



Simulation: Meeting the Challenge in Mental Health Nursing Education

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Educational Objectives

- ❑ The participant will understand effective scenario development in mental health nursing simulation
 - Scenario development
 - Standardized patient training
 - Developing objectives for mental health simulation

- ❑ The participant will distinguish methods for debriefing students in mental health nursing simulation
 - Areas for debriefing
 - Student reflection on QSEN competencies

Introductions

□ UPMC Shadyside School of Nursing

- Affiliated with University of Pittsburgh Medical Center
- 289 Students
 - Full-time Daylight: 22 months
 - Part-time Evening/Weekend: 4 years
- QSEN Pilot School
- NLN Center of Excellence School: Student Centered Learning
- Administrative Team
 - Dr. Linda Kmetz
 - Executive Director, UPMC Schools of Nursing
 - Director, UPMC Shadyside School of Nursing
 - Deborah Struth,
 - Associate Director, Quality Improvement, Curriculum and Faculty
 - Joanne Vukotich
 - Associate Director, Recruitment, Admissions, and Student Support

Our Teaching Team

□ N303 Mental Health Nursing

- Third level Course
- Term Length: 8 weeks

□ Faculty

- Marci Zsamboky, PhD (c), PMHCNS-BC, CNE, Course Coordinator
- Pamela Weaver, MSN, PMHCNS-BC
- Deborah Evers, MSN, PMHCNS-BC
- Janice Williams, MSN, RN
- Christine Hoover, MSN, PMHCNS-BC
- Mary Kay Gill, JD, MSN

□ Clinical Affiliates

- Western Psychiatric Institute and Clinic
- UPMC McKeesport Hospital

Our Simulation Team

- ❑ Wendy Grbach, MSN, RN,CCRN, CLNC
 - Curriculum Developer for Simulation Education
- ❑ Brenda Smith, MSN, RN, CMSRN
 - Curriculum Faculty

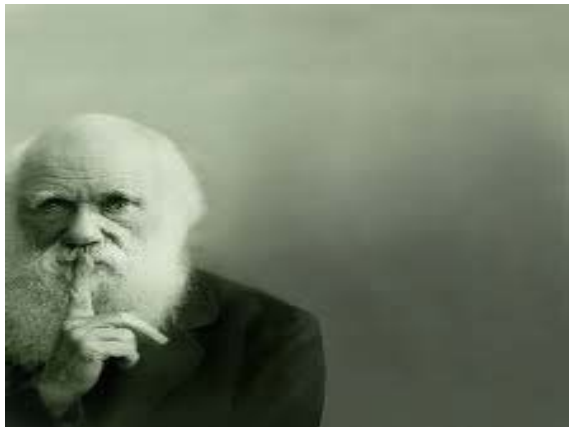


The Challenge:

To add a meaningful simulation learning event to the Mental Health Nursing course

The Challenge:

□ But how?



Literature Review

- ❑ Use of standardized patients
 - O'Connor, Albert, & Thomas (1999)
 - Becker et al. (2006)

- ❑ Communication skills and simulation
 - Kameg et al. (2009)
 - Kameg et al. (2010)

- ❑ General application to mental health nursing
 - Brown (2008)
 - Grant, Keltner, & Eagerton (2011)
 - Wolf et al. (2011)

- ❑ Specific application
 - Hermanns, Lilly, & Crawley (2011)
 - Hermanns, Lilly, & Crawley (2011)

Scenario Development

□ Scenario Development

- July 2010: Two scenarios developed
 - “Mary Jones” – MDD with SI, psychotic features
 - “Betty James” – Alcohol withdrawal

□ Script Development

- Psychiatric Evaluation Form (PEF)
- Medical Administration Record (MAR)
- Shift Report

□ Pilot

- October 2010: First group of students trialed (N = 24)
 - Active simulation – 10 minutes
 - Debriefing – 20 minutes



Standardized Patient Training

□ Standardized Patients

- Initial Standardized Patients
 - Mental Health faculty
- Current Standardized Patients
 - Simulation faculty were trained and consistently enact the roles.
 - Training also included a visit to the psychiatric inpatient unit that the students use for clinical experiences
- April 2012 – Developmentally appropriate patient for new scenario
 - “Mary Beth” – a 21 year-old patient experiencing an acute dystonic reaction



