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Featured Article

# Using a Combination of Teaching and Learning Strategies and Standardized Patient for a Successful Autism Simulation

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## KEYWORDS

autism;  
simulation;  
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faculty;  
students;  
nurses

**Abstract:** This article describes the development and evaluation of a first run realistic autism scenario for senior nursing students. Providing a case study, lecture, examination questions, and a synopsis of the simulation benefited student success. The debriefing yielded rich information. Students often expressed difficulty in communicating with and prioritizing care for the teenage patient but were empathetic with the patient's mother. Students felt that the simulation was the best they had experienced in the nursing program and that it helped them with communication, critical thinking, prioritization, and assessment strategies, during a realistic experience.

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Before 2013, autism spectrum disorders (ASDs) included a class of disorders such as autism, Asperger's disorder, and pervasive disorder—not otherwise specified (Diagnostic and Statistical Manual of Mental Disorders-5-Text Revision [DSM-IV-TR]; American Psychological Association (APA), 2000). These disorders are categorized by problems in social interaction, verbal and nonverbal communication, and repetitive behaviors (Diagnostic and Statistical Manual of Mental Disorders-5-Text Revision [DSM-IV-TR]; APA, 2000). Research has found ASD impacts boys four times more than girls and is increasingly

affecting children 3 to 17 years old (APA, 2000; Kogan et al., 2008). Distinctively, patients with ASD may demonstrate an absence of, or distinctive communication patterns such as repetitive behaviors, unusual nonverbal expressions or embarrassing gestures, and a full range of emotional actions not associated with their peers. Children diagnosed with ASD are considered to have the most severe pediatric behavioral disorders (Gurney, McPheeters, & Davis, 2006; Johnson & Rodriguez, 2013; Newsom & Hovanitz, 2006). Additionally, ASD patients may have difficulty with comprehension, understanding and obeying commands generally understood by children not affected by ASD (Johnson & Rodriguez, 2013; MacKenzie, Abraham, & Goebel, 2013). Iezzoni and Long-Bellil (2012) stressed

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that, in general, people with disabilities are not well understood or cared for by health care providers, often resulting in poor patient outcomes. Student nurses may be especially limited in their understanding and knowledge of special needs of patients, especially those with autism and ASDs.

### Key Points

- Standardized patient provided increased realism.
- Autism simulation was valuable to student learning.
- Using a variety of teaching-learning strategies helped students to transfer knowledge to application during the simulation.

McGonigle et al. (2006) state that because of the rise in ASD diagnoses, more patients are presenting to the health care system in crisis, especially the emergency department (ED). MacKenzie et al. (2013) explained that health care providers must consider emotional and somatic etiologies for effective treatment and communication with the ASD population. This article describes the development of

a simulation-learning module that was used as one of a series of teaching and/or learning strategies to prepare nursing students to care for an ASD patient in crisis. The simulation was based on a need to educate students to care for a patient with special needs while incorporating management and leadership concepts such as assessment, communication, critical thinking, and triage.

## The Simulation Development

The simulation was developed as part of a regular ongoing program evaluation for nursing students in their senior management and/or leadership course. Faculty members sought university internal review board's approval and were exempted from review. As part of the program assessment, students were asked to complete a nine-item survey, after the simulation. The rationale for the survey was to assess if students reached stated outcomes, and to improve or make changes to the didactic course content and simulation in the future. The simulation was created to teach students to care for a patient with a disability, specifically autism. Caring for autistic patients can be challenging, so it was important to introduce students to the autistic population in a controlled environment where learning could take place in a supportive manner. The simulation focus was a teenager with autism in part because teenagers present unique challenges with additional hormonal and developmental issues. Specific student outcomes were to (a) physically assess an ASD patient's head wound, (b) communicate with the ASD patient and mother, (c) prioritize care, and (d) use critical thinking (problem solving and decision making).

Because students were working as a team, faculty did not expect all outcomes to be addressed by each student.

**Table 1** Communication Strategies

Understand that ASD patients are concrete or literal thinkers. Be very specific during a line of questioning such as, "Does the sore on your head hurt?" not "Does your head hurt?"  
 Speak in a quiet calm tone of voice, give clear succinct directions, and use a picture board when appropriate (Johnson & Rodriguez, 2013).  
 Visuals or real photos should be used when necessary.  
 Remember all behaviors exhibited are forms of communication (Autism Speaks, 2008).

Note. ASD = autism spectrum disorder.

Expectations for a group of students were to make an attempt to assess the wound and apply bacitracin ointment. We expected that as a group, students would communicate to both Andy (standardized patient [SP]) and his mother, and if Andy was nonverbal, they would attempt to use an alternative form of communication, such as a picture board provided in the room (Table 1). In an effort to evaluate care prioritization, faculty wanted to determine if the students could prioritize Andy's care and deal with the behaviors he might be exhibiting at the time. For instance, if Andy was becoming increasingly agitated and walking about the room, was it necessary to take his blood pressure? (Table 2). When evaluating critical thinking, it was important to verify if students could refrain from depending on verbal communication alone. If Andy was demonstrating sexually suggestive or aggressive behaviors, did students try to ignore them and attempt to refocus his attention? Did they use appropriate strategies to move the patient toward discharge? Because Andy was a 14-year-old teenager, would it be appropriate to provide discharge instructions to him and/or his mother? Successful individual student involvement was considered to be, conversing with either Andy or his mother, maintaining a safe environment, attempting to assess and treat Andy's head wound, or discussing the health history and discharge plans with the mother, actively engaged in the simulation (not standing off to one side of the room), actively making decisions and/or working to resolve problems with other group members.

**Table 2** Strategies to Reduce or Avoid a Meltdown

Dim lights to reduce anxiety and agitation (Durand, Hieneman, Clarke, & Zona, 2009).  
 Refrain from touching unless absolutely necessary, use equipment with caution or only when really needed, remove bed linens if appropriate, and leave the person's personal clothes on if possible (MacKenzie et al., 2013).  
 Care should be provided quickly, refrain from asking questions or permission.  
 Ask the caregiver how pain or anxiety is expressed to ensure they are reduced (Johnson & Rodriguez, 2013).

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