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Innovations in Simulation

Setting the Stage for Psychiatric Mental Health Nursing Education: Outcomes of a Simulated Patient Pilot Program ☆

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Abstract

Background: Simulation-based learning experiences (SBLEs) with simulated patients provide valuable and realistic learning opportunities for psychiatric mental health nursing skill building in a safe environment.

Method: An interprofessional faculty group collaborated and trained undergraduate theater students to serve as simulated patients in psychiatric mental health SBLEs for pre-licensure nursing students in two cases focused on therapeutic communication and psychiatric nursing assessment.

Results: A total of 147 nursing students and 13 theater students participated in the SBLEs of two clinical scenarios. Responses to the Simulation Evaluation Tool-Modified (SET-M) and open-ended questions revealed that both student groups benefited from this learning experience and reported increased confidence in relevant skills as a result.

Conclusion: Nursing students reported increased confidence in assessment and communication. Theater students gained confidence in acting skills and appreciation for the SP role. Lessons learned will improve future iterations of the SBLEs and inform program scale.

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Within psychiatric mental health (PMH) clinical settings, nursing students encounter wide variation in patient interactions. Faculty may not always observe these interactions, limiting opportunities for critical feedback and reflection. Students may also experience unease during initial patient encounters, contributing to confidence barriers and learning delays (Ok et al., 2020).

Simulation-based learning experiences (SBLEs) utilizing standardized or simulated patients (SPs) for interpersonal and therapeutic communication skill development facilitates positive learning outcomes in PMH nursing education (Goodman & Winter, 2017; Witt et al., 2018). SPs

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provide opportunities for complex interpersonal interactions with persons experiencing alterations in psychiatric or cognitive functioning (Goodman & Winder, 2017). Faculty can directly observe SBLEs and provide learners with essential guidance and instruction in skill development.

Key Points

- Simulation-based learning experiences (SBLEs) with simulated patients (SPs) provide valuable, realistic opportunities for psychiatric mental health (PMH) nursing skills development.
- Developing a training program for undergraduate theater students can help both theater and nursing students increase confidence in professional roles and achieve learning outcomes.

Background

For PMH nursing competencies, SP methodology can enhance communication and therapeutic use of self (Goodman & Winter, 2017). Training students to serve as SPs may provide a viable option, especially for limited-resource simulation programs. Hart and Chilcote's (2016) literature review found many barriers to SP use and proposed an interprofessional strategy of training theater students to increase access to SPs for nursing simulations. Few studies focus on student SPs portraying behavioral health conditions as a psychologically safe, mutually beneficial learning opportunity in nursing. One study evaluated student SP perspectives to describe support considerations (Jacobs & van Jaarsveldt, 2016); qualitative findings highlighted perceived vulnerability. Webster (2019) collaborated with a theater program resulting in improved communication skills for nursing students.

The overall goal of this work was to examine the feasibility and learning outcomes of a partnership between theater and nursing programs aimed at creating trained simulated patient encounters for prelicensure PMH simulations. The purpose of this paper is to describe these findings, and the pilot's successes and challenges.

Implementation

Prioritizing learning value for both disciplines, this project was led by the school of nursing's simulation director, the chair of the theater studies department, a certified SP educator, and a PMH nursing instructor. Learning objectives focused on the development of a safe learning environment in which nursing students could practice therapeutic communication and theater students could apply acting skills. The interprofessional faculty team created SBLE scenarios following standards of best practice for simulation design and developed training materials for theater students using standards of best practice for SP education (INACSL Standards Committee, 2016; Lewis et al., 2017).

Participant Preparation and Role Development

Participating nursing students were in the PMH clinical course in the third of a four-semester pre-licensure program; all students were required to participate in SBLEs. Undergraduate theater students were initially recruited through an announcement by the theater department chair. All declared theater majors who had completed fundamental acting courses were eligible for participation, and they received hourly payment for the training and work. The SP educator led a two-hour training session that included introduction to basic SP methodology and pedagogy, and PMH faculty advised on scenario realism. After training, theater students observed SBLEs with experienced, professional SPs. Student SP protocols incorporated trauma-informed precautions to support psychological safety, including time out cues, mandatory breaks between cases, and a "stand-in" student SP on site if needed.

Method

This mixed methods study incorporated both quantitative and qualitative data to understand the student experience and measure student outcomes. The university Institutional Review Board exempted this educational project from full review.

