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Featured Article

## Using a Trained Actor to Model Mental Health Nursing Care

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### KEYWORDS

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**Abstract:** Although nurse educators have integrated simulation with human actors into nursing curricula, simulation remains a relatively infrequent pedagogy in mental health nursing. This article describes the implementation of simulation using a professional actor to prepare students for their clinical rotation. Students were exposed to fundamental aspects of nursing practice such as therapeutic communication as well as high-risk clinical issues. Student feedback was overwhelmingly positive, and the simulation appears to be beneficial for conveying concepts regarding high-risk clinical issues that students will not likely encounter during their clinical rotations. Implications for continued use of simulation and directions for research are discussed.

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Although the use of simulation in undergraduate nursing education has grown substantially over the past decade, designing simulation experiences is a relatively new endeavor for mental health nursing educators (Brown, 2008). Changes in the delivery of mental health services such as widespread closures of inpatient psychiatric facilities and reduced inpatient hospital capacity continue to create significant challenges for mental health nurse

educators. Difficulty accessing clinical sites has propelled nurse educators to identify innovative strategies for exposing students to mental health clinical events (McGuiness, 2011). Some baccalaureate nursing programs have abandoned their mental health nursing clinical rotation due to the absence of psychiatric facilities that are geographically proximal for students. Moreover, nurse educators cannot guarantee exposure to uniform experiences during each student's practicum due to variations in patient acuity and other hospital-related factors. With dwindling access to inpatient mental health services, it is

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paramount that educators develop innovative teaching strategies to ensure that nursing students understand the essential components of mental health nursing (e.g., therapeutic communication) and the management of high-risk clinical events. The purpose of this article is to describe the

activities related to planning and implementing a simulation experience with a professional actor so that this teaching strategy could be replicated by others interested in using simulation for a broad range of mental health nursing concepts.

Simulation has been defined as an educational strategy that uses guided experiences to replicate elements of reality in an interactive environment to achieve learning objectives (Gaba, 2004). More broadly, simulation aims to “recreate, imitate or amplify characteristics, processes and experiences of the real world for the purposes of teaching, acquiring and assessing knowledge, skills, and attitudes” (Guise, Chambers, & Valimaki, 2012, p.411). Simulation is particularly well suited to mental health nursing due to the low-frequency occurrence and unpredictable nature of high-risk events in a clinical setting (Brown, 2008). For example, during their clinical rotation, nursing students typically do not have

the opportunity to manage high-risk events such as clients’ experiencing suicidal thoughts or elopement, defined as the departure of a patient without medical discharge. Simulation offers educators the ability to provide students with client encounters that are difficult, if not impossible, to arrange in the clinical setting. Moreover, the literature lacks explicit discussion of efficient ways to use human patient simulation to reach a large number of students. This omission is unfortunate given the potential value of human simulation in recreating critical elements of therapeutic communication, a skill critical to all nursing students (Brown, 2008).

To address this gap, faculty at a private health science university in Philadelphia, Pennsylvania, developed and implemented a simulation experience for their undergraduate

baccalaureate student populations. Students from both the traditional baccalaureate program (n = 154) and Facilitated Academic Coursework Track (n = 97) program, those students who hold a bachelor’s degree in another field and complete the undergraduate-nursing curriculum in an accelerated 12 months, were exposed to the simulation before engagement in their mental health nursing clinical rotations. The purpose of this article was to describe the use of a simulation involving a professional actor and nurse faculty to educate undergraduate nursing students in therapeutic communication techniques and management of high-risk clinical events. Although this article describes implementation of human patient simulation for students in a mental health nursing rotation, the national focus on the integration of physical and behavioral health makes this experience applicable to nursing students more broadly (Hoge, Morris, Lاراia, Pomerantz, & Farley, 2014).

## Background

Lecture is not a reliable method for generating high-level thinking or effecting change in students’ attitudes (Carrick, 2011). Mental health nurse educators need to identify teaching strategies that promote high-level thinking and facilitate learning how to interpret nonverbal behaviors and affects (Chaffin & Adams, 2013). The use of simulation in mental health nursing has emerged over the past few years, taking shape in a variety of formats including the use of role playing between a student and faculty member (Buxton, 2011) and between graduate theater students and undergraduate nursing students (Keltner, Grant, & McLernon, 2011). Other simulation in mental health includes a virtual technology program that was developed to enable students to practice communication and assessment skills (Kidd, Knisley, & Morgan, 2012). Although the integration of simulation activities with human actors, or standardized patients, into both medical and nursing curricula is becoming more evident, simulation remains a relatively infrequent pedagogy in mental health nursing courses.

The *Hearing Voices that are Distressing Curriculum* created by Patricia Deegan, PhD, is a widely disseminated learning activity that includes simulations of auditory hallucinations such as nonvoice sounds (faint rhythmic sounds) as well as verbal phrases, whispering, and laughing (Deegan, 1996). The Hearing Voices curriculum is available at <https://www.patdeegan.com/pat-deegan/training/hearing-voices-training>. This simulation is particularly useful in decreasing the stigma associated with mental illness by facilitating an understanding of what these patients experience in their daily lives (Brown, 2010). Chaffin and Adams (2013) examined whether students’ empathy increased after participating in the simulation developed by Deegan (1996). The purpose of the exercise was to teach students about the difficulty of completing tasks and communicating when hearing voices. For example, students were asked to complete tasks such as counting change and talking with a health care

### Key Points

- Although nurse educators have integrated simulation with human actors into nursing curricula, simulation remains a relatively infrequent pedagogy in mental health nursing education.
- A role-play simulation between a professional actor and nurse faculty is an innovative way to expose students to fundamental aspects of nursing practice such as therapeutic communication as well as high-risk clinical issues.
- The simulation effectively captured a large number of students and afforded them a uniform and standardized learning experience in crisis management which they may not be exposed to in a clinical setting.

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