Purpose: This presentation will describe the use of live model (standardized patient) simulations to evaluate competencies and enhance learning in nurse practitioner (NP) students.

Background: This presentation, utilizing exemplars from this innovative learner-centered activity, will discuss the essential components of live model simulation and the implications to nurse educators in developing interactive laboratory experiences. Faculty have limited access to students in their clinical interactions with real patients, and evaluation of the student’s demonstration of NP competencies can be challenging. Developing educational activities that realistically bring the student-patient interactions into a controlled setting can facilitate students’ demonstration of, and faculty evaluation of, patient-management competencies.

Description: Rural Health Track students in a graduate Nurse Practitioner (NP) program participate in a one-week intensive course addressing the care of urgent and emergent conditions in rural primary care. The course is a combination of didactic lectures and laboratory sessions in which common urgent and emergent medical and trauma conditions are explored. Basic primary care procedural skills (e.g. suturing, extremity splinting, x-ray and ECG evaluation, & foreign body removal) related to these conditions, are demonstrated by faculty, and practiced by the students in the laboratory setting. On the final intensive day, each student in a simulated scenario interacts with a live model “patient” experiencing an acute illness or traumatic injury. Faculty, using rubrics, evaluate the student’s skills and competencies in “patient” assessment, diagnosis, treatment, documentation, and follow-up. One of the essential components of utilizing live model or standardized patients is both scenario and patient veracity. Live model “patient” actors need to have adequate preparation and a thorough understanding of their simulated scenario. Logistical aspects for this activity include such things as realistic make-up and props, access to relevant x-ray, laboratory or other diagnostic results, and a suitable clinical encounter environment (patient care room).

Outcomes: Real-time experiences with live models, in realistic clinical scenarios, provide NP faculty with unique opportunities for evaluating student learning related to content knowledge, hands-on skills acquisition, critical thinking, and interpersonal interactions. A critical aspect of the simulation activity is the interactive peer debriefing that immediately follows the scenario simulations.

Conclusions: Evaluating NP student practice-oriented competencies is challenging for educators. This activity has had success with the use of simulations to determine content and skills learning through monitoring of student interactions with standardized patients experiencing relevant and realistic acute conditions in a rural-based scenario. The presentation will highlight important aspects of the simulation preparation, enactment, evaluation, and debriefing.