TRAINING OF BLIND SIMULATED PATIENTS: EXPERIENCE REPORT

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Abstract

Introduction: Simulated patients constitute a real possibility of providing learning, due to their potential to fulfil conditions close to ideals and to overcome disadvantages regarding the use of real patients by training people or actors to perform their roles in realistic situations in the teaching institution. The use of simulated patients in educational units to train abilities and to evaluate students is a resource to make skills. This method is disseminated by enabling the provision of formative evaluation and learning through the proper correction of errors.

Objective: To report the experience of training blind simulated patients.

Method: This is an experience report from a dissertational study that aimed at evaluating the communication skills of nurses with the blind patient. The research was carried out from May 2015 to June 2016. The study population comprised three blind people chosen by means of an association for visually impaired people. Participants were trained according to the protocol developed on screen research to work as a hypertensive blind subject during the Nursing consult. This research is part of a multicenter study that had been approved by the Ethics Committee, under protocol number 652.134.

Results and Discussion: Training was conducted in five meetings. The first one presented the research proposal and verified the availability of volunteers; whereas the second meeting presented the script that participants had to memorize for the act, and each item was read slowly in sequence after the explanation and exemplification. Volunteers asked doubts, especially regarding behaviors that they had to show when nurses did not make the consults properly; examples included tapping the feet, moving the head, frowning, and bumping the furniture, which were mentioned and explained properly. In the third meeting, the participants were introduced to the simulated environment. One by one, they walked around the room, touched the furniture and equipment and were informed about the cameras and their location. They took part in the first simulation activity, and a previously trained nurse was invited to conduct the Nursing consult. New simulations were performed in the two next meetings and, finally, an evaluative instrument was applied to validate the training – all participants showed skills to work as simulated patients.

Final considerations: Training of a simulated patient is an efficient method to systematize scientific data collection, to obtain reliable results and to control the studied variable in a better way. It is also an efficient method to train professional skills. The benefit of using simulated patients in the professional formation and qualification increases the need of scientific strictness; therefore, literature is still incipient and should be developed to fill the lacks in the scientific field.

Keywords: Simulated Patient, Training, Disabled Persons.

1 INTRODUCTION

The use of the simulated patient technique in training and professional qualification is a concrete possibility of providing education, given its potential to meet conditions close to the ideals, as well as to overcome disadvantages of the use of real patients and, above all, by the possibility of providing formative evaluation and learning by properly correcting errors and failures (FARIAS, 2015).

This method takes the place of memorization processes and fragmented transfer of information by stating that knowledge is the result of a construction based on practical action and theoretical appropriation (CORSO, DELGADO, GÓMEZ-RESTREPO, 2012).

In nursing, literature is still incipient in the context of the use of simulated patients and should move forward to fill gaps in teaching and scientific fields. In this context, this study aims to: report the experience of training simulated blind patients to be put in practice in nursing appointment. Such an
approach is justified by the need to scientifically guide the training of blind people for the exercise of realistic simulation in educational institutions.

2 METHOD

This is a descriptive study, of experience report type, resulting from a dissertation research. The experience report is a text that describes a given experience that can contribute in a relevant way to its area of performance, brings the motivations or methodologies for the actions taken in that situation and the considerations/impressions about the experience. The report is made in a contextualized way, with objectivity and theoretical foundation.

The research was developed from May 2015 to June 2016. The study population was four blind people selected through an association for visually impaired people located in the city of Crato, Ceará, Brazil.

Participants were trained to act as a blind hypertensive person in the nursing appointment. This research is part of a multicenter study previously approved by the Ethics Committee, opinion No. 652.134.

3 RESULTS

Systematically, the training followed the following steps: organization of the training environment; selection; and training of simulated patients.

The University Center for Health Practices (CUPS) of the Regional University of Cariri (URCA) was selected as a training ground because it already presented the basic structure, instruments and furniture close to a communicative skills laboratory, commonly adopted in Brazilian reality (Fig. 1) in accordance with De Marco et al. (2010).

FIGURE 1 - Layout of the University Center for Health Practices (CUPS). Crato, Ceará, Brazil, 2017.

In order to obtain data on the performance of patients under training, video cameras recommended by Pezzi; Neto (2008) were added to the environment to capture training data. The environment was then organized as shown in Figure 2.

