

Reflections on simulated patient methodology:  
A pillar of the healthcare simulation community

Debra Nestel, BA, PhD, CHSE-A  
ASPE 2014

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Set the scene  
Overview, terms, key messages, pillars, stance

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Overview

Communities of practice → Patients (real) → Simulated patients → Simulated patient educators

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### Context and terms

- Reflection
- Simulated patient (SP) methodology
- SP educator (practitioner)
- Pillars




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- Pillars

- Stance



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### Simulated patients (SPs)


- Role-play as a patient
- Respond to feedback
- Standardize performance
- Understand educational principles
- Provide feedback

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### Simulation...

"... a technique to replace or amplify real experiences with guided experiences, often immersive in nature, that evoke or replicate aspects of the real world in an interactive fashion."

Gaba, 2007



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## Key messages

- SPs are potentially best placed to support the development of patient-centeredness
- If SPs are to be proxies for real patients then they must be connected in some way
- SP educators are actively shaping practice
- Although SP methodology is a pillar of healthcare simulation education there are risks if it develops in isolation

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## 1: Communities of practice

Definitions, dimensions, legitimate peripheral participation

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## Communities of practice

"Communities of practice are groups of people who share a concern or passion for something they do and learn how to do it better as they interact regularly."

Wenger (1998)

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## Communities of practice

- Give meaning to knowledge
- Offer an authentic context
- Provide meaningful "tasks"
- Contribute to professional identity
- Develop an organizational memory



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## Communities of practice

- Legitimate peripheral participation
- "Newcomer" > "old timer"
- Tasks, language, systems  
Lave & Wenger (1991)



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## Communities of practice

### Dimensions

1. Joint enterprise
2. Mutual engagement
3. Shared repertoire  
Wenger (1998)



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## Joint enterprise

- Identifying standards for high quality SP practices
- Offering of high quality educational experiences for learners
- Raising patient perspectives in health and social care professional education
- Making judgments of competence of learners

Nestel, Rethans, Gliva McConvey (2014)

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## Mutual engagement

- Participating and collaborating
  - Formal activities
    - Learning sessions, assessments etc.
    - Workshops
    - Developing resources (e.g. scenarios, training materials etc.)
    - Research including multisite studies
  - Informal activities
    - Discussion board, peer consultation, mentoring

Nestel, Rethans, Gliva McConvey (2014)


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## Shared repertoire

- Terms to describe practice (e.g. scenarios, scripts, roles, brief etc.)
- SP-based scenarios
- Recruitment and selection of SPs
- Training SPs for role portrayal
- Training SPs for offering feedback

Nestel, Rethans, Gilva McConvey (2014)

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## Describe your community of practice

Where are you on the newcomer/old timer trajectory?  
How are you moving from periphery to centre?

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## 2: Patients (real)

Patient-centred care, real patient contributions to SP methodology

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## Patient-centred care

- Patients are at the centre of the clinical care process
  - Patients' ideas, concerns, feelings, reasons for consulting, need for information are sought, acknowledged and valued
  - Patients are encouraged to participate in all decisions about their care to the extent they are able and willing

Gerteis et al, 1993; Stewart et al, 1995, 2001

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## Patient & public involvement

- Poorly performing and unethical clinical practices  
Kennedy Report, 2001
- "Patients can contribute unique and invaluable expertise to teaching, feedback and assessment of medical students, which should be encouraged and facilitated."  
GMC, Tomorrow's Doctors, 2003, 2009, 2011
- Specialist medical colleges
  - Patient liaison representatives

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"Patients/service users and carers have a tremendous bank of experience and knowledge. This resource should be used routinely in the delivery of training, in particular in relation to programmes addressing communications skills or supporting the development of a clear understanding of patient needs or perspectives ... The scope and mechanisms for involvement need to be explored further and protocols that support and enable patients to be actively involved developed."