Simulation

The two scenarios developed involved (1) a patient experiencing psychosis and paranoia who begins to exhibit symptoms of tardive dyskinesia following medication administration; (2) a patient experiencing alcohol withdrawal and anxiety about treatment. Learning objectives centered on communication, assessment, and safe medication administration.

Nursing students prepared for the SBLEs with relevant learning modules. A structured prebrief session was con-

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Table 1 Nursing Student SET-M Questions and Results (N = 103)

SET-M Statement	Strongly Agree	Somewhat Agree	Do Not Agree
Prebriefing Subscale			
Prebriefing increased my confidence.	87 (84%)	14 (14%)	2 (2%)
Prebriefing was beneficial to my learning.	93 (90%)	9 (9%)	1 (1%)
Scenario-Learning Subscale			
I am better prepared to respond to changes in my patient's condition.	75 (74%)	27 (26%)	
I developed a better understanding of the pathophysiology*	20 (46%)	19 (43%)	5 (11%)
I am more confident in my assessment skills.	72 (70%)	31 (30%)	
I felt empowered to make clinical decisions.	64 (62%)	38 (37%)	1 (1%)
I developed a better understanding of medications.	70 (68%)	30 (29%)	3 (3%)
I had the opportunity to practice my clinical decision-making skills.	89 (87%)	12 (12%)	1 (1%)
Scenario-Confidence Subscale			
I am more confident in my ability to prioritize care and interventions.	81 (79%)	21 (20%)	1 (1%)
I am more confident in communicating with my patient.	85 (83%)	18 (17%)	
I am more confident in my ability to teach patients about their illness and interventions.	71 (69%)	31 (30%)	1 (1%)
I am more confident in my ability to report information to the health care team.	84 (82%)	18 (17%)	1 (1%)
I am more confident in providing interventions that foster patient safety.	81 (79%)	22 (21%)	
I am more confident in using evidence-based practice to provide care.	66 (64%)	35 (34%)	2 (2%)
DEBRIEFING SUBSCALE			
Debriefing contributed to my learning.	93 (90%)	9 (9%)	1 (1%)
Debriefing allowed me to verbalize my feelings before focusing on the scenario*	42 (95%)	2 (5%)	
Debriefing was valuable to helping me improve my clinical judgment.	92 (89%)	10 (10%)	1 (1%)
Debriefing providing opportunities to self-reflect on my performance during simulation.	102 (99%)	1 (1%)	
Debriefing was a constructive evaluation of the simulation.	91 (88%)	10 (10%)	2 (2%)

* Two questions inadvertently omitted from the SET-M for two groups.

ducted immediately preceding each case scenario for all student groups as per simulation standards of best practice (INACSL Standards Committee, 2016). Prebrief included orientation to the environment, expectations, learning objectives, and an explanation of the pilot initiative with the theater department.

Nursing students participated in the SBLE in groups of four to six. Each student was given the opportunity to ask questions and interact with the SP as well as observe peers' interactions with the SP. A PMH faculty facilitator was present in the room during the SBLE to observe and provide guidance if needed. SP scripts contained cues for consistent scenario progression based on rapport curated through nursing student communication.

Faculty were trained in the use of the Debriefing with Good Judgment Model which was used for debriefing with nursing student groups after each scenario to reflect on the experience and express thoughts and feelings about the case (Rudolph, et al., 2006). Student SPs observed debrief but did not participate. Rather, they participated in a basic plus-delta debriefing reflection with members of the interprofessional faculty team after their shift.

Data Collection

Nursing and theater students provided feedback anonymously via online surveys following each SBLE. Nursing students were encouraged, but not required, to complete

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Table 2 Representative Quotes for Qualitative Themes

