Commentary

An Extensive Analysis of Virtual Patient Utilization in Pharmacy Education

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DESCRIPTION

In the context of healthcare education, computer-based programs that replicate real-world clinical circumstances are collectively referred to as "Virtual Patients" (VPs). A corpus of research literature describes the curricular usage of VP and its didactical and technological aspects. A vast array of presentations, styles, and configurations can be used to construct virtual podiums. Aspects like case progression, curricular integration, feedback, and interaction are examples of variations. Virtual Presence (VP) can be provided in several formats, including high-fidelity simulations, conversational agents, and virtual worlds, primarily consisting of text-based, low-interactive VPs. These formats align with a variety of competencies that can be learned with virtual practice partners, including clinical reasoning, communication, and examination skills.

In a regular classroom, skills like as problem-solving, critical thinking, and the ability to recognize and address drug-therapy issues are usually taught through lecture-based lectures and reinforced through small-group recitation sessions. Despite the fact that pharmacy and other healthcare curriculum have been built on this approach for many years, students frequently feel disoriented and find it difficult to apply concepts in a real-world patient care context.1. The fundamentals of managing medication therapy must change as technology continues to transform healthcare delivery systems. The American Council for Pharmacy Education (ACPE) encourages the incorporation of simulation technology into Initial Pharmacy Practice Experiences (IPPEs) since it acknowledges them as successful active-learning techniques. "Activities or events replicating pharmacy practice" are how the organization defines simulation.

With a virtual environment that maximizes the realism of actual patient care at a low level of risk, virtual patient software technology offers the unique advantage of greater versatility, mobility, and accessibility without the need for additional physical space requirements, overhead, or staffing.

Students may become more familiar with patients residing in a variety of settings, including urban and rural areas, thanks to these simulation scenarios. Compared to other forms of simulation, demographic factors and comorbidities can be easily changed in a virtual case to cover a wider range of patients.

Virtual patient simulation encourages students to progress beyond rote memorization and toward clinical decision-making utilizing evidence-based practice, in contrast to traditional methods of knowledge assessment. With the use of a simulated Electronic Medical Record (EMR), students can track the medical progress of a virtual patient throughout time, in contrast to a short-answer or multiple-choice exam that only presents the patient at one particular point in time.

Virtual Patients (VPs) are a sub-type of healthcare simulation that has been underutilized. There are many VP applications, designs and definitions, which can incorporate modalities such as voice recognition, animations and videos.

VP variations are recognized to be problematic when comparing studies and so the following definition was adopted.

VPs' foundation and focal point are their patients. Nonetheless, it appears that they are not recognized and appreciated as important players, and their function is frequently that of a passive recipient of care. This is demonstrated by the concept map's sparse set of relationships to other concepts and absence of subcategories. However, patients could be far more involved than just material contributors. They could, for instance, take on the role of reviewers or feedback providers to guarantee that their viewpoint is fairly and highly recognized. Deeper patient involvement in VP development is essential, particularly when considering VPs that showcase a patient's perspective.

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