Objectives

- Define the purpose and benefits of using live person simulation scenarios in undergraduate psychiatric clinical education.
- Analyze components and purpose of each component within a standardized scenario creation tool.
- Create simulation scenarios using the standardized tool.

Benefits of Simulation

- Evidence to show simulation can be used successfully in nursing education
  - Comer (2005): Students reported improved understanding of material and faculty noted improved corresponding exam scores
  - Becker et al. (2005): Students overwhelmingly described simulation experience as positive, creative and meaningful.

Why Use Simulation in Psychiatric Nursing Education?

- Offer opportunities for students to practice and be evaluated on their performance of core competencies (Brown, 2008).
  - QSEN
  - APNA/ISPN Competencies

Why? (continued)

- Allows educators to ensure students are exposed to situations that are high-risk to safety and liability. (Brown, 2008)
  - Students often experience observation-only when patient is demonstrating verbal or behavioral agitation

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Theoretical Basis of Simulation

- Mezirow’s *Perspective Transformation Theory*
  - Individual’s perspective is transformed when they are exposed to “disorienting dilemma”
  - Gives learners a “frame of reference”
  - Ultimate goal is to allow learners to become “socially responsible autonomous thinker”
  - New information can then be applied to the frame of reference

Evaluation in Simulation Education

- Learning is a social process and the discourse becomes central to making meaning (Mezirow, 1997).
  - Typically, each student has a different experience while at clinical. With simulation, students can share thoughts, feelings, knowledge about the same situation.

Sections of Scenario

I. Scenario Title
II. Type of Simulation Scenario
III. Materials Required
IV. Objective(s) of Simulation Exercise
V. Background for Scenario
VI. Scenario Description
VII. Student Objectives
VIII. Evaluating the Scenario
IX. Debriefing After the Scenario
X. Suggested Revisions/Alternatives to the Scenario
XI. Associated Tools for the Scenario
XII. References

Standardized Template for Mental Health Scenarios
IV. Objective(s) of Simulation Exercise
- Identify the overall objective(s) for the exercise including its’ placement within the curriculum

V. Background for Scenario
- Provide a brief description of the client, as well as a summary of the MSE and recent course of treatment (In-patient or Out-patient)

VI. Scenario Description
- Overview of the key presenting issues/symptoms/behaviors to which the student is expected to respond during the scenario

VII. Student Objectives
- Specific outcomes for successful completion of the exercise [e.g. actions required of the student(s) involved]

VIII. Evaluating the Scenario
- Suggested methods for evaluating the student(s), including a checklist of observed behaviors and assessments of competencies

IX. Debriefing After the Scenario
- Suggested time frame for debriefing and questions to assist with individual student reflection as well as larger class discussion

X. Suggested Revisions/Alternatives to the Scenario
- Suggestions for alternative ways to run the scenario, adding a focus on legal or ethical issues, or having students play different roles

XI. Associated Tools for the Scenario
- Provide copies of relevant evidence-based scales or tools for students to use

XII. References

Evaluation

GOAL: To provide evidence of concept & skills acquisition

Do students understand the “how and why” of the scenario?

The ideal tool evaluates cognitive, psychomotor, and affective learning outcomes
**Evaluation: Considerations**

**CHOOSING METHOD & TOOLS:**

- **Checklists**
  - Used to quantify technical or psychomotor components

- **Rubrics**
  - Used to evaluate contextual & critical thinking components

**Evaluation Tools: Examples**

- **CHECKLISTS:**
  - Itemized checklists
  - Task and procedure specific

- **RUBRICS**
  - Clark Simulation Evaluation Rubric
  - Lasater Clinical Judgment Rubric

**Debriefing: Purpose**

- **Reflection:** reexamine the simulation experience
- **Explore emotional impact & process feelings generated by the experience**
- **Fostering development of critical thinking skills and clinical judgment**
- **Assimilation & accommodation ultimately resulting in ability to transfer new knowledge to future practice**

**Debriefing Models**

- **Debriefing for Meaningful Learning (DML)** (Dreifuerst, 2012)
  - Engage, explore, explain, elaborate, evaluate, extend

- **3D Model** (Zigmont, Kappus & Sudikoff, 2011)
  - Defusing, Discovering, Deepening

**Debriefing: Setting the Stage “Pre-briefing”**

- **Ensuring safe space:** privacy
- **Ground rules:** confidentiality & respect
- **Set expectation:** Student engagement & active participation is expected & encouraged
- **Explain format:**
  - Use of Socratic questioning and reflective prompting
  - “No right or wrong” responses

**Debriefing: Specifics**

- **Instructor led using open ended questions & Socratic questioning**
- **Encourage all students to participate.**
- **Clarify ambiguous statements**
- **Avoid falling into lecture mode**
- **Affirm and validate student feedback**
- **Time frame:** 30-45 minutes
Debriefing: The Process

- Start by eliciting affective feedback/reflection observation, “defusing”
  - “How are you feeling?” or “What was the experience of ... like for you?”

- Address student strengths & challenges, “discovering”
  - Recap events
  - “What did you do well? “What were the challenges?”
  - Review nursing process used in the simulation

Debriefing: The Process

- Encourage integration & assimilation “deepening”
  - “What would you do differently?” “How will you use this experience in future patient encounters?”
  - “How has this changed the way you think about ... or will care for a patient with ... in the future?”