Scenario: Depressed Patient with Suicidal Ideation and Psychosis



Scenario: Patient Experiencing Alcohol Withdrawal



Objective Development

❑ Objective development guided by:

- UPMC Shadyside School of Nursing Simulation Evaluation Tool © – objectives address the QSEN KSAs

- Mental Health Nursing simulation objectives, which include:
 - Assessment of risk factors for patient and environmental safety concerns
 - Application of concepts of professional and therapeutic communication skills
 - Identification of and intervention with the priority patient problem

Depressed Patient: Objective Flow sheet

T. C.	Exploring	Empathetic	Restating	Summarizing	Reflection	Non-verbals	
N.C.	Why	Falsely Reassure	Probing	Non-empathetic	Closed Questions	Non-verbals	
MDD	Rating	Symptoms	Symptoms	Symptoms	Symptoms	Symptoms	
Psychosis	Questioned: H	Questioned: D	Reality Test	Validate Emotion	CAH	Intervention	
Suicidality	Covert F/U	Ideation	Plan	Immediacy	Contraband	Intervention	
Homicidality	Covert F/U	Ideation	Plan	Intervention			
Pain	Presence	Rating	History	Physical Exam			
Environment	Hands	Introduction	Identification	Bed Position	Bed Rails	Room Position	Lights
Stressor	Nature	Perception	Coping Skills	Support System			

Debriefing

- What did you do well in this scenario? What did you wish to improve on?
- After getting shift report, what were you anticipating was your priority patient problem? Did this change after assessment?
- After beginning assessment, did your priority patient problem change? If so, for what reason?
- What were your primary concerns in this scenario?
- Did you miss anything in getting report on this patient?

Debriefing

- What nursing interventions did you use, and what outcomes did you measure?
- What guided your decision-making process?
- What were your specific goals? Priorities?
- What other courses of action did you consider?
- If you were able to do this again, what would you do differently?
- How would you summarize this experience?

Student Reflections: Patient-Centered Care

- “I think this simulation experience helped me to develop my therapeutic communication skills. I also learned to focus on the patient, not just a task.”
- “I learned through this experience that I need to improve my therapeutic techniques, keeping the patient the main focus, and the priority problem at hand.”
- “I think this simulation helped me realize that I should not be married to a piece of paper and focus more on developing the patient relationship.”
- “It has helped me learn how to ask the hard questions such as ‘Are you thinking of killing yourself?’ On the clinical floor, I don’t get to speak to depressed patients because they are isolative. Simulation helped me gain insight into suicidal ideation.”
- “I was able to identify a personal bias I was harboring for someone in a deep depression. The thought went through my head that the patient should just ‘snap out of it.’ This experience was very real to me!”

Student Reflection: Patient-Centered Care

- “After reflecting, I realize that it is not appropriate to determine what level of stress is appropriate to trigger a ‘mental breakdown.’ My responsibility is to assess the patient’s safety, treat physical symptoms, and support the patient during the crisis. This simulation has helped me realize how many prejudices I do have. I realize that I must continue to get to know myself, establish my beliefs, and provide care without judgment. It also helped me to realize that mental health disorders will show up in all areas of my future nursing career.”

Student Reflections: Safety

- “It helped me to think critically in order to determine and assess for potential complications or outcomes of the disease process. By anticipating these events, I can better ensure a safe environment for the patient.”
- “It helped me to focus on what could be a safety hazard (60 Second Assessment) as soon as I enter a patient’s room.”
- “Patient safety is always a priority for all patients, especially for patients with mental health problems. I have learned how to assess for suicidal ideation and homicidal ideation. This is important stuff! This is why we are becoming nurses.”
- “I feel this simulation will make me more aware of safety issues in the psychiatric setting. This was a new sense of the 60 Second Assessment for me. I also learned how to work **with** the patient to make safety a priority.”

Simulation: High-Yield, Long-Term Outcomes

- “In suicide scenarios, simulation allows for caring, quality faculty-student interaction and instruction; with potential for **high-yield long-term outcomes** in post-graduate clinical scenarios.”

(Hermanns, Lilly, & Crawley, 2011, p. e42.)

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