LETTER

The Effect of Expert Patient Simulation on Clinical Judgement: A Quasi-Experimental Study [Letter]

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Dear editor

We have assessed the paper by Shinde et al[1] titled "Effect of Expert Patient Simulation on Clinical Judgement: A Quasi-Experimental Study" and express gratitude for their findings. As UK and Bulgarian medical students and junior doctor, we offer our perspectives.

While the study addresses clinical judgement skills (CJS), it overlooks key roles within the multidisciplinary team (MDT), limiting real-world applicability. The omission of doctors, physician associates, physiotherapists, and others hampers CJS practicality, as MDT decisions are predominant. Solely conducted at Mizan-Tepi University, the study's scope curtails broader relevance, undermining external validity. Replicating this research across global universities could enhance comprehensiveness and reproducibility.

The study's 8-week duration impedes understanding of long-term CJS effects and their real-world transferability. Notably absent is scrutiny of practical application and sustained retention in authentic clinical and patient settings. Moreover, the resource-intensive nature of expert patient simulation, involving trained midwives and multimedia, poses challenges to widespread implementation, particularly in resource-scarce environments.

The Hawthorne effect introduces variability in participant performance, potentially amplifying or diminishing results. Observed participants might strive to excel or feel embarrassed, thereby influencing their performance. This phenomenon can inflate CJS assessment outcomes, evident in statistical differences (mean difference 2.28, $t = 9.13$, $p < 0.001$), self-confidence improvement ($W = 1$, $Z = -3.57$, $p < 0.001$), and a positive correlation [$r = 0.419$, $p = 0.004$] between observation and performance. Mitigation strategies such as blinding or impartial assessors could counteract this effect.

The study also bears the risk of response bias, given its reliance on self-reported self-confidence scores and potentially biased feedback from involved midwives and nurses. Employing uniform assessment by impartial parties could alleviate such subjectivity. Exploring AI-based assessment tools holds promise for enhancing feedback objectivity.

In conclusion, Shinde et al[1] research showcases effective outcomes of patient simulation on clinical judgement, albeit within a limited scope encompassing nursing and midwifery staff. Challenges stemming from participant and location constraints persist. Investigator involvement introduces potential response bias. We urge the project's expansion, potentially involving independent investigators to address these limitations. We commend the authors for their invaluable contributions to medical education.

Disclosure

The authors report no conflicts of interest in this communication.

Reference

1. Shinde S, Tiruneh F, Fufa DA. The effect of expert patient simulation on clinical judgment: a Quasi-Experimental Study. *Adv Med Educ Pract*. 2023;14:783–790. doi:10.2147/AMEP.S402610

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