan.

A group of 11 behavioral health professional students, (seven SW students, and four PMHNP students) participated in the virtual SP learning activity. As part of the assignment, students completed the IPEC Competency Self-Assessment Tool survey (Dow et al., 2016), following the experiential learning experience. Used in multiple research studies, the tool has been found to be valid and reliable as an assessment tool based on interprofessional competency (Lockeman et al., 2019). Using a 5-point Likert scale of 1 to 5, where 1 equals strongly disagree, 2 equals disagree, 3 equals neither agree or disagree, 4 equals agree, and 5 equals strongly agree, students responded positively to the items on the survey with a reply of 4 or 5 to all statements. Responses of strongly agree (100%) included the following: “I am able to place the interests of patients at the center of interprofessional health care delivery”; “I am able to respect the cultures and values of other health professions”; and “I am able to demonstrate high standards of ethical conduct in my contributions to team-based care.”

Interprofessional training is essential to prepare students to provide care to individuals with BH disorders throughout the nation. As social distancing becomes a part of life’s “new normal,” educators will remain challenged with ways to teach team-based practice. In addition, as the health care industry continues to adapt to the provision of care via virtual platforms, training students in this type of environment will become increasingly essential. Because of this innovative learning activity, not only were students afforded an opportunity to learn how to assess, diagnose, and treat patients from a distance, they also gained knowledge related to novel health care technology. Using SPs in a virtual learning space increases access to student training, enhances students’ self-efficacy related to collaborative practice, and subsequently improves the quality of care delivered to patients throughout the community.

References


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This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number, T98HP33417, and title, Opioid Workforce Expansion Program-Professional for $1,342,320. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government. The author has disclosed no potential conflicts of interest, financial or otherwise.  
doi:10.3928/01484834-20200921-14