- Wrap up
  - “What was the most valuable insight gained?”
  - “What surprised you?”
  - Written reflection and evaluation of experience

Debriefing: The Process

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Tools for Documentation

POSSIBILITIES ARE LIMITLESS

- Use clinical forms, EHR software products such as docucare, Neehr Perfct, etc., narrative documentation
- Concept maps
- Case specific rating scales
- Screening tools
- Assessment forms

Revising Scenarios

- Evolving case based on student intervention during the case
- Simple to complex case based on placement in curriculum
- Based on evaluation feedback from SP, student, faculty

Type of Simulation:

Basic Live Person

Scenario Title: Using Therapeutic Communication

Appropriate for: Early in PMH didactic course
Materials Required for Scenario

1. Desk
2. Two chairs

Objectives of Simulation Exercise

Student will be able to:
1. Identify the goal of the 1:1.
2. Use a predominant amount of therapeutic versus non-therapeutic techniques in a 1:1.
3. Use empathy.
4. Recognize factors (environmental, physical, and social) that may impact the 1:1.
5. Utilize active listening.
6. Describe countertransference and transference issues as they occur in the context of the 1:1.

Background for Scenario

- 20 y.o. AA female in her sophomore year at a university away from home
- No previous psych history
- Sudden onset of paranoia and suspiciousness
- Isolating, stopped going to class or work over past 2 months
- Barricaded herself in her room earlier this week resulting in hospitalization with diagnosis of Schizophreniform Disorder
- MSE upon admission: alert and O2x2 (does not know time or situation); disheveled appearance; hypervigilant and guarded; poor concentration; slowed responses; anxious mood; appears to respond to external stimuli; paranoid delusions; tangential thinking and loose associations; denies suicidal or homicidal ideation; poor insight and judgment

Scenario Description

- Patient was started on antipsychotic medication and has shown slight improvement with sleep and social interactions; continued with bouts of suspicion and paranoia
- On day 7 of hospitalization at d/c planning meeting, family & HCP say they want her to return home for now, not to the university
- Patient storms out of the meeting; SN follows her
- This is the 2nd week that the student has worked with the patient
- Patient appears angry, tearful

Student Objectives and Evaluating the Scenario

Student will be assessed for the following skills:
1. Ensures patient safety
2. Physically approaches the patient in a safe manner
3. Utilizes skills to decrease agitation
4. Sets the scene for a 1:1 to occur
5. Evaluates patient status in relation to the family meeting dynamics
6. Elicits feelings about the discharge plan
7. Establishes a plan of action with the patient
8. Reminds patient that they are a member of the health care team

Debriefing After the Scenario

Student and Instructor Only

- How would you evaluate yourself in this scenario?
- What could you have done differently to enhance your effectiveness?
- Was there any time during the interaction that you felt unable to respond?
Debriefing After the Scenario

*Student Group and Instructor*

- What specific communication techniques were used?
- Was there any subjects/feelings etc. that were not addressed?
- What should be done as follow-up?

Revisions/Alternatives to the Scenario

- Patient could
  - present with a return of symptoms, i.e paranoia, suspiciousness
  - demonstrate anxiety→anger→aggression
  - ask the student for advice
  - threaten suicide or homicide
  - refuse to talk
  - threaten non-adherence to the proposed plan

Materials Required for Scenario

1. Desk
2. Two chairs
3. VS Assessment Tools
4. Intake forms with HPI and PMH
5. CIWA Assessment Tool
6. MAR with standardized admission medications and PRN’s

Objectives of Simulation Exercise

*Student will be able to:*

1. Demonstrate effective therapeutic communication strategies
2. Demonstrate effective suicidal ideation assessment
3. Demonstrate physical assessment skills and appropriate use of CIWA tool
4. Demonstrate ability to administer medications ordered on a MAR
5. Demonstrate effective client teaching pertaining to medication orders

Background for Simulation

- Client HPI: 49YO SWM admitted to ED with c/o depression, +SI, and alcohol abuse
- PMH: multiple hospitalizations for depression and EtOH abuse; lymphoma dx 2010
- Legal status: CV admission agreement signed
- MSE: Client has flat affect, blunted speech, thought blocking, limited eye contact, is fidgeting and diaphoretic.
Scenario Description

- Student interviews client, performing all appropriate physical assessments, MSE and CIWA assessment.
  - VS assessed are BP 165/105, P 128, RR 22, T 99.
- Student will assess need for administration of appropriate medications to client based on assessment data.
- Student should educate patient regarding safe withdrawal from EtOH, basis of and reason for substitution therapy, and medication side effects.

Debriefing After the Scenario

A. Student & Instructor:
   - A. How would you evaluate your nursing skills and competency in this scenario?
   - B. What would you have done differently?
   - C. What was your biggest challenge/obstacle?

B. Student Group & Instructor:
   - A. How was the 911 evaluation handled? What would you change?
   - B. Was missing from the client education? If so, what?
   - C. What nursing interventions would need to occur as follow-up care for this client?
   - D. What on-going assessments would be appropriate for this client following this initial interview & medication administration?

Student Objectives and Evaluating the Scenario

Student will be assessed for the following skills:
1. Performs appropriate suicide assessment.
2. Demonstrates physical assessment skills for acute alcohol withdrawal using CIWA tool.
3. Incorporates psychopharmacological knowledge & critical thinking regarding PRN medications use.
4. Implements appropriate substitution therapy for alcohol withdrawal, as needed.
5. Provides a safe environment for a client in withdrawal.

Revisions/ Alternatives to the Scenario

- Options for variations during scenario include:
  1. MAR alterations:
     - Add insulin-dependent DM to Axis III; include need for BS assessment to address CIWA findings of increased BP & decreased LOC.
     - Change MAR to have no standardized PRNs available to initiate substitution therapy; SN must call provider & use SBAR to get meds ordered.
  2. Patient Alterations:
     - Patient has a seizure during interview.
     - Client refuses his medications.

Associated Tools for the Scenario

- CIWA Assessment Tool
- Client Medication Administration Record (MAR)

Both provided on hand-out

References:

Thank you
References

References