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

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Hypothesis/Research Question*

Auditory hallucinations can be difficult for the student nurse to conceptualize as they are not easily observed. Experiential learning allows students to become active learners rather than observers. Furthermore, this strategy is commonly used to authenticate auditory hallucinations experience (Jeffries et al., 2016). 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). 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*

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). 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. 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.

Results*

The study's sample consisted of 71 participants who were senior nursing students enrolled in a 1-year accelerated option program. Data were collected using two instruments: the Jefferson Scale of Empathy Health Professional students' version (JSE-HPS) to measure empathy and a simulation experience evaluation (Ward et al., 2009). Additionally, participants were asked an additional question, "Did you experience somatic symptoms during or after simulation?" The JSE score for this study ranged from 20 to 107 (M = 70.41, SD = 17.64). Additionally, 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, and 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. Pre-briefing and debriefing should be structured to query and observe for signs of adverse effects. If adverse effects become evident, the protocol should clearly define the methods to assist the student to psychological and physical safety.

Title:

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

Keywords:

Auditory hallucinations, Nursing student experiences and Simulation-based education

References:

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Abstract Summary:

Auditory hallucination experiences are low cost, low resource attractive options to budget conscious schools of nursing. This presentation will address key areas of consideration that are essential for safely implementing an auditory hallucination simulation with entry level students.

Content Outline:

Research Question:

Auditory hallucinations can be difficult for the student nurse to conceptualize as they are not easily recognized. Experiential learning allows students to become active learners rather than observers and is commonly used to authenticate auditory hallucinations experiences (Jeffries et al., 2016). 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). 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 involved listening to auditory hallucinations.

Methods:

Pre-licensure 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, 1995). 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 mental status exam. Prior to the auditory hallucination simulation, the researcher informed students of their right to 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.

Results:

The study's sample consisted of 71 participants who were senior nursing students enrolled in a 1-year accelerated option program. Data collection using two instruments: the Jefferson Scale of Empathy Health Professional Student's Version (JSE-HPS) to measure empathy and a simulation experience evaluation (Ward et al., 2009). Additionally, participants were asked "Did you experience somatic symptoms during or after simulation?" The JSE score for this study ranged from 20 to 107 (M = 70.41, SD = 17.64). Additionally, 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, and nausea.

Conclusion:

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. Pre-briefing and debriefing should be structured to query and observe for signs of adverse effects. If adverse effects become evident, the protocol should clearly define the methods to assist the student to psychological and physical safety.

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