



Featured Article

Using Standardized Patients to Teach Therapeutic Communication in Psychiatric Nursing

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KEYWORDS

standardized patients;
teaching effectiveness;
psychiatric mental
health simulation;
therapeutic
communication;
communication skills;
nursing students;
quasi-experimental
research;
training

Abstract

Background: There is limited research into the effectiveness of standardized patient experiences (SPEs) to teach therapeutic communication skills in undergraduate psychiatric nursing students.

Method: A quasi-experimental, one-group, pre–post evaluation design was used to examine the effectiveness of the use of SPEs to teach therapeutic communication skills in psychiatric nursing. Study participants included 89 senior nursing students enrolled in a psychiatric nursing clinical course in a baccalaureate nursing program.

Results: Faculty provided formative evaluation on 14 criteria and group feedback early in the semester for students' first interaction with a standardized patient (SP). During a second intervention at the end of the semester, with an SP, summative feedback was used to evaluate the student using the same 14 criteria. Significant differences were noted in 12 of the 14 criteria demonstrating improvement in therapeutic communication skills.

Conclusion: Although further research is needed, this study suggests that the use of SPEs is an effective methodology for promoting therapeutic communication skills in undergraduate psychiatric nursing students.

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Effective communication skills are a core competency for nurses. Without this essential skill, psychiatric nurses are unable to build a therapeutic relationship and care for individuals with mental illness. Providing students with opportunities to practice therapeutic communication with individuals with mental illness can often be a challenge for nurse educators (Webster, 2010). Opportunities may be limited due to decreased patient census, length of stay, and

an increase in the severity of the illness of hospitalized individuals. In addition, a patient may refuse, be considered too dangerous or fragile, or refuse to work with a student. This may result in encounters with only certain patient diagnoses and no opportunity to interact with patients with common psychiatric diagnoses. Nurse educators are therefore challenged to substitute other clinical teaching strategies that promote the use of therapeutic communication skills. Simulation involving standardized patients (SPs) may be an effective alternative method for teaching therapeutic communication skills in psychiatric nursing.

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In addition to providing clinical activities when there may be limited clinical options, SP experiences (SPEs) allow faculty to control the types of patient interactions (Founds, Zewe, & Scheuer, 2011; Parsh, 2010). This is of great benefit, because providing a quality psychiatric nursing experience can be further complicated by factors such as patient confidentiality, aggression, and unpredictability (Hermanns, Lilly, & Crawley, 2011). The use of SPEs allows faculty to align clinical and didactic teaching giving students an opportunity to engage with a variety of patient diagnoses, including those with issues of aggression and unpredictability. Students are therefore able to practice in a safe yet controlled environment.

Key Points

- Simulation involving standardized patients may be an effective alternative method for teaching therapeutic communication skills in psychiatric nursing.
- Role play was found to have a positive effect when the communication of students receiving only didactic education was compared with students who engaged in role play after didactic education.
- Standardized patient experiences can be utilized to teach and assess undergraduate nursing students' use of therapeutic communication skills.

Although SPs have been utilized to teach communication in the field of medicine for many years, their use in undergraduate nursing is still in its infancy. With limited information regarding the effectiveness of SPEs as a teaching strategy in undergraduate nursing education, it is imperative

that nurse educators conduct research into this teaching strategy that is quickly gaining momentum.

Literature Review

Strategies to Teach Communication

The nurse–patient relationship is at the foundation of providing care to individuals with mental illness. The ability to engage in therapeutic communication is crucial to building this relationship. With scant literature to provide guidance into how to best teach therapeutic communication skills (Webster, Seldomridge, & Rockelli, 2012), faculty often use methods similar to how they were taught during their own nursing education. This includes the interpersonal process recording in which faculty provide feedback based on student documentation of verbal communication, nonverbal behavior, and environmental influences from portions of interaction with the patient (Varcarolis & Halter, 2010). This may not be the best method for teaching and evaluating therapeutic communication skills. Although the interpersonal process recording allows the student to

identify the type of communication technique utilized, it may not be accurate and is subject to distortion, because the student must rely on memory to document what was said and to identify nonverbal behaviors (Varcarolis & Halter, 2010). Students may also document how they should have responded instead of what they actually said, leading to many missed teaching–learning opportunities. Because faculty do not have the opportunity to directly observe an entire student–patient interaction in the psychiatric setting, students are evaluated on brief observations and written assignments, including the interpersonal process recording, both of which provide just a snapshot of the student's ability to use therapeutic communication skills.

Although the field of medicine has utilized SPs for many years, nursing is in the early stages of utilizing SPs to teach a variety of nursing skills. It has been suggested that simulation using SPs can be an effective method of teaching students therapeutic communication skills (Lang & Hahn, 2013). Marken, Zimmerman, Kennedy, Schremmer, and Smith (2010) had interdisciplinary teams consisting of pharmacy, medical, and nursing students engage with SPs to practice communication skills on the difficult topics of child health issues, intimate partner violence, and suicidal ideation. The authors concluded that students gained confidence and improved communication skills as a result of practicing with SPs in a simulated environment.

Role play was found to have a positive effect when the communication of students receiving only didactic education was compared with students who engaged in role play after didactic education (Kesten, 2011). Experiential approaches including case studies and SPEs designed to mimic reality offer students “real-world”–like experiences (Webster et al., 2012) provide other opportunities to learn therapeutic communication skills. Using a case study combined with an SP, students practiced communication in a pilot activity designed to facilitate communication with and care for individuals with posttraumatic stress disorder (Webster et al., 2012). Students commented that they were better prepared to care for individuals with posttraumatic stress disorder as a result of participating with SPs. Using carefully designed SPEs, faculty are able to control the type, complexity, and length of the interaction, which can also be used to decrease the randomness of patient encounters in the clinical setting (Becker, Rose, Berg, Park, & Shatzer, 2006). Although high-fidelity simulations are often used to allow students to practice technical skills, the use of SPs adds to the authenticity of the experience (Keltner, Grant, & McLeron, 2011) and may promote therapeutic communication skills and empathy development.

In addition to self-evaluation, peer review has been used to help students improve communication skills (Yoo & Chae, 2011). In this study, students in an experimental group watched each other's videos and provided feedback; those in the control group completed only self-evaluation.

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