Using Simulation in Psychiatric/Mental Health Nursing Education: The Time Has Come!

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Purpose/Objectives: 1) Integrate high fidelity simulation into educating nurses who care for acute or chronically ill patients experiencing psychological/psychiatric issues. 2) Evaluate the implementation of high fidelity simulation in educating nurses who care for acute or chronically ill patients experiencing psychological/psychiatric issues.

Significance: Using high-fidelity simulation models nursing students and practicing nurses can learn to deliver psychiatric/mental health nursing care to a variety of patients in a controlled environment. In this non-threatening environment, there is no risk to patients or students.

Background/Rationale: Teaching scenarios include: an elderly fall victim who must be assessed for alcohol use and abuse; a veteran with war injuries including a below the knee amputation, chronic pain, PTSD, and suicidal ideation; and many manifestations of anxiety disorders. The simulator is used to manipulate vital signs and other physiologic responses as students experience the consequences of their actions, or inactions, in a controlled setting.

Description: Baccalaureate nursing students were divided into 2 groups of 4, each member taking a roll: primary nurse, recording nurse, medication nurse, or family member while the remaining 4 students did a peer review and later changed rolls for a different scenario. Self-evaluation tools aided students in evaluating their learning. Student de-briefing became the post-conference as students viewed the completed scenarios electronically with the guidance of their clinical faculty member and the Simulation Coordinator.

Outcome: Quantitative and qualitative data was used to evaluate the specific learning outcomes from the simulation experience. Results are strongly positive and are being replicated.

Interpretation/Conclusion: This paper presentation describes the creation and evaluation of an educationally sound high fidelity simulation experiences for psychiatric nursing students and practicing nurses.

Implications for CNS basic and Continuing Education: High fidelity simulation can be used in a variety of setting to teach nurses to care for acute or chronically ill patients experiencing psychological/psychiatric issues.
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OBJECTIVES:

1. The CNS will be able to integrate high fidelity simulation in education for nurses who care for acute or chronically ill patients experiencing psychological/psychiatric issues.

2. The CNS will be able to evaluate the implementation of high fidelity simulation in education for nurses.
Integrating Simulation Into Psychiatric Nursing Introduction:

- **Rationale**
  - Availability of Simulation
  - Psychiatric Nursing has always used simulation
  - Essential Concepts for all Nurses
  - What more can we do?
1. Do I want to use a standard patient (actor/actress) or a human patient simulator?
2. How should I offer my psychiatric simulation experience to my learners

3. What psychiatric concepts do I want to implement
Questions to consider:

- What setting do I want (hospital, out patient)
- Who are my participants
- What are my learning objectives
- What is the best way to meet the learning outcomes
Simulation Setting

Moulage

MUOLAGE

Moulage
How Did DeSales NU340 Course Implement Psychiatric Nursing?

- Alcohol Withdrawal
- Depression / Suicidal Ideation
- Anxiety Disorder
CONCEPTS FOR ALL OCCASIONS
- Therapeutic Communication
- Nursing Process

ALCOHOL WITHDRAWAL
- CAGE
- Signs of withdrawal (CIWA)
CONCEPTS FOR ALL OCCASIONS

- DEPRESSION
  - Depression assessment (SIGECAPS)
  - Suicidal assessment
CONCEPTS FOR ALL OCCASIONS

ANXIETY

- Signs of anxiety
- Differential diagnosis
Alcohol Withdrawal Simulation Template
SIMULATION LEARNING OBJECTIVES:

1. Demonstrate therapeutic communication skills among peers, patient and family members during the simulation scenario.

2. Correlate proper nursing interventions for patient assessment findings.

3. Develop confidence in patient assessments.
**SIMULATION LEARNING OBJECTIVES (cont.):**

4. Integrate critical thinking skills throughout case scenario as it unfolds.

5. Develop prioritizing skills, during adult patient care.

6. Demonstrate team work throughout simulated learning experience.
Prior to simulation event, the student should be able to:

1. Define Alcohol Addiction, Depression, and Anxiety

2. Identify different signs and symptoms of alcohol withdrawal, alcohol related delirium, depression, and anxiety

3. Perform physical assessment

4. Describe the stages of alcohol withdrawal

5. Explain the pathophysiology of alcohol withdrawal
Prior to simulation event, the student should be able to:

6. Explain CAGE questionnaire method and its purpose

7. Demonstrate administration of the CAGE questionnaire

8. Identify assessment tools for both alcohol abuse and withdrawal

9. Describe what Alcohol-Induced Amnestic Disorder is and its relationship to alcoholism

10. Describe how to develop a therapeutic relationship with patients during the assessment phase of the nursing process
Prior to simulation event, the student should be able to:

11. Identify effective verbal and non-verbal therapeutic communication skills

12. Describe how the SIGECAPS format can be utilized in assessing depression and suicide ideation

13. Explain behavioral and physiological symptoms in a patient with anxiety

14. Describe the four levels of anxiety
Alcohol Withdrawal Simulation

Need Help?

