Theatre Students As Standardized Patients In Mental Health Simulation

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Disclosures

• The speakers have no conflicts to disclose
Simulation In Nursing Education

I hear and I forget. I see and I remember. I do and I understand.

(Confucius)
Simulation in Nursing Education

• Integrate knowledge, skills, attitude
• Develop clinical imagination
• Develop confidence
• Make mistakes AND learn from them
• Improve communication
• Consistent experiences
Current Limitations In Nursing Education

• Competition for clinical sites
Current Limitations, cont’d

- Clinical faculty
- Allowable experiences
- Technology
NCSBN National Simulation Study

• Can a portion of clinical hours be replaced with simulation?
  • 10 United States pre-licensure schools
  • 666 total students completed the study requirements
  • Replacement of clinical hours with simulation
    • Control group with less than 10%
    • 25% clinical hours
    • 50% clinical hours

• Findings
  • Student surveys, clinical evaluation, ATI testing, NCLEX, and new-graduate manager evaluations
  • All evaluations found that up to 50% of clinical hours can be replaced with simulation with little difference in educational outcome
Simulation in Mental Health Nursing
History and Research

1. Nursing has a long history of using simulation
   • Skills labs—students, faculty, manikins as patients
   • Live and recorded faculty demonstrations
   • Role playing involving students and faculty

2. Initially the focus in psych nursing was on observation of experts, analysis of own work, clinical supervision

3. Early MH sims tended to be physiologically-oriented
   • e.g. neuroleptic malignant syndrome as a medical emergency
   • Constrained by “simulation = manikins” view?
4. Evolved to include a wide variety of approaches
   • Basic role-playing with faculty and students as actors
   • Video of MH scenarios to which students would respond
   • Peer and patient interactions that students analyzed
   • Usually focused on practicing basic skills (e.g. therapeutic communication)
   • Increased use of live actors—volunteers, paid acting personnel, faculty, consumers
   • More advanced clinical skills and situations (e.g. admissions, escalation/agitation, risk assessment)
History and Research, cont’d

• Full scale simulations (e.g. student admitted to actual MH unit; recreation of full shift on a full-scale simulated unit)

3. Research Outcomes
• Effective for challenging and changing beliefs
• Effective for reducing student anxiety
• Effective for increasing skills
Advantages and Opportunities

1. Students experience phenomenon in lower-anxiety circumstances
2. Student practice skills in lower-anxiety circumstances
3. Student experience can be better standardized
   • Infrequent phenomenon available to all
   • Compensate for experiences missing in specific clinical sites
4. Allow for videotaping, immediate processing,
5. Facilitate observation by larger numbers of students
Challenges and Issues

1. It’s not easy to achieve high fidelity
2. Funding—actors, supplies, technical (videotaping equipment, sim coordinators)
3. Space—sim room with adjacent observation space, rooms for pre- and post-sim activities
4. Psych props—psych setting are not the same as most physical health settings, different props are needed
5. Logistics—finding time, coordinating all those involved
6. Students may have difficulty fully engaging in sim
7. Sim is not accepted as equal to clinical as a learning experience
Partnership with School of Theater

• Interdisciplinary collaboration between the College of Nursing and the College of the Arts

• Catalyst Grant
  • Promote creativity and collaboration across disciplines both within and outside the arts college
Preparatory Meetings

• Met with the School of Theatre and Dance faculty
• Considered which class content would benefit the most from simulation with an actor
  • Focused on communication, both verbal and non-verbal
  • Least likely for students to see in clinical setting
  • Gerontology- End of Life
  • Mental Health- Bipolar disorder
• Met with course faculty to develop simulation to best meet course objectives
Actor Preparation

1. Key challenge: achieve fidelity
2. Provided a script to illustrate possible dialogue
3. Met with actors to discussed desired behaviors, ward off stereotypical elements
4. Suggested video viewing of accurate portrayals of mental illness
5. Providing actors with observational experience in clinical settings proved challenging
6. Ran trial sim program, met to refine portrayals
7. Video of best pt portrayal in trial sim became the prototype for future sims
Student Preparation

1. Coverage of the content and skills via traditional lecture and assigned readings
2. Written instructions 2 weeks before the sim
3. Oral instructions the morning of the sim
4. Simulated morning report on the patient
Simulation Structure & Process

1. Sim took the place of an existing clinical day
2. Students were divided into either an Acute Phase group or a Recovering Phase/Discharge group (two simulations)
3. Students worked in groups of four
4. Students received a simulated oral shift report
5. Simulation was live upon entering the pt’s room
6. One group enacted the sim while the other observed
7. Interaction proceeded for 30 minutes
8. Students switched at approximately 5 minute intervals, each picking up where the previous student left off
9. Student task was to initiate and sustain a therapeutic relationship and interaction just as they would on a unit.

