

## Introduction/Problem

The National Organization of Nurse Practitioner Faculties (NONPF) has established standards for Population Focused Nurse Practitioner Competencies that students must master prior to graduation.

The increased number of students enrolled in online Doctor of Nursing Practice Nurse Practitioner programs across the country has resulted in limited opportunity for student evaluation by faculty in clinical practicum.

### THE QUESTION

Does consistent evaluation of clinical progress and attainment of the recommended skills and competencies occur in the clinical setting?

### FACTORS CONTRIBUTING TO THE PROBLEM

- Variability in clinical opportunities, sites, and preceptors
- Faculty evaluation of student clinical progress is limited to reliance on preceptor evaluations of students' direct patient care and clinical skills

## Purpose

To describe the use of simulation as a method of consistent evaluation of Pediatric Primary Care Nurse Practitioner student mastery of clinical skills and competencies.

## Objectives

By the end of this presentation the participant will be able to:

- Design a skills lab using NONPF Competencies specific to the APRN role.
- Describe a scenario for a low-fidelity Observed Structured Clinical Examination (OSCE).
- Design a rubric for a nurse practitioner OSCE to evaluate clinical progress and attainment of NONPF competencies.

**ACKNOWLEDGEMENTS:** Rush University Simulation Lab Photos

## Methods

Multiple simulation skills labs and Observed Structured Clinical Examinations (OSCE) were developed by faculty to correlate with the NONPF Competencies. Students participated in one simulation day each term for three consecutive terms.

### SKILLS LAB DESIGN

<https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/Competencies/CompilationPopFocusComps2013.pdf>

- Fluorescein staining
- Eye foreign body removal
- Ear foreign body/cerumen removal
- Nasal foreign body removal
- Nasal packing for epistaxis
- Tooth evulsion- stabilization
- Pulse oximetry
- Skin scraping
- Wound irrigation and drainage
- Wound closure/suture insertion
- Staple insertion
- Butterfly/steri-strip
- Tissue adhesive
- Splinting
- Reduction of radial head subluxation
- Spirometry
- Nebulizer treatment
- Spacers devices
- Pelvic exams with collection of cultures
- Diagnostic testing/strep, RSV, Influenza



### OSCE DESCRIPTION

Asthma and Community Acquired Pneumonia Scenario

### Learner primary objectives/outcomes:

1. Demonstrate mastery of a focused respiratory history, review of systems, and physical examination.
2. Identify and manage signs of respiratory distress including ordering tests/lab work and interpreting results.
3. Develop, implement and discuss management plan based on diagnosis including implementation of non-pharmacologic and pharmacologic methods to improve respiratory status.
4. Demonstrate appropriate patient centered communication skills.

### OSCE Scenario

A 16 year old girl was brought to the primary care clinic by her mother because she started wheezing last night and her inhaler did not seem to be helping. She started a fever of 101 last night and took some Advil. The patient has a history of asthma.

## Evaluation of Student Progress

### OSCE RUBRIC

Criteria	Not Done	Completed	Mastery	Notes
<b>Introduction</b>				
Introduces Self*				
Identifies Role*				
Identify Patient*				
Hand Hygiene*				
<b>History</b>				
Chief Complaint*				
Hx of Present Illness*				
Past Medical Hx				
Medications*				
Hospitalizations				
Allergies*				
Immunizations*				
<b>Family History</b>				
<b>Social History</b>				
Home Situation				
Smoking				
Occupation				
Support				
<b>Physical Examination</b>				
Communication (explains to patient what they are doing and why)				
HEENT*				
Heart*				
Lungs*				
<b>Labs/Procedures</b>				
Pulse Oximetry*				
Nebulizer*				
Reassess Lung status, VS, Pulse oximetry*				
Chest x-ray				
<b>Identify Differential</b>				
<b>Diagnoses *</b>				
<b>Identify Actual Diagnosis Asthma*</b>				
<b>Identify Diagnosis of CAP</b> (infectious disease ie URI, Bronchitis)*				
<b>Management Plan</b>				
Management Plan Asthma*				
Oral Steroids/ICS*				
Inhaler- Albuterol*				
Rescue Inhaler Education *				
ICS Inhaler Education				
Prescribe Azithromycin (adult dose) educate on administration/side effects				
<b>Follow Up Plan</b>				
Discuss red flags to call office (fever persists for 48 hrs., increased cough/SOB/wheeze)*				
Follow up visit scheduled approximately 1 week*				
Check that patient verbalizes agreement with plan*				

## Conclusion

Routine assessment of nurse practitioner students with simulation skills labs and OSCEs resulted in consistent evaluation of each student's clinical progress and mastery of the NONPF competencies. The simulation experiences enhanced student learning through direct standardized patient and faculty feedback providing recommendations for individualized clinical improvement goals.