Implementation and Evaluation of Using a Trained Actor to Model Mental Health Nursing Practice

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Presentation Roadmap

• Discuss current trends in mental health services delivery and nursing students’ learning preferences
• Describe the planning and implementation of a simulation using a professional actor
• Present evaluation findings
• Discuss implications for nursing education and research

Why Integrate Simulation in Mental Health Nursing Education?

• Dwindling access to mental health clinical sites
• Limited opportunities for students to identify and intervene during high-risk, low occurrence clinical events
• Simulation offers students the experience of observing high-risk behaviors in a safe environment
• Learning needs of current nursing students have evolved

How did the Jefferson College of Nursing Faculty Respond to Changes in Healthcare Delivery and Students’ Learning Needs?

• Competency day prior to simulation
  • Predominantly lecture with a neurological exam return demonstration
  • Competency day with simulation activities (Fall 2013)
  • Self-directed online learning modules on mental health and neurological content
  • Neurological exam return demonstration after review of focused content using audio presentation tools
  • Hearing Distressing Voices Simulation (2006) by Patricia Deegan
  • Professional actor simulation of a mental health crisis

Professional Actor Simulation Planning and Design

• Recruitment of nurse faculty facilitator and professional actor
  • Characteristics for selection
  • Cost considerations
  • Develop script and clinical profile
  • Incorporation of Peplau’s phases of the nurse-patient relationship
  • Use of therapeutic and non-therapeutic communication strategies
  • Demonstration of high-risk clinical events (suicidal thoughts, elopement, psychosis)

Disclosure

The authors have no conflicts of interest to disclose.
Clinical Profile

- 40-yr old white female, single, never married
- Denies alcohol and substance use
- Unemployed, previously worked as a supervisor for an automobile insurance adjuster
- Major stressors: Until recently, she cared for her elderly father who is in poor health; father had a major stroke 2 years ago, fell 6 months ago, broke hip, and requires almost total care
- Her brother placed father in nursing home
- Previous psychiatric treatment: First hospitalized for psychiatric treatment at age 25 following a broken engagement
- Current hospitalization is second hospitalization

Professional Actor Simulation Planning and Design

- Actor Training
  - Involvement of simulation laboratory director
  - Rehearsal between faculty and actor
    - Client behaviors

Implementation of the Simulation and Debriefing

- Support provided by the Director of the simulation center
- Simulation duration was 30 minutes with 10 minutes allotted for debriefing
- Debriefing began as soon as the students were reassured that they were witnessing a simulation and that an actor was playing the role of the patient

Evaluation Question

Do traditional and second-degree, accelerated baccalaureate nursing students’ differ in their reports of the presence and importance of educational practices in a simulation using a trained actor to demonstrate a mental health crisis?

Significance

- Few studies compared learning styles of traditional versus accelerated nursing students, specifically within the context of patient simulation as a pedagogy.
- Accelerated nursing students demonstrated a higher preference for learning by thinking and doing whereas traditional students preferred to learn through feeling and observing (Suliman, 2006).
- Pettigeer, Dienger, and King (2011) found that there were more similarities rather than differences in learning styles between the two cohorts.
- Given mixed findings related to learning preferences among types of nursing students, there is a need to compare reports of traditional and accelerated students related to educational practices used in a simulation with a professional actor.

Evaluation Methods

- Sample
  - Traditional baccalaureate nursing students (N=154) in fall 2013 and (N=138) in fall 2014 and facilitated academic coursework [FACT] students (N=97) in winter 2014 and (N=120) in winter 2015
- Data collection
- Data analysis
  - Descriptive and nonparametric statistics
Educational Practices in Simulation Scale-Student Version (EPSS-S)

- 16-item instrument using a five-point rating scale (5= strongly agree to 1= strongly disagree)
- Measures the presence and importance of four educational practices (active learning, collaboration, diverse ways of learning and high expectations)
- Reliability coefficient $\alpha = 0.94$ for presence of specific practices and $\alpha = 0.94$ for importance of specific practices

Findings (1)

- A total of 390 surveys were returned; only 256 surveys could be analyzed due to missing data (N = 181 for traditional students and N = 75 for accelerated students)
- Presence of practices
  - Across the 10 items assessing active learning, mean scores indicated that participants rated these items highly as either “agree” or “strongly agree” ($M = 4.2; SD = 0.7$).
  - Students had high ratings of the items on the subscales of diverse ways of learning ($M = 4.3; SD = 0.9$) and high expectations ($M = 4.4; SD = 0.8$).
  - For the subscale of collaboration, mean scores were lower ($M = 3.4; SD = 1.2$) with students endorsing “undecided”, “disagree” and “strongly disagree” with greater frequency.

Findings (2)

- Importance of practices
  - For the 10 items that assess the importance of the active learning subscale, mean scores indicated that participants rated these survey items highly as either important or very important ($M = 4.3; SD = 0.6$).
  - Mean scores were higher on the subscales of diverse ways of learning ($M = 4.4; SD = 0.8$) and high expectations ($M = 4.5; SD = 0.7$).
  - For the subscale of collaboration, mean scores were slightly lower ($M = 3.8; SD = 1.1$) with participants rating these items as neutral with greater frequency.
  - Overall, the students tended to agree that each education practice was present ($M=4.2$, $SD=0.7$) and important ($M=4.3$, $SD=0.6$).

Findings (3)

- Findings indicate that the groups differed in their ratings of active learning practices, diverse ways of learning, high expectations and overall with the traditional students endorsing the items more strongly in each category as compared to the accelerated student group.
- The groups were not statistically significantly different in their ratings of the presence of collaboration practices.
- The groups differed in their ratings of the importance of active learning, diverse ways of learning, high expectations and overall with the traditional students endorsing the items more strongly in each category as compared to the accelerated student group.
- The groups did not differ in their ratings of the importance of collaboration practices.

Findings (4)

- Students rated the simulation favorably, reporting that the simulation allowed them to understand key aspects of therapeutic communication and provided a realistic encounter with a client in crisis (Jack, Gerolamo, Frederick, Szajna, & Muccitelli, 2014).
- One student noted that the ability to observe the faculty interact with the standardized patient during the simulation was “very helpful and engaging.”
- Other students described the experience as “amazing” and “excellent.”

Discussion

- This evaluation found that the total subscale scores for assessment of active learning, diverse ways of learning, and high expectations and the importance of these educational practices were higher for traditional students than for accelerated students.
- The timing of the simulation may have influenced students’ ratings.
Limitations

- Use of single site for data collection
- Greater number of traditional students than accelerated students
- Use of a different actor for the fall 2014 and winter 2015 student cohorts

Implications for Nursing Education and Research

- Learning activities must be developed to address varying preferences of different types of nursing students.
- Future research should examine random effects of the actor and the timing of the simulation.

References