

REPLY

Dear Editor,

Thank you for the opportunity to speak to the concerns raised in a recent letter to the editor regarding our manuscript, "High-Fidelity Meets Athletic Training Education: An Innovative Collaborative Teaching Project." This article highlights an innovative teaching project expanded to an interdisciplinary project to share resources and knowledge between the Department of Nursing and Allied Health Professions and the faculty and students in the Athletic Training Program at our university.

The authors of the "Letter to the Editor" (LE) in this issue took exception to several key points that we would like to address. The first concern surrounds the issue of training of standardized patients for athletic training students. Our article noted that standardized patients (SPs) require training. We used the word "often" in paragraph 2 under "Context," and in the third paragraph of the same section we state "... must be trained by preceptors." While the authors of the LE believe that this training by the instructor is mandatory, we do not believe that either of our statements contradict the point that training of SPs is necessary and critical to the success of an SP encounter. It is, however, impossible to know if all programs formally train SPs or if the SP is often a peer or classmate who is familiar with the medical condition and hence engages in role play via SP. The text the authors of the LE cite does not reveal the word mandatory in it, as we searched that reference. Regardless, the SP typically receives training from someone, albeit the instructor, the lab faculty, or professional preceptor, who works with the SP and the student. Hence, we both appear to value the ideal that they receive training to improve the quality of the SP experience.

A second issue raised is whether we are unilaterally promoting one type of simulation over another: SP or Human Patient Simulators (HPS). We are not. Rather, as the title implies, we were excited to share an opportunity to engage in both interdisciplinary teaching and maximal use of resources by partnering with nursing programs that already have HPS in their labs. We are well aware of the costs of the HPS; however, the point is that often the HPS is not used every day of the week and thus represents a potentially untapped resource for educating students in other disciplines. On page 5 of the manuscript under both the "Clinical Advantages" and "Conclusion" headings, we note that this represents an enhancement to existing teaching or an alternative to bridge the gap in rarely seen clinical experiences. We do not unilaterally support one over the other.

A third issue raised in the LE surrounds the statement in the manuscript that "Standardized patient simulation is often an ineffective and unrealistic method of evaluating clinical skills; trainees often have a hard time connecting these simulations to real-life clinical experiences." We do not want the LE to take this statement out of context and thus include the second half of that sentence in this reply. Gates et al^{1(p390)} state that the validity and reliability of the SP "relies on the ability of the actor to portray a patient in a realistic scenario and to do so consistently over time with many subjects." Hence, the point that a simulator can be programmed to have a consistent response and be set with specific parameters, such as a certain specific vital signs or lung sound, allows the standardization to

be consistent. Tamblyn et al^{2(p107,108)} also acknowledge the inconsistency of the reliability of SPs to perform consistently on accuracy scores. Conversely, at times they have highly reliable scores in terms of accuracy. We do not believe we implied that this is a general statement; rather, we intended to state that simulations with HPS may assist in eliminating some of this error in performance.

We do appreciate the inaccuracy issue raised by the authors of the LE. With apologies to the editors we note the following. There does appear to be an error in citations: the Armstrong et al article states 78.6%, not 78.4%, and the end note to this statement reflect a "1" to reference Armstrong, not a "2."

In our manuscript we made the statement on page 2 that "additionally, 24.6% of ATPs cite a shortage ... by instructors as a major barrier." The word instructor is incorrect; the correct word is "coaches" or "administration." We appreciate the LE comment correcting this citation. Finally, when citing the work by Armstrong, Walker, and Weidner (2008, 2009), we stated that the subject was public and private institutions, when more correctly (as noted by the LE) it was the program directors in these institutions that served as participants. Again, while public and private institutions were the setting for the study, the data came from the program directors.

Finally, the LE authors note that there were several articles published by Walker, Weidner, and Armstrong that consisted of a series of articles on their research and then subsequent articles on using SPs (with varying author orders). We may have cited the later articles, when in reality the work should be attributed to their original research articles from 2008 and 2009 (which appear earlier in our manuscript).

While we sincerely reviewed all drafts and page proofs, we apologize for the confusion in the citation errors. We also appreciate the extended time to review this "Letter to the Editor." Finally, we are willing to discuss any further concerns you may have with this article. Thank you for your time and attention to this response.

Sincerely,

Jim Racchini, EdD, ATC, LAT
Indiana University of Pennsylvania

Elizabeth Palmer, PhD, RN, CNE
Indiana University of Pennsylvania

Taylor Edwards, MS, RN
Indiana University of Pennsylvania

REFERENCES

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