The Danger in Hearing Voices: Reported Experiences Following an Auditory Hallucination Simulation with BSN Students

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Disclosures

• Both speakers, Linda Mays and Beatriz Valdes, have no conflicts of interest to disclose.

• Linda Mays is the Program Director for the Psychiatric Mental Health NP Program at Nova Southeastern University, Ron and Kathy Assaf College of Nursing.

• Beatriz Valdes is an Assistant Professor of Clinical at the University of Miami School of Nursing and Health Studies.
Learning Objectives

Upon completion of this presentation the participant will be able to:

• Discuss the value of an auditory hallucination simulation;
• Describe experiential learning principles in simulation;
• Identify common risk factors and symptomology that students may experience following an auditory hallucination simulation and future implications for simulation programs.
Background

• Auditory hallucinations can be difficult for the student nurse to conceptualize as they are not easily observed.

• Experiential learning is the process of learning through experience, and is more specifically defined as "learning through reflection on doing" (Kolb, 1984).
  • Allows students to become active learners rather than observers.
  • Commonly used to authenticate the auditory hallucination experience (Jeffries et al., 2016).
Background

- Kolb’s Experiential Learning Cycle (1984)-4 Stages:
  - Concrete Experience
  - Reflective Observation
  - Abstract Conceptualization
  - Active Experimentation
Background

• Why Reflect:
  • Higher quality practice and better outcomes for patients
  • Awareness of values and beliefs
  • More likely to challenge and change practices
  • Leads to seeking research, resources and advice, increases collaboration

• Reflective Questions:
  • Reflective questions are open, requiring answers other than yes or no
  • Can motivate individual to persist as well as encourage them to try new strategies and experiences
Background

• Conversely, a psychologically simulated experience can be damaging even though learning by doing has been associated with increased student critical thinking, empathy and knowledge base (Pollock & Biles, 2016).

• In fact, adverse events have been reported to occur in emotionally charged simulated experiences (Janzen et al., 2016).
Study’s Purpose & Specific Aim

• The purpose of this study was to observe the response of undergraduate nursing students after participating in exercises that replicate the lived experience of persons with mental illness.

• Our specific aim was to collect data on nursing students’ experiences after a simulated interaction that involves listening to auditory hallucinations.
Methods-Study’s Design

• Senior level accelerated nursing students received pre-briefing about the exercise prior to the simulation using the instructions provided in “Pat Deegan’s Hearing Distressing Voices Toolkit” (Deegan, 2006).

• Prior to the auditory hallucination simulation, students were informed that they could stop participation at any time.

• Advocacy inquiry debriefing was conducted by the clinical instructor immediately after the activity.

  • All clinical instructors received extensive training in advocacy inquiry debriefing.
Methods-Study’s Design Cont.

• The exercise involved listening to “Pat Deegan’s Hearing Distressing Voices”, a widely used experiential auditory hallucinations training instrument.

• Students listened to a taped recording of distressing voices for 45 minutes while:
  • a) completing an origami puzzle,
  • b) completing a number crossword puzzle,
  • c) completing an employment application, and
  • d) giving or receiving a mini mental status exam.
Study’s Instruments & Questionnaires

• Data were collected using two instruments:
  • The Jefferson Scale of Empathy Health Professional students’ version (JSE-HPS) to measure empathy (Ward et al., 2009)
  • A Simulation Experience Evaluation

• Participants were asked an additional question:
  • “Did you experience somatic symptoms during or after simulation?”
Results

• The study’s sample consisted of 71 participants who were senior nursing students enrolled in a 1-year accelerated option program.

• The Jefferson Scale of Empathy Health Professional students’ version (JSE-HPS) score for this study ranged from 20 to 107 ($M = 70.41$, $SD = 17.64$).
  • 20-item, 7-point Likert Scale (7=strongly agree to 1= strongly disagree)
  • Highest score 140 and lowest score 20
  • Higher scores indicate students’ have more of an empathetic behavior tendency towards patients’ care
Results

• 19% \((n = 16)\) of the participants reported experiencing somatic symptoms during the simulation.

• Common symptomatic themes that emerged in the qualitative portion were:
  • Anxiety
  • Depression
  • Frustration
  • Headaches
  • Nausea
Conclusion

• The results of this study add to the current body of evidence that suggests simulation experiences may induce adverse effects, ranging from somatic to affective complaints (Nestel et al., 2018).

• We recommend safeguards be implemented to mitigate these experiences.

• Ideally, protocols should be developed that outline standard procedures to lessen strong emotions induced before, during, or after a simulated experience.
Future Recommendations

• Pre-briefing and debriefing should be structured to query and observe for signs of adverse effects during auditory hallucination simulations.

• If adverse effects become evident, the protocol should clearly define the methods to assist the student to psychological and physical safety.
References

Deegan, P. (n.d.). *Hearing Distressing Voices Toolkit* [audio file]. Byfield, MA