Williams, 2008

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## Theoretical perspectives

- Patients as "texts"
  - Student-patient relationship "co produces" knowledge
  - Convention (student-clinician)
- Paradox
  - Patient-centredness is not taught by patients

Bleakley & Bligh (2008)

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Patients' experiences are often widely divergent to those of clinicians.  
Thistlethwaite & Morris (2006)



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“... a mirror for the teachers’ preconceptions rather than as an authentic reflection of a patient encounter.”  
Nestel & Kneebone (2010)

“... the patient voice continues to be filtered through clinicians’ perspectives.”  
Snow (2014)

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“When no real patients are involved, two major assumptions are made.  
Firstly, that actors and faculty members who brief them can really simulate patients; that they know how real patients would respond in a given scenario.  
Secondly, that learning outcomes set by healthcare personnel are the most appropriate for the situation; that real patients would want students to learn those things.”

Snow (2014)

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“... we developed a fully patient-driven modality, in which the simulation scenarios and learning outcomes were conceived, designed, delivered, written and evaluated by patients, with minimal intervention by clinicians.”

Snow (2014)

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In what ways do real patients contribute to your SP practice?

Directly?  
Indirectly?  
3 minutes

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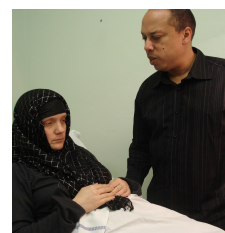
### 3: Simulated patients

Agency, authenticity

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### Study 1: Simulated patients

- Explore beliefs and practices of SPs
- 3 focus groups (n=18)
- Two universities
- Victoria, Australia
- Thematic analysis
  - Agency
  - Authenticity



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### SP perspectives

- Agency
  - Agent for faculty
  - Secondary allegiance to students/trainees
  - Patients an afterthought
- Authenticity
  - Believability
  - Need for standardization
  - Power dynamics in the student-SP relationship

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"I find the OSCE cases a bit superficial because they're not a real doctor-patient relationship anyway. You have to get done in eight minutes and I feel like it's all fake."

Focus Group 1

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"... it (*the brief*) actually said you are not emotional and it's like but there's no way in a real setting I would not be emotional at this stage..."

Focus Group 3

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## 4: SP educators

Critical perspective, under studied

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## Study 2: SP educators

- Explore beliefs and practices of SP educators
- Expert SP educators
- Individual interviews by telephone
- Audio-recorded and transcribed
- Respondent validation
- Thematic analysis



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## Study 2: SP educators

- Topic guide
- Context of work
- Development of expertise
- Training SPs
- Implementing SP programs
- Feedback scope
- Additional stories
- 15 interviews
- 31 to 80 minutes (41)
- 13 female and 2 male
- Region
  - Australasia (n=3)
  - Europe (n=6)
  - Canada & US (n=6)
- 5-39 years (13)

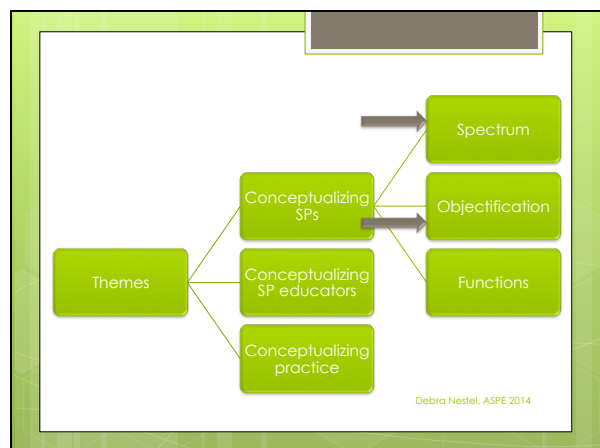
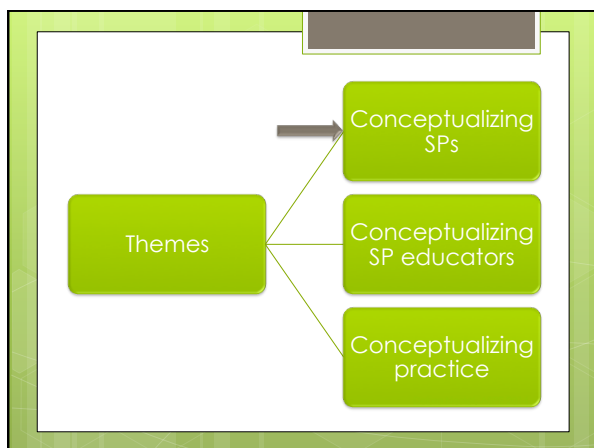
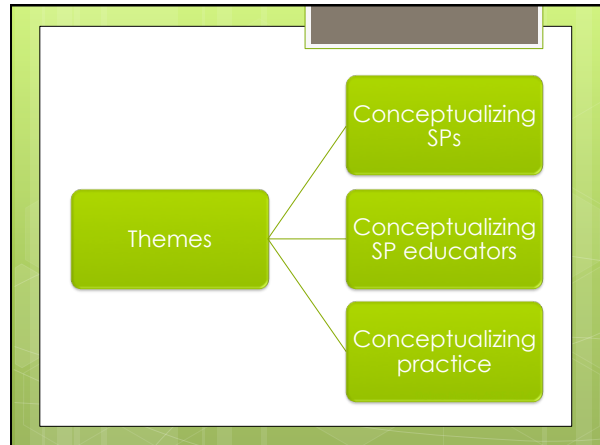
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### Results

