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Review Article

# Handling Strong Emotions Before, During, and After Simulated Clinical Experiences

**Katherine J. Janzen, RN, MN, ONC(C)*, Shelley Jeske, RN, MN, CHSE, Heather MacLean, RN, MN, Giuliana Harvey, RN, MN, Penny Nickle, BN, MEd, Leanne Norenna, RN, BScN, MN, Murray Holtby, RN, PhD, BTh, Heather McLellan, RN, BN, MDE, CFRN**

*School of Nursing and Midwifery, Faculty of Health, Community and Education, Mount Royal University, Calgary, Alberta, Canada T3E 6K6*

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**Abstract:** Psychological harm is a complex phenomenon which becomes even more complex and problematic in simulated clinical experiences (SCEs). Currently, there exists only one published protocol that addresses policies and procedures to mediate psychological harm during simulated clinical experiences. In this article, the phenomenon of psychological safety and psychological harm is explored. By synthesizing the results of a literature search, actions that could be taken before, during, and after the debrief are outlined. With the literature acting as a springboard for further discussion, suggestions are provided by a think tank of novice to expert facilitators that may assist simulation teams to mediate and intervene when psychological harm occurs with students.

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Simulation has long been a mainstay in medical education and is increasingly becoming an essential part of nursing education (Jeffries & Rogers, 2007; Benner, Sutphen, Leonard, & Day, 2010; Paige, Arora, Fernandez, & Seymour, 2015, Truog & Meyer, 2013). Benner et al. (2010) have called for simulated clinical experiences (SCEs) as a means for educating nurses which is beneficial for student learning overall. Simulation is an extremely effective mode of teaching (Paige et al., 2015), it also has been shown to enhance knowledge gained from SCEs anywhere from 7 to 9 weeks after SCE (Ross et al., 2013) to up to a year after the experience (Hubert, Duwat, Deransy, Mahjoub, & Dupont, 2014). Learning is additionally enhanced when emotional content is added into simulation scenarios as it impacts affective changes in students (Corvetto & Taekman, 2013). Simulation has been shown to be effective in replacing from 13% to 50% of clinical hours for nursing students since 2007 (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014; Larue, Pepin, & Allard, 2015). With this knowledge, SCEs could be considered a strong pedagogy to incorporate into nursing education.

* Corresponding author: kjjanzen@mtroyal.ca (K. J. Janzen).

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Although debriefing is considered to be the most essential factor for effective learning (Levett-Jones & Lapkin, 2014; Paige et al., 2015) during a SCE, the prebriefing is highly influential on the debriefing outcomes in terms of experiential learning, reflection, and future application (Rudolph, Raemer, & Simon, 2014). Rudolph et al. (2014) explain that in prebriefing, objectives are clarified, the environment is outlined, roles are delineated, confidentiality is emphasized, and expectations are made explicit. Furthermore, prebriefing sets the stage for student engagement as it helps to develop trusting relationships.

**Key Points**

- Psychological harm can occur in highly immersive and emotionally charged SCEs.
- An awareness of the cues that demonstrate psychological harm is a precursor to the prevention and management if psychological harm.
- Policy and procedure development is essential to assist students whose psychological integrity becomes compromised before, during or after the debriefing process.

Preparation during the prebrief additionally includes a process of creating an agreement on the part of the student and the facilitator(s) (Rudolph et al., 2014). There is a need for students to establish a ''fiction contract'' in which they acknowledge and accept they will actively care for a ''real'' (although simulated) patient during the scenario and that they will actively participate in a ''fictional environment'' (p. 341). This fictional environment, created by facilitator(s), engages students in an atmosphere of realism. In addition, Rudolph et al. (2014) emphasize that facilitator(s) are strongly expected to focus on logistical details and communicating and embodying a commitment of mutual respect for all participants which additionally values all participant's perspectives.

After the scenario is concluded, a debriefing session takes place where a discussion is facilitated by trained facilitator(s). In the postsimulation debrief, the students have an opportunity to not only reflect on the scenario but also discuss what went well and what did not (Rudolph et al., 2014). In this atmosphere, sense making is paired with application of lessons learned for prospective clinical experiences. This sense making contributes to learning that persists long past the simulation experience (Fanning & Gaba, 2007).

Paige et al. (2015) identify three key roles of the facilitator during the debriefing process: ''making it safe, making it stick, and making it last'' (p. 127). In terms of making SCEs safe, the role of facilitator(s) includes academic safety (Ganley & Linnard-Palmer, 2012) and psychological safety (Gaba, 2013; Truog & Meyer, 2013). The purpose of this article was to explore psychological safety in SCE and to identify strategies to assist students whose psychological integrity becomes compromised before, during or after the debriefing process.

## Background

The SCE facilitators group in a mid-sized university in Western Canada met to discuss the inherent challenges and ongoing potential of psychological harm in SCEs. Physical and emotional manifestations of psychological harm were observed in a few students who had recently attended SCEs. For example, a confrontation scenario with an angry family member generated post-traumatic stress in a student that was triggered by the memory of her father. Questions arose pertaining to how psychological safety could be extended before, through, and after the debriefing process when students are visibly physically or emotionally triggered by past events in their lives and/or remain troubled beyond the debriefing session. In addition, what safety measures could be put into place operationally?

Both novice and experienced facilitators took part in the discussion. One team member held Certified Healthcare Simulation Educator status with 8 years experience. The remainder of the team had from 1 to 5 years experience in facilitating simulation and various levels of simulation development expertise. All team members were nurses and educators. The purpose of the meeting was to create a think tank and generate potential solutions to prevent or at least mediate in situations where psychological harm was ascertained to have occurred. Recommendations were derived from six pages of notes taken at the meeting by one of the authors. The notes were analyzed for themes and then categorized into recommendations. This article represents the outcomes of the categorization and the literature review that ensued.

## Literature Review

Psychological harm is defined as ''harm that can manifest itself through worry (warranted or unwarranted), feeling upset or depressed, embarrassed, shameful or guilty, and/or result in the loss of self-confidence'' (University of Virginia, 2012, para 2). There is a paucity of research surrounding psychological harm occurring in students in SCEs (Corvetto & Taekman, 2013). Ferguson et al. (2014) emphasize that there is no known literature available which offers validated experiences. Willhaus, Averette, Gates, Jackson, and Windgael (2014) cite only two formally reported severe anxiety reactions in the literature (Macy & Schrader, 2008; Oberleitner, Broussard, & Bourque, 2011). Over the course of delivering SCEs in our center, our outcomes mirror the literature—a small number of reactions cause large concern for how we best manage these cases.

Psychological safety is a complex phenomenon. Although Ganley and Linnard-Palmer (2012) describe