Development of Simulated Patient Case Experiences in an Occupational Therapy Doctorate Curriculum

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Introduction

In occupational therapy, there is a growing need to improve student preparedness for the intricacies of fieldwork while understanding effective teaching strategies.[5] Simulated experiences with patient actors attempt to recreate the clinical reasoning and hands-on skills needed in fieldwork and practice. Simulation experiences for occupational therapy students are limited in research and not as widespread in practice.[6] However, case simulations with patient actors allow students to make real time decisions in a high stress, low-risk environment. [9]

Simulated patient case experiences have been shown to:

- Enrich student's learning by integrating knowledge and clinical reasoning with real-time decisions.[3]
- Increase student's self-confidence and knowledge acquisition prior to their clinical experiences. [4]
- Have significant improvements in confidence, perceived knowledge, and comfort. [6]
- Advance communication and collaboration skills. [7]

This project aims to:

1. Summarize literature regarding successful simulated experiences
2. Articulate andragogy behind incorporating simulation experience into entry-level occupational therapy doctorate (EL-OTD) curricula
3. Develop and describe a feasible way to create cases, train patient actors, and implement a simulation connecting to Kinesiology coursework at Tufts Department of Occupational Therapy

Process

Phase 1
- Gather Literature
  - Literature review
  - Find themes

Phase 2
- Create cases and simulation protocol
  - Integrate literature of simulations to Tufts Kinesiology curriculum
  - Logistics (learning objectives, training, cases, debrief)

Phase 3
- Pilot Simulation
  - Train actors
  - Conduct pilot simulation

Phase 4
- Revise cases and protocol
  - Create training manual

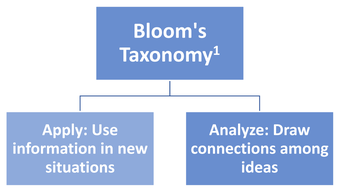
Methods

Experiential Learning

- Process of learning through experience.[5]
- Student reflection is an essential component of experiential learning.
- Characterized by providing hands-on experiences allowing students to practice skills and apply knowledge learned in classroom in a realistic setting.[3]
- Confidence and skill level grew through the experiential learning task, resulting in students becoming more "autonomous" in the tasks being performed.[5]

INACSL Standards of Best Practice: Simulation Design[8]

1. Perform a needs assessment to provide the foundational evidence of the need for a well-designed simulation-based experience
2. Construct measurable objectives
3. Structure the format of a simulation based on the purpose, theory, and modality for the simulation-based experience.
4. Design a scenario or case to provide the context for the simulation-based experience
5. Use various types of fidelity to create the required perception of realism
6. Maintain a facilitative approach that is participant centered and driven by the objectives, participant's knowledge or level of experience, and the expected outcomes
7. Begin simulation-based experiences with prebriefing
8. Follow simulation-based experiences with a debriefing and/or feedback session
9. Include an evaluation of the participant(s), facilitator(s), the simulation-based experience, the facility, and the support team
10. Provide preparation materials and resources to promote participants' ability to meet identified objectives and achieve expected outcomes of the simulation-based experience
11. Pilot test simulation-based experiences before full implementation



Learning Objectives:

During this simulation, students will:
- Demonstrate thorough assessment of range of motion and manual muscle testing on client

By the end of simulation, students will be able to:
- Exemplify professional behavior by appropriately introduce themselves, their role, and responsibility to patient (family/other professionals if needed)
- Implement a safe environment including proper body mechanics and physical set-up
- Integrate clinical reasoning for appropriate order of positions—against gravity, gravity eliminated, etc.
- Summarize information with patients (families/other professionals) in a way that is understandable and client-centered, avoiding medical jargon when possible

Scan for copy of "Carly" case for student and actor

Pilot Simulation

Student Participant: 2nd year Tufts EL-OTD student
Actor Participant: Local teacher/actor
Case: Carly

Actual Simulation:

Prep
- Email student night prior
- Email actor night prior

Simulation
- Meet with actor an hour prior
- 25-minute simulation with actor and student

Debrief
- 15-minute debrief
  - Student and facilitator
  - Student and actor

Moving Forward:

Prep
- Email student and actor three days prior
- Offer zoom coaching for actor (or in person if available)

Simulation
- Meet with actor at least two hours prior
- 5 to 10-minute pre-brief
- 25-minute simulation with actor and student

Debrief
- 15-minute debrief
  - Student and actor
  - Student and facilitator

Limitations and Discussion

Limitations:
- Difficult to reduce bias due to design and development of simulation completed by a single author
- Small pilot simulation sample
- COVID-19 restrictions impacted pilot simulation recruitment and implementation

Tufts University EL-OTD curriculum would benefit from incorporation of simulation experiences with patient actors.
- Simulations can help students practice and enhance their skills necessary for fieldwork and practice in a safe yet demanding environment
- Simulations incorporate clinical reasoning skills which is crucial to the Tufts EL-OTD curriculum
- Further research is needed to understand the efficacy of this simulation for entry-level doctorate occupational therapy students at Tufts University prior to fieldwork
- For future simulations, there is an increased need for diverse simulated patients as curricula continues to reflect the changing demographics and increased cross-cultural exchanges

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Scan for references