

Using Failure-to-Rescue Simulation to Assess the Performance of Advanced Practice Professionals

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The use of advanced practice professionals (APPs) has been established in oncology care. APPs are frequently the most readily available ordering provider for care guidance when it becomes evident that a patient with cancer is failing. The purpose of the current preliminary descriptive project was to determine the best method for assessing APP performance in oncology-specific circumstances, particularly in the failing patient with cancer. A test group of 14 APPs completed a competency self-assessment, the Basic Knowledge Assessment Tool (BKAT)-8S_R, and attended a four-hour simulation and classroom experience. Competency checklists with 30 priority interventions for each scenario had been anticipated by an expert panel. The APP competency self-assessment was measured for knowledge base and critical thinking. All of the APPs scored at or above the level of a critical care nurse with one year of experience on the BKAT-8S_R. Twenty-seven of the anticipated interventions were enacted by all APPs. Five additional interventions were ordered that had not been anticipated. The success of this educational strategy has stimulated new learning opportunities, including initiation of a full-team oncology failure-to-rescue simulation, course restructuring, and other innovative simulation experiences.

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The use of advanced practice professionals (APPs), such as certified nurse practitioners (CNPs) and physician assistants (PAs), has expanded greatly in the past 10 years in inpatient and ambulatory settings. The advanced practice role has evolved in response to the numerous changes in health care (i.e., distribution of services, staffing, technology, and educational opportunities) (McCorkle et al., 2012; Murphy-Ende, 2002). APPs have become a mainstay of patient care and are valued for the knowledge and skills they add. Other members of the oncology healthcare team are aware of the contributions APPs make in the areas of decision making and problem solving (Kilpatrick, 2013; Klipfel et al., 2011). In the inpatient setting, APPs are frequently the most readily accessible ordering provider when clinical guidance is needed. Although the physician is consulted, the APP sometimes is the first provider notified when it becomes evident that a patient with

cancer is failing. Early identification of patient deterioration and timely patient management have been demonstrated to improve patient outcomes (Cooper et al., 2011; Endacott et al., 2012). As the population ages and the number of oncologists declines, the demand for APPs to provide expert clinical care will intensify (McCorkle et al., 2012).

Background

High-fidelity human patient simulation, a largely risk-free approach to learning (Yuan, Williams, Fang, & Ye, 2012), has been widely used in colleges of nursing for many years; however, simulation is relatively new to hospital-based nursing education (Decker, Sportsman, Puetz, & Billings, 2008). Clinical simulation is a technique using guided practices that imitate substantial aspects of the real world in a fully interactive approach