- Disciplines
  - Medicine (n=14)
  - Nursing (n=6)
  - Dentistry (n=6)
  - Physiotherapy (n=5)
  - Pharmacy (n=4)
  - Social Work (n=4)



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## Conceptualizing SPs

- Spectrum
  - As "professionals"
  - As teachers
  - "More than just acting"
- Objectification
  - Objects or tools to be "used"
  - "SPs have a shelf life"



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"Not only are they (SPs) committed to the methodology, they understand the impact they have, and the portrayal of a patient part is more secondary to the educational focus that we have on using our SPs...that's how we see our SPs, as educators"

#10

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"If I have a couple of SPs that just can't get the roles...if it is going to throw off the standardization of a role I will replace them, they have to be replaced."

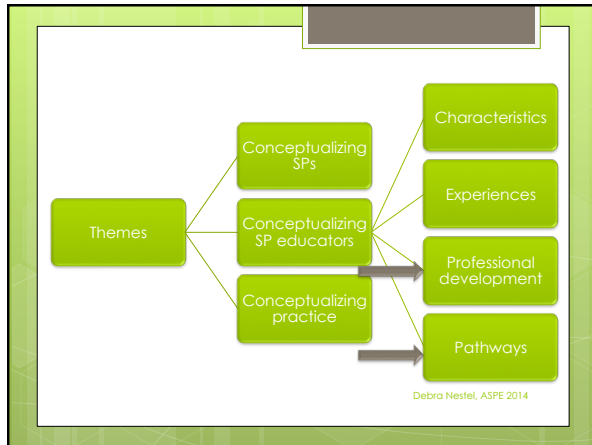
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"A simulated patient only has a certain lifespan...they start behaving in a different way from the way we want them to."

#7

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### Conceptualizing SP educators

- Professional development
  - Collaboration
  - Conferences
  - Some courses
  - Inadequate training and resources available for SP educators
- Pathway/s
  - No formal pathway
  - No certification

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"I have done no formal training, I'm self taught. And in saying that though, no training that has been accredited, so obviously I've done AusSETT now and I have to say there was a couple of enlightening things at AusSETT that I went, wow at ... especially in her patient-focused simulation..."

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"... I've been to a simulation conference every year since 2007. So for the last five years, either one or two each year and in that what has interested me most, I guess and that's why I'm in the job I'm in now, is using simulated patients and how that more human, having that person there makes it a more real scenario for me ...."

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"We work in isolation in many ways. We develop things on demand so even the terminologies vary...it's challenging because everybody thinks, and we all think, and I'm one of them, I think I do it best, or the right way...I've just been around for so long that the only resource I have is experience, and then talking to other trainers."

