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Simulation with standardized patients to prepare undergraduate nursing students for mental health clinical practice: An integrative literature review

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ABSTRACT

Objective: To evaluate the available evidence supporting the efficacy of using simulation with standardized patients to prepare nursing students for mental health clinical practice.

Design: Integrative literature review.

Data sources: A systematic search of the electronic databases CINAHL (EBSCOhost), Embase, MEDLINE, PsycINFO, and SveMed + was conducted to identify empirical studies published until November 2016. Multiple search terms were used. Original empirical studies published in English and exploring undergraduate nursing students' experiences of simulation with standardized patients as preparation for mental health nursing practice were included. A search of reference lists and gray literature was also conducted. In total, 1677 studies were retrieved; the full texts of 78 were screened by 2 of the authors, and 6 studies reminded in the review.

Review methods: The authors independently reviewed the studies in three stages by screening the titles, abstracts, and full texts, and the quality of the included studies was assessed in the final stage. Design-specific checklists were used for quality appraisal. The thematic synthesizing method was used to summarize the findings of the included studies.

Results: The studies used four different research designs, both qualitative and quantitative. All studies scored fairly low in the quality appraisal. The five themes identified were enhanced confidence, clinical skills, anxiety regarding the unknown, demystification, and self-awareness.

Conclusions: The findings of this study indicate that simulation with standardized patients could decrease students' anxiety level, shatter pre-assumptions, and increase self-confidence and self-awareness before entering clinical practice in mental health. More high-quality studies with larger sample sizes are required because of the limited evidence provided by the six studies in the present review.

1. Introduction

Nursing students are expected to learn and practice complex skills, and the duration of time spent in clinical practice and content of clinical practice are crucial for the development of clinical confidence. Due to limited learning opportunities in clinical practice, other learning methods that focus on how to combine theoretical knowledge with practical skills are important; such methods include simulation, gamification, and online learning programs (Edward et al., 2007; Khalaila, 2014). Nursing students often experience increased anxiety before clinical practice in mental health nursing. Interaction with patients who have mental illnesses in a mental health setting is often an unknown situation associated with stigma and stereotypes (Lehr and Kaplan, 2013; Robinson-Smith et al., 2009; Stuart, 2013). The use of simulation in nursing education has increased in recent years, and nursing students' clinical confidence seems to increase with simulation experiences because of the opportunity to practice skills before they are expected to enter clinical practice (Dearmon et al., 2013; Khalaila, 2014). Simulation as a pedagogical method has become an integrated learning strategy in the mental health nursing curriculum and is described as a way of exposing students to real-life clinical scenarios before entering clinical practice (Brown, 2015; Foronda et al., 2013).

Simulation training with standardized patients (SPs) in the nursing education provides nursing students with an opportunity to be exposed to these unknown situations. An SP is defined as “an individual who is trained to portray a real patient in order to simulate a set of symptoms or problems used for healthcare education, evaluation, and research” (Society for Simulation in Healthcare, 2016, p.36). SPs in mental health

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nursing provide a unique instructional approach to assist student development in complex assessment skills. SPs can provide immediate feedback during the simulation, which can influence the learning process (Kameg et al., 2009; Slater et al., 2016). The purpose of this integrative review was to evaluate the evidence that is available to support the efficacy of using simulation with SPs to prepare nursing students for mental health clinical practice.

2. Background

Several studies have indicated that nursing students have negative pre-assumptions and dread regarding mental health clinical practice (Lehr and Kaplan, 2013; Robinson-Smith et al., 2009; Stuart, 2013), and these feelings are often assumed to be caused by fear of the unknown. In addition, students are uncertain and afraid of what to say, and they may be concerned that they will say something wrong that can harm their patients. Thus, it is important to prepare students for clinical practice in a way that enhances their opportunity to learn more. Bandura's social cognitive theory supports the idea that self-efficacy is a dynamic process in which the students evaluate themselves and the way they are able to perform a task or demonstrate a certain kind of behavior. Relevant variables will be what behavior they choose, how much effort they put into the task, whether the thought patterns are self-enhancing or self-defeating, and how they respond to emotionally to difficulties (Bandura, 1977; Bandura, 1986). A lower anxiety level before entering practice would enhance students' learning opportunities during the short period of time they are in mental health clinical practice. Previous studies have shown that students find simulation with SPs helpful for developing skills in therapeutic communication, increasing confidence, and decreasing anxiety (Sarikoc et al., 2017).

