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Research Brief

Standardized Patient Simulation Experiences Improves Mental Health Assessment and Communication

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KEYWORDS

standardized patients;
mental health;
simulation;
undergraduate nursing
education;
randomized trial

Abstract

Background: Although simulation experiences are receiving increasing attention in nursing education, evidence is inconclusive regarding their effect on enhancing students' competency conducting mental health assessments and communicating effectively.

Sample: This study examined whether engaging standardized patients (SPs) in a simulated home environment enhanced Bachelor of Science in Nursing students' competency (N = 32) in assessment and communication with patients with mental health conditions.

Method: The intervention group completed six SP scenarios (two hours), followed by debriefing. The control group received traditional education alone. Students completed pre-post tests, satisfaction surveys, and behavioral checklists.

Results: The greatest knowledge deficits were in the assessment of clients with bipolar disease, symptoms of lithium toxicity, posttraumatic stress disorder, and stages of dementia. On average, intervention students significantly improved their posttest scores by 12.4 ± 16.8 points ($p = .01$).

Conclusion: Simulation with an SP improved posttest knowledge but not longer term outcomes; students reported high satisfaction with the experience.

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Undergraduate nursing programs are integrating simulation into the curriculum as a pedagogic teaching strategy to enhance student learning (Goh, Selvarajan, Chang, Tan, & Yobas, 2016). Nursing students have limited opportunities to care for clients with mental health conditions (MHCs) in practice settings due to registered nurse shortages, limited

clinical hours, higher patient acuity, and competition for clinical placements (Brown, 2015). Simulation-based learning experiences (SBLEs) can address these challenges as well as student anxiety, fear, and bias toward clients with MHC (Kameg, Szpak, Cline, & Mcdermott, 2014).

Key Points

1. Engagement of trained standardized patients in a mental health simulation can be an effective strategy to prepare baccalaureate nursing students for mental health clinical experiences.
2. Qualitative analysis identified four common themes regarding student perceptions of the standardized patient experience: (a) situation more real; (b) more focused on the client; (c) improved assessment, critical thinking, and communication with a real person; (d) should start earlier.

A recent integrative review of 19 studies (MacLean, Kelly, Geddes, & Della, 2017) examined engagement of standardized patients (SPs). Seven included studies examined SP simulation in mental health nursing. After obtaining SBLE, students demonstrated improvement in communication and assessment skills and confidence, satisfaction, and decreased anxiety regarding communication. These findings are consistent with other mental health SP studies (Alexander & Dearsley, 2013; Kameg et al., 2014).

Although these advantages suggest that live simulation with SPs is beneficial in mental health education, evidence is inconclusive due to several methodological limitations. Studies that engaged SPs in undergraduate mental health simulation education were descriptive

(Alexander & Dearsley, 2013; Doolen, Giddings, Johnson, & Badia, 2014) and lacked validated assessment tools, mental health clinical scenarios, and/or a control or comparison group (Alexander & Dearsley, 2013; Kameg et al., 2014; Martin & Chanda, 2016). Furthermore, few studies described evidenced-based approaches regarding training SPs (Doolen et al., 2014). Only one study recruited and trained theater arts students to portray clients with MHC (Swift & Stosberg, 2015).

The purpose of this study was to examine the effect of SP simulation on a simulated home environment to promote senior nursing students' ability to assess and communicate with patients with MHC. Student outcomes included knowledge, learner satisfaction, and academic performance (final course grades and Kaplan standardized testing [Kaplan, 2017]). Uniquely, a simulated one-bedroom apartment where students assessed the client's actual living conditions and ability to independently care for himself/herself safely was used for this study.

Methods

Sample

Approximately 82 students in their last year of a generic Bachelor of Science in Nursing (BSN) program located in a liberal arts college serving an ethnically diverse student population were eligible to participate. Most nursing students entered the program directly after high school completion. The study received approval from the institutional review board before study initiation. The principal investigator explained the study purpose, procedures, and time commitment and obtained written informed consent from each student. A simple random sampling frame was generated using Research Randomizer. Thirty-two nursing students completed the study.

Simulation Development

The Nursing Education Simulation Framework and International Nursing Association Clinical Simulation and Learning Standards of Best Practice: SimulationSM, Simulation Design; Outcomes and Objectives; Facilitation; Debriefing; and Participant Evaluation (INACSL Board of Directors, 2016) directed the design, development, implementation, and evaluation of the SBLE. For example, a student-centered facilitative approach was maintained and guided by scenario-specific learning objectives and outcomes, structured prebriefing/preparation, debriefing, formative, and summative student evaluations. To determine the overall impact of SBLE, study outcomes and objectives were consistent with the psychiatric course curriculum.

Facilitation for Simulation

The study facilitator was a full-time tenured nursing professor with expertise in undergraduate simulation education, adult-learning theory and had prior experience in developing, implementing, and providing feedback using scripted debriefing sessions.

Mental Health Scenarios

The research team developed six MHC scenarios guided by best practices to address psychiatric course curriculum concepts: (a) mental health assessment, (b) therapeutic communication skills, (c) cognitive processes, (d) assessment of mood/affect. Each scenario consisted of specific learning objectives, nurse role description, SP scripts, and guidelines for when the facilitator should provide cues. The objectives of the simulation scenarios were for students to complete a mental health examination, demonstrate therapeutic communication skills, recognize the dynamics of the specific MHC, describe two evidenced-based behavioral

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