Community Mental Health Clinical Experiences Utilizing High Fidelity Simulations with Baccalaureate Nursing Students

Jene’ M. Hurlbut, PhD, MSN, RN, CNE
Brian C. Oxhorn, PhD, MSN, RN
Nancy Miller–Bryan, MSN–APN, RN
Disclosures:

**Presenters:**
- Jene’ M. Hurlbut, PhD, MSN, RN, CNE, Roseman University
- Brian C. Oxhorn, PhD, MSN, RN, Roseman University
- Nancy Miller–Bryan, MSN–APN, RN, Roseman University

**Objectives:**
- The learner will be able to identify how to create a high fidelity simulation that addresses a clinical experience students are likely to encounter within the area of community mental health nursing.
- The learner will be able to address the fears students experience when interacting with clients diagnosed with a mental health disorder within a community mental health setting by engaging in a high fidelity simulation.

*The preceptors whose names are listed on this slide certify that there is no conflict of interest with any organization or entity related to the content in this presentation. Additionally, no sponsorship or commercial support was received for this project.*
Historically:

- Students have a fear of clients encountered in the mental health clinical settings

- Students have little experience with mental health care facilities and the populations served at these sites

- There is a lack of mental health clinical sites that offer students the ability to interact with clients diagnosed with a mental health disorder

- Several programs competing for the limited number of mental health clinical sites
Purpose of the project:

- To create a life-like community mental health experience:
  - Where students can practice verbal and non-verbal therapeutic communication skills in a simulated non-hospital environment and without the use of standardized patients.
Goal:

- To demonstrate creative use of our simulation environment and the high-fidelity simulator to facilitate the student’s mastery of knowledge, skills and attitudes related to the community mental health course.
Methods:

- High fidelity simulation room was prepared for the simulation
  - Wall banners were produced to create the appearance of an inner city urban environment
    - Scene depicted a life-sized front entryway of a worn down brick building
    - A homeless encampment was visible on the porch of the entryway
  - Moulage was applied to our high-fidelity manikin
    - Visual, auditory, olfactory, tactile
  - Mental health faculty were the “voice” of the client
Methods:

- Students were presented with background information regarding the patient and were assigned the role of:
  - Members of the community mental health crisis intervention team
  - Objective of this crisis team was to perform a mental health assessment on the patient and encourage the patient to seek evaluation and treatment at the Behavioral Health Center
Methods:

- The high fidelity simulation utilized was developed to mimic a real-life emergent mental health scenario that a student could possibly encounter within the clinical setting.

Examples of salient points of the simulation included:
- Recognizing signs and symptoms of depression
- Assessing for suicidal and homicidal ideations
- The importance of asking direct questions related to intent of self harm or harm to others
- Becoming comfortable (or at ease) with asking of personal information and the client’s verbal expression of sexual advances
- How to respond if asked to keep a “secret”
- How to respond if a client presents with affective lability
Methods:

- Students engaged in a debriefing session immediately after the simulation to discuss perceived performance and feelings surrounding the scenario.

- Following the debriefing, the students completed an evaluation of the simulation experience using a five-level, ten item Likert questionnaire/tool.

- The tool utilized is a modified version of the National League of Nursing/Laderal research tool:
  - Educational Practices Questionnaire, Simulation Design Scale and Satisfaction & Self-Confidence in Learning (Jeffries, 2012)
A convenience sample of 79 fourth-year Baccalaureate pre-licensure nursing students participated in the simulation scenario.

At the time of the simulation experience, the students had completed one-half of the didactic course work related to mental health care.

None of the participants had engaged in the experiential aspect of the course.
Results:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I clearly understood the purpose and objectives of the simulation scenario</td>
<td>51.90%</td>
<td>35.07%</td>
<td>2.53%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>I felt the simulation environment provided me with a safe place to learn</td>
<td>65.82%</td>
<td>34.18%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>I was given time to analyze the scenario during the simulation</td>
<td>43.34%</td>
<td>34.35%</td>
<td>6.33%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>The debriefing session was informative</td>
<td>39.24%</td>
<td>49.37%</td>
<td>10.13%</td>
<td>1.22%</td>
<td>0.00%</td>
</tr>
<tr>
<td>The simulation scenario was realistic</td>
<td>49.37%</td>
<td>44.30%</td>
<td>6.33%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>The simulation environment was realistic</td>
<td>27.85%</td>
<td>31.65%</td>
<td>38.71%</td>
<td>12.30%</td>
<td>0.00%</td>
</tr>
<tr>
<td>I actively participated in the scenario</td>
<td>56.86%</td>
<td>36.51%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>The cues provided were appropriate and promoted critical thinking</td>
<td>59.49%</td>
<td>39.20%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>The scenario was relevant to the didactic material</td>
<td>43.64%</td>
<td>51.35%</td>
<td>6.33%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>The experience was valuable</td>
<td>6.33%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

= 7.9 students
Future plans:

- Development of an unfolding scenario that would follow the client from the crisis team intervention through admission and progression in an acute care mental health setting.

- The unfolding scenario would be facilitated by the clinical faculty and utilized for one clinical day.

- Incorporation of survey results from clinical partners related to the expectations and needs of entry level registered nurses who work in community mental health settings.
References:


