Creating mental health simulation learning opportunities to promote successful student outcomes

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Abstract

Providing quality mental and behavioral health simulation in nursing education is needed to prepare students to communicate with and care for future clients. Using standardized patients in mental health simulation can improve communication skills, increase student satisfaction with the learning experience, decrease student anxiety of individuals with mental illness, and increase self-reflection due to immediate feedback (Martin & Chanda, 2016, p. 209). Both student participant and student observer roles in simulation can promote successful student outcomes. Johnson (2019), revealed no significant difference in knowledge demonstrated, retained, or applied between students in the participant and observer roles in simulation (p.27).

Introduction

Five dynamic interactive mental health simulations were created by multi-campus mental health course faculty using INACSL simulation guidelines. Each mental health simulation included the use of standardized patients. Students were assigned to an observer or participant role. A pre-brief was provided to facilitate learning. Debrief was started with Socratic questioning and reflection. An evidence-based practice article search related to the mental health scenario was incorporated.

Implementation

Nursing faculty created interactive mental health simulation and debrief for traditional undergraduate nursing students.

• Client A is an 51-year-old used for practice during the Mental and Behavioral Health Simulation
  ➢ Lives alone
  ➢ High and low moods, thoughts of suicide
  ➢ Recent history of Depression
  ➢ Recently stopped taking Lithium

• Client B is a 41-year old female used for practice during the Mental and Behavioral Health Simulation
  ➢ Family brought in for "odd" behavior
  ➢ Hears voices
  ➢ PMH: Paranoid Schizophrenia
  ➢ Doesn't think she needs medications and they are to expensive

• Client C is a 51-year-old used for practice during the Mental and Behavioral Health Simulation
  ➢ Cannot sleep, has flashback from a war
  ➢ Drinks at least a 30 pack a day
 ➢ PMH: PTSD
  ➢ Cannot hold down a job

Client A during simulation. Client has pressured speech and is currently suicidal.

Client B during simulation. Jessi wears the tin foil hat as she believes people can hear her thoughts without it and it blocks their 'brain waves' from getting into her head.

Results

Student mental health clinical course evaluations provided the following feedback: 1) student learning occurred in both observer and participant roles; 2) the use of standardized patients improved communication skills; 3) searching for evidence-based articles in debriefing promoted understanding.
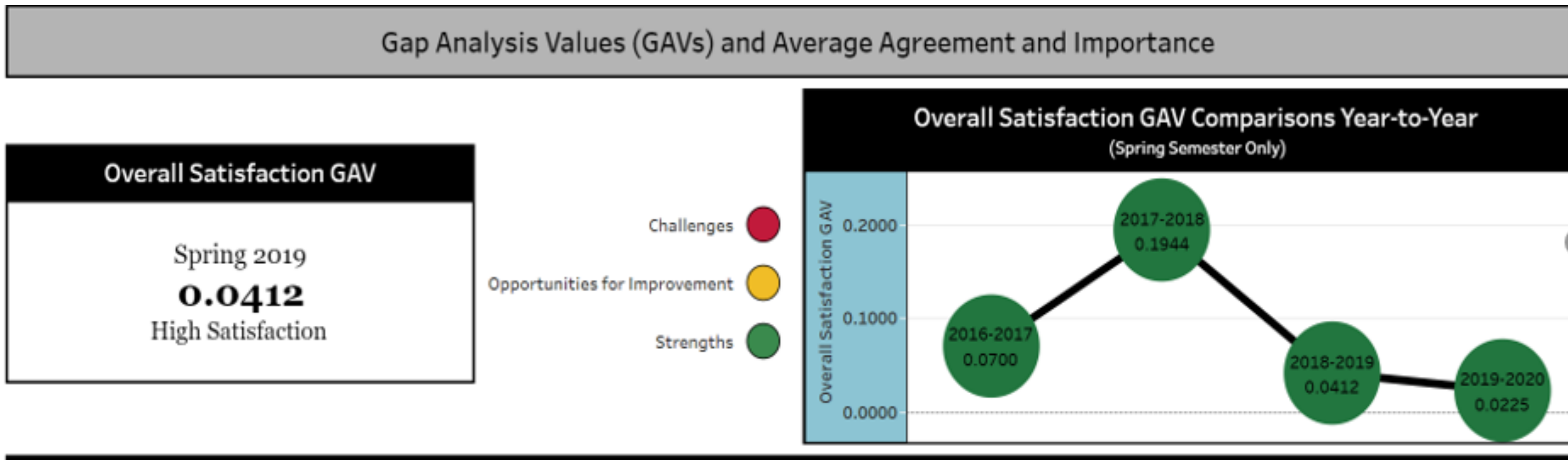
Student Comments

The simulations were very informative. They help with understanding and application of different mental illnesses.

The sim days were extremely beneficial. Learning how to ask very hard personal questions and getting to learn how to be therapeutic per disorder was very beneficial.

The mental health sims were a strength in this course. They were really helpful in learning how to interact with patients with a mental health condition.

Simulation with standardized patients helped strengthen communication skills.

Watching classmates interact with mental health clients in simulation increased my understanding and foster learning.

Conclusion

Creating quality mental health simulation learning opportunities that incorporates a student search of evidence-based articles may enhance understanding of mental health concepts and clinical best practice.

References

Johnson, B. K. (2019). Simulation observers learn the same as participant: The evidence. *Clinical Simulation in Nursing, 33,* 26-34. doi. org/10.1016/j.ecns.2019.04.006

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