



Shadow Health Digital Clinical Experiences™ (DCEs)

Best Practices



Understanding Shadow Health's Digital Clinical Experiences™ (DCEs)

Shadow Health's DCEs provide a safe, standardized environment for students to develop their clinical reasoning and therapeutic communication skills through realistic interactions with diverse Digital Standardized Patients™. These high-fidelity simulations, with a conversation engine that can answer over a million questions, help to build fluency, confidence, and expertise in patient interview and assessment. All patient cases can be used as asynchronous case studies, in-person learning activities, clinical hour replacement, lab/clinical passes, and recorded exam/video replacement.

»»» **Key Point:** Shadow Health has been proven to build clinical judgment. Analysis of results for more than 2,000 students who completed Health Assessment DCEs found that 74% of students significantly increased their clinical judgment skills.

Use Cases

Asynchronous Case Study: The DCE serves as an opportunity to apply course content.

Learning Gap: Students need additional weekly opportunities to apply content knowledge in a high-fidelity learning environment. The patient exam component can be used as part of pre-work for a flipped classroom with care plan, other post-simulation activities, and/or debrief completed during class time.

Synchronous Learning Activity: The DCE can be used in a discussion, think-aloud, small-group discussion/activity, discuss class stats, or debrief sessions after students have completed the patient cases on their own.

Learning Gap: an engaging way to discuss concepts, skills, and learning experiences in the classroom.

Clinical Hour Replacement: There is a range of ratios of hours in the DCE to hours in a clinical experience. These vary by state and/or institution. The most common ratios are 1:1 or 2:1.

Learning Gap: a shortage of clinical sites and difficulty placing students is the most common reasons for the DCE to replace hours spent in clinical experience. This is most commonly used in pre-licensure undergraduate programs.



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Lab/Clinical Pass: The DCE serves to maximize student preparation for a lab or clinical experience, making time spent in class more efficient.

Learning Gap: Students are not coming prepared to lab and/or clinical experiences. DCEs act as an application activity needed to hold students accountable for preparation. This is used for building confidence, efficiency, and fluency; providing opportunities for effective practice, resources, and content to solidify knowledge prior to practicing during lab.

Recorded Exam or Video Replacement: The DCE provides faculty with a streamlined and standardized way to ensure all students are proficient in-patient assessment and interviewing.

Learning Gap: Logistical difficulties exist when students create a video in an uncontrolled setting, and the time required for faculty to grade submissions is extensive. This is most commonly used in online or hybrid RN-BSN and graduate programs.

Optimizing the DCE in your Program

These are options you can choose to further refine implementation. For example, if you're using the DCEs as an asynchronous case study, you can either use it more summative (clinical reasoning check) or more formatively (mastery learning) depending on what your goal is.

Mastery Learning: Allows for continual practice to achieve mastery. Students are given the opportunity to remediate after completing an assignment, reviewing immediate feedback, and considering how to improve, and then executing these changes. Students can achieve a high level of proficiency if they are willing to put in the work of reflecting and remediating.

Key Options: Interview Guide On, Flexible Turn-In, Allow Reopening

Clinical Reasoning Check: This use case is for faculty who want to differentiate between below average, average, and above average students in order to inform future instruction. In this case, assignments are treated as assessments of content knowledge. This use case benchmarks students throughout the term, showing both them and the faculty any possible deficiencies.

Key Options: Interview Guide Off, First Turn-In, No Reopening



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Additional Assignment Options

You can choose any features to fit your integration goals and teaching philosophy per assignment.

Reopening: Students can go back in and reopen a completed assignment. Once a student is done reviewing the immediate feedback after submitting an attempt, they may reopen the attempt, apply the immediate feedback, and make any desired revisions. This places them back at the beginning of the assignment while retaining all the data and progress from the previous session. This feature is a great tool to promote self-learning and to help improve student scores.

Interview Guide: The Interview Guide provides students with additional help collecting subjective data during patient encounters in the form of an expandable menu. This menu shows the essential patient interview topics students must cover in their interview and a progress bar so they know they're on the right track with collecting subjective data.

Flexible Turn-In: Allows students to choose which assignment attempt to turn in prior to the due date. This option allows students to remediate, while also encouraging repetition to achieve mastery. Enabling will give students the option of completing multiple attempts from scratch and then allow them to turn in their best attempt to be considered for grading.

Course Weight

Assigning course weight to DCE assignments is a best practice since it ensures full participation and engagement. We recommended assigning at least 10% course weight. A greater percentage is often appropriate given the length of time students will spend on these assignments.