



Standardized Patient in Psychiatric Mental health
Simulations: Taking Care of Our Actors
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Introduction

In our nursing program at Salisbury University actors have been trained as Standardized Patients (SPs) and used to teach communication and assessment skills during the psychiatric/mental health nursing clinical experience.

Dunnington (2013) examined the nature of reality in simulation and cautioned that “misrepresentation of the real phenomenon may become the actual phenomenon understood and retained” (p. 17).

Therefore, high fidelity simulation requires an authentic presentation that most closely represents the phenomenon.

Purpose

To explore the day-to-day experience of standardized patients portraying clients with mental illness in the psychiatric/mental health clinical course of senior nursing students enrolled in a baccalaureate program.

Standardized Patient Roles

Backgrounds of SPs include retired nurses, actors, students who are theater or psychology majors, a former police officer and stay-at-home mothers.

Yearly, actors attend a 3-day workshop that encompasses mental illness symptomatology, client presentation, and clinical settings.

Students in their senior year of nursing complete two interactions with a SP. These interactions are videotaped; small groups of students view the interaction live and provide peer feedback. Faculty feedback is provided. The SPs are also invited to provide feedback.

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Method

- This qualitative research design was guided by the phenomenological perspective of Colaizzi (1978), exploring the daily experience of SPs.

Recruitment

- Approval for the study was obtained from the university IRB.
- Sampling was purposive.
- SPs working in our psychiatric mental health course were asked if they would be interested in participating in the study.
- Five of eight SPs agreed to participate.
- All participants provided written, informed consent to be audiotaped and videotaped.
- Participants could choose to complete or not complete any part of the interview at any time.
- The IRB consent form included assurances that agreement to participate, or not participate in the study, as well as the nature of their participation, would not affect the participants' job status.

Data collection

- Data sources included: interviews, nonverbal communication observations and field notes.
- The research team consisted of two psychiatric nurse educators with expertise in standardized patient models and qualitative methodology.
- SPs met with one of two educators in the psychiatric mental health course.
- Interviews lasted 30-45 min. in the simulation laboratory outside of normal usage hours.
- The initial question was: **Tell me about your experience as a SP when engaging with nursing students?**
- Questions and probes were guided by the progression of the interview in a semi structured format.
- Tapes were transcribed verbatim.

Data analysis

Two psychiatric nurse educators with expertise in SP educational models extracted meaningful statements from transcribed texts and organized these texts into thematic clusters. Through rereading and examination, final themes were delineated and compared to transcribed texts, aligning with Colaizzi 's (1978) qualitative, phenomenological method.

Results: Emergent Themes

1. Sparks something in me

“If you have a broken bone, you’re going to the doctor to fix that...but if you have pain inside; what you guys are doing here is really important.”

2. Building on confidence

“I’ve had some students who’ve told me (which makes me feel very good) that the first time I acted as someone with schizophrenia, they thought we were over the top-they’d see me later (after clinical) and say: ‘Whoa, you’re not so far off.’ ”

“I took it very seriously; I didn’t want to mess it up for students.”

3. Stepping into the shoes of the educator

“You want it for the student-but you can’t hand-hold.”

4. Letting it get to me

“The emotions you’re expressing-you take it on.”

Summary and Conclusions

- Nurse educators need to provide training that promotes an authentic presentation yet acknowledges “the impact of role immersion.” (Jarosinski, & Webster, 2016, p.545).
- Future trainings need to address recruitment of SPs, coaching in de-rolling and debriefing.

References

- Dunnington, R.M. (2013). The nature of reality represented in high fidelity human patient simulation: Philosophical perspectives and implications for nursing education. *Nursing Philosophy*, 15, 14-22.
- Colaizzi, P. (1978). Psychological research as the phenomenologist views it. In Valle, R., & King, M. (Eds.), *Existential-phenomenological alternatives in psychology*. New York: Oxford Press.
- Jarosinski, J. M., & Webster, D. A. (2016, December). Acting with a purpose: The lived experience of actors in the role of standardized patients portraying mental illness. *Clinical Simulation in Nursing*, 12(12), 539-545.
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