NURSING STUDENTS	
THEME	*REPRESENTATIVE QUOTES*
Improved knowledge/skills	"The debriefing with the instructor and fellow classmates…was beneficial in helping me see the actions I performed well and the areas I need to improve on." "This sim greatly increased my understanding of conducting a mental status exam, learning how to respond to patients' verbal and nonverbal cues and understanding medication administration."
Enhanced realism	"I loved having real people as our patients. It helped foster my clinical skills better than if it was a mannequin." "I do not know how this would have even worked if we had not used standardized patients, which were incredibly vital towards the learning…SPs were phenomenal."
Working as a group	"I liked being on teams, it was helpful to have someone else there to ask questions that you forgot and to tag team the work or stay with a patient while you got medications. "It was too many people in the room. It was a bit hard navigating the flow of the conversation with the patient because many people wanted to chime in to say something."
Scenarios allowed for experiences not encountered in clinical	"We have not had really any patient interaction especially with these types of patients so it was very beneficial to see how these patients react and what needs to be done with them since we will most likely come into contact with these patients at some point."
Supportive environment important to learning	"I was very nervous going into today's simulation, but with the prebriefing, help of instructors and classmates, and debriefing, I felt confident leaving." "I could tell they wanted me to learn."
THEATER STUDENTS	
THEME	*REPRESENTATIVE QUOTE*
Increased confidence	"In the beginning, I wanted to be helpful. It was hard for me to learn to let [the nursing students] say the wrong thing, or let silences drag on. But by the end, I was much more realistic because I knew how to resist the urge to be helpful, and just be." "I was a lot more nervous for my first interaction. I wasn't quite sure what to expect from the questions or interaction. By my second interaction, I felt far more confident. I was able to formulate responses that were more coherent, and had the confidence to redirect the nursing students if needed."
A moral imperative	"For me personally being an SP is about both giving back and bringing theater into other facets of life. I have been in and out of hospitals a decent bit in my life, and I was more than happy to have the opportunity to help nurses-in-training become some of the fantastic professionals who have helped me over the years."
Profitable skills	"I didn't realize that this could be a possible path to take in terms of acting/performing in a different context; it also taught me how to improv and more practice on physicality/subtlety of performance." "It was a wonderful exercise in what one of my teachers has called 'sitting in the shit,' which is to say, letting an awkward moment happen and learning to be okay with them. That in particular was very useful to me as an actor."

an online evaluation which included open-ended questions and the Simulation Effectiveness Tool-Modified (SET-M), which measures perceived effectiveness of the SBLE and has an internal consistency of $\alpha = 0.93$ (Leighton et al., 2015). Theater students provided anonymous written narrative feedback in response to a few open-ended questions via online survey.

Results

Over the course of the three-semester pilot, 103 of 147 (70%) students provided feedback. Table 1 contains full results for the SET-M. Two questions were inadvertently omitted from the first two administrations of the SET-M. Students responded positively to items on the Scenario-Learning subscale, except for developing a better understanding of physiology (46%). Most students strongly agreed that they gained confidence in various practice aspects, including communicating with patients (83%) and reporting information to the health care team (82%). Debriefing was highly rated, with 99% strongly agreeing that debriefing provided opportunities to self-reflect.

Nursing Students-Qualitative

Ninety respondents answered one open-ended question: "What else would you like to say about today's simulated clinical experience?" Data was independently analyzed by each author with an iterative process of thematic

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content analysis: responses were read several times, like responses were grouped together, and themes were identified (Creswell, 2015). Many students made general positive comments, such as this one: "It was one of the most meaningful, informational and impactful simulations I have participated in." From the remaining data, authors reached consensus to identify the following main themes: improved knowledge/skills; SPs enhanced realism; working as a group; scenarios allowed for experiences not encountered in clinical; and supportive environment important to learning. Table 2 contains representative quotes for each theme.

For improved knowledge/skills, students reported that the SBLE provided a good opportunity for them to apply knowledge and gain insight into their own presence and actions. In terms of SPs enhancing realism, many students described the SPs as realistic and engaging, praising the SPs' performances and comparing the benefit of this SBLE over manikin-based simulations that they had experienced in previous semesters. Student responses regarding working as a group contained positive and negative comments, with some students preferring the approach while others preferring fewer people in the scenario at the same time. Students reported that the SBLEs provided them with the experience to actively engage with patients in ways that their clinical sites had not been able to facilitate. Students shared that feeling supported by faculty was integral to the positive learning experience; conversely, one instructor was identified as not being supportive which resulted in students "feeling torn down" and that their "knowledge or approach was inadequate."

Theater Student-Qualitative

Eleven of thirteen theater students completed a questionnaire about the experience, which was analyzed using the same qualitative approach. The following themes were identified: increased confidence; a moral imperative; and profitable skills. For increased confidence, theater students reported increased confidence, with many noting that positive experiences with students helped to facilitate their own growth. A few of the theater students described a sense of moral imperative towards helping student develop into competent practitioners, and one student described the work as "mental health advocacy in theater." Development of profitable skills drove theater students to participate in SP work, and they described significant improvements in acting skills important to future career plans, including further training and employment as professional SPs after graduation.