Introduction

Glad I Could Help!

Ativan Implemented

WHO'S HERE
Hi Doctor Jenkins, your patient......can I have an order for......?

Yahoo A Cue!

What is going on with my patient?

“Banana Bag?”

Can I help you change this?
Depression Simulation

Let’s Role Play

Need Help?

Now What

IS THAT A PAIR OF SCISSORS HIDING IN THE DRESSING?

Introduction

Pain Management Morphine Implemented
PEER EVALUATION TOOL
STUDENT SELF-EVALUATION TOOL
## Self Evaluation Tool

### NU340 Post Simulation Self-Evaluation Form/Test

#### SCENARIO:

<table>
<thead>
<tr>
<th>Techniques That Enhance Communication</th>
<th>Check The One That Applies</th>
<th>Techniques That Hinder Communication</th>
<th>Check The One That Applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using Silence:</td>
<td></td>
<td>Reassuring:</td>
<td></td>
</tr>
<tr>
<td>I encouraged my patient to talk by waiting for the answers</td>
<td>yes</td>
<td>no</td>
<td>I used these types of responses.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I wouldn’t worry about…”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Everything will be alright.” “You are doing fine.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>UNDERESTIMATES A PERSON’S FEELING AND BELITTLES</td>
<td></td>
</tr>
<tr>
<td>Accepting:</td>
<td></td>
<td>Giving Approval:</td>
<td></td>
</tr>
<tr>
<td>I reflected my understanding by using words such as:</td>
<td>yes</td>
<td>no</td>
<td>I only implied what the patient did well, causing the patient to seek my approval rather than learn.</td>
</tr>
<tr>
<td>“yes”, “Uh-huh”, &amp; “I follow what you say”</td>
<td></td>
<td>“I’m glad you made the right decision.”</td>
<td></td>
</tr>
<tr>
<td>Giving Recognition:</td>
<td></td>
<td>Rejecting:</td>
<td></td>
</tr>
<tr>
<td>I indicated to the patient an awareness of change and personal efforts (whether good or bad) Ex. “I noticed”</td>
<td>yes</td>
<td>no</td>
<td>I may have created the patient to feel rejected by my insecurities to express personal thoughts/feelings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Talk to your Physician about this.”</td>
<td></td>
</tr>
<tr>
<td>Offering Self:</td>
<td></td>
<td>Disapproving:</td>
<td></td>
</tr>
<tr>
<td>I demonstrated an interest and desire to understand the patient by offering my presence. Ex. “I’ll stay here and sit with you awhile.”</td>
<td>yes</td>
<td>no</td>
<td>I judged the patient’s thought and or actions by correcting his/her behavior.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“You really should yell ….”</td>
<td></td>
</tr>
<tr>
<td>Offering General Leads:</td>
<td></td>
<td>Agreeing:</td>
<td></td>
</tr>
<tr>
<td>I allowed the patient to take the direction in the discussion. Ex. “Go on”, “Tell me about”, “and then”</td>
<td>yes</td>
<td>no</td>
<td>I denied my patient’s point of view by using terms such as:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“That’s right.”; “I agree”</td>
<td></td>
</tr>
<tr>
<td>Giving Broad Openings:</td>
<td></td>
<td>Disagreeing:</td>
<td></td>
</tr>
<tr>
<td>I used broad openings during the conversation such as: “Where would you like to begin?” “What are you thinking about?”</td>
<td>yes</td>
<td>no</td>
<td>I created my patient to become defensive by using terms such as:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I disagree with that.” Or if delusional, “The Mafia is not out to kill you for information.”</td>
<td></td>
</tr>
</tbody>
</table>
What did our students think?

SIMULATION EXPERIENCE OUTCOMES
The simulation provided me the opportunity to integrate critical thinking in the assessment of a mental disorder within a medical surgical unit.

Final Score = 28/28 = 100%
Clinical simulation gave me a better understanding of the nursing concepts in mental health

Final Score = 26/28 = 93%
Clinical simulation has allowed me to gain self-confidence in the assessment of mental health.

**Final Score = 19/28 = 68%**
What Some Students Liked Most From This Experience

- Having the combination of mental health and medical surgical concepts threaded into one scenario
  - “Able to put medical surgical patient with mental illness”
- Debriefing: Enjoyed the open discussion after it was over.
  - “The post conference discussion, I think I learned most from”
THANK YOU TO CO-CONTRIBUTORS & COLLEAGUES

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Thank You
Any Questions

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