Review Article

Simulation in Undergraduate Mental Health Nursing Education: A Literature Review

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Abstract: Simulation in undergraduate mental health nursing education is becoming more widely used as an educational strategy for teaching students skills in effective mental health nursing care. This article provides a review of the literature on the use of various simulation techniques utilized in undergraduate mental health nursing education. CINAHL and PubMed databases identified 429 potentially relevant articles published between April 2006 and April 2015. A total of 15 articles met criteria for inclusion in this review. Findings of these 15 articles indicate that simulation is effective for increasing students' skills in therapeutic communication, critical thinking, problem solving, decision making and risk assessment in mental health nursing practice. Also, simulation was found to help decrease student fear and anxiety of working with individuals who have mental health disorders, and promote greater self-confidence and understanding of mental illness. This articles offers implications for further research on the use of simulation as a teaching strategy in undergraduate mental health nursing education.

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The use of simulation in nursing education provides an innovative approach to the manner in which the art and science of nursing is taught and learned. Simulation has advanced the delivery and conceptualization of nursing education for both educators and students alike. The current era of health care and its demand for competent practitioners calls for strategic planning of pedagogical methods across institutions of nursing education that support the development of a multifaceted competency base expected of registered nurses entering clinical practice.

Simulation has been described as a teaching method used to replicate real life experiences. Participants are immersed in interactive learning activities that evoke a high degree of realism for practicing skills performed during real-life events or situations (Galloway, 2009). In terms of knowledge acquisition and skill development, the literature shows that there is a place for simulation in undergraduate nursing education (Berragan, 2011; Bland, Topping, & Wood, 2011; Foronda, Liu, & Bauman, 2013).

In the specialty area of mental health nursing, simulation has become a practical method for teaching therapeutic skills, critical thinking, decision-making, problem solving, and clinical reasoning without the associated risk of patient harm and/or liability due to error (Brown, 2008; Department of Health & Human Services, 2008). In

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addition to this, areas of skill development identified for mental health nursing such as intellectual empathy, have led to a wide range of various needs-based simulation techniques adopted in curricula that address specific deficiencies (Dearing & Steadman, 2009). Simulation allows for immediate feedback on student performance. Simulated experiences using standardized patients, high-fidelity simulation, virtual realities, and voice hearing have afforded learning opportunities similar to those in clinical care that students may not encounter in actual practice settings because of high levels of acuity, increased patient turnover, staff shortages, and few clinical practice hours. Other barriers that appear to inhibit full immersion in mental health learning experience, include issues related to bias, stigma, anxiety, and fear (Dearing & Steadman, 2008; Wilson et al., 2009; Lehr & Kaplan, 2013; Doolen, Giddings, Johnson, Guizado de Nathan, & OBadia, 2014; Kameg, Szpak, Cline, & Mcdermott, 2014). Nurse educators have used simulation as a strategy to address these issues. The aim of this article is to provide a review of the literature on the use of simulation in undergraduate mental health nursing education. Issues concerning the integration of simulation in mental health nursing education are also discussed.

> **Key Points**
> - Simulation has advanced the delivery and conceptualization of nursing education for nursing students and educators.
> - Simulation allows students to practice mental health nursing skills in a safe and nonthreatening learning environment.
> - Investing in the use of simulation in mental health nursing education can be beneficial for knowledge acquisition and skill development.

Review Methods

A literature search was conducted to review relevant works on the use of simulation in undergraduate mental health nursing education. CINAHL and PubMed databases identified 429 primary and secondary sources of literature in English from April 2006 to April 2015. Search terms included a combination of keywords such as simulation, simulation technology, undergraduate nursing education, clinical education, mental health nursing, and psychiatric nursing care. A total of 67 articles were included for their potential relevance on the subject of simulation and undergraduate mental health nursing education. Original works that used simulation techniques as a teaching method to help prepare undergraduate nursing students for clinical practice in mental health were eligible for inclusion. The simulation techniques used in these studies included standardized patients, high-fidelity human simulators, virtual realities, and voice hearing. Studies that used peer role-play, a literature review methodology, and/or lacked evidence on the evaluation of skill and knowledge-based competencies and student confidence in practicing mental health nursing were excluded. Thus, 15 works were included in this review.

Findings

The literature identified the following simulation techniques most common to undergraduate mental health nursing education: simulation with standardized patients, high-fidelity simulation, virtual realities, and voice hearing.

Simulation with Standardized Patients

Standardized patients (SPs) are trained individuals who portray patients with some medical or health condition in an accurate and consistent manner. SPs are often used in simulation experiences to replicate a high fidelity of realism exposing students to real-life clinical scenarios and teaching skills in decision-making, problem solving, and communication in a safe and nonthreatening learning environment (Becker, Rose, Berg, Park, & Shatzer, 2006; Robinson − Smith, Bradley, & Meakim, 2009; Webster, 2013; Kameg et al., 2014). Feelings of anxiety are often reported among nursing students entering their mental health clinical rotation (Robinson − Smith et al., 2009; Lehr & Kaplan, 2013; Doolen et al., 2014; Kameg et al., 2014). SPs have been used to decrease anxiety and promote self-confidence among students in preparation for actual encounters with patients who are mentally ill.

Doolen et al. (2014) evaluated the effectiveness of SPs in a mental health simulation prepared for undergraduate nursing students and found these experiences helpful in developing interviewing and therapeutic communication skills, increasing confidence, and decreasing anxiety. According to subjective report students stated ''I now feel able to carry out an interview more effectively,'' ''Simulation was successful and eye-opening … I specifically learned to be more sincere before drilling questions,'' and ''I felt this simulation truly gave me the confidence and feedback that I needed'' (p. 6). Robinson − Smith et al. (2009) also report that students found SP encounters helpful for practicing interviewing and communication skills. During interactions with hospitalized patients, students displayed decreased levels of anxiety and increased self-confidence according to feedback from student faculty. As explained by Kameg et al. (2014), anxiety can have a negative impact on student performance, which in turn can create barriers for promoting self-confidence, establishing therapeutic relationships and