Discussion

The most notable strength of this pilot was the finding of safety and confidence within mutual learning space in an unanticipated way; each student group seemed to glean support directly from the other. Another strength was the commitment and collaboration of the interprofessional faculty team with considerable expertise in important aspects of project development, and the theater department's generous time and collaborative spirit. Detailed feedback informed quality and process improvement. Program implementation limitations included coordinating student class and training schedules. A larger pool of student SPs would likely help resolve this issue.

Study limitations included the use of convenience samples and the omission of two items on the SET-M. Results provide an opportunity for inclusion of a priority-setting framework and enhanced preparation regarding pathophysiology and medications. Response bias likely occurred. Variation in nursing instructor skill likely contributed to the few negative student reports, which resulted in professional development of simulation debriefing best practices. Future iterations of this program will include performance evaluation of faculty.

Conclusion

This article offers a brief overview of a successful interprofessional, mutually beneficial learning experience that increased the confidence of both sets of student learners and demonstrated positive SBLE learning outcomes. Resulting from this pilot, a university-wide one credit-hour course in the theater department is now offered to scale this work for added programmatic and research opportunity. Future research plans include specific skill competency evaluation in mental health simulation. Additionally, these results will be compared to learning outcomes in the virtual simulation environment imposed by the COVID-19 pandemic.

Conflict of Interest

None.

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References

Creswell, J. (2015). *Educational research: Planning, conducting, and evaluation quantitative and qualitative research*. Pearson Education Inc.

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Goodman, J. H., & Winter, S. G. (2017). Review of use of standardized patients in psychiatric nursing education. *Journal of the American Psychiatric Nurses Association*, *23*(5), 360-374. https://doi.org/10.1177/1078390317712697.

Hart, J. A., & Chilcote, D. (2016). "Won't you be my patient?": Preparing theater students as standardized patients. *Journal of Nursing Education*, *55*(3), 168-171. https://doi.org/10.3928/01484834-20160216-09.

Standards Committee, INACSL (2016). INACSL standards of best practice: SimulationSM simulation design. *Clinical Simulation in Nursing*, *12*(Supplement), S5-S12. https://doi.org/10.1016/j.ecns.2016.09.005.

Jacobs, A. C., & van Jaarsveldt, D. E. (2016). 'The character rests heavily within me': Drama students as standardized patients in mental health nursing education. *Journal of Psychiatric and Mental Health Nursing*, *23*(3–4), 198-206. https://doi.org/10.1111/jpm.12302.

Leighton, K., Ravert, P., Mudra, V., & Macintosh, C. (2015). Updating the simulation effectiveness tool: item modifications and reevaluation of psychometric properties. *Nursing Education Perspectives*, *36*(5), 317-323. https://doi.org/10.5480/15-1671.

Lewis, K. L., Bohnert, C. A., Gammon, W. L., Hölzer, H., Lyman, L., Smith, C., & Gliva-McConvey, G. (2017). The association of standardized patient educators (ASPE) standards of best practice (SOBP). *Advances in Simulation*, *2*(1), 10. https://doi.org/10.1186/s41077-017-0043-4.

Ok, E., Kutlu, F. Y., & Ates, E. (2020). The effect of standardized patient simulation prior to mental health rotation on nursing students' anxiety and communication skills. *Issues in Mental Health Nursing*, *41*(3), 251-255. https://doi.org/10.1080/01612840.2019.1642427.

Rudolph, J., Simon, R., Dufresne, R., & Raemer, D. (2006). There's no such thing as "nonjudgmental" debriefing: a theory and method for debriefing with good judgment. *Simulation in Healthcare*, *1*(1), 49-55.

Webster, D. (2019). Lights, camera, action: Lessons learned from a nursing and theater collaboration. *Journal of Nursing Education*, *58*(6), 369-371 http://dx.doi.org.proxy.library.emory.edu/. https://doi.org/10.3928/01484834-20190521-10.

Witt, M. A., McGaughan, K., & Smaldone, A. (2018). Standardized patient simulation experiences improves mental health assessment and communication. *Clinical Simulation in Nursing*, *23*(6), 16-20 https://doi.org/10.1016.j.ecns.2018.08.002.

Please cite this article as: Pfeiffer, K.M., & Wands, L., Setting the Stage for Psychiatric Mental Health Nursing Education: Outcomes of a Simulated Patient Pilot Program, Clinical Simulation in Nursing, https://doi.org/10.1016/j.ecns.2021.06.001