Meeting the Challenge of Developing Complex Simulations in Psychiatric Nursing Education

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The presenters have no conflict of interest to disclose

Objectives

❖ At the completion of the program , you will be able to:

1. Discuss two advantages of using simulation in psychiatric nursing education
2. Define three challenges encountered in the development of complex simulations.
3. Identify two ways the use of simulation encourages the development of critical thinking skills.

The Challenges of Psychiatric Nursing Education

1. Finding clinical settings that support and enhance theoretical concepts
2. Finding clinical sites which are able to accommodate our ever increasing numbers of students
3. Finding clinical sites which offer a broad array of clinical experiences
4. Finding community sites and preceptors who are providing mental health services within these settings
   A. safety
   B. cost of travel
   C. logistics of scheduling

Kiidel, Morgan, K. & Savory,J. (Summer 2012)
www.nclr.org/jiol
Issn:1541-4914
Meeting the Challenge Psychiatric Nursing Education

- Human Patient Simulators have been used in health care education in 1969. They have allowed educators to expose students to situations encountered in clinical practice.
- Students are able to practice decision making skills in a safe and controlled environment.
- Thus helping to meet the challenges mentioned of safety, travel and help reduce the need for greater numbers of clinical sites and preceptors.


Challenges of Simulation Development

- Incorporating the expertise of the team.
- Developing a scenario which would simulate the deterioration of a patient with mental health problems
- Incorporating both role playing and the use of high fidelity mannequins in a manner which would foster critical thinking skills

Organization of Complicated Depression Simulation

- The simulation was developed through frequent meetings of essential faculty which included two psychiatric nurse educators and the director of the simulation laboratory with a review by all psychiatric nurse educators prior to implementation.
- The simulation focused on a patient with a history of severe depression who in addition to her prescribed anti-depressant, Celexa, was taking Prozac prescribed by her previous primary care physician.
- Thus initial symptoms of serotonin syndrome were evident. However this diagnosis was not revealed on the information the students were given.
Organization of Complicated Depression Simulation

- Each clinical group of ten students were given information which reflected the objectives of the activity, patient history, student instructions and physician orders as well as laboratory values.
- Faculty were also given a guide
- Students were asked to divide into two groups of five students; one group to role play the emergency room activity, the other group the scenario in the ICU were the High Fidelity mannequin was programmed to respond as a confused and agitated program
- Thus each student was required to take an active part in the scenario

Scenario Objectives

At the completion of this scenario the student will be able to:
1. Identify the signs and symptoms of depression.
2. Demonstrate the nursing responsibilities in response to the symptoms of depression
3. Communicate effectively with patient, family members and other professionals
4. Recognize the significance of developing symptoms in the context of patient history
5. Provide safe and effective care for the patient in a physically labile and agitated state.

Emergency Room Setting

- Student Instructions: Complex Depression
- Review the scenario noting the objectives. As the scenario will have an ER and ICU component, different actors should be chosen for each. Those who are not actors should assume more responsibility in developing the scenario (guided by the patient history). The dialogue does not have to be totally scripted. However, make sure you critically analyze the scenario acting out and addressing all nursing responsibilities—stated and implied
- Roles: One patient, two nurses, one family member, MD
- Complete an initial assessment—both physical and mental status
- Confer with MD who orders transfer to ICU—Call report to ICU nurse
Intensive Care Setting

- ICU:
- Roles: Three nurses: Two admitting and addressing the MD orders for this agitated and confused patient, one RN trying to soothe the family member who does not want to leave the mother’s side.
- Communicate therapeutically with the family member who has become very upset with the mother’s decline and admission to ICU. The family member continues to insist that they remain at her bedside.
- Review MD orders making sure to check VS, IV and administer the medications that have been ordered. Be sure that you identify the medication and stating its action and why it has been ordered.

<table>
<thead>
<tr>
<th>Events</th>
<th>Vital Signs With Trends</th>
<th>Physician's Orders, Interventions, Calculations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2pm</td>
<td>BP: 110/66 HR: 120 RR: 22 Temp: 99 SpO2: 92% TREND: over 2 min</td>
<td>Neuro VS every 15-30 minutes IV 1000 D5NS @100/hour *Already running when students come to bedside D/C Prozac &amp; Celexa *DR ORDER ONLY Labs: CBC, creatinine, phosphokinase, Basic Metabolic Panel, urine for C&amp;S &quot;Will be visible on monitor&quot; Oxygen: simple mask 4L/min. Keep SpO2 93% ASA 325 mgms for temp above 101 *DR ORDER ONLY</td>
</tr>
<tr>
<td>2pm</td>
<td>BP: 120/88 HR: 120 RR: 22 Temp: 99 SpO2: 92% TREND: over 2 min</td>
<td>Students re evaluate patient trying to comfort and reorient her</td>
</tr>
</tbody>
</table>
| 3:15   | BP: 128/60 HR: 110 RR: 22 Temp: 99.6 | Clear long CT now 2ml: Lgroup = 3/day or 1/day; total 3ml: syringe: Lgroup = 1/day or 1/day; total 215 U L f X needles: Lgroup = 1/day or 2/day; total

SimMan: Pt admitted to ICU 2pm Manikin: Should have IV in place that allows for flow of fluid. IV fluid hanging and pump set DR ORDER ONLY: Oxygen: 4L/min. Keep SpO2 93%

Vocal #1: "Is this my home?" Vocal #2: "I want to go home" Lab Results Apply Oxygen (Once students apply mask)
Evaluation

- At the completion of this scenario the student will be able to:
  1. Identify the signs and symptoms of depression
  2. Demonstrate the nursing responsibilities in response to the symptoms of depression
  3. Communicate effectively with patient, family members and other professionals
  4. Recognize the significance of developing symptoms in the context of patient history
  5. Provide safe and effective care for the patient in a physically labile and agitated
  6. Use critical thinking skills

Additionally, students were asked:
- What went well?
- Opportunities for improvement.
- Other comments.

Lessons Learned

- Assembling the right team to develop the simulation is essential.
- Allow ample time to develop and rehearse the simulation which should reflect the theoretical concepts students have already learned in the classroom.
- Faculty as well as students need to be given adequate verbal as well as written instructions. Prompting and perhaps asking critical questions may be helpful.
- Debrief post simulation-encouraging thoughtful discussion.
- Formal evaluation of this simulation needs refinement to accurately evaluate its effectiveness.
References