10. Each sim group and their observers (peers and faculty) met to de-brief, sharing observations and recommendations.

11. Recovery Phase simulation proceeded as above; students who had been in the simulation traded places with those who had been observers.

12. Recovery Phase students and observers participated in a small-group debriefing.

13. All students and faculty gathered together for a large group debriefing and evaluation of the sim experience.
Evaluation of the Sim Program

Student feedback

• Oral feedback in large group debriefing
• Written on structured evaluation forms
  • Likert scale ratings
  • Focused comments

Faculty feedback

• Informal oral feedback
### Post-Simulation Evaluation by Students

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>1.</td>
<td>The simulation was well-organized and structured.</td>
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<tr>
<td>2.</td>
<td>I clearly understood the purpose and objectives of the simulation.</td>
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<td>3.</td>
<td>I was supported during the learning process.</td>
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<td>4.</td>
<td>The simulation provided an opportunity to use therapeutic communication.</td>
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<td>5.</td>
<td>The simulation resembled a real-life situation.</td>
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<td>6.</td>
<td>The feedback provided was helpful and constructive.</td>
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<td>7.</td>
<td>I actively participated in the debriefings.</td>
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<td>8.</td>
<td>The debriefings were valuable and added to my learning.</td>
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<td>9.</td>
<td>Overall, the simulation was a useful learning experience and should continue.</td>
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10. Comments on above ratings:

11. Describe one thing that you learned from the simulation that was especially helpful and/or will change your practice:

12. What did you like most about the simulation?

13. What would you recommend changing about the simulation?

14. Other comments:
Question 1: The Simulation was well-organized and structured.

55% Strongly Agree
45% Agree

Graphics and statistical analysis by Jarryd Lunger
Question 2:
I clearly understood the purpose and objectives of the simulation.

- Strongly Agree: 64%
- Agree: 35%
- Disagree: 1%
- Strongly Disagree: 1%
Question 3:
I was supported during the learning process.

- Strongly Agree: 66%
- Agree: 33%
- Disagree: 1%
- Strongly Disagree: 24%
Question 4: The simulation provided an opportunity to use therapeutic communication.

- Strongly Agree: 86%
- Agree: 14%
- Disagree: 25%
- Strongly Disagree: 0%
Question 5: The Simulation resembled a real-life situation.

- Strongly Agree: 68%
- Agree: 32%

Colors代表:
- 蓝色表示Strongly Agree
- 黄色表示Agree
- 红色表示Disagree
- 绿色表示Strongly Disagree
Question 6: The feedback provided was helpful and constructive.

- Strongly Agree: 80%
- Agree: 20%
- Disagree: 0%
- Strongly Disagree: 0%
Question 7:
I actively participated in the debriefings.
Question 8: The debriefings were valuable and added to my learning.

72% Strongly Agree
28% Agree

29% Disagree
0% Strongly Disagree
Question 9:
Overall, the simulation was a useful learning experience and should continue.

- Strongly Agree: 83%
- Agree: 17%
- Disagree: 30%
Prevailing comments:

1. Sim was well-organized
2. Sim was very realistic
3. Helpful that it was 1:1 interaction between student & pt
4. Immediate feedback in small group debriefing was especially helpful
5. Having live actors made the sim more useful
6. Improved therapeutic communication skills
7. Increased anxiety initially (some left with increased anxiety as well)
Recommendations from students:

1. Continue the sim
2. Schedule it to be closer to date mania is covered in class
3. Add additional MH sims involving other skills and diagnoses
4. Include specific goals for the students to accomplish during the sim
5. Post schedule, student lists on door of each room to decrease logistical confusion
6. Have all students do both the Acute and Recovering Phase simulations, not just one or the other
The majority of students cited improvement in their:

- Therapeutic communication skills
- Appreciation for importance of mastering therapeutic communication skills
- Empathy for persons experiencing mania
- Nursing skills specific to manic phase of bipolar disorder
- Ability to focus on most important elements
- Ability to recognize and prioritize important discharge teaching topics
Actor feedback:

- Enjoyed participating
- Each subsequent sim produced a better sense of how to portray the disorder
- Each subsequent sim improved their ability to give useful feedback during debriefing
Considerations for Future Sim Program

Securing actors and funding
1. Time constraints
2. Stable funding

Maximizing fidelity of actors
1. Sample dialogue
2. Assigned video viewings
   • Commercial
   • Faculty demonstration video
Considerations for Future Sim Program, cont’d

Student preparation
• Hold sim closer to date content is covered in lecture
• Make faculty demonstration video available prior to sim

Logistical Issues
• Clinical faculty buy-in
• Space considerations
• Coordinating clinical sections, faculty orientation and coverage
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