



Athletic Training Educators' Use and Perceptions of Simulations and Standardized Patients

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BACKGROUND & PURPOSE

Simulations and standardized patient (SP) encounters are becoming more prevalent in athletic training to teach and evaluate student performance. Little is known regarding the perceptions and use of simulations and SPs in athletic training education.

The purpose of this study was to explore how athletic training educators are utilizing simulations and standardized patients and their perceptions of simulations and standardized patient use within their program.

METHODS

Participant Characteristics (n=21)

| | |
|----------------|------------------------------------------------------------------------------------------------|
| Gender | Males (6) Females (15) |
| Age | 39.4 + 7.76 |
| Faculty Roles | Program Directors (11) Clinical Education Coordinators (8) Athletic Training Faculty (2) |
| Program Type | Professional baccalaureate (20) Post-baccalaureate (1) |
| NATA District: | District 9 (12) District 3 (4) District 1 (2) District 8 (2) District 4 (1) |

Procedures

Faculty attending a district athletic training educators' conference were asked to participate in one of three scheduled focus groups. The focus groups were conducted using a semi-structured interview guide were audio recorded, and transcribed verbatim.

Data Analysis

Data were analyzed using a general inductive approach. Trustworthiness was established via member checking, peer debriefing and multiple-analyst triangulation.

