Featured Article

Using Unfolding Simulations to Teach Mental Health Concepts in Undergraduate Nursing Education

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Abstract
Background: Nurse educators are challenged to find suitable clinical placements which allow students to develop understanding of the intricacies of mental health care. This article describes an educational innovation using simulation to teach undergraduate nursing students about mental health challenges, from diagnosis to maintenance.
Methods: A series of five unfolding scenarios replaced a traditional 6-week inpatient mental health placement. The content and process of these scenarios are described.
Results: This allowed students to gain understanding of the trajectory of mental illness, develop relationships with clients over time, and discover the complexities of providing care for those with mental health challenges. Students reported that these simulations were highly effective.
Conclusions: Unfolding simulations provide an opportunity to teach mental health nursing in a manner that optimizes the learning experience while ensuring consistency of student learning.

Strong skills in communication, interdisciplinary collaboration, and crisis management are essential when working with clients experiencing mental health challenges (Brown, 2008, Edward, Hercelinskyj, Warelow, & Munroe, 2007).

The development of these skills takes time and multiple practice opportunities. The purpose of this article was to describe the implementation of an educational innovation using a series of five unfolding simulations to replace traditional in-hospital mental health placements for baccalaureate nursing students. Based on feedback from course evaluations, this simulation innovation proved helpful in assisting students to build mental health skills.

Background

At Western University, mental health care is taught through both theoretical and practice components. Mental health placements in hospital settings have been thought to provide students with a variety of learning experiences; however, course evaluations have not always confirmed this belief. Poor role modeling and custodial approaches to mental health care are often cited as barriers to learning in students' evaluations of their experiences. Students report inconsistencies between what is taught and what is actually occurring in their placements. Clients in mental health hospital settings may be reticent to work with students, limiting student opportunities to learn and refine their communication skills. Depending on the agency setting, student exposure to various mental health conditions can be limited. This means that although students are in real-world professional practice settings, faculty has no way of guaranteeing that quality theory-based teaching and learning opportunities are available. Additionally, students may not gain appreciation or understanding of clients' struggles with mental health beyond the confines of the hospital setting.

> **Key Points**
> - Through the use of unfolding mental health simulations, students are able to develop understanding of the trials facing those with mental health challenges.
> - Students reported that their therapeutic communication skills were greatly enhanced because of immediate feedback and ability to seek assistance as interactions occurred.
> - The mental health simulations provided standardized learning opportunities and for quality theory-based learning to occur.

In addition to the contextual challenges of in-hospital mental health placements, it can be problematic for nurse educators to evaluate and assist students to enhance their communication skills. The sensitive nature of interactions between students and clients, issues surrounding privacy and confidentiality, and the often random nature of these interactions can impair direct observation and evaluation of practice (Alexander & Dearsley, 2013; Brown, 2008; Davis, Josephsen, & Macy, 2013). In our experience, students have reported feeling anxious in mental health placements, and this can be exacerbated in hospital-based settings where a single clinical instructor is working across a large physical space attempting to supervise multiple complex discussions between students and clients.

Faculty at Western University recognized the opportunity for an improved educational experience, where standardized learning opportunities across settings would be delivered and emphasis would be placed on quality student–client interactions. Simulation, which has been used effectively in other parts of the Western undergraduate nursing program, was selected to replace the inconsistent mental health hospital placements. Simulated professional practice means that faculty can ensure that all students are exposed to particular steps along the continuum of mental health care and have multiple opportunities to enhance their interpersonal skills. This article will describe the implementation of an educational innovation consisting of a series of unfolding mental health simulations. These simulations allow students to follow a client from initial diagnosis of a mental illness, through a crisis, hospitalization, and integration back into the community. This ability to follow a client in this manner using simulation is unique, as students are able to develop understanding of the mental health trajectory and care needs beyond an inpatient setting. Students are able to develop relationships with a client over time, as they attempt to do in an agency setting but with the evolution of the relationship be scripted to a degree. Simulation also provides for more supported practice and evaluation of communication skills (Robinson-Smith, Bradley, & Meakin, 2009).

Literature Review

The use of simulation to teach mental health concepts in nursing is not new. Examples are found throughout the literature describing the use of simulation, particularly in undergraduate nursing education. Simulation is well suited to teach communication skills and clinical reasoning, two important aspects of mental health nursing. According to Alexander and Dearsley (2013), "It [simulation] provides a comprehensive opportunity to engage in an immersive, secure, and innovative learning environment where safe clinical decision-making opportunities are abundant" (p. 152). Feedback is immediate, and errors can be corrected in the moment (Jeffries, 2007).

In regards to mental health simulations, most have traditionally revolved around one isolated incident, such as a suicide risk assessment or alcohol withdrawal (Hermanns, Lilly, & Crawley, 2011; Lehr & Kaplan, 2013; Maruca & Diaz, 2013; Robinson-Smith et al., 2009). Alternatively, the use of multiple simulations depicting various mental health conditions offers a more diverse experience (Davis et al., 2013, Edward et al., 2007). Such simulations provide students with the opportunity to apply mental health theory to practice in a safe environment and may provide exposure to situations that are difficult to encounter in an agency practice setting. However, to date, the vast majority of these simulations have not involved cases unfolding over time and therefore do not allow students to fully understand the process from diagnosis through treatment and subsequent issues nurses face when providing care for clients living with a mental health challenge.