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Featured Article

Mental Health Clinical Simulation: Therapeutic Communication

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KEYWORDS

simulation;
standardized patients;
mental health nursing;
therapeutic
communication;
undergraduate nursing
students

Abstract

Background: The article describes a mental health simulation that encourages student nurses to use therapeutic communication while assisting patients with mental illness in a clinical setting.

Method: A quasi-experimental, one group, pre–post test design using simulation during a mental health clinical orientation; data were analyzed using dependent *t* tests.

Results: There was significant improvement ($p = .000$) in student's self-reported confidence with their communication skills and knowledge following a mental health simulation experience using standardized patients.

Conclusions: Although more research is needed, a therapeutic communication mental health simulation given before students participating in their clinical experience should be integrated into undergraduate nursing education.

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Background and Significance

The goal of communication is to develop a common understanding between people to develop a relationship (Peplau, 1997). Therapeutic communication is holistic and patient centered and engages the following aspects of patient care—physiological, psychological, environmental, and spiritual (Peplau, 1997). The practice of therapeutic communication helps form a health-focused and stress-reducing collaborative relationship between the nurse and the patient; its primary goal is to establish trust to create a meaningful exchange between the nurse and patient

(Peplau, 1997). Ideally, in a functioning relationship, the patient communicates his or her experience and shares necessary data, thoughts, and feelings with the nurse who observes and listens carefully to the patient's expression of holistic needs (Peplau, 1997). Encouraging health-promoting behaviors begins with successful communication and relationship building. Psychiatric nursing emphasizes the use of therapeutic nursing communication in dealing with patients, thereby enhancing the care given.

Simulation is commonly used in most areas of nursing education, with the exception of mental health nursing. Few studies have examined the use of a therapeutic communication simulation in mental health education. Effectiveness using standardized patients has been reported in terms of

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confidence enhancement, improving communication skills, satisfaction with the learning experience, overall decreased anxiety of individuals with mental illness, and increased self-reflection and availability of immediate feedback (Hermanns, Lilly, & Crawley, 2011; Lang & Hahn, 2013; Marken, Zimmerman, Kennedy, Schremmer, & Smith, 2010; Webster, 2014). Simulation can provide students with a safe setting in which they can learn from their mistakes (Crider & McNiesh, 2011; Gore, Hunt, Parker, & Raines, 2011).

Key Points

- Faculty are challenged to prepare future nurses with good communication skills.
- Simulation using standardized patients provides an opportunity to practice communication skills before the mental health clinical experience.
- Students perceive that their communication skills improved post a mental health simulation that used standardized patients.

Exposing students to therapeutic communication techniques requires the use of standardized patients. Barrows (1993) defined a standardized patient as a person who is trained to represent the characteristics of a patient. A standardized patient allows the student to be exposed to immediate feedback of the success or lack of success of the communication strategy being used. In other words, the student will know immediately if their approach is working or not working because of how the patient is responding.

Communicating with mentally ill patients can be challenging for nursing students. Each psychiatric client is different, and interacting with patients may be anxiety provoking. Students taking mental health nursing theory and clinical courses express severe anxiety and fear before the start of the clinical rotation with the anticipation of dealing with these patients. Their fears and doubts often persist throughout their clinical rotation and assignments. The anxiety expressed by students may be related to “not knowing what to say” (Melrose & Shapiro, 1999, p.1455). In an attempt to reduce the student’s anxiety, students were introduced to scenarios that they may be exposed to in the mental health clinical setting. This article aims to introduce therapeutic communication simulations with particular emphasis on symptoms related to psychiatric disorders as a part of mental health theory and clinical courses.

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Methods

A quasi-experimental, one group, pre–post evaluation design was used for this study (Grove, Burns, & Gray, 2013). The study took place two weeks (February, 2015)

before the students were to participate in their mental health clinical simulation. The use of a quasi-experimental design assists with identifying, examining, and clarification of causal relationships (Grove et al., 2013).

Sample

The convenience sample size consisted of 28 prelicensure nursing students enrolled in a mental health theory and clinical course. The courses were delivered through a public university Bachelor of Science in nursing program located on the west coast. The mental health nursing course is a 15-week course taken in the fourth semester of a six-semester program.

Description of Instruments

Previous Knowledge and Demographic Questionnaire

Demographic data collected included age and gender. The extent of the experience these students had with simulation and their communication knowledge was measured by asking the students if they had participated in a previous simulation experiences and/or taken a communication course.

Confidence With Communication Skills Scale

Student confidence with their therapeutic communication skills was measured using a visual analogue scale. A visual analogue scale is a self-reporting device used to measure subjective phenomena such as patient symptoms, affect, function, and quality of life (Miller & Ferris, 1993). A visual analogue scale typically consists of a 100-mm horizontal line anchored at both ends with words that are descriptive from one end of the scale to the place where the subject marked the line. Respondents report their level of agreement to a statement by indicating a place along a continuous line between two end points. The use of single item measures, which are simple to rate, increases construct validity (Patrician, 2004). The visual analogue Confidence with Communication scale used in this study is located in Table 1.

Using a visual analogue scale, the students rated their confidence in their communication skills pre and post simulation. The scale ranged from 0 to 100 with zero demonstrating “no confidence with communication” and 100 the “highest possible confidence with communication.” The visual analogue scale was administered the week before and immediately after the student’s mental health clinical orientation, which used standardized patient simulation.

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