The left side of the environment did not compose the training scenario to ensure that the fixed cameras would reach all movement of blind patients.

Camera 1, directed to the door, was responsible for filming all the movement of entrance and exit. Camera 2 makes direct side angle with table and chairs, as well as records movement towards stretcher, scale and cabinet. Camera 3 makes front angle with desk, practitioner’s chair, stretcher, scale, cabinet and washbasin. Thus, all movement in that environment was recorded in the videos.

In addition, the research counted on technical support for setting up and angulating the video cameras. Also, formal authorization was requested for using CUPS by means of an office specifying objective, days and times in which the setting would be used.

In the process of selecting the participants, the researcher contacted the coordinator of an association for blind people located in Crato-CE and explained the purpose of the research. Then, four potential volunteers were indicated, with whom the association coordinator was responsible for making the initial contact and scheduling a meeting in a day and time compatible with all.

On that occasion, the researchers/coaches presented to the possible volunteers the objective of the research, the role of a simulated patient, how to complete the training activities, and the voluntary nature of the activities. All volunteers were solicitous and formalized their participation in the research by signing the Free and Informed Consent Form (FICF). However, after application of the selection criteria, one of these volunteers was excluded because of disagreement with two pre-established items.

The selection criteria for the training were: being a blind person, with age and gender compatible with the role, willingness to participate voluntarily, availability to be present during the training and acting properly, ability to memorize the script, disposing of audio resources and/or a companion to read the script, having skills and liveliness to act in anticipated and unforeseen situations.

The second meeting focused on the presentation of the simulated situation script. The constituent elements of the script were drawn up based on the general communication guidelines established by Costa (2009); Rebouças (2008).

The reading of each item was carried out slowly and followed by explanation and exemplification. The volunteers expressed doubts mainly about the behaviors that they should present when they were not satisfied with the conduct of the appointment, examples such as hitting the foot, shaking the head, frowning and bumping the furniture were cited and adequately explained.

After all doubts were answered, researchers provided the simulation script in printed, Braille and audio versions for the volunteers to memorize comprehensively.

From that point on, the meetings were scheduled individually and each actor had their training schedule. This procedure was necessary since individual simulations were performed with guest nurse, in which the trainer applied the necessary corrections, and a training section tended last, on average, 4 hours.
Thus, on the following date, each volunteer was directed to CUPS to know the simulation environment. Individually, they walked through the setting, touched the furniture and the equipment and were informed about the presence of the cameras and their location.

A new reading of the script was carried out in that environment. This time, the researcher investigated the actor’s understanding of the role they had to simulate, asking questions about what to do, how to do, what to talk, among others. In those occasions, a nurse was invited to simulate a nursing appointment with the blind person under training. The researcher stayed in the environment, indicating the best behavior to be adopted in the situations, reminding participants of points in the script that were forgotten and pointing still necessary modifications.

In the fourth and fifth meeting, each volunteer performed new simulations and corrections/adjustments were applied. These simulations showed the need to change the angle of the camera 1 (precision of the movements of entrance and exit of the environment) as well as the position of the office table, chairs and scale to enhance the angle with the cameras. It also showed the need to move camera 3 away from the air source because there was a change in the audio of the videos.

On the fifth meeting, each volunteer received a check-list evaluation instrument to judge the quality of the training. All patients met the requirements of the instrument.

After completing the training activities, the simulated patients were instructed to wait being contacted to perform appointments with nursing apprentices. On the appointments days, the arrival of the simulated patient occurred with an average of 40 minutes before the nurse, because the script was read in order to avoid forgetfulness at the time of the intervention.

4 CONCLUSIONS

Trained simulated patients present better performance in acting out situations, which enables comprehensive memorization and the apprentice’s meaningful learning. This methodology has been widely used for skills evaluation in the national and international levels, with satisfactory results (CREA, 2011; GEORG; ZARY, 2014).

The systematic dynamics adopted in this study for the training of simulated patients was effective and enabled the qualification and skills enhancing of nursing apprentices.

For its scientific consolidation, this technique must be reapplied in other scenarios. In this environment, some elements can be modified, considering the participants’ characteristics and the simulation context. In addition, the validation by specialist and factorial analysis for diffusion in nursing teaching and qualification centers must be carried out.

REFERENCES