Using Standardized Patients and Unfolding Cases to Teach Clinical Interviewing Skills

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Use of Standardized Patients in Graduate PMH Nursing

- Develop effective interview and differential diagnostic skills
- Develop critical thinking/reasoning skills
- Develop self-awareness through debriefing and reflection
- Prepare for clinical experiences when some may be limited (cultural, age, dx variations)
- Meet graduate PMH competencies
Unfolding Case Studies

- Patient cases in which specific patient information is described over time
- Cases in which the patient’s condition/sx change over time
- Students develop increased competence in cognitive/psychomotor skills as the patient’s situation unfolds
- The purpose and content of the unfolding case studies needs to correspond to the competency being taught
Issues Related to the Use of SPs in PMH

- Defining the purpose, structure and function of SPs in PMH graduate program
  - Formative vs summative; interviewing/communication vs diagnostic skills
  - Cost: one experience with SP vs multiple experiences
- Coaching SPs to play a patient experiencing psych. sx
  - Type and severity of sx
  - Adult, child/adolescent, older adult
  - Multiple students/SP
- Evaluation of the SP simulation
  - Student, peer, faculty, SP
  - Formative vs summative
UMN PMH Graduate Program

- Blended program: 3Ps for all students
- Adult and Child/Adolescent CNS credential
- 25 semester cr. core MS courses, 23 PMH cr. with didactic lifespan approach; 620 clinical hrs.

Courses:
- Assessment/management of psychiatric disorders (N5223)
- Psychopharmacotherapeutics (N5225)
- Group psychotherapy (N5340)
- Individual/family therapy
- Population-based/Community MH
Interprofessional Education and Resource Center (IERC) at UMN

- Mission is to provide exemplary simulation development, programming, and research in order to build bridges between disciplines and transform health sciences education and practice.
- Houses fully equipped exam and procedure rooms, simulation rooms designed for inpatient and emergency scenarios, control rooms that manage the audio/visual system for capturing performance, and spaces designed for teaching and live monitoring.
What can SPs do in the IERC?

- Share personal history and medical findings
- Role play using scripted cases
- Evaluate students and provide feedback
- Facilitate physical exam skills training
PMH in IERC with SPs

First time with PMH students

- Create the space
- Develop the cases
- Train/coach the SPs
- Develop evaluation methods
Creating the IERC Cases

- Develop clinical interviewing skills for the assessment and diagnosis of psychiatric disorders
- Unfolding case studies in which the diagnostic symptoms change over the IERC experiences
- Unfolding clinical interviewing stages (Sommers-Flanagen & Sommers-Flanagen, 2004)
  - Introduction
  - Opening
  - Body
  - Closing
  - Termination
### Unfolding SP Cases

<table>
<thead>
<tr>
<th>Case/IERC Experience</th>
<th>IERC 1: Student Role Play: CI stages 1-2 (20 minutes); feedback by peers and faculty</th>
<th>IERC 2: 2 SPs, CI stages 1-2 (20 minutes); feedback by peers, SPs, and faculty</th>
<th>IERC 3: 1 SP, CI stages 1-3 (30 minutes), feedback by students, SPs, and faculty</th>
<th>IERC 4: OSCE, 1 SP, CI stages 1-5, (50 minutes) feedback by SPs, evaluation by faculty, self-eval by student</th>
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<tbody>
<tr>
<td>Rochelle, 15, depression</td>
<td>Brought to clinic by aunt; Suicide of friend, moody, isolative, depressed</td>
<td>Same; new information that pt and friend had sexual relationship; more guilt and religiosity</td>
<td>Same; now using alcohol and MJ, withdrawing from family</td>
<td>Madeline, 17, anxiety: referred by PCP for severe menstrual cramps; jittery; worried about college admission, isol.</td>
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<td>Ricki, 16, anxiety/depress cutting</td>
<td>Brought to clinic by dad; 2 yr. Hx of depression with cutting; current panic attacks and checking behaviors</td>
<td>Same; Harder to get to school because of anxiety; more cutting but not suicidal; quiet</td>
<td>Same; more anxiety with trichotillomania; hard to get out of house, suicidal, possible substance use</td>
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<td>Jennifer, 26, Bipolar with depressive sx.</td>
<td>Self-referral for depressive sx. with hx of BAD, increased school stress, no meds currently</td>
<td>Same; more depressed with more thoughts about past depressions/meds etc</td>
<td>Same; Feeling “great”, new meds, wants to quit school because she is a genius fashion designer, disheveled, expansive</td>
<td>Francis, 60, anxiety: referred by PCP for anxiety and h/a, heartburn; agitated, irritable, worries about retirement</td>
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<td>Jessie, 62, somatic depression</td>
<td>Referred by PCP for abdominal pain with no medical cause found; stressed with pending divorce, denies depression</td>
<td>Same; increases frustration with medical system; concerns about being fired from work</td>
<td>Same; SI, believes spouse is having an affair, has gun license, guarded</td>
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Training/Coaching the SPs

