



USE OF STANDARDIZED PATIENTS IN MENTAL HEALTH SIMULATION

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ABSTRACT

Standardized patients (SP) have been utilized in nursing education lab simulations to offer students a realistic and standardized environment for practicing skills. The use of the SP for mental health education has not been widely used. Due to a lack of mental health clinical sites and safety concerns, using a SP in mental health nursing education is an exciting and viable option. Preparing and using the SP could be a way to make sure nursing students get the experience without the anxiety.

Key Words: *Mental health, simulation, standardized-patients, communication, nursing education*

INTRODUCTION/PROBLEMS

According to the American Association of Colleges of Nursing¹, recently there were 75,029 students turned away from baccalaureate nursing schools, even though they were qualified, due to a lack of clinical placement sites. Finding clinical sites for undergraduate nursing students is a considerable task but finding one that offers mental health (MH) experience is formidable. Unfortunately, these issues further complicate the well-known nursing shortage.

The additional challenge to finding MH sites is compounded by the underlying possible risks, including violence and aggression, to the students in these environments.² Due to these challenges, more and more schools are seeking ways to offer students an experience while reducing risk.³ One of the ways this can be achieved is by implementing simulation-based clinical experiences using a standardized patient (SP).

BACKGROUND

MH is a complex topic that includes a person's psychological and emotional health. Using SPs to

simulate these complexities aids in the student experience. SPs are individuals that have been educated and trained to portray a patient in a medical situation in a stable and standardized environment.⁴ According to Lavoie and Clark,⁵ the use of SPs has long been researched and demonstrated to be a useful and innovative technique to help improve nursing skills. Although SP simulations are not meant to take the place of clinical experiences, they are an excellent addition to supplement student experience, especially when clinical site positions are scarce.

The skill that nursing students need to improve in preparation for the MH clinical experience is therapeutic communication. Utilizing the SP experience to enhance this development is a safe, non-threatening way to develop this skill. In reviewing the literature, it was found that the use of SPs in MH nursing education has not been extensively studied. Alexander et al⁶ reported that participants using SP simulations reported improvements in their practice and communication skills. In another study, Felton and Wright⁷ noted that after implementing a MH SP simulated clinical

experience, students expressed their appreciation of being able to interview their patients in a safe environment. Regardless of the scarcity of clinical traditional clinical placements and the concern for student safety, MH education and clinical practice are a necessary component of an undergraduate nursing curriculum; therefore, a MH SP simulated patient encounter is an exciting option.

INTERVENTION

Preparation

SP simulations were developed as an intervention to assist students with communication skills in caring for patients with MH issues. This intervention was developed for junior and senior prelicensure baccalaureate nursing students. During the pre-briefing phase of the simulated clinical experience, an explanation of the experience was given by faculty. This preparation was achieved through orientation and sharing relevant information, such as textbook readings to correspond to the simulated patient scenario. Before the start of the simulation, the faculty shared the objective of the simulation, highlighting the opportunity to practice therapeutic communication skills, the definition of the SP, and the role that person would be playing. Also, the patient's diagnosis and medications were explained. It was reinforced that this was simulation; therefore, both a physically and psychologically safe environment. The faculty explained each role and then assigned each student to a role. Out of a group of 20 students, the students were divided into four groups

of five. Each group consisted of two students in the active nurse role, one as a family member, and two active observers. Students then switched roles as they transitioned between each simulation so that each student had the opportunity to take on an active role as a nurse or family member (Table 1). The fourth group would work on MH care plans until their time slot to move into a simulation experience.

The author contacted academic professionals to train the SPs. They were assigned their roles based on evidence-based scenarios developed by The American Psychiatric Nurses Association that are published online. They practiced their role in front of academic personnel before the simulation. After practice, the SPs performed their role before the nursing instructor to ensure they were meeting the requirements of the assigned role to enhance realism.

SIMULATION SCENARIO

Each simulation lasts 20 minutes, with the faculty observing the interactions. The student groups rotate through three separate stations, the entire process taking 90 minutes total. The scenarios used are:

Scenario 1: A 22-year-old female was admitted to the inpatient unit from the emergency department (ED) with signs and symptoms of depression including limited eye contact, limited communication, suicidal ideation, and maintaining a fetal position. The patient has a history of sexual and alcohol abuse. The patient's only support system is her sibling who is with her for the admission process.

TABLE 1. Description of Simulated Roles

Role	Description
Faculty	Prebrief and debrief, watch simulation behind the scenes in a control room
Nurse	Scenario 1 and 2: Perform mental status exam, therapeutic communication, remove stimuli Scenario 3: Determine the level of care needed for patient
Family member	Scenario 1: Family member is there to support sibling Scenario 2: Family member is unsupportive, contributes to the stigma of mental health Scenario 3: Family member is there to support sibling
Observers	Note the verbal and non-verbal symptoms displayed by the patient, note the various types of therapeutic communication used
SP	Act out predetermined symptoms of mental illness while being assessed by nurses (trained by doctorally prepared academic personnel)

Scenario 2: A 51-year-old female presented with a history of paranoid schizophrenia, paranoid personality disorder, and non-adherence to medications. The patient is admitted to the inpatient unit from the ED due to the inability to tend to activities of daily living. The patient displays signs and symptoms of relapse including hallucinations, delusions, paranoia, aggression, and irritability while being interviewed. The patient's family member is present and contributes to the stigma of MH by shouting obscenities such as, "She is crazy."

Scenario 3: A 35-year-old female presented with a history of alcohol abuse, neglect, and Bipolar 1 disorder with psychotic symptoms. The patient's sibling brings her into the outpatient unit due to signs and symptoms of a manic phase relapse including racing thoughts, insomnia, nutritional deficiencies, risk-taking activities, hallucinations, and delusions. The patient's sibling is actively involved in her life. The sibling advocates for her sister to receive the MH care that is needed.

IMPORTANCE OF DEBRIEFING

Debriefing following a simulated clinical scenario is crucial to the experience by providing time for reflection and deeper learning. The debriefing may be the most beneficial moment of the simulation experience and where the actual learning takes place.⁸ Debriefing is the time for each person to discuss and reflect on their role and acknowledge the importance of each. The idea would be for each role to self-correct any issues that needed improvement.⁹ Debriefing is not a time to point out mistakes or to embarrass an individual who might have made a mistake. Praise should be given for the positive actions, while constructive criticism should be offered for actions that need improvement.

MH SP SCENARIO DEBRIEFING

The type of questions faculty could ask students would revolve around the student's perceptions of the experience. Therefore, questions such as, tell me how the simulation made you feel, what type of communication techniques were used, what verbal and non-verbal signs and symptoms did you notice, what would you do differently next time, and what did

you learn from this experience could be asked. These types of questions allow students the opportunity to reflect on their actions. Once the questions are asked, it can lead to a group discussion. Through both peer and instructor feedback, each student learns from their mistakes and/or receives reassurance for their actions. The purpose is to assist students to self-correct and improve their performance

CONCLUSION

The utilization of SPs is an excellent adjunctive way to simulate a clinical experience in a non-threatening environment. Expanding the SP role to include MH experiences is a novel approach to ensure the novice nurse can find the confidence to care for this vulnerable population. Simulated clinical experiences are not meant to replace the traditional MH clinical experience; however, it does appear to be an excellent addition to the curriculum, especially when MH clinical placements are difficult to locate and secure.

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DECLARATION OF INTEREST

None.

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