RESULTS

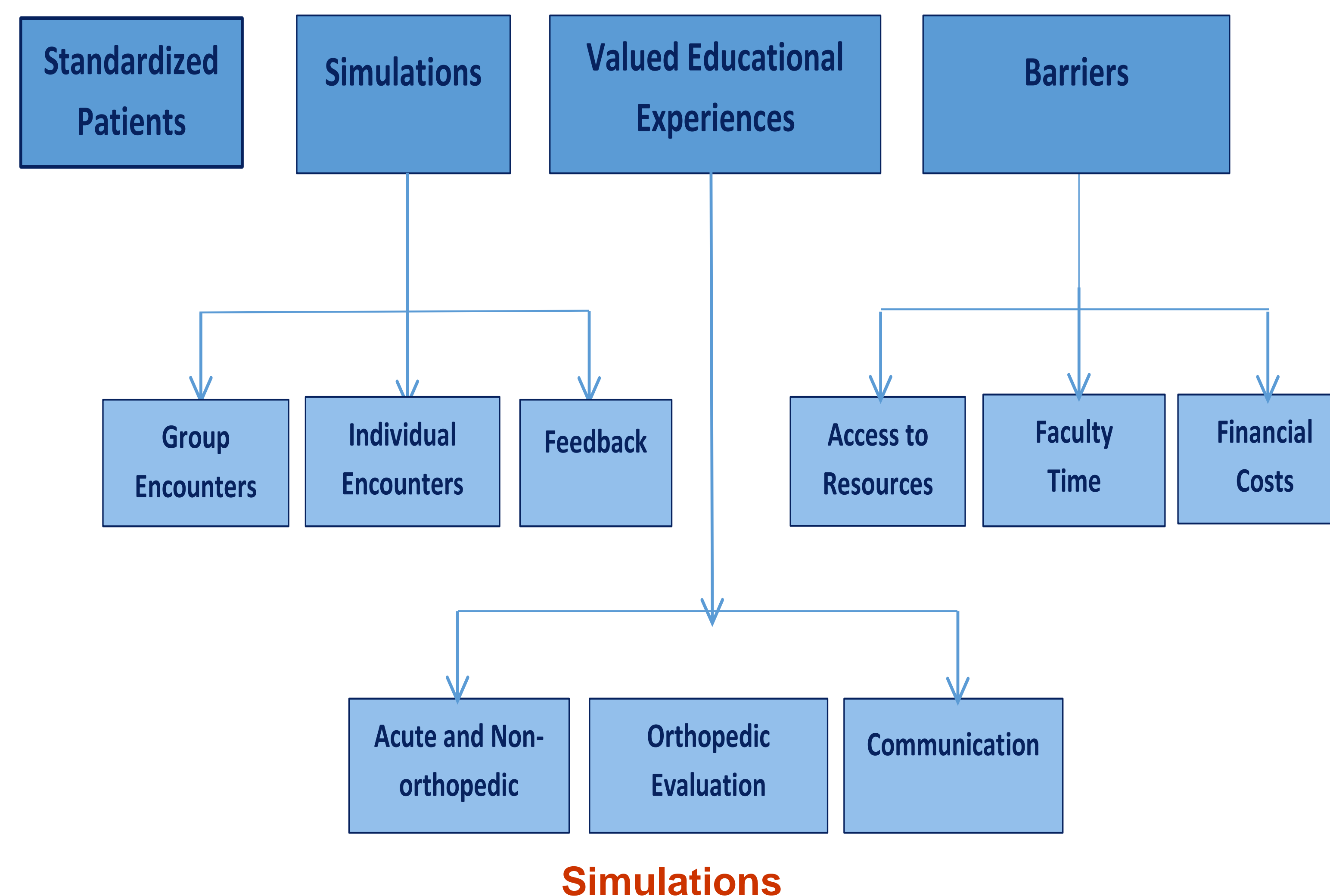
Standardized Patients

All participants utilized simulations but only six (29%) utilized SPs. Participants utilized SPs to teach and evaluate students at the middle and end of the semester. The students were described as interacting with the SP individually or in groups.

"We have them at midterm and final. We have our juniors and seniors go through. They are tested on what they have been taught the previous semester". – Julia

RESULTS

Figure 1. Themes and Subthemes



Simulations were conducted individually and with students in groups. Group simulations utilized classroom and/or lab time to efficiently engage the students in teamwork activities (e.g., spine boarding, communication). Individual simulations were used to evaluate specific clinical skills (e.g., history taking, performing selective tissue tests). Each participant was able to thickly describe the use of simulations in their program for the purpose of learning and evaluation as well as the feedback provided to their students.

"The team simulation is more of a spine boarding scenario...one half of a class that I teach, once a year...with our grad students, they were immersed also in a team simulation using a spine boarding scenario and then the individual simulation was a splenic rupture." – Callie

"In the clinical setting, the preceptors use simulations. And then in the laboratory setting, for every exam, every practical, every exam they take is at least one simulation station, where an upper level student plays the patient." – Jillian

"They do have video and they talk...Video, they get to watch it, they critique each other and then we have preceptors come in too that are a part of that to kind of be observers. So that after the fact we can all sit down and everybody can get feedback." - Meredith

Valued Educational Experiences

Both simulations and SP encounters were seen as valued educational experiences used to teach and/or evaluate communication, acute care, non-orthopedic (e.g., chest or abdominal auscultation, managing breathing difficulties) and orthopedic (e.g., musculoskeletal evaluation) skills.

"But it's not always just the clinical skills, and sometimes the simulations are just to evaluate the communication skills or confidence." – Miranda

RESULTS

"I think at some point, I use criticality. How critical is it that this person gets it right? So, the importance of the skill. How infrequently it occurs in clinical practice, because if it's infrequent, but it's critical, we need to make sure they see it... But if you do see it, you have to deal with it and deal with it well. So that's why I chose." – Aaron

"But as far as simulations, you're not going to get real life scenarios for everything. So as far as athletic training goes that's our best way of giving them a close to real life scenario as possible. So it's, we fill in the gaps that the clinical experience can't completely fulfill what we're trying to get the student to understand and have the skill set to be capable of performing. So that's kind of how I feel." – Christina

Barriers

Barriers to the implementation of simulations and/or SPs included restraints on faculty time, access to resources, and financial cost. For those using SPs identified barriers included the time to create a case, training and retraining SPs, reviewing videos and grading encounters. Time involved in creating the simulation and preparing and operating a simulator were barriers to simulations.

"It's huge I think. I wish they weren't so time consuming." – Louise

"The issue that I have specifically is access. We are housed in education and not with our nursing program. The nursing program has a whole floor of stuff and we are not allowed up there so they lend some models for airway, so other than that we don't have access, so we've had to budget." - Amber

"I think there are tremendous values, but, sometimes though, I think that there is a balance, the training, the amount of work and time it takes to develop them, and to grade them, and, versus the value." - Peter

CONCLUSION

Simulations and SP encounters are being used to prepare students for a variety of patient encounters.

SPs and simulations can provide students with a uniform learning experience which ensures exposure to common medical problems and that basic clinical skills are acquired.

The use of simulations and SP experiences has been seen as beneficial in the acquisition of clinical and communication skills by student learners.

Faculty should consider identifying resources needed to implement simulations and SP encounters and discuss those with administrators.

The barriers to implementation should be considered when determining the use of simulations and SP encounters within an individual athletic training program.