Studies of simulation used in mental health education have identified SPs as one of the most commonly used simulation techniques (Brown, 2015). Simulation with SP encounters can be described as high fidelity experiences because they replicate authentic patient problems and provide credible interactions for students (Robinson-Smith et al., 2009). The use of SP encounters in mental health nursing offers students live experiences in a controlled learning environment, allowing them to learn about and practice on patients with mental illnesses and manage common difficulties they may not be exposed to in clinical practice. Simulation in mental health education is an adjunct to clinical practice and provides students with an opportunity to practice in a safe environment. However, further research is still needed to strengthen our knowledge about simulation in mental health.

Studies have shown that nursing students evaluate simulation with SPs as a positive contribution to their learning (Brown, 2015; Foronda et al., 2013; Robinson-Smith et al., 2009). However, it is important to understand the efficacy of using simulation with SPs to prepare nursing students for mental health clinical practice. Considering the fact that simulation with SPs can help nursing students to develop their communication skills and reduce their anxiety, further research about the use of SPs as preparation for clinical practice is of great interest (McNaughton et al., 2008; Slater et al., 2016; Williams et al., 2017).

3. Methods

3.1. Design

This integrative review was performed using formulated inclusion and exclusion criteria with a defined systematic search strategy. To enhance the rigor of the integrative review, the five-stage framework established by Whittemore and Knafl (2005) was used: problem identification, literature search, data evaluation, data analysis, and presentation (Whittemore and Knafl, 2005).

3.2. Systematic literature search

A systematic literature search was conducted to identify primary studies of simulation with SPs to prepare nursing students for clinical practice in mental health nursing. The search was based on an adjusted PICo method, describing population, intervention, and context (Booth et al., 2016). Multiple search terms were organized in a search planner. The search terms for the population were “students,” “nursing students,” “baccalaureate students,” and “undergraduate nursing students.” The search terms for the intervention were “simulation,” “standardized patients,” “human patient simulation,” “role play,” “acting,” “training,” “education,” and “clinical practice.” The search terms for the context were “mental health,” “mental disorders,” “mental illness,” “depression,” “anxiety,” “schizophrenia,” “bipolar,” and “personality disorder.” The Boolean operator “and” was used between the search terms for population, intervention, and context. The Boolean operator “or” was used to combine the search terms for population, intervention, and context. The authors searched the CINAHL (EBSCOhost), Embase, MEDLINE, PsycINFO, and SveMed + databases from the earliest data available to November 2016. A librarian checked the search during the search process, and gave recommendations for improvement of the search, including how to combine search terms and Boolean operators. Additionally, a search for gray literature was conducted in Google and Google Scholar using similar search terms (Booth et al., 2016). The complete search strategies are available upon request.

3.3. Eligibility criteria

The following inclusion criteria were applied to ensure adherence to the purpose of this review: primary research studies, published in English language, including SPs used in mental health nursing education, studies including undergraduate nursing students as participants, and simulation with SPs used as preparation for mental health clinical practice. The studies should have been peer-reviewed. Each study was required to meet all inclusion criteria.

3.4. Study selection

Through the database searches and screening of reference lists, we identified 1677 studies. The electronic software Covidence[1] was used to organize the studies and ensure the integrity of the screening process. Covidence is a web-based software platform used to organize the screening process in several steps, including in the screening process of titles, the abstract, and full text, using inclusion criteria. The studies identified through the search were evaluated by two researchers using a three-stage screening process. The first stage involved screening of the titles and abstracts. Two of the authors uploaded and reviewed the full texts of 78 studies for their relevance with respect to the inclusion criteria. Disagreements were discussed among the research team until an agreement was reached. The references in the included studies were manually searched to identify any studies that had not been recognized in the database search. Finally, six articles were included in this review and selected for further analysis. The screening and selection process is shown in Fig. 1.

3.5. Quality appraisal

Two of the authors independently assessed the completeness of reporting in all included studies. The following design-specific checklists were used: the Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) statement checklist[2] for quasi-

[1] Covidence systematic review software, Veritas Health Innovation, Melbourne, Australia. Available at www.covidebce.org.

[2] Des Jarlais, D. C., Lyles, C., Crepaz, N., & the Trend Group (2004). Improving the