- SPs had worked in IERC before but not with PMH issues
- Training process before IERC (2 hrs):
  - Read case studies and ask questions
  - Explore own history, feelings, experiences with behavioral/psychiatric disorders
  - Read articles/literature/DSM-IV about symptoms to understand/feel rational side of behavior
- Training process after IERC
  - Debriefing with IERC staff
  - Debriefing with faculty
  - Opting out of SP role
Evaluation of IERC Experiences

- Faculty evaluation of clinical interviewing skills, IERC 1-4; faculty evaluation of diagnostic skills and documentation, IERC 1
- SP evaluation of students in IERC 1-3; debriefing with IERC staff
- Student/peer evaluation
  - Peer role play feedback during IERC 1& 2
  - Debriefing with students, IERC staff and faculty, 1-3
- Student evaluation of IERC, 4
- Self-evaluation, 1-4
Good Debriefing Practices

- Create a safety net
  - Demystify the process (goals, structure)
  - Foster collegiality
  - View errors as puzzles, not crimes
  - Assume the best of intentions and competence
  - Discuss what worked well and what you change
  - Ask: What would be the patient outcomes if this happened in a real clinical environment? What would be the consequences for the practitioner?
SP Debriefing

- **With students**: Did the SPs feel comfortable with the students? Why or why not? What could the students have done better to establish rapport, engage in the interview, and/or elicit answers to the interview questions?

- **With faculty**: How did the SPs feel with the students? Did the interview questions make sense? Were the prep materials complete enough to guide the development of the SP role?

- **With IERC staff**: Were there too many student encounters? Did you feel emotionally safe? Did you have time to decompress?
Student Debriefing

- What was the experience like?
- Were you able to engage the SPs as if they were patients? Could you suspend reality?
- Did you feel prepared? Why/Why not?
- Challenges?
- Important things learned about your style/skills in clinical interviewing?
- How will you prepare for the next experience?
# Checklist for IERC Clinical Interviews

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<tr>
<th>Performance Items</th>
<th>Successfully Performed</th>
<th>Comments</th>
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<tr>
<td><strong>Clinical Interview_Introduction</strong></td>
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<tr>
<td><strong>Introduced himself/herself. States credentials/status</strong></td>
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<td><strong>Asked how the patient likes to be addressed</strong></td>
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<td><strong>Established rapport by initiating conversation</strong></td>
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<td><strong>Established time boundaries</strong></td>
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<td><strong>Stated interviewer purpose and goals</strong></td>
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<td><strong>Asked about patient’s purpose or goals</strong></td>
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<td><strong>Explained confidentiality</strong></td>
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<td><strong>Clinical Interview-Opening</strong></td>
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SPs: Do we need actors?

- **1st stage of acting:** understand and reproduce one’s own behavior at will
- **2nd stage:** learn to carry out actions, as yourself, but in hypothetical situations
- **3rd stage:** learn to behave in hypothetical situations but as someone else
- **4th stage:** act beyond the everyday “realism”

Paul Heinrich: “acting is more about choice of behavior than pretending”

May not need professional actors, but SPs do need training
SP Training for PMH issues

- Ask people if they have had MH experiences or dx (self, family, friends)
- Work with SPs to develop more range of affect and authenticity rather than theatrics
- Training between sessions and debriefing after sessions will prepare SPs and reduce potential SP trauma
- Schedule breaks between students
- Opt out if too difficult
Lessons Learned

- Preparation of students and SPs for the experience is very important
- Preparation of materials for SP training ensures that the role played is appropriate
- Debriefing with students, SPs, and faculty is a critical
- Self-evaluation/reflection by students is important to cement the learning
- Student-student role play prior to SPs may improve the learning by reducing the anxiety
Q & A
1. To obtain your certificate, please go to the following link:
   
   **Session Evaluation & CE Certificate**

2. Complete the questions, click submit and then print your certificate.