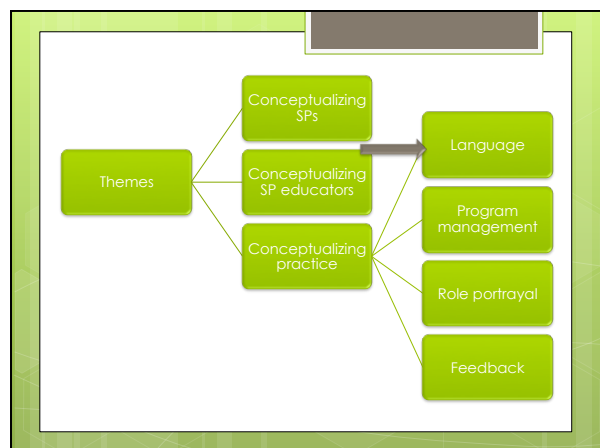
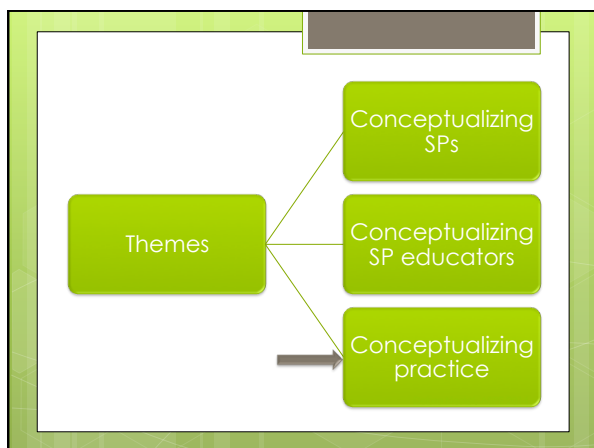
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"One of the really interesting things is that there really is no clear career trajectory...there's no clear steps that you might take...there's no clear professional development pathway through to becoming an SP educator."

#13

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### Language

- Clinician-centred rather than patient-centred
- Power dynamics

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### Summary

- Wide variety
  - Recruitment
  - Role development
  - Training methods
  - Program management
  - SP feedback to students

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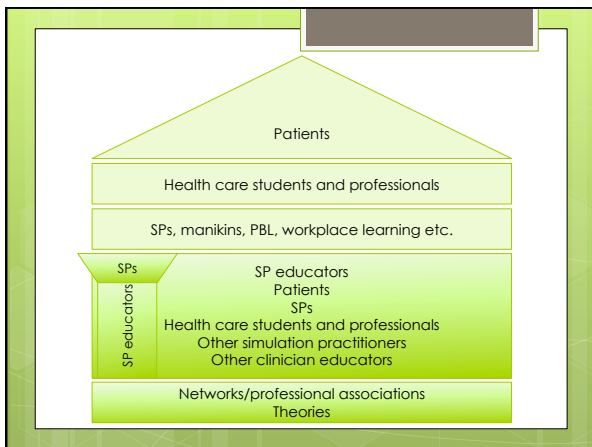
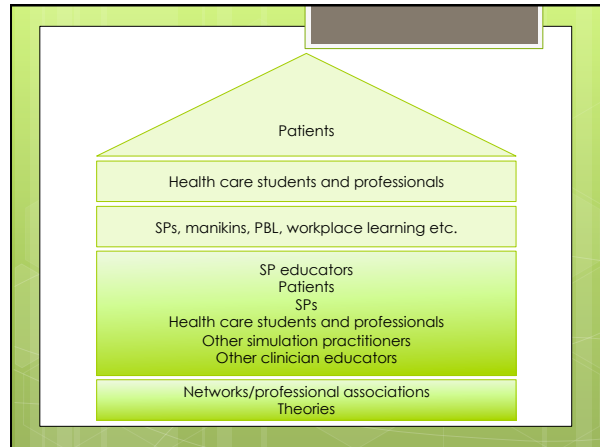
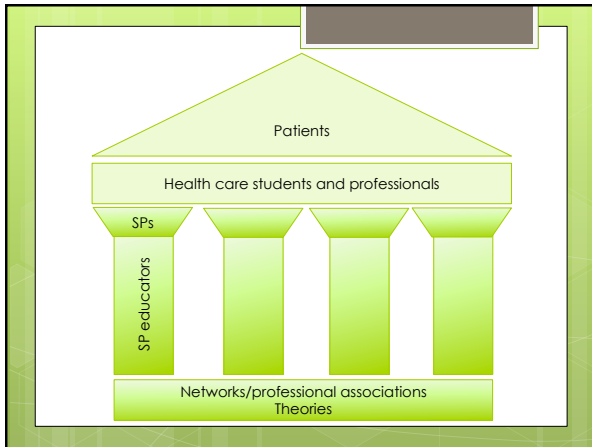
### Summary and review

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### Overview

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### Key messages

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Your reactions  
3 minutes

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Comments and questions

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Resources

- Victorian Simulated Patient Network
- [www.vspn.edu.au](http://www.vspn.edu.au)



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